should be able to go straight into general practice: he will certainly be medically well educated for this. Nevertheless, the goodwill of local doctors would be of paramount importance if he is to be successful, and this seems unlikely in the present competitive society.

At this stage, therefore, I would counsel caution to those British graduates who might consider emigration to France.

On the other hand, if what you want is a short-term visit of a year, then France is to be highly recommended. There are now many ways in which this is possible, as several organisations such as the British Council and the Ciba Foundation offer exchange bursaries with French hospitals for junior staff, either for clinical experience or for research. To those who decide on France I wish them "bon voyage."

Letter from . . . Brisbane

Going down first class

DEREK MEYERS

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Times never were normal—not within living memory. The Edwardian era led on to the first world war, the roaring 'twenties to the depression, the short-lived recovery of the 'thirties ended with the second world war. In Australia we had a period of postwar reconstruction coupled with a major migration programme, and then 20 years of prosperity. First came the wool boom of the 'fifties, then a brief expansion of the beef industry, a continuing demand for minerals, and on the domestic scene rising prices on the stock market and in real estate. In 1972 Australia had possibly the world's hardest currency, but November 1976 saw devaluation of 17.5% and the country in the grip of a malaise of epidemic proportions.

Australia's advantages

Australia has enormous natural advantages. We are surrounded by a wide expanse of ocean, policed formerly by Britain and more recently by the United States, and, though we can no longer look to powerful friends for protection, we have no immediate military threat in our vicinity. Our island is occupied by one nation, predominantly English-speaking, which so far has been free of the serious factional problems observed in some other countries with mixed communities. We export food; have vast reserves of coal, iron, bauxite, and uranium, for all of which there should be a market for many years to come; can at present provide some 70% of our oil requirements; and if ever solar power proved to be a practicable energy source will be a major exporter. With everything in our favour, with unparalleled prosperity as recently as four years ago, why are we now saddled with high-level inflation and unemployment?

Medicine is an inexact science, yet in the clinical context doctors seldom disagree—or when they do, can usually settle their differences rapidly and adopt an agreed policy, not only from a natural desire to be right, and to do good rather than harm, but also with the knowledge that errors have a habit of coming to light in the autopsy room. Lawyers are paid to dis-

agree, and it has always impressed me that, the barristers having gone to work on contentious issues, decisions can be upset in an appeal court. Even High Court judgments, handed down by the best legal brains in the country, are sometimes majority decisions. Economics is even less an exact science. No matter what policy a government adopts, economists will give every shade of opinion about it, from full-scale approval to total opposition, and one sometimes wonders how a cabinet, mostly laymen in the economic sense, can choose among conflicting opinions offered by heads of different departments, and conflicting but urgent requests from pressure groups of various colours.

Economic problems

Should we have devalued? The commentators agree that devaluation will not solve our economic problems, but will give us a breathing space in which to get value back into the currency. In platitudinous terms, this will mean sounder government policies, better management, harder work, and better industrial relations. It will also mean greater capital investment in industry, particularly by Australians themselves. Paradoxically, there is an enormous amount of money in savings banks, building societies, and finance companies, the impression being that people are apprehensive about the future, and wish to have a nest-egg available as at least a minimum protection against adversity. For some, possible loss of job or failure of a small business would be a major worry, while others may fear a decline in the value of an investment, knowing that the worst that can happen to savings in a safe place is erosion by the effects of inflation. Common to these fears is uncertainty or lack of confidence about the nation's prospects. In my reading of economics I have not come across many references to this factor of confidence, which may play a major part in emphasising swings of the economic pendulum. Over-confidence could turn prosperity into a boom, and anxiety a mild into a major recession. Economists should collaborate with sociologists to try to define the part played by confidence and to seek methods of modifying it. I suspect that press, radio, and television play a major part in undermining confidence. Bad news and disasters seem to produce more revenue for the media than reports of continued normality, and this style of journalism may help to turn anxiety into alarm, and alarm into panic.

Economic commentators have suggested that, while all-out capitalism and communism produce viable societies, our present

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mixture of public and private enterprise has not been a success, and may lead to worse conditions yet. To what extent is this due to unreal aspirations on the part of the majority of the population? In the 'thirties, cars, refrigerators, and washing machines were practically luxury items, and, although wages and salaries were low (for instance, a university professor enjoyed a salary of £A1100 a year, compared with a starting salary of almost \$A10 000 for a 22-year-old schoolteacher today), the average family was adequately housed, clothed, and fed, provided the breadwinner was in regular work. The average family now is equipped with a car, refrigerator, and washing machine. To this list can be added a TV set, and in many cases a second car, dishwasher, freezer, caravan, boat, or holiday shack, while youngsters who have had a few years in almost any job can take six months off and go abroad. But these items cost money, and inevitably can be afforded only by a community with a high income.

We now have reached a situation in which people in the professions, skilled trades, or at senior level of business and the public service can live well, in spite of the rural recession (almost catastrophic in the case of the beef industry), inflation, and serious unemployment, especially among school-leavers. Those less fortunate have their noses to the glass, looking at wonderful things that may for the rest of their lives be beyond their pocket. In bygone days, even the church taught that we must all accept our stations, that the good Lord had a purpose for keeping poor people poor, and that they should be happy in His grace and not expect better things on this earth.

