**Testicular cancer awareness**

Khadra and Oakeshott found that although awareness of testicular cancer in a GP population was reasonable, less than half were practising testicular self-examination.¹ In May 2002 I conducted a questionnaire survey of testicular cancer awareness in 202 boys aged 14–16 years (mean age 15) attending a selective school in inner London. The response rate was 97% (196/202). Eighty-eight per cent knew the correct age group affected and 90% knew that testicular cancer was curable when detected early. Eighty-five per cent had heard of testicular self-examination, however only 46% knew that testicular self-examination involved feeling for lumps, and only 8% examined their testicles according to recommendations (feeling for lumps monthly). The study suggests that awareness of testicular cancer is reasonable in this group of boys aged 14–16, but the prevalence of regular testicular self-examination is low. A large proportion of patients with cancer of the testis will have an asymptomatic nodule in the testis, and if diagnosed early the cure rate if high.² I agree with Khadra and Oakeshott that, as with the GP population, further health campaigns may be needed to encourage teenage boys as well as men to carry out regular testicular self-examination.

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**References**


**Effectiveness of tonsillectomy? A reply to Howel et al.**

Howel et al. refer to my systematic review as evidence for the effectiveness of tonsillectomy in patients meeting criteria for surgery.¹ It may help to restate the criteria used in the only controlled trial demonstrating effectiveness. Children had suffered at least seven clinically documented sore throats in the previous year, or five yearly in the two previous years or three yearly in the three previous years. Each documented throat infection should be characterized by at least one of the following clinical features: oral temperature >38.3°C; cervical lymphadenopathy >2 cm; pus seen on the tonsils; a throat culture positive for *Streptococcus*. It is important that throat infections are documented, because undocumented histories do not predict future throat infection.² In an unpublished trial, children just failing to meet these criteria showed insufficient benefit to justify surgery.³ Few tonsillectomy patients meet these criteria: only 25% in one survey.⁴

Perhaps the simplest solution to this problem is to tell patients the truth. A child who meets these strict criteria will probably suffer from 6 throat infections in the next two years. A child who has surgery now will probably...
Teenage pregnancy rates in the UK are still the highest in Western Europe. Although 50% of women aged 18–24 use the oral contraceptive pill (OCP), if it is not used correctly the risk of pregnancy increases from 0.2% to more than 3% per year. One reason for this increased risk is due to taking it concurrently with drugs that decrease its effectiveness.

St John’s wort is a popular remedy for mild to moderate depression. It has recently been shown to decrease the effectiveness of the OCP. On 1 March 2000, the UK government issued guidelines for those taking St John’s wort, and warned women using the OCP not to take it. However, it is very readily available, and can be bought from chemists, health-food shops and over the Internet. As such there is rarely anyone to advise the person buying it that it will react with the OCP.

We decided to investigate how much young women knew about what decreased the effectiveness of the OCP, particularly with respect to interactions with St John’s wort and antibiotics, and to see if there was a difference between users and non-users.

In May 2002 we conducted a confidential questionnaire survey of young female A-level students at an FE college in Sunderland. The questionnaire was given to them during their class by their lecturer, and handed back to the lecturer at the end. They were asked if they were taking or had ever taken the OCP, and if they could name a drug and a herbal remedy which decreased its effectiveness.

Of the 130 young women asked to participate, 118 completed questionnaires (response rate 91%). The mean age of women who replied was 18.5 years (range 16–31). Fifty-four per cent (64/118) were taking the OCP. We found that 64% (41/64) of those taking the OCP knew that antibiotics decreased its effectiveness ($P < 0.0001$). However only 14% (9/64) of those taking the OCP knew that St John’s wort reduced its effectiveness, compared to 0.02% (1/54) of the remainder ($P < 0.05$).

These results suggest that many young women taking the OCP may be unaware of drugs that decrease its effectiveness. This may leave them more susceptible to pregnancy if they do not realise they should be taking extra precautions. This was particularly so with respect to the interaction with St John’s wort. Since GPs and practice nurses are an important source of the OCP for young women, they should consider mentioning the need for extra precautions not only with antibiotics, but also with St John’s wort.

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