MONITORING GENERAL PRACTITIONERS

Sir,

I would like to support the Patients' Association's plea that there should be some sort of monitoring of the service supplied by general practitioners. If the teaching profession can submit themselves to regular inspections without loss of status, isn't it time for the medical profession to come to terms with its omnipotent fantasies and evolve a system of monitoring based on that evolved by the teaching profession?

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REFERENCE

Journal of the Royal College of General Practitioners (1976). **26,** 403.

PATIENTS' ASSOCIATION

Sir,

I noticed with interest the short report on complaints reaching the Patients' Association.

I feel that it would be well if this organisation were to educate its members in the proper use of the health service. General practitioners have become reluctant to make home visits because a large number of such visits are requested for non-medical reasons. This tendency has become more marked in the last seven years or so. Twenty years ago this was a rare occurrence. So far as the commercial deputising services are concerned, these owe their existence to the increasing abuse of the service by such people as form the Patients' Association.

I suggest that a proper use of the service by our clients would produce a remarkable improvement in the standard of care we would be able to give to them. The Patients' Association could learn from the parable concerning the mote in one man's eye and the beam in another's.

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REFERENCE

Journal of the Royal College of General Practitioners (1976). **26,** 403.

TREATMENT OF COLD SORES

Sir,

For prophylaxis and treatment of cold sores in general practice Drs Grout and Barber (June *Journal*) claim that idoxuridine justifies consideration.

However, there is another less toxic and cheaper form of treatment, namely the topical application of ethyl ether (Sabin, 1975). Ethyl ether penetrates the epidermis and destroys herpes simplex virus by acting on its lipid-containing membrane. In the reports cited by Sabin the ether was applied with a cotton swab or moistened pledget until the skin blanched and local anaesthesia was produced, the process being repeated several times during the next 24 hours or when itching and pain reappeared. Sabin states that "topical ether therapy makes sense and deserves a proper, carefully designed and controlled clinical trial". Such a trial seems ideal for general practice.

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REFERENCES

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NEED FOR SUPERVISION IN THE ELDERLY RECEIVING LONG-TERM PRESCRIBED MEDICATION

Sir,

As one of the general practitioners involved in the above study summarised in the July *Journal*, I would like to comment.

The critical element in the author's argument hinged primarily on the "three (patients who) might be suffering from drug toxicity". The partners, in the presence of one of the authors, conducted a clinical audit of these actual cases six months before the paper appeared in print.

The first of these was the patient whose blood profile "showed changes consistent with phenylbutazone poisoning". It transpired that this patient was not receiving repeat prescriptions from the practice at all, but was most probably receiving them from another practitioner privately. This raised many interesting subsidiary issues including ethical problems, but provided no basis for the conclusions which the authors indirectly have drawn from this case.

Two patients "were thought by nurses to be showing signs of digitalis toxicity". One of these patients (incidentally the father-in-law of one of the partners who sees him almost daily) had been known for many years to have had an athletic basal pulse of 57/minute. His pulse was now reduced to around 42/minute but this was attributed mainly to the therapeutic effect of β-blockers which he was also receiving and not to digoxin.