

effect in promoting iron absorption.¹ Education should therefore recommend a generous intake of vitamin C from fresh fruits and vegetables, as well as an adequate intake of iron.

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Reference

1. Passmore R, Eastwood MA. *Human nutrition and dietetics*. 8th edition. Edinburgh: Churchill Livingstone, 1986.

Double agent

Sir,

I was interested in John Noakes' editorial (March *Journal*, p.92). When I found myself faced with the problem of reporting confidentially to life insurance companies about my own patients I decided that it would be improper to do so and have always explained this to the companies concerned. They seemed to have no objection to asking another doctor for information on my patient although they would probably have preferred to use my background knowledge.

I consider it ethically proper that general practitioners should not give confidential reports upon their own patients to insurance companies and I hope to see this become established practice.

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The exceptional potential of the consultation revisited

Sir,

While I am grateful for Professor Stott's comments (letters, December *Journal*, p.520) on my consultation framework (September *Journal*, p.383), and not wishing to undervalue the thought-provoking monograph to which he draws my attention,¹ I feel that my review of the literature is adequate, given the constraints of space.

I can understand why Professor Stott takes me to task for leaving out the ethical dimension, but it is difficult to separate this from political issues such as imposition of the new contract, ownership of records and confidentiality, which might

be out of place in an academic paper. My views on the white paper changes and their effects on the consultation have since been published elsewhere.²

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References

1. Stott NCH. *Primary health care: bridging the gap between theory and practice*. Berlin: Springer-Verlag, 1983.
2. Middleton JF. How will the white paper change general practice? *Modern Medicine* 1990; 35: 39-45.

A danger of metered dose inhalers

Sir,

In earlier correspondence Drs Cuckow and English highlight the danger of foreign body inhalation when metered dose inhalers are carried in a handbag (November *Journal*, p.476). The importance of the cap is paramount, but additional protection can be conferred if patients are able to receive a specially designed carrying case. Allen and Hanburys will, on request, provide patients with an appropriate carrying case for their metered dose inhaler. This not only ensures the cap remains in place, but provides a safe haven from the smaller particles often encountered in handbags or pockets.

J R HALL

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GPASS

Sir,

Recently a number of reviews of general practice computer systems available in the UK have been published. In some cases GPASS (general practice administration system for Scotland) was not mentioned and in others the details of the supplier were given incorrectly. We would like to clarify any possible misunderstandings about the system and its availability.

The system has been supplied and supported, free of charge, to all general practitioners in Scotland by the Scottish Home and Health Department since 1984 and is now in use by more than 50% of general practitioners in Scotland. It has also been available in Northern Ireland since 1988,

funded by the Northern Irish Department of Health.

GPASS is developed and supported by health service staff based in the West Coast Computer Services Consortium in Paisley and controlled by the Directorate of Health Service Information Systems in Edinburgh. There is a very active user group which has a substantial involvement in the design and development of the system.

We would be pleased to supply further information to anyone who is interested in GPASS.

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Farewell to Hippocrates?

Sir,

I have recently received a pamphlet advertising the services of a general practice financial consultancy. To my dismay I see that two of the partners in the firm are respected local doctors who hold academic posts at our local postgraduate medical school. One of them (presumably wearing his university hat) has recently sent a questionnaire to local practices asking about willingness to participate in audit and share results. Clearly the new general practice ethos leads us to the depressing but inevitable conclusion that if they charge us for their advice we shall have to charge them for providing the raw data upon which their business will depend. A final farewell to Hippocrates?

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General practice prescribing

Sir,

I am commencing a research project at the University of Dundee into general practice prescribing in the Tayside area, and would welcome correspondence from practitioners who have current or recent experience in the field of prescribing policies and formulary management.

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