

lessly clean, as though she were just about to be entered for a baby show. The almost obsessional cleanliness of the West Indians has greatly impressed me. How she manages on this money I have no idea. Hers is by no means the worst case of poverty I have come across. The worst cases of all are the unmarried mothers with several children who receive National Assistance. I have not the remotest idea how they manage to exist.

In contrast, according to the Ministry of Labour, the average British family in 1962-3 spent £18 7s 4d per week, and this excluded income tax, mortgage repayments and insurance (*Observer* 5.1.64).

Out of 54 consecutive 'cold' admissions of coloured children to the wards of two South-East London hospitals 31 showed their serum albumin levels to be below normal – not a surprising finding considering the financial situation of many of the immigrants, and also their dietary practices as regards weaning foods. Milk and carbohydrate paps are used extensively, and other protein-containing foods are not usually offered until the child is well into his second year of life. Here again these clinics could be of great value by giving dietary advice, telling the mother in detail what food to give the child and at what stage, and hoping that she will tell her friends.

Running the Notting Hill clinic has been a most fascinating and, I hope, useful venture. It has been most rewarding as far as I am concerned. There has been only one problem at the personal level, my complete inability to adapt when I come across the very occasional coloured mother who has a colour prejudice.

Dr C Eric Stroud

(King's College Hospital, London)

Summing Up

Dr Oppé has shown us a wide range of diseases, all of which are much more frequent amongst immigrant than among English children. The common feature of all these diseases is that they can be prevented. There were some conditions which Dr Oppé did not mention, particularly burns. It is common experience to those doctors working in paediatric burns units in London that sometimes as many as 40% of the cases are in coloured children. In the winter of 1962-3 the newspaper headlines on a number of occasions told of immigrant children being burnt to death

due to oil heater fires. In a survey we have carried out at King's College Hospital over 90% of immigrant mothers used oil heaters for heating their rooms. The number of fires in houses in England and Wales due to oil heaters increased from 934 in 1957 to 1,684 in 1959 and has stayed at that level (L W T Leete, London Fire Brigade, personal communication, 1963).

These organic diseases are interesting to us as doctors but probably much more important are the emotional disturbances occurring in immigrant children as a result of the difficulties found by the traditional West Indian family unit in our society. Already Dr G Stewart Prince (personal communication 1964) has noticed a high incidence of behaviour problems in these children and is concerned by the probability of a high incidence of juvenile delinquency in the same children in a few years' time, to be followed later by the same children becoming adults with criminal tendencies.

The problem is big enough to make some people pessimistic but the only excuse for talking about a problem is to do something about it. Miss Peppard and Mrs Patterson have shown us the complexity of the background to these emotional problems and it is obviously necessary for many people from numerous different occupations to collaborate to get something done.

The welfare clinics need expanding on the line of the clinic in Notting Hill Gate conducted by Dr Gans. The welfare services in immigrant areas should not be restricted to 9 a.m.-5 p.m., but should be extended to meet the problem of the working mother; the problem cannot be expected to fit the services already available. These clinics should also be advertised, especially in places employing many immigrant people, which is something Dr Gans has not been allowed to do. Health visitors, social workers and medical students need special training in the problems of immigrant peoples. Health education of mothers in maternity units should be universal, especially as the birth rate amongst immigrant peoples is so high. (In two hospitals in South London, of a total of 3,100 children born in 1963 1,500 were children of immigrant parents.)

Above all, we should all be aware of the problems and the background of these immigrant people so that we can, without prejudice, work together to improve the situation. If such improvement can be achieved it may well be that in two generations the immigrant population will not have the disease and emotional problems we find amongst them at present.