

HEALTH PROBLEMS OF EMPLOYEES IN ALIEN LANDS

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ABSTRACT

The medical problems associated with travel through differing physical environments, time-zone disruption, protection against exotic disease and the differing geographical distribution of disease are topics already well documented in articles and textbooks.

This paper is based on the accumulated experience within one large international company over many years in selection, briefing, health screening and health care of employees of over 100 different nationalities. Currently, about 3 300 expatriates of over 50 different nationalities working for this company are in countries other than their own.

Observations are made on criteria needed for successful selection of employees and their wives and families for residence in foreign countries, by both personnel departments and by experienced doctors. Close scrutiny is advised not only for physical conditions which could be adversely affected by residence overseas, but also for previous mental illness, mental adaptability and resilience, sensitivity to customs of others and a sense of proportion.

The importance is stressed of briefing of candidates on conditions they can expect in their overseas assignment. Medical problems and anxieties of employees and their families during overseas residence are considered and means of allaying such problems are reviewed including provision of total medical care in certain situations, advice on local facilities, and methods of medical evacuation to home country in certain cases. Finally, adaptation back to one's home country after many years overseas service is discussed, a seldom considered aspect of the overseas life.

It is certainly a truism, almost a cliché, to say that we live in a changing world. The pattern of various nations developing towards more equal standards of social and commercial sophistication has led to greater numbers of people travelling outside their own countries. Not only does increasing affluence in the more developed areas result in a vast increase in holidaymakers seeking variety and relaxation further from their native shores, but the needs of commerce, government and international service give rise to greater numbers spending periods of time on assignments outside their normal environment.

Historically, the needs of colonial administration led whole families to spend many years in out-of-the-way parts of the world facing privation, adverse climates and dangerous diseases. As this tradition of overseas life has dwindled, many other reasons for working abroad have developed. With increasing membership of the United Nations, numbers of staff in the foreign service of

emerging nations have increased and become more evenly distributed throughout the world. Large international companies have spread their connections and expect a high degree of mobility in some of their staff. Formerly, the international staff of such organizations were drawn from the developed world, mainly in North America and Europe, at a time when the necessary degrees of skill, experience and training, were in short supply amongst the less developed nations in which such organizations operated. Most of these areas tended to be in the tropics.

Over the last twenty-five years tremendous changes have occurred, and a rapidly increasing part is being played by such nations in running their own affairs – political, military and commercial².

As a consequence nowadays few members of the so-called developed nations travel or live overseas on colonial or military service, except perhaps as advisers to governments, and their place has been taken by greater numbers on commercial assignments. Conversely, increasing numbers of employees are being assigned from the developing nations for training elsewhere. In the author's particular company, approximately 160 000 full-time employees of more than a hundred different nationalities are working in various countries. At present, there are about 3 300 expatriates of more than 50 different nationalities working for group companies in countries other than their own. In addition many employees of associated international contractors are the responsibility of the company's medical services.

In the old, "colonial-style" days, it was usual for large numbers of expatriate families to live in enclaves, whether in one section of a city or in an isolated company-built camp, in which their whole style of life had been exported from the home country. In those days, the obvious hazards to health were physical rather than mental, including extremes of climate, a less than balanced diet, exotic diseases and dangerous beasts.

Air conditioning, comfortable accommodation, better transport and storage of food, adequate immunisation and health protection of individuals, as well as steady improvement of medical services have gone a long way to ameliorate such physical conditions. On the other hand, the potential mental stresses have increased as employees and their families are obliged to integrate more into local patterns of society and live a life in a political, cultural, social and religious environment alien to that in which they have been nurtured.

HEALTH SELECTION

Probably the most important aspect of health promotion for expatriates is proper selection for each assignment to avoid breakdown of mental or physical health. Such selection is equally important for the family members of the employee. A "serious" or long-term breakdown of the employee's health will inevitably cause distress, collapse of morale and often considerable expense for employee or employer. This event will often necessitate the evacuation of the whole family for definitive investigation and treatment of the sick member,

usually in the home country. As a general rule, expenses for such an event are met by the employing organization. Consequently, a policy of adequate health screening will be in everyone's interest in order to avoid such episodes and also the resulting disruption of career planning for the individual and organization. While an alternative space is being found for the employee, following recovery, his career development can be held up by as much as two years. It must also be emphasized that similar considerations apply when an accompanying wife's health breaks down, for prolonged separation from an ill spouse is not usually acceptable to the individual or countenanced by an enlightened employer.

