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**Note to authors of letters:** Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

## Screening for glaucoma in general practice

Sir,

Chronic simple glaucoma has several of the characteristics required of a good subject for a screening programme.<sup>1</sup> I report the results of opportunistic measurement of intraocular pressure using a Perkins hand-held tonometer and assessment of optic nerve cup:disc ratio in those over 40 years of age attending general practice surgeries.

During the study, which took place during 40 surgeries in 1989, 138 patients aged over 40 years old were seen. Six patients (4.3%) had a raised intraocular pressure (>21 mmHg) but in half of these the pressure settled after review; a further three (2.2%) had disc cupping suggestive of glaucoma (ratio >0.6).<sup>2</sup> All patients identified by screening were aged over 52 years. Two patients were already known to suffer glaucoma and both were identified by the examination; a further patient was blind from another cause. Thus three patients were identified who were not known to be at increased risk of developing glaucoma.

Screening for glaucoma in this way involves costs for the general practitioner, the health service and the patient. The total time spent on examination was about seven hours, and the cost of drops and batteries about £65 (the one-off cost of the tonometer and ophthalmoscope, approximately £450, is excluded). There is a 10% chance of an individual with ocular hypertension developing glaucoma in the long term.<sup>3</sup> Detecting one new case of glaucoma therefore costs about £200 plus 20 doctor hours.

I calculate that in a practice of 2000 patients, one health promotion session lasting one hour per month would screen all the over 40 year olds in five years. The income generated would cover costs, but since the task could not be delegated to other practice staff there could be a lost opportunity to do more remunerative work. Additional training for the general

practitioner would be required in most cases.

In this study between three and nine patients (2–6% of the population aged over 40 years) could have been referred for further evaluation, which would require a massive expansion of hospital services. However, the hospital eye service is already over-subscribed and screening, say, only the over-50 year olds would reduce the workload on general practitioners but not that on the hospital services. Alternatively, screening could be restricted to those with other risk factors for glaucoma, for example family history,<sup>4</sup> diabetes or myopias,<sup>5</sup> thus reducing the numbers referred.

In conclusion, screening for glaucoma in general practice by tonometry and funduscopy is feasible and useful, and deserves further consideration. However it would require further training, and initial financial outlay and opportunity-cost on the part of the general practitioner. Perhaps more importantly, however, it would necessitate the provision of adequate referral facilities.

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## Hearing aid prescription in general practice

Sir,

We have been concerned by the prevalence of hearing loss among elderly patients and the small proportion of these patients who are able to receive benefit from hearing aids. Some change to the present system for providing hearing aids seems necessary and a role for general practitioners has been suggested.

Using a questionnaire we surveyed the views of 91 practitioners in one North of England city about whether they thought hearing aids should be prescribed from general practice and by whom, and whether additional resources and training would be needed if the responsibility for hearing aid prescription for the elderly were placed upon general practitioners. The full study will be published elsewhere but readers may be interested in the following findings.

Sixty three doctors replied and 45 (71%) considered that hearing aids could be prescribed from general practice. Asked who should carry out this task, 19 doctors (39%) considered that this could be the role of the general practitioner, 29 (64%) a dispenser of hearing aids, eight (18%) the practice nurse, 11 (24%) a hearing aid technician and one doctor was in favour of some other unspecified person (more than one person could be selected). Over half the doctors (28/45, 62%) thought that hearing aid prescription could be managed within their current practice system. Twenty doctors indicated what extra facilities would be needed: 10 (50%) would need a technician, nine (45%) a dispenser, one (5%) a secretary/receptionist, four (20%) thought that other staff (unspecified) would be necessary. Two (10%) said that alterations would be needed to their premises. Enquiries elicited the information that 11 had sound treated rooms, 31 definitely did not and three doctors were unsure. Thirteen out of 44 doctors had audiometers. Asked whether they would have the time to

prescribe hearing aids, 24 doctors thought that they would, 16 said they would not and three were unsure. Forty four out of 45 general practitioners considered that they would need further training; 30 doctors thought this should be via day courses, five that it should be via appropriate instruction during vocational training, and the remainder were divided between longer courses, undergraduate training and experience in hospital ear, nose and throat departments.

