

Teamwork for World Health

A Ciba Foundation Symposium
In honour of Professor S. Artunkal

Edited by
GORDON WOLSTENHOLME
and
MAEVE O'CONNOR



J. & A. CHURCHILL
104 GLOUCESTER PLACE, LONDON
1971

TEAMWORK FOR WORLD HEALTH



Florence Nightingale, O.M., 1820–1910.

Bronze cast from a bust by Sir John Steell, 1862. Photograph reproduced by kind permission of the National Portrait Gallery, London.

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Membership

Symposium on Teamwork for World Health

held at the Tarabya Grand Hotel, Istanbul, 8th-12th June 1970

- | | |
|---------------------------|---|
| R. V. Christie (Chairman) | Emeritus Professor of Medicine; Office of the Dean, Faculty of Medicine, McGill University, McIntyre Medical Sciences Building, 3655 Drummond Street, Montreal 110, Quebec, Canada |
| S. Artunkal | Professor of Pharmacology and Therapeutics, University of Istanbul; Moda, Devriye sokak 2/1, Kadiköy, Istanbul, Turkey |
| T. D. Baker | Professor of International Health, Dept of International Health, School of Hygiene and Public Health, The Johns Hopkins University, 615 North Wolfe Street, Baltimore, Maryland 21205, U.S.A. |
| A. L. Banks | Professor of Human Ecology, University of Cambridge, England; from 1971 at World Health Organization, Avenue Appia, 1211 Geneva, Switzerland |
| G. J. Barbero | Chairman, Dept of Pediatrics, Hahnemann Medical College and Hospital of Philadelphia, 230 North Broad Street, Philadelphia, Pennsylvania 19102, U.S.A. |
| E. Braga | Director, Division of Education and Training, World Health Organization, Avenue Appia, 1211 Geneva, Switzerland |
| H. Bridger | The Tavistock Institute of Human Relations, The Tavistock Centre, Belsize Lane, London N.W.3, England |
| M. Dadgar | Director-General, Health Corps Organization, Ministry of Health, Teheran, Iran |
| A. G. Dickson | Honorary Director, Community Service Volunteers, Toynbee Hall, 28 Commercial Road, London E.1, England |

MEMBERSHIP

I. Dogramaci	President, and Professor of Paediatrics, Hacettepe University, Ankara, Turkey
N. H. Fişek	Professor of Community Studies, Institute of Population Studies, Hacettepe University, Ankara, Turkey
Yvonne Hentsch	Director, Nursing Bureau, League of Red Cross Societies, 1211 Geneva 19, Switzerland
K. R. Hill	Professor of Pathology, Pathology Unit, Royal Free Hospital, Gray's Inn Road, London W.C.1, England
Lisbeth Hockey	Nursing Research Officer, Queen's Institute of District Nursing, 57 Lower Belgrave Street, London S.W.1, England
J. S. Horn	Lecturer, Dept of Anatomy, London Hospital Medical College, Turner Street, London E.1, England; 1954-1969, Professor of Orthopaedics and Traumatology, Peking
Sarah Israel	Medical Officer in Charge, Government of India Family Planning Training and Research Centre, 332 Sardar, Vallabhbhai Patel Road, Bombay 4, India
M. H. King	Professor of Social Medicine, Dept of Social Medicine, University of Zambia, P.O. Box 2379, Lusaka, Zambia
Docia A. N. Kisseih	Chief Nursing Officer, Ministry of Health, Nursing Division, P.O. Box M. 44, Accra, Ghana
J. A. C. de Kock van Leeuwen	Professor, and Director, Nederlands Instituut voor Praeventieve Geneeskunde, Wassenaarseweg 56, Leiden, Holland
A. Ordoñez-Plaja	Former Minister of Public Health, Carrera 7 Bis, 94-65, Bogotá D.E., Colombia; 1970-71: Milbank Faculty Fellow, Dept of Epidemiology and Public Health, Yale University School of Medicine, 60 College Street, New Haven, Connecticut 06510, U.S.A.

