among strains of \textit{B. anthracis} this should be tested as early as possible in order that arsenic may be used if a resistant strain is encountered. In this connexion Bondi and Dietz [7] produced evidence of the formation of a penicillinase by \textit{B. anthracis}.

I have to thank Colonel W. H. O'Reiordan, M.C., R.A.M.C., for permission to forward this case for publication.

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\section*{THE KUPAT HOLIM.}

\textbf{BY}

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It is thought that a brief account of the system of medical attention which is available for a large proportion of the Jewish population in Palestine will be of interest, particularly in view of the approaching advent of State Medicine.

The Kupat Holim is a Jewish organization, which controls the Sick Insurance Fund providing medical attention for about 300,000 people. This is half the Jewish population of Palestine. It derives its income from the Histadruth, which is a combination of the Jewish Trades Unions, and the only one in the country.

I am informed that the Histadruth pays a monthly subscription for each of its members to the Kupat Holim. The amount paid varies from half a crown for an unemployed person to twenty-four shillings maximum, and is based on a sliding scale in accordance with the wages of the individual. The scheme includes not only the worker, but also his or her family. The Kupat Holim receives no financial assistance, or interference, from the State.

As the Kupat Holim relies on the Histadruth for its funds, and the latter relies on the former to restore its members to active work as soon as possible, it
is to their mutual benefit that they should work together in very close liaison. Therefore, the funds supplied by the Histadruth are sufficient to provide a good medical service, whilst the Kupat Holim has the facilities to return the member to active work with as little delay as possible.

Recently, I had the privilege of seeing how the Kupat Holim worked, and I was most impressed with its methods and achievements. It must be remembered that the Jewish medical organization is Palestine is very young, and cannot be expected to have the facilities which have grown up in Europe over the years. Also, owing to political activities in Central Europe during the last few years, many doctors of outstanding merit have come to Palestine. So much so that the proportion of Jewish doctors to potential Jewish patients is in the region of 1:250. In England, I believe the figure is something like 1:2,000.

My conducted tour started off in Tel Aviv—the largest all-Jewish city in the world, with a population of some 250,000—at the Headquarters of the Kupat Holim. This is a large modern building, in which the organization is administered, and where its medical supplies are received in bulk, broken down and issued to smaller dispensaries and hospitals in Jewish Settlements scattered throughout Palestine. Drugs are received from Great Britain and the United States of America; samples of each are taken and analysed to ensure that they are up to the British or American Pharmacopœia standard specification before being broken down or used in dispensing. Also in this building are major laboratory facilities. The organization is efficient and runs very smoothly.

From here we went to a "Dispensary" in Tel Aviv. The nearest equivalent we have to this at home is the Out-Patient Department of a large hospital. It includes specialists in the many and various branches of medicine with very adequate equipment for diagnosis and treatment; among the apparatus I saw were X-ray, shock therapy, physiotherapy, cardiography, etc.,—together with very extensive laboratory facilities.

Our next stop was at the Beilinson Hospital of about 300 beds. This hospital is situated near Petah Tiqva, which is six miles outside Tel Aviv. The hospital buildings are built on rising ground in the open country, and surrounded by a very beautiful garden. It provides facilities for general medical, surgical, gynaecological and maternity cases. It is an extremely busy hospital of a high standard, and has a very large and rapid turnover. One was struck with the number of beds in the wards and rooms which were overcrowded compared with British standards.

We then went to a smaller hospital about twenty miles further away from Tel Aviv. This hospital is reserved for the treatment of acute tuberculosis, and consists of bungalow type buildings, situated in an attractive garden. There are also two open shelters, which are equipped with couches on which the ambulant patients rest for certain definite periods each day. It includes all the usual apparatus for artificial pneumothorax and similar therapeutic measures.

About three miles further on we came to a small Settlement, in which there is a medical installation devoted to the care of chronic and long-term cases. It consists of two houses, a specially built bungalow type ward, and some huddled accommodation. Among the patients here were convalescent polio-
myelitis (an ex-soldier), fractured spine (an ex-A.T.S.), cardiac failure, an inoperable new growth, an excision of bladder, and Parkinson's disease. In very pleasant surroundings, the patients are treated with remedial exercises, including swimming, and occupational therapy.

We returned to Benei Berac, which is close to Petah Tiqva, where the organization has leased two houses in which to accommodate 75 beds for convalescent people. These houses are situated on the top of a hill, from which a magnificent view is obtained of the surrounding country with the Mediterránean Sea in the distance. There is a large room in which concerts, cinema, dancing, and games are available; also, there is ample space in the gardens and on the flat roofs where the patients can sit in the sun.

I was particularly struck with the close union between the Trades Union and its own Medical Service, which should result in maximum medical attention and efficiency, with the minimum scrimshanking on the part of the “patient,” and also which includes the whole family in the scheme.

The particular importance placed on attractive surroundings was noticeable; each of the installations is situated in a beautiful garden with trees—many of which are eucalyptus and are regarded as being of marked therapeutic value—flowers of all kinds, and, what is more, delightful, good green grass. In a country where the rainfall is not so abundant or prolonged as it is in England, and where most of the water comes from deep wells, the presence of a garden of any sort is no mean achievement.

The stress placed on occupational therapy and rehabilitation was most marked. Welfare includes wireless, games, music, cinema and lectures. The Jewish people take a much greater interest in talks, both wireless and given by lecturers, than is the case among our own people.

The number of beds accommodated in the wards is much greater than that to which we are accustomed; but the number of patients far exceeds the number of available beds, and therefore no other choice is possible until more hospitals can be built. As an indication of the cost of equipping and maintaining a hospital, I was told that it costs £1,000 a bed to build, and £2 per day to maintain a bed in an existing hospital. Before the last war, the latter figure was six shillings.

During my visit I was greeted with the utmost cordiality, and had the pleasure of meeting a number of eminent men of our profession, which included a former Professor of Surgery in Berlin, and one who had held a similar chair in Dermatology in Vienna. I was impressed with the losses that Europe has sustained to the inestimable gain of Palestine.

MARTIAL LAW IN TEL AVIV.

BY

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Martial Law came into force in certain areas of Palestine at 1.15 p.m. on March 2, 1947. The areas affected were Jerusalem and Tel Aviv; it is from experiences in the latter area that this account is given.