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## The BSE advantage

In the article "Effect of breast self-examination techniques on the risk of death from breast cancer" (CMAJ 1997;157[9]:1205-12), Dr. Bart J. Harvey and colleagues conclude that breast self-examination (BSE) reduces the risk of death. However, in the accompanying editorial "Is breast self-examination still necessary?" (CMAJ 1997;157[9]:1225-6), Dr. Gregory Hislop questions the efficacy of BSE and therefore its value.

Tumour size and breast cancer prognosis are related, but it has never been clearly established that the difference in the size of a cancer discovered by a woman who routinely performs BSE and that of a lesion discovered incidentally influences the prognosis. In that regard, Harvey and colleagues have provided some important information.

In both articles, the authors concentrate on only a single reason for performing BSE, but not necessarily the most important one. Almost certainly the greatest benefit of regular BSE is the recognition and understanding of naturally occurring changes in the breast during the various phases of a woman's life. In young women, cyclic hormonal effects cause changes that are often perceived as abnormal by women not accustomed to regular BSE. At no

time are these changes more evident than perimenopausally, a time when the prevalence of cancer begins to increase. As more postmenopausal women receive hormone replacement therapy, such hormonal effects will continue into the postmenopausal stage, a time when the prevalence of cancer increases sharply.

A woman's knowledge about her breasts can greatly facilitate accurate diagnosis. Many physicians are insecure about breast diagnosis and are assisted when a woman is confident that a recently discovered abnormality is new and different. Similarly, insignificant changes can be dismissed and the need for invasive testing reduced.

The work of epidemiologists contributes to clinical decision-making, but some clinical functions do not lend themselves to statistical analysis or even reliable prospective clinical trials. Lack of hands-on clinical experience by investigators can result in a biased focus. It would be unfortunate if physicians did not encourage their

## Research letter: Antibacterial activity of fluorescein

We conducted a simple experiment to determine if fluorescein has any antibacterial activity after one of us questioned its possible deleterious effect on bacteria if applied to an eye before collection of a swab for culture. A literature search failed to produce any information on this topic.

Antibiotic susceptibility plates (Mueller-Hinton medium, BBL, Baltimore, Md.) were streaked (according to the Kirby-Bauer method<sup>1</sup>) with 1 × 10<sup>8</sup> organisms/ mL of the following ATCC (American Type Culture Collection) strains: Moraxella catarrhalis, Staphylococcus aureus, Pseudomonas aeruginosa, Streptococcus pneumoniae (Mueller–Hinton medium with 5% sheep blood) and Haemophilus influenzae (Haemophilus testing medium). A fluorescein sodium strip, instead of an antibiotic disk, was applied to each of the plates.

After overnight incubation at 35°C, a large zone of inhibition was observed around the fluorescein strip for *M. catarrhalis*, *S. pneumoniae* and *H. influenzae*. There was no inhibition zone for *S. aureus* or *P. aeruginosa*.

We conclude that swabs for culture should be taken before fluorescein is applied to the eye, be-



Fig. 1: A large zone of inhibition appears around a fluorescein strip in a *Haemophilus* testing medium plate. Also shown are 2 unused strips and the wrapper.

cause of its antibacterial activity against organisms such as *M. catarrhalis*, *S. pneumoniae* and *H. influenzae*, pathogens that are frequently found in the eye.

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