

CORRESPONDENCE

Deaths from asthma on holiday I W B Grant, FRCPE, and G K Crompton, FRCPE	Prevention of haemolytic disease of the newborn due to anti-D J E Earis, MRCP	Cost of treating pseudomembranous colitis I Hamilton, MRCP, and I F Pinder, MRCP
Problems of overseas doctors F I D Konotey-Ahulu, FRCP; G Dick, FRCP; K Korlipara, MB; W F W South- wood, FRCS; J G M McLean, MRCP; A W F Lettin, FRCS; G A Moge, MD; W A M Cutting, MRCP	ABC of blood pressure management C G H Maidment, MRCP	Depression of cellular immunity as an index of malnutrition in surgical patients A J McIrvine, FRCS, and J H N Wolfe, FRCS
Overseas doctors and the problem of "chronic trainees" G T Watts, FRCS	Treatment of mild and moderate hypertension B Isaacs, FRCPE; J A P Trafford, FRCP	Are fibre supplements really necessary in diverticular disease of the colon? M H OrNSTEIN, FRCS, and others
Prevention and care of disabling chest disease J T Hart, FRCGP	Ruptured popliteal cyst and pyogenic arthritis J G Taylor, FRCS	Pathologists and head injuries D J Gee, FRCPATH
How should we talk about acute leukaemia to adult patients and their families? R K Woodruff, FRACP	Successful plasmapheresis in the Miller-Fisher syndrome R P Brettell, MRCP; A Gerard, MD	Amiodarone increases plasma digoxin concentrations A Achilli, MD, and Nicola Serra, MD
Psychiatry in the general hospital M J Heath, MB; C M Bass, MRCPsych, and Charlotte Feinmann, MRCPsych	Successful treatment of D-penicillamine-induced breast gigantism with danazol P J Rooney, MRCP, and J Cleland, MRCP	Medical education and the community H N Goodall, MB
Helping patients with strokes P R V Tomson, FRCGP	Prostaglandins in obstetrics R J Lilford, MRCP	Bank holidays and the NHS J Haworth, MRCP
"General Practice Revisited" Ann Cartwright, PHD, and R Anderson, MSC	The needs of animals and men Mary-Elizabeth Raw, MRCVS	Points Hazards of unemployment (R J Gallow); Are fibre supplements really necessary in diverticular disease of the colon? (D A Watkins); Toxoplasmosis (R J Harrison); Vaginal candidiasis and anaemia (G McNeish); Nose bleeds (A H Hodson); Left and right (P E Jackson); Unilateral outward-turning leg in infancy (J Williams); Actions of disodium cromoglycate and ketotifen on exercise-induced bronchoconstriction (C S Livingstone); Big books or megapolytomes? (C D Needham); "Who Will Deliver Your Baby?" (W Love)
Diagnosis of deep vein thrombosis using indium-111-labelled platelets A Fenech, MD, and others; R P Grimley, FRCS, and others	How to take blood from patients who have hepatitis B N R Grist, FRCPATH; A C Ames, FRCPATH	
Health education and the media P Thomson	Predictive value of paired plasma and serum viscosity in early rheumatic conditions E Ernst, MD	
	Prescribing clindamycin R Wise, MRCPATH; D W Milligan, MRCP	

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Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by *et al*; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Deaths from asthma on holiday

SIR,—Many respiratory units in the United Kingdom and several other countries have now adopted schemes similar to the Edinburgh emergency asthma admission service¹ in an attempt to prevent avoidable deaths from bronchial asthma, and it is generally believed that such schemes may have saved a considerable number of lives. A few days ago, however, a 19-year-old female patient on our emergency admission list died from asthma while on holiday in the Isle of Arran. This tragic occurrence prompted us to review our records of deaths from asthma outside Edinburgh, including those which had taken place before the emergency asthma admission service was inaugurated, and we found that three other patients had died while on holiday, one in a caravan camp at St Andrews, the second on the Isle of Man, and the third in a remote Highland village. It is quite possible that all the four patients would have survived if they or their companions had known where to seek expert hospital care, but in each case the circumstances were such that a fatal outcome was virtually inevitable.

With emergency admission schemes patients with potentially lethal asthma are relatively

safe so long as they remain in their home environment, but it is clear that we have underestimated the danger to which such patients are exposed while they are on holiday, particularly in remote places. We therefore intend in future to ask the asthmatic patients on our emergency admission list to let us know when they are going on holiday, and where, so that we can inform them of the location of the nearest hospital to which they can be taken immediately if they develop a severe attack. There are, of course, particular problems with foreign travel, and we always try to persuade our patients with severe asthma to take their holidays somewhere in the United

Kingdom. Wherever they go, however, we invariably advise them to take a stock of prednisolone tablets with them, so that they can start treatment with this drug immediately if they have a major recurrence of asthma.

With the approach of the holiday season, we feel that the warnings and advice given in this letter have a pertinence that is not always recognised.

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¹ Crompton GK, Grant IWB, Bloomfield P. *Br Med J* 1979;ii:1199-201.

Problems of overseas doctors

SIR,—Dr Richard Smith's comprehensive analysis of the problems of overseas doctors (28 March, p 1045; 4 April, p 1133; 11 April, p 1214) deserves a comment from an overseas doctor.

Firstly, I consider the most significant statement in his articles to be related to British-born gradu-

ates: "Finding good training posts and career jobs once trained remains a testing obstacle course for home graduates" (p 1214). We overseas doctors must italicise this statement because it will help us tackle our own problems properly. For to expect that it should be less hazardous or traumatic for us is ludicrous.

My second observation is that the British-born