

inhalers do not work as well as their proprietary ones.

However, before concluding that generic inhalers are substandard, it is important to consider other possible factors. Asthma is a variable disease and when it deteriorates, the response to a set dose of bronchodilator is reduced. The patient's subjective assessment of this may be erroneous. Inhaler technique is also critical. With the passage of time, many patients cut corners, with a subsequent reduction in drug efficacy.

Of course it is important that generic equivalents should be scrutinized to ensure quality control. Drug companies with a vested interest will naturally discredit generic prescribing but until a double-blind controlled trial proves objectively that there is a difference, perhaps we should regard their claims with healthy suspicion.

R.H. SLOAN

Maghull Health Centre
Westway
Maghull L31 0DJ

Sir,

Dr Antony is indeed correct in his finding (Letters, February *Journal*, p.78) that the brand product matters to the patient. In my own case of late onset asthma I had several miserable years on Ventolin (Allen and Hanburys) aerosol or powder, with bronchial irritation, unrelieved cough and running nose. Generic salbutamol gave even worse results, but I did very well with Salbulin (Riker), which on paper is chemically identical.

When I suspected that the propellants could be the cause of the trouble, Glaxo kindly looked into this for me, and advised that the propellants used in Ventolin and the corticosteroids Becotide (Allen and Hanburys) and Bextasol (Glaxo) are the same. There is, though, a difference in that the first two products contain oleic acid, while the latter does not. As I can take Becotide or Bextasol interchangeably, but not Ventolin, nor the bronchodilator/corticosteroid mixture Ventide (Allen and Hanburys) my difficulty still defies explanation.

An excellent summary of drugs used in bronchodilator inhalation therapy was sent out by Mersey Regional Drug Information Service (no. 61, September 1985), but this is only the bare bones of the problem, and in clinical practice I feel that much remains to be learned by both hospital prescribers and general practitioners.

J.G. WALLER

20 Hartfield Road
Bexhill on Sea
East Sussex TN39 3EA

Practice receptionists

Sir,

In their interesting original paper (January *Journal*, p.14) Drs Copeman and van Zwanenberg indicate that despite the key role of receptionists in the primary care team only a small percentage of them have had any formal training. For many years the Association of Medical Secretaries, Practice Administrators and Receptionists (AMSPAR) has offered a certificate of reception following a course and an appropriate examination.

The problem for many of the mature married women who form the majority of general practitioner receptionists is that courses are either not available locally or require more time than they can spare. Nevertheless, the valuable AMSPAR training attracts up to 2000 candidates annually, many of these being young people leaving school and interested in a career in medical reception work.

There is now an active Joint Committee for Receptionists Continuing Education, the constituent bodies of which are AMSPAR, the RCGP, the General Medical Services Committee of the BMA and the Association of Health Centre and Practice Administrators. The Society of Family Practitioner Committees is also represented. The Joint Committee has an overview of in-service courses in relation to course organizers, course content and assessment.

Following the outstanding success of the 'Ms Piggy' courses the Committee now supports the practice receptionist programme which is nationally available to receptionists in post, while continuing to support other locally arranged courses which register with it. The Joint Committee issues a certificate of attendance to receptionists who satisfactorily complete a course. More than 2000 applications have been received this year already so that in the near future at least some level of formal training will be given to our loyal and hardworking receptionists, the majority of whom welcome the opportunity to meet with others to share problems and further their education.

The hope of the Joint Committee is that all practitioners will encourage their receptionists to undertake this local training and/or obtain the receptionist certificate of AMSPAR.

G.W. TAYLOR

The Surgery
53 Circuit Lane
Reading RG3 3AN

Intimacy and terminal care

Sir,

Judy Gilley's fascinating article on intimacy and terminal care (March *Journal*, p.121) brought to my mind a very apposite passage from the fifteenth century *Book of Margery Kempe*.¹ In this work Margery Kempe describes her life and spiritual adventures, always referring to herself in the third person, usually as 'this creature'. After having 14 children, she and her husband taking a vow of chastity and agree to live separately. Years later, however, her husband 'fell down to the ground from the stairs, his head under him grievously broken and bruised, insomuch that he had in his head five linen plugs for many days while his head was healing'. Margery takes him back to live with her. The hardships of caring for her demented husband are to some extent eased by memories of earlier intimacy, in much the same way as happened with the couples described by Dr Gilley.

'Then she took home her husband with her and kept him years after, as long as he lived, and had full much labour with him; for in his last days he turned childish again, and lacked reason, so that he could not do his own easement by going to a seat, or else he would not, but, as a child, voided his natural digestion in his linen clothes, where he sat by the fire or at the table, whichever it were; he would spare no place. And therefore was her labour much the more in washing and wringing, and her costage in firing; and it hindered her full much from contemplation, so that many times she would have loathed her labour, save she bethought herself how she, in her young age, had full many delectable thoughts, fleshly lusts and inordinate loves to his person. And therefore she was glad to be punished with the same person, and took it much the more easily, and served him, and helped him, as she thought, as she would have done Christ Himself?

Problems like incontinence and its cost are clearly the same as for carers today. But memories of past affection and intimacy undoubtedly make the ordeal rather easier to endure.

TOM CARNWATH

Saint Rock
3 Bower Road
Hale
Altrincham
Cheshire WA15 9DT

Reference

1. Butler-Bowdon W (ed). *The book of Margery Kempe: a modern version*. London: Jonathan Cape, 1940.