The survey indicates that whereas many general practitioners would be in favour of prescribing hearing aids from health centres, the majority would require extra training and resources to enable them to do so. Health centres provide easier access for elderly patients than ear, nose and throat departments and with adequate facilities and appropriately trained staff they could provide an efficient local service. Facilities needed include a sound treated room and equipment for determining hearing levels and assessing middle ear function. Most general practitioners would require training in aspects of audiological medicine. Day courses could be arranged to include causes of hearing impairment and tinnitus, clinical tests of hearing, tests of middle ear function, interpretation of audiograms, rehabilitative measures including basic information concerning hearing aid function, environmental aids and NHS provision. These topics could be covered on a one day per month basis over a period of one year supplemented by practical experience gained by attending a local audiology department.

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## Cancer of the testicle: an educational problem

Sir,

Although testicular cancer is relatively rare — about 1000 cases per year in the UK — it is an important disease as it can be detected early, is potentially curable and primarily affects young men.<sup>1</sup> Several studies have highlighted the delays which occur either between finding and reporting a testicular lump, or when there is a readily palpable but unnoticed mass.<sup>2-4</sup> Previous studies have also found that regular self-examination is rarely practised.<sup>4,5</sup> An increased awareness of testicular cancer and self-examination should promote early detection, with its better prognosis and reduced need for unpleasant and dangerous therapy.

I have investigated the level of awareness of this disease among our practice population aged 21–25 years inclusive, using an anonymous postal questionnaire. Both men and women were questioned because women may notice a lump in the testicle of their sexual partner and because they may be consulted by a partner about symptoms. All 162 men and 154 women in this age group were sent a questionnaire using a single mailing. The total practice population is 5350. Completed questionnaires were received from 96 women (62% response) and from 79 men (49% response). Replies from men and women were compared using simple chi-square tests (see Table 1).

**Table 1.** Respondents' awareness of testicular cancer, by number and percentage.

Responses	Number (%) of respondents			Significance
	Women (n = 96)	Men (n = 79)		
Aware of testicular cancer	69 (72)	50 (63)		NS
Aware that it usually affects young men	48 (50)	23 (29)		$P < 0.01$
Aware of self-examination	46 (48)	28 (35)		NS
Aware that it can usually be cured	78 (82)	47 (59)		$P < 0.01$

n = total number of respondents.  
NS = not significant.

Overall 68% of respondents had heard of testicular cancer and 42% of testicular self-examination, with no significant difference between the replies of men and women. Women were significantly more likely to know which age group is usually affected and that it is usually curable. The 16 women and seven men who knew someone who had had the disease had increased knowledge, in particular the age group affected. Four of these seven men checked their testicles, compared with 27% of male respondents overall who did so. Twelve men answered that somebody had suggested testicular self-examination: in two cases it was suggested by a nurse, in two by a doctor and in eight by another source, including television, a poster and a wife who had read a magazine article. Of these 12 men seven reported that they performed self-examination. There was no significant difference between the replies received from single respondents and those with partners.

Compared with previous findings this study suggests that awareness of testicular cancer is increasing. However the response rate in men was only 49%, and non-

respondents may be less well informed. It is notable that women showed a higher level of awareness of this exclusively male condition. This is probably because women are more interested in health matters and have more contact with media information via women's magazines.

How could this information be imparted to young men? The most appropriate setting seems to be the classroom. As all secondary schools provide education on sexual and related matters it would seem reasonable to include the topics of testicular cancer and self-examination. This could be presented briefly and simply, with little cost in either time or resources, giving the message that testicular cancer is a rare disease of young men, and that any change, easily noticed since a comparison is possible, should be reported early.

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## Victims of violence — a health promotion clinic

Sir,

This practice has agreed protocols with our family health services authority for health promotion clinic procedures with patients who have been injured in assaults. Each patient who attends after an assault answers a brief questionnaire and is given advice and information about the local victim support scheme and the Criminal Injuries Compensation Board scheme. The result of our first audit may be of interest.

Twenty seven patients have been seen opportunistically over the past six months. Of the 22 still registered permanently with us, 10 are female and 12 are male. Alcohol had been used prior to the assault by nine victims and two victims had used other intoxicants; two of the victims had been diagnosed as alcoholic and both these patients had been assaulted more than once in the study period. Injuries recorded included fractures of the jaw, finger, nose (two patients), ribs, lumbar spine, maxilla and wrist. Of patients with a fracture, three had informed the police and four