
 CONTEMPORARY HISTORY

Michael Parkin—an international paediatrician

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The unexpected death of Professor Michael Parkin is a blow for the international links of British paediatrics. Michael stood for the best in internationalism: friendship, support for those in need, and the teaching of clinical excellence. There were four ways in which he promoted contacts between the United Kingdom and developing countries, and it is worth describing each one as examples to others.

The first was a bilateral link sponsored by the British Council between the University of Khartoum, Sudan, and the department of child health in Newcastle upon Tyne. The purpose of this link was to foster postgraduate teaching in Khartoum. Teachers would go out to the Sudan from Northern regional centres for two to three weeks every year to strengthen teaching and research for future Sudanese paediatricians in areas of weakness, while trainees would come to Newcastle for several months to improve their skills in specific subspecialties. Michael himself went to Khartoum every year and saw the link as a unique form of support for the child health service of a very poor (and war torn) developing country.

A second important contribution was his association with the Dunn Nutrition Unit in The Gambia. Michael joined the MRC Child Nutrition Unit in Makerere, Uganda in 1968 at the encouragement of Donald Court and there pioneered the use of prospective longitudinal studies to look at nutritional, anthropometric, and neurodevelopmental outcome. The unit was re-established in The Gambia in 1972 and a close and enduring association with the MRC Dunn Nutrition Unit in Cambridge followed: Michael ensured that a succession of young paediatricians from the department of child health in Newcastle followed him to be project leaders and resident medical officers in the Dunn's Research Station in Keneba.

The third link was the yearly visit to Newcastle of the postgraduates from the MSc course in maternal and child health at the Tro-

pical Child Health Unit, Institute of Child Health, London. The contact which was initiated in 1969 by Zef Ebrahim and Fred Miller was lovingly tended and fostered by Michael and increased in stature yearly. Instead of teaching the students from developing countries about Western pathology and technology, the purpose of the month's visit was to allow them to study in the form of a research dissertation analogous areas of work in primary health care in Newcastle. Among recent topics for their projects have been pharmacists' advice and prescribing customs for diarrhoea, day nursery staff's knowledge about disease and symptomatology, and the parent's awareness of the contents of the surveillance programme. Last year one Brazilian student stayed on in Newcastle for her full MSc study on the emotional interaction between parent and child in non-organic failure to thrive, while another student from Brazil has completed a three year PhD study in Newcastle on gut function in paediatric oncology. The students return to their countries to become senior teachers and health care planners and greatly value their projects in the north east.

The final way in which Michael encouraged links was with individual doctors—some on Commonwealth Fellowships, some sponsored by their governments, others paying their own way. Those who wrote to Michael could always be sure of his undivided attention and invariably the hospitality of his house when they arrived in Newcastle. The doctors who came usually wished to take the MRCP, which is of limited relevance to their own countries, and Michael always attempted to ensure that they pursued a balanced curriculum during their stay in Newcastle and its adjoining centres.

Michael's global orientation was one of his most attractive features. It is essential that this tradition remains strong in British paediatrics in the 1990s—it is one of our most important contributions to the health of children world wide.

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