should begin at birth. The best results are obtained when children are treated in a special clinic with orthopaedic surgeon, nursing staff, and physiotherapists to supervise the patients' care.

Stretching and strapping with early elongation of the tendo-calcaneus when necessary has proved to be the most successful method of treatment. In our clinic 206 children have been seen with clubfoot and 327 feet with severe or moderately severe deformity have been treated with stretching and strapping from birth. Of these, 136 feet needed tendocalcaneus lengthening at 3 months. Two subsequently had a medial release operation, two tibialis anterior transfer, and two had calcaneocuboid arthrodesis. The results are sufficiently encouraging for us to reassure parents who have children born with this condition that a successful outcome without further surgical intervention is highly probable. If recourse to further operative treatment is necessary the results become progressively less satisfactory as the skeleton of the foot becomes more mature.

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Where Shall John Go?

Newfoundland

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"It is as though God had gathered together all the materials necessary for a great act of creation and then abandoned the task with the job only half done."

It was August 1973: I had arrived in Newfoundland two days previously and was sitting on Signal Hill—a rocky headland which provides a panoramic view of the harbour and city of St John's. The previous six months had been busy: I had leased my house; my work permit had arrived; and I had received my visa from the Canadian Embassy, who prophetically wished me a pleasant stay in Canada; I had visited the local library, and written to the Canadian Tourist Board but had been given little information about what to expect. I knew about fish; hunting; the inhospitable climate; and, since a schoolboy, had known the value of their stamps. One of my sources of information, which described a journey along the Trans-Canada highway, summed up Newfoundland in my opening quotation and that was the thought passing through my mind that Saturday afternoon. During the flight from Gander to St John's I had seen only water, rock, and forest, and my first impression of St John's was a hotchpotch of gaily-coloured wooden houses surrounded by gardens of weeds. In the next ten months, however, I was to develop a deep sense of belonging to this "island of the sea."

During the ice age soil and vegetation were stripped from Newfoundland and deposited in the sea to form the Grand Banks. The influence of the ice age remains, and Newfoundland's climate is determined by the Labrador current, which chills the shores,

bringing with it drifting ice in the spring and summer. Off the southern coast, over the Grand Banks, the Labrador current meets the Gulf stream and produces ideal conditions for a proliferation of living organisms from plankton to whales. It was this life within the sea that turned Newfoundland into one of the world's greatest fishing grounds. Regrettably modern fishing fleets, complete with factory ships, have shown a total disregard for the balance of nature; overfishing has resulted in a catastrophic fall in catches; and the Grand Banks are rapidly becoming barren. The decline in the fishing industry is Newfoundland's greatest tragedy.

From colony to province

Newfoundland was England's oldest colony until 1949 when it became Canada's tenth and newest province, a change which continues to be vigorously debated. Although the discovery of Newfoundland is attributed to John Cabot in 1497, we now know that the island was inhabited by Norsemen in AD 1000. The province of Newfoundland consists of the island of Newfoundland and Labrador (on the mainland) and covers an area twice the size of Great Britain, but it has a population of only 560 000. Almost all are of British descent and you may still hear West-country accents and the Irish brogue. The coastline is gashed and convoluted with 6000 miles of bays, inlets, and fjords. Everywhere there are hidden rocks and reefs—called, with awful realism, sunkeners. Part of the interior is barren, parts marshy, and there are large commercial forests. The most striking feature is the network of rivers and lakes and about one-third of the island is covered with fresh water.

Newfoundland is rich in history. Its placenames are unique and give a fascinating indication of the humour and hardships of the early settlers—Come-by-Chance, Seldom-Come-By, Run-by-Guess, Break Heart Point, Savage Cove, Little Paradise, Turnip Cove, Emily Storehouse Cove—and there is

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even a Doctors' Harbour and, when imagination failed, there is Nameless Harbour and Harbour Harbour. The island was inhabited by an indigenous tribe of nomadic Indians, the Beothucks. Little is known of their origin; tragically, they were persecuted and massacred by the early settlers and the last survivor died in 1829. In 1866 the first transatlantic cable was landed at Hearts Content; on Signal Hill, in 1901, Marconi received the first wireless signal to cross the Atlantic; and in 1919 Alcock and Brown took off from St John's for the first non-stop flight across the Atlantic.

A different pace

Life in Newfoundland is different: the pace is more relaxed, and the average Newfoundlander has little idea of time. Although Newfoundland is rich both in history and scenery, it was the people who made the greatest impression on me. I found them warm-hearted and friendly, and they have an intense love of their province. They have a superb sense of humour, often dry, and there is nothing more a Newfoundlander likes better than a good party or an argument.

Houses are constructed mostly of wood, have double glazing, double storm doors, and those in the city are all centrally heated with oil which is automatically delivered. Roads are poor and public transport scarce. A car is essential. Car prices are similar to those in Britain; insurance is a little higher, but petrol is much cheaper. On my arrival in St John's I went to the bank to borrow money to buy a car. I was greeted by my christian name, we discussed the state of affairs in "the old country," and I received a loan of 3500 dollars within 15 minutes.

