

after contact, failed to prevent subsequent infection of the mother. The only way to improve results seems to be speedier reporting of contact by the mother who has been at risk. The preparation of gammaglobulin from rubella convalescents also seems worthy of trial. I will refer to the question of immunization with rubella vaccine in Part IV of the lecture.

Measles

Laboratory success in the recovery of measles virus preceded that with rubella virus by some years. Consequently attention has moved from an interest in the disease towards its attempted control by immunization. The disease produced by measles virus was well characterized before the virus was isolated, and there have been few clinical developments of interest to the practitioner. The relationship of the virus to the central nervous system has perhaps been the most intriguing finding. The occurrence of encephalitis during or after an attack of measles has of course, long been known though its precise pathogenesis has remained obscure.

Recently a most surprising development has linked measles virus with Van Bogaert's disease—subacute sclerosing (or inclusion) panencephalitis. This rare, fatal neurological disorder characterized by chronic mental changes progressing to dementia, paralysis, and extrapyramidal signs with myoclonic or athetoid movements has been recognized in the past by its distinctive morbidity. In addition to gross softening and sclerosis of the cortex and elsewhere, there are characteristic type A intranuclear and cytoplasmic inclusions in both neurones and glial cells. It was shown by Connolly *et al.*⁸ that brain tissue from such patients stained specifically when treated with a fluorescent antibody conjugate capable of detecting measles antigen. Later workers have shown that brain nuclei contain particles resembling a myxovirus, and recently Horta-Barbosa *et al.*⁹ and Payne *et al.*¹⁰ succeeded in isolating strains of measles virus from cell cultures derived from brain biopsies of patients with subacute sclerosing panencephalitis.

The presumption is that in subacute sclerosing panencephalitis measles virus has somehow become introduced and locked into the brain, where it persists in spite of plentiful

antibodies in both serum and C.S.F. As infection by measles virus may have occurred some years before the onset of subacute sclerosing panencephalitis, Burnet¹¹ has postulated that the disease illustrates a form of immunological tolerance. He suggested that measles virus attacks the thymus in these rare cases, lodges in thymus lymphocytes, and prevents their participation in immunological elimination of the virus elsewhere. It is possible that subacute sclerosing panencephalitis may follow measles vaccination, perhaps because of the modified virulence of the vaccine virus. Some cases have occurred both in the U.S.A.¹⁰ and in Britain in which the illness followed measles vaccination. Viruses recovered from such patients may have been derived from the vaccine, but of this there is no proof. A distinguished group of virologists in the U.S.A.¹² considers that in addition to measles another virus, so far characterized only by the electronmicroscope, is required to produce the full brain syndrome. But it is accepted that subacute sclerosing panencephalitis is an example of chronic virus infection of the brain. Other examples are cytomegalovirus infection of neonates, and slow viruses, such as those causing scrapie in sheep and Aleutian mink disease. Kuru and other chronic human encephalopathies may prove to be viral in aetiology.

(Part II will be published next week)

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Contemporary Themes

Immigrant Mother and Her Child*

F. N. BAMFORD

British Medical Journal, 1971, **1**, 276-280

Summary

The health risks of 1,164 immigrant Asian mothers and their babies in Bradford were compared with those of an indige-

*Based on a paper read at the Annual Scientific Meeting of the British Medical Association, Harrogate, 1970.

School Health Service, Bradford 1

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nous group from obstetric data collected between 1965 and 1969. The average number of children for families in each group in 1969 were 3.31 and 2.33, respectively; 43.9% of 2,206 Asian mothers delivered in 1968-9 had less than a one-year interval between pregnancies. In 1965 the perinatal mortality rates for the two groups were 48.6 and 26.6, respectively, whereas in 1969 the corresponding figures were 26.8 and 25.5, respectively. Though the risks to maternal and child health of Asians are greater, Asian families are more stable and their children have a more secure upbringing than non-Asian children. However, Asian children need increased environmental stimulus in early childhood to prevent educational disadvantages at a later age.

Introduction

Since 1964 substantial numbers of women have arrived in Bradford from West Pakistan and North India and, in particular, from the Mirpur district of Kashmir. The purpose of my study is to focus attention on certain risks to the health of these women and their children to enable conclusions to be reached about preventive care.

