

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.

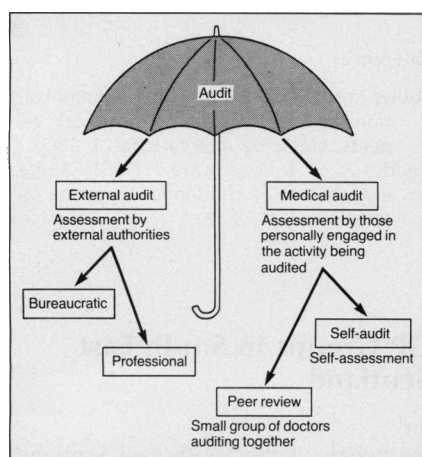
R. FAIRLEY

Ellenshea  
St Mary's Drive  
Dunblane  
Perthshire.

#### 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!

M. G. SHELDON

Senior Lecturer in General Practice  
Department of Community Health  
University of Nottingham  
Nottingham, NG7 2UH.

### 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.

KEITH THOMPSON

4 Fryston Avenue  
Croydon CR0 7HL.

#### 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.

N. B. EASTWOOD

71 Victoria Road  
Oulton Broad  
Lowestoft.

#### 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

and colleagues demonstrated the relationship between oestrogens and thrombo-embolism, and since that time the avoidance of oestrogens has left a hiatus. Sometimes no drug is necessary because the engorgement can settle spontaneously, but when a drug is needed, simple measures based on purgation are often ineffective, and bromocriptine can cause problems.

We encourage breast feeding, but roughly half our patients either bottle feed from the start or change early to the bottle. In those needing a drug to aid suppression we have used pyridoxine since 1975 and have found it to be effective and safe. Pyridoxine is thought to act by enhancing the natural conversion of DOPA to dopamine, which inhibits prolactin, and its use was based upon the study by Foukas, who used large doses.

Now, owing to its use in pre-menstrual tension, pyridoxine is better known, but in 1975 the safety of large doses was uncertain, and after communication with Foukas and with the Committee of Safety of Medicines, we settled for a dose of 50 mg tds, which was lower than recommended by Foukas. Given as a five-day course, subsidence of discomfort has always been rapid, although complete cessation of lactation may take several days.

M. T. EVERETT

132 Egguckland Road  
Plymouth PL3 5JT.

#### References

- Daniel D. G., Campbell H. & Turnbull A. C. (1967). Puerperal thrombo-embolism and suppression of lactation. *Lancet*, **2**, 287-290.
- Foukas M. D. (1973). An antilactogenic effect of pyridoxine. *Journal of Obstetrics and Gynaecology of the British Commonwealth*, **80**, 718-720.

## Footpump Nebulizer

Sir,  
There is now a commercial version of the footpump nebulizer I described in my earlier letter (*January Journal*, p.61). It is much more efficient than my Heath Robinson machine. It also avoids the risk of oil inhalation injury since there are no lubricants used in the piston. The cost of the complete unit is £15, and a white box for the device will be available at an extra £2.50.

This new nebulizer is available from: Cameron-Price (Medical Division) Ltd., 71 Melchett Road, Birmingham Factory Centre, Kings Norton, Birmingham, B30 3HL.

N. J. MASTERS

1 Marchants Close  
Hurstpierpoint  
West Sussex, BN6 9XB.

## Measles Vaccine

Sir,  
In this area where I am working as a trainee there has been a recent outbreak of measles affecting patients of both local practices. There were 32 cases notified of indisputable measles, of which 15 had been vaccinated previously. The Schwarz strain live attenuated vaccine is used locally and has been given intramuscularly to at least 90 per cent of the 584 children born between 1972 and 1981 on the lists of the local doctors.

It was with alarm that this apparently high failure rate was noted. The current *Medicine Series* (Collier and Geddes, 1981) states that a single dose confers a high degree of protection in most recipients. It is recognized that vaccinated children may develop modified or atypical measles (Geddes

and Woodward, 1981), and indeed one local child was catarrhal, with Koplik spots but no cutaneous exanthem; however, it was not easy explaining this failure of protection to worried mothers.

These figures show only about a 3 per cent failure for the vaccine in immunized children, while 30 per cent of those not immunized contracted measles. However, extrapolated nationally, they would represent a large number of children who may catch measles despite vaccination, unless our local experience is a chance observation. Scrutiny of the community health returns may show if this is so. Can other GPs send in their experience?

A. D. T. ROBINSON

44 High Street  
Lochmaben  
Dumfriesshire.

#### References

- Collier L. & Geddes A. M. (1981). Immunization against infections—practical aspects. *Medicine International*, **1**, 18-27.
- Geddes A. M. & Woodward J. (1981). Acute exanthemas of childhood. *Medicine International*, **1**, 18-22.

## GP Groups in South East Scotland

Sir,  
On behalf of the South East Scotland Faculty I recently investigated activities groups in this region (excluding those specifically involving trainers or trainees). The number of groups was found out by enquiries to the GP subcommittee of the Regional Committee for Postgraduate Medical Education and from the Faculty's education com-



# Audicort

Triamcinolone acetonide, Neomycin undecylenate, Benzocaine

## clearly effective in the treatment of otitis externa

Lederle Laboratories  
A division of Cyanamid of Great Britain Ltd  
Fareham Road, Gosport, Hants PO13 0AS  
Full prescribing information is available on request



Audicort is  
a trade mark