

The Bissett-Hawkins Medal (public health) was awarded to the CMO, Dr Kenneth Calman, the Neil Hamilton Fairley Medal (outstanding contribution to medicine) to Professor Luc Montagnier, the Baly Medal (physiology) to Professor Nick Hale, the Jean Hunter Prize (psychiatry) to Professor David Goldberg and the Graham Bull Prize (young investigator) to Professor Anthony Schapira. Honours conferred on Fellows in 1995 included an FRS to Sir Keith Peters, knighthoods to Professors Michael Peckham and David Todd and an FRSE to Professor John Reid. Sir Dennis Lasdun, architect of the College and its extension, became a Companion of Honour. The College conferred honorary Fellowship on Professor Gordon Dunstan, medical ethicist, Professor Ivan Roitt, immunologist, and Sir Richard Sykes, microbial biochemist and chief executive of Glaxo Holdings.

During a College visit to Pakistan in January meetings were held in Karachi, Peshawar, Islamabad and Lahore and the Registrar, Professor David London represented the College on a side trip to India. We welcomed representatives of the Scottish Colleges and visitors from Abu Dhabi, Bahrain, Egypt, Jordan, Kuwait, Oman, Qatar, Saudi Arabia and Sudan to an international conference in May on the MRCP (UK) examination and with sublime disregard for geography dubbed it 'the Gulf conference'. The meeting affirmed the importance of the MRCP (UK) in the educational systems of these countries and planned closer links with the Colleges. Major topics of College Day in July were SHO training, addressed by Professor John Wass, and the interface between primary and secondary care on which the President and Professor Andy Haines gave complementary talks. Michael O'Donnell rounded off the day, as only he can, with a talk on 'The toxic effects of language' which appears in the November issue of the Journal. The following day College Presidents and overseas delegates from 19 nations discussed the impact of health service reforms around the world on standards of care and the role of the Colleges.

1995 was 'CME year' for all the Colleges. Our 20-odd conferences and courses included the long established mainstays of CME—Advanced Medicine and Science and Medicine—and a new series of CME days organised by Dr Peter Toghil, on Infections, Haematology and Respiratory Medicine. The CME registration scheme has got off to a smooth start with only one active physician declining to take part. The College also promotes CME through its Journal and publications which in 1995 included the 6th volume of Horizons in Medicine and reports or books on renal failure, incontinence, radio-iodine therapy, wheelchairs, psychiatric treatment for medical patients, the effects of alcohol on the young and on the heart, travel related diseases and the health hazards of health care professionals. On the political front, International Comparisons in Health Care and Setting Priorities in the NHS have fuelled the debate on 'rationing' in the NHS addressed by our Harveian Orator and likely to hog the headlines for the foreseeable future.

DAVID N. S. KERR

MISCELLANEA MEDICA

NUTRITIONAL FOUNDATION OF INDIA (NFI)

The first national nutrition foundation was set up, in the USA in 1943, soon followed by Sweden and the United Kingdom and in 1980 by India. The aim of the foundations is to provide reliable information on nutrition to government servants, the food industry, educational establishments, the media and the general public. They are independent bodies depending for their funds on subscriptions; the nature of these varies from Foundation to Foundation but includes food manufacturers, government and some private individuals.

The NFI was founded in 1980 by Dr C. Gopalan FRS, a Fellow of the College, after his retirement from the post of Director General of the Indian Medical Research Council, with an office in New Delhi. It has now moved to a purpose-built home with seminar rooms, a library, a museum and other extended facilities. This was formally opened by the Vice President of India on May 6 1995 and to mark the occasion a book, *Nutrition Foundation of India 1980-1995*, has been published summarising past achievements and aims for the future (this runs to 120 pages and is obtainable from NFI, C-13 Qutab Institutional Area, New Delhi 110 016). At the headquarters there is a staff of eight under the direction of Dr Gopalan with four consultants available. As the educational programmes and the research that supports them are dispersed throughout India, there are eight regional directors. The book summarises the achievements of the last 15 years and the problems that lie in the future.

Whereas 50 years ago before India became independent it was a food importing country, food production has so increased as a result of the application of new methods of agriculture that the country is self supporting and indeed an exporter of food. No statistics are needed to show the great improvement since independence in the nutritional state and health of the people; this is obvious to a traveller on the railways which are as crowded as ever (*Proc* 1989, 19: 345-350). But the old problems are still there. Poverty prevents millions of families from being able to buy sufficient food to allow their children to grow to their full potential certainly of the body and possibly of the mind. Although blindness due to keratomalacia is now rarely seen, vitamin A deficiency is common and a cause of retarded growth and reduced immunity to infections in childhood; yet there are ample sources of the vitamin available throughout the country. Iron deficiency anaemia is widespread especially in adolescent girls leading to later troubles in pregnancy, to poor lactation and to ineffective maternal care. Those are the three biggest problems which remain before nutrition workers in India. Today with economic development there may well be as many families in India as in UK living in 'affluence' and, as we well know, this also has its nutritional problems.

How does the NFI tackle these? There are many groups (65 are listed) in India studying the effects of supplements of food or nutrients to vulnerable groups and to the detection of these vulnerable groups, to health education and to analyses of foods both natural and artificially manufactured, each carrying potential risks of toxicity. NFI can provide technical and administrative advice to

such projects and assist them with finding the necessary financial support. The NFI Bulletin, published quarterly since 1980, contains scientific articles written by experts on medical, especially paediatric subjects, on toxicology and on the chemistry of foods. These should be especially valuable to postgraduates. Often the sociological implications of the articles is discussed.