Method

Obstetric data were available for all women normally resident in Bradford and delivered in the city or at a general-practitioner hospital in an adjacent area in 1969. The country of origin of each patient was recorded in the following groups: United Kingdom, other European, Asian, Negro, Irish, and other nationalities. Almost all Asians were from West Pakistan and Northern India. The United Kingdom group (4,242 patients) was compared with the Asian group (1,164 patients).

Similar additional data for preceding years were used with regard to the interval between pregnancies, the distribution of birth weights, and the Apgar score of babies at delivery. In the three years 1967-9, 144, 119, and 123 babies, respectively, were born to Negro mothers in Bradford, and their weights and condition at birth are recorded separately.

Perinatal and infant mortality statistics for the children of Asians in Bradford have been compared with those for the total non-Asian population. The certified principal causes of all deaths of infants of Asian mothers in Bradford for the five years 1965-9 are analysed and tabulated.

Results

FAMILY SIZE AND SPACING

In Bradford large families are proportionately more common in Asians than in the local population (Table I). Mothers born in Asia and delivered in Bradford in 1969 had

TABLE I—Number of Previous Labours of U.K. and Asian Mothers Delivered in Bradford in 1969

No. of Previous Labours	U.K.		Asian	
	No.	%	No.	%
0	1,635	38.5	285	24.5
1	1,191	28.1	251	21.6
2	658	15.5	158	13.6
3	350	8.3	120	10.3
4	183	4.3	140	12.0
5 or more	218	5.1	209	17.9
Not known	7	0.2	1	0.1
Total	4,242	100	1,164	100

$\chi^2 = 352.73$; 5 D.F.; $P < 0.001$. Those in "not known" groups are excluded from the statistical evaluation.

TABLE II—Age of U.K. and Asian Patients Delivered in Bradford 1969

No.		≤16	17-	20-	25-	30-	35-	40-	≥45	Not Known
		U.K.	68	563	1,658	1,058	540	273	74	
	Asian	4	128	342	282	239	132	31	1	5
%	U.K.	1.6	13.3	39.1	25.0	12.7	6.4	1.7	0.2	0
	Asian	0.3	11.0	29.4	24.3	20.5	11.3	2.7	0.1	0.4

$\chi^2 = 110.19$; 7 D.F.; $P < 0.001$. Those in "not known" groups are excluded from the statistical evaluation.

an average of 3.31 children, whereas the average number born to United Kingdom mothers in the city was 2.33 children. The groups are not strictly comparable because the age distributions of the women concerned are not identical and there are probable inaccuracies in the stated ages. Asian and United Kingdom mothers had an average age of 27.0 and 25.2 years, respectively (Table II).

The risks to health of immigrant mothers and children are

increased not only by high multiparity but also because of the very short interval between succeeding pregnancies. Of

TABLE III—Interval Since Last Pregnancy of Asian and U.K. Mothers Delivered in Bradford 1968-9

Interval Since Last Pregnancy	U.K.		Asian	
	No.	%	No.	%
No previous pregnancy	2,906	34.8	514	23.3
Under 1 year	1,860	22.4	968	43.9
1 year	1,405	16.8	307	13.9
2 years	822	9.8	125	5.7
3 years	449	5.4	73	3.3
4 years	302	3.6	45	2.0
5 years and over	592	7.0	133	6.0
Not known	23	0.3	41	1.9
Total	8,359		2,206	

$\chi^2 = 527.01$; 6 D.F.; $P < 0.001$. Those in "not known" groups are excluded from statistical evaluation.

TABLE IV—Duration of Antenatal Supervision in Women Delivered in Bradford in 1969

Duration of supervision (months):	None	0-3	3-6	>6	Not Recorded
U.K. mothers (%)	0.5	18.7	59.3	19.8	1.9
Asian mothers (%)	0.8	34.8	57.1	5.9	1.5

$\chi^2 = 193.73$; 3 D.F.; $P < 0.001$. Those in "not recorded" groups are excluded from the statistical evaluation.

