Immigrant Children and the Day-to-day Work of a Paediatrician*

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Arthurton, M. W. (1972). *Archives of Disease in Childhood*, 47, 126. **Immigrant children and the day-to-day work of a paediatrician.** Frequently born before the arrival of the midwife, Asian children are relatively more often seen in the special care baby unit, in the medical paediatric wards, the burns unit, and at paediatric outpatient clinics from which they more often default than other children. More cases of tuberculosis and rickets have been noted among them. On the other hand, Asian children rarely require an exchange transfusion on account of rhesus incompatibility and are infrequently subjected to tonsillectomy. Their presence in the community undoubtedly increases the paediatrician's work but adds variety and interest to the daily routine and requires the fullest co-operation of the paediatrician with all other persons responsible for child health.

The influence of immigrant children on the work of a paediatrician is dependent on the size and racial composition of the local immigrant population, the immigrant birth rate, and the efficiency of the local health authority. The City of Bradford in which I work has for many years attracted immigrants of different nationalities. In this paper the term immigrant will be applied to children born abroad or in this country of coloured Commonwealth parents.

The figures quoted refer, except when stated, to the year 1969, and to patients living within the city boundary. During that year the city population was approximately 293,000, of which Asians and Negroes together comprised approximately 7%.

Table I shows that in the city area, the majority of immigrants below the age of 15 years and most

of the immigrant births are Asian. The data presented will refer almost entirely to this ethnic group made up mainly of Pakistanis and Indians in the approximate ratio of 2.5 : 1. No accurate information of the health of children of mixed race is available but with the arrival of more Asian wives and families the number of such children has decreased during the past two years (Turner, 1968).

Between 70 and 80% of both Asian and non-Asian mothers are delivered in hospital. Foren and Batta (1970) have shown that 17% of Asian children in the care of the local authority are so placed because their mothers are having another child. The emotional reaction of many of these children to separation makes one question the wisdom of booking most Asian mothers for a 10-, as opposed to a 2-day stay in a maternity unit purely on social grounds. Fig. 1 shows that in Bradford the proportion of Asian babies with a birthweight of less than 2500 g is considerably higher than that of United Kingdom babies (15% as opposed to 8.6%) (Bamford, 1971). These figures cover the three years 1967-69 and have not shown a significant change from year to year. As a result of these findings it has been the practice in one of our two special care baby units to restrict the admission of Asian babies solely on grounds of low birthweight to those weighing less than 2268 g.

TABLE I
City of Bradford 1969

Population	< 15 Years	Livebirths
Asian	7847 (10%)	1164 (20%)
Negro	1703 (2%)	123 (2%)
Other	66,629 (88%)	4473 (78%)
Total	76,179	5760

*Based on a paper read to the Annual Meeting of the British Paediatric Association, Scarborough 1970.

FIG. 1.—Percentage distribution by birthweight of infants born to United Kingdom and Asian mothers in Bradford, 1967-1969.

Subsequent events have justified this policy. 23% of liveborn Asian as opposed to 17% of liveborn non-Asian babies were admitted to the special care baby units. When one allows for the full implementation of the policy just referred to, only 19% of the live Asian babies would have qualified for such admission, a difference that is no longer statistically significant ($P > 0.05$). There was no obvious preponderance of any particular pathological condition in the Asian group. It was pleasing to find that only 2 Asian as compared with 18 non-Asian babies required an exchange transfusion for rhesus incompatibility.

The fact that 1 of every 18 Asian babies was born before the arrival of the midwife compared with 1 of every 79 non-Asian babies is not necessarily indicative of lack of care but more probably due to a lack of understanding of the dangers associated with unattended births and possibly a reluctance on the part of some Asian husbands to seek aid that may eventually result in male doctors attending their women folk. It was surprising to find that Asian women in Bradford rarely breast-fed their infants for more than 3 weeks.

The left half of Table II relates the figures for outpatient attendances of children living within the city boundary to the child population under the age of 15 years. The insignificant difference ($P > 0.05$) which exists between the Asian and non-Asian groups may be accounted for by language difficulties, experienced by English general practitioners.

