References

1. Thompson MK. Effect of oxprenolol on parkinsonian tremor. *Lancet* 1972; **2:** 388.
2. Thompson MK. The case for developmental gerontology — Thompson's octad. *J R Coll Gen Pract* 1986; **36:** 29-32.

General practice in London

Sir,
The study by Powell (September *Journal,* p.372) on the need for and provision of general practice in London is useful in pointing out once again the wide variety of need within the city and in showing that the terms 'inner city' and 'deprivation' are not synonymous.

It seems strange then that 'good quality' general practice is described solely as health centre group practice. Surely a variety of need demands a variety of answers. The large health centre model of practice is not always the most appropriate model and the more personal small practice may be more accessible in deprived areas and therefore more suitable. The suggestion that the proportion of general practitioners born outside the UK should be used as an index of 'poor quality' is remarkable. Might not non-UK born general practitioners be more acceptable and appropriate to a large non-UK born population, and not less so as is implied?

General practice is varied, partly because the needs of communities are varied. We should be asking, 'What are the best ways to meet the needs of London's various communities?' rather than convincing ourselves that there is only one type of 'good quality' general practice.

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Budget holding

Sir,
It was with interest that I read Dr Higson's response (September *Journal,* p.392) to my letter (April *Journal,* p.170) in which I was critical of budget holding. With remarkable eloquence he paraphrases the philosophy of *Working for patients,*[1] outlining the theoretical, but as yet, unproven advantages of the new National Health Service management structures. I am not convinced that his reasoning lends logical support to budget holding. For example, he rightly stresses the importance of future planning. However, it seems somewhat illogical that a budget holding practice has to project its costs for the forthcoming year when family practitioner committees cannot predict what their funding allocation will be one year hence. A practice's use of resources may vary enormously from month to month and year to year. How can one effectively predict expenditure with such fluctuations in demand for resources?

While I am the first to admit that there should be change in the NHS, I believe that any change should be gradually phased in and based on soundly researched facts and evidence, not on political theories emanating from think tanks. With this in mind, could Dr Higson answer the following questions?

— What factual evidence is there that general practitioners are not at present using existing resources efficiently and cost-effectively, accepting that the wide variation in the use of resources does not equate with efficiency or otherwise?

— Which successful working budget holding schemes or models, either here or abroad has the government studied and critically appraised?

— Which hospitals have the spare capacity to provide a quicker, more efficient service to those patients referred from budget holders?

— What guarantee is there that the 'ratchet' effect will not be applied to general practitioners' budgets, as it has in the case of the hospital service in the overall 'downward pressure' on expenditure?

— With such high financial and political risks involved, why were no pilot studies performed?

Budget or fund holding is clearly a system of cash limitation. The advantages sound both plausible and seductive, but to date, are only theoretical. Nevertheless, a number of practices have applied for the privilege. In my view they fall into four categories:

- Those who are against budget holding in principle, but who reluctantly apply because the local hospital services are so poor. These doctors may feel that they have nothing to lose in such circumstances. Perhaps budget holding will give them more influence in the provision of services. Perhaps not.
- Those practices who regard the concept of budget holding as something of an intellectual challenge — something akin to climbing a difficult mountain 'because it is there'.
- Those who genuinely believe that it is in the interests of their patients, not questioning the true motives of the government or suspecting any hidden agenda.
- Those who think they will gain financially.

In these difficult times when the profession is reeling from the tidal wave of change we must not accept that budget holding for all is inevitable. The concept must be constantly questioned and reappraised. Joining the vanguard of budget holders during the so-called experimental period will do more to lend credibility to a scheme which the majority of general practitioners regard as badly flawed, than scientifically testing a doubtful hypothesis.

In the end it comes down to adequate funding of the whole of the NHS. Arthritic patients, waiting for their hip replacement for too many years, seeing orthopaedic wards closed down to make their local hospitals' books balance, will not care about budget holding. I think they would regard the 'doughnut' theories of management with even greater contempt.

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Reference

1. Secretaries of State for Health, Wales, Northern Ireland and Scotland. *Working for patients (Cm 555).* London: HMSO, 1989.

Orchitis in chicken pox

Sir,
A two year old boy presented to me with chicken pox rash which had been present for one day. He was treated with paracetamol and calamine lotion. He also had green nasal discharge and a cough and was given pivampicillin suspension. He saw my partner four days later with a swollen left testicle. This was not painful and there were no signs of torsion so he was not admitted to hospital. He had stopped taking pivampicillin by that time and was given cotrimoxazole paediatric suspension. When I saw him again four days later the testicle had started to improve but it was still enlarged by 50% and was pink and tender. The chicken pox rash was beginning to heal. One week later the boy's left testicle was completely normal.

Orchitis is not given as a complication of chicken pox in my textbooks, but our local paediatrician told me that it can occur with any virus. I am interested to know whether orchitis in chicken pox is common and whether any effect on fertility can be expected.

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