2,206 Asians delivered in 1968-9 there was an interval of less than one year since a preceding pregnancy in 43.9% of them (Table III).

OBSTETRIC CARE

High multiparity is associated with increased risks in pregnancy, and it is therefore important that good obstetric services should be available to and used by immigrant women. Most Asian women in England have difficulty in communication and some have religious scruples about leaving the home. Despite this, most of them in Bradford started antenatal supervision during the second trimester, and only 0.8% received no antenatal care (Table IV). They differed from the indigenous women in that a significantly greater proportion

TABLE V—Duration of Antenatal Inpatient Stay of Women Delivered in Bradford in 1969

Duration of stay:	None	<72 Hours	4-7 Days	8-14 Days	>14 Days	Not Recorded
U.K. mothers (%)	16.4	66.3	5.7	5.0	6.6	0.1
Asian mothers (%)	9.4	77.4	3.8	4.2	4.8	0.4

$\chi^2 = 57.77$; 4 D.F.; $P < 0.001$. Those in "not recorded" groups are excluded from the statistical evaluation. When those occupying antenatal beds for less than four days are compared with those who were inpatients for four days or more $\chi^2 = 12.97$; 1 D.F.; $P < 0.001$.

TABLE VI—Lowest Haemoglobin Levels Recorded in Pregnancy of Women Delivered in Bradford in 1969

Haemoglobin levels (g/100 ml):	<8	8-10	10.1-12	>12	Not Recorded
U.K. mothers (%)	0.8	12.9	69.3	14.9	2.1
Asian mothers (%)	2.4	18.6	52.2	24.4	2.2

$\chi^2 = 96.42$; 3 D.F.; $P < 0.001$. Those in "not recorded" groups are excluded from the statistical evaluation.

delayed attending clinics or their doctor's surgeries until the last trimester.

Abnormalities found in the antenatal period did not lead to appreciably different periods of inpatient treatment (Table V). A smaller proportion of Asian women than United Kingdom mothers were detained in hospital for four days or more before confinement. The lowest recorded haemoglobin levels of 4,154 United Kingdom and 1,138 Asian mothers during the antenatal period are shown in Table VI. A much greater proportion of Asian women had haemoglobin of less than 10 g/100 ml, but there was a significantly greater proportion with levels over 12 g/100 ml than in the United Kingdom group.

TABLE VII—*Babies Delivered Before Arrival of the Midwife in Bradford in 1969 (Excluding Twins and Triplets)*

	U.K. Mothers	Asian Mothers
No.	50	64
Proportion of total births	1.2%	5.5%

2 S.E. of difference between proportions = 1.70%.

A greater percentage of Asian than United Kingdom mothers are delivered before the midwife arrives (Table VII). This is one of the most worrying aspects of the obstetric care of Asian mothers, particularly since the difference between the two groups is not entirely attributable to communication difficulties. The proportions of United Kingdom and immigrant mothers confined at home were significantly different, probably because of multiple factors, including high multiparity and home facilities. There was no significant difference between the rates of admission of United Kingdom and Asian mothers to consultant units in hospital (Table VIII).

Planned early discharge is normal practice in Bradford, and a great many immigrant women are included in the scheme, though the ratio is significantly less than for United Kingdom mothers. The proportions of the two groups remaining in hospital for 14 days or more are not significantly different (Table IX).

TABLE VIII—*Place of Birth (City Births in the City Excluding Twins and Triplets, 1969)*

		% of 4,090 U.K. Births	% of 1,163 Asian Births
		Hospital	68.0
Home	Consultant units	16.0	21.6
	G.P. unit	16.0	8.7

$\chi^2 = 50.97$; 2 D.F.; $P < 0.001$.

When those delivered in consultant units are compared with those delivered elsewhere $\chi^2 = 0.52$; 1 D.F.; P not significant.

TABLE IX—*Postnatal Inpatient Stay of Bradford Mothers Delivered in Hospital in 1969*

Duration of stay (days):	None	≤ 3	$> 3 - < 14$	≥ 14	Not Known
U.K. mothers (%)	15.1	47.7	36.1	1.0	0.1
Asian mothers (%)	8.2	45.2	45.2	1.1	0.3

$\chi^2 = 52.75$; 3 D.F.; $P < 0.001$.

