They therefore attend the surgery complaining of any of a number of symptoms remote from the urinary tract and their urinary tract symptoms and signs are discovered only on enquiry.

Urinary Tract Symptoms

Frequency of micturition	35
Renal tenderness to percussion	26
Pain (scalding) on micturition	14
Hypogastric ache	14
Renal ache or pain	12
Urgency	9
Hypogastric tenderness	7
Infrequent micturition	5
Foul urine	5
Stress incontinence	4
Difficulty of micturition	3

Also complained of were lack of desire to micturate and haematuria.

Non-urinary tract symptoms

Frontal headache	20
Abdominal bloating	18

(The patient complains that the abdomen is distended and that she feels about six months pregnant. This distension is apparent to the observer).

Unilateral or bilateral sacroiliac pain	15
Tiredness	12
Pallor	9
Depression	6
Irritability	6
Insomnia	4

Also complained of were loss of libido, dyspareunia, nausea and epigastric pain and slight general oedema in the absence of albuminuria.

The foregoing non-urinary tract symptoms are so frequently noticed as presenting symptoms of urinary inflammation that in this practice it is customary to look for urinary tract inflammation in all patients presenting in this way.

It is apparent that frontal headache, abdominal bloating, sacro-iliac low backache and depressive and psychological symptoms such as tiredness and irritability are particularly important. I would also draw attention to the importance of light percussion with the closed hand over the renal angle[2] in bringing to light urinary tract inflammation.

I should like to express my thanks to the East Anglian Regional Hospital Board for a grant towards clinical investigation of urinary tract inflammation.

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REFERENCES

1 Kass, E. H. (1956). *Transactions of the Association of American Physicians*, **69**, 56.
2 Eastwood, N. B., Bruce, R. G. & Wren, W. J. (1965). *Journal of the College of General Practitioners*, **10**, 257.

DIAGNOSIS AND NAMING

Sir,

Dr Howie's paper on diagnosis (May *Journal*) is a neat exposition of the theme that, in general practice, naming is a less reliable predictor of action than is information-clustering. He goes on to suggest that difficulties ensue in establishing a common clinical language between hospital and community practice as a result.

However, such difficulties only arise if 'diagnosis' and 'naming' are regarded as synonymous, i.e. if 'diagnosis' is given the restricted connotation of 'naming'. This synonymity is implied by Dr Howie throughout his paper; and does less than justice to the hospital clinician.

No matter where the physician happens to practise—in hospital or outside it—every consultation confronts him with four questions: 'What is wrong?', 'Why has it happened?', 'What is going to happen?', 'What should be done?' The basis of his answers to all four questions is probabilistic; and their relevance purely predictive. Both hospital and community practice share this probabilistic basis of activity; and any divergence between them is more apparent than real.

Diagnosis is more than naming—and to use (or imply) the terms as coextensive is to perpetuate a clinical attitude which inevitably confuses both the student and the physician.

Naming is a necessary human activity:

1. Attempting to reduce 'content information' to 'sign information'.
2. Satisfying (at least partially) the human need (of the physician) to reduce uncertainty.
3. and, in some degree, essential to experiential learning.

In the process of problem solving the physician's mind constantly switches between the particular and the general; and any formulation of the general requires naming and classification. These are useful tools; but not to be confused with diagnosis.

Only when the distinction between naming and diagnosis is clearly kept can clinical method shed the restrictions produced by servitude to traditional nosology: and the physician think more freely about the diagnostic process.

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REFERENCE

Howie, J. G. R. (1972). *Journal of the Royal College of General Practitioners*, **22**, 310–15.

MICHAEL BALINT

Sir,

While staying with a friend I saw the March *Journal* with the editorial on Michael Balint.

When he first came to Manchester, with an introduction from D. W. Winnicott I think I was one of the first people to meet him. I was therefore disappointed that no reference had been made to his time in Manchester—only a brief mention of the Preston Child Guidance Clinic, and the Northern Hospital (which might have been anywhere). Manchester may be 'north of Potter's Bar', but I know that many of us appreciate Balint's work and enjoyed the evening discussion groups during the early blackouts of the war. Many of us were sorry when he went to London, though it was obvious he would have more scope for his sort of work at the Tavistock.

As a good Mancunian, I think our city might at least have been named!

SYLVIA K. GUTHRIE

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REFERENCE

Journal of the Royal College of General Practitioners (1972). Editorial, 133–35.

PRACTICE ORGANISATION

Sir,

I should be grateful if practices with good internal organisation would let me have their names and addresses for the practice organisation study.

This does not apply to those practices which are already contributing to the study.

The purpose of the study is to attempt to show the internal organisation of practices in readily comprehensible terms, so that we may, as far as possible, reflect current advances in organisation and also identify exceptional practices so that other practitioners may visit the premises and learn from them. Practices already contributing to the practice organisation study will shortly be circulated again, and the practice organisation committee would be grateful for the most up-to-date information.

R. M. RIDSDILL SMITH,
Exhibition Secretary
Practice Organisation Committee

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PARTICIPATION IN PRACTICE

Sir,

It is sometimes alleged that democracy in fields such as health care is 'nice if you can afford the time for it—but something of a luxury'. Although there is now a considerable body of evidence about how organisations actually work which suggests that the active participation of staff and consumers in the running of an organisation not only increases job satisfaction but represents a sound investment of time, illustrations or case studies in health services have rarely been documented.

With the help of a grant from The Joseph Rowntree Social Services Trust Ltd., a small team in this Department is attempting to fill this gap by describing and discussing examples of staff and consumer participation. We should therefore be most grateful to hear from readers who either work in or know of health service units which have 'democratised'. We are interested in failures and difficulties as well as success stories. Examples from the three main divisions of health services which we should like to hear about might therefore include:

1. General practices or health centres which are run as genuine teams, especially those which have some kind of patient involvement in their organisation;
2. Hospitals whose management committees have close relationships with the communities which they serve and which are fully accountable to them and their staff. Alternatively, sectors of care such as paediatrics, which have made parents active members of the therapeutic team;
3. Public health committees which have opened their deliberations to the public and achieved some successful public involvement.

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Book Review

Eighty years on call. First edition. TREVOR HUGHES. Bala, North Wales. Dragon Books. 1971. Pp. 9 + 167. Price: £1·15p.

This book describes some of the events which occurred in one general practice in rural Wales over a period of 80 years, the years in which Dr Hughes and his father before him served the people of Ruthin. Like country practice anywhere it is a rambling sort of book; nostalgic in places, philosophic in others, but for the most part anecdotal.

The book is marred by many printing errors and could have been better arranged. One or two of the photographs are of value. There is one of the senior Hughes in his trap with his coachman, both decked up in top hats and brass buttoned top coats, and enveloped in a coach rug, about to set out on their rounds. This matches a similar photograph of a South Devon doctor of about 70 years ago. Dr Hughes gives his views on many of the problems affecting general practice today. He republishes letters which he has had published in the medical journals; it is doubtful whether there is any real value in this.