

LETTERS

Symptoms of bladder carcinoma <i>B.P. Gardner and P.T. Doyle</i>	367	Post-tubal-sterilization syndrome <i>D.G. Delvin</i>	369	Sponsorship and the medical profession <i>A.G. Donald</i>	371
Antibiotics for otitis media <i>F.L. Van Buchem</i>	367	Medical Foundation for the Care of Victims of Torture <i>A.J.M. Frank</i>	369	Membership for established principals <i>Rupert Gude; J.D.W. Whitney</i>	371
How general practitioners can help carers' support groups <i>L.S. Levene</i>	368	General practitioners and alternative medicine <i>David Taylor Reilly and Morag A. Taylor; Jeremy Swayne</i>	369		
Physiotherapy in the community <i>S. Beacon</i>	368	Post-viral syndrome <i>Sue Finlay; C.B. Wookey; M. Peel</i>	370		
Integration of community medicine and primary care <i>Brian Gibbons; Tony Waterson and T. Van Zwanenberg</i>	368	Healthcall and the College <i>P.R. Kinnersley</i>	371		

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.

Symptoms of bladder carcinoma

Sir,
Most patients with carcinoma of the bladder present with painless haematuria. A minority of patients present with other symptoms. We predicted that the diagnosis of bladder cancer would be delayed in these patients. This prediction was tested by analysing the case histories of 1000 consecutive patients whose records are kept in the Department of Urology at Addenbrooke's Hospital. We also analysed the results of the investigations performed at the time of presentation to assess the contribution of these investigations in the diagnosis.

Twenty-six per cent of the patients were female and 74% were male. The majority of patients presented between the ages of 50 and 70 years. The proportions presenting with haematuria and other symptoms is shown on Table 1.

This study demonstrated that patients with bladder carcinoma presenting with painless haematuria are diagnosed much earlier than those presenting with other symptoms. Patients who do not have haematuria are often diagnosed as having a variety of conditions and definitive treatment is consequently delayed. The absence of blood in the urine does not preclude the diagnosis of bladder carcinoma, and many patients with bladder carcinoma had infected urine at the time of diagnosis. Patients with frequency, dysuria and a difficult or poor urinary stream should therefore be carefully followed up and if there is any diagnostic doubt urine cytology and cystoscopy should be considered. It must be remembered that an intravenous urogram is often normal despite the presence of a small bladder tumour.

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Table 1. Presenting symptoms for 1000 patients with bladder carcinoma.

Presenting symptom	% of total	Mean duration of presenting symptom (months)	% with haematuria on direct questioning	% with blood in urine	% with infected urine	% with normal IVU
Painless haematuria	76.0	6.5	0	100	0	39
Frequency, dysuria and haematuria	7.5	10.0	0	47	32	43
Frequency and dysuria	6.0	13.0	46	41	24	32
Difficult/poor stream	3.5	8.6	0	41	30	46
Acute retention	4.0	0	0	35	27	30
Other symptoms	6.0	0	0	— ^a	— ^a	— ^a

IVU = intravenous urogram. ^a Numbers too small for meaningful interpretation.

Antibiotics for otitis media

Sir,
I refer to your exchange of letters regarding the use of antibiotics in children with acute otitis media.

The results of our study¹ were based on an estimated 5000 children with acute otitis media — rather more than the 490 mentioned by Dr Thomas in his letter (*March Journal*, p.132). We concluded that over 90% of such children do not need antibiotics at all. Antibiotic treatment is only necessary in severe cases (those still ill after three to four days with persistent high temperature or severe pain or both) and for patients who do not appear to be ill but still have a discharge from the ear after two weeks.

In 1985 we surveyed 75 general practitioners who looked after people from our region and some bordering areas (220 000 inhabitants) regarding their treatment of acute otitis media. Table 2 shows the

results from the 65 who replied.

In our region of 150 000 inhabitants the number of cases of mastoiditis in children aged 2–12 years since 1979 has been: 1979, two cases; 1980, one; 1981, three; 1982, four; 1983, three; 1984, one; 1985, four; 1986, zero.

The morbidity registration of our region demonstrates that the prevalence of chronic otitis media has not risen since 1979. It would seem that the Tilburg child population at least has not suffered from our infrequent use of antibiotics for acute otitis media.

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Reference

1. Van Buchem FL. Otitis media: a new treatment strategy. *Br Med J* 1985; **290**: 1033-1037.

Table 2. General practitioners' use of antibiotics in acute otitis media.

	Always	Often	Half the time	Seldom	Never
Myringotomy	0	1	0	12	52
Antibiotics	1	4	6	45	9
Analgesics	40	23	1	0	0
Nose drops	54	10	0	0	0