obliteration of the lumen. The entrapped knuckle of intestine may become necrotic and perforate before localising features develop.

Our experience with two classical and unrecognised Richter's hernias in infants serves as a reminder to consider the condition in children. The course in the third patient, who became toxic after reducing intestine in the presence of coexistent enteritis, warns of the danger of manipulating inflamed bowel. The sudden development of shock and severe toxicity after manipulative reduction shows the respect that this condition deserves. It is imperative that any infant with incarcerated hernia should be admitted for careful observation, irrespective of the ease of reduction. In addition, the absence of a recurrent hernia does not exclude a persistent problem.

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(Accepted 2 June 1986)

Letter from . . . the Himalayas

The people stand up, the doctor steps down

T E LANKESTER

Our clinic in Perari was drawing to a close when the health worker from a nearby village asked if I would see a patient whom she had recently been treating. Grabbing my shoulder bag I followed Indra up the 1000 foot climb to her village, being thankful that it was the nearest to the clinic. We were ushered in to a small unventilated room, where a man was groaning with a lacerated, cellulitic leg. Before I could greet him he pointed warmly to Indra and commended her for the daily treatment she was giving him. Indeed, apart from giving a shot of tetanus toxoid there was little else I could add. After six months' training illiterate Indra was competent and caring. Before she qualified this man would have lain for many days without help, necessitating, at the very least, hospital admission. It showed me that appropriately trained village health workers acting as front line health troops can dramatically reduce morbidity and mortality and with it the aching fear which accompanies any illness when the nearest treatment is half a day's journey, one week's wages, and a cultural chasm away.

Village health workers

The use of village health workers in rural areas is now well established and India has an impressive number of health guides, as they are nationally known. Here in the Himalayas, however, there are great difficulties in training, supervising, and equipping such health workers, and this is compounded by the vast number, small size, and formidable scatter of hill villages. There is a need both for a high degree of commitment from the health teams and for methods suitable for such isolated communities. Needless to say, virtually no

qualified doctors are prepared to give long term service in such remote areas.

It is the well trained village health worker who is ideally placed to resolve the conflict previously referred to of patients presenting felt needs and of health workers wanting to treat real needs. In her role there is the added advantage of keeping health care based in the villages and of reducing domination of the project by professionals and outsiders. Reciprocally, this helps to lessen dependence on drugs and doctors and discourages a hand out mentality among both providers and consumers of health care. The rural world will be a poorer place if the health offered by the year 2000 has actually implanted dependence on doctors and medicine in place of a truly healthy community, learning through its village health workers to be self sufficient in its own health care.

Promoting good health

This, in turn, leads to another issue. Indian village health workers are traditionally women, and yet it is men who make the decisions and give leadership to the village. It is therefore essential that men are not only included in the health care process but take an active and informed part in it. Here, one immediately runs into a practical problem and a philosophical question. The problem is that men who consider themselves healthy have little interest in health matters, especially when it comes to prevention. Their interest is quite rightly, directed more towards practical activities such as ploughing fields and building houses. The question is whether or not people should be made health conscious. In the West health education can often lead to the emergence of a group of people whose all engrossing hobby becomes not only their own health but that of others too. A health dominated welfare system can easily manufacture a neurotic community, led by those with a morbid pre-occupation with potentially malfunctioning bodies.

Both problem and question may have a similar answer. This is to encourage activities which promote good health without centering the whole programme on a self conscious health obsession. Instead, good health becomes an important, planned for side effect of

North India

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activities which are in themselves wholesome and life affirming. In the inner city this may lead local doctors to encourage sports activities and local theatre as well as devising accurate recall systems for taking smears and measuring blood pressure. Here in the Himalayas it may lead doctors to encourage other activities which, though separate from health, will nevertheless improve the wholeness of communities. Growing better crops, building family latrines, planting fruit trees, and channelling clean water are just some of the ways in which the young people and men of the village can become concerned with and excited by a process which will have a greater impact on health than a ready supply of pills and potions.

Some health programmes in India have combined the use of village health workers with the setting up of local development committees, often known as young farmers' clubs. Such clubs take a leading role in health related activities such as crop improvement and feeding programmes. Committees and clubs working in tandem with health workers can help to imprint the secrets of healthy living into local folklore, which in turn will result in communities being more self assured and self dependent.

Response of doctors

What is the response of many doctors to such a life and health affirming system? Sadly, it is often to feel threatened, usurped, and indignant of change. Our self chosen priorities of career, prestige, and specialisation may not meet the real health needs of the world's poor. A great religious teacher once castigated the establishment of his day for the social crime of "not entering themselves and of forbidding others to enter." How easy it is for us to withdraw into our professional fastnesses and to shoot broadsides at the unqualified substitutes who have arisen to fill the health vacuum largely caused by our default. May it not be said by commentators in the years ahead that Health for All was won despite and not because of the doctor's contribution?

It may be a far cry from white coats and ward rounds, but if mystics believe that God came to serve is it asking too much that the doctor follows his lead? This may be the only hope for the future care of most of the world's people as Health for All by the Year 2000 completes its countdown.

Can cats cause epileptic fits in man?

