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Mental Health Foundation

The economic recession and the consequent public expenditure cuts are badly affecting the income of some of the less glamorous charities. Cats, dogs and horses still seem to be doing well, but the mentally ill pull less at the public's heart- and purse-strings. The Mental Health Foundation is one such charity facing a severe crisis, and it recently mounted an exhibition about its work in the House of Commons. We note that no GP is a trustee of the Mental Health Foundation, and that no GP sits on the Foundation's research committee, its general projects committee nor its evaluation committee; the Institute of Psychiatry's general practice research unit is represented by a consultant psychiatrist. In a list of 66 studies funded by the MHF and its predecessors since 1955, we could find no mention of a GP. However, in a recent press briefing (1 March) which announced the exhibition, the MHF has drawn attention, with detailed figures, to the amount of mental ill health being dealt with by GPs in the community.

Meetings and Courses

The Adolescent in Hospital

Organized by the National Association for the Welfare of Children in Hospital. Imperial College, Exhibition Road, London SW7. 28 September, 10.30 - 4.15 p.m. £16 with lunch, or £11.40 without lunch. Booking forms and further details available from the Conference Secretary, NAWCH, 7 Exton Street, London SE1 8UE. Tel: 01-261-1738.

Northampton

General Medical Refresher Course, 1 - 5 November 1982. Details from Dr Christopher Elliott-Binns at the Cripps Postgraduate Medical Centre, General Hospital, Northampton NN1 5BD.

BASICS, Annual Symposium

Gonville and Caius College, Cambridge, 22-25 September. Section 63 approval. The theme of the symposium will be the pre-hospital management of accident victims. Further details from The Symposium Secretary, Beaulieu House, Bottisham, Cambridge, CB5 9DZ.

Medical Women's Federation

Residential refresher course. 20-24 September. Postgraduate Medical

School, University of Exeter. £140 including accommodation. Further information from the Director, Postgraduate Medical School, Barrack Road, Exeter EX2 5DW.

Cervical Smears—How to do Better

Why do 13 per cent of clinical cases of carcinoma of the cervix give negative smears? Some reasons are to be found in a useful booklet produced by the British Society for Clinical Cytology. Brief and clear instructions about techniques are given, and the illustrations sensibly emphasize common abnormalities which are not cancer. Everyone who takes cervical smears could usefully spend a few minutes revising the technique with the help of this booklet. Copies are obtainable from Dr Elizabeth A. Hudson, Histopathology Department, Northwick Park Hospital, Harrow, Middlesex HA1 3UJ (Price 50p including postage and packing).

Queen's Award

May and Baker Ltd has been awarded another Queen's Award for Technological Achievement (their fourth). The award recognizes the pioneering work which has gone into the development of metronidazole ('Flagyl') in the treatment of anaerobic infections.

LETTERS

Antibiotics

Sir,
May I comment on your editorial "Antibiotics in General Practice" (April *Journal*, pp. 205-208). In the section on UTI you say that there is no argument about antibiotic need in proven infection. Since most infections are self-limiting (Waters, 1969) this statement may be difficult to support and the practicalities must surely depend on the circumstances. Do we need to treat asymptomatic bacteriuria in non-pregnant adult women, for example, and if so, why?

You quote my *Update* paper (Brooks, 1980) in support of a statement that in adults bacterial diagnosis of apparent infection is advisable before treatment. However, in that paper and elsewhere (Brooks 1978, Brooks and Mallick, 1978, 1982), I argue that prior investigation is usually unnecessary in adult women except in certain circum-

stances which have become progressively clearer over the years. Incidentally, this view does receive support from outside general practice.

D. BROOKS

133 Manchester Old Road
Middleton
Manchester M24 4D2.

References

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Waters, W. E. (1969). Prevalence of symptoms of urinary tract infection in women. *British Journal of Preventive and Social Medicine*, 23, 263-266.

Mothers and their Children's Symptoms

Sir,
In his editorial on mothers and their children's symptoms (*March Journal* p.144) Professor Emery concludes that our study "supports those who call for increased education of young parents in the care of their children and stresses the need for inadequate parents to be identified and helped". We would like to make three points in response:

1. Professor Emery appears to have misunderstood our analysis. The 74 episodes of illness which occurred in our study were defined by a symptom score of six or more on one day, or a major symptom present on three consecutive days. We realize that this is rather a crude method and that our