The knowledge base may be further divided into two distinct but interrelated areas. First, we must have some understanding of the social context within which each individual leads his life, the nature of the community in which he lives, his family situation, employment, the distribution of resources, patterns of communication and social attitudes towards illness. All these will influence the degree to which a patient may find admission to hospital, treatment, and his discharge from hospital a problem causing anxiety.

Second, we must know something about the psychological and emotional functioning of the individual. This involves knowledge about the development of the human personality, its strengths and weaknesses, its rational and irrational modes of working, its means of defending itself from overwhelming distress, and its response to abnormal and threatening situations, such as hospitalization.

Technique is concerned with using this knowledge to understand and meet each individual's needs. We must be sensitive to what is not said as well as to what is said.

Sometimes we must help a patient formulate the problems which are disturbing him because confusion and unhappiness may make them incomprehensible to him. All this adds up to expertise in perception, assessment, communication and sensitivity.

Basically then, the social worker approaches the individual as a ' whole person '. This may sound trite, but it means that we interpret his hospitalization as part of an ongoing social and psychological existence, not as a separate experience which can be seen in isolation from the rest of the patient's life.

Malnutrition and Infection—a deadly combination, *World Health, WHO, Geneva, February-March 1974*

The control of infectious diseases by specific measures such as vaccination, or general action such as environmental improvement, has a favourable impact on a community's nutritional status. On the other hand, adequate food offers good protection against the more serious effects of communicable diseases, including even those against which we still have no accurate or easily usable weapons. For the time being, an adequate diet is the most effective " vaccine " against most of the diarrhoeal, respiratory and other common infections. The slogan " Better Food for a Healthier World ", chosen by WHO for World Health Day 1974, is more than apt so far as infectious diseases and many other conditions are concerned, since adequate food is necessary to enable man not only to bolster his defences against infection but also to achieve a satisfactory biological, psychological, social and economic life.

We have made spectacular progress in the struggle against infectious diseases; it may be, however, that we have given too much thought to the enemy and have to some extent overlooked our own defences.

Let us by all means make the fullest use of the weapons we have acquired, but let us not abandon our bastions or leave our rearguard weak and disorganized. Only with proper food and using the rich legacies of Pasteur, Koch, Lister and Fleming shall we be able to improve the general well-being of mankind.

Health regulations and international travel, *E. Roelsgaard, WHO Chronicle, Geneva, June 1974*

... Attempts at achieving multilateral agreement on disease control date from 1851, when the rapid expansion of international trade and travel resulting from the advent of steam navigation and the great variety of quarantine practices led the French Government to convene, in Paris, the first of a long series of international conferences. The purpose of this conference was to work out an agreement between the various countries for the application of the best preventive measures against cholera, plague, and yellow fever, and to discuss the adoption of a uniform sanitary code to govern international traffic. It is noteworthy that at this time neither the etiology nor the mode of spread of the diseases under consideration was known. That smallpox was not among the diseases under consideration can be explained by the fact that it was so common in most of the countries concerned that no illusion about preventing its spread existed. In fact, smallpox was not internationally recognized as a " pestilential disease" before the International Convention of 1926 came into force. A succession of further international conferences took place, in Paris in 1859, in Constantinople in 1866, in Vienna in 1874, in Washington in 1881, and in Rome in 1885. But it was in Venice in 1892 that, for the first time, a conference dealing with the sanitary control of international traffic drew up a convention that was approved by all the participating countries. This conference and the next two—in Dresden in 1893 and in Paris in 1894—were concerned only with cholera and resulted in new international regulations for its control. The last of the conferences to be held in the nineteenth century, in Venice in 1897, was concerned entirely with plague.

In the Americas, the Pan American Sanitary Bureau was established in Washington, D.C., in 1902, and the Pan American Sanitary Convention was signed in 1905. In 1903 a conference that met in Paris adopted a resolution to establish an international health office and as a result the Office international d'Hygiène publique (OIHP) was set up by the Rome Agreement of 1907. After the First World War the permanent committee of the OIHP held a long series of meetings devoted to the preparation of a new and revised international sanitary convention, which was