

No 1 uniform, plus the lambskin gloves. And, or course, £1 0s 0d to my parachute rigger, who in retrospect was grossly under-rewarded. My claim to HM government was for the equivalent of \$125, which an eagle eyed accounts section, in its wisdom, reduced to \$75.

In 1952 my wife and I returned to Annan. The airfield was difficult to find, and its very existence was apparently not known to the younger inhabitants of the area. We stood there, silently. The wind moaned, the grasses bent, low cloud scudded. We were chilled. Eerie feelings pervaded. We left.

On a method of determining whether vertebral disc compression is responsible for low back pain

To set the scene: an indeterminate back injury. In the course of the investigation, thereof, a sturdy physiotherapist rolled me on to my right side, leapt into the air, and with her full 10 stone

(63 kg) distributed across a muscular forearm, came down from above on my haunch with the production of (to her) a most satisfactory and resounding crack. To me this boded ill, but in order to escape I readily agreed that I indeed "felt much better."

Discharged from hospital 10 weeks later, worried whether I would be able to complete my final year of medical school and still uncomfortable, what was a medical student to do? No diagnosis had been established, though iatrogenesis—a newly learnt term—suggested itself.

Accordingly, on my next flying weekend I went to the RCAF station at Saint Hubert, Quebec, boarded a trusty DeHavilland Vampire, fired up, took off, and climbed to 15 000 feet (4572 m). Rolling inverted (not, this time, to improve vision) I descended at high speed, imposing on pullout 6-8 G to my unprotesting intervertebral spaces. This was repeated. No pain, referred or otherwise. Ergo, no disc problem. Subsequently, aging sacroiliac joints spontaneously fused, resolving the difficulty.

Letter from Eritrea

JOHN BLACK

The recently formed Eritrean Medical Association invited me to attend their first congress, which was held at Orotta Base Hospital in Eritrea. As Eritrea has no official existence as a country, and its war for independence from Ethiopia, now in its 22nd year, receives little attention from the news media, it is not surprising that my intended visit had produced comments ranging from complete ignorance of Eritrea's existence, to praise for its bird watching facilities.

The journey by Toyota Land Cruiser from Port Sudan was a 12 hour overnight agony of bumping from rut to rut, or rock to rock, according to the terrain. The only diversions were a stop for tea at a group of trees in the desert where a nomad family brewed tea with cloves on a charcoal fire, and a meal of goat stew at one of the very impressive "garage" enclosures where the Eritreans service the trucks which bring in their supplies. In the desert area the headlights picked out groups of antelope, and in the lowland hills we passed numerous camels which clumped witlessly along in front of the truck; once we passed a large herd of about 200 camels with their young.

The hospital where the congress took place has about 800 patients and extends for about 6½ km (four miles) along a steeply sided rocky valley. Nomad families with their camels and goats pick their way among the walking patients, the head of the family in front, with a large "crusader" type of sword on a belt and a goatherd's stick held across the nape of his neck. The wards and departments are cut out of the mountainside and their projecting walls and roofs are hidden from the air by living thorn trees or cut branches. The patients, apart from those who are seriously ill, lie on blankets on the stony ground. Convalescent patients receive regular educational or literacy classes. All operations are done at night, when the generator is running, to conserve fuel. The standard of surgery and anaesthesia is high, and the work of the maxillofacial unit, in the charge of a woman surgeon who trained in Sofia, is particularly impressive. Apart

from the usual specialist departments there is a modern plant which produces intravenous fluids, a small library, and a department for the translation of medical journals and papers and the production of instructional leaflets for nurses and health workers. In a neighbouring valley there is an information department with printing presses, where the first two numbers of the *Eritrean Medical Journal* have already been produced. There is a large rehabilitation unit where the blind are taught to play musical instruments, and other disabled patients are taught wood and metal working, watch repairing, car maintenance, and art. Orotta hospital is better equipped than the smaller ones, which are desperately short of equipment and trained staff. Food is barely sufficient and consists almost entirely of "injera," a form of flat bread made from sorghum, a type of millet, supplemented by small amounts of dried skimmed milk and occasional green peppers; meat is completely absent from the diet. There is a permanent shortage of drugs, medical equipment, and x ray film.



