

Dr. Coggan and Dr. Hawes, of the Royal Humane Society for the resuscitation of the apparently drowned. The first successful effort had been published by Dr. Fothergill in 1744. A doctor in Scotland had done it by the "kiss of life" method about 300 years before his time. Lettsom's society was formed in 1774, against opposition.

Another's of Lettsom's recurring interests was the prevention of smallpox among the poor. Inoculation with real smallpox offered some hope for the rich, who could be isolated during the infection, but it was dangerous to the poor, who could not be isolated and risked actually starting epidemics. Lettsom entered the bitter controversy about this, and after Jenner's success with cowpox weighed in as a champion of the new method, and did great work in ensuring its ultimate success. Lettsom's interest was not so much that of a doctor preventing sickness as of a man helping his fellow men. It was all part of his constant effort to help anything which would benefit mankind at large.

Prison Reform

Lettsom was largely responsible for the ultimate reform of prisons. The trouble was that prisons were run, not by the community but by the jailers, who had to recoup themselves from the prisoners by extracting fees for admission and discharge, rent for rooms, and payment for everything. The results were appalling. The rich could get in prison any luxury they wanted, but the poor shivered and starved. John Howard had been working for prison reform from 1773 to his death in 1790, but though he persuaded the authorities to pass Acts abolishing jailers' fees the public did not see why they should pay for malefactors, and the law was generally evaded until public opinion could be brought to bear. Success was ultimately due to the propaganda of others, especially Lettsom and James Neild. Lettsom was involved because as physician to the Aldersgate Street Dispensary the Wood Street Compter came under his observation, and he attended Lord George Gordon in 1793 when he was imprisoned (in 1788), not over the Gordon riots—he had been acquitted for that—but for libelling Marie Antoinette. He was insane and a pauper, and dying of typhus;

it must have been an impressive combination of horrors. Neild was an inveterate prison reformer, more active possibly than Lettsom, Howard, or Elizabeth Fry, but a very unpleasant man. His and Lettsom's "Seventy-seven Letters" to the *Gentleman's Magazine*, the proprietor of which was one of Lettsom's best friends, had a wide dissemination (Johnson said it had a sale of ten thousand copies) and an eager and interested public. It was these letters which first roused public feeling.

Lettsom suffered a good deal of ridicule over the mangel-wurzel, which he found would produce 50 lb of root per square yard and would solve the problem of the winter food supply for cattle. He characteristically gave away seed to anyone in return for a subscription to the Royal Humane Society or the Society for Prisoners with Small Debts, but there was little demand. When Coke of Norfolk was converted, the world took notice.

Sunshine and Air

The foundation of the Royal Sea-Bathing Hospital in 1791 was an attempt to make the new ideas of Dr. Russell of Brighton available to the poor, and was primarily a medical matter. But though the open-air treatment of tuberculosis became very popular (though it had no effect on the overall mortality of the disease) the effect of the movement was ultimately to promulgate the fashion for sea bathing, sun bathing, fresh air outdoors and indoors, looser and lighter clothes, and a whole new attitude in society which has made the modern world so different from the stuffy world of our great-grandfathers—a considerable contribution to modern amenities in general.

Everything Lettsom was concerned with seems to have been with philanthropy in view, and this is confirmed by the correspondence preserved at the Medical Society of London. It is astonishing how much of it is about charitable objects. And he was the willing victim of pestilential "do-gooders" of every kind, never failing to do his best for the most tiresome and outrageous of pleas. There is no need to detail them here: they are shortly to be published by the society, but it would be hard to find anyone on record who so devoted his whole life, with sound and lasting effects, to what he could do himself, and stimulate public opinion to do, for the good of his fellow men.

Letter from . . . Chicago

Foreign Visitors

GEORGE DUNEA

British Medical Journal, 1975, 2, 383-385

Last year a kangaroo unexpectedly appeared in several Chicago suburbs, apparently in direct view of reliable observers, some of them policemen. Soon afterwards the animal turned up at a Bears's football team practice ninety miles to the east in Indiana. At that time it was said that it had travelled by leaping on to the back of an eastbound Illinois Central train.