Those in "not known" groups are excluded from the statistical evaluation. When those staying in hospital for less than 14 days are compared with those remaining for 14 days or longer $\chi^2 = 0.05$; 1 D.F.; P not significant.

TABLE X—*Distribution of Birth Weights of Babies Born in Bradford, 1967-9*

Birth Weight (kg.)	% of 12,694 Babies of U.K. Mothers	% of 3,024 Babies of Asian Mothers	% of 385 Babies of Negro Mothers
≤ 0.99	0.4	0.3	0.3
$> 0.99 - 1.47$	0.7	1.0	0.0
$> 1.47 - 1.98$	1.8	2.3	1.3
$> 1.98 - 2.27$	2.0	4.0	1.8
$> 2.27 - 2.49$	3.7	7.5	3.4
$> 2.49 - 3.18$	36.2	51.0	38.9
$> 3.18 - 3.86$	43.5	30.4	45.9
$> 3.86 - 4.54$	10.9	3.2	8.3
$> 4.54 - 5.22$	0.7	0.2	0.0
> 5.22	0.1	0.0	0.0

Comparing babies of United Kingdom and Asian mothers $\chi^2 = 539.33$; 9 D.F.; $P < 0.001$.

Comparing babies of United Kingdom and Negro mothers $\chi^2 = 10.66$; 9 D.F.; P not significant.

(Records were incomplete for babies of 25 United Kingdom mothers, 9 Asian mothers, and 1 Negro mother, and these have been excluded from the statistical evaluation.)

HEALTH OF THE NEWBORN

The average birth weight of 3,024 babies (both sexes) born in Bradford to Asian mothers during 1967-9 was 2.98 kg. This is less than that of the 12,694 babies born to United Kingdom mothers in the city during the same period, their average weight being 3.21 kg. The difference between the number of babies weighing less than 1.98 kg in each of the groups is very small though statistically significant ($\chi^2 = 4.3$; 1 D.F.;

$P > 0.05$). Babies born to Negro mothers had a distribution of birth weights similar to that of babies born to United Kingdom mothers (Table X).

Despite the differences in birth weight the condition of the babies at birth, as indicated by the Apgar score at one minute, was similar in each racial group. There was no statistically significant difference between the relative numbers of babies born in good condition in each group in 1968 and 1969 (Table XI).

TABLE XI—*Apgar Score of Babies Delivered in Bradford in 1968 and 1969*

Apgar Score at 1 Minute	% of 8,467 Babies of U.K. Mothers	% of 2,225 Babies of Asian Mothers	% of 242 Babies of Negro Mothers
0, 1, 2, or 3	5.5	4.8	8.3
4, 5, 6, or 7	14.9	13.3	16.9
8, 9, or 10	76.8	75.6	69.4
Not recorded	2.8	6.2	5.4

Comparing babies of United Kingdom and Asian mothers $\chi^2 = 2.91$; 2 D.F.; P not significant.

Comparing babies of United Kingdom and Negro mothers $\chi^2 = 5.41$; 2 D.F.; P not significant.

Comparing babies of United Kingdom and Asian mothers with an Apgar score of 8 or more with those having a score of less than 8 $\chi^2 = 2.76$; 1 D.F.; P not significant.

Those in "not recorded" groups are excluded from the statistical evaluation.

TABLE XII—*Perinatal Mortality in Bradford 1965-9*

Year	Stillbirth Rate		Early Neonatal Mortality Rate		Perinatal Mortality Rate	
	Non-Asians	Asian	Non-Asians	Asians	Non-Asians	Asians
1965	15.1	21.6	11.7	27.6	26.6	48.6
1966	16.5	26.6	18.3	14.4	34.5	40.6
1967	17.4	15.0	13.3	13.1	30.5	27.9
1968	14.1	15.0	15.5	17.0	29.3	31.7
1969	12.0	12.9	15.0	13.1	25.5	26.8

Rates expressed as per 1,000 Asian live births and stillbirths and non-Asian live births and stillbirths respectively.

