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COMMENTARIES

THE ACADEMY AND PEDIATRIC OPPORTUNITIES IN UNDEVELOPED COUNTRIES

LAST OCTOBER, in a talk before the American Academy of Pediatrics, on Nutritional Anemia in Tropical Countries, I mentioned several important reasons why American physicians, especially pediatricians, should seriously consider working for a year or more in some of the underprivileged countries abroad. Three points deserve special emphasis. First, it can constitute a period of most valuable training and experience.¹ In our own country, it is not unusual these days for a man to complete his internship and still have failed to see important and formerly epidemic diseases in all their manifestations. How many Residents now can recognize the early signs and symptoms of measles, smallpox, diphtheria, tetanus, tuberculosis, and typhoid fever, to mention just a few. Our senses as diagnostic aids have been almost completely replaced by laboratory instruments, and the consequences may some times be disastrous. For example, recently in England, the first case of smallpox in an immigrant went unrecognized, with resulting spread and even fatal cases following. In this kind of situation, one well-remembered visual experience is worth more than 1,000 words of description. There are still many parts of the world where a physician can see, in abundance, all the diseases named above. Added to these may be ma-

laria, hepatitis, intestinal parasites, and specific types of malnutrition. A period of study in countries where these abound will be a lifetime experience and invaluable to the training of the pediatrician. In fact, as preventive measures, prophylaxis, and chemotherapeutic agents erase more and more "old-world" diseases, we may have to go to other less-protected countries in order to round out our training. This may well become a requirement for specialty qualification.

Secondly, and for less selfish reasons, the physician may wish to go to Africa, Asia, the Middle East, and similar exotic-sounding places to help those who seriously need medical care. In the United States, there are 131 physicians per 100,000 people; in India, the ratio is 20 per 100,000; in Ghana, it is 5 per 100,000. Other African and Asian countries are even worse off in this respect.

Thirdly, and of some importance to our country, is our government's desire to help needy areas of the world with the best of what we have in relative abundance and which they unfortunately lack. This should apply not only to heavy machinery or food, or even engineers and farm experts. Our medicine and medical experts are recognized as some of the most advanced, and our supply is not matched anywhere in the world. Why not share this wealth with the

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