Various pathogenic organisms may be carried by cats and transmitted to man, though it is uncommon to find evidence of disease contracted in this way. When it does occur, the manifestations may be localised but occasionally they become generalised, and meningoencephalitis, which may be associated with epileptic fits and focal neurological signs, is a rare complication. The diseases contracted through the excreta of cats include toxoplasmosis and toxocariasis. The cat is the primary definitive host of *Toxoplasma gondii*, the sexual part of the parasitic cycle taking place in the gut wall. The oocysts are excreted in the cat's faeces and the cystozoites may be found in raw meat, which if ingested may cause toxoplasmosis. In the acquired form generalised disease is rare in non-immunosuppressed patients but can cause an encephalitic illness with convulsions. Congenital toxoplasmosis affecting the brain gives rise to fits, hydrocephalus, mental retardation, and intracerebral calcification. It can be prevented if pregnant women do not eat raw or undercooked meat and avoid contamination with feline faeces. Toxocariasis may be caused by the cat ascarid, *Toxocara cati*, and the larvae migrate through the body invading various organs producing the syndrome known as visceral larva migrans. Generally this is a self limited disease but infection of the brain may cause seizures. The toxocaral skin test was found to be positive more frequently in a highly selected group of patients with epilepsy than in control subjects (7.5%:2.1%),¹ but this is a far cry from establishing that epilepsy is due to toxocariasis either of the *T. canis* or *T. cati* variety. For the prevention of human toxocariasis and infection with other animal helminths, deworming of cats and dogs and the handling of them with strict hygienic precautions are clearly important. Gloves should be worn when gardening in any area where cats may defecate and also when cleaning out cat litter boxes, a procedure that should be done daily. In the Orient eosinophilic and haemorrhagic meningoencephalitis with fits may be due to gnathostomiasis. This is caused by larvae of *Gnathostoma spinigerum*, a nematode that lives in the stomach of cats and various other animals.

Man usually acquires the infection by eating the raw or undercooked flesh of fish, frogs, poultry, etc, which act as intermediate host for the larvae. Scratching or biting by cats may cause cat scratch disease and *Pasteurella multocida* infection. These are usually mild self limited illnesses characterised by regional lymphadenitis occurring two to three weeks after an injury to the skin drained by the affected lymph nodes. Encephalitis is the most serious complication, which though uncommon may develop three to six weeks after the onset of lymphadenopathy. Fits may then be a manifestation but the condition usually resolves without sequelae. Cats can also have rabies and are no less dangerous than dogs when rabid; they can thus transmit the disease to man in whom a convulsive state may develop terminally. Although there have been only two isolated cases of rabies in the United Kingdom in the past 60 years, continued precautions are vital. More detailed accounts of these and other diseases in cats and their modes of spread are available.^{2,3} If they cause fits other systemic manifestations of the underlying disease are likely to be found, including eosinophilia in toxocariasis. Usually the fits will also be accompanied by other signs of cerebral involvement, and the diseases mentioned above should be included in the differential diagnosis once the more common causes have been excluded. In the United Kingdom in those who have epileptic attacks with no inter-ictal neurological or other systemic signs, and no eosinophilia, it is highly improbable that they are caused by cats. The diseases mentioned should thus be regarded as exceedingly rare

causes of epileptic attacks, and provided that deworming especially of young cats is done and hygienic precautions are taken (particularly by pregnant women and the immunocompromised) domestic cats kept as pets should not be a source of concern in this respect.—MICHAEL ESPIR, principal medical officer, Civil Service Medical Advisory Service, and honorary consultant neurologist, London.

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Do people with depression dream more about death than healthy people?

Yes. Morbid themes of all sorts characterise the mental life of patients who are depressed. This is true of dreams spontaneously recalled by day and of dreams elicited by deliberate awakenings during the night. Such awakenings are especially likely to be rewarded by reports of dreams if made during periods of paradoxical (REM) sleep. When this is done it is found that blind judges can later distinguish among the reported dreams of different normal people (reflecting their personality differences), can distinguish between a group of dreams from one night and several dreams from another night,¹ and between dreams of depressed patients, dreams of patients with other mental illnesses, and dreams of normal subjects.² The depressed patients have fewer morbid fears in their dreams when they have recovered from depression.³—IAN OSWALD, professor of psychiatry, Edinburgh.

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An 11 year old girl suffered an epileptic fit (followed by two hours of unconsciousness) half an hour after being given her second triple immunisation when a baby. The presumptive diagnosis of reaction to whooping cough vaccine was made by a consultant paediatrician. Is it safe for her to have a rubella vaccination?

Contraindications to rubella vaccine are a concurrent febrile illness, pregnancy, and immunosuppression either as a result of diseases or iatrogenic causes. Since it is a live virus vaccine it should be given either at the same time as, or at least three weeks apart from, any other live vaccine. A mild rubella like illness sometimes occurs after vaccination but other side effects are unusual. Although the cause of neurological problems after whooping cough vaccination are poorly understood, there is no evidence to suggest that rubella vaccination in the circumstances described would be associated with any similar untoward side effects.—ERIC WALKER, lecturer in infectious diseases, Glasgow.

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