

usually has a drinking problem too; and sadly, irrespective of the patient's age and social class when her drinking problem is first identified, her bouts of uncontrolled drinking and behavioural problems will probably persist for up to five years—and sometimes for more than a decade.

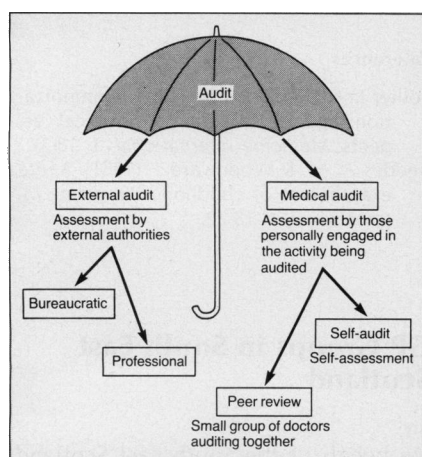
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Reference

Fairley, R. (1981). Problem Drinkers. Letter. *Journal of the Royal College of General Practitioners*, 31, 503-505.

In Defence of Audit



The umbrella of audit. (From Sheldon, M. G. (1982). Medical Audit in General Practice. Occasional Paper No.20. Figure 1. London: RCGP.)

Sir,
May I defend the use of the word audit? It has now been in use for over half a century and in the medical sphere it is mainly used to represent an activity which is analogous to internal audit in the business sense, where the whole organization and management of a concern is investigated by those directly involved.

It seems to me that we must distinguish between external audit, which no one seems to want, and that activity which we may define as medical audit, for which I would like to propose the following definition.

"Medical audit is a study of some part of the structure, process or outcome of medical care, carried out by those personally engaged in the activity concerned, to measure whether set objectives have been attained, and

thus assess the quality of care delivered."

If we always qualify the word audit with external or medical, we will better understand what is meant. All other phrases such as critical review or peer evaluation seem to fall short, and as the word audit seems to be here to stay, why don't we make the best of it?

Medical audit is something to be proud of!

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Geriatrics

Sir,
You report (May *Journal*, p. 320) that Council has agreed to support proposals put by a joint working party of the College, the Royal College of Physicians of Edinburgh and the Faculty of Community Medicine to institute a diploma in community paediatrics. This will presumably underpin the teaching and training of doctors prepared to undertake paediatric surveillance in their own practices.

Nobody, least of all myself, would disagree with such a forward-looking proposal when it is abundantly clear that there is a great gulf between the knowledge required for the DCH (Lond.) and the paediatric nannying that forms most of the case-work in general practice.

What is daunting is the clear feeling expressed that there is no need for a diploma or other higher qualification in geriatric medicine by members of the General Purposes Committee. Reliance is placed instead on the joint working party document of the British Geriatrics Society and the College (1978), in the hope that the recommendations of that document would be implemented.

There are now good reasons to believe, and they were expressed at the Spring Meeting of the British Geriatrics Society last month at Aberystwyth, that the care of the elderly is not being taught and assessed in proportion to the present and future impact on medicine of an expanding elderly population. That Council should disagree that "an opportunity might again have been missed to let the profession and patients know what sort of standard could be expected of College members who had passed the exam" is rather laughable, and even shows a preposterous degree of self-concern at a time when its senior officers should be recognizing that society needs to learn,

through our members, that we are rapidly approaching the twenty-first century, the century of ageing.

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Reference

The British Geriatrics Society and The Royal College of General Practitioners (1978). Training general practitioners in geriatric medicine. *Journal of the Royal College of General Practitioners*, 28, 355-359.

Idiopathic Oedema and Renal Tenderness

Sir,
I should like to record an association between idiopathic oedema and renal tenderness. Idiopathic oedema (Edwards, 1982; Edwards and Bayliss, 1976) is defined as a condition causing a daily weight gain of 1.4kg (3lb) in the absence of any of the known causes of oedema. It appears to occur only in the adult female.

In the period 1 January 1982 to 13 March 1982, I saw 60 adult females suffering from inflammatory disease of the urinary tract and of these 39 had unilateral or bilateral renal tenderness. Of the patients with renal tenderness nine had idiopathic oedema. I was unable to identify any adult female with idiopathic oedema in the absence of renal tenderness to percussion. In the adult female, a number of symptoms, such as pallor, frontal headache, abdominal tension, depression, irritability and tiredness regularly accompany renal tenderness to percussion. That nine out of 39 patients of this kind also suffered from idiopathic oedema, suggests that there may be a relation between the two conditions.

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References

Edwards, O. M. (1982). Idiopathic oedema in females. *Update*, 24, 943-952.
Edwards, O. M. & Bayliss, R. I. S. (1976). Idiopathic oedema of women. *Quarterly Journal of Medicine*, 45, 125-144.

Pyridoxine to Suppress Lactation

Sir,
It is possible that the antilactogenic effect of pyridoxine is not widely known (Foukas, 1973). In 1967 Daniel