<table>
<thead>
<tr>
<th>Previous History of Subject</th>
<th>Total No. of Episodes</th>
<th>Upper Respiratory Tract Symptoms</th>
<th>Lower Respiratory Tract Infection</th>
</tr>
</thead>
<tbody>
<tr>
<td>No wheeze</td>
<td>9</td>
<td>40 (71.5%)</td>
<td>9 (16%)</td>
</tr>
<tr>
<td>Asthma or bronchitis</td>
<td></td>
<td>23</td>
<td>2 (8.7%)</td>
</tr>
<tr>
<td>with wheeze</td>
<td></td>
<td></td>
<td>1 (4.3%)</td>
</tr>
<tr>
<td></td>
<td>79</td>
<td>42</td>
<td>10</td>
</tr>
</tbody>
</table>

Laboratory, Colindale. Preliminary analysis has not found any serotypes which are especially associated with lower respiratory infection or wheeze. Recurrent episodes of rhinoviral infection have been observed in many adults and children, but in only five subjects was the serotype the same as that isolated during the previous infection.

It has been impossible to determine whether the episodes of viral infection associated with wheeze were primary or reinfec-
tions. In either case susceptibility could be due to a defect of immune mechanisms but it would still be necessary to explain the occurrence of wheeze. In the case of reinfection this might conceivably be due to some form of hypersensitivity reaction. However, it seems that subjects who wheeze in association with viral infection are constitutionally different from the normal population because they have inherited or acquired bronchial hyperreactivity.

It is a pleasure to acknowledge the outstanding contribution of the Virus Department at the Brompton Hospital, formerly under the direction of Dr. J. M. Inglis and latterly of Mrs. Susan Yealland. I am, etc.,

IAN GREGG

Department of Clinical Epidemiology in General Practice, Cardio-Thoracic Institute, Brompton Hospital, London S.W.3.

Uganda Asians

Sir,—We have all known for some six weeks now that Asians in Uganda are to be robbed of their homes and possessions and expelled from the country that has been theirs for several generations. Among them will be at least fifty doctors and I have waited in vain for a lead from the British Medical Association to suggest what help the profession here can give them.

Medicine in East Africa has always had close ties with Britain, and general practice in urban Uganda in particular is conducted along lines very similar to our own. There are some thirty-five members and associates of the Uganda Faculty of our Royal College of General Practitioners and their secretary tells me that most expect to come, in the first instance, anyway, to Britain.

Two of your correspondents have in the past three weeks written to warn us of the hazards of imported tropical disease but some mention of the plight of our colleagues is conspicuous by its absence. As far as I can ascertain, neither the Department of Health and Social Security nor the B.M.A. has seriously considered any practical steps to help them and very few offers of either hospitality or employment have been made.

Recent developments in the Uganda capital may well have placed these doctors incommunicado for the moment. I beg the courtesy of your columns therefore to ask that help should be offered via the Association.—I am, etc.,

M. J. AYLETT

Corsham, Wilts

*"The Secretary states that the facilities of the Association's Personal Services Bureau at B.M.A. House are available. Inquiries would be welcome from Asian doctors from Uganda seeking employment in Britain. The bureau would also be glad to hear from G.P. principals in Britain who are able to offer them employment.—Ed., B.M.J.*

Sir,—The letter (16 September, p. 698) from Professor A. W. Woodruff is timely. It might be useful to keep one point with regard to bone and joint tuberculosis in non-Europeans which can be confused a diagnostician in Britain. Pyrexia, even a quite high swinging temperature, and an E.S.R. reaching 50 and over can easily suggest staphylococcal bone disease, though the lesion is, in fact, tuberculous.—I am, etc.,

F. H. STEVENSON

Royal National Orthopaedic Hospital, London W.1

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Royal National Orthopaedic Hospital, London W.1

Sir,—The opportune letter of Professor A. W. Woodruff (16 September, p. 698) concerning malaria among Uganda Asians is both timely and helpful.

Over the past 18 years nearly 3,000 blood films for malaria of people returning from tropical countries have been examined by the staff of this laboratory under the direction of Professor P. C. C. Garnham. On every occasion a questionnaire was sent to the sender of the films, and whenever a heavy infection with *P. falciparum* was found the hospital involved was contacted by telephone and our findings reported. The information provided by these questionnaires has enabled an analysis to be made and may be summarized as follows. (1) Over 90% of all imported cases from tropical Africa were *P. falciparum*. (2) A significant percentage were primary cases and occurred among people who had spent less than a month in Africa. (3) Of the many fatal cases all were *P. falciparum* infections, all were primary cases all of them died within a month of arriving home, none had taken prophylactic drugs (paludrine or dapsone) for the recommended one month after leaving the malarious area, and none had received treatment for at least seven days after the onset of fever.

It would therefore seem that children arriving from Uganda who may have acquired their infections a few days before leaving will be especially prone to severe attacks unless treated without delay, and this calls for early diagnosis. May I mention that, in addition to the units stated by Professor Woodruff where blood films may be sent for examination, specimens, preferably unfixed laboratory in the grounds of the Calcutta Medical School. It is dated the following year, 1898, when his decisive observations about the life cycle of the parasite were made.—I am, etc.,

J. D. SPILLANE

University Hospital of Wales, Cardiff

Palmar Dermatoglyphs in Wilson's Disease

Sir,—Hodges and Simon(*) reported an increased incidence of fingertip whorls in patients with Wilson's disease (hepatolenticular degeneration), particularly on the right thumb but also on the left thumb and the index and middle fingers of both hands. They correctly urged caution in interpretation of the results until these could be confirmed, and suggested that fingerprints "may be helpful as a genetic tool." How-

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*References cited in the text are not included in this natural text representation.*