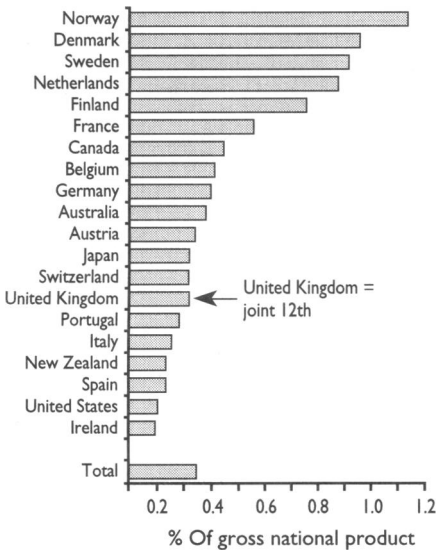
industrial nations failed to make any appreciable progress towards relieving the South's crippling debt burden, which now exceeds £1000bn. For the poorest countries of the world this failure is a cause for real despair.[1] The lethal interaction between deepening poverty and environmental degradation is set to continue, especially in Africa. Political will to find a solution is lacking as the British government offered little resistance to Japanese objections. The summit ended weakly with an affirmation of the 1989 Trinidad Terms, which have been so diluted that they have contributed little to the tiny amount of debt cancellation in 17 countries.

Plummeting commodity prices and rising interest rates mean that sub-Saharan Africa now owes more than it earns. Over the past decade debt has almost quadrupled from 28% to 109% of gross national product, bleeding the continent of $10bn in annual interest repayments alone—four times as much as it spends on its health service. With infrastructure collapsing and the average living standards (already the lowest in the world) falling, the leaders at the summit made no commitment to respond to Africa's special needs. They ignored the fact that African debt can never realistically be repaid in the present climate of unfair trading conditions and the International Monetary Fund's monetarist policies which dominate the continent's economies.

Despite media hype about a breakthrough in the general agreement on tariffs and trade the progress on trade will benefit rich countries more than poor. Agreements on textiles, clothes, and agricultural products, which are important to the Third World, were glossed over. Very poor countries will be forced to open their markets to foreign competition as they watch the relative value of their current trade practices diminish. The summit also failed to tackle the crisis in commodity prices, which is at the heart of Africa's deepening economic problems.



Overseas development aid as percentage of gross national product in 1991, by country[2]

On aid the summit agreed to enhance development assistance, but Britain made no commitment to increase its share of aid, which has fallen sharply over the past decade. Britain now gives less than half the 0·7% of gross national product suggested by the UN and stands twelfth in the league table (figure).[2]

This ought to be a time of hope for Africa as democracies tentatively grow and decades of armed conflict gradually resolve. Peace and democracy, however, remain fragile. As Mary Robinson, the president of the Republic of Ireland, said, "the fact that one billion people in the world simply do not have the means to exist from day to day diminishes us all."[2]

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Health loses out to the arms trade

EDITOR,—Dorothy E Logie and Jessica Woodroffe give a cogent analysis of the devastating impact on health, and the social fabric on which this depends, of Western financial institutions' structural adjustment policies in Third World countries.[1] I wish to point to another element of this crisis.

Average spending on arms per capita in the Third World is $38, compared with average spending on health of $12; much of the weaponry is wielded by entrenched elites against the deprived masses of their own countries.[2] While structural adjustment has meant a systematic slashing of budgets for health, education, and social services, there has been no insistence that military expenditure should likewise be reduced. This telling omission reflects the enormous profits that the global arms industry generates in the West and also the tacit insistence of Western governments that the alliances they choose with those in power in the Third World are not to be deflected by human rights considerations.

Ten years ago the Brandt report noted that the most dynamic transfer of sophisticated equipment and technology from rich to poor countries was arms. Three quarters of British exports of arms in 1991 went to the Third World. In 1985 world military expenditure topped $1000bn, a sum greater than the combined gross national products of China, India, and all African countries south of the Sahara.[3] The annual budget of the World Health Organisation amounts to only three hours of spending on arms. And despite the rhetoric about restraint after the Gulf war the United States earned $41bn from arms in 1991 (10% of all exports). Half of all scientists in the developed world are involved, directly or indirectly, in arms technology.

We have scarcely begun to count the costs for the poorest people on earth of this malign interaction between militarism and structural adjustment. We can hope that articles like Logie and Woodroffe's will stimulate health professionals to testify to what they witness in their clinics worldwide and thus help pressurise Western policymakers to confront the human consequences of their philosophies.

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Traditional medicine has much to offer

EDITOR,—Dorothy E Logie and Jessica Woodroffe conclude that dogmatic persistence with certain economic ideologies is the wrong prescription for Africa: "structural adjustment" is resulting in a serious erosion of health care services in Zimbabwe, and the resulting "brain drain" of health staff is raising fears that the health service is in danger of collapse.[1] It is surprising that the authors do not mention African traditional medicine; this has been providing preventive and, occasionally, curative health care for over 1000 years and in Zimbabwe has achieved formal recognition by the government as a provider of health care (the Zimbabwe National Traditional Healers Association is the local equivalent of the General Medical Council).[2]

Traditional medicine is the principal, and often the only, form of health care for most Africans; up to 80% of all episodes of illness are treated mainly by traditional healers.[3] Traditional healers, like general practitioners in the United Kingdom, are ideally placed to treat the psychosocial problems that afflict most people seen in primary care, not least because provision of health care is inseparable from people's religion and philosophy of life.[4] Furthermore, for some health problems traditional health care is more cost effective than official health care.[5] Thus further collaboration between traditional and modern medicine is vital if Africa is to achieve the World Health Organisation's goal of health for all by 2000.

I and colleagues in Zimbabwe are engaged in an epidemiological study of primary care in Zimbabwe (including primary care centres and faith and traditional healers); descriptive studies of explanatory models will lead on to epidemiological and outcome studies of different types of care, and we hope that we will identify which patients benefit from the different services.

Doctors should reconsider the flaw in their attitudes to the developing world—that everything developed in the West is inherently preferable to the local alternatives—and should be less dismissive of things non-scientific or traditional.

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Overpopulation and overconsumption

EDITOR,—In his editorial on overpopulation and overconsumption Richard Smith fails to look beyond the appearance of the global problems.[1] Discussions of these issues usually start from the assumption that there are too many people and not enough resources to go around and proceed to the conclusion that the population must be smaller.

Overpopulation and overconsumption have become overused and ill defined terms. As with so many social concepts today, their meaning has become more implicit than literal and the assumptions therein are subjected to little critical investigation. For instance, certain areas of the world are relatively overcrowded, which places serious strains on the existing infrastructure, but this does not mean that the world is overpopulated. Certain population groups consume a proportionately larger share of resources, but this does not lead to the conclusion that overconsumption is the main problem.

A population may or may not place strains on the economy. The inability of an economy to provide a certain standard of living may be due to an absolute shortage of realisable resources—in which case the population becomes unsustainable—or to the structural faults of that economy—in which case the ability of that society to change its economic organisation becomes the deciding factor.

Though I agree that "deforestation, soil erosion, water shortages, and desertification" are typical of many Third World areas today, I disagree that the main cause is population growth. Population growth is not the single determinant of a society's wellbeing. The starvation visited on some of the richest rice growing areas in Asia during the colonial years was more to do with their harsh