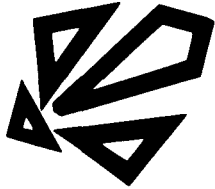


BOOK REVIEWS



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PAEDIATRIC PRIORITIES IN THE DEVELOPING WORLD

by

DAVID MORLEY.
BUTTERWORTHS. LONDON
1973 Pds. 1.25
\$A3.50

While this book is primarily written for the doctor working in a developing country, its perspective is so broad, it has so much common sense, and is so clearly written that it is also of great value to nurses, paramedical staff and also to teachers and administrators.

Dr Morley spells out very clearly the enormous problems in child health facing the developing countries against their socio-economic, cultural and political backgrounds. In most developing countries 40% or more of the population are children under 12 years of age, one-quarter to one-half of whom will die in the first 5 years of life. One-half of all deaths occur in children under 5 years, a death rate approximately 40-50 times greater than in developed countries. Malnutrition and infectious diseases are the predominating causes. He writes, "Although three-quarters of the population in most countries in the tropics and subtropics live in rural areas, three-quarters of the spending on medical care is in urban areas and also three-quarters of the doctors live there. Three-quarters of the deaths are due to conditions that can be prevented at low cost, but three-quarters of the medical budget is spent on curative services, many of them provided at high cost."

How can this imbalance in health care be corrected? Not by spending more on health in the way it is being spent. Furthermore the economic growth and development of these countries will not be able to provide more money for health. Dr Morley shows how great improvements in child health are possible if certain axioms are clearly kept in mind.

These are:

1. Child health is immensely important, for on it depends the health of the future adult population. The ability of a family to rear healthy children is the only way birth control can be effectively implemented and so prevent the population explosion.
2. An objective and imaginative approach with full knowledge of local customs and practices and in which preventive and curative care is integrated is essential. The traditional Western approach with emphasis on the sick child in hospital, dichotomy of preventive and curative care and failure to collaborate with the local indigenous healer has failed and will continue to fail to provide balanced child care for the whole community.
3. A maximum return in terms of reduced child mortality and healthier and happier children must be obtained from the limited funds available. Economic restraints on health spending will continue for many years so the type of service and staff training must be tailored accordingly.
4. It is essential to encourage, support and teach the mother during her pregnancy, labor, child rearing and nurture as she is the most important person responsible for the health of her child.
5. Care for all children in every section of the community is essential and this care must be available close to the child's home. Health care must be available in all villages where most of the people live.
6. Child care must be the best that circumstances allow for all children. The key person is the

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nurse who should be responsible for all mothers and children. She must be well trained, have a simple but comprehensive record for each child, and be supported closely by the paediatrician to whom she can easily refer to or consult with on problems.

7. Organization of child health services at village level should be a matter in which senior paediatricians are involved. Community paediatrics is of key importance and this will never be accorded its rightful priority unless the medical schools and senior teachers are involved and fully committed to its importance, and nurses, doctors and paramedical staff are trained as a team.

Dr Morley and others have demonstrated the way child health can be improved and mortality reduced by the use of a well trained adequately supported nurse in a simple health centre in a village and also in cities. China, North Vietnam, Tanzania and Cuba have given ample proof of its efficiency on a national scale in a relatively short time.

The clinical section of the book and delivery of comprehensive child care in the Under Fives Clinic is a model of simplicity, clarity and practicability.

Final Chapters

The final chapters deal with communication and responsibility between staff, parents and community. The doctor, nurse, medical auxiliary must work closely as a team, have mutual respect for each other and have clear lines of responsibility and ready communication. The staff must have a personal commitment



to parents, to the community in which they work and to the responsible leaders, indigenous health practitioners and mid-wives in the local community. Effective health education of mothers and community will only be built up on the basis of mutual trust and respect and demonstration of improved health of the children. Gradually parents learn self-reliance and independence.

Thoroughly Recommended

This book can be thoroughly recommended to all indigenous and any other persons working in developing countries in health, education or social fields as its perspective is so broad and priorities so balanced. For health personnel visiting these countries it is essential reading and also for those in developed countries responsible for assisting in training of visiting staff

from developing countries. Much Western training and practice is inappropriate, unsuitable and often detrimental for developing countries and Dr Morley clearly shows why. Some of the principles and practice and much of the common sense in this work could be adapted to many aspects of child health and care in Western societies.

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