Physical health

Obviously, a high standard of physical health is desirable for anyone travelling to, or living in an alien land. Ill health is always a distressing experience, even in the background of one's own cultural environment, and natural anxieties will be compounded by the need to seek medical treatment from a foreign medical service, possibly with language difficulties and almost certainly a different style of medicine. In addition, the actual standard of medicine may be apparently inferior to that in the employee's home country, which can be a demoralising experience.

In practice, one finds that a male employee on a single posting overseas is quite willing to take his chances with local medical care, particularly if his health is well checked before his overseas assignment. When he takes his wife, and particularly young children, a markedly heightened anxiety about the standards of medical care immediately becomes apparent. This is understandable, as young children are particularly prone to develop sudden, acute illness such as high fevers. Where inadequate or tardy medical care is available, this can be the last straw for an inexperienced and apprehensive young expatriate family, which precipitates a resignation by the employee in order to return to the known conditions of his own country.

The criteria of physical health for travel to and residence in overseas areas have been documented in several publications. When considering the medical fitness of people for overseas life, two aspects are considered, previous or existing conditions and the likelihood of relapse either in the normal course of events or as a result of residence overseas, and the medical facilities available to cope with any relapse or complications of known disease.

A very good resume of considerations of fitness for travel and medical assessment for living in warm climates is given in A.C. Turner's book "Travel Medicine"⁴, and detailed consideration is beyond the scope of this paper.

With the expansion of activities to other extremes of climate, the particular problems of extreme cold must be considered, and the extreme and dramatic hazards for people working in the Arctic are described in a paper by Clothier⁵.

In practice, it is found that the simple physical effects of climatic variation are seldom a practical bar to travel or employment overseas. With improved living conditions, better communications, and wider health educations most individuals are well able to adapt rapidly to a different physical environment.

Nevertheless, certain existing or previous conditions may pose unreasonable risks in certain environments. Several infected skin conditions do badly when exacerbated by hot sunlight and excessive sweating, while a tendency to skin cancer may be a reason to advise against living in particularly sunny climates, especially when it is realised that in certain terrains, up to 40% of the ultraviolet irradiation may be received by reflection from the ground and surroundings. Certain cardiovascular disease cases are poor risks for overseas life. Uncontrolled hypertension and cardiac failure may be difficult to control in a hot climate where the need to restrict salt intake conflicts with excessive fluid and salt loss.

Recent tuberculous infection is a contraindication to travel, while asthmatic tendencies are notoriously difficult to predict when the individual moves from one environment to another. For several years now, the notoriously smoggy areas of the world such as Los Angeles and the Tokyo-Yokohama area merit careful consideration, while more recently Ankara is attracting a reputation as a bad area for chest diseases. Many areas of tropical rain forest are known to cause allergic rhinitis and bronchial wheezing, and a list of known vegetable allergens in Borneo makes impressive reading.

Particular care has to be taken with individuals who have certain bowel conditions such as Crohn's disease, ulcerative colitis, diverticulitis and the irritable bowel syndrome. The role played by mental stress in the aetiology and symptomatology of these conditions is not yet fully appreciated, but appears to be assuming significance, and therefore avoidance of unnecessary mental stress is probably to be avoided wherever possible by advance planning. What is certain, however, is that a change of environment – commonly to a part of the world where food and drink hygiene is inferior – is usually accompanied by increased proneness to attacks of gastro-enteritis which will often lead to a flare-up in a latent bowel disorder.

Mental health

The borderline between physical and mental health is not easy to define, and neither is it easy to distinguish between physical factors causing mental ill health and mental stress leading to a breakdown of physical health. This is well illustrated in two papers produced by C.R.M. Wilson following studies on a series of patients admitted to the Hospital for Tropical Diseases in London^{5,6}. In the majority of cases, admission was requested by doctors from various countries, on the basis that symptoms were due to an organic, tropical condition. In the series under study, all patients were psychiatrically evaluated. In the first paper, the symptom patterns in 151 patients referred for psychiatric opinion are studied, while in the second paper, 208 consecutive admissions to the hospital were psychiatrically screened and a 31.8% incidence of psychiatric morbidity was found.

