

REFERENCE

1. Gravell E. Aiming for the Tsars. *Br J Gen Pract* 2007; 57(535): 168.

The God Delusion

What an idea to advocate putting *The God Delusion* under Christmas trees.¹

If Dawkins is to be taken respectfully then don't insult him with Christmas. Alternatively, reject Dawkins and enjoy our festival.

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Conflicts of interest

Committed Christian, Ironic sense of humour

REFERENCE

1. Curtis S. Book review. *Br J Gen Pract* 2006; 56: 980.

The book review of Richard Dawkins book *The God Delusion* by Simon Curtis in your December 2006 issue was most disappointing.¹ With such a controversial book which has such major flaws in its arguments it is a pity that the *BJGP*, which I am sure has a readership that includes many people from a variety of faiths, did not balance this review with an alternative, more informed, viewpoint. Simon Curtis has clearly been swept along by Mr Dawkins populist atheism without stopping to ask important critical questions.

Alister McGrath, Professor of Historical Theology at Oxford University and a former atheist himself, has written extensively on atheism, particularly the ideas of Richard Dawkins. He describes '*The God Delusion*' as 'perhaps his [Dawkins'] weakest book to date, marred by its excessive reliance on bold assertion and rhetorical flourish, where the issues so clearly demand careful reflection and painstaking analysis, based on the best evidence available. Attractive precisely because it is simplistic, Dawkins demands the eradication of religion'.²

This simplistic opinion of Dawkins, that the elimination of religion would be a solution to the world's ills, is an unhelpful stance for the *BJGP* to support without balance. McGrath goes on: 'The question of the future role of religion is far too

important to leave to the fanatics, or to atheist fundamentalists. There is a real need to deal with the ultimate causes of social division and exclusion. Religion's in there, along with a myriad of other factors ... But it also has the capacity to transform, creating a deep sense of personal identity and value, and bringing social cohesion. Let's skip the rhetoric, and cut to the reality. It's much less simple — but it might actually help us address the real social issue that we face in modern Britain'.²

There are a great many well-read and clear-thinking doctors and scientists who do not accept the views of Richard Dawkins. Many would say that, given the evidence, to be an atheist requires a greater leap of faith than to be a believer. Their views cannot be simply dismissed when the ills of society are at stake.

I therefore recommend that you balance your published review with a further comment from someone who has really grappled with the issues. I would also suggest that you review Alister McGrath's book *The Dawkins Delusion* when it is published in February 2007.

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Carpal tunnel syndrome

As a clinical neurophysiologist, I deal daily with referrals to investigate carpal tunnel syndrome (CTS). Bongers *et al*'s study of CTS in general practice¹ concerned me on a number of points.

Firstly, in 70% of patients, the clinical diagnosis of CTS was not confirmed by investigation. In our experience in Cardiff, both GPs and hand surgeons only get the diagnosis of median nerve entrapment and resulting CTS correct two-thirds of the time. As a result, we regularly see

those who have undergone bilateral carpal tunnel decompression, but are still symptomatic, as their symptoms originate from undiagnosed cervical radiculopathies.

I am also concerned that the basis on which the diagnosis has been made is unstable. A meta-analysis by D'Arcy and McGee² demonstrated that the following were of little or no value in diagnosing CTS: age, bilateral or nocturnal symptoms, thenar atrophy, sensory abnormalities, Tinel sign, Phalen sign, pressure provocation test, and the tourniquet test.

Finally the assertion that there is no gold standard investigation for CTS is incorrect. Although not perfect, nerve conduction studies have been shown to have a specificity of 99% and a sensitivity of 89% in diagnosing CTS.³

I would also like to suggest that a possible reason for women being affected by CTS more than men is that common causes include endocrinological and rheumatological disease, both of which are more common in women. There is also a distribution of fat in the arms which is also sex specific.

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1. Bongers FJM, Schellevis FG, van den Bosch WJHM *et al*. Carpal tunnel syndrome in general practice (1987 and 2001): incidence and the role of occupational and non-occupational factors. *Br J Gen Pract* 2007; 57(534): 36–39.
2. D'Arcy CA, McGee S. The rational clinical examination. Does this patient have carpal tunnel syndrome? *JAMA* 2000; 283(23): 3110–3117.
3. Jablęcki CK, Andary MT, So YT *et al*. Literature review of the usefulness of nerve conduction studies and electromyography for the evaluation of patients with carpal tunnel syndrome. *Muscle Nerve* 1993; 16(12): 1392–1414.

Peer review

Dr Welsby's belief that GPs are the only people capable of assessing general