and again at a variable point of time during weeks 23-28—that is, after taking the drug or placebo for about five months. Analysis of variance indicated no significant difference among the three groups in their initial weights, and there was no significant difference in their ages.

Placebo led to no weight change, but both drugs were associated with a small loss of weight (table). A three-sample, one-way analysis of variance gave $F=5{\cdot}6190$, $df=2, 94$, $p<0{\cdot}005$. Individual group comparisons showed weight loss with nitrazepam to be significantly greater than with placebo ($p<0{\cdot}05$) and weight loss with lormetazepam to be significantly greater than with placebo ($p<0{\cdot}005$). There was no significant difference between the two benzodiazepines and no trend to differentiation between the sexes or by age. Taking placebo 12 subjects gained and 13 lost weight; with nitrazepam four gained, three were unchanged, and 18 lost weight; and with lormetazepam nine gained, three were unchanged, and 35 lost weight.

Comment

We conclude that clinical doses of benzodiazepines over a period of five months do not cause humans to gain weight but cause a small loss. The dosages in animal studies have been comparatively large. The mechanism of the weight loss we have found should not be assumed to entail body fat. The muscle relaxant action or a small degree of lethargy, leading to less muscular work, and slight loss of body muscle over a period of months provide one among other possible explanations.

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Do housemen take an adequate drinking history?

The failure of general practitioners to recognise a large proportion of the patients in their practices who are drinking excessively is well recognised[1] and has been attributed to the fact that doctors are not taught to recognise the symptoms and signs of alcoholism. The impact of this "disease of epidemic proportions" on hospital practice is not well defined, but recent surveys in Manchester[2] and London[3] showed prevalences of excessive drinking of 27% and 19·5% respectively. These unexpectedly high figures suggest that junior doctors are poor at recognising alcoholism in the course of routine history taking; the aim of our study was to establish whether housemen in our hospital took an adequate drinking history from their patients.

Patients, methods, and results

The case notes of 327 patients (146 men with a mean age of 50·4 years (18-92) and 181 women with a mean age of 50·9 (18-96)) admitted to Charing Cross Hospital during a 10-day period in February 1979 were examined. All admissions to the hospital were included apart from 92 children under the age of 18 years and 72 adults who died on or shortly after admission. There were 207 routine admissions and 120 emergency admissions, and the cases included 77 medical cases and 250 surgical cases. The surgical admissions included ophthalmic, dental, and gynaecological patients as well as general surgical and orthopaedic patients. The notes on 98 patients were not available for study.

The drinking history recorded by the houseman clerking the patient was classified as follows: (*a*) no mention of alcohol; (*b*) descriptive comment such as occasional, light, heavy, a lot, or a little; (*c*) quantitative assessment in which the number of pints of beer or measures of spirits taken per day or per week was recorded. The smoking history recorded by the housemen was also noted.

An accurate drinking history was recorded in only 120 (36·6%) of the notes studied, including those of 67 teetotallers. In 125 (39·1%) of the notes there was no mention of alcohol in the houseman's history, and in 79 (24·8%) there was only a vague descriptive comment. Although there was a preponderance of surgical admissions, this lack of history was equally distributed between medical and surgical units on a proportional basis and the use of preprinted history sheets did not improve accuracy. A detailed smoking history was recorded in 236 (72·3%) cases, and of these 171 (72·5%) were non-smokers. In 84 patients (25·7%) the notes contained a smoking history but not an alcohol history.

Comment

The failure of junior hospital doctors to record alcohol consumption in 39·1% of their patients emphasises the lack of attention paid by the medical profession to excessive drinking and its complications. This confirms the findings of a previous study in which the authors noted that doctors were particularly poor at asking questions which would elicit the behavioural and psychological effects of alcoholism.[4] Equally disturbing is the fact that in only 36·6% of the notes studied was an accurate history of alcohol consumption obtained and in the remainder only an inaccurate descriptive estimate was recorded.

Further prospective studies are necessary to confirm the high prevalence rates of excessive drinking in hospital inpatients obtained in Manchester and London. Nevertheless, it seems that most patients who drink heavily are not being recognised because of inadequate history taking, and this raises the question why. Medical students traditionally receive most of their teaching about alcohol and alcoholism from psychiatrists and tend not to regard excessive drinking as harmful unless it presents as an overt psychiatric or physical problem. Indeed, the heavy drinking that occurs in most medical student bars and junior doctors' messes is generally regarded as normal behaviour, and may not only lead to the high incidence of alcoholism among doctors but also mould their attitudes towards alcohol-related problems in their patients.[5] In general, the medical profession seems to have a negative attitude towards alcoholism. Our data require confirmation but nevertheless reflect a serious defect in medical education.

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Correction

Porphyria cutanea tarda and beta-thalassaemia minor with iron overload in mother and daughter

In the short report by Dr R W G Chapman (24 May, p 1255) two sentences were omitted from the second case history. In line 10 the words "Excess uroporphyrins were detected in the urine. Urinary coproporphyrins were normal" should be inserted after " . . . dry weight."