

A MEDICAL CONGRESS IN ISRAEL

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The 4th World Congress of the Israel Medical Association was held in Israel from 12 to 24 August 1958 and was remarkable in that its proceedings were spread over three cities—Tel Aviv, Haifa and Jerusalem—members travelling to the various venues in large comfortable coaches with well-arranged stops *en route* for visits to places of historical, scenic or medical interest. The Assembly, under the patronage of the Minister of Health, had as its President the respected doyen of medicine in Israel, Dr. M. Sherman, who founded the Association. The Chairman of the Scientific Council was Professor Herman Zondek. The Congress had been arranged by a country-wide representative committee and the heavy burden of organization fell upon a council headed by Dr. J. Bickels, who was the Assembly chairman.

Some hundreds of members participated in the Assembly, the majority from the United States of America but numbers also from Europe and elsewhere. From South Africa came Dr. Ada Barnett-Maister (Port Elizabeth), Dr. L. I. Meyerson (Ventersdorp), and Drs. A. Jokl, H. Fram, D. Ordman and Prof. H. B. Stein (Johannesburg).

The Assembly was organized on a novel basis. Although some of the sessions were held at the official medical centres in the different cities, most of the gatherings took place at hospitals and other medical institutions which the visitors thus had the opportunity of visiting and seeing in action. An excellent lunch or other refreshment was invariably provided but most welcome of all were the cool orange and grape-fruit drinks, because the weather was exceedingly hot throughout the period. Among the institutions thus visited were the Hadassah Municipal Hospital in Tel Aviv, the Government Hospital in the adjoining suburbs of Jaffa, the Beilinson Hospital in Petah Tikvah, the Hospital at Tel Hashomer, the Asaf Harofeh Hospital of Sarafand, the Malben Rehabilitation Centre at Machne Israel, the Kaplan Hospital at Rehovoth and the Hadassah Hospital in Jerusalem. Members were provided in advance with programmes of sessions held simultaneously in respective regions and could thus attend those they were interested in. At these sessions the speakers were mainly Israeli specialists, who spoke as a rule in English, but all addresses in Hebrew were translated into or summarized in English and French. At these sessions, too, visitors had the opportunity of reading their papers; and it was within the framework of the Assembly that Dr. A. Jokl thus spoke to the Israel Society of the History of Science and Medicine on 'Dr. Julius Hirschberg' and Dr. D. Ordman addressed the Israel Allergy Society on 'Climate and Asthma with special reference to Israel'.

The opening ceremony on the first evening took place in Tel Aviv in the large F. R. Mann auditorium of the great new 'Hechal Hatarbut'—the Cultural Centre, in the distinguished presence of the Prime Minister (Mr. David Ben Gurion), the Minister of Health (Mr. I. Barzilai), and the Mayor of Tel Aviv-Jaffa, all of whom addressed the big audience, which included Government and municipal officials as well as foreign diplomats, medical men and women from all over the State of Israel and members of the general public. The official delegates occupied seats on the platform and in turn briefly addressed the Assembly; and in this way the writer who had been invited to be its representative had the honour of conveying the greetings of the Medical Association of South Africa and its best wishes for a successful Congress.

The sessions on the following day were of exceptional interest; authoritative addresses were given on the work carried out in preventive medicine in the 10-year period of the State's existence.

The speakers were objective and scientific in their approach but their accomplishments could justifiably have provoked a high degree of lyricism, considering the difficulties encountered, which included the periodical large-scale influx of immigrants from Eastern and North African countries and their integration into the health and culture pattern of the local population. Prof. R. Bach gave a most interesting analysis of the demography of the Jewish population in Israel and Mr. C. S. Halevy dwelt on the health problems met with in the absorptoin of the immigrants. A symposium on infectious diseases specific to Israel was concluded by Prof. G. Meer with a paper significantly entitled 'Malaria as a Disease of the Past'. In a symposium on blood diseases, haemolytic diseases in oriental Jews was discussed and a study presented on blood groups in the different ethnic groups. Another striking symposium related to 'Genetics, Adaptation to Climate, and certain Diseases peculiar to Israel and the Immigrants'.

The social side of the Assembly was well cared for and there were receptions by local mayors and medical associations, invitations to the homes of Israeli medical men, and a well-arranged banquet. Members paid a visit to the famous Weizman Institute of Science in Rehovot and delegates laid a wreath on the grave of Chaim Weizman, the founder of the Institute and the first President of the State of Israel. During its move to Haifa members of the Assembly visited the children's village 'Hadassim' and attended the laying of the corner-stone of 'Hechal Harofeh', the rest and recreation home for Doctors. A reception of high entertainment value was given by the Haifa Branch of the Medical Association with a 'Kumsitz' or 'Get-together' on the large, wide, flat roof of Medical House, on which the laying of the foundation stone of the second floor was simultaneously being celebrated. Members will not easily forget that wonderful warm summer night in the open air, aromatic with the odours of a 'braaivleis' in Eastern style, and resounding with the jolly talk and happy laughter of the crowd and the characteristic Israeli singing and dancing going on long after midnight.

The whole of the next day was spent touring Galilee, and included a visit to Nazareth, Daganja, Tiberias and Capernaum on the shores of Lake Kinnereth, where the ruins of an ancient synagogue of the Roman era were seen.