The most difficult problem facing the paediatrician in the outpatient department is one of communication and despite assistance from predominantly Asiatic junior staff, an accurate history may

TABLE II
New Medical Paediatric Patients 1969

Outpatients	Patient/Pop ^a Ratio	Inpatients	Patient/Pop ^a Ratio	% < 1 Year
Asian 85	1/92	281	1/28	67%
Others 630	1/108	1289	1/53	38%

^a Asian children comprised 9.7% of all new outpatients and 15% of all inpatients.

not be obtained since the relatives may be unable to speak one of the several languages spoken by the resident in question. In a random sample of 200 Pakistani and Indian mothers, the percentage who were able to understand simple instructions in English concerning the care of their children was only 11% and 29%, respectively. In fact, the children themselves are often the best interpreters. Asian children are frequently accompanied by an adult male, usually, but often incorrectly, described as uncle, whose well-meaning efforts to supply a family history of which he may have scant knowledge are apt to lead to confusion. Asian parents may intentionally withhold information concerning severely physically or mentally handicapped sibs.

My impression is that Asian children living with their mothers are usually well turned out and the standards of cleanliness compare favourably with other children. This however is not true when the child, usually an older boy, is living with only male relatives. Such arrangements are, however, becoming less frequent with the changing pattern of immigration consequent on the arrival of more Asian wives in this country. Possibly because of the tendency for the paternal grandmother to play a leading role in child rearing I often find Asian mothers unhelpful in the management of their children, during examination. In fact, the father, if present, often takes over her role and makes a better job of it. One has to remember that a girl aged 13 years or more may resist examination by a male doctor unless aware that her father has given permission for this.

Table III shows the main diagnoses made in 85 new Asiatic outpatients living in the city. The miscellaneous group included only one case of enuresis, a condition to which the average Asiatic shows more tolerance than do English parents. On the other hand, a cough with its presumed association with tuberculosis is apt to cause undue concern. The anaemias were all iron deficient and seem to be less common with the adoption of earlier mixed feeding. Helminthic infections were rarely encountered, no doubt due to the efficient screening of school entrants by the Public Health

TABLE III
New Asian Paediatric Outpatients 1969

Diagnosis	No.
Upper respiratory infection	12
Retarded	10
Normal children	9
Asthma	8
Anaemia	7
Miscellaneous	39
Total	85

Department. Almost all immigrants of school age are Heaf tested and have their stools screened for pathological organisms and ova. In a study carried out by Archer, Bamford, and Lees (1965), parasitic infections were found in nearly 20% of Commonwealth immigrants entering schools in Bradford in 1965. Some of our Asian immigrants who come from goitrous districts are found to have goitres at school entry examination, but this is rarely seen in hospital practice so presumably goitres disappear rapidly in this country. Unfortunately, severely physically and mentally handicapped children are still brought on advice from abroad to outpatient clinics in the hope of a cure. In lighter vein the parents of a West Indian child in whom it was thought a spell had been cast found a satisfactory answer to their superstition with the knowledge that their child's blood count was normal!

The tendency for cases requiring long-term follow-up to default is considerable. The result of an analysis carried out by the Public Health Department of 101 consecutive paediatric defaulters showed 30 to be Asians—a rate three times higher than that expected from the size of the Asian child population. The reasons given for non-attendance were change of address (9), inadequate or negligent parents (7), heavy family commitments, e.g. child birth, working father (5), progress satisfactory (2), dissatisfied with previous advice (2), other reasons (5). Dissatisfaction with previous advice may arise from the tendency of some Asiatics to imagine that different medicine is required to relieve each of many symptoms caused by one disease, possibly because they have a greater faith in the value of drugs prescribed. The increased mobility of Asian families calls for increased vigilance to ensure one is seeking the correct patient, for it has been known for a child to appear at the outpatient clinic bearing a letter addressed to the previous occupant of the same house, the surnames being identical.

The right half of Table II shows the number of Asian and non-Asian admissions from the city to the paediatric medical wards and their relation to

the population at risk. The high proportion of Asian infants admitted may largely account for the significantly higher inpatient population ratio ($P < 0.01$). It may be necessary to admit a child to verify the history or to complete investigations which if done as an outpatient might involve repeated attendances which the father could not keep for fear of losing his job, for it is unusual for an Asian mother to attend the hospital without her husband or a male relative. Overcrowded as distinct from dirty home conditions may also create difficulties for the home nursing of sick children.

Table IV shows the main reasons for the admis-

TABLE IV
New Asian Paediatric Admissions 1969

Upper respiratory infection	57
Lower respiratory infection	38
Asthma	25
Poisoning	16
Febrile convulsions	15
Congenital defects	15
Retardation	12
Intestinal infection	9
Dermatological conditions	9
Tropical diseases	8
Tuberculosis	7
Others	70
	281

sion of 281 Asiatic patients. It will be seen that the first three conditions account for almost half the admissions. The patient population ratio of Asian children admitted with poisoning proved to be the same as that of non-Asians. The retarded children were mainly day cases for screening tests and observation. The tropical diseases comprise one case each of malaria and leishmaniasis, and one child was admitted six times for thalassaemia. Of the 7 admissions for tuberculosis, 3 had primary lung disease, 1 miliary tuberculosis, and 1 cervical adenitis. One child was admitted twice for renal tuberculosis.