It is obviously essential, therefore, when assessing total suitability for a specific overseas assignment to weigh up the whole individual and the anticipated mental and physical response to an alien environment. A history of

obvious mental ill health such as anxiety, depression, hysterical personalities, hypochondria, schizophrenia, must all be weighed up with great care, for such disorders, however quiescent they may appear at the time, tend to fare badly when moved out of their normal home environment. As a general rule, any such cases while still on active treatment should not be sent overseas. It is very tempting to assume, following successful treatment of a depression, that the challenge of a new job, often on promotion, an increase of salary, better housing accommodation than in home country, availability of servants, coupled with a sunny climate and a more colourful environment, would tend to favour full recovery from the illness. Unfortunately, it is the experience of many doctors in international occupational medicine that this is usually not the case. The subtle mental pressures on foreigners on overseas service are seldom fully appreciated except by those who have experienced the life!

As we have seen, conditions have changed for expatriates, and while physical factors have improved to a large extent (air conditioned houses, offices and motor cars, better cold-store food supplies, well stocked shops, rapid transport to home country and other communications, generally improved health services and disease prevention measures), mental stresses have often increased markedly. Formerly, in many countries, stable colonial regimes existed where the European expatriate enjoyed a perhaps unfairly favourable style of life, surrounded by an insulated community of his own kind and a familiar social style of life. In many cases, the employing company was almost like a colonial power, building and maintaining an isolated and independent camp or community within the country, but where the government of that country made little inroads into the expatriate way of life.

Now in many areas, all this is history and today's world is different. Expatriates nowadays must integrate to a greater extent and must cooperate with local inhabitants very much more on their terms. With the spread of independence all over the world, some countries are now notable for a degree of ill-concealed hostility to foreigners and obvious resentment of their presence may become manifest. Formerly isolated expatriate company enclaves are changing as more of the management of such companies passes to regional employees who have received the necessary training and experience to run the affairs of their companies. For the dwindling expatriate community, a feeling of isolation may result, adding to the sense of insecurity and mental stress.

For "old timers" in a particular overseas company, such changes may be increasingly difficult to adapt to. They often see their own jobs threatened by regional employees who are not as experienced or as well trained as they, and the replacement of expatriate colleagues by local staff can lead to an increased work load of responsibility on the remaining expatriate personnel. An additional anxiety for the ageing, non adaptable employee is the frequent prospect that central office may not be able to place him somewhere else within the international organization. As adaptability tends to decrease in middle age, any applicant over the age of forty years who has never lived or worked in a markedly different environment from his own, merits careful screening.

In the case of wives, the pressures may prove more significant than for their husbands. Much as many of them appreciate the assistance of servants, particularly to help with young children, this can lead to boredom for a wife who no longer has housework or a job to occupy her time. In many countries it is impossible for a wife to obtain an interesting job due to work permit restrictions. Time can hang heavily on her hands despite coffee party sessions, bridge and mah-jong (with attendant "camp gossip"), handicraft classes, keep fit and yoga, and as a consequence, minor irritations and frustrations become magnified in her mind. Her husband has his job to go to every day and the company of his colleagues similarly occupied.

Social isolation from friends or lack of access to transport can be a potent factor in decline of morale and happiness, as can separation from her own parents at home, or her children when they require schooling in their base country. Wives who have never lived outside their home country and are rather "parochial-bred", with limited interests and close family ties, are particularly prone to a reactive depression.

For both husbands and wives, the hazards of alcoholism must not be ignored. Salaries of expatriates are generally higher than they are used to, alcohol may be actually cheaper than in their base country, and a pattern of more hospitality and socializing combines to lead to more drinking than is their usual custom.

Successful screening of expatriate employees for physical and mental health is best carried out by medical staff with experience of living and working overseas themselves, preferably in the same organization as the employees being examined. Not only have they experienced the conditions for themselves, but also they have observed their fellow employees and how they fare in the overseas environment. Additionally, they are more credible to their non medical colleagues as having experience of the particular jobs and living conditions in the various areas to which employees may be assigned.