A nomad family passing through the hospital valley; the women travel in the tent on the back of the camel.

King's College Hospital, London

JOHN BLACK, MD, FRCP, honorary consultant paediatrician



The first congress of the recently formed Eritrean Medical Association.

Before the congress we went on a three day trip to Nakfa, a small town in the highland region at about 1800 metres above sea level and 20 km (12½ miles) behind the front line which has been almost completely destroyed by artillery fire and by bombing. In this area we visited two camps for people displaced from their villages by the war. In the first camp, which had been established for two years, the children were thin but lively and alert; at this altitude there is an adequate rainfall and enough soil to grow crops and maintain livestock. In the second camp, which had only been in existence for three months, nearly all the children were undernourished, a few severely so, and flies were continually settling on their chronically infected eyes. An ophthalmologist who was with us said that many of the children had an early stage of trachoma.

Public health statistics, which can only be estimates, are disastrously bad, though probably no worse than other deprived areas of Africa. The infant mortality is put at 200 per 1000 live births, and it is said that only half the children survive beyond the age of 5 years. According to a survey conducted at one of the camps for displaced villagers, of the children who are not clinically ill, 65% have stools which contain one or more of the following, in order of frequency: ova of *Hymenolepis nana* (dwarf tapeworm), cysts of *Entamoeba histolytica* and *giardia*, and ova of hookworm and *Schistosoma mansoni*.

In the civilian population the commonest conditions requiring hospital admission are: malnutrition, tuberculosis, malaria, anaemia, pneumonia, intestinal parasites, eye and skin infections, and kala-azar. Female circumcision and infibulation are still practised by traditional midwives and contribute to the high incidence of complicated deliveries. A comprehensive primary health care scheme is being set up, though the disruption caused by the war has made the task immensely difficult. At the moment there are only 150 village health workers. A programme of immunisation against tuberculosis, polio, and measles is urgently required.

The congress itself, which lasted three days, was a remarkable feat of organisation. About 200 medical and paramedical workers from all over Eritrea attended; a number of expatriate Eritreans from Germany, America, and Australia came especially for the congress; and there were specialists from Australia, Britain, France, and Germany. The meeting was held at one end of the hospital valley in a large structure resembling a marquee built around an amphitheatre of tiered stone seats. Sound amplification and projection facilities were available. The scientific section of the programme consisted of papers by visiting speakers on "Selective feeding of malnourished children" and

"Why children die," and by the Eritrean medical staff, on intestinal parasites in children, the measurement of haemoglobin, and surveys of the work of the maxillofacial and cardiology departments and of the x ray units. These were followed by papers on the medical admissions to hospital of the civilian population and a description of the present state of health care in Eritrea.

At present aid to the sick and the civilian population in the form of food, grains, drugs, and medical equipment is administered and distributed through the Eritrean Relief Association, but more help is urgently required. Aid from the international relief agencies is inadequate.

In spite of the difficulties of conducting a long and hard war the Eritreans have nevertheless maintained a respect for the dignity of the individual and a compassion and concern for the sick and for their fellow men which is profoundly moving. On the other hand, because almost all the young women are engaged in all phases of the war, normal family life has been sacrificed. Children stay with their mothers for the first three years, and are then placed in nurseries until they reach the age of 6 or 7 years; they then move to one of a number of "Revolutionary Schools" where they stay until they are 16 or 17, when they may become "fighters," or they may choose some other socially important activity such as teaching; they do not normally go to the front line until they reach the age of 20. We visited one of the schools; the children appeared happy and well fed; it was difficult to distinguish between the boys and the girls as they were all dressed in similar clothes and had very similar hairstyles. The political structure of their new socialist society appears to owe something to the Russian and Chinese models of socialism though the Eritreans insist that their political system is uniquely their own creation.

No one who visits Eritrea can fail to be deeply impressed by a people who can combine a natural charm and dignity with a completely single minded determination to achieve their independence, however long it may take.



Oil painting by Caspar Netscher, Royal Collection, Buckingham Palace.