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For two weeks the leaping marsupial seems to have been lost, but the story picks up again at Christmas time, when a fisherman saw a kangaroo swimming in the ocean three kilometres off the southeast coast of Australia. Hauled aboard the fisherman's boat, the kangaroo promptly fell asleep, obviously tired out by a long journey. The story attracted attention in Chicago and it was soon postulated that the kangaroo had been brought to this country illegally, and that it was on its way home for Christmas, having escaped from its owner after growing to adulthood.

The saga of the wandering marsupial might have died there, but on the second day of Christmas the kangaroo was reported back in Chicago sitting in a snowmobile and waiting for a take off, except there was no snow. Doubting Thomases notwithstanding, the story of the kangaroo has become immortal, and

Chicago policemen who patrol the kangaroo infested districts now wear kangaroo tie clips donated by the Aussie consulate here.

To some, this story may lack the ring of truth. But it has been told and retold, and, besides, the kangaroo is not our only illegal immigrant. In fact, the number of illegal immigrants in this country may be as high as 12 million, and constitutes what has been called "one of the greatest mass migrations in history." At a time when one out of 12 Americans is unemployed, illegal aliens hold an estimated three million jobs, and, while many are willing to work for lower wages than native Americans, some are highly paid; and it is reported that the two illegally-immigrated Greeks who paint the Statue of Liberty receive union rates of \$9.71 an hour through a company which holds a contract with the U.S. Government. This state of affairs is receiving widespread attention, and remedial action is being demanded. The Justice Department has proposed that future job applicants should be required to prove they did not enter the country illegally; and a bill has twice been introduced in Congress making it a punishable crime for an employer to knowingly hire illegal aliens. These measures would free many badly needed jobs, and eliminate unwanted competition. By contrast, the recent ado about foreign doctors appears, at least superficially, to arise from a different set of considerations.

Easing the Shortage

Heavy reliance on foreign medical graduates—or F.M.G.s as they are called—is not peculiar to the U.S., but may be unique by sheer weight of numbers. The 72 000 foreign medical graduates in this country now constitute one-fifth of all practising doctors and occupy one-third of all internship and residency positions. Last year about half of all newly licensed doctors were graduates from foreign schools—including some Americans who trained abroad because they could not get into local schools.

The immigrants come from many different countries and medical schools. Their entry into the country was facilitated by changes in the immigration laws during the 1960s, and their overall national distribution has altered so that roughly two-thirds of the recent newcomers are from Asia. Their influence on American medicine has been felt at all levels, and their presence has been welcomed by past administrations as a means of easing the doctor shortage.

Last year, however, a task force of the Association of American Medical Colleges addressed itself to this subject; and concluded that it is "generally acknowledged though not proven" that many foreign graduates perform poorly and are inadequately trained. Their experience, said the report, is generally inferior to the American student, who at graduation is "a physician of considerable personal maturity and professional sophistication in the art of science of medicine." Furthermore, on the basis of the results of the Educational Council for Foreign Medical Graduates (E.C.F.M.G.) examinations, the task force came up with the curious conclusion that the allegedly poor performance of the foreigners was due to inferior standards in selection, evaluation, and training in foreign schools, rather than to difficulties with the language or to a lack of understanding of local cultural nuances.

The report of the task force marked the beginning of the campaign. Soon the discussion became heated; the situation evolved into "a crisis, a scandal, a catastrophe"; and the alarm was sounded over the some 10 000 doctors who practise without licence in mental hospitals and other unfashionable institutions. In the *New England Journal of Medicine* Dr. Robert J. Weiss thundered about a medical underground and a return to pre-Flexnerian standards; *Modern Medicine* wondered about a double standard in medical care; others worried about the ethics of the brain drain; and a few pointed to the problems facing the foreign doctors themselves—the difficulties in adjust-

ment, the lack of acceptance, and the need to work in second rate jobs.

