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## LEADING ARTICLES

- Unblocking coronary arteries M C PETCH ..... 683  
Gastric cancer H THOMPSON ..... 684

- Regular Review: Priorities for immunisation against  
hepatitis B ARIE J ZUCKERMAN ..... 686

## CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

- Captopril in renovascular hypertension: long-term use in predicting surgical outcome  
A B ATKINSON, J J BROWN, A M M CUMMING, R FRASER, A F LEVER, B J LECKIE, J J MORTON, J I S ROBERTSON ..... 689
- Captopril in essential hypertension: contrasting effects of adding hydrochlorothiazide or propranolol  
GRAHAM A MACGREGOR, NIRMALA D MARKANDU, RICHARD A BANKS, JOHN BAYLISS, JOSEPH E ROULSTON, JULIA C JONES ..... 693
- Prevalence of antibodies to poliovirus in 1978 among subjects aged 0-88 years MARY ROEBUCK, ROMA CHAMBERLAIN ..... 697
- Hypoparathyroidism and hypocalcaemia during treatment for acute leukaemia  
D B FREEDMAN, M SHANNON, P DANDONA, H G PRENTICE, A V HOFFBRAND ..... 700
- Therapeutic control of anticoagulant treatment B MCD DUXBURY ..... 702
- Lhermitte's sign in Behçet's disease N G R PAGE, M A SPITERI ..... 704
- Reversible oesophageal dysphagia and long-term ingestion of chlormethiazole  
PETER DEWIS, FRANK LOCAL, DAVID C ANDERSON, JOHN BANCEWICZ ..... 705
- Non-smoking: a feature of ulcerative colitis A D HARRIES, A BAIRD, J RHODES ..... 706
- Reuse of flow-directed balloon-tipped catheters L BUTLER, L I G WORTHLEY ..... 707
- Factors associated with age at diagnosis of breast cancer  
YOLANDA A DURALDE, ROBERT H BYERS, CHARLES D STEVENS, RALPH WALDO POWELL ..... 707
- "Non-accidental injury" and wild parsnips A N CAMPBELL, CHRISTINE E COOPER, M G C DAHL ..... 708
- Correction: One year's treatment with propranolol after myocardial infarction: preliminary report of Norwegian multicentre trial  
HANSTEEN ET AL ..... 708
- Organising preventive medicine D J PEREIRA GRAY ..... 709
- Variations of plasma potassium concentrations during long-term treatment of hypertension with diuretics without potassium  
supplements FRANCIS F SANDOR, PETER T PICKENS, JOYCE CRALLAN ..... 711
- Women in General Practice JANE E EVERETT ..... 715
- Correction: Do patients cash prescriptions? RASHID ..... 716

## MEDICAL PRACTICE

- Auditory screening of school children: fact or fallacy? OLGA NIETUPSKA, NICK HARDING ..... 717
- Flexibility in general professional training J G ROBSON ..... 720
- Microcomputer system in an accident unit D MCG CLARKSON, R H GRAY, D H A JONES, P H S SMITH, I W JONES ..... 722
- ABC of 1 to 7: Services for Children: Primary care L PETER, H B VALMAN ..... 725
- Shortening waiting lists in orthopaedic surgery outpatient clinics R R WEST, B MCKIBBIN ..... 728
- Lesson of the Week: Ulcers and anti-inflammatory agents W S MITCHELL, R D STURROCK ..... 731
- Any Questions? ..... 724
- Materia Non Medica—Contribution from B E MILES ..... 730
- Medicine and Books (Correction: Operating on blood vessels BROWSE p 734) ..... 732
- Personal View JAMES H LEAVESLEY ..... 736
- Correction: ABC of Alcohol: Help: Referral BISSELL ET AL ..... 731

CORRESPONDENCE—List of Contents ..... 737

OBITUARY ..... 754

## NEWS AND NOTES

- Views ..... 749
- Epidemiology—Malaria 1980 ..... 750
- Medicolegal—Drugs, self-treatment, and the law ..... 751
- Parliament ..... 752
- Medical News—Guidelines on exemption from wearing seat  
belts ..... 752
- BMA Notices ..... 753

## SUPPLEMENT

- The Week ..... 758
- Party political knockabout on overseas visitors WILLIAM RUSSELL ..... 759
- From the GMSC: Manpower in general practice ..... 760
- Units of management in reorganised NHS: what choice for  
senior medical staff? ROGER DYSON ..... 762
- UGC cuts: effects on medical education ..... 764
- Medical manpower circular ..... 764
- Correction: Maternity services ..... 761

## 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 Haybyrne, SRN..... 745
- Rebreathing aborts migraine attacks**  
J B Wilkinson, BM; P F Milling, FRCS..... 745
- Policeman's heel**  
G Sheehan, 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.<sup>1</sup> Although it is unproved 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."<sup>2</sup> 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.<sup>3</sup> 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.<sup>4</sup> 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.<sup>5</sup>

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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<sup>1</sup> Anonymous. *Lancet* 1981;iii:785-6.

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

<sup>3</sup> Duncan W, Kerr GR. *Br Med J* 1976;iii:781-3.

<sup>4</sup> Health Education Council. *Breast Self-examination*. London: Health Education Council, 1979.

<sup>5</sup> Gastrin G. *Br Med J* 1980;283:193.