between the two. It was in Moti Daman that the Portuguese and the more trustworthy Indian citizens had lived. Entering the walled city was like walking into a different country and an age gone by: cobbled streets; whitewashed, Portuguese inspired villas, bedecked with bougainvillea and standing next to once smart wooden houses now in a state of disrepair; any number of shrines to the Madonna; and three lavish churches made these few square kilometres contrast amazingly with the crowded, dusty, and bustling streets and bazaars of Nani Daman.

We visited one of the churches and had an enlightening discussion with the friendly and knowledgeable parish priest, Father Rodrigues. He told us that although all of the households within the walled city were Roman Catholic, those in Nani Daman were mainly Hindu. We asked him if he knew of any families with Portuguese blood and told him of the blue eyed porter we had talked to. He smiled as he told us that marriages between the Portuguese and the Indians had been forbidden, but yes, there was a lot of Portuguese blood around; to get a family to admit illegitimacy, however, would be difficult. He said that in the 'sixties, when the Portuguese left, some of the Indians from Moti Daman had emigrated to Portugal; most of them, however, had stayed but clung to the Portuguese way of life—that is, they spoke Portuguese, were devout Catholics, and kept to themselves, refusing to mix socially with the Hindu population across the harbour.

Hushed up illegitimacy

We decided that the families in Moti Daman were the ones that we ought to screen for the diseases that we had come to find. To begin with we went to the local

health centre and chatted with the doctor, who had been born in Daman and knew most of the families within the walled city.

"No," he said, "I know of no undiagnosed disorder or funny disease in any of my patients."

Regardless, we searched the dusty admission records of the past 10 years for an entry of what possibly could be one of our Portuguese diseases. . . . Nothing.

We spent the next five days in Moti Daman going from house to house asking about disease. We were overwhelmed by the hospitality offered by even the poorest household. The surnames Colaco and Machado recurred repeatedly, consanguinity was high, and it was not uncommon to see fair hair and light eyes. A blood connection with the Portuguese was always denied (although the people often gossiped in hushed undertones of how the grandmother of the family next door had often visited the Portuguese garrison commander's villa). We did find a large family with 10 members with autosomal recessive retinitis pigmentosa—that was the closest we got to any kind of hereditary disorder. We diagnosed probable pulmonary tuberculosis, malaria, amoebiasis, and one case of leprosy and sent the people with these diseases across to the doctor at the health centre. On our sixth day in Daman we saw the final family—the 450th. We spent our seventh and last day on the beach.

No, we had not found any rare and exotic Portuguese diseases in Daman, but we had learnt much about its people and had found ourselves a private bit of Portugal in India, where time had stood still. Since then we have been back to Moti Daman often, and on the last occasion Joseph, the blue eyed porter, insisted on carrying our bags free of charge.

Medical mishap in Turkey

Christopher Saunders

A fall down a black hole added an interesting (in the sense of a Chinese curse) experience to a cruise round the historical marvels of the Turkish coast. On the dim second floor of a tower in the mediaeval fortress of Anamur are two vaguely visible openings: one is the way down a dark staircase, the other opens into what may have been a disused well or store. Coming down alone I chose the wrong opening and feeling in vain for a step slithered down almost vertical rubble for about 5-6 m. Feeling bruised but, I thought, intact I optimistically contemplated struggling back up the rubble to the glimmer of light at the top—until finding that my left leg gave no support. The only hope was to yell for help; remote voices could be heard above. Shouts aroused no response, and I began to wonder what would happen when the tourists had left: How long before a corpse would be discovered?

Turkish Hercules

After an anxious half hour someone up above realised that my shouts from the depths might not be merely conversational. By good luck the English doctor from the cruise ship was within reach. Getting a rickety ladder and a torch he descended and quickly suspected a fractured femoral neck. Meanwhile, at the top a Turkish Hercules belayed a rope; he and the doctor hauled and pushed me up, with one leg on the ladder. Then, clinging round Hercules' neck, I was got down two narrow and dark staircases and driven in a

car to the ship moored at the small port. My wife, who had prudently refused to come up the tower, had been persuaded to return in the coach to the ship. She knew that I was missing but not what had happened. She was assured that I would be found and brought along later and that everything would be looked after.

The doctor, debating what could be done next, heard of a local hospital and there we drove. Of course, all this happened on a Sunday afternoon and the hospital could do nothing; but a doctor in the town with x ray apparatus was suggested. After more hauling up stairs to his surgery the diagnosis of a fracture was confirmed. The nearest possibility of treatment, we were told, was the university hospital at the provincial capital of Antalya—over 160 km away. Back in the taxi, the English doctor and I were driven to Antalya, the splendour of the Taurus mountain landscape (plus painkillers) slightly alleviating the pain of rounding at speed innumerable hairpin bends.

