Where Shall John Go?

Nigeria

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Nigeria: Lassa fever; oil; hot. These are probably the associations which flash through your mind. A quick look at a reference book tells you that Nigeria is the richest and most populous country in West Africa, four times as large as Britain, with terrain stretching from mangrove swamps on the Gulf of Guinea to the semidesert of the northern border. There is a population of around 70 million, most of which lives off the land.

The reference book cannot show you the problems of providing medical care to people burdened with the diseases of both tropical and temperate zones; the need for training health personnel at all levels; and, perhaps most important of all, the determination of the government to bring the benefits of modern health care to every Nigerian, wherever he lives.

In this article I shall discuss the different ways in which a doctor can contribute to the health service in Nigeria, and the working and living conditions that he or she can expect to find. Obviously these will vary in different parts of the country, and between rural practice and the towns, but some generalisations are possible.

Objectives

A doctor who is thinking of working in a developing country must consider his objectives very carefully. For most people these will include one or more of the following:

EXPERIENCE IN CLINICAL PRACTICE

Any medical post anywhere in Nigeria provides very varied experience. Almost every disease seen in Britain occurs, at every stage of development, often in combination with the special problems of the tropics. Primary health care is not available for most people, and so the outpatient service of the hospitals has to deal with everything. In many parts of Nigeria health care is completely free, and demand is very heavy.

The facilities available for investigation and treatment vary from good in a university hospital to extremely restricted in some smaller Government hospitals. It is important to realise from the start that part of the doctor's contribution is to help to upgrade the service provided. There is no shortage of funds in Nigeria; what is needed is the expertise to plan, set up, and train staff to maintain a particular service. Inevitably this takes time, as all hospital equipment and most of the drugs have to be imported.

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TEACHING AND RESEARCH

Most doctors enjoy teaching, and this is one of the most important parts of the job. Every worker in the hospital and community health services is anxious to learn, and to improve his standard. Training schemes are getting underway for medical auxiliaries and community nurses. There are six medical schools established at present, and five more are planned. The integration of community and hospital care is emphasised in the curriculum, and in the new schools there will be great opportunities to develop different methods of teaching and evaluation.

There is a tremendous need for research into local health problems, and a well-designed project would be certain of funds. The medical schools have some facilities for research, but usually a doctor would be expected to bring his own expertise, and to establish a project himself. There is so much clinical material that topics for research abound—and the work is a genuine contribution to planning health care. The major difficulty is time, because of the demands of service work and teaching, and also in setting up a project from scratch. If, however, a doctor is prepared to spend three years, rather than the usual two, and if he is determined, he should be able to collect enough material for an MD thesis, or the equivalent.

SERVICE TO THE COMMUNITY

The shortage of doctors is such that the work carried out is virtually irreplaceable, and much responsibility rests on every member of the team. This is appreciated by everyone in the community, and a doctor enjoys much respect. The high cure rate makes even the most exhausting day in outpatients worthwhile, and provides a continuing education in the importance of preventive medicine.

CULTURAL AND FINANCIAL ASPECTS

For many people the opportunity of living in a country with a different culture is an exciting challenge. Each area of Nigeria has its own history and sociocultural system, and it is a privilege to become part of it, if only for a short time. Living in Nigeria is an excellent introduction to the strengths and problems of Africa, a continent which is having an increasing influence on world affairs.

It is impossible to be precise about remuneration because salaries and gratuities increase frequently, and the exchange rate fluctuates too—but almost always upwards in respect to sterling. Certainly, a doctor should not be worse off in real terms than in the hospital service in Britain, and some people manage to save quite large sums. Half the salary can be remitted to Britain, where it is not taxed provided that overseas resident status has been established. There is a useful lump sum terminal gratuity. Some senior posts in Nigeria are eligible for supplementation in tax-free sterling by the British Ministry of Overseas Development.

Some of the answers

Having discussed some of the benefits of experience in Nigeria, I will next consider some of the possible queries.

EFFECT ON CAREER PROSPECTS

As postgraduate training in Britain becomes more structured, this must be taken into account. A post in a university hospital would almost certainly be recognised for general training in the clinical branches of medicine. It may be possible to arrange a one- or two-year secondment from an NHS or university post in Britain. In any event, in my experience, returning doctors have had no difficulty in obtaining a higher grade post. Interview boards seem to be suitably impressed by the breadth of experience and responsibility provided by work in Nigeria.

COMMUNICATION WITH PATIENTS

The official language of Nigeria is still English, and this is used for all instruction after primary school. There is little difficulty in communicating with hospital staff and the urban community, but many of the patients speak only their own language, and an interpreter is necessary. Nigerians from different areas of the country have the same problem. In the northern part of the country Hausa is the lingua franca, and it is comparatively easy to learn enough to take a history. The other important languages are more difficult, but are certainly possible to learn.

POLITICAL STABILITY

In common with many other countries, 1976 was a difficult year for Nigeria. Given the Federal Military Government's determination to maintain unity, however, and the steady progress being made in developing a new constitution, the future looks more settled. The Government has specifically guaranteed the security of the many expatriates working in Nigeria, and no one has come to any harm, even during the most troubled times of the past.

