

THE ASSISTANT MEDICAL OFFICER

**The Training of the Medical Auxiliary
in Developing Countries**

EDWIN F. ROSINSKI AND FREDERICK J. SPENCER

Chapel Hill, University of North Carolina Press
1965, 199 + xiv pp., \$6.00.

This book was inspired by the problems in developing countries regarding the training of medical manpower in number and level of technical ability sufficient to meet the social and health conditions. Accordingly, Rosinski and Spencer conducted a field survey of five medical schools, 23 health centers and 18 hospitals in five developing countries in Africa and the South Pacific.

Their focus was on the training and functions of the assistant medical officer, whose training, according to the authors, falls between that of the doctor of medicine and the registered nurse. The authors attempted to examine the procedures used to select students for training as assistant medical officers, describe the educational program and look into teaching methods, classroom facilities and student examination methods. The authors state that they directly observed classroom and clinic, reviewed textbooks, syllabi and examinations.

The selection of schools to visit was no simple task because no single agency had a composite list of schools. The authors had to make up their own list from a variety of sources. Five schools were selected for personal visits and surveys based on geographical area and length of time the schools had been in operation.

The reviewer had an impression that oranges and apples were being compared although the surveyors believed that the five schools in different parts of the world, such as the South Pacific and developing areas of Africa, could be placed in the same grouping for survey purposes. The so-called underdeveloped countries have many common problems in medical personnel and health practices, but cultures as far apart as the South Pacific and remote areas of Africa would seemingly be different enough to need especially tailored survey instruments. A review of the outlines and questionnaires reveals that the authors felt that a standard framework could be imposed on medical schools in the different areas. The result is near chaos, leaving the reader in bewilderment.

The authors express similar bewilderment in the introduction: "In even the most elaborately designed studies unforeseen problems arise and this study was no exception. After visiting the schools and commencing the writing of the report, it was apparent that more data had been collected than even the most liberal expectations had predicted. This turned out to be our chief problem." The authors' problem was not too much data, but an inadequate design for collecting data. They continue in a similar almost unbelievable vein for a research report: "Because of the wealth of data collected, we included in this report what we considered most pertinent. In culling and synthesizing, analyzing and summarizing, undoubtedly data were omitted that some might consider important. For any such omissions we offer apologies." And lastly: "Editorial judgment, perhaps not the soundest, was made by us alone. The recommendations in the last chapter again are ours solely. These are based on our findings, a review of the literature on the subject, and personal, although professional, opinion. The reader is welcomed to differ."

The book ended with 42 separate and largely disconnected conclusions beginning with: 1. "The programs for training A.M.O.'s should continue," to 42. "The use of the A.M.O.'s should be accepted as the basis of medical care programs in the countries in which they are employed." The reviewer might easily differ, but

the survey was not written so that data, professional judgment, and recommendations are clearly connected. Hence, the reviewer does not know how to differ; he is only sure that the survey yielded little systematic knowledge to form the basis for recommendations.

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