MEDICAL PRACTICE

Outside Europe

Tropical Vacation for Paediatricians

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Summary

The purpose of two weeks spent in a developing country at relatively low cost (£145 each) was to have an enjoyable holiday while seeing something of the child health, culture, and economy of the country. Its deeper significance was to attract some participants to giving time and support to developing countries while making their teaching in Britain more relevant both to the native British student and to visitors from developing countries. There was no preaching. It was a "look, see, think" operation. Ghana was selected because of its friendliness, enthusiasm for the project, and helpful co-operation given in initial planning. The experience was judged successful by most and possibly by all. The friendly contacts established with very able Ghanaian colleagues may be mutually helpful in the field of medical education.

Introduction

More than most and because of their recent past, British people still look out on the world as well as in on their national and North Atlantic problems. They do not always appreciate that much of the world still looks to them for justice and for help without political strings. Organizations such as Oxfam and Christian Aid are known to all who read the daily papers or move through the streets of town or village. Television brings to their very living rooms swollen drowned bodies from Bangladesh, kwashiorkor from tropical Africa, pathetic nutritional marasmus from India, dry riverbeds and dead cattle from the drifting Sahara, and the bereaved and bewildered from an earthquake in South America. Indeed they are so inundated by it from day to day in sound and in black and white and colour vision that there is a danger of their becoming hardened so that personal responsibility may be discharged by dropping a few coins into a collecting box (say 0·0001% of the average annual income) or by approving impersonally the delivery of 10 tons of medical supplies with tents and blankets to a disaster area. Doctors are no exception.

Tropical countries themselves hold glamorous appeal for the British on vacation—areas such as Bermuda and Bahamas traditionally providing coast, colour, and coconut palms. The purveyors of package-deal holidays have broken into The Gambia at highly competitive prices while Britain's remaining great passenger ships offer safe and luxurious bases from which to tour the hinterland of suitable ports. These provide relatively sterile European capsules on the beach or ocean from which a relaxing vacation may be brightened with local sightseeing. They are both restful and exciting and some are also educational. Their nature, however, makes difficult any useful contact between the holidaymaker and the native of the country and they are not intended to provide really meaningful experience of the country's basic problems or its efforts to remedy them. These are not part of the package and their absence is immaterial to the average holidaymaker.

An experiment was conducted this year into taking a party of paediatricians along with their families and friends to a developing country at the lowest possible cost and in such a way that they would have not only a holiday experience but an educational one in the widest sense while making worthwhile contacts with paediatricians and other people of the country. Ghana was chosen because of its excellent paediatric contacts, the warm friendliness of its people, the suitability of its climate, the many facilities available, and the fact that I visited Ghana regularly as an examiner and was able to see personally all those concerned.

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Planning

TIME OF YEAR

The time of year was carefully selected to be beyond the wet season, in a warm but not hot season, and right for the opening of school term for those bringing older children with them. This meant 25 August to 10 September—at which time there was some rain by night but none by day, temperatures were pleasant (30°C by day and cooler at night), the countryside was green, trees were in blossom, and there were flowers in profusion. A two-week period was selected by most because of the problem of getting leave of absence and providing locum tenens cover for longer. In view of the high proportion of total expenditure due to travel and administration a longer period of time would probably provide even better value and permit some specialization of interest.

TRAVEL

The World Expeditionary Association (WEXAS, London) has been circulating university staff regularly in recent years with attractive offers of low prices on reliable first-line aircraft. Prices rose over the 18 months of planning but the eventual return fare of £90 per seat for a party of 88 included a free seat for an accompanying secretary and contrasted with the standard economy air fare of £270. The party flew to Accra from Heathrow in a VC10 of Ghana Airways and returned to Gatwick in a Boeing 707 of British Caledonian. Both flights were perfect, service was excellent, and numbers were made up by members of the Ghana Association of University Teachers. The group was actually met at 2 a.m. by a senior administrative officer of the University of Ghana and was seen off on the homeward flight by Ghanaian doctors and friends.

