Uganda Asians

SIR,—We would like to support Dr. D. G. H. Patey's observations (11 November, p. 362) from our experiences at Heathfield Camp, Honiton.

Between 8 and 30 October 1,653 Asians entered the camp. None had been medically examined or x-rayed in this country and this was done on arrival, with the exception that children under 13 and pregnant women were not x-rayed. The short clinical examination consisted of an inspection of the throat and skin, a search for enlarged lymph nodes, and examination of the heart and lungs. Questions as to past medical history were asked and any medical documents in the patient's possession examined. In particular the patients were questioned as to malaria, and those who were on suppressive drugs, generally those who had not been living in Kampala, were given sufficient of the drug to complete the suppressive course.

The immigrants showed remarkable composure and almost good-humoured acceptance of their fate, although this may have been relief at their escape. In all, 236 were found to be suffering from some condition requiring observation, immediate treatment, or recall for further investigation. There was a fairly large group suffering from what we thought to be the effects of travel; headache among adults was very common—so common in fact that it was not recorded, aspirin being given as required. Backache was complained of by 24 people, and painful feet or swelling of the ankles by four. Four persons had pyrexia of unknown origin and 10 were exhausted. There was also quite a large group with abrasions, blisters, or boils.

Respiratory conditions were recorded in 68 persons, including 14 with bronchitis, 13 with asthma, and two who had been on treatment for tuberculosis. During the first three weeks in the camp 111 respiratory tract infections were treated. Thirteen persons complained of abdominal symptoms, but there was only one case of frank diarrhoea and vomiting; stool examinations showed no pathogens. Four had genitourinary conditions; no schistosomiasis has been found. There were 26 persons with circulatory disturbances, including 12 with heart murmurs, two with coronary ischaemia, and 12 with hypertension, one having early heart failure. Twelve persons on treatment for diabetes were noted.

There were 16 with orthopaedic conditions, including six with arthritis and one in plaster having broken a tibia and fibula some three weeks before; this plaster had to be removed owing to swelling of the foot. There were three persons with residual disabilities from poliomyelitis, one with congenital dislocation of the hip which had been operated on with a poor result, and one with "congenital" hemiplegia. There were 11 persons with ophthalmic conditions, including four with cataracts and one blind person.

The miscellaneous group (37) included 10 persons with fungus infections of the skin, one epileptic on treatment, and one alcoholic who was drying out and had to be given paraldehyde. There was also an elderly incontinent woman with osteomalacia and oedema due to hypoproteinaemia who was admitted to the geriatric ward of the local hospital. One patient with Parkinsonism was also a diabetic and had had a coronary thrombosis. One case of gout was recorded and two of carcinoma.

Nine persons whom it was thought might have malaria were given a course of chloroquine and two were sent to a local isolation hospital, the diagnosis being confirmed there. All other blood films did not show malaria parasites.

Ten pregnant women were noted on entry and five more later, making 15 in all. A high incidence of iron deficiency anaemia was found in the women, particularly among those pregnant, and the abdominal muscle tone of those who had had children was very poor.

From our experience the examination of blood films and specimens of faeces from all camp entrants would produce a result quite incommensurate with the effort involved.—We are, etc.,

R. S. K. ESSAME
R. C. MACLEOD

Honiton, Devon

Twenty Copies, Please

SIR,—It is the small abuses that exasperate the most, and a protest should surely be directed to the Governors of St. Bartholomew's Hospital for their advertisement for two senior registrars in radiology (11 November, p. xxxix), and to you, Sir, for accepting it.

They demand *twenty* copies of the application of each candidate. We all know what pride they take in the antiquity of their foundation; do they glory in an equally antique method of conducting their clerical business? Have they no monks or scribes left, busy with their goose quills, to copy out the applications they receive? Or even such new fangled machines as duplicators and photocopiers?

This matter of the number of copies of applications required has been discussed in your columns previously, and I had thought that these demands on junior doctors were a thing of the past. You, Sir, can bring this about by not accepting advertisements with such ridiculous conditions.

Since I am protesting about the discourtesy of the Governors of St. Bartholomew's, I am doing them the courtesy of sending twenty copies of this letter directly to them. I hope that they will distribute it round their mailing list, not forgetting to send a copy to the new managers whom they will be acquiring shortly.—I am, etc.,

R. EBAN

King Edward Memorial Hospital,
Ealing

Making Hospital Geriatrics Work

SIR,—The paper by Drs. H. M. Hodgkinson and P. M. Jefferys (2 December, p. 536) gives us much to think about. All they say about the effects of a waiting list must be true. There is nothing so frustrating in geriatrics as being forced to be unhelpful so often. The general practitioner is advised to refer his patient to an acute ward, where the immediate problem is dealt with, but one often has the feeling that thereafter the patient is shunted into a siding while the express of acute medicine goes by and, all too soon, unstimulated and unplanned for,

he has become "geriatric" and consciences are salved by putting him on the waiting list.

It is one thing to decide "how not to have a waiting list," but it may be quite another to discover how to get rid of one. The "fight against time" has been lost and a seemingly unending queue of old men and women wait to get in. But what if our therapeutic effectiveness is really blunted, as is suggested? Is it not worth trying once more to practise active geriatrics before finally succumbing to the we-need-more-beds syndrome? All low turnover departments should consider undertaking a controlled trial by splitting the unit in two, one to continue their present policy, and one whose brief it is to try to get rid of the waiting list by following Hodgkinson and Jefferys's advice.—I am, etc.,

R. G. COOPER

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Polio Vaccination and Tuberculin Test

SIR,—Recently I examined two small groups: (1) 105 females based in London, of median age 19 years, age range 15-28, of clerical or secretary/typist grade; and (2) 32 males of median age 24 years, age range 20-39, skilled young men who work abroad. With the time test in group 1 approximately 25% were non-convertors, and with tuberculin 1/1000 in group 2 37% did not convert; 14% of the females and about 9% of the males had had B.C.G., but were negative reactors. When questioned in addition about vaccination against poliomyelitis with the oral (Sabin) vaccine the great majority could not remember having a basic course. Many could recall having had "injections" and some an isolated oral dose.

It might be inferred that these are findings typical of any group holidaying abroad or going abroad to work and might indicate that there is a considerable number of our population at risk. A well-documented vaccination booklet showing basic courses of vaccination with boosters and tuberculin conversion seems to me to be a necessity today, to be retained along with one's passport.—I am etc.,

W. F. J. M. THOM

London E.C.3

Pathologists in Distress

SIR,—The letter from Dr. J. G. L. Cole and others (23 December, p. 735) applies in all respects to pathologists. As they record, the Consulting Pathologists Group Committee has tried to convince the Department of Health and Social Security of the likely consequences of their numerous new regulations. It is probable that pathologists may not be so severely affected financially at present as some radiologists, but losses of perfectly legitimate income are likely to be quite considerable to some individuals. If the letter of the Brodrick Report is applied, very serious losses indeed will be suffered.

We have repeatedly drawn attention to the increase in work load likely to result from the Department's intention to open the hospital laboratories to investigations from the new Employment Medical Advisory