

A B S T R A C T.

Protein Calorie Malnutrition(PCM) is a serious health problem in Jamaica, resulting in hospitalization of large numbers of children under 2 years.

In this investigation a regime for the treatment and management of malnourished children in hospital was implemented in 4 rural Jamaican Hospitals. This regime, in the form of a manual, was prepared by a group of paediatricians and nutritionists from the Tropical Metabolism Research Unit (T.M.R.U.), the Paediatric Department of the University Hospital of the West Indies, the Children's Hospital, Kingston and the Ministry of Health & Environmental Control.

The project, which was carried out for one year (July 1972-August 1973), aimed at determining whether implementation of the guidelines in rural, unsophisticated hospitals would result in a reduction in mortality rates and acceleration of recovery in patients with severe malnutrition with or without gastroenteritis. It was hoped that this treatment regime would become established and used routinely in the treatment of malnutrition and gastroenteritis in infants and young children in the hospitals chosen. . Data on mortality and rate of weight gain in children hospitalised for severe PCM and/or gastroenterit

were collected and compared for the treatment year(1972-73) and the pre-treatment years(1970-72).

Some of the main problems encountered in the implementation of the treatment regime were, the unavailability of recommended equipment, the frequent breakdown of equipment, and the intermittent availability of supplies, e.g. Peanut oil. The shortage of nursing personnel on the paediatric wards and the lack of cooperation by some doctors were other important problems encountered. The results show that there was an overall improvement in the Cause Specific Mortality Rate(MRM) for malnourished children during 1972-73 over the pre-treatment years (1970-72). When data for the 4 hospitals were combined the overall mean MRM fell from 32.1% in 1970-72 to 22.0% in 1972-73.

In addition the malnourished children admitted during 1972-73 grew faster than the children admitted during 1970-72. During 1972-73 the malnourished children achieved growth rates of on the average, 4-5 times faster than a child of the same age, while in 1970-72 the children from whom weights were available grew at the normal rate for children of the same age. However this accelerated rate of recovery did not result in a reduction in the length of stay in hospitals for these malnourished children.

The continuity of the treatment regime will depend to a large extent on the availability and dedication of nursing personnel and the availability of the necessary supplies and equipment.