There is little difference in the cost of living between Newfoundland and England, but I suspect that in recent months Newfoundland may have become a little cheaper. There are few shops in the downtown area and most shopping is done in supermarkets or department stores. The choice of goods available is not as wide as in our cities and the quality of fresh fruit and vegetables is often poor. Screech, a rough rum, is the traditional Newfoundland drink but most Newfoundlanders drink beer. Unfortunately, unemployment is high and strikes common.

Education is state supported. There are adequate kindergarten schools, and well equipped central high schools. There is a large new trade and technology school in St John's, and a number of district vocational schools and colleges of fisheries, navigation, marine engineering, and electronics. The university offers degree courses in the usual arts and science subjects.

Leisure and sport

The climate is erratic: summer is brief (the average temperature is about 65°F) and winter is long, extending from December until the end of May. My younger daughter (then 2) found the cold unpleasant, particularly if there was a wind, and a young housewife may find herself depressingly housebound if she has no transport. Nevertheless, winter can be enjoyed: the ponds are soon frozen, artificial ponds are created, and the whole family goes skating at weekends. Snowfall varies—once there was 20 inches in one day, with gale force winds of 97 miles an hour, and I was marooned in hospital overnight—a novel and enjoyable experience. I was particularly impressed by the speed with which roads were ploughed, and soon learnt not to clear my drive before the snowplough had been. Cross-country skiing is a favourite pastime on the east coast. On the west coast, where the winters are more settled, there is downhill skiing throughout the winter and Labrador has some of the best skiing facilities in Canada. A hardy person can always try his hand at ice fishing and the not-so-hardy one can drive his car on to the ice, and fish through the window.

Christmas is a magical time. I shall never forget returning from England on the last flight to St John's on Christmas Eve. I

had left England in the grip of the three-day week, and there was St John's covered in three inches of snow, my daughters overflowing with excitement, waving to me from the airport terminal, the houses and trees covered in fairy lights—the whole city looking like a winter wonderland. Christmas day was spent with friends, who had invited people from various parts of the world who were working in the university. Each family brought along a national dish and it proved to be a most memorable Christmas.

Newfoundland is a sportsman's paradise. There is excellent trout and salmon fishing, and deep-sea fishing for abundant tuna, crab, and lobster, and no one should visit Newfoundland without jigging for cod. There is some of the finest caribou and moose hunting in Canada in the interior of Newfoundland. For those Newfoundlanders without a weekend cabin, camping and canoeing are popular—there are 38 provincial parks with camping facilities, and many picnic parks. Bird life is varied—seabirds congregate in great colonies and if you are lucky you may see an osprey or bald eagle. There are no poisonous reptiles or snakes. In the fishing villages (or outports), houses and flakes (on which cod is salted and dried) cling like barnacles to the rocks. The water is crystal clear and if fish is being unloaded it is rare to come away empty-handed. In the autumn everyone goes blueberry picking, and the fall on the west coast is a match for any other Canadian province.

Life in St John's is less formal than it is in England. Friends are likely to drop in, and casual supper parties are frequent. There is an active theatre with performers ranging from Margot Fonteyn to the King's Singers, and St John's has its own symphony orchestra. Major European paintings are circulated from the Montreal Museum of Fine Arts, and the Newfoundland Museum has many exhibits including relics of the Beothucks and a section devoted to Eskimo culture. The Anglican cathedral, is one of the finest examples of Gothic architecture in North America, and a visit to the Confederation Building, headquarters of the Provincial Government, to hear a debate is a lively experience. All the usual sporting facilities are available and a new running track and swimming pool is being constructed for the summer Canadian Games.

Modern hospitals

I remember being asked at interview what it was like working in the backwoods of Newfoundland. How pompous some Englishmen are. The hospitals in Newfoundland are modern, well-equipped, better staffed, and have more facilities than the average hospital in this country. Newfoundland is over-doctored and there are a large number of hospitals, which has led to unnecessary duplication of facilities and waste of money. Although St John's accepts patients from the whole province, its population is only 115 000 and there are between 2000 and 2500 beds available in six modern hospitals. In the other regional cities—for example, St Antony and Corner Brook—there are well equipped modern hospitals and, scattered throughout the island, there are cottage hospitals run by general practitioners.

Travelling clinics visit the more remote parts of the province, in cases of emergency, a modern air ambulance service provides immediate transport for patients from such places. A project linking the peripheral parts of the province to St John's by television satellite is at an experimental stage.

Medical appointments

The faculty of medicine at Memorial University accepted its first students in 1969 and there are now about 70 graduates each year. The faculty is being housed in an impressive new health sciences complex and has about 80 full-time appointments and 70 part-time clinical appointments. There is a fully integrated programme of postgraduate medical education for interns and residents based on the major hospitals in St John's, and the

Charles S Curtis Hospital in St Antony (which is also the main centre of the Grenfell Mission).

