Idyllic surroundings, and modern hotels, are not guarantee of freedom from medical problems

Sickness abroad
T

he Dutch flight attendant who went
down with malaria last month,
despite having taken her anti-
malarial tablets, had a narrow escape.
Although she ignored the early symptoms and thought she had 'flu, alert airline doctors made the correct diagnosis and treated her in time.
In Britain, another malaria victim who had also taken his tablets was less fortu-nate. In a case just reported by the Medi-cal Defence Union (a medical malpractice insurance organisation), doctors dis-missed the possibility of malaria in an unwell businessman who had been to East Africa precisely because they knew he had been taking antimalarial tablets during his trip. He died of cerebral malaria. Worldwide, malaria kills more people than any other disease, but most doctors in Western countries receive little or no formal training about this, or many other important diseases that travellers encoun-ter. Advances in Western medical tech-nology have not been matched by like developments in disease control else-where, however comfortable it may be to believe otherwise. The health risks of travel have not decreased, and aircrews and aerospace salesmen are among those at greater risk, simply because they are frequent flyers.
Roughly half of all people who travel

Bugs, bites, and bacteria present serious health risks for frequent travellers such as aircrews and aerospace salesmen. Their complacency is even more dangerous. Dr Richard Dawood's account

of medical pitfalls makes unpalatable but necessary reading. It could save your health, or even your life.

end up with some kind of unpleasant effect on their health as a direct result of their trip. Almost all of them are preventable to a major degree.
Are people who work in the travel industry, experienced travellers, or even doctors, less prone to trouble abroad? Not necessarily; complacency often adds to the risk. What about flight crew? "I'm afraid aircrew are not very good at following health precautions," says Dr Friedolin Holdener, medical director of Swissair,

Dr Richard Dawood is the editor of Travellers' Health, a comprehensive guide to the prevention and treatment of
health problems abroad, recently published by Oxford Univer-
sity Press. (Paperback, £6 95).

"though they are certainly better at it than tourists." In Dr Holdener's experience, cockpit crew are better than flight attend-ants, and caution tends to increase with age. The worldwide drive to eradicate malaria in the 1950s, 1960s and early 1970s ran out of steam just when success was close. As disease rates fell, so did motivation, and most countries found it politically untenable to support the continued high cost of this lengthy campaign. In India the number of cases fell to fewer than 50,000 by 1961, but has now climbed back to well over 50 million a year, probably just as many cases as before. With the same pattern reflected elsewhere, malaria has returned with a vengeance, and continues to spread. Resistance to conventional antimalarial drugs—chloroquine in particular—is also spreading at a disturbing rate, and alter-native drugs have had to be used. But early last year malaria prevention suffered a serious setback. Increasing experience with Fansidar, the first-line drug against resistant malaria, led to the inescapable conclusion that the risk of toxic effects was too high—a death rate of 1 in 20,000. Another drug, amodiaquine (Camo-quin), which had been around for many years but had never been used before on a large scale, suddenly became the flavour of the month. Last February FLIGHT INTERNATIONAL, 4 October 1986