PERINATAL MORTALITY

A great many Pakistani women began to join their husbands in Bradford in 1964, and in the next two years their pregnancies, compared with those of non-Asians, resulted in a higher proportion of both stillbirths and early neonatal deaths. The rates for the two groups have now become more nearly the same (Table XII).

TABLE XIII—*Infant Mortality Rates in Bradford 1965-9*

Year	Neonatal Mortality Rate		Postneonatal Mortality Rate		Infant Mortality Rate	
	Non-Asians	Asians	Non-Asians	Asians	Non-Asians	Asians
1965	13.9	31.3	9.0	16.5	22.9	47.8
1966	18.9	17.3	11.5	10.0	30.4	27.3
1967	15.4	17.4	11.6	21.9	27.0	39.3
1968	18.0	20.6	8.6	13.4	26.6	34.0
1969	16.1	16.6	11.2	14.7	27.3	31.3

Rates expressed as per 1,000 non-Asian and Asian live births respectively.

INFANT MORTALITY

Infant mortality rates in Bradford during 1965-9 show that there were relatively more Asian than non-Asian infant deaths. The average figures for the two groups during the five-year period were 34.6 and 26.8 deaths per 1,000 live births, respectively. The comparative annual rates for Bradford indicate that those of the Asian group are beginning to approximate to the rates for the indigenous population (Table XIII). The differences apply to both neonatal and postnatal mortality rates.

The distribution of fatal conditions in infants of Asian and non-Asian parents in Bradford was not greatly different. Gastroenteritis, though proportionately more common in the former, has been a recent cause for concern in both groups (Table XIV).

TABLE XIV—Certified Principal Causes of Death in 144 Infants of Asian Mothers in Bradford 1965-9

Principal Causes of Death	No.
Prematurity	49
Other perinatal causes	18
Acute respiratory disease	40
Acute gastroenteritis	10
Miliary tuberculosis	1
Congenital anomalies	23
Heart	11
C.N.S.	4
Other	8
Other	3

Discussion

Present estimates are that of the total population of England and Wales about 2% were born in the "New Commonwealth" and that the proportion of women in the child-bearing years is about 3% of the corresponding national age group (General Register Office, 1970). Since April 1969 the birthplace of the parents has been given in the registration of births, stillbirths, and neonatal deaths. Figures for the first six months show that there was a relatively higher proportion of births to women from the New Commonwealth than to indigenous women. These accounted for 23,514 (5.8%) out of a total of 404,996 births, most of them being to women from India and Pakistan and the West Indies (10,014 births and 8,042 births, respectively). These figures suggest that at present the fertility rate of immigrant women is higher than the average for England and Wales, but it is impossible to give an accurate rate, partly because of insufficient data and partly because many Asian women do not know their exact age.

Though we cannot accurately predict how many children will be born to immigrant mothers there is evidence that average West Indian and Asian mothers in England have actually been delivered either in their homeland or in this country of substantially more children than is normal in our community. A recently published survey (Hood *et al.*, 1970) of the children of West Indian immigrants in Paddington indicated that more than a quarter had four or more siblings, and the mean of the total births to 101 West Indian mothers was 3.5, a figure similar to that for Asian mothers in Bradford.

We do not know whether this group's pattern of reproduction is characteristic of all immigrants nor do we know the effect of special circumstances, such as the reunion of husbands and wives after several years' separation. It is not without historical precedent, however, that the reproduction rates of immigrants as a whole are greater than those of the indigenous population.

Another important question to which we have no certain answer is how long the present rate of increase will continue. Approximation to the average for the whole country may, indeed, be a good index of assimilation. Of the first 1,000 patients attending Bradford local authority family planning clinics 205 were Asian women, and this suggests that there is some desire to limit family size. Obviously it is important that these facilities should be available, under acceptable conditions, to those immigrant women who wish to use them.

High multiparity and short spacing between pregnancies increase the risks to maternal and child health, and we have been anxious to offset them by good antenatal services. Barron and Vessey (1966) reported that the quality of antenatal care obtained by West Indian women in Lambeth was similar to that received by their other patients. We have been gratified that most Asian women in Bradford have used the available services, though many have delayed starting antenatal care and a few have been delivered before the midwife's attendance.

