with clinically negative nodes who were treated by total mastectomy alone, only 18% subsequently required an axillary dissection. Thus many patients were spared an unnecessary dissection.

Immediate axillary dissection should be very selective. Axillary metastases are predictive for survival in the first five years but not in the long-term. This protest that examination of the axillary nodes is inadequate and may not detect small metastases is understandable. However, fine-needle aspiration and core needle biopsy lessen this deficiency.

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GEORGE E. MOORE

CHARLES ABERNATHY


Mattresses as reservoirs of epidemic methicillin-resistant Staphylococcus aureus

Sir,—We strongly support the role of axillary clearance as part of the staging and treatment of breast cancer. Our study of 287 general surgeons, however, indicated that only 56% would undertake an axillary clearance as part of the management of a 40-year-old woman with a T1/2 N0 M0 cancer of the breast.

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G. T. ROYLE J. MORRIS A. FARMER I. TAYLOR


Mifepristone for induction of labour

Sir,—Induction of labour at term may be required for medical reasons such as post-maturity or pre-eclampsia, and continuation of the pregnancy has a time-related risk for both fetus and mother. We investigated the effects of mifepristone (RU 486) in such women who had an unfavourable cervix. The efficacy of mifepristone in dilating the cervix has been shown in first trimester abortion and in pregnancy termination during the second and third trimesters. No toxicity has been reported to either mother or fetus. Women who had an unfavourable cervix. The efficacy of mifepristone in dilating the cervix has been shown in first trimester abortion and in pregnancy termination during the second and third trimesters. No toxicity has been reported to either mother or fetus.

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