Reliance on foreign medical graduates was claimed to have prevented any meaningful reform of the health care system; the *New England Journal of Medicine* published an editorial entitled "A Time for Action"; several other journals and local medical societies joined in the cause; and four different health manpower bills (one by Senator Edward Kennedy) were introduced in Congress. Remedies were suggested, which included special certification of foreign graduates; a crack-down on unlicensed doctors; a reduction in approved residency programmes; limitations on the number of foreigners in any one programme; and development of paramedical to provide care where doctors were in short supply. It was also rumoured that the American Medical Association was studying a resolution to "request the U.S. State Department to re-evaluate the open-door policy regarding immigration of foreign physicians, and encourage the repatriation of physicians to the country of their origin."

At first the crusade went unopposed. Then there were some reassuring letters about the benefits of the brain drain, since the U.S. was absorbing an overflow of overtrained and underutilized doctors, and was helping foreign economies by allowing the return of funds earned here. Also it might be expensive to change the situation, someone suggested, and it might require public funding.

But at last an angrier storm broke, with letters of protest, accusations of bigotry and racial discrimination, and insinuations of a growing edginess towards a potential source of competition. It was made clear that foreign doctors have provided a much-needed service, that their presence has allowed native doctors to work in desirable places while the foreigners did the dirty work; that the term "medical underground" was deplorable, and that moonlighting American house officers were also part of the same underground.

In September an article called "Please Get Off Our Backs" was published in *Medical Dimensions* by an anonymous author, who called the attacks savage, as if foreign graduates were a lethal syndrome; and who claimed that the foreign graduates have been used and abused in second-rate jobs and backwoods hospitals, without guidance or formal training, and, incidentally, that such exploitation occurs not only in America but also in the United Kingdom.

One correspondent protested over allegations of inferior training background, and referred to the longer duration of the curriculum in most overseas schools. Others emphasized that English has been a major language in India for several centuries; that adjustment problems were only temporary; and that most overseas graduates overcame their initial difficulties and melted successfully into the general body of American life.

One Indian doctor pointed out that the Professional Standards Review Organization law (P.S.R.O.) was prompted by a concern about the practice of American and not of foreign graduates, and implied chauvinism and ill feeling against Asian doctors. "The tirade against the F.M.G.s should stop," he wrote, "they did not come here as gangsters or as unwelcome visitors," and he emphasized that those who wished to stop immigration should be reminded of the past heritage of a nation of immigrants. But not everybody is prepared to listen, and the final word is yet to come.

Siege

Another group long concerned about immigrants are the American Indians. Many years ago they lost their country to pale-faced foreigners from many countries, but lately they have become increasingly activist, and have repeatedly made the headlines with highly publicized take-overs such as Alcatraz and Wounded Knee.

Recently, trouble broke out in Wisconsin, where at midnight

on New Year's Eve, 40 armed Menominee Indians occupied an abandoned 64-room abbey formerly used as a novitiate by the Catholic Order of the Alexian Brothers. The Indians, who called themselves the Menominee Warrior Society, were predominantly in their teens and early twenties, and had with them about 15 women and children. The Menominees found at the abbey a caretaker and his family, whom they allowed to leave. Then they laid claim to the mansion. At first the local police tried to evict them, and later the Governor of Wisconsin called about 400 national guardsmen to join the siege. Meanwhile, the Warriors announced their plan to convert the novitiate into a health centre for the 4000 Indians living in the area.

This incident, like earlier ones, brings into focus the plight of the American Indian, trying to find a role in modern society, but frequently caught up in a chain of school truancy, poverty, alcoholism, drug abuse, crime, and prison. In this case, it also reflected intertribal rivalries, a young men's liberation movement against the tribal leadership of women, and a longstanding resentment towards local institutions such as the Catholic Church. The Menominees had been the subject of a Federal experiment of bringing the Indians into the mainstream of American life, and under this "termination policy", the 250 000 acre Menominee reservation had been dissolved in 1961—abolishing in the bargain the Indians' tax exempt status and the federally supported school and health services. The experiment was a failure, because the Indians were unable to support themselves. With no jobs and crushed by taxes, they were gradually forced to sell their land to eager speculators. Eventually the termination policy was reversed, largely through the efforts of a group of Indian women, who then became the entrenched leaders of the tribe. Thus, at a time when the land was due to return to reservation status, the women dominated leadership, condemned the takeover, and disavowed the Warriors as a splinter group.

