URINARY SYMPTOMS

URINARY tract infections present the general practitioner with many problems of understanding and management. The August issue of the *Journal* with six reports on studies of urinary tract infection helped to clarify these conditions, but much more work and thinking is required before we know how to care for our patients with these annoying and potentially dangerous conditions. Some questions must be posed and answers sought.

What are they?

What is the cause and what is the pathology? Should they be considered as mainly caused by *E.coli* bacteria or other bacteria such as staphylococci, pseudomonas or other rarer species? Half the patients with acute symptoms of a urinary infection have no organisms which can be cultured. Are these infections caused by viruses or are our methods of investigation not good enough?

Are we correct in thinking of the conditions as ' cystitis ' and ' pyelitis ' as distinct pathological and clinical entities, or should we rethink our whole attitude and approach to the urinary tract and its infections?

The papers recently published in the *Journal* do not answer these fundamental questions but they do provide some bricks with which to build up our understanding.

What is their significance?

What should we do when faced with the common presentations of frequency, dysuria, loin pain and malaise? Should we merely prescribe some of our regular antibiotics or similar drugs and assume a satisfactory response, or should we be much more thorough in our follow-up over many months or years to ensure that no permanent damage occurs to renal function?

The paper by B. T. B. Manners *et al.* (1973) does help here, for they distinguish between ' bacterial cystitis ' and ' acute bacterial pyelonephritis ' with ' asymptomatic bacteriuria ' as a third group. They suggest that cystitis is a relatively benign and insignificant condition with a good prognosis and with only rare abnormalities detectable on intravenous pyelogram and on renal function tests. Those with pyelonephritis or bacteriuria are more liable to have associated abnormalities on IVP, and renal function is more likely to be affected. We need be less concerned therefore with women with recurrent cystitis but much more with those who have had pyelonephritis or who are found to have asymptomatic bacteriuria. These latter patients should be investigated fully with IVP and renal function tests should be followed up carefully.

D. H. Lawson *et al.* (1973) reported no real relationship between symptoms and the discovery of bacteriuria and J. Hulbert (1973) also found that cure was not related to any subjective symptoms.

So clearing symptoms is not enough. Bacteriological examination of urine is a better way of measuring the control of infection.

How diagnosed?

Some clarification is urgently necessary on the right methods of investigation of cases of possible urinary tract infection. Should every case have the urine examined at a hospital (or other) laboratory? How detailed should the investigations be? How intensive should be the follow-up?

D. W. W. Hendry (1973), A. M. Emmerson and N. C. Mond (1973), and J. D. Williamson *et al.* (1973) all report on the new dip-slide and enzyme tests designed to aid diagnosis in general practice. The dip-slide comes out reasonably well for accuracy but the enzyme tests not so well. However, these two new techniques only make small contributions to the problems. They are both less accurate than a good pathological laboratory but some practitioners may have poor access. The issues are not what techniques to use but rather what investigations are necessary assuming free access to a pathological laboratory.

How to treat?

There is a wide choice of antibiotics and other chemotherapeutic drugs for the treatment of urinary infections. The treatment of urinary tract infections in general practice at present is haphazard and unscientific. The choice of drug prescribed is often related more to habit and advertising than to any scientific principles. More common sense is urgently required.

Manners, Lawson and Hulbert in their papers all note the high level of *E.coli* infections and the good response to sulphonamides. Lawson goes so far as to conclude that sulphonamides are as good as ampicillin, and much cheaper.

We need some authoritative advice on the choice of treatment in general practice.

A College group for clinical problems?

Has the College neglected discussion and research into the ordinary common diseases of general practice? Have our energies been absorbed with the organisation of general practice and education? Have we forgotten to look at common problems in clinical medicine in general practice?

Should a College working party be formed to consider clinical problems? Urinary symptoms appear one good subject to start with—and there is clearly already a group of interested general practitioners.

If such a clinical group could clarify further the key questions, summarise the findings and offer guide lines for management, it could greatly help many of us in practice and improve the care many patients receive.

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STATE OF EMERGENCY

We apologise for the delay in publication of this issue of the *Journal*, which has been caused by the National State of Emergency and the three-day week.