

generation of pioneers who, in the space of thirty years, would establish the bases of modern surgical techniques." It is with these words that Dr. Jean de Blonay ends his book, a work containing a wealth of references and illuminating a moment in medical history that was of great significance not only for the progress of science but for the advance of humanitarian ideas and their application to new spheres of activity.

J.-G. L.

Health in the village, Anne-Marie Raimbault, Assignment Children, United Nations Children's Fund, Geneva December 1975.

The majority of the population in countries of the Third World live in rural areas, and yet health services and personnel are concentrated in the cities.

Lack of resources and personnel are among the factors which make it difficult to provide a suitable health service for every rural community. Health coverage is inadequate, nearly non-existent.

The most serious problem, however, perhaps lies in the fact that the services are ill-adapted to the needs of the rural population, as are the training programmes for medical and paramedical personnel.

In many areas, one child out of two dies before the age of five. An analysis of mortality and morbidity among children under five in developing countries reveals that the causes are everywhere the same: malnutrition, diarrhea, respiratory infections, and communicable diseases such as measles, malaria, and various parasitoses. The plight of these populations cannot be improved through a simple multiplication of health services as they are presently conceived, nor through an increase in curative efforts. For far too long health has been confused with equipment, and a population's health equated with the responsibilities of the Ministry of Health. Other aspects are just as essential: rural water supply (potable water), community hygiene, education for mothers, environmental sanitation. Today it seems evident that village health can best be improved through integrated development programmes aimed at improving living conditions.

In addition, every member of the population must become a "health agent" within his own sphere. It is indispensable for any programme undertaken to be preceded and complemented by health education related to its specific objectives.

If the rural population is to be aware of what it means to be healthy, they must themselves undertake an analysis of their situation. Each community must participate in the search for local solutions as well as in their implementation. Once they have assumed this responsibility, they need technical, moral and logistical support.

This new approach to health, based on local participation, requires modification of health centre activities such as they presently exist, and a different approach to the training of health personnel.

The role of the medical assistant, by E. J. Watson, *WHO Chronicle*, 1976, 3.

... To improve community health we need staff who can:

- teach people about health, the prevention and treatment of the common diseases, and family planning
- provide the means for simple prevention of the common causes of sickness and death—for example, regular infant and antenatal clinics, immunization, malaria control, family planning services, water supplies close to people's homes, and adequate excreta disposal methods
- provide effective treatment for the common causes of sickness and death.

What kinds of staff are needed to provide these services?

In most developing countries with problems similar to those outlined above, special health workers (maternal and child health nurses, community health nurses, etc.) have been trained for work in both stationary and mobile clinics. Personnel have also been trained for malaria control.

Neither the special health workers nor the malaria workers are physicians. In fact, the major proposition of this paper is that *most* community health needs can be met by auxiliary health workers...
