Letter from . . . South Pacific

Islands in the sun

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The South Pacific area, excluding Australia and New Zealand, embraces some 30 million square kilometres, of which about 3% is land in patterns of islands, many of which are uninhabited. Distances between landfalls are immense and, although major international airlines have staging posts in main groups, many islands are accessible only by sea. Indeed, there are places where ships call once or twice a year or not at all.

With a total population of around two million, the islands are scarcely overinhabited, but the density varies from group to group and the numbers are growing fast, with 45-50% aged under 15 and another 20% being women of child bearing age. Unemployment is high and the recent devaluation of the Australian and New Zealand currencies has brought little comfort to hard pressed tourist industries. A trivial encounter in Suva's main street drove home the statistical significance of the "jobless total" when I was stopped by a man who grasped my hand. I waited for the imminent appeal for money but he beamed and said "Congratulate me, I've just got a job and can support my family."

Physically the South Pacific islands are beautiful beyond belief and each has its champions. A botanical acquaintance maintains that the Solomons have no equal, and the other evening in a Fiji bar I overheard a similar case made for Tonga by an eloquent matelot. There is no denying the magic of the region; some of the early American and European voyagers captured it in their journals, Gauguin embodied it in colour, and Maugham succeeded splendidly in his short stories.

The image and the myth

Nevertheless, the image of the carefree islander is a myth, according to a recent report by the World Health Organisation. Mental illness and stress syndromes are not uncommon, alcoholism is increasing, and traffic accidents and other injuries are important causes of admission to hospital, disability, and death. But respiratory and diarrhoeal diseases remain the major causes of morbidity and mortality in the South Pacific, especially in childhood.

There are also several important specific bacterial infections such as leprosy, leptospirosis, meningitis, pertussis, sexually transmitted diseases, tetanus, and tuberculosis. Malaria is confined to the Solomon Islands and Vanuatu, but amoebiasis, filariasis, hookworm, and other intestinal parasites are widespread. Viral disorders include components of diarrhoeal and respiratory diseases, dengue is endemic, and Ross River fever affected some 50 000 people on the main island of Fiji in 1979. Hepatitis and influenza also occur, and, although the region is mercifully free from plague and yellow fever, cholera erupted in Kiribati in 1977 and reappeared in Nauru in 1979.

Malnutrition is evident throughout the region and is particularly prevalent during weaning. Nutritional problems compounded by parasitism and other infections assume greater importance as communicable disease is brought under control and the population ages. Malnutrition in the form of obesity is common and so is diabetes, while cancer, heart disease, and hypertension are of growing importance.

Agricultural economy

One cannot ignore agricultural and geographical factors when considering nutrition. Most islands in the South Pacific have a predominantly rural population with an economy largely founded on agriculture. There is often no permanent cultivation. Newly broken land rapidly becomes exhausted and the cycle is continued when the farmer opens a new plot. The average rainfall is frequently high, alternating wet and dry seasons are common, and, although primary forest growth is luxuriant, the fertility of the soil may be poor. Subsistence farming is widespread with nutrition teetering on the inadequate, and an unfavourable turn in agriculture, climate, economy, or health can precipitate vulnerable groups into malnutrition. Of course, young children are particularly at risk.

Despite the seeming tranquillity of the island groups, with lagoons teeming with brightly coloured fish and distant breakers capping protective reefs, there are occasional disasters. Drought is common in some areas, heavy flooding destroys crops in others, while banana plantations can be scythed and coconut palms ripped out by violent storms. Other factors are also concerned, and, judging by the rapid establishment and popularity of fast food outlets in many communities, we may soon see associated forms of malnutrition.

In the dying days of February this year Hurricane Oscar blasted the main island of Viti Levu in the Fiji group, leaving nine dead, thousands of homes partially or totally destroyed, and a weak economy further crippled. Such loss of life is minor compared with the carnage inflicted by drunken drivers on New Zealand roads, or the mass assaults on heart and lungs by millions of smokers, but bereavement by Act of God is often more difficult to bear. The arm of one man was severed by a sheet of roofing iron hurled by the wind and he died before skilled help could reach him. Another was electrocuted when seeing to his hens; a torn power line had become entangled in the protective fence.

Fiji School of Medicine

The South Pacific thus constitutes a vast practice and it may not be widely known that most of its doctors are trained in the Fiji School of Medicine, an institution with unusual origins. In 1875, a year after the cession of Fiji to the British Crown by the Fijian chiefs, an epidemic of measles killed a third of the Fijian population. The resulting manpower shortage was relieved by the introduction of an indentured labour system in 1877 and the

first group of Indians arrived two years later. Their ship, the *Leonidas*, was, however, quarantined for two months because of outbreaks of cholera, dysentery, and smallpox, and several young Fijian men were trained as public vaccinators. This was a crucial and highly successful experiment, and when it was realised that medical practitioners were needed in rural areas, the authorities decided to train Fijian men to meet the demand.

