

MAKING DISGNOSES IN GENERAL PRACTICE

Sir,
The Future General Practitioner—Learning and Teaching set out for us the instruction to formulate diagnoses in physical (P), emotional (E), and Interpersonal (I) terms.

As teacher and trainee we noted whether consultations had occupied one or more of these dimensions, and also where the initial presentation was not a matter of prime importance (Balint, 1964). No definitions were attempted.

The conduct of consultations is ordinarily such that the transition from opening contact to the central problem is fluent and the Balint transition lost. Physical pathology appears to remain our major occupation.

| | SCORES | |
|---------------------|---------|---------|
| | Trainer | Trainee |
| Total | 263 | 178 |
| P | 192 | 137 |
| E | 11 | 13 |
| I | 3 | 6 |
| PE | 3 | 13 |
| PI | 24 | 12 |
| EI | 9 | 15 |
| PEI | 10 | 4 |
| Balint presentation | 3 | 2 |

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REFERENCES

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Royal College of General Practitioners (1972). *The Future General Practitioner—Learning and Teaching*. London: *British Medical Journal*.

URINARY TRACT INFLAMMATION

Sir,
The growth of interest in urinary tract inflammation as recognised so fully in the August *Journal* is a most important development. Inflammation of the urinary tract is probably the commonest cause of chronic ill-health in the adult human female.

I have followed the literature of the subject closely for many years and my abiding impression is that it is utterly confused, but with lucid intervals and that this accurately sums up the present position both in consultant and general-practitioner thinking. I believe that the comparative failure of both is due to a lack of appreciation of the scale of the problem and the complexity of its ramifications. May I suggest some points for consideration which may help to clarify the collective view?

We should in the first place keep fully in mind the clinical aims of our endeavours; and in this field our main problems as general practitioners

are firstly the ill-health inflicted on the adult female population by urinary tract inflammation (a perusal of the publications of the U and I Club—secretary: Mrs Angela Kilmartin, 22 Gerrard Road, London, N.1, will adequately confirm this view) and secondly, the bringing to light of a variety of surgical and medical diseases of the urinary tract of which chronic pyelonephritis is the most obscure in its identification, prevalence and degree of importance in statistical terms in the population.

The second aim we should have in mind is case-finding and here I believe it to be likely that the wide differences quoted for incidence and annual prevalence lie in the degree of success in case-finding. The important thing to be aware of is the high proportion of patients with urinary tract inflammation who present with symptoms remote from the urinary tract.¹

Thirdly, it is necessary to adopt a standard method of eliciting renal tenderness.^{2,3} The important point about renal tenderness is that all patients who have renal tenderness are ill and that they have either localised urinary tract symptoms—frequency, scalding, or remote symptoms—frontal headache, sacro-iliac backache, abdominal distension, depression, or both.

Fourthly, it is clear that the nomenclature in this field is ambiguous and that it is imperative that agreed definitions should be used uniformly throughout the profession. Greatly as I was delighted by Kass's discovery of significant bacteriuria, I was dismayed by the term, because we do not to this day know what significant bacteriuria is significant of and much less do we know what its absence in a symptomatic patient implies.

Finally, I think the time is ripe for the College to set up a urinary tract inflammation unit to pull together and promote general-practice work in this field.

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REFERENCES

- 1 Eastwood, N. B. (1972). *Journal of the Royal College of General Practitioners*, **22**, 464.
- 2 Manners, B. T. B. (1973). *British Medical Journal*, **1**, 682.
- 3 Eastwood, N. B., Bruce, R. G. & Wren, W. J. (1965). *Journal of the College of General Practitioners*, **10**, 257.

TYPOGRAPHICAL ERROR

Sir,
I would like to point out what appears to me to be a typographical error occurring in an article by John Hulbert entitled 'Presentation, bacteriological diagnosis and test of cure of urinary tract infection in general practice—Report of a trial'. This error is on page 558 and occurs in table 2, where it is stated in a sub-title 'The proportion (%) of strains