In some organizations it is customary to include a psychological screening, usually with a formalized questionnaire, in any health screening for overseas service. Obviously, the investment made in transferring an employee and family to an overseas location is considerable, and efforts are made to forecast any possible breakdown. In the writer's particular company, no such formal psychological tests are applied, and decisions are based usually on the opinion of a senior medical adviser with experience of practising overseas and of the conditions in various operating companies round the world. Where necessary, individuals are interviewed by a senior company doctor who discusses all the implications freely with the individual while closely observing his reactions and attitudes.

Temperament

At this point the strictly medical part of assessment of employees ceases and general considerations of suitability for a move are shared with management and

personnel functions. The writer feels that joint consideration of suitability for overseas work and life should be a regular feature of organizations which move personnel around the world as part of their operations.

Much can be said about the correct temperament to adapt to different surroundings and withstand the attendant irritations, aggravations and frustrations. Cheerful tolerance of the unexpected and unusual is essential, as well as the ability calmly to add up the pros and cons of the new style of life versus the known conditions left behind in one's home country. Increasing experience of differing ways of life around the world reveals that no one way of life is free of all snags, and this realization is helpful to peace of mind.

Probably the most important single factor for good survival, in the writer's experience, is a sense of humour under all circumstances. The ability to see the funny side to unusual and irregular situations is an invaluable prescription for contentment. The ability to laugh with one's local associates and acquaintances and never at them is a formula for good cooperation and peace of mind. For this reason, and in certain situations, slightly "mad" individuals do very well, but only those with a special brand of eccentricity and not medical psychoneurosis.

Personality

Closely allied to temperament is personality, and this needs consideration in any assessment. Mental flexibility and adaptability are pre-requisites, as are a broad point of view, willingness to observe and learn from others, understanding of others' points of view, patience and sensitivity to others' sensibilities. It is often necessary to live in foreign countries where only the native language is customarily spoken, where totally different standards apply with alien styles of law, politics, social customs and manners. Cultural traditions and religions may be at considerable variance, and it is perfectly possible to land in a gaol of mediaeval proportions for some minor offence which would scarcely merit a rebuke in other countries, or to be summarily ejected from the country for some misdemeanour committed in total ignorance by the expatriate.

Experience

The most reliable criterion for successful service overseas is previous experience in alien lands with a good record of physical and mental good health. Such experience trains individuals to be more ready for the unexpected when they proceed to a different foreign posting. They have seen, as well, the differing ways that problems at work as well as in life can be tackled. Not only are they better employees but they are more assured and level headed in themselves.

Training

Those who have had special training to fit them for their specific jobs overseas and to withstand altered conditions of life are much better candidates for a healthy and productive assignment.

HEALTH EDUCATION

Wherever possible, candidates newly assigned overseas should be given a briefing on health conditions they should expect and sensible precautions to adopt. A sensible, well informed approach to health in overseas locations is essential and adequate briefing of employees and wives will pay dividends for any organization with international staff. At any medical examination or interview, the opportunity should be taken to give individual counselling in these matters and allow individuals to clear any doubts they may have in their minds with an experienced medical adviser. In several organizations, senior medical advisers make regular business visits to the various countries in which their employees operate, in order to acquaint and update themselves with general living conditions and medical considerations so as better to select and advise individuals who are destined for these areas. Many employers supplement such individual counselling with leaflets and booklets imparting general information and health advice.

In many cases, larger companies will run whole courses themselves in order to impart background information to employees and wives on the area they are being posted to. These will usually have a health content. Alternatively, a few independent organizations exist to supply this briefing need. Two examples currently in use by the writer's company are the Centre for International Briefing at Farnham Castle in England, and the Institute for Tropical Studies in Amsterdam, Holland.

At such courses, the various potential health hazards can be described and put into proper proportion. Sensible adaptation to extremes of climate can be discussed whether it be to a brilliantly hot desert with temperatures up to 55 °C, a steaming hot jungle with 100 per cent humidity or the fierce cold of the Arctic with temperatures down to -35 °C. Age old and emotive hazards such as sharks, snakes and scorpions can be mentioned and put into their right perspective while underrated hazards such as malaria, poliomyelitis and bilharzia can be properly emphasized. More recently, the newly-described conditions of Lassa fever, Marburg fever and Ebola fever have evoked a subhysterical reaction out of all proportion to the chances of expatriates actually succumbing to them.