MEMBERSHIP

M. Rebhun	Associate Professor of Sanitary Engineering, Sanitary Engineering Laboratories, Technion- Israel Institute of Technology, Haifa, Israel
H. B. L. Russell	Senior Lecturer in Tropical and Preventive Medicine, Dept of Social Medicine, University of Edinburgh, Usher Institute, Warrender Park Road, Edinburgh 9, Scotland
B. L. Salmon	Deputy Chairman, Messrs J. Lyons & Co. Ltd, Cadby Hall, London W.14, England
Fahrünnisa Seden	Tutor, Public Health Nursing, Zeynep-Kamil Nursing College, Istanbul; 35/4 Sakayik Sok, Teşvikiye, Istanbul, Turkey
G. E. W. Wolstenholme	Director, Ciba Foundation, 41 Portland Place, London W1N 4BN, England
F. G. Young	Professor of Biochemistry, and Master of Darwin College; Dept of Biochemistry, Uni- versity of Cambridge, Tennis Court Road, Cambridge CB2 1QW, England

Observers

General Professor Dr N. Ayanoğlu,
Gülhane Askeri Tıp Akademisi
Komutani,
Ankara

Dr B. Berkarda,
Assistant Professor,
University of Istanbul,
Tedavi Klinigi,
Istanbul

General M. A. Büyükçakmak,
M.S.B. Sağlık Başkani,
Ankara

Miss Esman Deniz,
Blok Apt. 9/2 Bal Mumcu,
Besiktas,
Istanbul

Professor Dr E. S. Egeli,
Former Rector,
University of Istanbul,
Yazi Iseri Müdürlüğü,
Istanbul

Dr J. Gallagher,
Education and Training Officer,
WHO Regional Office for Europe,
Scherfigsveg 8,
Copenhagen, Denmark

Dr R. Heybeli,
Assistant Under Secretary,
Ministry of Health and Social
Assistance,
Sağlık ve Sosyal Yardım Bakanlığı,
Müstasar Muarini,
Ankara

Dr S. Hubbard,
Editor,
CIBA Journal;
CIBA-GEIGY Ltd,
CH4002 Basle, Switzerland

Professor Dr D. Karan,
Professor of Psychiatry,
Faculty of Medicine,
Hacettepe University,
Ankara

Professor Dr S. Karatay,
Faculty of Medicine,
University of Istanbul,
Istanbul

Professor Dr Ilhan Kerse,
Dean,
Faculty of Medicine,
Hacettepe University,
Ankara

Dr E. de Oliveira,
World Health Organization,
WR/Turkey,
P.K. 235-Yenisehir,
Ankara

Professor Dr E. Sabar,
Atatürk Üniversitesi Tıp Fak,
Dekani,
Erzurum

Professor Dr N. Terzioğlu,
Rector,
University of Istanbul,
Beyazıt Şehir,
Istanbul

Miss Asuman Türer,
Kızılay Üzel Hemşirelik Koleji,
Aksaray,
Istanbul

Dr I. Urgancıoğlu,
University of Istanbul,
Tedavi Klinigi,
Haseki Hastanesi,
Istanbul

Mrs Perihan Velioğlu,
Director,
Florence Nightingale Yüksek Hemşire,
Okulu Müdürlüğü,
Sişli,
Istanbul

Mr C. A. W. Williamson,
Regional Director of the British
Council,
Miralay Şefik Bey Sokak,
Reşat Bey Apt. No. 1/2-3
Ayazpaşa, Istanbul

Preface

At the Ciba Foundation's symposium on *Health of Mankind* in 1967 the disturbing imbalance between the urgent need for medical care in most parts of the world and the lack of manpower in the health services was made very clear. At that symposium I put forward an idea for a World Health Service which I hoped would help to make members of the health professions, in particular, more aware of the priorities in medical care and of the vital necessity of employing all members of the health team in the most humane and economic manner possible.

The symposium on *Teamwork for World Health* recorded here grew out of that meeting, and out of the increasing uneasiness many people have expressed about international inequalities in health care. The 150th anniversary of the birth of Florence Nightingale, who first provided a team of skilled nurses to assist doctors at Scutari during the Crimean War, prompted the Foundation to hold this symposium in Istanbul, to examine ways in which the concept of teamwork could lead to more effective national and international use of medical resources.

The symposium was held in honour of Professor S. Artunkal, for many years a good friend and valued representative for Turkey on the Ciba Foundation's Scientific Advisory Panel. In addition to the members of the meeting it was a great pleasure to welcome other representatives of Turkish medicine and nursing as observers at the symposium. Their presence added much to the value of the many discussions outside the conference room which were characteristic of the week.