COMPOSITION OF GROUP

WEXAS needed a party of 60 to make the flight financially viable. This seemed to be an impossible figure at first but such was the initial rush that a party of more than 100 seemed likely. It was eventually limited to 90 because another group wished to share the plane. A waiting list for places was prepared and this was fortunate because the drop-out rate was above the 1% predicted as average by a major air company (personal or family illness, fear of flying under current conditions, failure to get leave at the right time, etc., all accounted for people dropping out). These places were filled as they arose though this required urgent staff-work even in the week before departure. The final party consisted of:

Paediatricians	24	Nursing staff	3
Other doctors	8	Nutritionist	1
Wives or husbands	20	Secretarial staff	3
Children (over 16)	9	Social workers	2
Children (under 16)	8	Technicians	2
Agriculturists	2	Therapists	2
Chiropodist	1	Others	2
Dentist	1		
		Total	88

PREPARATION FOR GHANA

Passports.—Travel passports were checked for validity.

Entry Permits.—Entry permits were needed for each member of the group (except children under 12 years travelling on a parent's passport) and these, each costing 25p, were readily available through the Ghana High Commission in London.

Immunization.—Immunization against yellow fever, smallpox, cholera, and tetanus was completed without incident and some members added T.A.B. and poliomyelitis vaccines.

Chemoprophylaxis.—An antimalarial agent supplied gratis by one of the drug firms was begun one week before departure and continued until three weeks after return. Other drug firms were generous with supplies of drugs relevant, for example, to the treatment of gastrointestinal infection.

Clothing.—No elaborate expensive clothing was needed. All could be purchased inexpensively at one or other of the well-known multiple stores.

Photographic Film.—Film was bought in bulk and passed on to members at cost.

Insurance.—Insurance was arranged through the Medical Insurance Agency (B.M.A. Scottish House, 7 Drumsheugh Gardens, Edinburgh EH3 7QW) and for a premium of £5 the following cover was provided:

	£
Death and capital sums (loss of limbs, etc.)	5,000
Medical expenses	250
Personal baggage	200
Cancellation charges	100

Some members took out extra personal cover. Insurance was also available through WEXAS.

Reading about Ghana.—Hints on behaviour in Ghana were circulated in a series of briefing letters but many members went much further into the history, independence, politics, and economy of the country. Attention was also drawn to a booklet prepared by the overseas committee of the British Paediatric Association entitled *Help for Child Health Overseas*,[1] which indicates needs in developing countries and how they might be met, at least in part.

Programme.—Professor Yaw Asirifi allocated a member of his staff, Dr. John Blankson, to act as liaison officer for the project and much of its success was due to his drive and administrative ability.

In Ghana

ACCOMMODATION

Hotel accommodation in Ghana differs little in price from first-class hotels elsewhere and the cost was likely to repel anyone prepared to take a chance on the visit being a failure at lower cost. Professional groups often hold meetings in the United Kingdom using student accommodation during the vacation in such centres as Cambridge, Edinburgh, Oxford, Lancaster, and Stirling. The University of Ghana is blessed with a truly beautiful campus, which spreads up a hillside of terraced gardens and pools with student halls at varying levels. The authorities made available a modern annexe of the Mensah Sarbah Hall which had been used by the vice-chancellors of Commonwealth universities for their conference in 1970. Large airy bedrooms were furnished on conventional student lines. They were mosquito-proof, opened on to a personal verandah on one side, and on to an open corridor on the other to permit through ventilation. Lighting was good. There was no fan and, of course, no air-conditioning but the night temperature was pleasant and beds needed only a sheet. A large sanitary room opened off each floor and these were allocated on alternate floors to men and women. They contained urinals, W.C.s, wash-basins, and showers with hot and cold water, and, with a little improvization, points for electric shavers. They were kept scrupulously clean. The charges were about 65p per person per night for a room shared by two and about 87p per person per night for a room occupied by one. A charge of 9p per person per day was charged for retention of room during the visit to Kumasi, and there was a service charge of about 4%.

Two nights were spent further north in Kumasi where the party was accommodated on what is said to be one of the

most beautiful campuses in Africa and therefore in the world. This is the Kumasi University of Science and Technology. The Unity Hall is well designed and though the rooms are single and the sanitary facilities rather cramped and without hot water it was adequate. The rooms here were also mosquito-proof but there were surprisingly few mosquitoes on either campus. Costs in Kumasi were £3·50 per person per day for board and lodging.

