

BOOKS AND REVIEWS

FRANCISCO MONTULL Y ROSELL: "CONVERSACIONES CON LA CRUZ ROJA" ¹

The author of this booklet, a member of the Spanish Red Cross and a doctor, has already published works on the Red Cross and its importance in social service and medicine. In this study he throws light on some new aspects of the Red Cross mission—as he had done already in his "Diálogo de Cruz Roja"—which he divides into two types of charity, one individual and the other collective. The distinction facilitates understanding of ways and means of serving our fellowmen today, either collectively or through associations to co-ordinate individual efforts to make them more effective. It may well be that such collective efforts are made necessary by the demands of the world today.

Doctor Montull y Rosell, taking inspiration from J. Pictet's writings on the principles of the Red Cross, recalls that institution's fundamental tenets. He concludes his essay with an outline of the functions of the State in social welfare and shows that social developments have created new demands for assistance and consequently, yet wider scope for Red Cross initiative.

J.-G. L.

The Physician and the Community, WHO Chronicle, Geneva, 1967, No. 5.

The physician who practises in a hospital must be able to see his own work as part of a broader picture and know how and when to collaborate with outside agencies for various aspects of health protection. The physician practising outside a hospital is a first-line public health

¹ Lerida, 1967.

worker in his daily practice: he sees patients in their own environment; he is the first to observe the occurrence of infection; and he plays a role in mass screening, in health education, in surveillance of groups at special centres and in immunization. In all these ways, his work is indispensable to public health.

The education of every physician should, therefore, enable him to recognize the nature of these problems, to understand how factors affecting health can be examined and measured and to discern the practical steps that can be taken to counteract hazards; he should know enough about the economics and priorities of public health programmes, at both the local and national levels, to recognize when the local community must make important decisions and when the national cost of health services must be balanced against those of other community services. He should understand how health services operate and are related to one another; the principles governing the delivery of medical care, what parts are played by auxiliaries and other health workers, and the effects of culture on demands for services and the use made of them when they are provided.

The public health in Iceland — WHO, International Digest of Health Legislation. Geneva, Vol. 18, No. 2, 1967.

The country is divided up into 55 medical districts [læknishérud]. The chief medical officer [landlæknir] and the district medical officers [héradslæknar] are appointed by the President. In the case of the Reykjavik medical district, a municipal medical officer [borgarlæknir] is appointed by the President, on the suggestion of the Municipal Council.

The chief medical officer advises the Minister on all questions concerning public health, and performs the duties entrusted to him by the Minister in this connexion, in conformity with the laws, regulations and customs. He is responsible for the surveillance of the professional activities of all physicians and health officials, and in particular of the district and other medical officers. He receives reports from the district medical officers, other physicians and hospital establishments.

The district medical officers are responsible, within their respective districts, for the surveillance of the state of public health and, in particular, of the activities of the health boards, in conformity with the laws and instructions of the Minister, and under the supervision of the chief medical officer. They act as general practitioners and are responsible for the sale of pharmaceutical products, in the absence of a pharmacy. They must attend patients, when called upon to do so, unless prevented by their official duties or by illness. District medical officers, unless specially authorized to this effect by the Minister, may not carry out activities in