In the larger world the influence of Dr Gopalan's 32 public lectures (15 in India, 17 internationally and 1 in Edinburgh *Proc* 1992, 22: 158-174) over the period 1980-95 has been great. In this respect he has been a successor to Sir Robert McCarrison the founder and director of the Nutrition Research Laboratories in Coonoor, S India, where Gopalan was director from 1961 to 1973. In 1930, as a second year medical student, I heard McCarrison lecturing in Oxford on the importance of nutrition in India and elsewhere and was greatly impressed by his panache and magnificent head of nearly white hair. Gopalan lacks the latter advantages but presents the same general message as McCarrison and with somewhat greater scientific accuracy. Each man in his generation by his public orations has done much to draw the attention of influential people to the relation of food to health, not only in India but worldwide.

R. P.

WELSBY'S WISDOM: NO. 2

Air Travel. A recent lecture tour of Malaysia has prompted various reflections. There are several helpful rules for those flying to far off lands on lecture tours or for other purposes.

Slides for lectures should be kept in hand baggage at all times. Luggage travelling in the aircraft hold may be lost. Temporary loss is almost guaranteed if you have a series of interconnecting flights and one of your aircraft is delayed; then you may be able to transfer immediately to an on-going flight but your hold luggage will almost certainly not.

Jet lag should be anticipated. The best advice is to arrange to arrive in time to go to bed. Is there a conventional alternative to the numerous unproven Alternative Medicine therapies available to induce your body to comply with local sleeping times? Temazepam gets me to sleep but I wake up four hours later. Clopidide has a longer half-life but leaves a metallic taste in the mouth which ruins breakfast. A randomised double blind meta analysis of pharmacological papers dealing with night sedation has led me to a clear and highly significant conclusion? Brandy, one sixth of a gill (the internationally recognised dosage) to be taken on retiring.

Eating the proffered meals on airplanes is not mandatory. Large meals often interfere with sleep on long flights and overeating is a distinct possibility. I once travelled alongside an American, concluding a multiple transfer flight to Saudi Arabia who had been offered seven main meals within the previous 24 hours.

It is not compulsory to use the same airline for outward and return flights. Use a British airline on the outward journey and the National airline of your destination for the return journey; National airlines often have more departure points for the UK than UK airlines and choosing the National airline may avoid the need to start your home journey with a long trip to the point of departure.

Anticipate pressure change related to ear pain when planes are ascending or descending. Suck sweets or yawn. The problem is caused by British Eustachian tubes which tend not to remain patent so that the pressure inside and outside the middle ear cleft cannot be equalised (the Chinese evidently have better designed

Eustachian tubes for they do not have this problem). Whilst ascending, air in the middle ear cleft expands leading to inequality of pressure, and thus pain, until the air is allowed to escape. When descending air cannot re-enter the middle ear cleft and results in pain due to low pressure.

Eating abroad. It is not essential to eat all food that is placed on your plate! Generations of British travellers still believe what their mother told them 'Eat everything up or there will be trouble!' Failure to eschew this gastronomic rule when eating Chinese-style will result in a surfeit, admittedly of good things, which inexorably leads to post-prandial bloating and eventually obesity.

The British talk about the weather whereas the Chinese talk about business and food, or more likely the business of food. Eating out for them is an art form and their knowledge of food is encyclopaedic; they even comment on clone numbers of various fruits with an enthusiasm which is only matched by the enthusiasm which British wine buffs reserve for wine.

Malaysian food comprises a wide selection of fruits, vegetables, meat, fish and other indefinable, but always delicious, entities. There are no violent surprises, as with Indian food where it is possible to ingest a spice of innocuous appearance and taste which then proceeds to induce a simulation of torsion of the upper gastrointestinal tract or a dissecting aneurysm.

I was persuaded, by means of much cajoling, to sample the Malaysian delicacy the 'King of the Fruits', the durian, which has a fearsome reputation earned largely by its pungent miasma (the like of which I have only previously experienced in the elephant house at Edinburgh Zoo). The texture is greasy, the taste is sweet yet sharp, and the end result is an apotheosis of halitosis, which makes garlic seem a perfume by comparison. Nevertheless durians appear to be addictive.

Malaysian life. The Malaysian economy is booming. The evidence is easily visible as the projections into the skyline of the major cities, which mirror the graph of economic performance. Malaysia will soon have completed the world's tallest building. There are many new hotels in which the guests carry those business badges of office, radiophones and laptop computers. 'Percentage' is the most frequent word to be overheard in hotel lobbies.

All large department stores in the world are essentially similar and sell the same goods. The indigenous culture in Malaysia, as elsewhere, is to be found in street markets which not only provide food but also clothing and other goods for the locals and for the downmarket visitor such as myself. Where else but in a streetmarket could you purchase a Rolex watch for the equivalent of £10 and the vendor assure you that it is genuine? Where else can you buy a matching pair of 'guaranteed genuine exclusive' shoes and have the vendor ask which manufacturer's label you wish affixed?

It seems to be a characteristic of countries that have recently experienced rapid economic development that they build huge highways (rather than public transport systems) which rapidly fail to cope with the burgeoning car population. Malaysia is no exception. The reason for this may be that the designers of transport systems are likely to be private car users and thus do not feel concerned about public transports. Singapore has minimised traffic by the use of restricted zones (you have to pay to enter central areas) and ensuring, by tax manipulations, that the total cost of keeping a car is almost prohibitive.

P. D. WELSBY