We are some of those who see the rule of law as the only remedy to the evils which beset our troubled world. Humanitarian law adumbrates an era in which justice and charity will predominate over politics. Let us continue to fight for this cause without ever losing courage, for what is useful to the majority always triumphs in the long run.

The high honour awarded by the University of Leyden to Mr. Jean Pictet is a tribute also to the Red Cross principles as well as to him who revised them and gave them the clear and logical form which had become necessary.

MEDICAL ASSISTANTS IN AFRICA

The increasingly important role of medical auxiliaries within National Red Cross Societies and medical services has several times been referred to in the pages of International Review. *Depending on the region, different names are given to them, such as medical assistant, medical aid, health worker, health officer, and so forth. Their functions may range from treating the commoner complaints by means of simple cures to more sophisticated methods calling for the application of various techniques.*

In the USSR, for example, medical assistants do a great deal of useful work and are well qualified, being intimately acquainted with the people in their own district, to undertake prophylactic measures, give emergency medical treatment and first aid, and provide instruction on health matters. But medical assistants may also be of enormous help in many parts of the world where the shortage of doctors is widely felt, particularly in those developing countries where facilities for medical and nursing care are still inadequate for the whole of the population. According to Mr. King, in the Department of Social Medicine in the University of Zambia, Lusaka, the surest way to overcome this situation is to increase the number of medical assistants such as those already working in Sudan, Uganda, Kenya, Tanzania,

Zambia and Rhodesia. There, they are the healers whom the sick know personally, and it is they who give initial treatment to their patients. In the WHO publication World Health *(Geneva, June 1972), Mr. King describes the tasks discharged by medical assistants in some African countries. We give here some extracts from the article dealing with this subject of topical importance:*

Child welfare services on any scale are a recent innovation in this part of the world. But both Zambia and Malawi now have under-five clinics at most health centres and in many sub-centres, and there are more than 500 of them in Zambia. However, the under-five clinic represents only the child welfare component of a complete maternal and child health service. Its associated antenatal care is still ill-developed, and family planning services are absent entirely. Yet even so these clinics provide a much needed service in the supervision of a child's development, in immunization and in health education. Their success is due almost entirely to the devoted efforts of the medical assistants who regularly cycle miles to hold clinics in outlying villages. How to run an under-five clinic is now part of the initial training of most medical assistants. Those already in service had to be trained on short courses held at district centres and subsequently supervised by expatriate volunteer nurses (Zambia) and peace corps generalists (Malawi). An increasing number of under-five clinics now also provide antenatal care, and should national policy be altered to favour family planning services, training in this field could readily be added.

In Uganda, where two-thirds of the surgical beds in a hospital may be filled with trauma patients, one of the best developed specialities for the medical assistant is orthopaedic surgery. Staff have been trained in sufficient numbers to provide each district hospital with at least one such assistant capable of applying plaster casts and setting up balanced traction, as well as giving useful service as a physiotherapist. These assistants thus allow surgeons to care for many more patients than would otherwise be possible.

In Zambia, one of the best established of the medical assistants' specialities is psychiatry. A special cadre of psychiatric medical assistants staffs all the provincial and many of the district hospitals, as well as the central mental hospital. By supporting the small

number of psychiatrists available, they greatly extend the psychiatric care that can be provided.

Anaesthesia is another long-established role for the medical assistants in Zambia. In the larger hospitals they practise under the legal supervision of an anaesthetist, and in the smaller ones under the eye of the surgeon. Many have become very competent and experienced.

Zambia also has medical assistants who have specialized in leprosy control after training at the leprosy centre at Addis Ababa. One is posted to each province, and it is generally agreed that they are much better diagnosticians in this field than most doctors.

The medical assistant has also proved useful as an administrator, and several have been promoted to senior posts in the Ministry of Health. Each province also has a provincial medical assistant who is responsible for the routine administration of the health centres of his province.

In Zambia, other medical assistants have taken on specialized tasks in health education. Some are operating-theatre technicians, and others take part in the administration of central sterile supply departments. They also play important roles in the school medical services and as instructors in the school where they themselves trained. These fields by no means limit the more specialized scope of the medical assistant. He could well be usefully trained for further work in administration and in an accident service, for example.

