Why did so many women develop cancer? Part 2

Professor Bryder’s response to my letter (30 April 2010) confirmed previous expressions of concern about her ability to understand and communicate the medical science of the “unfortunate experiment”. In my letter I asked Professor Bryder to explain “why so many women with carcinoma in-situ (CIS) of the cervix at the National Women’s Hospital developed cancer”. Either she failed to understand the question or she deliberately avoided it, responding to a totally different question of her own construction, namely the outcome of women treated with invasive cervical cancer. The management of CIS and invasive cervical cancer are two totally different subjects.

Professor Bryder has raised a number of issues in her response to my earlier letter which I address below.

1. The 1974 natural history paper by Green was “seriously flawed” because Green retrospectively removed cases of women originally diagnosed with CIS from his study and who later developed invasive cancer.

2. The 1975 “Whitewash Committee” arose because of concerns regarding the welfare of the women with CIS who were now developing invasive cancer. The Committee failed to stop the experiment, focusing on the interrelationships between the doctors involved.

3. Professor Bryder states that Dr Overton had no intention to publish his revisionist perspective, yet Mrs Overton states (NZ Herald 8/05/10) that “they wouldn’t publish anything”.

4. While Bryder states she is not an advocate for any group, she has chosen to communicate with the Doctors’ Overton camp who have produced the revisionist unpublished material she has so heavily relied upon.

5. Contrary to her assertion, Bryder has never approached me nor have I discussed the “unfortunate experiment” with her. At one of her lectures I asked her to explain why so many women with CIS developed cancer and she did not provide me with a satisfactory response.

Bryder’s credibility is undermined by her failure to accept there was an experiment, study—call it what you like—that many women with CIS of the cervix were untreated or inadequately treated, that many developed cancer some of whom died, and her inability to sustain her argument with scientific and historical rigour.

Professor Bryder is clearly unable to “assess the evidence” as she suggests. There can only be two possible answers – either she does not understand her subject or she is guilty of deliberate obfuscation.

In the bitterness and rancour shown by those bent on supporting Bryder’s view, the welfare of the women has been forgotten. My role as a doctor is to be an advocate for women (not the medical profession), to protect their welfare and prevent such a tragedy happening again.
To deal with Dr Jones’s points in the order he raised them:

1. A ‘retrospective’ analysis was exactly what Green was doing, and not just of his own patients but of all the patients in the hospital who had been diagnosed with CIS. The fact that histopathological diagnoses were highly subjective was constantly discussed in the medical press. One could argue that it was the 1984 paper which was flawed. For instance Figure 2 shows that Group 2 (those with a positive smear at 24 months) included a woman with a negative smear at 24 months who advanced to cancer – she should have been in Group 1.\(^1\) This clearly affected the percentages, and if this mistake is found in the small sample displayed in Figure 2, how many other mistakes were there in the analysis? Moreover, of the 29 placed into Group 2, 14 were diagnosed as ‘occult invasive’ (FIGO Stage 1b occult) which was a histopathological diagnosis and the clinical significance of this was still subject to debate.\(^2\)

2. The 1975 Committee was first suggested by Dr Bruce Faris because of disputes among senior staff relating to the management of women with CIS. He did not suggest any mismanagement at the time he made the suggestion, nor in the conclusion of the Inquiry.\(^3\)

3. Mrs Overton referred to the period following the 2008 ‘Cartwright Celebrations’ and more specifically following the publication of my book. The Seber and Mullins paper was written in 1990 and Mullins has confirmed that they had no intention to publish it. Mrs Overton was right to suggest, ‘They wouldn’t publish anything’ if she is referring to the *New Zealand Herald*. The *Herald* did not publish my response to journalist Chris Barton’s article on my book on 19 September 2009; I understand that other letters supporting my book were not published.

4. I did not rely on any ‘revisionist unpublished material’ but rather the extensive archives generated by the Cartwright Inquiry itself and the medical literature of the time. I had no communication with Dr Overton until after I had written the full manuscript of my book.

5. I discussed the general history of National Women’s Hospital with Dr Jones in his office in 2004. At that time I had not done any research on, or developed an interest in, the Cartwright Inquiry. However he sent me his article on the history of cytology and colposcopy following that meeting.\(^4\) Like other staff members of the hospital he was interviewed by Jenny Carlyon. The interview took place on 2 December 2004, and I sent him the tapes and transcripts on 18 October 2006. Seven pages of the transcript are devoted to the ‘Unfortunate Experiment’. I subsequently returned the manuscripts and tapes to him at his request. Others at the seminar he refers to did consider my answers to Dr Jones satisfactory.
Dr Jones is concerned for the welfare of women, but which women is he referring to? Does he mean the eight women who had persistent positive smears and died of cancer in the period 1955 to 1976, or the hundreds of women who would have been given unnecessary treatment with concomitant side-effects when there was no certainty that the lives of those eight women could have been saved in any case?

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References:


3. National Women’s Hospital Medical Committee minutes, 23 June 1974, BAGC A638 21a, 16 October 1975, BAGC A638 41a, Archives New Zealand Auckland.