The siege lasted 34 days, and was conducted by the national guard with creditable restraint. A few shots were fired, but there were no major incidents, and no lives were lost. After the arrival of several activists of the American Indian Movement—and also of the actor Marlon Brando, an avowed supporter of the Indians' struggle for a better life—negotiations were begun with the Alexian Brothers. Ultimately, an agreement was reached, the brothers now announced that they had been planning to give the abbey to the Indians anyway, and the decision was made to turn over the mansion to the Menominees for the payment of one dollar and to be converted to a health and educational facility.

On 5 February the siege ended, and the Indians temporarily abandoned the property. But all is not well. Four Indians were taken handcuffed to the local police station and charged with "criminal trespass and disorderly conduct." The building was handed over not to the warriors but to the women leaders of the tribe, who regard the abbey as useless, and want no part of it. Furthermore, the chairman of the town council has announced that the building was in a residential area, and that the zoning regulations would never be changed.

The episode has also brought to the public eye the embittered relations between the Menominees and the local population, predominantly of German descent, some of whom displayed a "lynch-mob" mentality reminiscent of the old racism of the American south, as they formed armed vigilante groups, and represented the single largest threat to order with which the national guard had to contend.

All is quiet now in Wisconsin, but meanwhile, it is reported from New Mexico that a group of 20 Navajos have seized an electronics plant, where they plan to stay until their demands are met. It all points to the sad fact that right up to the age of the computer, the descendants of Black Hawk and Sitting Bull have not yet found a way to deal with the pale-faced visitors to their hunting grounds.

Conversations with Consultants

Contrasting Standards in Old and New Hospitals

FROM A SPECIAL CORRESPONDENT

British Medical Journal, 1975, 2, 385-387

"We've all had a bit of a fright these last few months," said the surgeon. "Working to contract by consultants, action against private patients by the unions, and a general air of discontent have made it plain that an N.H.S. hospital may become a most depressing place to work. I am afraid that for some of this consultants are as much to blame as anyone. Let's hope now that the pressures have lifted a little everyone concerned will give it a second chance and try to restore the goodwill that used to keep it going."

Top of his causes for concern was the marked fall in nursing standards in recent years—a decline which was continuing. Partly it was due, he thought, to the Salmon structure, and partly to the new, shorter working hours. No longer were there ward sisters who regarded a block of beds as their own; this loss of proprietorial attitudes seemed to have eroded pride in the job. No one seemed to have realized that a reduction in hours had to be balanced by an increase in the number of nurses if standards were to be maintained. "Whose legal responsibility is it," he asked, "if the consultant believes the nursing standards

on a ward are dangerously low? Should he refuse to admit patients? I think he has no alternative; and I have been told by the defence unions that it is a consultant's responsibility if he invites patients in where care is inadequate."

While the change in nursing attitudes was the most serious threat to the quality of care provided by the hospital, the surgeon thought similar mistakes were being made in medical staffing. "Consultants should have realized that the junior staff were moving in the wrong direction when they began their campaign for overtime payments," he said. "The pendulum has swung much too far, and I am seriously concerned that the up-and-coming generation will bring their 9-5 mentality into consultant practice. Young doctors work better under optimum stress; in the past we were exploited but now this has become overcorrected. What they should have campaigned for—and been given—was better accommodation, better food, better experience and training, and some more money but not a closed contract."

Now, the same mistake was being repeated by the consultants. Asked by their negotiators what they wanted, they had said "more money"; and when told that they would only get it through negotiating a closed contract they had accepted that