complications. Three patients had haemoptysis and two slight epistaxis. Three patients vomited, including the one in whom the procedure was abandoned. There were 39 visible tumours. In 29 out of the 38 of these that were examined the histological opinion was definitive. Failure to make a positive diagnosis was associated with necrotic tumour tissue, previous radiotherapy, or a difficult biopsy. Where the appearance was of extrinsic compression a positive diagnosis was possible in only two out of 11 cases. In 11 cases examination showed non-malignant disease.

Comment

This small study is the first that has attempted to assess the need for sedation in fibreoptic bronchoscopy and the reactions of patients when sedation is not used. The results show that without sedation fibreoptic bronchoscopy remains quite acceptable to the patient. The incidence of complications after fibreoptic bronchoscopy is low[1 2] and is often related to general anaesthesia or sedation. When these are not given the procedure becomes yet safer and the need for admitting the patient to a bed, even as a day case, is usually avoided. The diagnostic yield in this series is comparable with that obtained in other series[2 3] but could be improved with the addition of brush cytology.

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Use of glasses by adolescents with good vision

There is good evidence that many adolescents who are given glasses after sight testing do not wear them. In a national survey of vision screening of adolescents[1] as many as 33% of the children did not bring their glasses for the test. Nearly half of these children could see well without glasses. The inference drawn was that the children thought they got no benefit from wearing their glasses. So are National Health Service resources being wasted?

Methods and results

To throw light on why children do not wear their glasses, we asked all 14- and 15-year-olds in one London borough who had been prescribed glasses and had a distance acuity of 6/9 or better to bring their glasses for analysis of the prescription. As in the national survey,[1] some came for examination without their glasses. We asked them how often they wore their glasses. Out of 65 who answered, 20 wore them as prescribed, but 17 wore them occasionally and 28 never wore them. We analysed the prescription of 80 pairs of glasses and found that 18 out of 25 children who seldom or never wore their glasses had been given minimal prescriptions regardless of whether they had astigmatism. Out of 25 regular users, only eight had minimal prescriptions, and regular users were more likely to have an unaided vision of 6/9 than 6/6. Nine children had a defect of near vision in one eye, and seven wore their glasses, though all nine had more than minimal prescriptions.

Discussion

The rejection of glasses by older children who see normally without them is sensible. Most of the children we examined had glasses of low power. As would be expected, those who wore their glasses were more likely to have a measurable, though slight, visual defect for distance or in some cases in near vision. It was difficult to understand why glasses with one plain lens and the other the weakest lens in the box were ever prescribed. One child with completely normal vision for near and distance had been prescribed glasses (never worn) nearly identical to those prescribed for dyslexia. Another had had three changes in prescription in two years. The national survey[1] showed that low-power lenses were ordered less frequently in the north of England than elsewhere in Britain. So the criteria for issuing prescriptions varies and needs to be defined.

Most of the eye tests had been given because of complaints of eyestrain or headache, more often in girls than boys, and symptoms either resolved spontaneously or resolved after a short period of wear, which shows the power of placebo. Four children actually complained that their vision was worse with their glasses, and this was confirmed in one eye in each case (the better eye).

Now that the form GOS1 has been abolished, doctors have little influence over how visual problems are handled. But our results show that when doctors order an eye test for adolescents whose eyesight is good parents should be told that the test is only to exclude disease. We are not suggesting that community and school doctors should abandon screening or referral, because there is a chance of a pathological cause of eyestrain or headache. But we think they should be lenient toward older children who claim that their glasses are useless, and especially toward those whose distance vision is 6/6 even in one eye. Nevertheless, we do not make these recommendations for younger children.

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Prevention of infection after abortion with a supervised single dose of oral doxycycline

Although most induced abortions have no serious delayed or immediate consequences, pelvic infection follows in about 1·5% of cases[1] and may permanently impair fertility. Since many women who have abortions intend to have children later, the prevention of infection is particularly desirable. Prophylactic antibiotics are increasingly used in many surgical procedures but are not routine or even usual after abortion, although there is one report[2] of a non-significant but not unimpressive reduction of infection. Most patients who have had an abortion are discharged within a few hours of operation, and compliance with a course of oral antibiotics (as currently used at British Pregnancy Advisory Service clinics) is likely to be poor, while most conventional single-dose prophylactic antibiotics are too short acting or have too narrow a range of activity to eradicate organisms such as gonococci and chlamydia that may cause infection after abortion.

Doxycycline (Vibramycin) is a long-acting tetracycline, and a single oral dose of 500 mg usually gives effective blood concentrations for at least four days.[3] It has the low toxicity of tetracyclines, but absorption is unimpaired by food and it is effective against gonococci and chlamydia. I present the results of a controlled trial, in nearly 3000 patients, of doxycycline in the prevention of infection after abortion.

Patients, methods, and results

Because patients having an abortion are understandably difficult to follow up (especially patients of the British Pregnancy Advisory Service, who come