

Cicely Williams BLN

# A true lover of children

by  
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OF ALL DISEASES, the one that probably affects the largest number of people and causes the greatest amount of illness, misery and death, is childhood malnutrition.

The most tragic results of this disease are the degrees of physical and psychological impairment suffered by the victims, which is, in severe cases, coupled with permanent mental retardation resulting from a prolonged deficiency of nutrients at the most critical period of brain development.

Children affected in this way are clearly unable to function as productive adults in their respective societies, which has serious implications for the future of the poor countries in the tropics and sub-tropics, where malnutrition strikes most often and most severely.

With a high rate of infant mortality and a proportion of the surviving population intellectually stunted by the effects of malnutrition, these countries face serious obstacles to successful social and economic development, for they have lost some of their human resources, the strength and greatest asset of the Third World.

The past two decades, however, have witnessed enormous strides in the prevention, treatment and cure of the two syndromes of childhood malnutrition — kwashiorkor and marasmus. It is due to the efforts of a lone Jamaican woman doctor working in Ghana (then the Gold Coast) in the early thirties, that the clinical picture, the biochemistry, causes, treatment, preventive care and rehabilitation of childhood malnutrition became subjects of international concern.

Breastfeeding campaigns, child feeding programmes, the manufacture of inexpensive local weaning mixtures and supplementary foods — all owe their origin to Cicely Williams' acute observations and description of a mysterious childhood disease which threatened the lives of many of the babies under her care.

Cicely Williams has always proudly declared her Jamaican nationality and has paid many visits to the island despite her heavy programme of work in other countries. It was perhaps her early contact with her fellow Jamaicans which gave her that depth of understanding, acute perception and empathy which were so characteristic of her attitude towards mothers and children in Africa and the Far East.

The fact that Cicely is a woman and worked largely among women, deeply aware of the problems faced by those responsible for the upbringing of little children, has in her career featured both as a blessing and as a curse.

She was among the first batch of women to graduate in medicine from Oxford University on October 14, 1920, and entered the medical profession at a time when extreme prejudice towards women in the profession lessened her chances of being employed.

After countless applications, however, she was eventually appointed House Physician in a hospital staffed entirely by women and it was there that the foundations were laid for her future life's work in the area of Maternal and Child Health. There began also an interest in paediatrics and family health which remained her constant preoccupation throughout her entire professional life.

Her sex again proved to be a handicap when she applied for entry to the British Colonial Medical Service. After numerous refusals on the grounds that there were no vacancies, she discovered when finally appointed, that there had been a desperate need for women doctors in the service, but that all the requests had been turned down.

It is significant and especially fitting that in International Women's Year 1975, this remarkable woman should have been awarded the Order of Merit of Jamaica, an honour confined to those Jamaicans who have received eminent international distinction in the sciences, arts, literature and other fields of learning; an honour that negates sex discrimination and focusses attention only on a person's true worth.

After years of relative oblivion and an endless struggle to improve the lot of one small segment of humanity, not for personal gain or accolades but just because she cared, Cicely Williams has finally gained full recognition in her native land as in the whole world in general.

It was during the course of her work in the wards and out-patients clinics of Accra, Kumasi, and Koforidua, Ghana, that she discovered the disease, which she eventually called by the name by which it was known among the Ga people Kwashiorkor — "the disease the older child gets when the next baby is born." After prolonged and careful scientific observation combined with deep respect for the opinions of the mothers themselves, Cicely was able to describe the disease as a deficiency disease, in two articles: **Deficiency Disease of Infants (1931-32)** and **A Nutritional Disease of Children Associated with a Maize Diet (1933)**.

The word "Kwashiorkor" entered medical literature as the title of an article, she wrote for "The Lancet" (1935) in which she showed that the disease was due to a deficiency of protein but was different from pellagra in its causes and manifestations.

For many years her discoveries were either ignored or refuted. A disease which affected only children and only those children from the poorest and most remote villages of the underdeveloped world simply did not at that time excite enthusiasm.

Tropical medicine was more inclined to fight epidemics like cholera, yellow fever and malaria, to which Europeans fell victims when they ventured into the disease-ridden tropics, so that the major emphases were on communicable disease control programmes. The survival of weak little children was not considered of paramount importance.

As she herself remarked (in "Council on Foods and Nutrition" 1935): "It is a melancholy reflection on the past defects of

tropical medicine that a disease so spectacular and so widespread should have been ignored for so long."

Cicely showed through her work among families that preventive health care was as vital to the welfare of people as curative, and in her out-patients clinics she stressed the need for proper diets, showing the mothers how to include eggs, ground nuts, fish and tinned milk in their babies' weaning foods.

Later in Malaya, she helped to prevent the occurrence of beri-beri, and improved the food habits of the local people by encouraging the consumption of under-milled rather than polished rice. She led a small but vigorous campaign against the milk companies who were promoting sweetened condensed milk at the expense of breastfeeding, and encouraged the use of buffalo milk instead of tinned milk for those mothers who had stopped breastfeeding.

