ment for these types of study, two voided urine samples are necessary to establish the presence of significant bacteriuria.

Finally, I found it rather strange that despite the evidence from these two papers and my own paper[1] Dr Brooks could still state that 'bacteriuria can only be estabished with certainty if bacterial cultures are obtained' when these studies have all found that screening tests for bacteriuria can be accurately used to screen out negative urine samples.

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References

1. Flanagan PG, Rooney PG, Davies EA, Stout RW. Evaluation of four screening tests for bacteriuria in elderly people. *Lancet* 1989; **1**: 1117-1119.
2. Asscher AW. *The challenge of urinary tract infections.* London: Grune and Stratton, 1980.

Sir,

I read Brooks' leading article (October *Journal,* p.399) with interest. I would like to offer one criticism of the otherwise balanced advice on the management of suspected urinary tract infection in general practice.

Nowhere does the author mention, let alone stress, the importance of inspecting the vulva and vagina of all women presenting with dysuria (and taking vulval, urethral and anal swabs if indicated). If inspection is not carried out, the common monilial vulvovaginitis will be missed and the recommendation to 'give a short course of antibiotics' will make matters much worse; even more important, evidence of gonorrhoea and syphilis will be missed.

Dr Brooks doubtless assumed that such a clinical examination should always be done, but I feel that it is important to stress this basic point in an influential leading article.

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Sir,

I would like to comment on the statement in Dr Brooks' editorial (October *Journal,* p.399) that men with urinary infection need referral for investigation because obstructive uropathy may result in kidney damage.

Urinary infection in men, although less common than in women, occurs much more frequently than textbooks suggest and is not limited to patients with structural abnormalities or enlargement of the prostate. Over a 10 week period in 1984[1] the Public Health Laboratory of Portsmouth received urine specimens from 585 men with urinary symptoms. Four hundred and ninety seven men (85%) had presented to their general practitioners and 182 (31%) were less than 45 years of age. One hundred and seventy nine specimens yielded aerobic pathogens and 140 yielded fastidious organisms. It is unlikely that such a large number of men have abnormalities of the urinary tract requiring investigation.

The fact that urinary infections in men do not usually respond to treatment with β-lactam antibiotics or nitrofurantoin, which do not achieve therapeutic concentrations in the prostate, suggests involvement of the prostate in many infections. In recent years the laboratory has appended a comment to all reports of positive urine cultures from men suggesting that treatment with an agent that penetrates the prostate should be given for 14 days. Suitable agents are cotrimoxazole, doxycycline and ciprofloxacin; erythromycin may also be used for treatment of infections caused by gram-positive organisms. It is important to recognize that treatment of infection involving tissue must be given for longer than that for uncomplicated urinary infection.

Follow-up specimens from men treated in this way are usually negative, and it is hoped that, by appropriate management of the acute episode, the unpleasant condition of chronic prostatitis may be prevented.

Rather than subjecting all men with urinary infection to urological investigation it seems reasonable to treat appropriately as described above, and to reserve investigation for those who fail to respond.

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Reference

1. Clarke M, Pead L, Maskell R. Urinary infection in adult men: a laboratory perspective. *Br J Urol* 1985; **57**: 222-226.

Sir,

Neither of the papers looking at the rapid diagnosis of urinary tract infection in general practice (October *Journal,* p.403, 406) mentioned the shake test which has been used as a rapid diagnosis of pus cells in urine for many years. In this test, a solution of potassium hydroxide is added to an equal quantity of urine in a test tube. The resultant mixture is shaken and if the bubbles remain in the solution then the test is regarded as positive and indicates pus in the urine.

When I first came to the practice, I found this test very reliable for diagnosing infections. Sometimes it picked up pyuria when no organism was grown but very rarely did it miss a true infection. It is a very simple test that is easily done in the surgery. In this practice a positive shake test would be regarded as an indication to start antibiotic treatment.

I feel this is a test that deserves wider popularity.

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Involvement of clergy in patient care

Sir,

Michael King and Peter Speck (Letters, September *Journal,* p.392) make some rather misleading assumptions and statements in responding to my paper on clergy involvement in patient care (July *Journal,* p.280).

My paper stated quite clearly that its intention was to seek doctors' views only in respect of involving christian clergy in patient care as the report of the Royal College of General Practitioners and the Churches' Council for Health and Healing[1] and the British Medical Association's approved statement[2] were concerned only with christian clergy. It may also be helpful to know that the contents of my paper form only one part of a much wider study of the christian church's contribution to health care.

The assumption that the survey was located 'mainly in the city of Bristol' is also incorrect. As indicated in the paper an area within the Avon health district was chosen for the survey, consisting mainly of greater Bristol.

The concern over 'lack of data on the beliefs of doctors' misses the whole point of the survey, which was to discover what a cross-section of doctors (of any religious persuasion or none) think about the idea of involving clergy in patient care. It was found that among both referring and non-referring doctors personal belief, or the lack of it, played some part in their attitude to referral to the clergy. This suggests a whole field for further study.

I agree with the point concerning the