

LETTERS

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Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Cancer scare in general practice

Sir,
An inhabitant of the Teleborg district of Växjö, Sweden, noticed a high mortality rate from cancer among her neighbours. In 1990 she presented her district physician with a list of nine people, born between 1935 and 1948, who had died from cancer in the previous three years. Although the people on the list had died of several different forms of cancer, and we as district physicians at the health centre had not noticed any increased mortality or morbidity from cancer, this was nevertheless a good reason for a closer examination of the cancer statistics for the district.

The regional cancer registry in Lund was asked to produce a list of the people from the district who had been diagnosed as having malignant tumours in the 10 year period 1980–89. From Statistics Sweden we obtained demographic details for the middle of this period — on 31 December 1984 there were 8908 inhabitants in the district. The total number of newly diagnosed cases of cancer per 100 000 Swedes, classified according to their age and sex at diagnosis was obtained from the National Board of Health and Welfare. The mean values for cancer in-

cidence for 1984 and 1985 were used to calculate the expected number of cancer cases over the 10 year period for men and women in five year age groups from 0–4 years to 85+ years. The standardized morbidity ratio was calculated by dividing the observed number by the expected number. The 95% confidence interval was calculated with the aid of exact values for the observed number of cases, taken from Poisson distribution tables.¹

Over the 10 year period 1980–89 there were 151 cases of cancer (95% confidence interval 127.9 to 177.1) in the district compared with the expected 142.5 (Table 1). Among the men there were slightly fewer cases than expected, while among the women the number of cases was higher than expected. None of these differences, however, was statistically significant. Only for women aged 65 years and over was a significantly increased morbidity from cancer observed. Of these 32 women, nine lived in an old people's home, and eight of these were aged 80 years or more at the time of diagnosis.

This study gave no support for the notion that morbidity from cancer in the Teleborg district was any different from what would be expected. From the researcher's point of view the result was negative, while from the population's point of view it was positive. It is also clear

that the Swedish district physician has an important public health role, and that the excellent regional and national cancer registers of Sweden make this type of study easy.

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Reference

- Gardner MJ, Altman DG. *Statistics with confidence*. London: British Medical Journal, 1989.

Nitrite test for bacteriuria detection

Sir,
The ability of most bacteria to reduce nitrate to nitrite forms the basis of a rapid test for bacteriuria. If accurate, such a test could be helpful in diagnosing urinary infection in general practice patients presenting with dysuria and frequency. A study was therefore undertaken to examine the usefulness of the nitrite test for this purpose.

The sample population was taken from two studies which took place at the Earnshaw Medical Centre in 1986–87 (134 female patients),¹ and in 1989 (110 female patients).² The 244 consecutive female patients attended their general practitioner complaining of dysuria and/or frequency. The age range of patients in the first study was 17–78 years, mean 47 years,¹ and 17–80 years in the second study, mean 43 years.² Symptoms and relevant history were noted, and a midstream specimen of urine collected. A sample of the urine was tested immediately for nitrite with N-Labstix® (Ames), and another was used to inoculate a dipslide (Orion). The dipslide was sent by post to the Department of Microbiology at The Royal Free Hospital and processed as described previously.¹

A total of 131 specimens (54%) had 10⁵ colony-forming units per ml or more and 47 (19%) gave a positive test for

Table 1. Morbidity from cancer in the Teleborg district over the period 1980–89.

Age (years)	No. of cases		SMR	(95% CI)
	Observed	Expected		
<i>Men</i>				
0–24	4	3.9	1.03	(0.28 to 2.63)
25–44	7	11.4	0.61	(0.25 to 1.27)
45–64	26	26.7	0.97	(0.64 to 1.43)
65+	24	25.8	0.93	(0.59 to 1.38)
Total	61	67.8	0.90	(0.69 to 1.16)
<i>Women</i>				
0–24	1	3.5	0.29	(0 to 1.05)
25–44	25	23.0	1.09	(0.70 to 1.60)
45–64	32	28.2	1.13	(0.78 to 1.60)
65+	32	20.0	1.60	(1.09 to 2.26)
Total	90	74.7	1.20	(0.97 to 1.48)

SMR = standardized morbidity ratio. CI = confidence interval.