This simple precept has long since gone, and it seems to me inevitable that those who do not have a large share of the world's goods will clamour for more, and will be prepared to take action collectively or individually by any means available, not excluding violence, embezzlement (the popular white collar crime), or simple theft to get what they want. With the advertising profession in full cry extolling the joys of the jet-set life, who can be blamed for wanting a bigger slice of the cake? And this being so, what is to happen to those whose aspirations exceed their capacity to earn the price of life's good things? Clearly, in countries behind the Iron Curtain, or run by military dictatorships, the answer is simple. Three choices are open—conformity, detention, or liquidation—in a way, reminiscent of the choice open to Remarque's young Germans in the first war—the trenches, hospital, or the common grave). Djilas explained how, in a Communist State, only the new class enjoyed life's finest amenities—and was jailed for his literary efforts.

For the bulk of the Western world there is no such simple answer, so that its strength is at the same time its weakness. The two-party political system means that the government of the day can represent, as a rule, no more than 52% of the population, and of that percentage, by no means a majority supports all of the government's platform. Our political and legal freedom enable self-confessed enemies of the social order every latitude in working to the detriment of the state. Benefits such as a 40-hour week (note that the number of hours worked can be much less than 40), four weeks' annual holiday with a 17% pay loading, and long-service leave all add to the cost of labour. High salaries and wages granted on the basis of industry's ability to pay are not reduced when its ability to pay declines. The evergrowing demand of government for money leads to a progressively higher taxation, with diminishing returns to those prepared to innovate, take risks, or simply work hard. There is little incentive to work hard and not much disincentive to indolence.

Doctors' privileged position

The medical profession in Australia is in a uniquely privileged position. With Medical Benefits Insurance and Medibank the doctor's account is almost guaranteed, and fees have risen steadily with increases in the cost of living. Because of the

ability of the private sector to increase its income, salaries of those in academic and other full-time positions have risen considerably, too. In general practice in most areas and in many specialties practitioners are still short, with no likelihood of a surplus for some years. Thus, in contrast to the man on the land, the small businessman and his employees, or the middle-grade company executive, the doctor has practically a guaranteed comfortable income—always provided he is prepared to earn it. One wonders how long this state of affairs can go on—both for the country as a whole, and for the medical profession in particular.

As Mordecai Richler put it, we're all going down together—you and I are going down first class. At the moment the medical profession in Australia has first-class travel, but the country as a whole has moved down a few decks in the last four years. Milton Friedman has suggested that Britain will soon go the way of Chile, that Australia is close behind Britain, and the USA is about 20 years back on the same road. At least we have been warned. Sir Mark Oliphant, the former atomic physicist, and recently retired Governor of South Australia, made an interesting observation that he and an old friend from Russia agreed with one another that the political systems in their two countries were thoroughly unsatisfactory, but neither was able to offer constructive suggestions about what should be put in their place. This sums up the national malaise. With everything in our favour, in terms of our history, geography, and natural resources, we seem to have mismanaged our affairs. It is little comfort that some other countries have done badly, while others again have considerably worse conditions. It seems as though it takes a national disaster of the dimensions of a major war or its aftermath, or a hostile environment, to produce from people the sort of effort required for continued national well-being. Perhaps the qualities that enabled man to emerge from the caves and jungles are not easily adapted to long periods of peace and prosperity.

What is the best treatment for a patient who has recurrent vivax malaria despite two courses of chloroquine followed by primaquine?

Recurrent vivax malaria could be due to true drug resistance, failure to take the drugs, or defective drugs. Several thick and thin blood films should be stained with 1:50 Giemsa for 30 minutes and examined to confirm the diagnosis of vivax as opposed to the other forms of malaria. The patient should be treated in hospital, and the doctor should watch the patient swallowing the drugs, examine the mouth afterwards, and preferably observe the patient lying in bed for half an hour afterwards to ensure medication compliance.¹ A conventional three-day course of oral chloroquine totalling 30 mg/kg (usually 1.5 g in adults) followed by primaquine 15 mg base (in adults) daily for 14 days should be administered by the doctor. Blood films for malaria should be examined daily, and daily urines on waking should be collected for analysis for chloroquine. If sequential oral chloroquine followed by primaquine does not eradicate the vivax infection then a course of chloroquine by intravenous infusion (10 mg/kg daily in 500 ml saline in adults) infused over four hours daily for six days followed by another course of primaquine should be administered.

If the intravenous chloroquine treatment is not successful, other drugs should be given such as a course of quinine by intravenous infusion (10 mg/kg twice daily for three days) followed by a single dose of Fansidar (pyrimethamine 75 mg plus sulfadoxine 1500 mg in adults).² This is a successful regimen for chloroquine-resistant falciparum malaria,² but is not normally used for vivax malaria. The clinical attack on vivax malaria (the blood form) always responds to chloroquine but the liver phase may only be eradicated after several courses of primaquine. Whenever possible the patient should be treated in hospital in a non-endemic area such as the Hospital for Tropical Diseases in London.

¹ Hall, A P, *et al*, *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 1975, **69**, 342.

² Hall, A P, *British Medical Journal*, 1976, **1**, 323.