

in different ethnic groups, tropical disease, poliomyelitis, rheumatic fever, leprosy, psychological medicine, and public health. It is possible here to summarize only a few of the papers.

Dr. S. SYMAN, director-general of the Israel Ministry of Health, speaking on international health, referred to the urgent needs created by the emergence of new States, particularly in Asia and Africa. Israel had effectively joined the efforts of W.H.O. and these new and developing countries. There were a school of nursing in Burma and a team at the Singapore Medical School. Other Israeli health officers were serving in the Belgian Congo, Ghana, Liberia, and so on. The Hadassah Medical School was about to start a medical course for students from Africa and Asia.

Dr. A. M. COHEN (Israel) spoke on the effect of environmental changes on the prevalence of diabetes among different ethnic groups in Israel. It had been found that the prevalence of diabetes among the Ashkenazi and Sephardi groups did not differ from that of non-Jewish communities in other parts of the world. On the other hand, the prevalence of diabetes among the Yemenite group, which formed a specific ethnic group, was extremely low among the newcomers, but in the case of the older settlers approximated to the incidence among the Ashkenazi and Sephardi groups.

Dr. F. DREYFUSS (Israel) had made some clinical and epidemiological observations on coronary heart disease and hypertension. The low incidence of myocardial infarction among Oriental Jews in the country had provoked interest in studies of the incidence and character of coronary heart disease among the various communities in Israel. A group of Jews from Cochin (India) had been investigated. Neither coronary disease nor hypertension seemed to be frequent. Their fat intake, mostly from vegetable sources, was about 60 g. per day. No clear-cut example of myocardial infarction had been discovered. The results of a joint investigation of an Arab village population showed a low blood-cholesterol level. No case of myocardial infarction had been discovered, and altogether the incidence of coronary heart disease seemed to be low.

Dr. E. E. LIEBER (Britain) gave a paper on medical aspects of the chemical industry. It was the task of the medical officer in a chemical factory, he said, to put right conditions which exposed the worker to toxic materials, and in order to do this he must be familiar with methods of determining concentrations of toxic vapours and fumes and dusts, and understand something of sampling and quantitative analysis.

While in general practice the main purpose of medical examination was to diagnose and treat the disease, in industry it was primarily preventive, and it followed, therefore, that it must always have regard to the particular conditions of the individual's employment.

Dr. EGON PLESCH (Britain) discussed the theoretical aspects of the psychogenesis of rosacea and allied reddening disorders. In twenty cases he had found that all patients were suffering from conspicuous paranoid trends. The mothers of the patients were themselves suffering from severe emotional disturbances. He discussed the mechanism of paranoid transformations in the child under the influence of deprivation of maternal affection, and the transmission of the mother's anxiety to the infant.

Dr. L. MILLER (Israel) spoke on problems of mental health in Israel. Psychiatric and preventive mental health services had been established on a regional basis, he said. These services were to a large extent meeting the most urgent curative needs. The hospital services in each region were varied according to the patient's needs, and were "open" and community-orientated. As everywhere, the major deficiencies were in the early diagnosis and care of the patient while still at home, and in his rehabilitation and follow-up after hospitalization. The most urgent mental health problems in Israel to-day were, however, related to the process of social and cultural change which the hundreds of thousands of immigrants from Islamic countries were now undergoing in Israel.

MEDICAL SCHOOL OPENINGS

CHARING CROSS HOSPITAL

At the Opening Day Ceremony and Prize-giving at Charing Cross Hospital Medical School on October 12 the DUCHESS OF DEVONSHIRE deputized for her husband, whom, she explained, had been sent to Canada on Government business. They were in a strange position, she said. She had looked through the ranks of distinguished persons who had made this inaugural address over many years past, and had found that they had all been men—and all of them most dangerously clever ones. "To-day, however, you are faced with a woman who has never passed an examination in her life."

Selection of Students

The Duchess went on to speak about the selection of university students. The highly personal nature of the relationship between doctor and patient must always be borne in mind when considering potential students for admission to medical schools. Personality and temperament went hand in hand with academic ability.

In his annual report, the dean, Professor W. J. HAMILTON, also discussed the selection of students. It was becoming an ever-increasing problem to find places for all students considered suitable for places in a university, he said. "There had been much discussion about a scheme for setting up a clearing-house through which all students who wished to enter a university would apply. "The deans of the London medical schools were unanimously against such a clearing-house for the admission of students to the medical schools in London," said Professor Hamilton. They had felt that every student should have the opportunity of applying directly to the medical schools of his choice; and it was only fair to say that most students applied to more than one school, and many to all. This, of course, involved a great deal of work for selection committees, but they thought the labour worth while. "We all have fairly definite ideas of the type of individual we would like to recruit into medicine," said Professor Hamilton. "He should be a presentable and understanding person of good mental and physical ability, with an unforced and friendly approach to people, humanitarian in his ideals, and of stable character."

To-day's Drugs

With the help of expert contributors we publish below notes on a selection of drugs in common use.

Vitamin A

Chemistry.—Vitamin A is a complex primary alcohol synthesized in the wall of the small bowel from carotene present in foods. Green vegetables, carrots, egg yolk, milk, and butter are common sources of carotene. Vitamin A itself is present in liver and fish-liver oil. It is often added to margarine and milk powders. Standardization is by biological assay in rats. An international unit is the activity of 0.3 µg. of vitamin-A alcohol. Vitamin A is heat-stable but is destroyed by light and oxidizing agents.

Pharmacology.—Vitamin A is necessary for the formation of the visual purple of the retina and for the maintenance of epithelial tissues in a healthy condition. Gross deficiency causes night blindness, xerophthalmia, hyperkeratosis ("toad skin"), and makes the patient susceptible to the formation of renal calculi. Adults need 2,500 to 5,000 i.u. daily and up to 50% more during pregnancy and lactation.

Preparations.—Concentrated vitamin-A solution contains 50,000 i.u. per g. Vitamin-A capsules (strong) *B.N.F.*