Some medical assistants have become particularly effective in these specialized fields because they have worked in close association with doctors who have passed on to them many of their own skills during their initial training, by regular on-the-job teaching, and through formal refresher courses. These courses have become an increasingly important part of the continued training of medical assistants and are now held regularly in many provincial centres.

Countries without medical assistants must use doctors or nurses for these specialized tasks. By virtue of his training, which is more broadly based than that of the nurse, and which is more concerned with diagnosis and treatment, the medical assistant adapts particularly well to specialized work of this kind.

Only in Tanzania has it become the regular practice to " move

staff up the pyramid ". A junior cadre of rural medical aids (RMA) has three years of vocational training after leaving primary school. Medical assistants start three years of vocational training after two to four years of secondary schooling. Between them and the doctors, there is a further cadre, the assistant medical officers (AMO) who are officially addressed as *Doctor*. Some AMOS were promoted from the medical assistant cadre. As a result of their practical experience, continued training, and rigorous selection, these AMOS are considered to be among the best doctors in Tanzania.

Rural medical aids can also be upgraded to medical assistants; so, potentially at least, they also have a doctor's stethoscope in their pockets, although their final ascent to the rank of AMO is exceptional.

This four-tier system is peculiar to Tanzania, and no provision is normally made for a medical assistant to jump the gap to doctor. The equivalent of not less than four years of education is usually maintained between them.

Acceptance as a member of a team must be earned through work well done, and this in turn requires the right training in accordance with an appropriate job description and carefully defined educational objectives. But these are recent developments. The first medical assistants were accepted with only primary education, but as time has passed and educational facilities have improved, applicants with more secondary education have become available. Thus Uganda has now no lack of applicants with four years of secondary schooling, and this is increasingly becoming the pattern in other countries of the region also. Vocational training normally takes three years, but in Malawi it has, on occasion, taken as long as five.

In some countries, early medical assistant training resembled a modified medical course. But there have been periods when it was mostly provided by nursing tutors, and varied little from the conventional training of a nurse, Too often, trainee medical assistants have been considered mainly as pairs of extra hands about a busy hospital. Recently, however, their training has been increasingly taken over by doctors, usually assisted by carefully chosen medical assistant tutors, and has moved to special schools outside the precincts of a hospital. It is increasingly based on health cen-

tres, and its nursing component has been much reduced. This nursing experience still, however, plays a useful part in that it provides young students with practical training in a disciplined medical environment.

There are difficulties. The curricula are not nearly as well developed as those for doctors. There is a serious shortage of suitable texts (especially in the vernacular where this is necessary) and of visual aids, although some improvements are under way. Recently, *Afya*, a most useful journal for medical assistants, has become available. A really suitable basic science course has proved difficult to devise, and teachers have not been easy to find. Some of the most suitable teachers for the early part of the course are science-trained school teachers. This is a field where the expatriate volunteer could be especially valuable.

Two doctors and their helpers run the school in Lusaka. Between them, they train more than 50 medical assistants a year—an average of one assistant for each doctor on the staff every fortnight. Such productivity compares favourably with that of a medical school, in which each staff member produces not more than one doctor a year. From the point of view of what an individual doctor might do, there can hardly be any more effective answer to the challenge that we should care for *all* the people.

TWO ICRC PUBLICATIONS

The ICRC, working on the preparation of the Draft Protocols which are to be submitted to the Diplomatic Conference scheduled to take place early in 1974, convened two sessions of a Conference of Government Experts, on each of which a report has been issued. These two reports, bearing the same title, may be obtained from the ICRC:

" Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts "—*First session, Geneva, 1971.*

Report on the Work of the Conference

Geneva, 1971: 8vo, 121 pp. . . . . Sw. Fr. 15.—

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" Conference of Government Experts on the Reaffirmation and Development of International Humanitarian Law Applicable in Armed Conflicts "—Second session, Geneva, 1972.

Report on the Work of the Conference

Geneva, 1972: 8vo, vol. I 209 pp.
vol. II 116 pp. } Sw. Fr. 25.— the 2 volumes