The interpretation of minor histological abnormalities in this context is a challenge. None is pathognomonic of hepatitis C, but lymphoid aggregates (common in chronic hepatitis C⁵) were observed in a single biopsy specimen (activity index 5). Our patients would not have undergone biopsy outside the context of this study, and the prevalence of minor histological abnormalities in a comparable unselected population is not known.

In conclusion, British blood donors with normal liver function and an indeterminate result on second generation recombinant immunoblot assay should be reassured that covert liver disease is most unlikely. Further investigation, including liver biopsy, is not indicated. Normal transaminase activities were a feature of our cohort. Viraemia and liver disease may

be more likely when liver function tests give abnormal results.

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(Accepted 22 June 1994)

Wastage of family income on skin disease in Mexico

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Skin disease accounts for a major part of the work load of primary health care workers in developing countries. Prevalences vary, but skin conditions may affect over 60% of the community¹ and are often poorly managed due to lack of training. We investigated the impact of ineffective treatment of skin disease on family life in rural Mexico.

Subjects, methods, and results

Working in the community of Cayaco, 10 km from Acapulco, we conducted our initial survey using proved field methods.² It included a house to house questionnaire survey designed by the group to study the distribution of skin disease and the use and cost of treatments, including travel expenses, medical bills, and drugs. These figures were based on patients' estimates but were cross checked with prices in retail pharmacies. We also estimated the loss of work or schooling resulting from skin disease. The diagnosis in patients describing skin lesions in the initial survey was validated by physical examination in an outpatient clinic and in a separate random survey in 120 primary school children. Treatment was judged to have been ineffective if patients had the same lesions and symptoms for which they had been treated during the previous six months. Regression analysis was carried out using the software package NANOSTAT.

We surveyed 380 households containing 1528 people (713 males, 815 women), of whom 207 reported skin disease. One hundred and thirty one attended the outpatient clinic (41 males, 90 females). The commonest skin disease among them was pyoderma (27 patients), followed by scabies (26), pityriasis alba (23), acne (eight), dermatophytosis (eight), viral warts (eight), and pediculosis capitis (eight). Sixty six had other skin conditions ranging from urticaria (two) to scrofuloderma (one). Fifty eight patients had more than one condition, making a total of 189 dermatoses. In all, six conditions accounted for 102 of the dermatoses. Fifteen patients with scabies and 21 with pyoderma had received ineffective treatment over the previous six months at a mean cost of 66 (SE 19) new pesos (£12.45 (£3.58)) and 136 (30) new pesos (£25.70 (£5.67)) respectively. Many of the affected children had taken time off school—eight days for scabies

(12 patients) and 15 days for pyoderma (10 patients).

Sixty eight of the 120 primary school children in the random survey had at least one treatable skin condition.

Comment

One of the major challenges in health care is the process of matching supply with demand for treatment, while making appropriate allowance for the resources available. It might be thought that skin disease should take a low priority in this calculation, given its low morbidity and mortality. This, however, would be to ignore the impact of the disease on the community. In our study half the households contained people who reported symptoms and signs, and 57% of children screened randomly had at least one treatable skin disease, confirming previous observations that skin disease is common in this environment.²

In Mexico, as in many other developing countries, people will use a limited family income to buy health advice from pharmacies, private doctors, or traditional healers if they are not satisfied with the treatment given by their usual source of medical advice. The mean total cost of ineffective treatment for the two commonest conditions over six months was a major financial burden on families in a marginal economy where the mean daily wage is 15.2 new pesos (£2.87).³ Furthermore, some children lost considerable time from school because of skin infection. Both diseases are readily curable by eliminating scabies,⁴ provided that all contacts are also treated and there is adequate compliance.

These data argue for a more logical approach to the management of certain skin diseases in developing countries on a community rather than an individual basis.⁴ In the area we surveyed a new system of community dermatology is being implemented with close collaboration between specialists and primary health care workers.⁵

We thank the Leverhulme Trust in the United Kingdom for financial support.

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(Accepted 11 April 1994)

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BMJ 1994;309:848