Letter from Westminster

Smiles about rickets, gloom over whooping cough

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Success stories are sufficiently rare these days not to allow even quite a little one to pass unremarked, and Dr Gerard Vaughan is enthusiastic about this one anyway. The "Stop Rickets" campaign, which the Minister of Health launched last year and was due to end in March, is to carry on and provides the story. Most people are probably unaware that it has been taking place because it has been aimed at the immigrant population, particularly the Asians, among whom rickets is prevalent. The campaign, as well as proving effective in tackling a wholly preventable disease, has, to Dr Vaughan's delight, had some beneficial side effects. It has greatly improved links with the Asian community and, best of all these days, has not cost a lot of money. Dr Vaughan has been particularly active in launching the local campaigns that make up the national one, most recently the 29th in Gravesend. Of all the immigrant communities, the Asians tend to be the most isolated, partly because they cling to their traditional social habits, which means that women remain firmly within the family unit and simply do not know about diet deficiencies, and partly because of language problems. Rickets among the population generally was eradicated during the last war and to most people is a thing of the past. Dr Vaughan says that some of the health authority chairmen he has talked to insisted that they did not have it in their areas but when pressed to investigate came up with quite a different picture. In Sheffield, for instance, four general practitioners found 17 patients with rickets "just like that," and in Glasgow, where the disease was once commonplace, the Scottish Home and Health Department found that about one-third of Asian children were vulnerable.

Apart from the communications link, which is proving valuable in helping improve race relations generally, one of the other reasons Dr Vaughan is carrying on with the scheme is that it has brought a lot of other illnesses to light, including active TB and various dietary and malnutrition problems. The trouble is that a diet suitable to the Indian subcontinent simply does not contain the vitamins and oils needed in Britain's climate, and the campaign helps people understand what changes they must make. Dr Vaughan's pleasure at the economical nature of it all stems from the fact that the first year's budget of £70 000 is not yet exhausted, and that, of course, makes getting next year's money to allow it to carry on rather easier. He also cites the Gravesend campaign—like the others it consists of co-ordinating all the relevant information and enlisting the help of community leaders in seeing it reaches the right people—as an example of how a little can go a long way. It cost all of £250.

The other campaign that is taking the attention of ministers at the moment is the attempt by the Department of Health and Social Security to get more parents to vaccinate their children against whooping cough. In the last decade the number of infants vaccinated dropped by half. In 1972-3, 79% of children were vaccinated; in 1980-1 that had fallen to 39%, and it all happened very suddenly. Somehow the medical evidence published last May by the DHSS in the wake of the

vaccine damage row showing that the benefits far outweigh the risk and damage caused by vaccination and the disease has not been taken on board by parents.

Though we are nowhere near the epidemic proportions of 1978, when cases were peaking at the rate of 2000 a week, the figures, rising last year, have started climbing again after a Christmas holiday "hiccough," which Dr Vaughan had hoped meant that the trend was going to be downwards from then on. The figures for the week before Christmas were 741, and for the week after 317. But for the second week in January they were back around the 700 mark. Dr Vaughan says he cannot emphasise enough that mothers with children between 3 months and 3 years should discuss vaccination with their doctors, and points out that one result of the vaccine damage controversy was that the list of contraindications was reviewed and circulated to doctors in December. He has the full backing in all this of Mr Norman Fowler, the Social Services Secretary, a new father himself, who returned to the Elephant and Castle after the Christmas holidays, took one look at the rising figures, and decreed that something had to be done to get the message across and quickly.

White Paper on medical education expected soon

Ministers are currently going over the final draft of their reply to the Social Services Select Committee's report on medical education published last summer, and this should appear as a White Paper towards the end of this month. It will be followed on 12 February by the conference on junior doctors' working hours that Dr Vaughan has instructed Sir Henry Yellowlees to call with the aim of finding ways of making progress on this vexed issue. Whether Dr Vaughan plans to attend, I cannot discover, so those who want him there had better keep on making a loud noise, because it always helps. The response to the report will be a major factor in the talks, since a reduction in duty hours to 80 a week has been agreed policy and was one of its recommendations. Dr Vaughan is said to be hopeful that the conference will see some movement towards a solution, though he argues that the present hours worked, while excessive, arise from the need to provide round-the-clock medical cover and that changes can only be achieved by substantial changes in the organisation of medical work. Well, the House of Commons Select Committee had things to say about that too, and its views on consultant numbers—the Government plans to double them in 15 years—should help in the long run. But Dr Vaughan does accept that additional action is needed rather more urgently, and that is what the conference will be about.

It is also just possible that the whole subject will get an airing in the House of Lords before too long. Lord Wells-Pestell, a Labour life peer who was a DHSS minister from 1974 to 1978, has put down a Bill setting out a timetable bringing down the hours worked to 35 a week by the end of the decade. It would take effect from January of next year, starting off with a 60-hour week and proceeding by stages to cut that down. The Bill will get nowhere, but the object of the exercise is to try and get its purpose talked about, and that could happen.