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Audit of referral for *x* ray examination

In January 1987 the Royal College of Radiologists working party on the more effective use of diagnostic radiology embarked on a multicentre study to evaluate the implementation of the college's guidelines and monitoring and peer review of *x* ray examination referral practice in six centres in England and Wales. The first part of the study, which the working party reports on p 809, was a baseline audit of referral practice in each centre during the 12 months preceding the introduction of the guidelines and attendant review procedures. Considerable variation among centres, specialties, and firms in the same specialty was found at all levels of disaggregation of the data. Case mix or the need to teach medical students were not important factors in explaining this variation. Until the study's computerised surveillance system had been set up, five of the six centres were unable to meet the requirement of the Ionising Radiation Regulations (1988) for continual surveillance of *x* ray examination practice, and this deficiency is likely still to apply to most hospitals in England and Wales.

Lumbar spine radiography

An important part of clinical audit is the development of guidelines for the investigation of patients with specific clinical problems, and the Royal College of Radiologists has produced guidelines for the most appropriate use of radiology in many diverse clinical contexts. Reviewing 100 patients attending for lumbar spine radiography at a community hospital, Halpin *et et al* (p 813) found that 52% of the requests from local general practitioners' were outside the guidelines, resulting in inappropriate use of radiation in 48% of patients, of whom about half were aged between 18 and 45. Most general practitioners were unaware of the college guidelines, and the authors call for their active promotion among general practitioners and in the community.

Secretor status and viral illnesses

Secretor status has been examined in epidemiological studies of infectious diseases, peptic ulcers, and some autoimmune conditions, and when an association with secretor status exists it is usually with non-secretors. On p 815 Raza *et al* describe an investigation prompted by reports that respiratory viral infections might be important predisposing factors for meningococcal disease. They tested the hypothesis that non-secretors might be more susceptible to respiratory viruses. Their results suggest the opposite: secretors were overrepresented among patients, mainly children aged under 5 years in hospital with symptoms of respiratory disease, from whom influenza viruses A and B, rhinoviruses, respiratory syncytial virus, and echoviruses were isolated. This is the first report of associations between secretion of blood group antigens and infectious diseases, and the findings have prompted an accompanying paper (p 825) on heterosexual transmission of HIV.

Delivery after caesarean section

One way of reducing the overall rate of caesarean section is to offer the option of a trial of labour in subsequent pregnancies to women who have had a caesarean section. Paterson and Saunders (p 818) used a regional database to examine the obstetric management of women who had had one previous baby delivered by caesarean section. Of 1059 women who delivered a singleton fetus of at least 37 weeks' gestation with a cephalic presentation, 395 were delivered by elective caesarean section and 664 were allowed a trial of labour. Vaginal delivery was achieved by 471 (71%) of those allowed to proceed to labour. There was no relation between the proportion of women allowed a trial of labour in any one unit and the unit's success rate of trial of labour. Until selection criteria of adequate prognostic value can be identified a more liberal approach to trial of labour would result in more vaginal deliveries and a reduction in the morbidity associated with caesarean section.

Haemodynamic and antiproteinuric effects of enalapril

A key question in using angiotensin converting enzyme inhibitors in renal disease remains whether their antiproteinuric effect is caused by lowering systemic blood pressure or by a specific renal effect. Apperloo *et al* (p 821) compared the renal haemodynamic and antiproteinuric effects of the angiotensin converting enzyme inhibitor enalapril with those of the β blocker atenolol, at an equipotent blood pressure lowering dose, in a prospective, double blind, randomised study of 27 patients with proteinuria and non-diabetic renal disease. Although blood pressure during treatment fell equally in both groups, proteinuria fell significantly more with enalapril than with atenolol, as did the filtration fraction. The authors suggest that the antiproteinuric effect of enalapril is mediated by renal haemodynamic changes.