

LETTERS

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Note to authors of letters: Please note that all letters submitted for publication should be typed with *double spacing*. Failure to comply with this may lead to delay in publication.

Foreign body inhalation: a danger of metered dose inhalers

Sir,

Metered dose inhalers are used by many patients as a safe and convenient way of administering bronchodilators. We report a case illustrating a potential hazard of their use.

A 54-year-old woman with a history of sarcoidosis was admitted to Papworth Hospital in acute respiratory distress. While out shopping she had experienced an episode of bronchospasm and had used a salbutamol inhaler kept in her handbag for such occasions. Immediately she gasped, as if she had inhaled something, and her symptoms worsened. She presented to her general practitioner who referred her to Papworth Hospital for further management.

On arrival in hospital she was slightly dyspnoeic with a marked wheeze. Although there was no tracheal deviation, left basal dullness and decreased air entry suggested airways obstruction on that side. A chest x-ray revealed left atelectasis but no foreign body was seen. Rigid bronchoscopy was performed and a plastic object, totally obstructing the left main bronchus, was removed. Subsequently the patient identified this as the lid of a make-up pencil which was one of the many small objects kept in her handbag with the uncapped inhaler. She made an uneventful recovery and was discharged home two days later.

Worsening symptoms following the use of a metered dose inhaler should arouse suspicion of foreign body inhalation from its mouthpiece. In other reports coins¹⁻³ and tablets⁴ have been inhaled from uncapped inhalers kept loose in a pocket. In all cases the patient recovered after successful bronchoscopic removal. With the widespread use of such inhalers it is perhaps surprising that so few cases have been reported and in spite of the additive

effect of respiratory embarrassment on acute bronchospasm, there has yet to be a fatality.

Had our patient followed the instructions supplied with her inhaler, that is to keep it capped and test fire it if infrequently used, she would have avoided this episode. No mention is made of this potential complication in the instructions and physicians should bear it in mind when counselling patients. Perhaps it is time to change inhaler design so that mouthpiece caps cannot be so readily lost.

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Patients' resistance to change

Sir,

A routine survey was conducted in two practices in Upminster with the objective of finding out whether patients preferred an appointment or non-appointment system. Prior to our appointment, these practices operated different systems and we decided to undertake the survey so that we could unify the systems depending upon the patients' preference. Both surgeries have lists of 2500 patients and are two miles apart.

Clerical staff carried out the survey during normal surgeries for a period of one month and data were collected from approximately 150 adults from each practice. The results were surprising. Ninety per cent of the patients attending the practice that had an appointment system wanted to retain an appointment system while 8% preferred no appointments and 2% had no opinion. However, among patients attending the surgery with no appointment system, 97% wanted no change and 3% preferred appointments. This clearly indicates that patients are resistant to change and prefer to retain the system that they know as long as it works satisfactorily.

We decided to respect the wishes of the majority and leave things as they are.

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Spiritual healing in general practice

Sir,

If I had been asked three years ago what I knew about spiritual healing I would have replied that I knew next to nothing. The question would have conjured up images of spiritualism, laying on of hands, miraculous cures, and even the occult arts. If I had paused to reflect I would have observed that as a doctor I really ought to know something about healing, and that all too often as a general practitioner I face problems which appear to be neither physical or mental, but of a spiritual dimension. I asked myself 'What is healing, and is it something that can be learnt and integrated into day to day general practice?' The opportunity to answer this question arose when I was in-