FOOD

Meals were taken in the main dining-room of the two halls and the swift cheerful service of the staff was much appreciated. A large cooked breakfast and a good dinner in the evening were the main meals and, if anything, the staff had gone to excessive trouble to import European foods at considerable cost when the more adventurous members of the party would have welcomed experiments with indigenous ones. Indeed, many went out to restaurants at least once in order to sample the joys of groundnut or palm oil soups containing fowl, fish, or meat. The charges for food might have been lower had the group eaten more Ghanaian food, which was being prepared for students staying on in vacation. It was feared, however, that this might discourage from attending those otherwise interested but possessing conservative palates. The meals in hall were certainly adequate, the kitchens immaculate and the cooks competent. Since the group travelled a lot, packed lunch was preferred and, after the first day of characteristically dull British sandwiches, the hall supplied chicken or exciting pasties of its own making, supported by fresh pineapple, banana, and sweet limes along with bottles of aerated waters. The cost of meals was: breakfast, 52½p; lunch in the hall, 70p or a packed lunch, 52½p; dinner, 70p. It was at first intended that members opting out of meals would not need to pay for them but for several reasons this was found to be impracticable and it was agreed to keep to the normal practice of package holidays and charge for all meals.

DRINK

Suggestions that water on the campus might be contaminated were scorned by the university and, while some participants did sterilize water in polyethylene containers using chlorinating tablets, others drank it copiously without ill-effect. A variety of excellent lager beers was available at about 16p per pint bottle and members were permitted to take in one bottle of spirits and one bottle of wine per adult duty-free. Tonic water and the usual international range of soft drinks could be bought on the campus and a generous supply of soft drinks was provided with the packed lunches.

TRANSPORT

As an inducement to come to Ghana rather than to a European hotel elsewhere in West Africa at similar cost, the Ghana State Tourist Corporation offered comprehensive touring throughout the country in air-conditioned Mercedes coaches to a total of about 1,500 (2,414 km) miles for the remarkable figure of £6 per person. It was decided to hire the coaches on those terms but to determine the destinations only a day or two in advance. At the outset most of the group travelled by coach but within a week individuals were striking personal bargain prices with taxi-drivers (35-50p for the 8 (13 km) miles from the city centre to the campus) and the adventurous were travelling merrily packed like sardines with jolly Ghanaians in traditional "mammy-wagons" for almost nothing. In addition, of course, there were local Ghanaian doctors arranging visits to the races or out into the country in their own cars.

Programme

Professional activities.—The entire programme was in a sense professional in that each stop in a village, each walk through town, each drive through the bush revealed hundreds of Ghanaian children. In groups or as surprised individuals their reaction was always the same—the instant waving of a hand, the gleaming smile, and the shout of welcome. Some of the group who had no previous experience of a developing country were surprised at the apparent good health of the children and were reminded that these were the fittest who had survived the first five terrible years.

HOSPITAL VISITS

The group attended a long round of the children's block of Korlebu, the principal teaching hospital, and the Ghana medical school. Illnesses, previously known only from the literature, were seen and examined. The neonatal unit was also visited and, while recognizing problems which arise from lack of money, the group was tremendously impressed by the knowledge and fluency of their Ghanaian colleagues.

A briefer pilgrimage was made to the Princess Marie Louise Hospital in old Accra, where Dr. Cicely Williams first picked up the word kwashiorkor and proved that it was caused by protein deficiency. A beautiful plaque in the entrance hall records this fact. Here the group saw an overwhelming clinic mostly of nutritional disorders being handled by a tiny team of nurses and medical assistants who filter out the problem cases for the doctor. In its wards the group saw kwashiorkor in all its stages and learned something of the social conditions producing it. The distinguished British paediatrician who said aloud, "You know, I've never seen kwashiorkor before" was certainly not alone in his experience. In the Princess Marie Louise Hospital compound the group saw a little school working on health education with reference to feeding. Here the mothers with affected babies met to hear about good and bad foods from a Ghanaian dietitian. There was also a roofed area where parents could sleep by night if they were caring for their child in hospital.

The third hospital was for lepers and was remote from town. It was large, its compound was neat, its wards tidy, and its contents heartbreaking. These were the patients who came too late. Men and women, old and young, anaesthetic, ulcerated, amputated, paralytic, blind. Against this awful picture the group could set Ghana's programme for leprosy control—leprosy officers (not doctors) allocated to areas to teach the common people about the early symptoms and signs of leprosy and to declare the good news that the disease can be cured if treated early.