Inpatient treatment for longer than 72 hours in the antenatal period was less frequent in Asian than in United Kingdom mothers. Nevertheless, a number of special problems do occur, and in Asian women these are most often related to subnormal nutrition. Osteomalacia of dietary origin in preg-

nant Asian women was reported from Birmingham by Felton and Stone (1966), and its diagnosis at antenatal clinics attended by immigrant women is not uncommon. Iron deficiency is also more frequent than in the indigenous population. Of Asian mothers in Bradford 21% had haemoglobin levels of less than 10 g/100 ml, but this compares well with the 80% reported by Seyal (1966) from West Pakistan.

It is probable, but not confirmed, that most anaemias in Asian women are due to previously inadequate iron and protein intakes rather than to blood loss caused by hookworm infestation. Most immigrants in Bradford come from the north-west of the Indian subcontinent, where infestation is common, but we have found few to have ova counts of more than 1,000 ova/g of faeces. This study shows that the lowest recorded haemoglobin is over 12 g in a significantly greater proportion of Asian than United Kingdom mothers, and this I am unable to explain. A similar pattern of distribution of haemoglobins occurred in 1968. Negro women delivered in Bradford had haemoglobin levels of over 12 g/100 ml—a similar proportion to United Kingdom women—but significantly more of them had haemoglobin levels of less than 10 g.

Though their average birth weight of 2.98 kg is less than that of babies born to United Kingdom mothers, the newborn of Asian immigrants are slightly heavier than the average of 2.9 kg for boys and 2.7 kg for girls recorded in India (Phadke, 1968). Differences have to be taken into account in planning services, and since we appreciated that many mature babies of Asian mothers weigh less than 3.18 kg admission to a special care baby unit on grounds of prematurity alone has been restricted to those weighing less than 2.49 kg, and events have justified this policy (Arthurton, 1970).

Both perinatal and infant mortality rates of infants of Asian immigrants in Bradford during the past five years have begun to approximate to those of the indigenous population. Infant mortality is very much less than that estimated in the areas of origin of most of the Asian mothers, where rates of more than 150 per 1,000 live births have been suggested (Gordon *et al.*, 1965). Not only the infant death rate but also the pattern of mortality of Asians in England contrasts with that described in an Indian urban community (Datta Banik *et al.*, 1969), where of 122 deaths in the first year acute diarrhoea accounted for 42.7%, pneumonia for 41.0%, and infectious disease for 8.2%.

Most illness in Asian children is unremarkable, but special problems of morbidity do occur, notably rickets, and occasional cases of tropical diseases are seen. Arthurton (1970) reported that proportionate to their number in the population children of Asian mothers attend medical paediatric outpatient departments only slightly though significantly more often than children of indigenous mothers, but that they were admitted for inpatient treatment with almost twice the frequency. The commonest cause for outpatient attendance was upper respiratory tract infection, and respiratory infections and asthma together accounted for 42.7% of 281 admissions to hospital.

Infant feeding methods change from the use of breast milk to that of cow's milk shortly after Asian mothers arrive in Britain. A retrospective inquiry into the techniques of feeding that had been used for children born in Asia and now living in England showed that all of them had been breast-fed, the minimum period being three months and the average for the group 22.5 months. Of the 1,164 infants delivered to Asian mothers in Bradford in 1969, 293 (25.5%) never received human milk and a further 647 (55.6%) were breast-fed only while they were in hospital. The abandonment of physiological methods of infant feeding is not without hazard, particularly for those babies whose mothers are unable to read or understand instructions in English. When we fail to persuade them to breast-feed there remains a considerable responsibility to educate those who are unfamiliar with the techniques of hygienic preparation of infant feeds.

QUALITY OF CHILD CARE

Very few infants of Asian mothers are brought up in one-parent families, illegitimacy being uncommon. Of mothers delivered in Bradford in 1969 only 11 (0.9%) were single, widowed, divorced, or separated, compared with 516 (12.0%) United Kingdom and 25 (20.3%) Negro mothers. Pakistani women rarely go out to work and generally give their whole attention to their families. This is in pronounced contrast to West Indian mothers, of whom more than half in the Paddington survey were in gainful employment (Hood *et al.*, 1970).

