

each year, the incidence of smoking was considerably higher among the men than among the women.

**Type and amount of smoking**—Of the 89 students who smoked at all at the time of the survey, 23 smoked less than one cigarette or one cigar a day. Of the remaining 66 regular smokers, 59 smoked only or mainly cigarettes, three only cigars, and four only or mainly a pipe. Only 22 students (5.3% of the overall total) regularly smoked more than 15 cigarettes a day. Twelve were men, nine women, and one student did not state his or her sex.

**Age of starting to smoke**—Of the total of 126 current and ex-smokers, 101 (80%) had started smoking while they were at school, 16 (13%) between school and university, and only nine (7%) since starting at medical school.

**Social background**—To facilitate comparisons between the students and the general public, they were questioned about their fathers' occupations. The fathers of 71 (17%) of the students were doctors, those of 182 (44%) in other professional or senior managerial or supervisory occupations, and those of 87 (21%) in intermediate managerial or supervisory occupations. Over three-quarters of the students, therefore, came from the Registrar General's social classes I and II. These figures show that there has been no significant change in the social background of medical students since 1967.<sup>1</sup>

## Conclusions

Since the 1967 Social Survey the overall proportion of medical students who smoke has fallen from 50% for men to 28% in this survey, and from 35% for women to 16%. Among the general public in the 20-24-year-old age group, 62% of men and 53% of women were found to be smokers in 1975.<sup>2</sup> Nevertheless, when figures for the general public were broken down according to social class only 29% of both men and women in social class I and 43% of men and 38% of women in social class II were smokers, so that, although medical students are less likely to smoke than their contemporaries in the general public, when allowances are made for social class this difference largely disappears. The fall in the incidence of smoking in medical students over the past decade is parallel to the general fall among professional people.

Doctors have a responsibility to prevent or reduce common dangers and disabling diseases by persuading their patients to give up smoking. Although by the end of their training medical students have a reasonably good knowledge of the association between smoking and these diseases, a quarter of this group of medical students were insufficiently convinced by what they had learnt to give up smoking themselves. By the time they approached their qualifying examination 53% were prepared to advise their patients to give up smoking, but their own practice is likely to diminish the effectiveness of such advice.

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<sup>1</sup> Bynner, J M, *Medical Students' Attitudes Towards Smoking*, Government Social Survey Report SS 382. London, HMSO, 1967.

<sup>2</sup> Tobacco Research Council, *Statistics of Smoking in the United Kingdom*, ed P M Lee. Research Paper 1, Seventh edition, 1977.

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## A problem with ear piercing

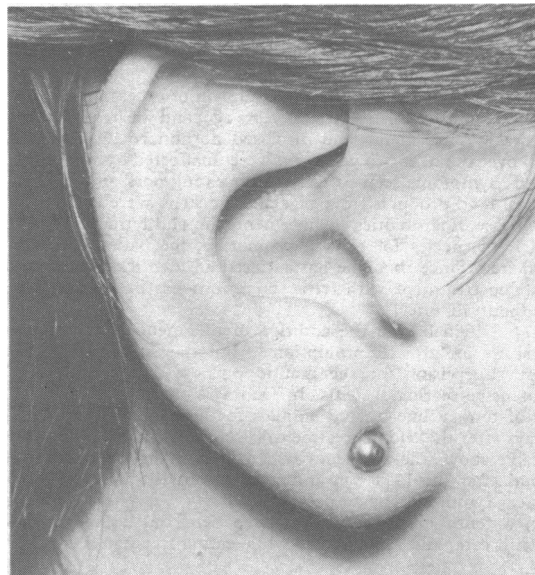
Ear piercing is enjoying a current boom with many shops and stores providing a service using a new spring gun and studs. Although most customers appear satisfied, it is becoming apparent that complications do exist. We outline one of them.

### Patients and treatment

In the six months from October 1976 to March 1977 nine patients presented to the accident service, Radcliffe Infirmary, with an ear stud embedded in their ear lobe. (See figure.) They had all had their ears pierced using a spring-gun method imported from the States. This gun fires a presterilised gold-plated stud through the ear lobe on to a clip base, the lobe having

first been prepared with a proprietary swab. The immediate treatment was removal of the stud in eight cases, and in the other, which showed no signs of infection, the stud was brought out to length.

Questionnaires sent to the patients showed an age range of 4-40 years, most being teenagers. Presentation time from introduction of the stud was 5-14 days except for two patients who first noticed the problem five weeks after the ears were pierced. After treatment seven of the ears had healed by



Stud in position before becoming embedded. Inflammation present.

one week; chronic discharge occurring for at least five weeks in one case, and more than three months in the other. Four of our cases had had the piercing performed at the same store. In the same six months this store had carried out 498 operations, and eight customers had returned to the store with embedded studs. They have now discontinued this service. A family jewellers pierced the ears of two of our cases. They will put in studs only if brought to the shop as they refuse to sell them, and therefore put in very few. They prefer to put in pure gold rings from which we have had no problems despite the estimated 700 piercings they carried out in the same six months.

### Comment

There are few reports about ear piercing. A comprehensive survey in a New York venereal clinic<sup>1</sup> showed that 83% of the 497 women patients questioned had pierced ears. Of these 34% had local complications of redness, swelling, or discharge of pus. Keloid formation, bifid ear lobe, and recurrent itching have also been reported.<sup>2</sup> More serious complications such as systemic staphylococcal infection<sup>3</sup> and hepatitis<sup>4</sup> have also been reported.

Complications after using this spring-gun method have not as yet received attention in the medical literature. A recent report in a woman's magazine<sup>5</sup> has alerted its readers to the problems, and specially emphasises hypersensitivity caused by poor quality gold plating of the studs. This would suggest that our experience in Oxford is by no means unique.

<sup>1</sup> Biggar, R J, and Haughie, G E, *New York State Journal of Medicine*, 1975 75, 1460.

<sup>2</sup> Ellis, D A F, *Journal of Otolaryngology*, 1976, 5, 247.

<sup>3</sup> Lovejoy, F H, jun, and Smith, D H, *Pediatrics*, 1970, 46, 301.

<sup>4</sup> Van Sciver, A E, *Journal of the American Medical Association*, 1969, 207, 2285.

<sup>5</sup> *Woman*, 18 June 1977.

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