At the hospital, the first shock at the reception was that the necessary operation could be done but only if £2000, in Turkish cash, could be paid immediately. Surprisingly, this little financial problem was quickly solved: the shipping company's local agent appeared and returned within the hour with a wad of Turkish lire notes drawn somehow from the travel insurance. A Thompson prosthesis would be got by air from Ankara and the operation would be done in two or three days—"no problem" with money on the barrel to ease the hard pressed budget of the hospital. Having said

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Br Med J 1989;299:1593-4

Anamur Castle

goodbye to the enormously helpful doctor, who had to return to his ship and advise my wife, I was put into a five bed ward, with more painkillers for supper.

Black market nursing

Next day my wife arrived with our luggage and more assurances that everything would be looked after, medically and financially, by the cruise company. The English speaking surgeon then told us about the hospital regime. The main item was that the hospital would provide medical and surgical treatment but everything else was the responsibility of the patient and his family. So nursing care, day and night, would fall on my wife. So where could she be accommodated? A hard kitchen chair by each bed was indicated. Further, my wife must buy in the town (15 km away, where the agent had found her a modest hotel) medicines (a list was produced), washing materials such as basin and towel, and soap, and any food and drink beyond the basic, unappetising one course meals brought round on a trolley in the corridor. Bed, bedpan, and urine bottle

were the only facilities provided by the hospital. The black market, however, resolved this impossible situation for us elderly folk without contacts within hundreds of kilometres: one of the few day nurses from the operating theatre volunteered to add night shifts to her duties for a moderate fee. This she did, cheerfully and conscientiously, on the hard chair for 10-12 hours on each of five nights. A sweet girl with limited English, she would jump up at each movement I made. My wife did the daytime nursing but also had to spend many frustrating hours in the town getting money, buying medicines and washing equipment, telephoning home, and chasing the rather elusive agent to arrange our return—all with great difficulties of communication. She needed all the patience and inventiveness she could muster, while I could do nothing but remain passively in bed awaiting events.

A Turkish hospital ward is a kind of community centre, each patient surrounded by family and friends operating in shifts. Some would come around to survey the only foreigner with amiable curiosity, offering sweets or mineral water. Conversations, however, were limited to "Hello! How are you?" Communication was indeed a major problem. The idea that "everyone knows English" (or French or German) is just untrue. Apart from the surgeon, the nurse, and the shipping agent our only linguistic contact was an ambulatory patient—a schoolteacher of English—who proved an invaluable friend with whom, as with the nurse, we remain in correspondence.

The prosthesis was inserted as promised three days after admission. Judged by the fairly smooth recovery and by examination at home it was all very efficiently performed. Three days after the operation we were flown home, with stretcher and ambulance, all covered by the lifesaving insurance. There followed three weeks in the relative luxury of NHS wards at home and not too rigorous physiotherapy.

A moral for accident prone travellers: go with a devoted companion; have good travel insurance; keep with the group; brush up your Turkish—and watch your step in the dark.

Rheumatology in Rasiguères, 1989

John A Mathews

As I had let it be known in advance that I intended to conduct a rheumatological survey during my visit to the ninth "Festival de la Musique et du Vin" in Rasiguères it was no surprise that the visit turned out to be something of a busman's holiday, or rather a rheumatologist's romp. The main study population was to be the body of the orchestra, particularly its upper portion, and my wife was to be research organiser, record keeper, food and wine taster, and, in the event, physiotherapist.

The flight to Montpellier was not without interest. We had to meet the Welsh tenor soloist who would share our hired car to the small village in the Pyrenees. I could not imagine how we would locate him, but identification turned out to be easy. The cabin steward, who had been briefed, duly identified him as the only male passenger of rotund build brandishing the British banknote that features Florence Nightingale.

I learnt on the three hour journey that a singer's sang froid on stage can be offset by sang chaud off it. The soloist's image of his width made him feel at risk of injury as I inadvertently cut corners driving the left hand drive car on the right side along the narrow roads. I also learnt that most singers with valuable instru-

ments have them checked every six months by a throat specialist—not for arthritis of the cricoarytenoid joints but for node formation.

We arrived in time to hear a recital by Victoria de los Angeles in the main concert venue, the vaults. This whetted our appetite for the first full scale musical event that took place in the village church: a liturgical performance of Haydn's Nelson Mass. The Manchester Camerata, the festival's orchestra, consisted of 28 players and continuo and we were able to work out roughly how the survey was to be organised. But before I had left the church to contemplate lunch I was called back by the orchestra's travelling consultant physician to deal with a mundane sounding trumpeter's knee.

Trumpeter's knee

The history immediately indicated the fascination of the problem. The 23 year old Scots born trumpeter had been on tour in India when he and 20 other members of the orchestra were smitten with diarrhoea after eating chicken at the Oberoi Hotel in Delhi (where a group from the Royal College of Physicians of London was entertained by the Association of Physicians of India in

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Br Med J 1989;299:1594-5