PREVENTIVE HEALTH

Comprehensive advice on immunization and health protection is an essential function of employers who are nowadays expected to provide such services before exposing their employees and dependents to predictable health hazards. Most individuals readily accept protection against smallpox, cholera, typhoid/paratyphoid, and yellow fever, but more complacency is encountered with some of the other recommended preventive measures. Tetanus inoculation should be kept up as this is a worldwide disease, and poliomyelitis is endemic in many countries. Routine booster doses of polio vaccine should be administered every five years and at least up to the age of 50 years.

Administration of human immunoglobulin to counter infective hepatitis is a more controversial prophylactic procedure. Several organizations routinely

administer this serum to overseas employees in areas of high endemicity, while others offer this protection only to travellers on short business visits to such areas particularly if travelling off the beaten tourist track away from hotels of high hygiene standards. Similarly, with the advent of better anti-rabies vaccines, immunization may become routine for those living in highly infective areas or who come into contact regularly with strange, warm-blooded mammals.

Malaria prophylaxis is essential for expatriates travelling to malarial zones or even briefly through them. Scepticism about this is often encountered amongst such expatriates who, for a variety of reasons (nearly always specious), do not see the need to take such pills. It is all the more necessary for responsible employers continually to remind their members of the reality and hazards of malaria, and the need to adhere scrupulously to the advised prophylactic regime. This is particularly the case for school children flying overseas for school holidays where a brief refuelling stop in the only malarial zone on their travels may be sufficient to result in a dangerous infection. In many cases they are sent back to school with four or six weeks supply of tablets and a letter to the school matron reminding her of the need for continuing prophylaxis and the possibility of a late malaria developing despite all precautions.

Unfortunately, no single drug seems yet to be the ideal preventive for the four types of malaria and in all parts of the world. Several companies advise Proguanil, or Paludrine as their single worldwide prophylactic. One tablet daily is given to the average adult, and an appropriate dose for children. In certain areas, where particularly heavy infestation with *P. falciparum* occurs or where drug resistance has been recorded, the usual dose is doubled.

PROVISION OF MEDICAL SERVICES

The quality of medical services varies considerably between countries and also between different areas of the same country. For enterprises with overseas activities, constant account must be taken of the availability and standard of such services in its various areas of operations. The availability of reliable and high standard medical treatment is a requirement for ensuring efficient business operations quite apart from humanitarian considerations. In practice, this is found to be a strongly positive morale factor in attracting staff to otherwise isolated locations. This is especially so if a company wishes to attract and keep specialist expatriate staff, and other welfare facilities must also be provided such as schooling for children up to 10 or 12 years, good housing, and a personnel department which can help to smooth the problems of a newly arrived family adapting to a strange country.

Where operations are on a small scale and numbers of employees low, employees will use existing medical services. It is usual to engage the part time services of a selected local doctor, who not only provides first line treatment for all employees and some families, but is also retained as adviser to management on occupational health problems. Arrangements are often made with a local private or government hospital for admission of employees and dependents when necessary.

Where activities are on a large scale with greater numbers of employees, or where they are in a particularly isolated area, it will be necessary to provide full-time medical services independent of local facilities. These range from a simple occupational health clinic with nursing and ancillary staff and a part time medical adviser who may attend for a few hours every morning, up to hospitals with specialist physicians, surgeons and other medical officers, and branch clinics in the main areas of activity. In such a service, total medical care is provided by the company doctors practising in the fields of general practice, hospital medicine, community and occupational health.

Obviously, such a comprehensive service is an expensive burden on any commercial organization which does not wish to compete with the wider obligations of a state's medical services to its own citizens and other temporary residents. Historically, the military forces of various countries have found the need to provide comprehensive medical services for their personnel on overseas service in various parts of the world, but against this is, to a large extent, past history.

