

of gastrointestinal disorders, and extensive use of drugs for central nervous system disorders.

The report, based on a sample of 397 newly arrived asylum seekers in Sunderland and North Tyneside from 39 different countries, also found that almost 40% of them had seen a doctor and 8% had received hospital treatment since arriving in the United Kingdom.

"Two hundred and sixteen (55%) reported symptoms about which they felt it necessary to consult a doctor and 69% reported needing to consult a dentist," says the report (*Public Health* 2002;116:221-6).

On vaccination rates the report says, "An issue of public health concern is the overall low rate of immunisation within the asylum seeker population.

"The overall rates for common communicable diseases, in particular for mumps, measles and rubella, were low. Even for BCG the mean rate of the entire sample was below that required to provide adequate population immunity."

Roger Dobson *Abergavenny*

Expert panel to look into blocked anaesthetic tubing incidents

An expert group will be set up to investigate 13 incidents involving blocked anaesthetic tubing. Liam Donaldson, the chief medical officer for England and Wales, has announced. One of the incidents led to the death of a 9 year old boy.

The 13 incidents occurred between 1988 and 2001 in 11 hospitals in the Essex area. In relation to the number of anaesthetics given over this time, the rate of occurrence of the incidents is estimated to be 1 in 5 million.

The official investigation into the incidents, named Operation Orcadian, was led by Essex police, in collaboration with the Medical Devices Agency, NHS regional services, and the Health and Safety Executive.

It concluded that "a lengthy and detailed investigation has produced no evidence to show

that the series of blockages was as the result of criminal conduct." It found that the blockages were caused by the cap of intravenous giving sets becoming lodged in the angle piece of anaesthetic tubing, easily done when the items are placed together in a drawer. These angle pieces join a breathing mask containing the tube that provides anaesthetic.

Claire McKenna *BMJ*

US pharmacists can buy cheap drugs from Canada

The US Senate has approved a proposal that would allow licensed pharmacists and drug wholesalers to import prescription drugs from Canada that are already approved by the US Food and Drug Administration.

Canadian prices for many drugs range from 25% to 80% lower than those set for the same drugs by the US Congress and the manufacturers. Some US citizens already travel to Canada to buy the drugs or use the internet to import them. This proposal is designed to make it easier for Americans to get access to the drugs.

Writing in the *New York Times* on 23 June, journalist Robin Toner said that "the fight over prescription drug benefits has become a proxy for the larger struggle over health care itself," with "millions of elderly struggling to cope, largely on their own, with soaring drug costs."

Medicare beneficiaries (people aged over 65) spent an average of \$813 (£516; €806) of their own money on prescription drugs in 2000 and \$928 in 2001 and are spending \$1051 in 2002, reports the Kaiser Family Foundation, a health research group. Toner, who visited senior citizens' centres with congressional candidates, says the oldest citizens are among the most vulnerable, with an estimated 45% of those aged 85 or older having no coverage for prescription drugs. Elderly Americans make up 13% of the population but account for 34% of prescriptions.

David Spurgeon *Quebec*

Venezuelan project establishes indigenous plant database

Owain Johnson *Caracas*

An innovative scheme designed to document and protect traditional indigenous knowledge in Venezuela could lead to the discovery of important new drugs, whose development would also financially benefit the communities that supplied the original.

The BioZulua project brings together data about medicinal plants and food crops provided by the 24 ethnic groups living in Venezuela's section of the Amazonian jungle. The information is collected by field researchers and stored in a searchable database administered from Caracas by the Foundation for the Development of Mathematics and Physical and Natural Sciences.

The contents of the database remain the intellectual property of the individual indigenous groups, and the Venezuelan government is exploring the possibility of raising money for the groups by charging international pharmaceutical companies for access to their knowledge. The foundation's director general, Dr Ramiro Royero, said the project

is generating considerable international interest: "No pharmaceutical company has seen this material yet, but when two or three different groups from different areas are using the same plants to treat the same ailments, then it's obvious there's something in the plant that would be worth investigating."

Users of the BioZulua database can search by species, geographic location, ethnic group, or even by ailment. This means that companies interested in developing new herbal headache remedies, for example, could look at all the plants used by indigenous groups throughout the Venezuelan Amazon.

The Venezuelan authorities have received complaints from Amazonian communities about "bio-piracy" by commercial companies in recent years, and they hope the advantages of the BioZulua database will encourage interested companies to contact the project's administrators rather than approaching indigenous groups directly. □



Urera caracasana, indigenous to Venezuela

ARIZONA STATE UNIVERSITY VASCULAR PLANT HERBARIUM