vices Agency of the Scottish Health Service). It is hoped that this case, reporting on apparent hyperglycaemia, will draw attention to an area of avoidable confusion in the management of paracetamol toxicity.

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Health advice for travellers: the GP's role

Sir,

Despite the current worldwide recession the number of people embarking on travel abroad continues to rise — 30.8 million visits were made by citizens of the United Kingdom in 1989, 4.8 million of whom travelled beyond Europe (HMSO Business Statistics Office). Not surprisingly general practitioners are increasingly contacted by patients seeking advice both prior to travel and following their return. General practitioners are uniquely placed to advise, having access to the patient's relevant medical history including previous immunizations, allergic reactions, and long term medication, as well as insight into the patient's lifestyle. At the same time general practitioners have the immediate responsibility for the traveller returning unwell and having provided the pre-travel advice, they are ideally placed to assess the patient's needs.

A study in 1985 showed that of 645 travellers only 44% sought pre-travel health advice; the travel agent was consulted most frequently (21% of the 645 travellers), and the family doctor least frequently (10%).[1] However, another study carried out in 1989 at Heathrow airport asking 899 departing travellers where they preferred to obtain pre-travel advice showed that the majority favoured their family doctor (65%), followed by a travel clinic (26%) and the travel agent (9%) (Arnold WSJ. Paper presented at the Third International Conference on Tourist Health, Venice 1990). Furthermore, a study of information on health advice provided by brochures issued by travel agents showed many deficiencies.[2] Other studies have suggested that general practitioners may encounter problems about giving appropriate advice,[3] that general practice may not be the best location for provision of travel advice,[4] and that general practitioners have a medico-legal responsibility to provide accurate advice.[5]

In recognition of the responsibilities and difficulties which the general practitioner faces in addressing this need, the Communicable Diseases (Scotland) Unit commenced a telephone advice service for the primary care sector in 1975; in addition a computerized travel health information database (*Travax*)[6] was established in 1982. A recent development is the installation of a UK-wide telephone networking system enabling easier access by local telephone call from a suitable modem linked to a screen display.

Against this background a study was conducted in September 1990 which attempted to assess whether the general practitioner is the best person to give pre-travel health advice. A postal questionnaire was sent to all 681 general practitioners in the Greater Glasgow area, with the objective of assessing their views on the provision of health advice for travellers; in addition their awareness of the *Travax* database and their assessment of the usefulness of this service was sought. The overwhelming majority (87%) of the 288 responding general practitioners felt that pre-travel health advice was best provided in the primary care setting (Table 1). Although the 42% response rate was disappointing, this group of general practitioners appears enthusiastic about providing health advice for travellers, correlating well with the apparent preferences of travellers themselves. Eighty five per cent of respondents indicated that they would find the travel health database a useful aid.

Table 1. GPs' views of where pre-travel health advice is best provided.

	% of GPs[a] ($n=288$)
Primary care	87
NHS hospital clinic	22
Health board clinic	17
Private clinic	8
Other	1

[a]Respondents could list more than one source. n = total number of respondents.

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GPs and work in the third world

Sir,

Dr Parkes describes his experience in Nepal (letters, February *Journal,* p.82) and shows how a type of general practice, which includes sufficient primary surgery and obstetrics to meet the broader needs of a community in the third world, can provide a most satisfying and rewarding career. This style of general practice is applicable where doctors are relatively few, and specialist surgeons even fewer.

Cooperation between the Royal College of General Practitioners and the Royal College of Surgeons to give those with the MRCGP additional surgical expertise before going abroad would indeed be useful. The relatively low-technology apparatus available for operating in the district hospitals of poorer countries should be remembered.

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Cholesterol screening

Sir,

We have audited the cholesterol measurements made at health checks in our practice over the nine months to 30 November 1991. A total of 625 patients aged 20–65 years (12% of the practice population in this age group) had their cholesterol level measured (51% of the sample were men). The results were classified as normal (less than 5.2 mmol l^{-1}) in 21% of cases, borderline (5.3–6.4 mmol l^{-1}) in 34%, raised (6.5–7.9 mmol l^{-1}) in 36% and very high (8.0 mmol l^{-1} or more) in 9%.

The British Hyperlipidaemia Association recommends that anyone with a cholesterol level over 5.2 mmol l^{-1} should