the necessary conditions for sterilization have been reached which deserves to be better known. Albert Brown Ltd, Chancery House, Abbeygate, Leicester, produce colour-change control strips which are comparatively inexpensive and simple to use. A coloured dot changes from yellow to purple in 15 minutes at 121°C or in 5.3 minutes at 134°C. The strip is placed in the pressurized chamber with the instruments to be sterilized. Our advice is that these conditions are sufficient to kill the more resistant organisms.

The adoption of this simple procedure has enabled us to feel very much more confident about the sterility of our re-usable equipment without involving us in great inconvenience or expense.

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Medical indemnity

Sir,
In your editorial (November *Journal,* p.490) you conclude that the major cause of lower subscription rates to the Medical Defence Union of Scotland is the selection and education of undergraduates in Scottish medical schools. I agree that Scottish medicine is in many ways in a healthier state than English medicine, but would argue that a greater factor in the lower rates is likely to be the exclusion of non-Scottish graduates, which includes both English and overseas graduates. Overseas graduates have more claims made against them and appear before more disciplinary hearings. This is not a reflection of the ability of individual doctors who graduated overseas, but more often a language or cultural misunderstanding.

If there were regional defence unions composed solely of graduates from, say the south west of England or Northern Ireland, then I speculate that they would have subscription rates as low as the Medical Defence Union of Scotland.

Drawing conclusions of cause and effect from comparison of two unmatched populations is invalid in the rest of the *Journal.* It is a shame that in your attempt to score a point off 'the auld enemy', you have lowered your usual high standards.

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Telephone consultations in general practice

Sir,
I refer to the letter by Drs Bhopal and Bhopal (December *Journal,* p.566). As the immediate past treasurer of the Medical Defence Union I am aware that the management of requests for visits by giving advice over the telephone has led, and appears likely to continue to lead, to many complaints to family practitioner committees and to negligence claims in the courts. Diagnosis without seeing the patient is potentially dangerous.

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Sir,
The review by Drs Bhopal and Bhopal of telephone consultations in office hours is a welcome baseline for the study of the value of this mode of patient contact. However, it begs more questions than it answers, and the only conclusion drawn is the subjective one that the disadvantages are exceeded by the advantages. An attempt to ascertain the opinion of the patients (particularly the 2.4 per session whose consultations may have been interrupted) would have balanced the authors' conclusions better, as would some kind of objective assessment of the short- and long-term outcome. For example, how many unseen patients given advice or prescriptions (86% of the total) returned later for a full consultation for the same problem? To what extent did the saving of time for both patient and doctor set a pattern leading to an increasing percentage of patients choosing this method of obtaining a medical opinion? If the authors agree that the telephone is not the ideal setting for a consultation in most circumstances, then should we be advocating it for the banal practical reasons quoted? Why do we need to make an inferior service available as a routine?

The consultation has been exhaustively studied in recent years and we have learned to ask ourselves questions such as: Why did the patient consult? What were his expectations? Was he given time to air his problems? Was he satisfied with the outcome? We should be prepared to subject telephone consultations to the same rigorous examination as the face-to-face contact.

If the patient is encouraged to regard a telephone call as an easy option, then

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Presentation: Tablets each containing 40mg frusemide and 50mg triamterene. **Indications:** Cardiac or hepatic oedema. **Dosage and Administration:** The normal adult dose is ½-2 tablets daily, taken in the morning. Maximum daily dosage: 6 tablets. **Contra-indications:** Severe renal or hepatic failure; hyperkalaemia. **Precautions:** Use with caution in the first trimester of pregnancy. Monitor serum electrolytes in patients with renal failure. **Side-effects:** Nausea, diarrhoea, fatigue, headache, dry mouth. Skin rashes and, rarely, bone marrow depression may occur, necessitating withdrawal of the drug. Hyperuricaemia may occur. **Drug interactions:** Co-administration with ACE- inhibitors or other drugs which raise serum potassium levels may cause hyperkalaemia. **Legal Category:** POM. **Product Licence Number:** 0339/0018 **Basic NHS Cost:** Pack of 100 tablets £8.75

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