THE FAMILY

The working member of the household usually thoroughly enjoys life in Nigeria, but his or her spouse may become bored unless they are employed in some way. Domestic help is relatively cheap, except in the largest cities, and there is no need to do housework. A work permit is necessary before taking up employment, and this may take some time to arrange, even if a suitable job is found. If the spouse has a university degree it is usually possible to organise a post in some branch of teaching before arrival, but nurses, secretaries, and others have more difficulty. The important thing is to recognise the problem in advance and plan accordingly.

Living conditions

Most people find the lifestyle extremely pleasant. The climate is hot by British standards, but one soon gets acclimatised. Children of all ages thrive, and enjoy the relaxed outdoor life. Some details on living conditions may be helpful.

Housing: this is provided by the employer at a very low rent. Unfortunately the demand far outstrips the rate of construction. Houses are in particularly short supply in the university towns, and one-child families may be allocated a flat. Furniture is provided, including a cooker and fridge, but soft furnishings, cutlery, and china are not.

Health: a full range of vaccinations and continuous antimalarial prophylaxis is essential. Most people keep fitter than in Britain, and the risk of catching Lassa fever is far less than that of having a road accident.

Schooling: primary education is virtually free, and there is at least one English vernacular school in most towns. There may be a waiting list for entry, and so it is advisable to book a place in advance. Secondary education is much more of a problem, as in many schools the curriculum is not geared to the British examination system. If boarding school proves necessary, the British Government may help with school fees and holiday passages.

Recreation: the long hours of sunlight and absence of commuting mean extra playing time, and most outdoor sports are catered for. In the northern part of the country riding is very popular. European-style cultural activities are in short supply, although the British Council does organise some events in major centres. The universities, however, have excellent libraries covering all interests, and there are cinemas showing a surprising variety of films. There are often local groups for drama, music, field study, and so on.

One of the interesting aspects of life is the multinational character of the university, teaching, and business communities. There is the opportunity to meet people from every discipline, and from most of the countries of the world, both East and West.

Food and drink: imported foodstuffs are widely available, but inflation is as troublesome in Nigeria as elsewhere, and they are extremely expensive. It is advisable to wean the family off baked beans and cornflakes. Locally produced meat, fruit, vegetables, and grains are of good quality, much cheaper, and full of fibre. Alcohol of every type is obtainable anywhere.

Manufactured goods: most things are available—at a price. The mark-up is two to three times the price in Britain, so it is sensible to take kitchen equipment, sewing machine, hifi equipment, and those sort of things with you. There should be no customs duty payable on "used personal effects." It is advisable to send goods airfreight, rather than by sea, because of delays at the ports. A special grant is paid to help with expenses. Peugeot and Volkswagen cars are now assembled in Nigeria, and these will suit most people. Low interest car loans are available. It is possible to ship a vehicle out, but import duty can be very heavy.

Travel: petrol in Nigeria is still about 30p a gallon, and many people spend their leave exploring various parts of West Africa. While Nigeria is not a "tourist" country, there is plenty to see of historic and cultural interest, and people are extremely helpful and hospitable to the traveller. Given the right visas, and a bit of luck with the frontiers, it is possible to visit Cameroun, Niger, Upper Volta, Ghana, Togo, and Benin, driving on good roads, and at minimal expense. The more venturesome may like to visit the Tuaregs of the Sahara on a camel, or to sail up the Niger river to Timbuctoo.

Different job opportunities

After all this, if you are still interested in working in Nigeria, what are the options?

POSTS IN A UNIVERSITY HOSPITAL

Hospital and university staffing is organised on the same lines as the British system, and similar qualifications are required for each grade. The newer medical schools have a greater need for expatriate staff than the well-established ones, but if you want to work in a particular area it is worth making inquiries, particularly in the "shortage" specialties such as anaesthetics and pathology. There is little difference in remuneration between equivalent university and hospital grades, but a university member of the faculty of medicine takes a greater part in curriculum development and the teaching programme.

A doctor qualified for less than five years would probably

be happiest working in a university hospital, where there are good investigative facilities and consultant supervision. It is important to discuss the prospects fully with the head of department concerned, and, if possible, with other doctors who have worked in the particular institution. It is surprisingly easy, in most parts of Britain, to find doctors with experience of Nigeria. Advertisements for vacant posts appear in the journals, but it is quicker to write direct to the dean of the medical school, or to the head of department concerned. It will probably take a year to discuss your objectives, settle the appointment, and obtain the necessary documentation, so plan ahead. The Inter-University Council recruits faculty staff for Commonwealth universities, and is an excellent source of information on employment prospects in medical schools. For those, whether junior or senior, who like the idea of helping to build a curriculum from nothing, there will be considerable opportunities in the new schools, for example Ilorin (which takes its first students in 1978).