The meeting was held in the Tarabya Grand Hotel on the shores of the Bosphorus, but through the courtesy of the Prefect, the Hon. Dr Fahri Atabey, we were privileged in being able to hold the opening session in the City Hall, Istanbul, and in having the present Rector of Istanbul University, Professor N. Terzioğlu, as chairman there; the previous Rector, Professor S. Egeli, kindly acted as chairman of the closing session at the hotel. The Foundation is also greatly indebted to Professor R. V. Christie for coming from Montreal to take the chair at the rest of the meeting with his characteristically vigorous and friendly authority.

Dr Katherine Elliott, Assistant Medical Director at the Foundation, played a large part in organizing this symposium. We owe much to the chairman of our Executive Council, Professor F. G. Young, for his summary of the proceedings, prepared as the symposium progressed; and we gratefully record our warmest appreciation of the continuing teamwork of all contributors in the preparation of this volume.

G. E. W. WOLSTENHOLME

The Ciba Foundation



The Ciba Foundation was opened in 1949 to promote international cooperation in medical and chemical research. It owes its existence to the generosity of CIBA Ltd, Basle (now CIBA-GEIGY Ltd), who, recognizing the obstacles to scientific communication created by war, man's natural secretiveness, disciplinary divisions, academic prejudices, distance, and differences of language, decided to set up a philanthropic institution whose aim would be to overcome such barriers. London was chosen as its site for reasons dictated by the special advantages of English charitable trust law (ensuring the independence of its actions), as well as those of language and geography.

The Foundation's house at 41 Portland Place, London, has become well known to workers in many fields of science. Every year the Foundation organizes six to ten three-day symposia and three to four shorter study groups, all of which are published in book form. Many other scientific meetings are held, organized either by the Foundation or by other groups in need of a meeting place. Accommodation is also provided for scientists visiting London, whether or not they are attending a meeting in the house.

The Foundation's many activities are controlled by a small group of distinguished trustees. Within the general framework of biological science, interpreted in its broadest sense, these activities are well summed up by the motto of the Ciba Foundation: *Consociant Gentes*—let the peoples come together.

SPEECH BY PROFESSOR NÂZİM TERZIOĞLU

Rector of the University of Istanbul

ON the occasion of the 150th anniversary of the birth of Florence Nightingale, the Ciba Foundation has very appropriately chosen Istanbul for the symposium on *Teamwork for World Health*. The name Florence Nightingale has been, and will always be, a symbol of benevolence, affection, courage and bravery in world history. We are very proud of the fact that this great woman will again be commemorated in our country, where she so affectionately and skilfully took care of the wounded during the Crimean War. On behalf of Istanbul University, I therefore take the liberty of thanking and expressing our gratitude to the Ciba Foundation for organizing the symposium in our city. I would also like to let you know that the University is ready to do all it can for the success of this most important symposium.

I believe that cultural and scientific relations are more important than diplomacy for the development of mutual understanding between nations, and contribute more to the progress of civilization. Political events play a minor role where sound international understanding is achieved through cultural and scientific means.

I wish the best of success to the symposium on *Teamwork for World Health* and welcome its distinguished members to our University and our city.

SPEECH BY PROFESSOR R. V. CHRISTIE

Emeritus Professor of Medicine, McGill University, Montreal

Chairman of the Symposium on Teamwork for World Health

FIRST, Mr Rector, I would like to congratulate the Ciba Foundation on its wisdom and good taste in choosing this beautiful city for the scene of our deliberations. This is not my first visit, but Istanbul with its natural and architectural beauty and its history is, like Rome and Athens, a city which should never be visited only once.

There are 26 members of this symposium, drawn from 13 different countries, including representatives from the World Health Organization and the League of Red Cross Societies, which must be the two largest and most successful organizations contributing to world health. We are here to discuss the various ways in which teamwork, or organized cooperation, can contribute to man's health.

Teamwork in preventive medicine has been with us for a long time, having received its first impetus when Edward Jenner discovered vaccination for smallpox in 1796. I, like any other visitor to Turkey, carry an international certificate of vaccination against smallpox, which is a fine example of teamwork on an international basis but, as will no doubt emerge from our discussions, this kind of international cooperation should be carried much further if the interests of mankind are to be served.