Little wonder that the wife of at least one colleague returned home anxious to do something for the human wreckage left behind when the tide of leprosy has washed over fellow mortals and withdrawn. Some members of the party made a special visit to a unit for handicapped children and were impressed by what was being done.

LECTURES

One day was spent on more formal education. Several Ghanaians presented aspects of their work, and indeed one world expert on sickle-cell disease took the audience by storm with a sparkling presentation. The British paediatricians had presented a long list of topics on which members were ready to talk and the Ghanaian staff elected to hear about childhood

convulsions, urinary tract infection, and recent advances in asthma and congenital heart disease.

We broke for lunch together and a very happy and social occasion it proved to be.

CLINIC VISITS

Visits to hospitals of any country never tell the whole story of health care, and Ghana is no exception. The group, therefore, visited a government polyclinic in the congested market area of Accra. Custom-built for the job it delivered primary health care to a very large number of adults and children with various diseases. It had its waiting areas, its open spaces, separate examination and treatment rooms, a little laboratory, and a dispensary.

In striking contrast was a standard village clinic of one room in a rather ramshackle building. It contained a desk, a register, and the simplest diagnostic tools. The orderly in charge was visiting a sick child at home and it seemed as if the doctor, who had been expected, had failed to come out from Accra. This was closer to and probably ahead of the world norm and it was good for the group to look at and think on it.

The third clinic bordered on the fantastic and was run from the University of Ghana medical school as an example of a rural clinic. As almost always under such circumstances even in Western Europe, it was obvious to the visitors that it cannot be replicated all over the country on this scale. Nevertheless, a great deal of new information will come out of it about the epidemiology of disease, methods of prophylaxis, therapeutic schedules, and health education. It was here that the group saw a marvellous teaching session on nutrition. An open-sided round thatched hut (rondel) stood in the middle of a village. It was thronged by singing mothers and children clapping out the rhythm of their song. Afterwards a trained dietitian gave a short talk in the local language and then came the most hopeful part of the whole project. Two of the village mothers themselves demonstrated to the other mothers the preparation of good foods. They were articulate in their own tongue, their hands moving expressively and their faces enthusiastic. They had been taught to teach—the message of the British Paediatric Association's approach to the developing world and which others have subsequently supported.[2 3]

Educational

For many the vacation was a first visit to tropical Africa and they were thrilled and challenged. For others it was a return to Africa, but sometimes after many years, and for them the advances and what made them possible were thought-provoking. For all, therefore, there was a large educational component.

A walk through the market could only be equalled by another. It was not just the little stalls of petty traders, but the women themselves and their children; on their backs, toddling around in the dust or as apprentice traders. Some visitors learned how to bargain with keen old Hausa men demanding to know "your last best price" to be offered.

Other members sought out strange trees and flowers, one paediatrician carefully committing them to sketch book and water-colour. Yet others may have slept with field-glasses around their necks in their ceaseless questing for new birds in town and forest. Everyone enjoyed the "lizard frolics" and "find the bullfrog" competitions, some went further afield to watch baboons and monkeys at play, while others, young and old, were hooked on the Ghanaian game of awarri, sat at it for hours each evening, and took sets home in beautiful wood. One paediatrician pursued exotic butterflies and returned with a very handsome collection. The head of the department of botany took the members on a personally conducted tour of the campus's botanical gardens while everyone was thrilled to see the great dug-out canoes come racing in, riding the surf with eight men aboard until they dropped the sail and the boat skidded on to the sand.

The old colonial castles westward along the coast were visited, while eastwards a brief look at the great new port of Tema was evidence of the modern miracle. A day was spent at the Akasombo Dam, behind which the man-made Volta Lake extends for 300 (483 km) miles—all that water and no easy money yet for getting it to the arid plains. Foresters took the group to an arboretum of tropical forest far from the road to show how the great trees were cared for, and workers from a cocoa research laboratory took it to a cocoa plantation to explain the techniques of the farmer and the diseases of the plant. The coach drivers and guides entered into the spirit of the occasion and pointed out crops like yam and cassava which many had not seen before. Many sampled bananas, paw-paw, and pineapple.

