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Women with glomerulonephritis need routine cervical smears

Immunosuppressive treatment is associated with an increased risk of cancer. Recent reports of an increased incidence of cervical intraepithelial neoplasia in renal transplant recipients were therefore expected. On p 375 Hartveit *et al* report the results of a study of the development of cervical intraepithelial neoplasia in 81 women with glomerulonephritis and 162 case and age matched controls. They show that there is a high incidence of cervical intraepithelial neoplasia in women with glomerulonephritis, irrespective of their use of immunosuppressive treatment. The renal lesion may occur either before or after the cervical lesion. The cervical lesion tends to be virus associated, which may explain the finding that it is often more advanced when immunosuppressive treatment is used. Women with glomerulonephritis should have routine cervical smears, irrespective of their use of immunosuppressive treatment.

Legionnaires' disease and cooling towers

The link between cooling towers and explosive outbreaks of legionnaires' disease is established. Most cases, however, are not part of outbreaks, and in these cases the sources of infection remain unclear. Now Bhopal *et al* (p 378) have mapped both the locations of patients' homes and the locations of cooling towers in 107 cases of legionnaires' disease that occurred in Glasgow between 1978 and 1986. They found not only that many of the patients lived close to cooling towers but that people who lived within 0·5 km of a cooling tower had a threefold greater risk of infection than people who lived more than 1 km away. These observations enhance our understanding of the sources and transmission of legionnaires' disease and are a guide to its prevention on a community basis.

Use of Jarman indicators of urban deprivation

The Jarman underprivileged area index is used to designate areas as "deprived," hence enabling general practitioners to qualify for a "deprivation payment" for each patient living in such an area. The index has also been used in health service planning with respect to allocation of resources. On p 383 Talbot looks at the development of the index and at some of the criticisms of its use. He points out that of the 20 district health authorities with the highest underprivileged area scores, 12 are in London and none are in the Northern region. He explains that if an alternative index based on different indicators was used the allocation of resources among many regions would be considerably different. On p 393 Carr-Hill and Sheldon also criticise the use of the Jarman index. They argue that because the index relies on outdated census data from 1981 and because of the way the weighting was derived the formula will not accurately reflect workload and therefore should not be used as a measure for compensating general practitioners for increases in workload. Both papers question the suitability of statistical measures of deprivation and call for urgent research to produce a more empirically sound measure for allocating deprivation payments.

Re-examining rectal examination

Major textbooks of surgery indicate that rectal examination provides useful diagnostic information in patients admitted to hospital with pain in the right lower quadrant of the abdomen. On p 386 Dixon *et al* report their study of 1204 consecutive patients admitted with such pain, of whom 1028 had a rectal examination. They found that right sided rectal tenderness was present in 309 of those examined and was more common in those with acute appendicitis but that abdominal signs, including tenderness in the right lower quadrant, rebound tenderness, guarding, and muscular rigidity in the abdomen, were much better predictors of acute appendicitis. They conclude that rectal examination is generally unnecessary in patients with convincing abdominal signs of acute appendicitis but might theoretically be justified in those aged over 50, in whom it might pick up unsuspected disease.

GP audit in Leeds

A comprehensive system of medical audit covering all general practice has to be in place by April 1992. The idea of medical audit in general practice, however, is not new: the Royal College of General Practitioners launched its quality initiative in 1983. In 1989 a subcommittee of the local medical committee was formed to promote audit in Leeds, and on p 390 Webb *et al* report their survey of audit activity among 317 general practitioners (82% of those questioned). Of these, 292 doctors collected data on practice activity and 111 on outcomes, though in each case half of them did not use the information. Clearly there is enthusiasm for audit among general practitioners, but the paper recommends constructive cooperation among the profession, medical authorities, and government to overcome difficulties with resources and organisation.

Requirements for higher degrees

Medical graduates, particularly from foreign universities, may seek advice about the possibility of gaining a doctorate in medicine or a mastership in surgery from a university other than their own, in Britain. The award of one of these degrees may help them to obtain a higher appointment. No coordinated information is available, however, from the General Medical Council about the regulations of the various medical schools in the United Kingdom. Johnson (p 397) has reviewed the requirements, and his findings show that the opportunities for obtaining these degrees differ widely among the medical schools. These differences may put some foreign graduates at a disadvantage compared with others.