

preventive care; the health visitor with immunizations, the health-care nurse with well-person clinics and the practice nurse with routine visits to the elderly. Each accepts responsibility for maintaining the relevant computer data.

The regular appearance of the month's audit figures is a source of interest and comment. Although the results seldom approach 100% we are each made aware of areas needing attention and this is the purpose and stimulus of audit.

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Screening for tuberculosis — a possible transmission route of HIV

Sir,

In a previous letter¹ I pointed out that government policy should call for a ban on multi-use needles in medical and alternative practices as this was a possible source of transmission of the AIDS virus. It would appear that locally and probably nationally the screening for tuberculosis among our school populations is carried out using the standard Heaf test. The gun used for delivering the tuberculin antigen into the skin is sterilized between each administration by dipping the head in methylated spirits and then passing it through a flame. Clearly the quality control of this form of sterilization is questionable and any unkilld organisms, be they bacterial or viral, such as hepatitis B or human immunodeficiency virus (HIV), could be transmitted from one person to another. This practice should be abolished and all future screening for tuberculosis should either be done via Mantoux testing with disposable needles or using disposable heads on the Heaf testing equipment. Only in this way can we eliminate the possibility of this mode of transmission.

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Reference

1. Watkins J. AIDS — preventing a pandemic. *J R Coll Gen Pract* 1986; 36: 226.

Caring for AIDS — GPs must act now

Sir,

I was a delegate at the recent conference 'Caring for AIDS — a multidisciplinary approach'. Over three days I heard 44 papers and attended one workshop. Though a few general practitioners spoke from the floor, and our President spoke from the chair, general practice was, by

and large, ignored at this important conference. Indeed, it was hard to believe at times that the AIDS sufferers, intravenous drug abusers, haemophiliacs, their sexual partners and families and so on have, or at least ought to have, a general practitioner.

There were six simultaneous workshops, and as none was explicitly for general practitioners I had a choice of three, believing myself to be a mixture of medical staff, community worker and counsellor, I opted to attend the workshop for counsellors where I heard psychiatrists, psychologists and health visitors complain bitterly of the difficulties of coping with all the uncertainty surrounding AIDS and human immunodeficiency virus (HIV) infection and of the tremendous burden imposed by the so-called 'worried well'. There were also a few snipes at the despicable behaviour of some general practitioners. Yet we in general practice surely have more experience of uncertainty and the 'worried well' than anyone. We have not yet been asked, nor have we yet volunteered, to help these relative novices in these fields.

Throughout the conference it was stressed how the appearance of AIDS was lifting the lid off many issues in our society. That such a conference can virtually ignore general practice has, for me, lifted the lid off many issues relating to the place of our discipline in society. Jenner, Levi and Houghton in a recently published book on AIDS¹ state that '... patients often do not wish the hospital consultant to refer them to their GP (sic), and there is some general acceptance of this state of affairs by GPs'. This is a very sad indictment of British general practice.

Professor Drury, in a remark from the chair, did say our College was about to do something in relation to this issue. I respectfully suggest that we get a move on.

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Reference

1. Jenner E, Levi A, Houghton D. Nursing. In: Miller D, Weber J, Green J (eds). *The management of AIDS patients*. London: MacMillan Press, 1986: 127.

Diagnosing urinary tract infection

Sir,

After reading the article by Dobbs and Fleming on scoring urinary symptoms (*March Journal*, p.100) I had to check that I was not reading a journal for computer programmers.

The article, written by general practitioners in a journal for general practi-

tioners, suggested a new diagnostic system which predicts the probability of a positive result to a laboratory test, a test which the authors themselves admit is of only limited use in the management of urinary tract infection type illness in general practice.

The system involves a complicated scoring system using a table of 78 different values for 13 symptoms and dipstick results in three separate age groups, and that is just for female patients. The authors then go on to suggest the widespread use of the system for a variety of other illnesses.

If this is where general practice is heading we are going to need a considerable increase in the number of general practitioners to use this time-consuming system, presumably aided by desk-top computers. But at least they could be trained more quickly as diagnostic skills would no longer be needed.

I believe that this sort of narrow approach is incompatible with good general practice: I certainly hope so as this is one of the reasons I moved away from hospital medicine.

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Sir,

In reply to Dr Thornton I would like to make a general point that the whole of medicine is about interpreting probability and when this can be done numerically and objectively, we tend to find advances are made. The article concerns a scoring system for interpreting probability and examines it in relation to 13 variables known to be significantly different in patients with infected urines as compared to those with no infection. Most certainly we accept that such a system has to be tested in everyday practice and that is in hand. Only then can we say whether it is workable. What is certainly true, however, is that doctors who escape from hospital should not think that general practice is an escape from objectivity.

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Serum theophylline concentration in general practice patients

Sir,

I read Dr Howard's paper on serum theophylline concentration in general practice patients (*March Journal*, p.105) with great interest.