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 (60)	13 (63)
PI	24	12
EI	9	15
PEI	10	4
Balint presentation	3	2

G. HARRIS
I. COCKS

The Medical Centre,
Badgers Crescent,
Shipston-on-Stour,
Warwickshire.

REFERENCES

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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.

N. B. EASTWOOD

71 Victoria Road,
Oulton Road,
Lowestoft.

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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

resistant to'. I feel on perusal of the article in question that the word "resistant" should be changed to "sensitive" otherwise there would be little, if any, therapeutic value in using the listed antibiotic agents.

G. F. DEVEY
Medical Adviser

Roussel Laboratories Ltd.,
Roussel House,
Wembley Park,
Middlesex HA9 0WF.

REFERENCE

Hulbert, J. (1963). *Journal of the Royal College of General Practitioners*, **23**, 558.

THE UNPOPULAR PATIENT

Sir,

In your editorial comment (July *Journal*) on Miss Felicity Stockwell's publication you fall straight into the trap which bedevils a scientific approach to handling our patients.

It has become an almost universal fashion to talk in terms of relationships. And we find that in a paper on the 'unpopular patient' we are reading not about a patient at all, but about the idiosyncrasies of nurses and doctors. Unless we have some ability to distinguish between the observer and the observed, we shall remain in a hopeless complexity in our attempts to understand the handling of human beings.

If I am called to see a patient and my diagnosis of that patient's illness is determined by the state of my own health, then the patient has very little chance of obtaining the correct treatment for the specific illness from which the patient is suffering. If the patient has myxoedema and needs thyroid replacement therapy, and I diagnose pernicious anaemia because I suffer from migraine, the patient is not going to have the optimum chance of recovery. If the doctor cannot leave his 'boiling point' on the golf course or wherever, but insists on taking it with him into his surgery, whatever transpires between him and his patient will not be detectably useful.

It is not good enough to say that the doctor is only human himself and therefore cannot control his feelings about his patient. The fact remains that his feelings have no relevance whatsoever to the state of the patient. Just because the patient reminds him of his primary school teacher and brings him out in a rash, is no concern to the patient.

It is possible for anyone, especially doctors and nurses, to do simple drills which free them from the compulsion to react to another human being. It is easy to do these drills up to the point where one can be calm and collected, even if the house caves in. They give one the ability to keep one's cool under any circumstance. With the degree of objectivity thus acquired, accurate observation of what constitutes the 'unpopular patient' is then possible.

The training drills I have mentioned were developed by L. R. Hubbard for use in counselling.

E. C. HAMLYN

38 Portland Road,
Devonport,
Plymouth.

REFERENCE

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Hubbard, L. R.—*Basic Study Manual; Professional Auditors Bulletin.* Basic Education Unit, East Grinstead, Sussex.

PRIVATE GENERAL PRACTICE

Sir,

I really feel I cannot let the statement that, "The demand for private specialist care is growing, yet that for private general practice is diminishing," by Dr J. A. Hall Turner in the July *Journal* go unchallenged.

Every day that passes I discover more doctors in general practice who are willing to provide such a service, coupled logically with more patients who are eager to obtain such a service.

The report states that "reasons began to emerge during the day" for the statement quoted above, yet those very reasons, personal care and independence, are relatively lacking in the NHS.

With the lemming-like rush to health centres and the gross impersonality which these can produce, has come a reverse flow of private patients seeking both time, at a mutually convenient moment, and the personal attention, which they have come to enjoy. It is alarmingly pitiful the number of new patients who are both astonished and delighted to be asked to remove their clothing in order that their chests can be examined—a fact which I find both horrifying and sad in that some standards have been forced so low by circumstances. I would be most interested to know who it was who represented the private general practitioner, as his views seem to be sadly lacking in this report.

BERNARD A. JUBY

1 Wash Lane,
Yardley,
Birmingham B25 85D.

REFERENCE

Hall Turner, J. A. (1973). *Journal of the Royal College of General Practitioners*, **23**, 570.