

is worn over the calf and thigh. Air pockets are sequentially inflated and have been proved to decrease the incidence of deep venous thrombosis and fatal pulmonary emboli.¹⁻³ The etiology of the peroneal nerve palsy presented herein is uncertain but might have been secondary to chronic increased pressure on the peroneal nerve over the lateral epicondyle of the knee or transmitted pressure through the soft-tissue compartments.

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1. Prevention of venous thrombosis and pulmonary embolism. *JAMA*. 1986;256:744-749. Consensus Conference.
2. Nocolaides A, Miles C, Hoare M, et al. Intermittent sequential pneumatic compression of the legs and thromboembolism deterrent stockings in the prevention of postoperative deep venous thrombosis. *Surgery*. 1983;94:21.
3. Clagett GP, Reisch JS. Prevention of venous thromboembolism in general surgical patients. *Ann Surg*. 1988;208:227-240.

Bloody Discharge From the Nipple: The Utility of Cytology

To the Editor.—I agree with Dr Love¹ about the workup of the patient with a nipple discharge; however, I think cytological evaluation of the fluid should be part of the workup.

Spontaneous unilateral, nonlactational nipple discharge is an important symptom in patients with breast disease. It is more commonly associated with benign conditions. The incidence of cancer in patients with nipple discharge varies. Leis² reports an incidence ranging from 3% to 47%. The most common type of discharge associated with carcinoma is watery and bloody in nature, therefore, in any patient with this presentation, a full workup is indicated. Superficial nipple erosions with or without blood have been confused with discharges. If a skin lesion is found in the nipple areola complex, as can be seen in cases of dermatitis, eczema, and Paget disease, a gentle scraping and smear can be taken.

A mammogram, galactography, and cytological evaluation should be accompanied by thorough clinical examination to determine the presence or absence of a mass. The preparation of cytology smears is very simple and can be accomplished in the physician's office. Simply apply a drop of the discharge onto a glass slide and gently smear it. The type of fixation to be used can be discussed with your local cytopathologist. While there may still be disagreement on the role of cytology in the workup of nipple discharge, it is a simple, inexpensive diagnostic tool.

Most papillomas and carcinomas that present with a nipple discharge do so spontaneously and are usually unilateral. These patients are the ones that

would benefit most by having cytological evaluation as part of the workup.

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1. Love SM. Bloody nipple discharge. *JAMA*. 1988;260:2296.
2. Leis HP. Nipple discharge: surgical significance. *South Med J*. 1988;81:20-26.

Peanuts in Infants: Inhalants as Well as Allergens

To the Editor.—I was surprised by the reply by Dr Sampson¹ to the letter asking about the introduction of various foods in children's diets.

Granted, the inquirer apparently was concerned about the role of these foods as allergens, but a suggestion that all the listed foods be excluded "for the first two years of life in the 'high-risk' infant" falls short when it comes to one of those foods. Most pediatricians agree that nuts should be excluded from the diet for the first 4 to 5 years of life because they are aspirated easily, and every child, whether or not there is a familial history of hypersensitivity, is at high risk.

I believe that this point should have been included, for safety's sake.

Dodi Schultz
Parents Magazine
New York, NY

1. Sampson HA. Food allergies and the infant at risk. *JAMA*. 1988;260:3507.

In Reply.—I fully agree with Ms Schultz that nuts and peanuts should be excluded from the diets of all young children because of the risk of aspiration. However, the letter by Ms Schultz raises an important point. Many infants are given peanut butter and other foods that contain nut products prior to their third birthday. These products often are overlooked as sources of major allergens. In my remarks, which were directed at the question of allergenicity, I wished to emphasize that all peanut- and nut-containing products should be avoided.

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Methadone Maintenance Programs in Sweden

To the Editor.—I write this letter as the medical director of one of the two methadone maintenance treatment programs currently active and caring for former heroin addicts in Sweden. I was invited to give the keynote address at the opening session of the 5th Annual Northeastern Regional Methadone Maintenance Conference in New York on November 28, 1988. I was deeply concerned when my audience in New

York showed me the article in the November 25 issue of *JAMA* stating that Sweden "has effectively banned it, after closing the country's single program," referring to methadone maintenance treatment.¹

The facts are that our (then sole) methadone maintenance program in Uppsala, Sweden, was closed temporarily for admittance of new patients from 1979 to 1984, which was disastrous to the 98 heroin addicts on the waiting list: 39 (40%) died during that period (drug-related deaths). Conversely, the patients who had been admitted to treatment prior to 1979 were allowed to stay in treatment. A recent study, conducted by our group at Uppsala and presented in June 1988 at the International AIDS Meeting at Stockholm, Sweden, showed that these fortunate former heroin addicts in continuous effective methadone maintenance treatment escaped human immunodeficiency virus infection, a finding similar to that made by Novick et al.² Recently, the methadone maintenance program was officially allowed to expand from one national program divided into three regional programs. Our original program remains in Uppsala, a second regional program is in Stockholm, and a third is currently in the process of opening in the south of Sweden.

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1. Kim TF. Methadone maintenance treatment remains controversial even after 23 years of experience. *JAMA*. 1988;260:2970-2975.
2. Novick DM, Khan I, Kreek MJ. Acquired immunodeficiency syndrome and infection with hepatitis viruses in individuals abusing drugs by injection. *UN Bull Narcotics*. 1986;38:15-25.

CORRECTIONS

Incorrect Statement.—An error occurred in the Letter to the Editor entitled "Warnings: Smokers Opt for the New, Prefer Carbon Monoxide Poisoning to Fetal Injury," published in the January 6 issue of *THE JOURNAL* (1989;261:44-45). On page 44, column 3, the last sentence in the fifth paragraph should have read as follows: "The ultimate chutzpah came during testimony before a congressional health subcommittee hearing in 1986 when a tobacco industry spokesman suggested that if cigarette advertising was banned, the public would have [not 'would not have'] less access to the warnings."

Incorrect Author.—An error occurred in the State of the Art/Review entitled "Child Molestation and Pedophilia: An Overview for the Physician," published in the January 27 issue of *THE JOURNAL* (1989;261:602-606). On page 606, column 3, reference 90 should have read as follows: "Meyer H [not 'Abel GG'] MD: Sex offenders need treatment, not punishment. *Am Med News* 1986;Oct 10:21-23."