Self-examination of the breasts

SIR,—The technique usually described for carrying out self-examination of the breasts is repeated from pamphlet to pamphlet without question, and the description in the *BMJ* (5 August, p 413) is no exception. It would seem that no authors have actually tried to carry out the manoeuvre that they advocate, for they would find that it is not very practicable. To expect a woman to examine the medial half of her breast using the flat of the ipsilateral hand demands a combination of gymnastic skill and hyperextension of the metacarpophalangeal joints not usually found outside a ballet school. Self-examination of the breast should be carried out in the same way that a doctor would do a clinical examination of the breasts. The flat of the right hand is drawn right across the left breast from left to right. Starting at the top of the breast this is repeated at lower levels until the whole breast has been palpated. The left hand is then used to examine the right breast in a similar way.

I believe that the widespread publicity given to a technique of breast self-examination that requires uncomfortable contortions has probably stopped many women examining their own breasts. The simpler and effective technique described above would be more readily practised.

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*Our expert writes: "No, the writer is not a ballet-dancer but a surgeon who has practised self-examination of the breast for the past 15 years. She has found that the simple fingertips technique results in greater differentiation in the breast tissues both in herself and in the 20-25 patients whose breasts she examines each week in a breast clinic. She also uses patients and students and teaches the "flat of the hand" technique, which is useful for the larger and fairly obvious cancer. But the flat of the hand is in fact concave and the convex sensitive fingertips will palpate much smaller lesions (0.5-0.75 cm) and also any small localised area of dysplasia which may possibly contain an early non-invasive intraduct cancer. Intelligent and observant patients often indicate with one finger where they have found a very small lump in a breast."—Ed, *BMJ*.

Lord Mayor Treloar Hospital, Alton

SIR,—We write to express our sympathies with the orthopaedic surgeons of the Lord Mayor Treloar Hospital, Alton, concerning the closure of that hospital (5 August, p 436). We entirely agree that scattered beds and operating time in other hospitals do not provide the same opportunities to allow efficient and high-class orthopaedics to be practised. Their point that the orthopaedic centre has "a dedicated staff and happy atmosphere" is well made. This is true of most orthopaedic hospitals and should not be ignored even in this scientific age. Between us we have worked in many orthopaedic hospitals and feel that they do provide an environment which is liked by the patients and which produces dedicated work from all branches of the staff. Would that the same could be said of the district general hospitals!

Modern orthopaedics requires special and expensive facilities which can be economically

provided and used only in special centres. Joint replacement requires an operating theatre which is as free from contamination as possible and optimal postoperative rehabilitation needs care from nurses and therapists who are specially trained and equipped to deal with the patient's needs. Most of these hospitals do not care for emergencies and it is therefore possible to organise the work load so that it is rarely necessary to cancel planned treatment. The relative constancy of the work load is also of great benefit in providing suitable training for both doctors and nurses.

As orthopaedics becomes more specialised so it becomes necessary for orthopaedic surgeons to work together in order to provide within one hospital the technical expertise needed to deal with any orthopaedic problem. In addition the team approach to the increasing orthopaedic problems of the aging population is essential to the progress of this growing branch of reparative surgery. It can be achieved efficiently and economically only by the maintenance and improvement of these special centres which have pioneered rehabilitation in the past and are still the leaders in this approach to surgery. We believe that rather than closing orthopaedic units and allocating a few orthopaedic beds to general hospitals a better principle would be to build them up into centres for locomotor disorders, which should involve the various specialties which have an interest in treating patients with musculoskeletal diseases.

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J R CLOUGH
W J G HAMPSON
M P MCCORMACK
A H C RATLIFF
P G STABLEFORTH

SIR,—During the past eight years I have had good reason to appreciate the qualities and expertise of this hospital. As a result of two successful hip replacements my father, now 84, enjoys a completely independent life. Only because of the outstanding reputation of the unit did he accept the second operation at the age of 83.

This reputation is derived not only from the orthopaedic surgeons but from the expertise and devotion of nursing and paramedical staff whose pride and professionalism play so important a part in the success of the hospital. Once dismantled, the same qualities will never be re-established elsewhere. The expertise will simply be diminished and diluted.

The Hampshire Area Health Authority, as is so often the case in NHS planning today, knows the price of everything and the value of nothing. I wish Mr K R J de Belder and his orthopaedic colleagues (5 August, p 436) every success in their campaign to keep this outstanding orthopaedic centre open.

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SIR,—The correspondence on this subject (5 August, p 436, and 26 August, p 641) is a sad reflection on the state of affairs in what has been regarded by many of us as one of the more progressive regions in the NHS. The

regional and area medical officers are asserting that the area health authority has a special panel of members "to ensure that the Lord Mayor Treloar Hospital maintains effective orthopaedic services." How can the authority hope to maintain effective services if 11 surgeons concerned have not been notified?

Those of us who have spent many years in hospital administration as well as in clinical work know the difficulties of ensuring adequate consultation, but this correspondence indicates a major rift. At least "Treloar's" is easily accessible from a major part of the region involved. Both the environment and the long-established traditions of "Treloar's" can contribute far more to the teaching values of the Southampton Medical School than can possibly be gained by integration at Southampton. It is hoped that the planners have taken into account the enormous expansion of orthopaedic work in joint replacement over the next few years and will not make the same mistakes as their colleagues have done in the recent past in their under-assessment of the requirements of cardiac surgery.

I write perhaps with nostalgia as a former trainee of Sir Henry Gauvain and one who has watched with interest the resurgence of "Treloar's" in the post-war era and its metamorphosis in the evolution of orthopaedic surgery.

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Ballot of consultants and registrars

SIR,—Dr J G Leopold's letter (19 August, p 572) does not convince me that a significant proportion of hospital doctors entitled to vote in the recent contract ballot were prevented from doing so if a ballot form was not delivered to them by post. Any interested doctor had, in my view, adequate warning and advice, and I repeat that, in addition to all the other publicity, notices were displayed in the University Hospital of Wales which even carried the telephone number of the BMA House in Cardiff. Of course some doctors never mix with other medical colleagues outside their own departments and some are not members of staff common rooms and they may therefore never be in those places where the notice boards are sited. Linkmen cannot reasonably be expected to cope with this situation. The fact that four of Dr Leopold's colleagues requested and obtained ballot forms proved that it was possible to do so. I would suggest that inertia, apathy, or absence were the commoner causes of non-voting throughout the country. When Dr Leopold talks about the "many" and "the large body of persons" who were prevented from voting he ignores the published figures of the number of voting papers sent out, which matched the estimated total of the electorate of 18 000, and the high percentage of those voting papers which were returned. He could compare these figures with the average trade union election, where a 30% poll would be regarded as successful.

Despite the fact that the independent Electoral Reform Society considered that the BMA had done all it could in the prevailing circumstances to ensure a reasonable ballot I know that great efforts are still being made at considerable expense in trying to achieve a 100% list of hospital doctors. The peripatetic nature of the work, non-membership of the BMA, the absence of any central list at the