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Vaginal speculum examination

Sir,

For several years I have been using a technique to make passing a vaginal speculum easier for patient and doctor. I have yet to find another doctor or nurse who uses this technique. It may be of help and interest to readers.

When explaining to the woman what I am going to do, I tell her that I will ask her to squeeze 'down below' around the end of the speculum (suitably warmed and lubricated) as soon as I have introduced it gently into the entrance of the vagina. Immediately after the squeeze, the vaginal muscles relax and the speculum slips in easily. When the speculum meets any resistance, I ask again for a squeeze and as many more as needed to pass the speculum to the required position in the vagina. Almost all the women who have done this have been relieved and say how much easier this technique is compared with 'the usual discomfort'.

In an intrusive procedure like passing a vaginal speculum, any method to reduce unpleasantness and therefore enhance the doctor/nurse–patient relationship is useful.

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Tinea capitis: a novel mode of transmission

Sir,

We have become aware of a new means of spread of *tinea capitis* among young and teenage boys.

A five-year-old boy presented with multiple areas of alopecia over the back of the head, within the shaved area of his hairstyle. Culture of plucked broken hairs from the affected area grew *Microsporum canis*, and the infection cleared following a six week course of oral griseofulvin.

We are seeing an increasing number of children with *tinea capitis* associated with the current trend for shaved hairstyles. It appears that the same razor may be used for many children (particularly, if the hairstyling is done by amateurs). Awareness of the need for adequate disinfection of such razors is imperative, in order to prevent an epidemic of *tinea capitis* among the fashion conscious.

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Asthma and computer games

Sir,

There have been reports in the media of certain computer games triggering epileptic seizures and some games even carry a health warning to this effect. However, I report a case of a 10-year-old girl who developed an acute asthma attack while engaged in a computer battle game.

The girl suffered from mild asthma with infrequent episodes of wheeze on maintenance therapy of inhaled beclamethasone diproprionate 100 μg twice daily. She had been well for over 18 months with no clinically significant wheezing. On this occasion she had been staying at a friend's house for two days. She was playing on a computer game for 20 minutes when she had to stop because of acute breathlessness and wheezing. She was unable to speak and required her salbutamol inhaler. She was fully recovered after two hours but felt anxious about re-engaging in the computer game. There were no other factors to account for this exacerbation of her asthma.

The effects of intense concentration and excitement induced by sophisticated and challenging computer software is analogous to the fight or flight response. The triggering of an asthma attack may be an inevitable consequence in certain sensitive individuals who may be advised to take prophylactic bronchodilator therapy before playing certain computer games.

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Identifying asthmatic patients

Sir,

In the paper by Sue Ross and colleagues (June *Journal*, p.236) I note that at no time was the consent of the patients concerned sought before their names and addressed were passed on to a third party. The general practitioners' consent is immaterial. The Pharmacy Practice Division in Edinburgh would appear to be in breach of its duty of confidentiality as well as its duty under the data protection act as the data was stored on computer.

The general practitioners concerned would also seem to be in breach of their duty of confidentiality by passing on information about clearly identified patients without their consent.

These views were confirmed by the Medical Protection Society when, as a member of an ethics committee, I was presented with a similar problem.

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Sir,

The letter written by Dr Scriven in response to our recent paper contains some inaccuracies, particularly with reference to the Pharmacy Practice Division of the Common Services Agency of the National Health Service in Scotland. The division has a strict code of confidentiality, to which it adheres rigorously. Prior to the release of any data, researchers must provide full details of any study they are undertaking. In our study, we used GP10 forms to identify possible asthmatic patients in two health board areas of Scotland. The Pharmacy Practice Division gave us access to prescription forms (GP10 forms) only when the general practitioner had given written permission for us to access their forms for the purpose of the study. The Pharmacy Practice Division database contains no patient information, although it does contain data identifying individual prescriptions. These data may used for medical research, in accordance with the data protection act.

Once possible asthma patients had been identified, we wrote to each general practitioner in the study with the list of names and addresses, asking the general practitioners to verify that the patients had asthma, were within the desired age range and had not attended an outpatient clinic for asthma in the past 12 months. Once the general practitioner agreed that we could do so, we sent each patient a questionnaire about their asthma. Several general practitioners who thought it necessary contacted each patient before returning the verified list of names to us.

After the general practitioner had given consent for us to contact the patients, the patients could give their own consent (or not) to the study by replying to the questionnaire. When contacting patients, we clearly explained how we had obtained