Internships, which are recognised by the General Medical Council for the preregistration year, may be rotational—medicine, surgery, obstetrics and gynaecology, paediatrics, psychiatry, casualty, and an elective period, or undertaken in one of the major specialties. Specifically designed internships can sometimes be arranged. Interns are on duty not more than one night in three and receive three weeks holiday each year. Approved residency training programmes are offered in medicine, surgery, general practice, obstetrics and gynaecology, anaesthetics, pathology, paediatrics, psychiatry, and radiology; they last from two to four years, and are orientated to the particular requirements of the graduate. Previous experience is usually accepted by the Royal College of Physicians and Surgeons of Canada and it is possible to join a residency scheme at various stages if a vacancy exists. The faculty of medicine also offers MSc and PhD degrees in both clinical and basic science areas of medical research. Further information about internships and residency courses can be obtained from the dean, and detailed information of research projects that are currently being undertaken from the Secretary of Graduate Studies Committees, Faculty of Medicine, Memorial University.

Consultants may be in full-time university appointments, maximum part-time, or in full-time private practice. They all work from the major hospitals and, together with general practitioners, are paid on a fee for service basis. Although consultants in private practice earn considerably more than their university colleagues, the latter receive a number of attractive allowances, including a car, which help to lessen the gap. The various salary scales are shown in the table.

Hospital life is much the same as in England, though junior staff are more closely supervised and their progress carefully monitored. There are regular clinical meetings and excellent library facilities. The department of continuing medical education also organises regular symposia for residents and general practitioners.

Most general practitioners work from offices and tend to have office hours rather than specific surgeries. A family doctor service does not operate and a patient may seek the advice of any doctor, but a consultant may only see a patient if referred by a general practitioner. Home visits are few and domiciliary visits do not exist. More patients are likely to be referred to hospital than in this country, but general practitioners may admit patients to some hospitals to continue their care.

The necessary documentation

The ECFMG is not required by graduates from the United Kingdom. Although in the past graduates who had completed a full training course in a particular specialty and had passed the appropriate examinations were accepted on to the specialist register, now they are expected to take the Canadian fellowship. It is essential to take documentary evidence of all qualifications, registration with the General Medical Council, and a certificate of good conduct which can be obtained from the General Medical Council. The benefits of membership of the Medical Defence Union apply in Newfoundland where there is a local agent.

Insurance

The population is insured for comprehensive medical services under the Medicare plan which is administered by the province. No cash changes hands: the patient simply presents the doctor with a Medicare card—rather like a Barclaycard—with a computer number, which is then transferred to a computerised form. Nevertheless, patients have to pay for drugs except in special circumstances.

A hard land

Although one is protected by twentieth century conveniences, Newfoundland remains a hard land. It has a challenging environment and climate, and its uncertain future must lie in the mineral wealth of Labrador. But Newfoundland also has much to recommend it. It is an island of the past whose rare beauty grows on you as you begin to appreciate its history and problems. I made many friends, and have a multitude of happy memories. My only reservation is that there are too many doctors, and when vacancies occur they will probably be filled by Canadian graduates. If you are contemplating a trip abroad my advice is go, but undertake it with an open mind and a willingness to adapt.

Are you tempted by Newfoundland? If so you can be certain of one fact—you're welcome.

Salaries

	\$
Intern	12 750
Resident	13 750–16 750
Fellow	17 750
Consultant/GP	30–100 000

A male diabetic, stabilised on insulin and previously smoking quite heavily, has at last been persuaded to reduce this smoking but has found that this predisposes him to hypoglycaemic attacks. There have been no dietary or weight changes associated with this reduction in smoking. Is there any link between the reduction in smoking and the hypoglycaemic attacks?

There is no direct effect of changes in smoking habits on diabetic control. A reduction in smoking is often accompanied by subtle changes in dietary habits, which may go unrecognised. I suspect that this patient is eating some previously untried varieties of carbohydrate containing foods without necessarily altering his total calorie intake. Different rates of absorption of various carbohydrates may lead to hypoglycaemic attacks. Another possible explanation is that the patient is now exercising more vigorously. Could this have been the aim of reducing smoking in the first place?

Are there any known side effects from the daily application for one, two, or three years of calmurid solution to the scalp primarily for intractable irritation due to seborrhoea capitis and acne rosacea?

Calmurid solution contains 20% urea and is therefore hypertonic. Because of this smarting or increased irritation may occur especially if it is applied to already inflamed skin. The hair itself may become sticky and matted. More serious side effects are not reported, and true allergic reactions are extremely unlikely to occur since urea is a normal body constituent. This does not preclude reactions to the vehicle however. The patient might benefit from a topical corticosteroid applied to the scalp combined possibly with long-term low-dosage tetracycline systemically.

Is liquid paraffin for chronic constipation still considered a cancer risk?

The answer is "yes," but it is an exceedingly small risk. Some patients find it most useful for softening stools and making their constipation bearable, and it is perfectly reasonable to prescribe it when there is a genuine problem. Even so, it is better to give it four or five days a week rather than every day, and better to give it in the evening rather than in the morning, as the absorption of fat-soluble vitamins may be reduced. This advice would not hold for a patient with a hiatus hernia, however, as liquid paraffin might seep back into the oesophagus and spill into the lungs during sleep. The same is true for patients with achalasia.