Teamwork in hospitals has also been with us for a long time, but it was Florence Nightingale, more than a hundred years ago, who taught us how hospitals should be organized and conducted. Today, with teams for cardiac surgery, for renal dialysis, for resuscitation and for the many laboratory and other procedures which have become part of medical routine, our hospitals have become very much more complicated and more expensive. New problems of management and support have arisen which have not yet been solved.

It is with the practising physician, who is the hard core of any medical service, that the need for teamwork has appeared most recently. When I graduated in 1925 it was said that all the physician needed in his office was two chairs, one for himself and one for the patient, and if he had forgotten to bring his stethoscope he could always put his ear to the patient's chest. Today the practitioner of medicine working in isolation is fast disappearing in most countries. In the towns the general practitioner has at his elbow the large hospitals, the laboratory services and the advice of specialists, all of which he needs if he is to render good service. In small towns the trend in many countries is towards the form-

ation of group practices, each containing the variety of knowledge and experience which allows the group to operate as a team with the support of a local hospital and its laboratory services.

It is in rural areas that the greatest difficulty arises in providing the patient with the variety of expertise his condition may demand. Unless this problem is solved I believe there will be increasing difficulty in recruiting practitioners to work in rural areas, because a good doctor is not content to practise second-class medicine even if he is well paid for it. One part of the solution is the provision of a team of nurses and social workers. Under these circumstances the public will be better served and the practitioner may be able to practise in a way that gives him satisfaction.

In the first part of our meeting we will discuss and criticize examples of team service which are now in operation, while during the second part we will define the direction in which events are leading us and the types of teamwork which should be planned for the future. It is a complicated and controversial subject but in this symposium we have a wide range of expertise and I am confident we will make a worthwhile contribution. On behalf of my colleagues, I thank the Rector for the encouragement of his generous welcome.

1: Florence Nightingale—Handmaid of Civilization*

G. E. W. WOLSTENHOLME

When Health is absent
Wisdom cannot reveal itself
Art cannot become manifest,
Strength cannot fight,
Wealth becomes useless
And Intelligence cannot be applied

HEROPHILUS, c. 300 B.C.

IN many parts of the world this year (1970) services and meetings are being held, lectures and exhibitions arranged, commemorative stamps issued, to remind us of the birth 150 years ago, on 12 May 1820, of one of the world's most remarkable women, Florence Nightingale.

We have the privilege of gathering together in Istanbul within sight of the Selimiye barracks, across the Bosphorus, in which for 20 months between 1854 and 1856 Florence Nightingale went through the severe experience which made her for the next 50 years the world's greatest authority on nursing; and we are met to discuss a subject—Teamwork for World Health—which was originally inspired by the role which Miss Nightingale's nurses played in support of the medical doctors attending the thousands of sick and wounded near this great city, at the crossroads of the world.

Florence Nightingale believed that at the age of 16 she had a direct call to God's service. She became acutely aware of the artificiality and frivolity of the conventional life expected of women in society in the mid-nineteenth century. Apart from those to whom marriage offered little scope for their talents, there were in Britain at that time about 2½ million unmarried women, widows or spinsters, many with some education. Josephine Butler in 1866 said of them: "These women cannot teach because they are so ill-educated and again they are so ill-educated they can do nothing but teach." They were without any outlets for creative responsibility other than the role of a children's governess or a little charitable visiting of the sick and the poor. It was in calling upon the poor villagers near her home that Florence Nightingale became certain

* Introductory Lecture in Belediye Sarayinda, Istanbul.

that her lifelong duty lay in creating opportunities for respectable women to work as nurses, both in hospitals and in the poorer urban and rural districts. Despite her own strong affections she turned down offers of marriage in order to devote herself to her chosen task, and perhaps in this hard self-denial we can see the origins of her long life as a neurotic recluse and invalid after her return from the Crimean War. In a matter of months she had become a legendary figure. Although on her return to England she avoided all public demonstrations of adulation, from her perpetual lonely sickroom she used every ounce of her public influence to secure the reforms on which she had set her heart—reforms not only in nursing but also in hospital construction, sanitation, army welfare, and the advancement of the lives and prospects of the millions of inhabitants of India.