Thereafter the Assembly moved on to Jerusalem, where in the late afternoon members were received by the President of the State of Israel, Mr. Yitzchak Ben Zvi, and his gracious lady, in the simple but beautiful large wooden hall lined with paintings and shelves of books and surrounded by attractive gardens. On the following day visits were paid to the Hadassah Hospital and the various health centres, where further scientific sessions were held. In the evening there was a well-attended symposium on Medical Education in the magnificent Wise Auditorium of the Hebrew University. The University was again visited next day in the course of a sight-seeing tour of Jerusalem and members were impressed particularly with its spacious lay-out and the modernity of its architectural style.

The Fourth World Assembly of the Israel Medical Association ended with a ceremony at Medical House in Jerusalem, when genial President Sherman and Chairman Bickels delivered farewell addresses to the visitors and presented Israeli flags to the official delegates who responded. It was an honour and a delight for the writer to thank the Executive and Organizing Committees and Councils on behalf of the Medical Association of South Africa for a wonderfully arranged and unique Congress.

FLUORIDATION OF PUBLIC WATER SUPPLIES FOR THE PREVENTION OF DENTAL CARIES

The Royal Medical Board, Sweden, has submitted the following statement to the Government of Sweden under date 12 April 1958:

With regard to fluoridation of public water-supplies, that is,

bringing the concentration of fluoride in drinking water to approximately 1 mg. per litre, it has been found that this measure will reduce the incidence of dental caries by about 50% in children

and young persons who have consumed such water all their lives. In children who have been drinking fluoridated water for only part of their lives, the caries incidence will be reduced roughly in proportion to the period of ingestion. The protection of the teeth offered by fluoride seems to be effective still in middle-aged persons, judging from the small number of investigations. The protection will be the same whether the water is artificially fluoridated or has a corresponding natural content of fluoride. Equally, the occurrence of slight mottling of the enamel in some of those children who during the period of tooth-formation have consumed water with the aforesaid concentration of fluoride is independent of whether the content of fluoride is natural or artificial.

The technique of artificial fluoridation is simple. It has been thoroughly tested and can be carried out at least at all large and medium-sized waterworks. As far as Stockholm and Gothenburgh are concerned, the costs have been estimated at 0.30 to 0.40 Swedish crowns per person per year or, distributed over the school-children only, at 3.00 to 4.00 Swedish crowns per child. For comparison it may be mentioned that at present the expenditures in the public dental service for school-children in Gothenburgh amount to about 75.00 Swedish crowns per year per child.

The Board cannot find that the addition of fluoride to water that is not drunk has any disadvantage.

The Board wishes to point out that fluoridation experiments under strict medical, dental and technical control have been in progress in several places in the United States and Canada for about 13 years. In the United States fluoridation of water-supplies has been practised since 1945 to a successively increasing extent, and at present the scheme comprises close on 35 million persons. In addition, 3-4 millions consume naturally fluoridated water. In Sweden the city of Norrköping started fluoridation of the water in one of their two water service systems about 5 years ago, while, for instance, in Upsala, Eskilstuna and Hälsingborg the public is supplied with water that has a natural fluoride content which exceeds the one used at artificial fluoridation. In countries that are comparable with Sweden no evidence has been found that the consumption of fluoride is harmful to health, not even in areas in which the water has a natural content of fluoride that is 10 times as high as that used at artificial fluoridation.

In the opinion of the Board the inquiry carried out has shown that fluoridation of public water-supplies does not involve any demonstrable health hazards even on prolonged consumption of the water. Being convinced that fluoridation of drinking water is an effective means of preventing caries in children and

young persons, the Board would continue to recommend that communities which desire to start fluoridation of their domestic water-supplies should be authorized to do so under the necessary technical control.

In this connection the Board wishes to point out that both the WHO and the American Medical Association recently, after special expert inquiries, have unreservedly recommended fluoridation of drinking water as an effective and safe means of preventing dental caries.

The Board is fully aware of the fact that, in point of principle, objections may be raised against fluoridation of drinking water on the grounds that the citizens would be compelled to consume fluoridated water, and that a movement of opposition against fluoridation exists in the United States and to some extent in Sweden as well. The 'Interim Committee for Personal Integrity' in Gothenburgh, for instance, has appealed to the Board for measures against fluoridation of drinking water. The Board cannot find, however, that these objections carry sufficient weight to be allowed to obstruct an important public health measure. The incidence of dental caries in Sweden has reached such proportions that all available means for its combat have to be utilized. Fluoridation of drinking water is one of the methods that should be employed.

The first condition for fluoridation is that it should be carried out under strict control. This includes, for one thing, supervision to assure that the population in a place for which fluoridation has been planned, is not exposed in any higher degree to the effect of fluorides from other sources, for instance foodstuffs or industrial gases. The apparatus for adding fluoride should also be technically fully satisfactory, and the fluoride content of the water should be checked regularly and with reliable methods. In accordance with the advisory committee the Board finds that continuous odontological and medical control of children and young persons is essential in places where a fluoridation scheme is started, and that the collected material from these places should be studied scientifically. It is the intention of the Board later to draw up proposals concerning the organization of this control.

With regard to the legal aspect of the question, the Board wishes to make the request that if the proposed paragraphs in the Public Health Act are found to be inadequate for the purpose, the Government would decide to have them duly completed.

The Board, believing that at present neither topical application of fluoride to the teeth nor administration in salt, milk, flour, etc. can replace water fluoridation, will later consider plans for closer trials of these caries-preventive methods.