

CORRESPONDENCE

Will breast self-examination save lives?	A Simpson, MB	737
New form for termination of pregnancy	Joanna P Walsworth-Bell, MFCM; M H Wilkins, FRCS; Squadron Leader M P Lamb, MRCOG, and Squadron Leader A V I Gillespie, MRCOG; Guinevere Tufnell, MRCPsych	738
Discharge of preterm babies from neonatal units	G J Smith, MB	738
Last scene of all	R S J Briggs, MRCP, and M R P Hall, FRCP	739
Augmented home nursing as an alternative to hospital care for chronic elderly invalids	D T Wade, MRCP; K Gupta, MRCP	739
Is bran useful in diverticular disease?	T G Allen-Mersh, FRCS, and L R J De Jode, FRCS	740
Faecal peritonitis after laxative preparation for barium enema	J R Lee, FRCP; R Hall, FRCS; D J Cave-Bigley, FRCS	740
Diagnosis of inflammatory bowel disease: an international multicentre scoring system	B C Morson, FRCPATH, and A B Price, MRCPATH	740
Chronic inflammatory bowel disease in childhood	W R Tyldesley, FDSRCS	741
"Home brew" compared with commercial preparation for enteral feeding	T J French, MRCP, and J Drakeford, SRD; Aileen Brett, SRD, and others; Margaret E Bullock, and others; J R Bennett, FRCP, and others; M R B Keighley, FRCS	741
Outcome of endoscopy and barium radiography for acute upper gastrointestinal bleeding	O M P Jolobe, MRCP	741
Perforated duodenal ulcer after perioperative steroid treatment	G J Archer, MRCP	742
Avascular necrosis of bone after high doses of dexamethasone during neurosurgery	Sylvia M Watkins, FRCP and, J R B Williams, FRCPATH	742
Cutaneous mycobacteriosis	N W Horne, FRCPED	742
Prostaglandins in human reproduction	E A van Eyk, MD, and others	742
Dog bites man	D M Evans, FRCS; J Iqbal, MB; A K Maitra, FRCS	742
Non-traumatic paraplegia in Northern Tanzania	M E Jones, MRCP	743
Prophylaxis of acute mountain sickness	J P Delamere, MRCP	743
Hypokalaemia induced by a combination of a beta-blocker and a thiazide	L E Ramsay, MRCP; P J Richardson, MRCP	743
Smoking and IgE levels	C F A Pantin, MRCP, and T G Merrett, PhD	744
Mistletoe hepatitis	D G Colin-Jones, FRCP, and J E Harvey, MRCP	744
Prostacyclin and thromboxane in diabetes	K Hillier, PhD	745
Successful emergency transoesophageal cardiac pacing with subsequent endoscopy	D N Cooper, MRCP, and T J Haybryne, SRN	745
Rebreathing aborts migraine attacks	J B Wilkinson, BM; P F Milling, FRCS	745
Policeman's heel	G Shechan, MD	745
On saying goodbye before death	R A Meares, FRACP	745
Animal experiments	R Sharpe, PhD; H B Hewitt, MD	746
Drugs acting on the urinary tract	S L R Stanton, FRCS, and G D Chisholm, FRCS	746
Postexposure immunoprophylaxis against B virus infection	E A Boulter, MB, and others	746
Cetrimide allergy presenting as suspected non-accidental injury	J S Pegum, FRCP	746
The case against district contracts	N H N Mills, MFCM	746
Consultants and their future	J J Shipman, FRCS	747
Unfilled consultant posts	D D C Howat, FFARCS	747
Differentiate junior posts	K J Dennis, FRCOG	747
Special doctors for rape victims	Patricia E Price, MB	747
Administrative interference	M P Robinson, FRCS	747
Points	Computed tomography of the body (A Green); Multiple use of disposable syringes for insulin injections (B Sandler); Skin necrosis after heparin injection (J Villalta, and others); Animal experiments (D W Fitzsimons); Roadside resuscitation in freezing weather (A Inglis); The hyperkinetic child: two views (Ellen C G Grant); Physiological changes underlying jet lag (M G Selson); Dearer gas and more hypothermia? (L Ballon)	748

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Will breast self-examination save lives?

SIR.—Mortality from breast cancer has not materially altered despite improved treatment options.¹ Although it is unproven that earlier detection can lead to improved survival, none the less your contributor Professor Michael Baum (16 January, p 142) remains in favour of breast self-examination. It is known that the smaller the tumour the better the prognosis. Duncan and Kerr, in a review of the age-correlated survival rates of 983 women, state, "Those with small cancers had a significantly higher survival rate and a significantly reduced probability of dying of cancer."² Foster and his colleagues in a study of 355 patients found that "More frequent performance of breast self-examination was associated with more favourable clinical stage" and that women practising self-examination present with tumours of a smaller size than those who do not.³ If we accept these and other opinions, breast self-examination has an important contribution to make in the management of breast cancer. How far has this principle been accepted? Do women regularly examine their own breasts and how many have received medical advice on the subject?

One hundred and ninety-two nurses aged from 17 to 55 were asked if they regularly examined their own breasts, and if they had received tuition on self-examination from a medical practitioner. Since nurses are likely to be more aware of breast disease and of self-examination as a means of early detection, a questionnaire was issued to 47 office workers of similar age.

Of the 239 women questioned, 101 (42%) regularly examined their own breasts—83 of the 192 nurses (43%) and 18 of the 47 office workers (38%), with no significant difference between the two groups ($p=0.66$). Only 61 of the 239 women (25%) had received medical instruction in self-examination: 44 of the 192 nurses (23%) and 17 of the 47 office workers (36%). Self-examination of the breast was commoner in those women who had been taught than in those who had not. Forty of the 61 who had been taught (66%) examined their breasts regularly, compared with 61 of the untaught 178 (34%). Only three of the 44 women in the under-20 age group had received tuition; 12 practised self-examination.

In the groups studied breast self-examination is infrequent despite publicity in both the medical and the lay press and health education campaigns.⁴ Few women had received instruction in breast self-examination. The lowest

proportion receiving instruction is in the younger age groups. Why 21 of the 61 shown how to do it should not continue may be related to fear or an attitude of "It can't happen to me." Alternatively, not enough emphasis may have been placed on the importance of the practice at the time of demonstration, although the large-scale Finnish "Mamaprogram," which consists of "person-to-person education and instruction," had a similar failure rate.⁵

As a screening technique offering early detection of breast cancer with a potential for major improvement in prognosis, breast self-examination, as Professor Baum points out, is unlikely to do any harm. Certainly it merits more serious attention than it currently receives.

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¹ Anonymous. *Lancet* 1981;ii:785-6.

² Foster RS, Lang SP, Costanze MC, et al. *N Engl J Med* 1978;299:265-70.

³ Duncan W, Kerr GR. *Br Med J* 1976;ii:781-3.

⁴ Health Education Council. *Breast Self-examination*. London: Health Education Council, 1979. *Gastrin G. Br Med J* 1980;283:193.