in local skin reaction did not, however, appear to influence the number of attempts needed for successful venous cannulation.

In this study, 72% of children in the Ametop group exhibited either no response or a mild facial grimace on cannulation compared with 55% of children in the EMLA group. Overall the children in the Ametop group showed significantly less pain than the EMLA group.

The results of this study confirm previous reports^{3 4} that Ametop gel provides more effective anaesthesia for venous cannulation in a significantly higher proportion of children than does EMLA cream.

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Sex preference

When you were an adolescent would you have opted to have your genitalia examined by a doctor of your own sex or of the opposite sex? It seems to me that most of us would have preferred a doctor of our own sex simply to save ourselves from potential embarrassment. A study in Kansas City, however, has suggested the opposite (Christopher J Van Ness and Daryl A Lynch. *Archives of Pediatrics and Adolescent Medicine*. 2000;154:49-53).

They asked 81 male adolescents (aged 10-18) attending a hospital adolescent clinic to complete a questionnaire and 67 did so. More of the respondents indicated a preference for female doctors than for male doctors, both for general examination (51% v 39%) and for genital examination (49% v 39%). [The American Cancer Society recommends that male adolescents should examine their own genitalia monthly and be examined by a doctor annually as a screen for testicular cancer.] The preference for a woman doctor was greater in African American respondents, almost two thirds of whom had been raised by a single female parent, relative, or guardian.

These authors warn against accepting their findings at face value because of small numbers and a low response rate. Do people, especially adolescents, always answer questionnaires in a perfectly straightforward and truthful manner? Could adolescent iconoclasm and tongue-in-cheek humour have an effect? Or is that just too cynical?

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