complete the distance entered the run with the set intention of running a shorter distance. No one suffered any form of injury on the day and I am unaware of any subsequent injuries occurring as a result of the run. Particularly gratifying was the involvement of many people who, before training for the event, had undertaken little or no exercise. The run began at 5 pm, when the dry bulb temperature was 20°C, relative humidity 67%, and the sky overcast, with a cool breeze. An hour later the temperature had fallen to 17.8°C, with a relative humidity of 81.5%; the sky was now more overcast, with a colder breeze.

We were very much concerned about the possibility of casualties and for this reason the run was held on a running track under the careful supervision of several experienced athletic coaches. In this way we hoped to detect at an early stage anyone who was suffering unduly—fortunately no one came into this category. Whether our precautions would have prevented the problems encountered in the Canadian run is impossible to say, as only 1.5 subjects would have been affected if similar casualty rates had occurred in Birmingham. It seems foolhardy, however, to start such an event in summer during the early afternoon. It would appear that the Birmingham participants were, on the whole, older than the Canadians and this may have engendered a greater awareness of the danger of ignoring signals of discomfort.

We are most grateful to the participants and helpers in our recent event, and, undeterred by problems elsewhere, we look forward to organising a similar event next year.

DAVID HEATH
A M BOLD

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SIR,—The Finnish doctors' run (21 January, p 169) was copied in a run at Leeds on 24 September but over a cross-country course. Eighty-seven doctors aged between 24 and 56 years persuaded themselves to run 10 km on a fine Sunday morning.

The fastest runner completed the course in 33 min 50 s. Twenty-two doctors achieved their "target time" of 38 min for those aged 35 and under, or age plus 3 min for the others. Four did not complete the course, only one involuntarily but not for any serious reason.

Congratulations to all the runners, particularly the five ladies—with the exception of the writer, who had to run, as he foolishly organised the event, which is to be repeated next year.

I D ADAMS

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"What Sex is All About"

SIR,—I noted a recent review (16 September, p 823) of the book *Make it Happy: What Sex is All About* by Jane Cousins and decided to read it for myself. The book is aimed specially at teenagers.

The reviewer, while listing some of the contents, has not recognised the main object of the book. This becomes blatantly clear on the second page, where it is stated that the publisher, Virago, is a feminist publishing company: "It is only when women start to organise in large numbers that we become a

political force," etc. The whole approach of the subject of sex is set out with this "political" factor in mind. Thus the facts are seen in a totally mechanistic light, separated completely from any true understanding of the human condition. Sex cannot be separated from morality or the social forces which blend to create a civilised society; but all this is denied.

The perversions and deviations are recounted with just the right degree of hint that perhaps there is no reason why society has formulated these attitudes. This comes out more clearly in the chapter "Sex and the Law," where there is obviously from the outset a failure to recognise why law has to be applied to sex. The comment "Such an old fashioned view of sex needn't matter to most people" sums up this subtle attempt to undermine the control which is so necessary to protect the ignorant and the innocent. "Pornography and censorship are very controversial issues," says the writer and then proceeds to distort the facts so that one is not clearly informed how the present law stands. It is this playing with the half-truth which paints a picture of liberalism leading on to experimentation—and all the increasing evidence shows that it is just this sort of sex education which is promoting the permissiveness which is having such a detrimental effect on the health and potential happiness of our young adults.

I am therefore disturbed that the *BMJ* should have allowed such an uncritical review of a book which, while attempting to be scientific and factual, is in fact setting out very clear aims to alter human behaviour by taking sex out of its context and denying the overriding importance of the sex act as a seal on human relationships.

S E ELLISON
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Executive screening

SIR,—Television plays are primarily for entertainment not education. Your reviewer, JRH, of Frederick Raphael's entertaining piece of surrealism "Something's Wrong" (7 October, p 1016) uses the space for polemic on executive screening. He should educate himself from scientific work and observation before making inaccurate statements about health screening.

In this unit, the largest of its kind in Europe, at least a quarter of all attendees present with treatable conditions. Around a tenth have a modifiable affective disorder, which has often been missed elsewhere. More important, however, in a preventive medicine unit historical and physiological predictions of common diseases of the lungs, heart, and gastrointestinal and other systems are measured and a high-risk group for each disorder identified. In this way health education can be focused upon groups of people and individuals most likely to benefit therefrom.

Your reviewer suggests that "someone will have to spill the beans to the Trevors of this life." In most of the quality lay press during 1978 there have been articles discussing various aspects of health screening—stating the arguments for and against in language that the Trevors of the world understand. Argument in the non-medical press has been much franker and more balanced than the few articles I have read in the British medical press this year.

Finally, like all good medical set-ups, this one has an active research department attempting to quantify its activity and help contribute to the understanding of the diseases for which we screen. We have been supported in our research by major grant-giving bodies which have examined our credentials thoroughly—and if your reviewer really thinks they are sponsoring "medical protection rackets" he'd better come and see for himself, for such a scandal would surely need to be made public.

ALAN BAILEY
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Use of foot for cardiac massage

SIR,—Minerva (30 September, p 966) may be interested to know that the use of sternum foot massage was independently discovered by me some months ago while training nursing staff in external cardiac massage. The training model we use has a pen-writer with flashing light to indicate that adequate sternum compression has been applied.

Over the months I have found several small women, usually weighing less than 9 stone (57-kg) who are simply unable to compress the sternum sufficiently using their hands to activate the light and make an adequate impression on the paper print-out. On one occasion I said to one of these "weak women," "Why not use your foot?" and proceeded to apply external pedal compression over the sternum. I found this considerably easier than the hand massage and in fact my trainee was able to produce adequate massage using this technique.

I think it reasonable to teach this technique to those who are unable to transfer sufficient weight to their arms when applying external massage, but it is obviously wrong for a strong man to apply grossly excessive pressure using the foot and I never show the technique to any trainees who are capable of achieving sternum compression in the normal way.

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Rape and the laboratory

SIR,—With reference to your leading article "Rape and the laboratory" (15 July, p 154), may I draw your attention to work carried out at this laboratory which shows that spermatozoa may be detectable on vaginal swabs for considerably longer than 48 hours? Spermatozoa are usually found on swabs taken up to three days after intercourse and can be found on swabs taken up to at least six days later.¹

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¹ Davies, A, and Wilson, E, *Forensic Science*, 1974, 3, 45-55.

Teaching of geriatric medicine

SIR,—The teaching of geriatric medicine in the undergraduate curriculum is still being debated. As demography and consequently the spectrum of disease will change in the next decade, the doctors of the future will have to familiarise themselves with the