Her realistic philosophy on the care and rehabilitation of malnourished children embodied a sympathetic recognition and acknowledgement of the mother-child relationship. She recommended that mothers should stay with their sick children in hospital; encouraged the practice of keeping new-born babies with their mothers to facilitate breastfeeding; organized clinics for comparatively healthy babies; and initiated the continuing supervision of formerly malnourished babies discharged from hospital.

Her pioneer work in the area of child health and nutrition, and her research into protein and other nutritional deficiencies eventually promoted considerable interest within the medical profession.

Post-war observations by Dean in war-ravaged Europe, followed by reports from the developing countries of Africa, Asia and Latin America, by Trowell, Brock, Autret, Behar, Jelliffe and Waterlow confirmed that kwashiorkor was primarily due to protein deficiency and most often found in children of weaning age.

In recent years, surveys in Africa, South-East Asia, Latin America and the Caribbean have differentiated kwashiorkor from marasmus which is literally total starvation, and research has tended to concentrate on this dual manifestation of the syndrome called "Protein-calorie Malnutrition (PCM)."

Early attempts to prevent childhood malnutrition in poor countries began with the distribution of dried skim milk by UNICEF and other organisations. This was followed by the introduction of applied nutrition programmes in rural areas, the aim of which was better feeding of families, including pre-school children, in the home.

At the same time, attention centred on the development of food mixtures with a high protein content using, as far as possible, locally-available ingredients and with the countries themselves responsible for the manufacture and distribution. We are now approaching an era when the nutritional needs of people are catered for in the National Development Plans of their countries, and the nutrition of infants and young children is considered a top priority issue.

The next period in Cicely Williams' life from 1937 was spent in Malaya where, as paediatrician at the College of Medicine in Singapore, she became the first woman specialist in the Colonial Medical Service. Later she was appointed Acting State Medical Officer in Trengganu but term of service was interrupted by three years in the Japanese prisoner of war camp during which time the preventive and primary care of mothers and babies who were imprisoned with her remained her over-riding concern.

After her release, she returned to work in Malaya as Adviser in Child Health until she was appointed as first Chief of the Maternal and Child Health section of the World Health Organisation in Geneva, a position held until 1951. In that year she returned to her native Jamaica at the request to the

120

Government to lead a research project on Vomiting Sickness.

Her survey conducted from 1951-53, led to some important findings on the subject and contributed to an improvement in the nutritional status of the Jamaican population, and to the almost total disappearance of that illness. As in her previous work, her concern with the background details of the patient's life — his family, diet, and health record as well as the clinical picture — gave her valuable clues, and it is this feature that has always lifted the quality of her work above the ordinary.

She again returned to Jamaica in 1969 to accept the degree of Honorary Doctor of Science from the University of the West Indies, where she has often lectured to students in the Department of Social and Preventive Medicine and in the Diploma Course in Community Nutrition. Dr. Williams has, throughout her career, maintained close personal contact with Jamaica, and has many devoted friends and admirers among both past students and staff of the University. Her family resides at Bethel Town in Westmoreland, and her brother is a well-known agriculturalist.

Her career since that time, has continued in the tradition of dedicated and unselfish service, dogged persistence and a deep unwavering commitment to the health of the family. She has been Visiting Professor in Maternal and Child Health at the American University of Beirut, and Adviser in Training Programmes for the Family Planning Association of the UK (FPA) and has participated in child health programmes in countries as far afield as India, Burma, North Borneo, Italy, Yugoslavia, Tanzania, Cyprus and Uganda.

She still demonstrates her boundless energy in the capacities of Professor and Consultant in International Family Health at the Tulane University School of Public Health and Visiting Professor in the Department of Paediatrics of the University of Maryland School of Medicine — at the remarkable age of 82!

She has published over 40 articles in journals and has contributed to several books, the latest being **Mother and Child Health — Delivering the Services**, which she published with Derrick B. Jelliffe in 1972. Her many awards and honours include the James Spence Memorial Gold Medal of the British Paediatric Association (1965); the Joseph Goldberger Award of the American Medical Association (1967); the Companion of the Order of St. Michael and St. George (1968) and most recently, the Order of Merit of Jamaica (1975).

"We always seem to tackle human welfare from the wrong end. We set up medical schools and train doctors long before we have studied local conditions and local needs. We prefer to force diseases into categories rather than to study their aetiologies." Thus wrote Cicely Williams, the great humanitarian, in 1941. Her life's work has been a testimony to that basic philosophy: A true and dedicated scientist, she drew conclusions from her observations, not from preconceived ideas or purely theoretical knowledge.

An energetic welfare worker, she raised the status of Maternal and Child Health Services in medical planning, extending its narrow limits to include family planning in its broadest sense, environmental health and nutrition, as well as the care of the whole child within the context of the family. She firmly believes that proper attention to the health of the family will ensure the well-being of the entire community.

A lover of children, only her own words do her justice: "...in the love of children is not a sentimental virtue. It is a natural function. It can be relied upon, and with foresight and intelligence and perseverance it can be educated into the most powerful disease-preventing factor on the face of the earth..."



**Before**

Child suffering from protein deficiency ...

**... and  
after**



Shows marked improvement after undergoing treatment in one of our hospitals.

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