Young children in Asian families generally receive a good deal of attention and security, though compared with English children they lack environmental stimulus. This together with inadequate exposure to the English language may result in educational disadvantages. Peace (1970) found that in the last year at infant schools Asians were six months retarded in reading age compared with indigenous children and that the syntax, morphology, and relevance of material produced was inferior. Nursery education would have been of obvious benefit, and this has been recognized in recent urban development programmes.

Of 116 "coloured" children received into residential care by the Bradford Children's Department in 1966-9, 58.6% were admitted because of short-term illness of the mother, and a further 17.2% because of the mother's confinement. Only 2.6% arrived in care because they were abandoned, deserted, illegitimate, or homeless—much less than the rates for white children and substantially less than the rates for children of mixed race (Foren and Batta, 1970). The inference is that coloured families in Bradford are more stable than white families, but that in the absence of an extended family in Britain it is difficult to keep infants in their home surroundings during maternal illness or confinement. I have pointed out that abrupt changes in language, food, and general environ-

ment often produce a noticeable effect on young Asian children, a significant proportion appearing to be anxious and a few being depressed and anorexic (Bamford, 1969). Unfortunately the number of immigrants able or willing to act as foster parents has been very limited, and this supports the suggestion that in cultures promoting a high sense of responsibility within closely-knit families outsiders are not easily accepted into personal relationships (Triseliotis, 1965). It is particularly important to minimize the separation of these infants, and planned early discharge of maternity patients and domiciliary care of short-term illness should be undertaken whenever possible.

I wish to thank Dr. M. W. Arthurton and Mr. M. W. Pearce for their helpful advice and access to their papers awaiting publication. Mr. R. Butterfield gave invaluable help in the preparation of the tables.

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One Hundred Years Ago

Notes from the *British Medical Journal*, 21 January 1871

THE friends of Dr. Hermann Beigel, of Charing Cross Hospital, who is now with General Manteuffel's army, will be glad to hear that he was decorated on the 4th instant with the order of the Iron Cross, for personal bravery on the field of battle. A comparatively large proportion of the medical officers of the British army have had the Victoria Cross—an honour of yet more difficult attainment.

THE Museum of Orchids and Natural History of Paris has been destroyed by German shells. Several of the hospitals have suffered. In reply to a protest from the physicians, formally conveyed by a *parlementaire* from General Trochu, Count von Moltke has replied that, at the great distant at which bombardment is now carried on, it is not possible to distinguish objects, but that, as the guns are brought nearer, a nicer discrimination will be possible.

CONSIDERABLE irritation is expressed in some quarters at the inconsiderate and disrespectful manner in which the interests of some important schools are treated, and the misrepresentation of quasi-confidential communications, in articles to which Dr. Headlam Greenhow, in his letter to us last week, alluded in terms which discredited their accuracy and condemned their bad taste. We are satisfied, however, on the other hand, that the authorities of University College School

are not responsible for these premature and incorrect statements, and feel only regret that the indiscretion of gentlemen attached to the staff of the hospital and the newspaper should have involved them in this misunderstanding. There is no reason, however, to suppose that it is more than indiscretion, and there is reason to hope that it will not involve any permanent bad consequences.

A CHRISTMAS TREE

AT the Great Northern Hospital, over one hundred in-door and out-patients were presented with gifts of clothing, tea, sugar, toys, fruit, and needful articles, at their usual "tree" treat last Thursday. The children enjoyed a magic-lantern very much. Music and good cheer, in a gaily decorated ward, seemed to interest the patients and give them pleasure. Several members of the Committee and the Medical Staff entered largely into the amusements of the sick family, causing sunshine in sickness. Bed-ridden patients had useful articles brought to them.

UNIVERSITY COLLEGE

A BALL in aid of the funds of University College Hospital was held on Tuesday evening at Willis's Rooms. The attendance was very large, upwards of three hundred friends of the Hospital being present. We believe that the proceeds of the entertainment will amount to about one hundred pounds.