Where full-time medical officers are employed on overseas service, regular communication with senior medical advisers in central offices keeps them acquainted with medical conditions and the changing environment of the various overseas locations. This is usually supplemented by regular visits on the part of central office medical advisers who update their own first hand knowledge of the areas. This procedure is found to be invaluable in improving the standard of health screening of expatriate personnel proposed for service in overseas areas. Also, it enables the medical adviser to counsel individuals about life overseas on the basis of up-to-date and first hand knowledge of such conditions.

TREATMENT IN HOME COUNTRY

As a rule, expatriates prefer investigation and treatment of major conditions to be done in their home country. In non-acute cases, the opportunity is often taken during routine home leave to refer such problems for specialist investigation and treatment. In acute cases, immediate management is a matter of judgement between doctors on the spot and the organization's medical advisers. In such events, a first hand knowledge of the local medical and nursing standards and an assessment of the state of mind of the sick or injured patient combine in the decision whether to evacuate or not. Medical evacuation is usually accomplished by special arrangement with a scheduled airline often with an accompanying nurse or doctor. In practice, a very high degree of cooperation is found from the major airlines, who routinely fit a stretcher into one of their scheduled flights at remarkably short notice on request. Surprisingly few medical cases are found to be unacceptable by airline medical advisers although, most understandably, they are reluctant to carry cases who would cause offence to other passengers on the flight.

In extreme cases, individual charter flights are used and several organizations exist who provide medical evacuation services worldwide. Three

examples in the United Kingdom are Transcare Limited, St. John Ambulance Aeromedical Section and Europ Assistance Limited. They are capable either of producing an aircraft or road ambulance with varying medical staff according to the needs of the situation, or merely supplying a medical escort who will fly out to any part of the world and accompany a patient on a scheduled flight.

The knowledge that such facilities exist and that their employing company will use them if necessary, is found to be a significant morale booster to individuals living in out-of-the way areas. Nowadays, one of the most frightening and de-moralising experiences for expatriates is to be involved in a serious road crash. Regrettably, this is becoming the most serious health hazard they face after psychoneurotic or psychosomatic breakdown. The possibility of a rapid return to the physical and mental comforts of their accustomed home environment can be a real solace.

RE-ADAPTATION TO HOME COUNTRY

Finally we come to a hitherto little considered feature of expatriate life – that of settling back into the home country. This may be after many years of life in overseas territories, as expatriate employees tend to be self-selecting to a great extent. Some of the differences are obvious such as a hotter climate and usually longer periods of leave. As a rule, expatriates are paid a much larger salary in order to make up for inconveniences of family separation, having to sell or rent their home, having to accustom to overseas conditions and so on. Inevitably, they tend to assume a more affluent style of life, with servants and much better housing accommodation than they would normally expect to enjoy. Eventual return to home country may be a depressing experience when the style of life has to be trimmed back to the constraints of a reduced basic salary.

It is common to develop a taste for the colourful conditions of relatively unsophisticated tropical country and a conscious effort to adapt to alien society may become subconsciously implanted. The differences of foreign associates and countries may become a source of continuing interest and entertainment to the well-adapted expatriate. On return to home country, no conscious effort is made to be tolerant of conditions, which may have changed markedly during the absence of the employee with resulting intolerance and irritation.

Expatriate employees are often selected because of outstanding abilities or experience unavailable locally in the overseas area. As a result they often hold unusually senior and responsible positions the equivalent of which they may not have expected otherwise to attain. In other words, they are often "big frogs in little pools", who have rapid decisions to make of considerable importance without many experts to whom they are always expected to refer. This is usually a highly motivating life with rapid positive feedback to sustain the enthusiasm and drive of a well selected individual. The consequences of actions and decisions are usually rapidly seen in this type of life.

The reverse often applies when the individual returns to a home posting. Even though such a move may be accompanied by promotion, the "trappings of power" may well be less apparent and decisions are no longer taken in the same

degree of isolation. Life may be seemingly "grey" in the colder climates at home and working conditions more like a large committee, where decisions become slower and more complicated, and the consequences may take several years to come to fruition. Positive feedback is far less rapid and a greater degree of commitment, motivation and patience is required (which is the feature of seniority and maturity in any organization). Nevertheless, it commonly seems to the returning individual that he is "a little frog in a big pond".

Re-acustoming back to home conditions can be a much longer process than adapting to a strange country. Two years is not unusual, and some individuals never re-settle.

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