Sir,

Geoffrey Marsh's vision of the future is frightening (editorial, July *Journal*, p.266). General practice has two main functions. One is to provide high quality diagnosis and management of disease. In order to do this the general practitioner must not only be knowledgeable but understand the limitations of his or her knowledge. The doctor must also have access to a number of other professionals, on behalf of patients, and should remain the conductor of an orchestra of skills. Marsh makes a plea for specialization within practices, but this carried to extreme leads to 'specialoids' not specialists (personal communication). As John Fry pointed out many years ago, those who see three times as many runny nosed children as anyone else do not thereby qualify as paediatric specialists. If present day doctors have shortcomings in the diagnosis and management of disease, it seems rash to state that 'Nurses will be the clinical powerhouse of the future primary health care teams'.

The other main function of the general practitioner is the provision of personal care.[1] Sir Theodore Fox in his celebrated paper 'The personal doctor' expressed it beautifully when he wrote: 'Unquestionably the practitioner needs helpers in his surgery or office and should be able to call on a wide range of skilled ancillaries outside: but the particular object of his independent existence may be defeated if he leaves all dressings to the nurse, sympathy to the receptionist, messages to the secretary, and the solution of home problems to the social worker. If somebody else is to do all the small things for the patient under the doctor's distant supervision, personal contact will be reduced to the minimum: and if this happens, the patient might just as well go to hospital'.[2] Personal doctoring is about mutual trust and good judgement: judgement which is tailored to the individual and not derived from guidelines or protocols, judgement which involves those who seek help and which treats them as adult autonomous human beings. Yet Marsh is happy that our successors will abandon 'many time honoured tasks, such as routine care of patients with chronic illness'.

Dubious strategies of health promotion and prevention have distracted general practice from its central role and will continue to erode the time and energies of both doctors and nurses to no good purpose other than the inculcation of 'holy dread'.[3]

Finally, it is sad to see a distinguished member of the Royal College of General Practitioners stating that, among others, practitioners in the complementary therapies will be vital to provide a truly holistic community based caring system.

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Sir,

The central thrust of Geoffrey Marsh's thesis is clearly wrong (editorial, July *Journal*, p.266): that by delegating much of patient care and consequently allowing list size to rise (a figure of 4000 having been mentioned previously[1]) one can hope to maintain personal involvement and holistic care. In advocating removal of general practitioners from primary contact with patients and suggesting we act as specialists he is relegating us to the role of technician and supervisor.

One of the central, enduring strengths of British general practice is the primacy of the relationship between patient and general practitioner; a relationship built over time, on faith and trust, with the doctor witness to a patient's trials and tribulations, sharing his or her fears and anxieties through major and minor illness, no more sensitively portrayed than in Kenneth Lane's book *The longest art*.[2] Marsh misses the point if he thinks chronic illness can be managed in a mechanistic way. Most chronic physical illness is relatively simple to manage if one approaches it as a disease requiring a technical solution, but when viewed as an illness, it requires a truly holistic view to interpret and understand the patients' perceptions and concerns, the effect on psychological well being and the implications for family, friends and colleagues at work. The doctor–patient relationship in these cases is often stressful and demanding but the reward comes from the privilege of sharing some of the most intimate and private moments of a person's life.

As David Metcalfe has said in the context of antenatal care, it would be easy to delegate the palpation of a woman's abdomen but it would rob one of the opportunity to share and understand the woman's personal experience of pregnancy, and deny the reassurance that comes with touch — 'the doctor's healing hand' (personal communication).

On a further point, Marsh's advocacy of employing auditors, by implication not members of the primary health care team, goes against all the advice from the medical audit advisory groups, and confirmed by the 10 year north of England audit study,[3] that audit should be an internal process and that effective change only takes place if there is a sense of ownership of the task.

Marsh's views are not representative of all general practitioners. He is in danger of offering the government the opportunity to make substantial economic savings under the guise of technical efficiency and one wonders at what cost to patients' well being.

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Acute herpes zoster, postherpetic neuralgia, acyclovir and amitriptyline

Sir,

On the basis of his study, David Bowsher claims that 'the nature of postherpetic neuralgia is changed by acyclovir treatment of acute herpes zoster' (June *Journal*, p.244). We are writing to suggest that this claim is not justified.

The study in question is retrospective. For the results to be of value it is essential that the group of patients who received acyclovir are similar to those who did not. Unfortunately this does not appear to be the case. When one looks at the distribution of the initial attack of shingles there are important differences between the two groups. While 17% of patients treated with acyclovir had shingles in the trigeminal nerve, 30% of those not given the drug had shingles in this nerve. The difference in shingles distribution could account for some of the difference in pain reported.

The mean length of time between the onset of herpes zoster and commence-