URINARY TRACT INFECTION IN GENERAL PRACTICE

DURING the past 15 years increasing attention has been directed to the diagnosis and management of urinary tract infections. The application of quantitative methods to urine culture, the development of the new epidemiology and the ever widening range of antibiotics have resulted in a great increase in requests for urine culture from general practice. Furthermore, whenever the needs of patients with chronic pyelonephritis have to be met by renal dialysis and by renal transplant we ask ourselves: " Could not this desperate state of affairs have been avoided by the earlier detection and more adequate control of the underlying infection?" There is some evidence that urine culture is now the most frequently-requested single laboratory investigation, outstripping even haemoglobinometry.

Several problems are highlighted by this state of affairs: for example, because urine is a good culture medium, delays in transmission of the specimen to the laboratory vitiate painstaking efforts by our laboratory colleagues to give a valid quantitative result. Yet no nationally-organised specimen collection service exists.

Also, *more often than not*, a woman presenting with a history strongly suggesting urinary tract infection has no treatable bacterial cause for her symptoms: there is a need for the rapid identification of such patients to avoid the unnecessary use of potentially harmful antibiotics.

At a deeper level, there is the whole question of meeting the laboratory needs of primary medical care and the unthinking application to general practice of solutions relevant to the hospital setting will not necessarily produce the best answers, however correct these solutions may appear to be in hospital.

Against this background, we publish this month a paper by Dr Mond and his colleague, a welcome demonstration of the co-operation so often found between general practitioners and laboratory doctors. The paper examines the application to *symptomatic* patients in general practice of a new and simple technique, which had previously been shown to be suitable for screening some types of *asymptomatic* patients.

Emmerson and Mond's careful survey is fully supported by appropriate laboratory help, including specimen collection facilities; yet a high proportion of false negatives (six of 32 in pure culture, nine of 11 in mixed culture) must inevitably dampen the enthusiasm for wide acceptance of this solution to our pressing problem.

We publish also today a preliminary analysis of a multi-observer survey from general practice using the same technique. This certainly gives a less optimistic picture—the proportion of false negative results is reported to be much increased, possibly because of the inability of many symptomatic patients to retain urine for a long enough time. Difficulties were also experienced with the potentially confusing situation of a negative colour reaction being equated with a positive result.

At present, it looks as though there is no reliable substitute for urine culture in the

complete diagnosis and management of urinary tract infection. It would be a great pity, however, if in rejecting this simple test general practitioners felt any justification in the view that we must leave it all to the professional laboratory.

REFERENCE

Drug and Therapeutics Bulletin (1972). **10**, 35.

THE RIGHT HON. LORD HUNT

DR JOHN HENDERSON HUNT, general practitioner, London, has been made one of seven new life peers. Dr Hunt's career has always been successful, starting with his work in famous teaching hospitals and moving on to even greater success in general practice. Early on he obtained the degrees M.A., D.M. and M.R.C.P., and later was awarded or elected *C.B.E.*, F.R.C.P., F.R.C.S. *ad eundem*, F.R.C.G.P. and F.R.A.C.G.P. He has been President of the Hunterian Society, the Harveian Society, the Chelsea Clinical Society and the Royal College of General Practitioners. He is now consultant in general practice to the Royal Air Force and President-elect of the Medical Society of London.

Undoubtedly the supreme achievement of this most distinguished career was his central role in founding the College and serving as the first honorary secretary of the Council, which he has described so vividly earlier this year (January *Journal*). No other living doctor has done so much to promote the development of general practice throughout the world.

For a man who has already received so many medical honours it is appropriate that he should now receive public recognition and a high national honour. The magical quality of his career is well matched by his almost magical translation to membership of the House of Lords. He is the first practising general practitioner this century to enter the upper house and he is well qualified to contribute substantially to parliamentary work.

This news is a great personal triumph, and a considerable compliment both to the College and to general practice as a whole (*See* News).

REFERENCE

Hunt, J. H. (1973). *Journal of the Royal College of General Practitioners*, **23**, 5–20.

ANNUAL GENERAL MEETING 1973

The President of the College, H.R.H. The Prince Philip, Duke of Edinburgh, has agreed to attend the Annual General Meeting of the Royal College of General Practitioners on Tuesday, 20 November, 1973. Further details will be announced later.