The visit to Kumasi, capital of the great warrior tribe of Ashantis, was particularly memorable because the group was granted the honour of paying a courtesy call on the new King of the Ashantis, the Asantahene. He was addressed in the traditional manner. The group leader spoke to his secretary, the secretary to the Asantahene's official linguist, and the linguist to the Asantahene himself. The King's reply came back through the same line of communication. The scene was magnificent even though the palace is unpretentious—no bad thing in a developing country.

From Kumasi the group toured neighbouring villages which specialized in particular crafts and watched the villagers at their "cottage industries"—weaving, dying, printing, embroidering, wood carving, pottery, etc. On one evening Mrs. Peggy Appiah (known more familiarly to some as the daughter of the late Sir Stafford Cripps) honoured the party with a visit. After dinner everyone sat around her while she told us of Ghanaian family life, answered hosts of questions, showed part of her large collection of Ashanti gold weights, and explained the proverbs associated with them. Mrs. Evans-Anfom, wife of the vice-chancellor (himself a surgeon), who was out of town, also attended and took part in the lively discussion.

There were museums of African culture in Accra and Kumasi which many visited but the *pièce de résistance* in this field was a night of fantastic African dancing drawn from many tribes. The cultural centre in Kumasi transported its festival-winning team to its sister department on the Legon Campus, where for the equivalent of 70p from each of the group they presented the kind of dancing and drumming that group members will not see again unless on a return visit. Perhaps the climax was the last dance in which lady dancers jumped from the stage and collected paediatric partners. One senior and distinguished paediatrician, after some initial reluctance, entered nobly into the spirit of the occasion and shuffled, gyrated, and jumped with the best. Such an action can be more effective in the area of race relations than a goodwill speech from a politician.

Hot gospel meetings in down-town Accra were highly recommended by the head of the cultural centre and some of the more courageous extroverts went there to dance the conga round the chapel and past the collection plate shouting "Hallelujah" with the rest. The fact that they had to borrow money from an African woman to donate to the collection rather lowered the tone.

RELAXING AND SOCIALIZING

There was time to relax. The Acapulco beach club has three pools of varying depth and the deepest has a 10 metre diving

stage. Wide concrete surrounds are liberally supplied with shady umbrellas, cold drinks can be purchased, and packed lunches are encouraged. A mutually satisfactory deal was done with the Lebanese proprietor—the equivalent of 33p for a day ticket, while 66p would secure a 14-day ticket.

A glorious beach fringed with coconut palms exists east of Tema. A friend loaned his beach hut since he was in Europe and the packed lunches and drinks were delivered right to the door. A similar beach exists just to the west of Accra but people became addicted to the beach in Accra itself where the surf and freedom from rocks made surf-riding possible. Some members went back to hospital to observe it at work; some took days off to relax on the campus; there was no pressure on anyone; the buses were paid for whether they moved or not.

There was also time to make social contacts; to demonstrate that the paediatricians of Britain and Ghana had much in common. The British group entertained their Ghanaian colleagues and their wives in hall one evening and conversation and refreshments flowed easily on the loggia until midnight. They also had the honour of entertaining the vice-chancellor, Professor Alex Kwapong, a man of great distinction. In return the group was honoured by a reception given by the Ghanaian Commissioner for Health in the late President Nkrumah's personal suite high above Black Star Square. It was entertained also to a similar reception given at his home by His Excellency the British High Commissioner to Ghana. He had thoughtfully invited a great number of people who might be interested in the group. The Salvation Army nursing sisters and an order of nursing nuns earned the respect of all.

There were, of course, lots of friendly dinner parties given by Ghanaian academics, army doctors, and British expatriates who took this opportunity to entertain old friends. The last night was remarkable, however, for the reception given by the vice-chancellor himself. He spoke to the group warmly, hoped that the British paediatricians would return, and that effective links could be formed which would be mutually helpful.

Total Cost

The total cost per person inclusive of return travel by air from London to Accra, board and lodging, coach tours in Ghana, insurance, entry permit, and expenses incurred in stationery and mailing by the department of child life and health of the University of Edinburgh was £145.

By common consent everyone left extra tips for room boys, table boys, door keepers, guides, and drivers, but the total would not exceed £3·50 from each participant.