I have written elsewhere⁶ of the perceptive and revolutionary views of this wise and passionate woman, but I should like to give you a few illustrations from her own writings¹ to demonstrate her exceptional qualities. Clearly I must begin with nursing.

"Nursing is putting us in the best possible condition for nature to restore or preserve health. Health is not only to be well, but to be able to use well every power we have to use." "Nursing must be treated like an Art in its relation to Medicine, Surgery and Hygiene; it is almost co-extensive with them." ". . . and the Art is nursing *the sick*; not nursing sickness."

A hit at the doctors, perhaps even nearer the mark 100 years later: "It is quite surprising how many men (some women do it too) practically behave as if the scientific end were the only one in view, or as if the sick body were but a reservoir for stowing medicines into, and the surgical disease only a curious case the sufferer has made for the attendant's special information."

Miss Nightingale wrote endlessly on hospitals, about anything from the composition of the walls and floors, to ventilation, to the provision of chutes for dirty linen. I give only two short general quotations: "It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm." And: "Hospitals were made for patients—not patients for hospitals."

Facts, accurate facts, were ceaselessly demanded by Florence Nightingale and they came pouring into her lonely room from all parts of the world. She was a pioneer in the use of statistics and graphic representation, and in the recording of trustworthy figures for mortality and morbidity. More than 100 years ago she asked: "... mothers of families,—do you know that one in every seven infants in this civilized land of England perishes before it is one year old? That in London, two in every five die before they are five years old? and, in the great cities of England nearly one out of two? . . ."

The knowledge of health—correct feeding, clothing, cleanliness, space, ventilation—was to be taken into every home, and this form of nursing she regarded as superior to that done in hospitals: “A District Nurse . . . must be of a yet higher class and of a yet fuller training than a hospital nurse, because she has no hospital appliances at hand at all; and because she has to take notes of the case for the doctor, who has no one but her to report to him. She is his staff of clinical clerks, dressers, and nurses.” The work made demands on heart, mind and body: “. . . the love that springs from the sympathy of a close and accurate knowledge of the ways, habits, the lives of the poor is not a mere sentiment, but an active and fruitful enthusiasm.”

Florence Nightingale is famous, I might say notorious, for imposing discipline on nurses. This was to make it possible for respectable women to take up the work, but it was self-discipline, not authoritarianism, which she sought. “True loyalty to orders cannot be without the independent sense or energy of responsibility.” And: “No one was ever able to govern who was not able to obey.”

Miss Nightingale was no feminist; rather, she saw everybody doing all the tasks of which they were capable, regardless of sex. She wrote: “Women cannot stand alone (though, for that matter, still less can men).” Also: “There can be no freedom or progress without representation. And we must give women true education to deserve being represented. *Men* as well as women are not so well endowed with that preparation at present and if the persons represented are not worth much, of course the representatives will not be worth much.”

Just as she regarded war between the sexes as irrelevant and distracting, so Florence Nightingale felt about prejudices in regard to class, colour, creed or race. Each rough soldier was an individual of dignity and value. Every Indian was her “fellow countryman or country-woman”. It was one world, in which the interests of one people were of importance to all. In 1873 she wrote: “This great essential work of regulation of the water of India is perhaps at this moment the most important question in the world.” “There are, at this moment, at least 100 000 horse water power available and made no use of in the great irrigation canals. The canals will convey the goods to and from the manufacturing, the irrigation will set free millions from agricultural labour for such work . . . with cheap labour, cheap power, cheap carriage, cheap food, India will have the very highest advantages for manufacture, for civilisation and also for life, and all that makes life worth living. . . .” But long before most people, Florence Nightingale recognized that “A people cannot really be helped except through itself. . . .” “A people is its own soil and its own water. Others may plant, but it must *grow* its own produce.” And she commented shrewdly: “If all England could set their face against the Suez Canal, we must not be surprised if there are people

almost as stolid. Another nation had to cut the Canal for us and thus force upon us an incalculable benefit."

