Details of the outcome of female patients admitted with fractured neck of femur during 1979 compared with those admitted to the Nottingham hospitals in 1977 are given in the table.

Number of female patients admitted with fractured neck of femur to the orthogeriatric ward in 1979 compared with that for all the Nottingham hospitals in 1977

	1977		1979	
	No	%	No	%
Patients admitted	289		482	
Discharged				
Home	158	54.6	294	61.0
To part III accommodation	28	9.7	44	9.1
To permanent hospital care	31	10.7	47	9.8
Died	72	25.0	97	20.1
Average length of stay (days)	66		48	

Comment

Because the average length of stay in hospital fell from 66 to 48 days, a saving of 27% beds were thus released for other purposes; 8676 patient/bed/days were saved compared with what would have been notionally used at the 1977 length of stay. Apart from these benefits the orthogeriatric rehabilitation ward has stimulated interest in and enthusiasm for a group of patients who had previously often been thought of as tedious.

We are grateful to Professor Arie for guidance and to Miss J Towers for secretarial help.

¹ Devas MB. *Geriatric orthopaedics*. London, New York, San Francisco: Academic Press, 1977.

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Sherwood Hospital, Nottingham NG5 1PD

R V BOYD, FRCP, consultant geriatrician, department of health care of the elderly

E COMPTON, FRCS, senior registrar, department of orthopaedics (present appointment: consultant in orthopaedics, Central Nottinghamshire District)

J HAWTHORNE, MB, associate specialist, department of health care of the elderly

J R KEMM, MD, MRCP, lecturer, university department of community medicine

Assessment of Fecatest and Haemoccult for faecal occult blood testing

In the past few years many data on the usefulness of faecal occult blood testing in screening for colorectal cancer have been collected. We have compared the use of Fecatest (Nordic Ltd) and Haemoccult (Eaton Laboratories) in 1286 individuals. A blood loss of 20-30 ml/day is required for a positive result to Haemoccult whereas Fecatest has a sensitivity just above what is regarded as normal blood loss (2.5-5.0 ml/day).¹ The kits were used on three successive days after three days of dietary restriction.

Patients, methods, and results

Three groups of individuals were studied.

Group 1 (factory A)—Factory employees were offered screening for colorectal cancer as part of their annual medical examination. Returned kits (for 757 subjects) were tested in the factory medical department. The age range of the employees tested was 40-65 years.

Group 2 (factory B)—The same screening programme was offered to factory employees by written invitation in their pay packets. Kits (for 405 subjects) were posted to the department of gastroenterology, Victoria Hospital, Blackpool, for interpretation. The age range of the employees tested was 40-65 years.

Group 3—Outpatients attending the gastroenterology clinic were referred for evaluation of their symptoms. Kits (for 124 patients) were returned personally to the department of gastroenterology. The age range of the patients tested was 21-80 years.

Further investigations—Workers and patients with one or more positive test result by either method were investigated by flexible sigmoidoscopy, barium enema, and colonoscopy. In group 3 colonoscopy was performed only in patients with negative test results where clinically indicated.

Of 1286 specimens returned for testing, 3.8%, 4.4%, and 19.6% gave positive results for Fecatest in groups 1, 2, and 3 respectively and 1.7%, 0.24%, and 9.7% respectively for Haemoccult. Fecatest was more sensitive than Haemoccult and produced about twice as many positive results in groups 1 ($p < 0.05$) and 3 ($p < 0.01$) in individuals in whom there was no delay in testing. There was no significant difference in positivity rate for Fecatest between group 1 (3.8%) and group 2 (4.4%), but the Haemoccult positivity rate was significantly lower in group 2 (0.24%) compared with 1.7% ($p < 0.05$), probably because of the delay in testing due to transport of the specimens by post.

In 77 individuals with positive test results, carcinoma was diagnosed in six, polyps in five, ulcerating lipoma in one, and inflammatory bowel disease in three and were considered to be the cause of occult bleeding. Also 22 individuals had perianal lesions (haemorrhoids, fissures, excoriations) and seven had diverticular disease; 34 had no perianal or colonic disease.

The positivity rates for clinically serious lesions are shown in the table. The three carcinomas which were negative to Haemoccult occurred in groups in whom fresh specimens were tested so that postal delay was not responsible for the negative result. In addition to those with positive test results two patients in group 3, who had negative results to Haemoccult and Fecatest, had adenomatous polyps. Though the numbers were small, Haemoccult was generally less sensitive for distal colonic lesions than Fecatest.

Results of occult blood testing in cases of clinically serious large bowel disease

Test	Result	Cancer	Polyps*	Inflammatory bowel disease	Total No of cases
Fecatest	+	6	5	3	14
Fecatest	-	0	3	0	3
Haemoccult	+	3	4	3	10
Haemoccult	-	3	4	0	7

*Including one case of lipoma.

+ = Positive; - = negative.

Comment

Two screening programmes in the UK using Haemoccult produced a positivity rate of 3.8% and 5% in predominantly elderly populations.^{2,3} A few recent reports have indicated that an undetermined number of colorectal cancers gave negative results to Haemoccult.^{4,5} With a more sensitive test than Haemoccult, such as Fecatest, an increased positivity rate will be associated with the finding of more serious colorectal pathology and therefore negativity rates will decrease. Some of the false-positive test results may be secondary to upper gastrointestinal pathology, which is not a major problem with Haemoccult. Proper dietary restriction is important and needs to be explained to participants, who have to be strongly motivated to co-operate. These requirements are more likely to be met in screening a relatively young population, such as that based on place of work, rather than in surveys based in general practice, which usually include a higher proportion of elderly participants.

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⁴ Gnauck R. Occult blood tests. *Lancet* 1980;ii:882.

⁵ Griffith CDM, Turner DJ, Saunders JH. False-negative results of Haemoccult. *Br Med J* 1981;283:472.

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Department of Gastroenterology, Victoria Hospital, Blackpool, Lancashire

F I LEE, FRCP, consultant

F T COSTELLO, MRCP, registrar