There were 32 admissions for all forms of non-bony tuberculosis to the medical and general surgical paediatric wards in the 5-year period 1965–69. Of these, 23 (72%) were Asian children. Such low figures, i.e. less than 4 per annum, indicate the care with which my colleagues in the Public Health Department endeavour to screen all immigrant adults on arrival in this city. 50% of notifications in 1968 were for non-pulmonary lesions mainly in children from Pakistan and India. Experience suggests that the majority of Asian children with

FIG. 2.—Indian boy, aged 12 years, with massive tuberculous hilar adenitis.

FIG. 3.—Pakistani boy, age 6 years, with skull defect due to tuberculous osteitis.

cervical lymph node tuberculosis have associated pulmonary lesions due to human infection contracted in this country, and that only a minority have bovine infections. In Bradford we are accustomed to seeing very acute forms of both respiratory and non-respiratory tuberculosis in Asians. Fig. 2 shows how easy it would be to mistake the hilar adenitis of the primary complex of a 12-year-old Indian for a neoplastic condition. A similar mistake was nearly made in the case of a 6-year-old Pakistani who came to this country 5 years previously and whose tuberculous osteitis is shown in Fig. 3. This child's lumbar spine was also the site of a cold abscess. Both patients responded well to anti-tuberculous therapy.

Table V shows that during the years 1965-69

TABLE V
Rickets and Scurvy 1965-1969

	Rickets	Scurvy
Asian	8	Nil
English	3	7
Negro	1	Nil
Total	12	7

Asian children in the city were much more liable than English children to be admitted on account of

rickets but, by contrast, no case of scurvy was seen in Asian children. Eating habits and relative inability of our meagre ration of ultraviolet light to penetrate pigmented skin are presumably responsible for these findings. My orthopaedic colleagues are familiar with active rickets in rapidly growing Asian adolescent boys and girls, who frequently present in their departments with painful joints (Fig. 4).

Severe cases of child abuse have been seen involving Pakistani, Indian, and West Indian families. This emphasizes the multiracial incidence of this disease in this country, and suggests that lack of support normally given to the newly married by the extended family may well be an important aetiological factor.

Although surgical cases are not under my direct care, I have observed that Asian children are twice as liable to be burnt or scalded as English children, but they are infinitely less likely to have their tonsils and adenoids removed.

In addition to the conditions already mentioned,

FIG. 4.—Pakistani boy, age 14 years. The knees show rickets with pathological fracture of the left fibula.

one frequently encounters the crises associated with such disease as sickle-cell anaemia and thalassaemia and occasionally a case of leprosy. The diagnoses of some of my Asian patients have included such rare conditions as progeria and enterokinase deficiency. I have also been involved in a limited outbreak of small-pox, against which it is essential for medical staff to be adequately protected (Douglas and Edgar, 1962). While Asian parents are keen to visit their children frequently, this may not happen. Most Asian women rarely venture out alone but rely on their husbands to accompany them. Their composed appearance often hides considerable anxiety lessened but not dispelled by one of my ward sisters who has taken evening classes in Urdu in an attempt to make non-English speaking children feel more at home. Asian children in hospital are more vulnerable to emotional trauma for they are served foreign food by foreign nurses in strange surroundings, and sometimes I have encouraged parents to bring in food to ensure the child will eat. It seems more logical to attempt stabilization of an Asian diabetic on curry and chappatis than on a diet which will be abandoned after leaving hospital. The help of an Indian Health Visitor has proved invaluable in such cases.

Asian parents seem to be very reluctant to accept the importance of psychological factors in the causation or aggravation of symptoms. Especially is this true in some cases of abdominal pain and

asthma. Psychosomatic illness is prone to occur in older children who on arrival in this country may have special problems related to educational difficulties and some older Asian girls are disturbed by differing parental attitudes in regard to freedom accorded to adolescents in this country.

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Addendum

Since this paper was submitted there has been a remarkable increase in the number of Asian children from Bradford attending the paediatric and orthopaedic outpatient departments on account of rickets. There appears to be a statistical basis for this trend which is being carefully studied by the Public Health Department.

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