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# BRITISH MEDICAL JOURNAL



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# Correspondence

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## Plight of Commonwealth Graduates in U.K.

SIR,—I write in despair at the end of a long series of interviews with a group of depressed and exploited Indian medical graduates. For a week's locum house job we have had over 70 applicants. More recently, for a resident job in Maidenhead we had over 80 applicants, and I might add that for neither of these was there one English applicant. Among the five interviewed this morning, one girl with her M.B., B.S., D.G.O., and M.D., who had been in this country for seven months, had applied for over 300 jobs without success. Another girl had been out of work for three months and had applied for over 150 jobs. The stories were all similar. Many of them are here to complete their training in order to take the Membership examination, and it seems mon-

strous to encourage them to come when there are simply not the jobs available.

Not only do I believe the Department of Health to be guilty in trying to staff a poorly salaried Health Service, but the colleges too must bear share of guilt. When the posts are so clearly not available, they must alter their regulations in such a way that the Membership can be taken in the countries of origin. Perhaps, even better, this exploited group should insist on a proper examination at home and stop chasing the mythical English letters.—I am, etc.,

STANLEY SIMMONS.

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Slough, Bucks.

## Immunization against Typhoid

SIR,—In your leader (13 September, p. 605) on holiday typhoid the statement is made that typhoid inoculation consists of two doses of vaccine separated by an interval of not less than 10 days. There is, however, little direct evidence that two doses give better protection against typhoid than one dose. The routine of two doses is largely based on antibody responses of men vaccinated according to different dosage schedules,<sup>1</sup> but recent work has shown that antibody responses are not necessarily correlated with protection.<sup>2</sup> Large-scale field trials of typhoid vaccines in Poland,<sup>3</sup> Guyana,<sup>4</sup> and the U.S.S.R.<sup>5</sup> have not shown significant differences in the protection given by two compared with one dose, although the latest report from the U.S.S.R.<sup>6</sup> suggests that protection may diminish less slowly after one than after two doses.

The discomfort and inconvenience often caused by typhoid vaccination are well known.

Tourists intending to visit a high-risk area might be willing to have one inoculation (repeated, if necessary, every four years), but many might prefer to risk contracting typhoid rather than submitting to two inoculations. In view of the evidence cited above, the medical profession need no longer insist on, or even recommend, two doses. The overall protection would be likely to increase, as more people would be willing to be effectively vaccinated against typhoid.—I am, etc.,

M. T. ASHCROFT.

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### REFERENCES

- 1 Leishman, W. B. *Journal of the Royal Institute of Public Health and Hygiene*, 1910, 18, 385.
- 2 Benenson, A. S. *Bulletin of the World Health Organization*, 1964, 30, 653.
- 3 Polish Typhoid Committee, *Bulletin of the World Health Organization*, 1966, 34, 211.

- 4 Ashcroft, M. T., Balwant Singh, Nicholson, C. C., Ritchie, J. M., Sobryan, E., and Williams, F., *Lancet*, 1967, 2, 1056.
- 5 Hefcec, L. B., *Bulletin of the World Health Organization*, 1965, 32, 1.
- 6 Hefcec, L. B., Lernia, L. A., Kuz'minova, M. L., Salmin, L. V., Slavina, A. M., and Vasil'eva, A. V., *Bulletin of the World Health Organization*, 1968, 38, 907.

## Involuntary Movements and the Pill

SIR,—I was most interested to read the paper by Drs. P. D. Lewis and M. J. G. Harrison (15 November, p. 404) on involuntary movements in young women taking oral contraceptives. There is no doubt, as they say, that they are describing chorea, and I have now seen five patients also who have developed chorea after the use of one or other of the "pills."

The difference between their experience and mine has been that none of my patients had had any previous history of chorea. They corresponded more to their Case 5, the movements apparently developing as a primary effect of the oral contraceptives, and ceasing, in two cases very rapidly, after discontinuing. The development was so abrupt in two patients to suggest that a vascular episode had been responsible for the chorea, and indeed one of them had been suffering attacks suggestive of vertebro-basilar insufficiency for some weeks before the involuntary movements appeared, emphasizing what I have always believed to be most important—that if any clear suggestion of transient cerebral arterial insufficiency should occur in women using the pill, no matter how transient this may be, it should be looked upon as a warning sign, and the preparation should be immediately withdrawn.

Drs. Lewis and Harrison also compare the situation to that in chorea gravidarum, and some support to this comes from one patient who developed chorea while taking the pill, recovered completely within two weeks of