deplorable. If we no longer make home visits both patients and doctors should be pitied and doctors should, rightly, be blamed.

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Wheezy bronchitis

Sir,

In the editorial on asthma (February *Journal,* p.52) Dr Levy decries the use of the term wheezy bronchitis. 'Wheezy bronchitis' is a useful diagnosis and should not be disdained. Its very use indicates that the doctor considers that there is bronchospasm present and that asthma is a likely diagnosis although perhaps not certain at that stage. It almost certainly means that he has also prescribed a theophylline preparation or a beta-receptor agonist and it alerts his partners and reminds himself next time to be particularly watchful for the stigmata of asthma. In explaining the diagnosis to the patient I would always mention the possibility of an atopic origin without branding the child as a definite asthmatic.

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Original pack dispensing

Sir,

The editorial on prescribing (April *Journal,* pp.146-147) stated that changing to original pack dispensing might result in pharmacists becoming undervalued. This is a strange reason to attempt to undermine the development, particularly as the Pharmaceutical Society of Great Britain has joined with the Association of the British Pharmaceutical Industry in stating that original packs should be the normal method of dispensing.

I fail to see how a defence of 'traditional dispensing skills' can be taken seriously — the counting of tablets or measuring medicines from bulk containers, often to cater for requests for irregular quantities by the prescribing doctor, can hardly be in the best interests of patients. Dispensing using original packs should make the job much quicker, and allow the pharmacist more time to talk to patients, a role that the editor of the *Journal* is obviously keen to support.

The question of flexibility in dosage or length of a course of treatment has been much discussed — directives on how long a medication should be taken should surely primarily be made by the manufacturer. The Association of the British Pharmaceutical Industry circulated advice to all its members in February 1986. Chronic treatment packs should contain treatment for 28 days, while short-term treatment packs should contain the quantity required to meet the manufacturer's recommendations for a course of treatment. The chronic *pro re nata* treatment pack should not deviate from the principle for chronic packaging, containing multiples of 28 tablets or capsules. This avoids the breaking of bulk to meet prescriptions.

The College has been obsessed with discussions on quality in practice over recent years — the *Journal* should support our pharmacist colleagues by supporting original pack dispensing with its many advantages.

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Patients' attitudes to generic prescribing

Sir,

Generic prescribing is recommended by the College to the profession. A review of the literature reveals little information on patients' attitudes to this change.

A survey of 50 consecutive patients who had had one drug changed from a brand name product to a generic equivalent on repeat prescription was carried out by questionnaire in a suburban teaching practice in February 1985. For the purpose of the study a repeat prescription was defined as a drug which the patient had been taking regularly for more than three months.

The aims of the study were to assess: patients' awareness of the change to generic prescribing; patients' education as regards generic prescribing and its origins; and patients' attitudes to generic equivalents.

The results showed that only 39 of the patients (78%) were aware of any change in their prescription; of these, approximately two-thirds (24) became aware by observation and less than one-third (12) recalled receiving information from a professional person (doctor or pharmacist). Twenty-nine patients (58%) recalled receiving an explanation as to why there had been a change in their prescription. These results imply a poor level of patient education; the patient either did not remember or understand the information given, or was not given any information.

Only 12 patients (24%) received a generic equivalent preparation. Analysis of the drugs involved in the study showed that for 70% a generic equivalent preparation was available to the pharmacist. Three of the patients receiving a generic preparation felt that the medication was similar to the brand product and nine felt that it differed in its effectiveness — eight patients felt it was less effective and one felt it was more effective. Four patients expressed dissatisfaction with the generic equivalent.

The advantages and disadvantages of generic prescribing will continue to be a point for debate but as from April 1985 generic prescribing, in some therapeutic areas at least, is compulsory. Therefore, the impact of generic prescribing on patients and on general practice gains increasing relevance.

This small survey illustrates two unresolved points about generic prescribing. The first is that by prescribing drugs generically the doctor leaves the choice of actual preparation dispensed to the pharmacist. The second point is that a high proportion of patients receiving the generic equivalent drug doubt its effectiveness and are dissatisfied with the change from a proprietary preparation.

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Arthralgia from parvovirus infection

Sir,

I was interested to read the letter from Dr M.T. Everett (November *Journal,* p.540) about two adult females with arthralgia from parvovirus infection during an outbreak in children in Plymouth. I have recently seen a similar case, but in a male and unassociated with an outbreak of fifth disease.

A 37-year-old marketing director presented on Christmas Eve 1985 with a 24-hour history of joint pains. He felt tired and lethargic but had no fever and no rash. The pains were localized to his neck, back, wrists and knees; there was no joint swelling. He took ibuprofen (400 mg) three times daily with no benefit. The arthralgia later spread to his hips and the proximal interphalangeal joints of his