

Diarrhoeal Diseases

Diarrhoea is one of the major health hazards in Bangladesh in particular and many other countries of the Third World in general claiming a large number of lives every year. In this context the formal inauguration of the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR), formerly Cholera Research Laboratory, at Mohakhali has got special significance. While inaugurating the Centre President Ziaur Rahman said that it was possible to save the lives of millions of people in the developing countries through timely treatment of this disease. It is really hopeful to note that inexpensive simple treatment of diarrhoeal diseases has been developed and the contribution of the Centre in this field has also been recognised all over the world. Since the victims of this disease are mainly the poorer sections of the population in developing countries they cannot afford the cost of expensive medicine. The simple treatment developed by the Centre will prove a great boon to the poor millions. The added advantages are that besides research the ICDDR will provide training facilities to the trainees in the environments similar to those of their home countries. Therefore, the fruits of the research will not only help Bangladesh but also reach other developing countries, and thereby alleviate the sufferings of the distressed humanity. It has been rightly stressed in the inaugural meeting that effective steps to combat diarrhoeal disease which is a global phenomenon, is not only a pre-condition for improving the health status of the majority of the people of the world but also will help the efforts for creating a new world health order by realising the desired objectives towards achieving the basic minimum health care for all. Unless we can build up institutional framework for the healthy growth of our children right from the beginning we cannot expect them to be hard-working and contribute to the rapid economic growth

which is so much essential for the developing countries. According to a WHO report the cause of death of about one fourth of our child population, ranging between the age of one and five years is, malnutrition, poor sanitation and lack of pure drinking water. The reported death of some people in the drought-affected char areas of Noakhali during the last one month, has been ascribed by health experts to the lack of pure drinking water. Along with the research for such diseases, the basic amenities for nutrition and sanitation for the people in rural areas have also to be ensured. The lack of these basic amenities is the cause of diarrhoeal diseases of the rural people of the developing countries.

It is reassuring that the ICDDR will chalk out effective programmes to arrest morbidity and mortality due to diarrhoeal diseases. Hope has been expressed during the inauguration of the Centre that the ICDDR would undertake collaborative research projects with other research institutions in and outside the country to develop, improve and demonstrate measures for the prevention and ultimate eradication of diarrhoeal diseases from the world. A multi-dimensional attack against diseases, particularly diarrhoeal ones, is a must. The fruits of the research carried out in the ICDDR, we hope, will reach the rural areas through the trainees and integrated efforts taken to ensure the basic minimum physical facilities for the poor millions in the developing countries to usher in a new era of happiness and prosperity.

The governments of both developing and developed countries, non-governmental organisations and UN bodies who have already signed and would sign in near future the Memorandum of Understanding for the establishment and financial support of the ICDDR really deserve the highest appreciation of the disease-ridden humanity of the world at large and of Bangladesh in particular.

Migration Of Medical Students

Two guardians of students have written us to say (Bangladesh Observer, June 20 and 21) that their wards were barred from admission to the 3rd year course in Dacca Medical College on grounds of their being transfer cases, one from Barisal and the other from Chittagong Medical College. The reason for refusal of admission by the Dacca Medical College authorities is a reported agreement reached between DMC students and the administration following an agitation by the former against such transfers. We have indeed nothing to say against such agreements whose merit and enforcement is understandably based on such grounds as favour the vital academic interests of DMC students as well as principles of administration and the academic standards to be maintained at Dacca Medical College.

Our plea in this matter is certainly not for anything that might either adversely affect the agreement reached or prejudice in any way the interests of Dacca Medical College students or the principle and standard which must by all means be maintained. What may however be reasonably

proposed is that since merit is and ought to be the leading consideration for 'admission' of a student, rather than any kind of 'influence' or favour, there may be cases of exceptional merit plus, at times, equally exceptional, i.e. compassionate and human circumstances where a student may hope to be actively considered for admission not so much as a matter of breach of rule or agreement but chiefly on grounds of pure merit and circumstances. In such cases the transfer in question may reasonably be viewed as a mere accident whose negotiations can be, equally reasonably, countered by the circumstantial difficulties worth always sympathy and consideration. Certainly, humanly, there is always room for admitting exceptions to a given rule.

Incidentally, merit is the principal plea in the two cases we have referred to, supported by such circumstances as transfer of guardians on official duty to Dacca. The fact that in one case a girl student is involved is likely to lend support to favourable responses from admission authorities of DMC and the administration.