following criterion: 8% complete audit, 7% full audit, 31% partial audit, 13% potential audit, 15% planned audit, and 22% planning audit. At that time 4% were performing partial audit, but this has subsequently been reduced to 0%.

Our two new categories are compatible with the system described by Derry et al and we hope they will prove useful to others. We agree that the usefulness of this systematic coding system will be to provide information on the progress of audit in the county and to identify those practices in need of help in pursuing their audits. We use the coding method to help us to focus our activities more effectively in facilitating the development of medical audit in Wiltshire and not in a point scoring or punitive fashion.

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BOOK REVIEWS


As the NHS takes its first faltering footsteps into the new era the need for conceptually sound measurement has become clear. Nowhere is the need more acute than in rehabilitation and disability medicine. Evaluation is urgently needed, both to identify efficacious intervention and to convince potential purchasers of its cost effectiveness. Whether for clinical use, research, audit, marketing, or any other reason, measurement is mandatory.

Not that there has been any shortage of attempts at measurement. On the contrary. Nearly every self respecting rehabilitation department in the country has developed its own scale for this or that — Frenchay, Northwick Park, Nottingham, Oswestry, Rivermead, to name but a few (and only on this side of the Atlantic). There are scales defined for different types of impairment (motor sensory, cognitive, and emotional); scales for the different levels in the World Health Organisation model of illness (impairment, disability, and handicap); and scales which address the impact of disease on the patients and on those around them, scales which are disease-specific, and scales which are more general. To use a musical metaphor, some scales are almost chromatic in their compactness and attention to detail, while others give an amorphous-like span of the subject. Knowing which use to can be the biggest problem of all.

Derek Wade’s new book is an answer to our prayers. Not only does it act as a one-reference guide to the commonly used assessments but it also gives specific advice on the choice and use of different measures. Many will be familiar with the difficulties, having read a research article, in the discovering the outcome measure used. The original scale turns out to have been published in a journal or book which is not readily available and proves, what does arrive, to be in Swedish. Validation, if undertaken at all, has usually been published in a subsequent issue, etc. The fourth section of this heavy sent book gives full details of over 100 measures accompanied by the author’s comment on the characteristics (reliability, validity, etc) of the scale.

In a book which attempts to outline the available choices in an unbiased fashion one might expect to be left with yet another wealth of information and little clear guidance. But not so. In chapter 12, the author lays out very clearly his own choice of measures and describes the specific circumstances of his two units (one an acute rehabilitation centre, the other a young disabled unit), always with his eye on economy and relevance. The book will be invaluable for anyone involved in service provision, audit, evaluation, research, or planning future services for patients with neurological disability.

LYNNE TURNER-STOKES
Consultant in Rehabilitation


In the 1970s audit was a term that was used rarely in medical parlance in the United Kingdom. In 1980, however, the BMJ brought audit to the attention of many in the medical profession by publishing a series of five introductory articles by Charles Shaw. Drawing mainly on his own experience and knowledge of quality assurance in the United States, Shaw summarised the key principles of audit and, incredibly, in two short papers it was possible to document a complete audit activity in hospitals and general practice in Britain. His paper on the acceptability of audit was written against a general background of decided lack of enthusiasm and suspicion of audit among doctors.

When writing "Looking forward to audit", Shaw probably did not realise that he would have to wait almost 10 years before his words were incorporated into everyday speech: the philosophy is not quite with us in the NHS but Audit in Action, as well as providing some useful insights into audit, may help to move us in that direction.

FRG POWKES
Director, Wolfson Unit for Prevention of Peripheral Vascular Diseases, University of Edinburgh


Hugh Koch’s excellent book goes much further than the usual basic text on quality, which is often “soft” in its approach and leaves people wondering: “That’s all very well, but . . .” It comes much more from his consultancy work and so is grounded in practice and refreshingly aware of all the connections between total quality management