wound primarily in perforated appendicitis and possibly in purulent and gangrenous cases too. (When else would one sew up tissues steeped in faecal pus?) An acceptable alternative is delayed primary suture, with a wet gauze pack to the intermuscular layers for four days.

I am grateful to my colleagues who kindly allowed me to examine their patients' records, so illustrating the need for another look at appendicectomy.

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¹ Gilmore, O J A, and Martin, T D M, *British Journal of Surgery*, 1974, **61**, 281.

² Magarey, C J, et al, *Lancet*, 1971, **2**, 179.

School pregnancies

SIR,—Caroline Woodroffe suggests (18 September, p 694) that multiple youth advisory clinics on the lines of "the Brook" should be set up by the NHS. She apparently expects doctors to accept under-16 sexual intercourse as the norm and that we should therefore provide girls under that age with both contraception and abortion.

Do the Brook Advisory Centres produce any publicity to warn young adolescents of the health hazards (physical and emotional) of early sexual intercourse (for example, cervical disease) and the positive benefits of restraint? Do they help parents, teachers, and youth workers to understand the considerable health risks and emotional stresses from sexual pressures on this immature age group? We know after all that delinquency and precocious sexual activity are closely associated. The only "Brook" literature I have seen was entitled "Safe Sex," which is apparently the current euphemism for contraception and abortion.

As doctors we need to scrutinise much more closely the "brain-washing" of adolescents by the media, including teenage magazines, and some of our own profession. It sometimes appears as though "sex" is the current exploitation by some adults of the immature young, rather as though it was intended as a drug. Can we wonder at the consequences in terms of misery and distress to schoolchildren and their parents? Who is really benefiting?

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Early diagnosis of breast cancer

SIR,—Dr Gisela Gästrin from Finland reports a more efficient method of self-examination in the early diagnosis of breast cancer (25 September, p 745). As a result 76 of 62 000 women were found to have breast cancer and she states that there was no exaggerated fear of cancer among the participants.

Experience in Britain shows a very different picture. The majority of women with breast lumps whom I see are absolutely terrified of cancer. Why is this so? It is because they fear they may lose a breast and die from the disease. If treatment were highly effective the public would soon reflect the optimism few of us have at the moment. The late Sir John Bruce¹ put the position well: "For, sadly, few of us today approach the treatment of breast cancer with any real confidence in what we have to offer."

Further, Baum² stated that most cases of breast cancer seen in practice must be considered incurable and cites evidence that a tumour 1 cm in diameter originated 2-8 years before clinical presentation.

Until our treatment of breast cancer improves we owe a duty to the public to stop advertising the "importance" of early diagnosis of this disease. Those who fear that such a policy would lead to an increased incidence of "late" cases can rest assured. Our misguided propaganda has so terrified the public that it will be 20 years before this is likely to happen and by then treatment may be more effective.

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¹ Bruce, J, *Journal of the Royal College of Surgeons of Edinburgh*, 1975, **20**, 287.

² Baum, M, *British Medical Journal*, 1976, **1**, 439.

Successful treatment of choking

SIR,—I have been asked by my colleagues to report on a boy of six whom I saw on 20 November 1975 dying of asphyxia and on whom I tried a new first aid manoeuvre from the U.S.A.¹

I was called to a school two minutes from my house and found this boy unconscious and cyanosed. Since I was told he had been choking I assumed someone would have already banged him on the back. Before embarking on a tracheostomy I tried the new first aid method, which consists basically of sharply pushing the upper abdomen upwards.

Immediately he coughed, brought up half a green pea, and recovered consciousness. In hospital later no further foreign bodies were found and he has gradually recovered from a collapse of his right lower lobe.

While in hospital he remembered that a month before, while playing with a pea-shooter, he had sucked instead of blown and inhaled a dried pea.

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¹ Heinlich, H J, *Journal of the American Medical Association*, 1975, **234**, 398.

Antibiotics and purulent sputum

SIR,—Drs N C H Stott and R R West deserve to be congratulated for their well-conceived and executed trial (4 September, p 556). Their demonstration of the closely parallel natural history of antibiotic- and placebo-treated respiratory illness where purulent sputum is the principal abnormality reported or found should encourage many more doctors to treat such illnesses expectantly.

During last winter we attempted a similar study on male patients in a number of practices in the Aberdeen area. The number of patients who completed the study (28) was too small to merit detailed statistical analysis, but the overall trends appear to confirm the Cardiff findings except in one aspect—the effect of smoking. A summary of the morbidity in tetracycline- and placebo-takers and in smokers and non-smokers in our study is shown in the table.

These findings suggest that whereas there is no obvious clinical advantage in being an antibiotic-taker as against a placebo-taker, there is a benefit in being a non-smoker as

	Patients	Mean duration of purulent sputum (days)	
		After starting treatment	Total illness
Non-smokers	13	4.7	7.2
Antibiotic-takers	12	6.3	11.1
Placebo-takers	16	6.8	10.3
Smokers	15	8.1	13.6

against a smoker. Further analysis showed that smoking antibiotic-takers produced purulent sputum for significantly longer than did non-smoking placebo-takers. These results are in keeping with the trend reported in a previous study of similar design¹ (to which Drs Stott and West referred) and it is perhaps surprising that they have not been confirmed in the Cardiff paper. Could it be that the inclusion of female patients has masked another of the disadvantages of being male?

It is a pleasure to acknowledge the help given by ICI Ltd for the provision of materials and finance for this study.

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¹ Howie, J G R, and Clark, G A, *Lancet*, 1970, **2**, 1099.

Chronic urticaria

SIR,—I was delighted to hear that Dr Anne E Solomon and Miss J Macaulay (25 September, p 758) have established a separate clinic to study patients with urticaria and do hope that some new ideas in aetiology and treatment will evolve.

They mention some of their results in 37 patients with chronic urticaria and I would like to make some comments on these. Using a challenge test battery they had reactions in only four patients. In 1976¹ we recorded that out of 111 patients with chronic urticaria tested, 15 had shown a reaction to brewer's yeast, 12 to sodium benzoate, and 14 to tartrazine. It was at this time pointed out that these results were very much less than those recorded in previous reports, but it is certainly surprising that Dr Solomon and Miss Macaulay did not have more patients with reactions. However, what worries me much more about their results is that apparently only one patient reacted to test doses of aspirin. I simply do not understand this as it is completely against previous figures for patients with chronic urticaria who have shown exacerbations after having test doses of aspirin.²⁻⁶ In all these series the numbers of patients who have shown a reaction to salicylate test doses has ranged from 20% to 40%—the latter figure occurring when very high doses were given. Moreover, it has been demonstrated in the past few years that a large number of asthma sufferers show a similar exacerbation after salicylates.⁷⁻¹⁰

Assessment of the challenge test battery in patients with chronic urticaria can be difficult because chronic urticaria fluctuates so much and exacerbations may well occur after emotional upsets or upper respiratory tract infections, etc. Attacks of the weals during the test period may therefore have explanations other than a reaction to the particular chemical being tested and, indeed, at times attacks may coincide with taking the placebo capsules. It is therefore essential that the tests are repeated at least once, preferably administered in a