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LEADING ARTICLES

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

MEDICAL PRACTICE

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CORRESPONDENCE

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters must be signed personally by all their authors. We cannot acknowledge their receipt unless a stamped addressed envelope or an international reply coupon is enclosed.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included. Titles of papers are not, however, included in the correspondence section.

Deaths from asthma on holiday

SIR,—Many respiratory units in the United Kingdom and several other countries have now adopted schemes similar to the Edinburgh emergency asthma admission service[1] in an attempt to prevent avoidable deaths from bronchial asthma, and it is generally believed that such schemes may have saved a considerable number of lives. A few days ago, however, a 19-year-old female patient on our emergency admission list died from asthma while on holiday in the Isle of Arran. This tragic occurrence prompted us to review our records of deaths from asthma outside Edinburgh, including those which had taken place before the emergency asthma admission service was inaugurated, and we found that three other patients had died while on holiday, one in a caravan camp at St Andrews, the second on the Isle of Man, and the third in a remote Highland village. It is quite possible that all the four patients would have survived if they or their companions had known where to seek expert hospital care, but in each case the circumstances were such that a fatal outcome was virtually inevitable.

With emergency admission schemes patients with potentially lethal asthma are relatively safe so long as they remain in their home environment, but it is clear that we have underestimated the danger to which such patients are exposed while they are on holiday, particularly in remote places. We therefore intend in future to ask the asthmatic patients on our emergency admission list to let us know when they are going on holiday, and where, so that we can inform them of the location of the nearest hospital to which they can be taken immediately if they develop a severe attack. There are, of course, particular problems with foreign travel, and we always try to persuade our patients with severe asthma to take their holidays somewhere in the United Kingdom. Wherever they go, however, we invariably advise them to take a stock of prednisolone tablets with them, so that they can start treatment with this drug immediately if they have a major recurrence of asthma.

With the approach of the holiday season, we feel that the warnings and advice given in this letter have a pertinence that is not always recognised.

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[1] Crompton GK, Grant IWB, Bloomfield P. *Br Med J* 1979;ii:1199-201.

Problems of overseas doctors

SIR,—Dr Richard Smith's comprehensive analysis of the problems of overseas doctors (28 March, p 1045; 4 April, p 1133; 11 April, p 1214) deserves a comment from an overseas doctor.

Firstly, I consider the most significant statement in his articles to be related to British-born graduates: "Finding good training posts and career jobs once trained remains a testing obstacle course for home graduates" (p 1214). We overseas doctors must italicise this statement because it will help us tackle our own problems properly. For to expect that it should be less hazardous or traumatic for us is ludicrous.

My second observation is that the British-born