Health

The inevitable vomiting and diarrhoea affected a high proportion of the group but was generally mild and seldom, if ever, interrupted the sufferer's programme for more than a day and sometimes not at all. The group was, of course, well supplied with medical advice and one paediatrician was searching at one point for a drug to relieve his constipation. Two "surfers" had prostrating attacks of vomiting but recovered spontaneously and another tangled with his surf-board on his first day and had stitches inserted skilfully at the local hospital. Two people produced growths of salmonella with exotic names but gentle habits from their stools, and many probably have not had theirs checked. One case of falciparum malaria in a 12-year-old fortunately responded rapidly to chloroquine. She and the family cheerfully regard this event as having added a touch of extra glamour to the whole expedition. The drug house which supplied what was thought to be a complete prophylactic is less content.

Purpose Fulfilled?

The developing countries are full of children—half their population are children. Half their deaths are among children under 5 years of age. Their people ensure help for their old age by having so many children that enough will survive to care for them. They are uninterested in family planning until the survival of children can be assured. These countries should provide their own medical and nursing personnel. Western nations, also under-doctored in a very relative sense, cannot afford to part with their expensively trained practitioners. Developing nations are right to decline having them (except at certain points in their progress and in certain circumstances) since they retard the maturation of indigenous graduates by withholding final responsibility. The loss of Western doctors into the needy field areas of the developing world would contribute little to the teeming world population but could cause relative hardship at home. The developing world does not need British doctors to staff their rural areas (though everyone recognizes the great healing work of Christian mission hospitals of any denomination). They can still do with British doctors, however, not as heads of departments but as fellow-teachers to share the load and to partner indigenous colleagues in devising curricula and methods of both teaching and examining relevant to the community being served rather than to the British National Health Service or the examinations of the Royal College of Physicians or the American "paediatric boards."

Medical graduates still wish to visit Britain, not necessarily for examinations and diplomas but to acquire internal standards by which to judge an enlightened medical service, the respect in which nurses are held by doctors, and the new relationship between student and teacher or examiner. It would be appropriate if their British colleagues on such occasions had some personal practical experience of developing countries and the many problems common to child health in all. This is particularly true of regional postgraduate educational advisers in paediatrics. Postgraduate deans have a list of such advisers and the British Paediatric Association's Appendices[4] to its widely circulated 1968 report to council[5] provide information about the overseas experience of paediatricians in the United Kingdom. The Liverpool diploma in tropical child health course and the London U.N.I.C.E.F. course have set an example in this respect and have developed admirably enlightened standards as a result. As distinguished British paediatricians return from overseas service to take up influential posts in home centres, increased relevance and perspective in teaching are expected. This vacation was directed to achieving similar ends: (*a*) to provoke British paediatricians into thinking about providing some short-term help overseas on a strictly partnership rather than managerial basis; (*b*) to enhance the relevance of teaching overseas graduates in British centres by giving British paediatricians some insight into their problems. Both objectives may have been achieved. To critics who ask, "What can be learned in two weeks?" the group could reply, "Try it next time" or "Better to have travelled once than never to have travelled at all".

Planning, Administration and Message

It is hoped that this successful venture may set a pattern which other medical groups might follow. The most important ingredient for success in this case was a developing country with a welcome such as Ghana can give. The second was that the country in its quest for foreign exchange was prepared to offer a package deal on attractive terms—for example, reasonable student accommodation and meals (local foods may increase the attractiveness of the visit) and low-cost transport. Developing countries must recognize this need

when they are competing with cheaper vacations for Northern Europeans in ultra-modern hotels all around the Mediterranean, Adriatic, and Black Sea. Thirdly, the country lay on an air-route where low-cost fares are possible (through WEXAS). Fourthly, the group was carefully prepared for the "simple life" and no super-hotel standards. Finally, the planner had good contacts in the country itself.

The administration did not encroach on working hours. It became a hobby for the occasional evening and the odd weekend. It was a research project: an experiment in moving colleagues from one culture to another at a cost which might attract the adventurous spirits and in an atmosphere designed to foster racial empathy. It would have been impossible without a talented secretary. Neither WEXAS nor the Ghana High Commission would collect their own money and it had to be requested from Edinburgh, sent there, banked into a special fund, and forwarded to those concerned. Similarly refunds passed back through the same line of communication. In neither Accra nor Kumasi did university bursars accept individual payments and the group set up its own team of collectors. A £15 deposit per person on the air fare was not returnable after the flight was closed about four months before the date of departure. The balance of £75 was needed by six weeks before departure and technically there was no refund after that in the event of cancellation. By operating a waiting-list, however, it was always possible to substitute a replacement and return the fare to the non-traveller minus expenses. The Medical Insurance Agency insured against cancellation, premature return, etc. due to carefully specified circumstances.

