

doctors were located and how sizable a percentage of the physicians in the area comprised the group. But under the new rules, federal officials would have to take the group to court and prove that they were restricting competition before the physicians run afoul of antitrust laws.

According to Charles Weller, an antitrust attorney with Baker & Hostetler in Cleveland, the recent easing of the antitrust regulations, "really opens the door

... for physician networks and any other combination of [healthcare] providers. This is a very significant change that should make physicians happy."

In fact, the new guidelines did make the AMA happy, at least to a point. AMA President Daniel H. Johnson, Jr., said the "revised guidelines should result in more choice for patients, more competition, and better health care." But the AMA also called for congressional action to further

loosen the rules on physicians.

Not surprisingly, managed care firms are less enthusiastic about the new rules. "Financial integration is the only reliable indication of true integration; [federal] agencies should approach other forms of integration cautiously," a spokeswoman for the Blue Cross and Blue Shield Association said.

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## Indian hospital is health on wheels

A "hospital-on-wheels" introduced in India five years ago to provide free surgical service to the physically handicapped has become so successful that many developing countries hope to copy this novel method of delivering health care to the doorsteps of far-flung villagers.

Countries that have a small health budget but a fairly good rail network may find this innovative approach cost effective.



India's Lifeline Express makes a stop in the state of Karnataka. Several other countries are considering similar programs.

local centers because of the poor quality of service. For these people, the well-equipped LLE staffed with the country's leading surgeons is a "miracle train."

The LLE holds four camps a year in the most deprived areas of India. The train's thirty medical staff, recruited afresh for each camp, are all volunteers. Some surgeons perform as many as 70 cataract operations a day. A typical program at a six-week stop sees 1000 orthopedic cases, 800 eye operations and 300 hearing loss cases.

"Operating inside a train in the remotest places is a satisfying experience," says P.K. Dave, a renowned orthopedic surgeon in New Delhi who has been on LLE a few times. It is estimated that half of the disabled in India remain crippled for life because they are too poor to go to a city

hospital to get treatment. "For these people, LLE is of great help," says Dave.

"Health on rail" is a joint project of the Indian Railways, the ministry of health, and Impact India Foundation (IIF), a Bombay-based voluntary organization. The US\$400,000 required to convert the coaches into a hospital came from the US Agency for International Aid and IIF's parent body in London, the Impact UK Foundation. The expenses of running a medical camp (nearly \$30,000) are met from donations from corporate houses, individuals and contributions from IIF.

"LLE is the only hope for the 70 million disabled Indians mostly living in villages," says Rukshna Kapadia, a project

official at IIF. Kapadia says that in the 23 camps completed in the past five years, the train doctors saw 85,000 patients, performed 10,000 surgeries, and distributed 13,000 calipers, hearing aids and prosthetic appliances.

The LLE concept goes back 30 years when India's first prime minister Jawaharlal Nehru told Sir John Wilson, a prominent British advocate for the disabled: "You know something? You ought to use the Indian railways. It is the most efficient thing in India and covers every village." Nehru's vision was realized in July 1991 when LLE steamed out of Bombay to its first camp in a tribal belt.

The success of LLE is attracting the attention of many developing countries. "Two years ago, South African railways sent a delegation to observe the working of the LLE, and now it has introduced its own health train," says Kapadia. China is sending a team of doctors and railway officials later this month to watch LLE, now camping in Sawai Madhopur in the desert state of Rajasthan. India's hospital-on-rails has also inspired neighboring Bangladesh to launch a "hospital-on-barge," exploiting the numerous streams crisscrossing that country.

Officials say there are some problems with LLE. A lot of spadework, including prescreening of patients, needs to be done before organizing a camp. Although the health train keeps its doors open for 15 days after the last surgery, problems can develop later that require attention. "Our plans are to build permanent health homes in every place visited by LLE, where postoperative patients could get continuous medical attention," says Kapadia. Two such health homes are already functional, and a third is under construction.

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tive. The first of its kind in the world, India's "Lifeline Express" (LLE) consists of three railway coaches (a fourth coach is to be added soon) refurbished into a hospital according to a design adapted from the British army ambulance train. It is complete with an operation theatre, 12-bed patient ward, doctors' quarters, and a pantry. Inside the train, surgeries are offered for polio, cataract, hearing loss and other disabilities.

Currently there is one doctor for every 6000 people in India, and most medical practitioners are in the urban areas. Although an extensive primary health-care network does exist in the rural villages, most villagers avoid visiting the