In 1888 three Fijians completed a three year course of training and graduated as "native practitioners" from what became known as Suva Medical School. Forty years later the Rockefeller Foundation, at the urging of the late Dr S M Lambert, provided funds to rehouse the school and to enable it to accept more students from outside Fiji. In 1930 the "native practitioner" became a "native medical practitioner" and four years later the first graduates emerged from a new four year course. A total of 167 practitioners had been produced by the school in the preceding 46 years.

In 1951 the "native medical practitioners" became "assistant medical practitioners" and two years later the Queen opened a new school building, financed in the main by the British government. In 1956 the "assistant medical practitioner" became an "assistant medical officer" and the first class of medical students graduated after a five year course. This group included the first four women admitted to the school, all of them Fijian. Last year the Fiji School of Medicine was affiliated to the University of the South Pacific, and undergraduates now read for the MB BS degrees of that university.

The principal function of the school is to train selected students to a standard acceptable for medical and dental registration for work in the South and Central Pacific. Young people come from the Cook Islands, Fiji, Kiribati, Samoa, the Solomons, Tonga, Tuvalu, Vanuatu, and elsewhere; they are chosen after a first year spent at the University of the South Pacific. A few are supported privately; some are financed by their governments; but most are sponsored by the World Health Organisation, which has also supplied teachers and equipment over the years.

The school is poor but there is no shame in that. It is understaffed and lacking in many of the material trappings that most of us take for granted in Western societies, but it is far from crippled or bereft of potential. Although preclinical teachers are poorly paid and taxed by teaching, their enterprise and enthusiasm are unimpeachable. The students are good and in my experience their use of English is often better than that of those born and educated in the United Kingdom and some of its former colonies. The school deserves greater support.

Some of the facts cited here were obtained from World Health Organisation reports on the region and from publications held in the library of the Fiji School of Medicine. I am especially grateful to Dr A C Adiao, WHO team leader in the Fiji School, for her help and advice during my stay. The acting principal, Dr J I Samisoni, was ever ready to help, and he, together with Dr R Patel and Dr Krishna, the overworked preclinical teachers, improved my knowledge of many things.

MEDICINE AND THE MEDIA

MICHAEL O'DONNELL'S series "A Plague of Hearts" (BBC1) lived up completely to its initial promise; there wasn't a yawn in it from start to finish. At the rate things are likely to move, it will remain as relevant for another three or four years at least and should be heartily recommended for lay or professional viewing when it turns up again. It was pitched right for professional as well as intelligent but poorly informed lay audiences (that means everyone) and would be good teaching material for trainees on day release; they and their trainers would be hard put to justify present inactivity and might usefully discuss what they are going to do about it. The very small available UK experience shown in the last film (Muir Gray's coronary prevention project in Oxford general practices) was entirely fair; almost nothing has been done here compared with the USA. It was a pity nothing was said about the North Karelia project, which may be more directly relevant to us than Massachusetts and California, but the latest and very compelling data from Finland were not available when the film was made.

The programme on dietary fat was particularly good, full of new information about the economics of fatstock production, which made present Common Market policies look even sillier than most of us dared to think, though uniquely British silliness was in a class of its own. Sausages, which seem to consist of about 75% animal fat suspended in breadcrumbs and not more than 25% lean meat, and which I have always liked, were so effectively pilloried that I doubt whether I'll ever eat another, but with a serum cholesterol of 310 mg/100 ml I am a biased observer. Throughout this programme, one was reminded that what passes for a world of limitless free choice is effectively a world of almost no choice at all. News of the government's suppression of Dr Phil James's report on national diet appeared in the same week; there's a lot of it about.

With an administration so firmly mandated to support a belliscent, competitive, acquisitive society, programmes such as this have little chance of changing thought (if there is such a thing) in Whitehall. Sir George Young, the only government minister

to take prevention seriously, was quickly put down by the tobacco lobby (I wish *Private Eye* would publish the names of MPs representing the lung cancer and coronary interest). The series rightly kept a balance between personal and collective decisions, but inevitably personal decisions, as the only ones open to us as things are now, are likely to command most of our time, and the more difficult collective measures will go on being evaded. The relation of the tobacco and food industries to government resemble its diplomatic contacts with Chile and South Africa. The human consequences of market decisions become acts of God, just as it is impolite to listen to screams from the prisons of our natural friends. At least until they hear some hammering at the gates, we are probably wasting our time trying to inform and influence those in power. In the last film of the series, Christopher Robbins of the Coronary Prevention Group seemed to me to get it just right; the main thing is to let the people know, for in the end they are the ones who can and will act (it was the people of North Karelia who asked for an experimental project to do something about their appalling coronary mortality rates). All the evidence is that, in comparison with ordinary Americans, our people *don't* know now; they know about the risk factors for lung cancer, but are still ignorant of the main risk factors for coronary disease.—JULIAN TUDOR HART, general practitioner, West Glamorgan.

Correction

Trends in tobacco consumption and incidence of associated neoplasms in Papua New Guinea

An error occurred in the paper by Dr E M Scrimgeour and Mr D Jolley (30 April, p 1414). Consumption of tobacco in Papua New Guinea in 1979 was 1800 tonnes and consumption was 0.614 kg per head not 6.14 kg per head.