Her inspired theorizing in her ivory tower was not enough. She wrote passionately: "The want is nearly as old as the world, nearly as large as the world, as pressing as life and death . . ." "My mind is absorbed with the idea of the sufferings of man, I can hardly see anything else and all that the poets sing of the glories of this world seems to me untrue. All the people I see are eaten up with care or poverty or disease." And she can remind us today that: ". . . while we are choked with the flood of Sanitary books, pamphlets, publications, and lectures of all sorts . . . we have remained a book and a pen. We have not become a voice and a hand." ". . . it takes long, long years of patient, steady, persevering endeavour to bring any work to perfection, and still, O still must it be watered every day with care . . ."

Florence Nightingale had opinions which are worth hearing on a great many other matters, but these illustrations are enough for my present purpose.

And what is this purpose? I want to draw on these references, references to surplus and frustrated women, to the "simple, stern necessity" of nursing, to the needs of poorer nations and races who are all our 'countrymen', to the relationship between education and responsibility, and to Florence Nightingale's call for patience and perseverance.

The relief of the worst poverty, and the eradication or diminution of diseases which in the last 25 years have so immensely increased the number of people who live to middle and old age, still leave us with a world of gross, and indeed increasing, inequalities; inequalities which are being thrown into higher relief by the unprecedented tidal wave of population, which is only the first of bigger and bigger waves speeding towards us.

Some people may think that the dramatic lowering of mortality rates, and the vast increase in the number of people living to reproductive age and beyond, indicate that the great efforts of the World Health Organization (WHO) are already sufficiently successful—perhaps even too successful for the comfort of those blessed with a high and secure standard of living. Complacency is evident in the more developed countries, as was shown by the Report of the Pearson Commission on International Development,³ published recently, which briefly notes the conquest of disease and ignores health as a factor in further economical and social development. Apparently we must remind ourselves that we live in a world where, for example, many hundreds of millions of people suffer so severely and continuously from chronic infestations and infections that they never learn what is meant by normal health or vigour, physical or mental; where, despite all the eradication campaigns, probably 25 million people a year still contract malaria; where there are between 15

and 30 million people still infected with tuberculosis; where 100 million each year suffer from a disease such as measles, carrying a mortality in some areas as high as 7 per cent; a world where one hospital bed in four is occupied by someone ill from infected water; where, if you look for them, you could find about 12 million affected by leprosy, and 10 to 12 millions who are blind; where between 300 and 500 million are undernourished; where in the technically advanced countries just about half of all the people consulting their doctors do so because of mental or emotional problems; a world where each year the number of cases of the common cold exceeds the whole world population.

How does the whole profession of medicine—doctors, nurses, midwives, dentists, veterinarians, sanitary engineers, pharmacists, health inspectors, radiographers, laboratory technicians, physiotherapists, and so on—respond to this physical, mental and social sickness of the world? So far, apparently, we have the situation quoted in the Bible: "Unto everyone that hath shall be given, and he shall have abundance; but from him that hath not shall be taken away even that which he hath."

The most privileged developed countries seduce more and more doctors and nurses away from the underprivileged countries; the towns entice them from the rural agricultural areas. The U.S.A. is said to employ 25 000 doctors from developing countries; in Britain there are 10 000 doctors from Asia and Africa, while probably not more than 1500 British doctors are working in developing countries.

The World Health Organization in 1963 proposed that one doctor for 10 000 people should be regarded as a minimum throughout the world. On this basis, Britain and the United States already have 12 to 16 times the minimum, compared with half the minimum in Nigeria, one-fifth the minimum in Malawi, and something like one-tenth the minimum in Ethiopia.⁴ It is in England that: "Immigrant doctors meet dire need", according to a recent headline in *The Times*. Australia, Canada, France, Germany, Switzerland join in this draining of skill from countries at all times infinitely worse off than themselves. The number of medical graduates moving from one country to another each year is a minimum of 40 000 and may well be as high as 100 000.² When the first class of doctors graduated in one underdeveloped country a few years ago, practically the whole class went off together in a chartered plane to the United States.

What is true for doctors is true also for qualified paramedical professionals; for example in 1962/63, 7000 West Indian girls were training as nurses in the United Kingdom, compared with a total of 9000 qualified nurses and midwives on the register at that time throughout the West Indies; and experience shows that two-thirds of these nurses remain, after qualification, to work in England and Wales.

The favoured nations and regions represented by the U.S.A., the Soviet