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Family health services and vital statistics: lessons from Singapore

Stir,—Your leading article “Social class, occupation, life, and death” (3 June, p 1440) omits any reference to age groups except Farr’s observation that “the poor died young, and the rich survived.” Perhaps we are beginning now to recognise the importance of family life, its birth and death records, to the fields of social class and occupation. This article seems to ignore the most significant of all factors in epidemiology, and that is age. Both in the more and in the less advanced countries the factor of age is important in the compilation of risks and for the creation of policies and of services. So far it appears that the communist countries have created stability and have promoted economic progress and distribution of services largely by attention to care of children and family living.

“Tropical medicine” has dominated the medical scene in most of the developing areas. “Tropical medicine” has conspicuously ignored child care. “Tropical diseases in children” have received little attention, but even less has been given to “diseases of children in the tropics.” The Liverpool School of Tropical Medicine has recently opened a new wing in response to a great demand from overseas for more attention to child and family health. This is excellent. Singapore Island is close to the equator. In 1937–8 the population was about 900 000 and the infant mortality rate (IMR) about 160 per 1000 live births. (The birth rate (BR) was not large because the male population was about 70%, but the female population was arriving in numbers as prosperity increased, as did the Japanese invasion of mainland China.) The General Hospital had 120 beds for children under 6. There were 3288 admissions with 1574 deaths and 351 necropsies. In the admissions 20%, were for beri-beri, 13%, for respiratory diseases, 12%, for gastroenteritis, 4%, for congenital deformities, 4%, for worms (mainly ascaris), 4%, for malnutrition, 3%, for tetanus, and 2%, for anaemia. Among the 1574 deaths there were the following diagnoses: beri-beri 324, respiratory diseases 233, gastro-enteritis 226, malnutrition 84, tetanus 83, skin sepsis 80.

It must be remembered that the majority of children admitted and dying suffered from multiple diseases and the best one could do would be to note the total picture but to record what seemed the most significant factor. In 1958 a good system of maternal and child health had already been established. In the municipal area this extended only to babies under one year. Kadang Kerbau Maternity Hospital has always been exceedingly popular. Antennatal clinics were not started until 1937. The rural maternal and child health centres started in 1924. They included antenatal and postnatal clinics, home deliveries by trained midwives, and treatment and supervision of children up to and including school age. Difficult cases were all referred to the children’s wards and supervised at home on discharge. By 1940 these clinics were giving regular care and supervision to over 70% of the related rural population and the IMR was less than that in the urban areas. In 1976 the population of Singapore Island was over 2 million, the IMR was about 14 per 1000 live births and the BR 14 per 100 000 population per year. Admissions to the children’s wards were about 8000 with 58 deaths. The five leading causes of death were congenital heart disease (11), leukaemia (8), bronchopneumonia (6), encephalitis (5), and septicemia (4).

Neither in 1937 nor in 1977 were the so-called “tropical diseases” of great importance. They had been comparatively easy to control. Great improvements in these 40 years have been largely due to close co-operation between the institutional and non-institutional services: between teaching and training of doctors and nurses, between hospitals and follow-up, and between research and existing problems—also between preventive and curative medicine as applied to individuals.

The vast improvement in health is not due to specialisation or mass campaigns for disease control or birth control but is due to gradual establishment of law and order, health and education, and economic development. The remarkable reduction in BR from 50 per 100 000 in 1950 to about 12 per 100 000 now is due to the child care, not to vast expenditure or birth control.

Statistics, vital and health statistics, are the basis of epidemiology. Statistics for children, births and deaths, and diseases and causes of