EMPLOYMENT WITH A STATE MINISTRY OF HEALTH

Nigeria is divided into 19 states, and there is almost complete devolution of responsibility for health care to the State Ministry of Health. The staffing structure of the Government Medical Service is quite different from that of the universities, and the details are still under discussion. Generally speaking, a doctor with a postgraduate qualification and from five to seven years' experience would be graded as a specialist, and would receive a higher salary than the equivalent in the university. The terms of service and supplementation from the British Government are also more favourable. The job, however, is much tougher, and the working and living conditions may be less comfortable.

A mature doctor with extensive hospital or general practice experience, and five years or more to spend, could have a most interesting and rewarding job. Well-qualified Nigerian doctors are now being appointed to the senior administrative posts in the ministries, and there is great potential for developing a truly integrated health service.

Individual states advertise for staff from time to time, and the Nigerian High Commission should be able to advise on opportunities. Alternatively, write direct to the permanent secretary of the ministry of health in a particular state.

SERVICE IN A MISSION HOSPITAL

There are many hospitals founded by missionary societies in Nigeria, but their future is in some doubt in the changing structure of the health service. There is still a need for staff, and interested doctors should contact the Church Missionary Society, or equivalent bodies, for information.

EMPLOYMENT WITH PRIVATE COMPANIES

Occasionally posts are advertised for general medical duties in small hospitals maintained by oil companies and others. Terms of service are negotiable.

Nigeria—a challenging experience

Perhaps I have concentrated too much on the benefits of Nigeria to the visiting doctor. To achieve something in Nigeria you have to be prepared to give. To give, not just to patients during "working hours," but to all your colleagues, however junior, and to the community in which you live—it will be expected of you. Not everyone seeks this type of challenge, but if you can respond your talents will not be wasted. It's worth thinking about.

A patient has had bilateral cervicothoracic sympathectomy. Would tropical or desert climates have any deleterious effects on her?

There is no evidence that people who have had this limited type of sympathectomy have any deleterious effects in a tropical climate, be it either very dry or very humid. There would be a tendency for those parts that are not concerned with the sympathectomy area to sweat more, which might conceivably be a minor embarrassment but certainly not sufficient to warrant not going to that area. There might, however, be some problem for people who really have total sympathectomies in controlling the body temperature, particularly in very humid atmospheres.

What is the actual mechanism of hot flushes?

There are few known facts about this symptom. Flushes are restricted to the upper half of the body. They may be induced by stimuli that appear to affect mechanisms of heat loss, such as eating, stress, exercise, and being covered by bedclothes. Sweating and a sensation of feeling cold may follow and, occasionally, dizzy spells, palpitations, and changes in blood pressure. Flushes are associated with declining ovarian function, low blood oestrogen concentrations, and high gonadotrophin ones. In ovarian dysgenesis, when these same hormone responses are seen, there are no hot flushes, nor do they occur in young castrates. Injections of gonadotrophins to stimulate ovulation in the infertile do not normally cause hot flushes. The effectiveness of oestrogen treatment in suppressing hot flushes, together with the above evidence and probably exculpating gonadotrophins, suggests that the low concentrations of oestrogen, in patients whose vascular systems have been exposed to it over a reproductive lifetime, are the essential "cause" of this unique symptom of the climacteric. But many other changes occur in several endocrine organs,[1] which may or may not also be implicated. Some of the symptoms could be ascribed to adrenaline, which could be secreted in response to psychological stress caused by the symptom, or there could be other factors.

Given that it is the low concentrations of oestrogen that are primary, the problem is where the deficiency is producing its effect. There is the local anatomy and biochemical and physiological control of skin blood vessels to be considered, and also the functions of the autonomic nervous system, spinal, medullary, hypothalamic, and cortical centres in affecting skin blood flow. In the anterior part of the hypothalamus is a "heat loss centre" that when warmed causes skin vasodilatation.[2] The cells of this area may become unstable when they are unable to adjust to a low concentration of oestrogen to which they have previously been habituated. Sex steroids do affect central nervous system function, and clinically this may be seen at the cortical level in the mental changes of the premenstrual syndrome. This may also suggest a cortical factor in the genesis of hot flushes, for the psychological upsets of the climacteric are well known. These may have a social basis as well as a metabolic one, but however they arise they may find physiological expression in the vascular reactions of flushing.

[1] *Combined Textbook of Obstetrics and Gynaecology*, ed J Walker, I MacGillivray, and M C MacNaughton, 9th edn, p 671. Edinburgh, Churchill Livingstone, 1976.
[2] *Physiological Basis of Medical Practice*, ed J R Brobeck, 9th edn, section 3, page 169. Baltimore, Williams and Wilkins Company, 1973.

What is Icelandic disease?

It is the eponymous name given to benign epidemic myalgic neuromyelitis or epidemic neuromyasthenia,[1] also known as Akureyri disease and Royal Free disease,[2] and by many other names. As the taxonomic name implies it is characterised by encephalitic features with definite psychological disturbance, severe muscle pain, and a tendency to relapse over the course of years. The cause is unknown, but has been variously attributed to a virus or to hysteria because of its explosive occurrence in "epidemic" form in institutions.

[1] Acheson, E D, *American Journal of Medicine*, 1959, **26**, 569.
[2] Staff of Royal Free Hospital, *British Medical Journal*, 1957, **2**, 895.