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.[1] 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.[2-4] Previous studies have also found that regular self-examination is rarely practised.[4,5] 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: Women ($n=96$)	Men ($n=79$)	Significance
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

had not. One patient had been shot and one had suffered attempted strangulation. In three patients, we recorded severe psychological symptoms; panic disorder, a depressive reaction and 'shock'. Only 12 victims of assault had informed the police, and only six were aware of the victim support scheme.

It is interesting to note that so many of the patients who were injured in assaults did not contact the police, even if they had received a fracture, and that there was widespread lack of knowledge about the victim support scheme or the Criminal Injuries Compensation Board scheme, which makes *ex gratia* payments to victims of crimes of violence. There is clearly an unmet need in this practice for information among the victims of violence. By using an agreed health promotion clinic format, we were able to identify those at special risk and educate patients about their rights to compensation and support. This work could only have been carried out opportunistically and would be impossible in a formal clinic session.

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Home remedy for dysuria

Sir,

Each year 20% of women experience an acute episode of dysuria often accompanied by frequency and urgency; most of those who seek medical attention are found to have a urinary tract infection.[1] In addition to an appropriate antibiotic, urinary analgesics such as potassium citrate are often given to alleviate these distressing symptoms. These medications, however, can themselves cause adverse reactions.[2,3] We have conducted a study of a home remedy claimed to relieve these symptoms. The remedy consists of 70 g white granulated sugar to which tap water is added and thoroughly mixed, to make one cup of solution.

The study group was composed of nine afebrile non-diabetic women, aged between 20 and 54 years. All were staff at a hospital in New York City who presented consecutively to the emergency room with acute dysuria (burning or pain on or between urination), frequency and urgency. A baseline urinalysis from all nine patients was positive for pyuria, bacteriuria, haematuria, or a combination of these. Initial urine specimens from eight patients were cultured; all grew *Escherichia coli* (greater than 10^5 organisms ml^{-1}). After rapidly swallowing the cup of liquid, all the participants answered a questionnaire over the following 60 minutes.

All the women reported some relief from dysuria, frequency and urgency after 15–20 minutes. Two claimed complete relief of symptoms at this time, while another two reported complete relief by 30 minutes. The level of relief remained constant for the remainder of the one hour period. Although unpleasantly sweet, the sugar water caused no nausea or other adverse symptoms. The repeat urinalyses carried out 45–60 minutes after drinking the sugar water remained negative for glucose, while specific gravity and pH were unchanged or varied only slightly. At the end of the study all the patients were given an appropriate antibiotic with instructions for follow up.

Three of the study patients have since developed recurrent urinary tract infections and have again used the sugar water remedy with success. They report that symptoms may return after several hours and a second dose is then effective. The women have not found it necessary to take more than three doses of sugar water after beginning a course of antibiotics during any dysuric episode.

We do not know how the sugar water works nor the origins of this home remedy and we cannot now assess the extent of any placebo effect. Nevertheless, our preliminary findings of the use of the therapy have been interesting and it is our hope that this correspondence will stimulate further investigation into what may prove to be a safe and useful adjunct in the treatment of acutely dysuric women.

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Can infertility treatment cause infertility?

Sir,

The phenomenon of conception occurring after many years of unexplained infertility is well recognized by general practitioners and obstetricians. I report a case of a woman who conceived normally after 10 years of infertility and four attempts at assisted conception.

The woman, a 23 year old clerk, first sought advice after three years of involuntary infertility in 1982. She had never had amenorrhoea or galactorrhoea. Standard investigations, including a laparoscopy, revealed patent tubes and secretory endometrium. Thyroid function tests and an x-ray of the sella turcica were normal. However a raised prolactin level (1200–1400 mU l^{-1}) was detected on three occasions; serum progesterone levels on day 20 suggested ovulation on two occasions, but levels were low on two others. Her partner's sperm count was normal.

She was treated first with bromocriptine, then with clomiphene and bromocriptine, but by 1986 had still failed to conceive and was referred for assisted conception. Over the ensuing three years she had two attempts at *in vitro* fertilization and two attempts at gamate intrafallopian tube transfer. Each attempt involved several round trips of 180 miles between her home and the treatment centre. All were unsuccessful, and in March 1989 a decision was made to undergo no further attempts.

Following a menstrual period on 20 April 1989 she became pregnant and went on to deliver a healthy female baby on 5 February 1990. She declined contraception after delivery and, while still breast feeding, became pregnant again nine months after giving birth. Her raised prolactin levels have not been investigated further as she has either been pregnant or breast-feeding since stopping attempts at assisted conception.

Infertility is poorly understood. Women with tubal blockage will not have successful pregnancies without assisted conception; women with unexplained infertility or intermittent problems with ovulation, like this patient, may become pregnant spontaneously. It can be postulated, but not proven, that this woman had intermittent hyperprolactinaemia related to the stress of infertility and the investigations and treatment which she subsequently underwent. Both *in vitro* fertilization and gamete intra-fallopian tube transfer have, in even the best centres, a low 'baby yield' and it is possible that spontaneous conception was delayed in this case by attempts at assisted conception. This raises the question of whether treatment centres should adopt different policies for different categories of infertility. I feel that the subject deserves further debate.

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