revealed a high proportion experiencing prodromal visual aura, which are very frightening to the child. Many children have produced technicolour drawings of the auras.

Any general practitioners or school medical officers who have children suffering from migraine under their care are asked to co-operate. Questionnaires may be obtained from: Peter Wilson, British Migraine Association, Evergreen, Ottermead Lane, Ottershaw, Chertsey, Surrey.

KATHARINA DALTON
86 Harley Street
London W1N 1AE.

URINARY TRACT INFECTION IN GENERAL PRACTICE

Your Editorial (March *Journal*, p. 131) on urinary tract infection (UTI) leaves us with the thought that there are two kinds of symptomatic urinary tract inflammation for which different therapies are appropriate. This viewpoint relies on significant bacteriuria being a reliable discriminant between true UTI and a condition described as 'urethral syndrome'. Is this separation justifiable, when true UTI and urethral syndrome differ only in this single respect? The patients are equally ill, with the same symptoms and signs and the same tendency to recurrence and chronicity. Either may have symptoms of renal inflammation and both may respond to treatment with urinary antibacterials.

We seem to have a choice between two propositions: that maintained by your editorial of two inflammatory diseases of the urinary tract distinguished by the presence or absence of significant bacteriuria or, on the other hand, that there is one disease in which significant bacteriuria is an inconstant feature. The practical consequence of the editorial view is that the patient with significant bacteriuria should be treated with appropriate chemotherapy, while the other is to be given an opportunity to express her (sexually related) problems. The fact of the matter is that either category of patient may have sexual, marital, social or occupational disabilities consequent on their urinary tract symptoms, which they may find it useful to discuss, and either may respond satisfactorily to chemotherapy. It is all too easy to attribute urinary tract symptoms, unaccompanied by significant bacteriuria, to psychological causes, and it is my belief that the majority of so-called 'neurotics' are women in this category.

Urinary tract inflammation is abundant in general practice. It is very complex and difficult to control. It is clearly a subject suitable for general-practice specialization.

N. B. EASTWOOD
71 Victoria Road
Oulton Broad
Lowestoft.

Sir,

Your editorial on urinary tract infection in general practice (March *Journal*, p. 131) was timely. So much of our management (or mismanagement) of the dysuria and frequency syndrome in women has in the past been based upon the erroneous assumption that this syndrome led to the possibility of progressive renal scarring and complications such as hypertension and chronic renal failure. This has meant that our management has been disease orientated instead of patient orientated, resulting in a misplaced emphasis on prognosis rather than presentation and symptom relief. Fortunately we are now beginning to appreciate that a short sharp course of an antibacterial agent and consultant referral are not the only answer (nor necessarily the best answer) to the woman with frequent attacks.

If, however, we are to concentrate, as you suggest, on children with vague symptomatology who, when infected in the presence of vesico-ureteric reflux, are at risk of renal scarring, we need adequate diagnostic facilities. It is now over ten years since the dip inoculum technique was first introduced and it is time that dip slides were provided free in adequate quantities to all general practitioners. With the recent introduction of small incubators* much diagnostic and follow-up work in children can be done where it is done best in general practice.

Women with acute symptoms of dysuria and frequency fall into several groups. They may have significant bacteriuria, they may have smaller numbers of organisms in their urine, or they may have sterile urine. However, women in the last two categories may well move into the first category during subsequent attacks of symptoms. Much work into the dysuria and frequency syndrome is taking place at St Bartholomew's Hospital and the term urethral syndrome is now being restricted by workers there to women with frequency and/or dysuria who, on frequent examination and especially when they have symptoms, do not have significant bacteriuria (Cattell *et al*, 1974; Cattell, 1976).

However, there seems to be little evidence to suggest that women with the urethral syndrome have more problems with sexual intercourse than women with symptoms and significant bacteriuria. Indeed, about one third of women incriminate sexual intercourse in the pathogenesis of symptoms whether or not significant bacteriuria is isolated (Brooks and Maudar, 1972). Any woman with the dysuria and frequency syndrome may have a sexual problem, overt or covert, possibly contributing to the pathogenesis of symptoms or alternatively resulting from the symptoms especially when attacks recur frequently. How does a woman feel when she is told that sex makes her ill? This question, recently put to me, should really be considered at every consultation. I wonder if the bacterial content of the urine has much relevance in this context?

D. BROOKS
133 Manchester Old Road
Middleton
Manchester M24 4DZ.

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*Tillotts Laboratories of Unit 24, Henlow Trading Estate, Henlow, Beds., offer a dip slide service and sell small incubators at a cost of approximately £5.

DEEP VENOUS THROMBOSIS

Sir,

I wish to report another case of deep venous thrombosis occurring after prolonged travel, for the benefit of Drs Dove, Capra, and Mitchell-Heggs (January *Journal*, p. 57).

The patient concerned was a lady of 75 who had recently travelled by car from London to Devon, a six-hour journey. She also presented with a productive cough and had clinical signs of a right-sided deep venous thrombosis. On admission to hospital a chest x-ray revealed a lung carcinoma. She had in the past been a heavy smoker.

In view of the known association between certain carcinomata and deep venous thrombosis, it is probably as well to be on the alert for underlying pathology, especially in elderly patients with venous thrombosis. The long car journey was probably the last straw in this old lady's case.

PATRICIA M. SANTER
Sunnyhurst
Worleston Road
Nantwich
Cheshire CW5 6DH.