An all-inclusive package-deal charge is recommended. This allows individuals to opt out of meals if invited to do so without leaving the university caterer with a meal for which he receives no payment. It may seem easy from this end to organize a "signing-out" system 24 hours ahead but for all sorts of reasons it is in fact almost impossible, as much because of the endless capacity of man to change his mind as because there is no telephone at the elbow.

Though this educational vacation was first mooted in the overseas committee of the British Paediatric Association and though the association simplified travel by taking out corporate membership of WEXAS, the project was an individual venture and not an official overseas visit of the British Paediatric Association. Now that success has been shown, it is hoped that other associations of medical specialists will consider taking their particular skills to the developing world and enjoy the experience. With the exception of the most important courses for paediatricians in Liverpool and London (for the D.T.C.H. and Unicef senior teachers which are cleverly geared to overseas needs in a way still difficult to achieve overseas for all who want them) courses oriented toward British diplomas now have little relevance to paediatrics in the developing countries. The overseas committee of the British Paediatric Association began to spell this out in 1968 and 1971,[1 4 5] drew favourable editorial comment from the *British Medical Journal* in 1968[2] and gained authoritative support recently from Professor J. H. Hutchison of Glasgow.[6]

Of course, there is still room and a welcome for men and women with their own national qualifications to come here to study curricular planning, teaching methods, systems of patient and community care, or a research tool over a relatively short time.[1 4 7] The tide which washed medical pioneers from Britain to the developing world and then keen young men and women from there to the land of the M.R.C.P. should now, however, be carrying us back to where we are welcome not as managers but as co-examiners, teaching partners, even servants. How better than by vacation to explore our reaction—husband and wife and even family—to a foreign culture? There is in fact a growing group of British paediatricians now in posts in Britain with much real experience of paediatrics in developing lands, from whom advice can be obtained about short-term or longer-term service. And even if we are not wanted or cannot be afforded or cannot find a locum, we shall be better informed on our return about the problems of others.

Other developing countries and other associations may wish to think about these remarks.

Thanks for the success of this experiment are due to many people. Dr. Ian Wilson and Miss Judy Sykes of WEXAS got us to Ghana and back. Professor Alex Kwapong, vice-chancellor, and Mr. Edzii, registrar of the University of Ghana, made sure of suitable accommodation on the Legon campus and of a happy stay; Mr. Asiedu, assistant registrar, not only met us at 2 a.m. but called daily at 8 a.m. to ensure that our programme was satisfactory. His staff provided a banking service literally at our front door to simplify cashing traveller's cheques. Mr. Bartimeus and Mr. Awuku of the State Tourist Corporation and Mr. W. D. Abankwa of the Akuaba Travel Agency were generous and scrupulous in planning our transport and sight-seeing, while Mr. John Francois planned our visit to the forest. At Kumasi University of Science and Technology we were deeply indebted to Professor Evans-Anfom, vice-chancellor, for making accommodation available to us on the campus and to Mrs. Peggy Appiah for her talk.

We are particularly indebted to the Ghanaian paediatricians (Professor Yaw Asirifi, Dr. Reindorf, Dr. Cardiakos, Dr. Boheene, Dr. Nkrumah, Dr. Ofuso-Ammah, and the liaison officer Dr. Blankson) for providing a brief insight into tropical child health. This is true also of Dr. Hammond-Quaye for the leprosarium visit and Dr. Warupa who took charge of the superb symposium at the Danfa Rural Health Unit.

Last, but only as a climax to our expression of gratitude we wish most respectfully to thank the Asantahene for permitting us to pay a courtesy call on him at his palace, the British High Commissioner, the Ghanaian Commissioner for Health, and the vice-chancellor of the University of Ghana for generous hospitality, and our drivers, guides, and room and table boys for unstinted friendliness and good cheer at all times. Without encouragement from the then Minister of Tourism in 1971, Mr. da Rocha, the fertile ovum would not have been implanted and without the administrative skills of Miss Elizabeth Meiklejohn aided by Miss Ursula Burnet, both of this department, the conceptus would have been aborted during organogenesis.

References

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