

other episodes of alleged and certified scientific wrongdoing. The Congressman contended that NIH was soft on crime. After delivery of the lecture, editor Kassirer complimented Dingell, telling him in a letter that "Your point of view, as espoused in the manuscript, is far more moderate than others have painted it . . .". However, second thoughts intruded. The editor advised the Congressman that, since the Gallo case was legally in mid-stream, he would take the liberty of deleting his many unkind statements about the NIH scientist. Dingell responded that it was his understanding that the lecture was to be published as delivered. Furthermore, he protested, legal proceedings in progress are routinely reported in the American press. In the tradition of the protracted Gallo case, the Congressman and the editor are still corresponding about the lecture, yet to be published.

Dan Greenberg

Round the World

Arab nations: Reorientation of medical curriculum

A two-day meeting was held in Damascus last week to discuss plans to "arabise" medical education in the Arab world. Deans of medical colleges from Jordan, Iraq, Kuwait, Libya, Syria, Tunisia, Sudan, Bahrain, Egypt, Saudi Arabia, and the Gulf States were joined by Dr Hussain Al Jazairi, regional director of the World Health Organization, and Dr Ali Fakhro, chairman of the Arab Postgraduate Medical Board. The aim of the meeting was to establish a broad framework for a joint medical curriculum for the region, and to agree on the adoption of Arabic as the language of instruction in medical colleges.

The choice of Damascus as the venue for the meeting was significant. Not only does Syria have one of the Arab world's oldest medical schools, but it has been using Arabic as the language of medical education since the early 1950s. It was therefore no surprise to hear the Syrian Health Minister, Dr Mohamed Ayad Al Shatti, advocating that deans of medical colleges should learn from the Syrian experience and adopt a policy of arabisation.

The Arab world is not homogeneous, and medical education reflects the particular country's history and culture. Different colonial powers in the region have left their legacy in education and training. Hence, North African countries such as Tunisia, Morocco, and Algeria are heavily influenced by French medical education. Syria and Lebanon have been similarly influenced in the past. However, countries such as the Sudan, Egypt, and Iraq retain links, albeit weakened in recent years, with the British medical system. Saudi Arabia and Jordan are fairly new entrants into the world of undergraduate medical education; English is the language of instruction and, although courses may have been based on the British system, these countries are tending to forge links with America.

The shift towards a more Arab-based curriculum has its roots in a general concern about what is seen as western domination of medical education in the Middle East. The move has been heightened by several factors. The gradual tightening of the entry rules into most western countries since the early 1980s has made it increasingly difficult for doctors to go abroad for postgraduate education. Furthermore, such training is expensive, and has

increasingly come to be seen as being inappropriate for much medical practice in the Arab world. There may also be an underlying concern in some countries about the high number of doctors who do not return after completing their postgraduate education.

The first step in setting up viable alternatives to western postgraduate training was the establishment in the early 1980s of the Arab Medical Board, whose role was to secure the provision of uniform, postgraduate specialist experience suitable for the needs of the region. The Board has been extremely successful in minimising the need for medical graduates to move westwards for qualifications, and in replacing the traditional membership of the Royal Colleges in the UK and the American Boards with high-status Arab qualifications. The Damascus meeting therefore can be seen as the next stage in the arabisation process.

London

Peter Kandela

Australia: Passive smoking prosecution

Owners of a casino in the Western Australian (WA) capital of Perth are to be prosecuted over failing to ensure that their employees were free from the danger of passive smoking. This case is believed to be the first of its kind in Australia. The action has been taken by the WA Government's department of occupational health, safety, and welfare under its Occupational Health, Safety and Welfare Act after complaints by employees that they were exposed to passive smoking. The Act says that employers must make every endeavour to ensure the safety of their employees. Used to give weight to the argument that passive smoking is dangerous will be the decision by Justice Morling in the Federal Court in 1990 that passive smoking caused asthma, lung cancer, and chronic lung disease. That decision was confirmed last month by the full bench of the Federal Court, which is one of the nation's highest judicial authorities.

Because of Justice Morling's ruling, health authorities argue that all employers must ensure they run a smoke-free workplace or risk court action—either prosecution under relevant occupational health legislation or, as has happened in New South Wales (see *Lancet* June 6, p 1406), civil suits brought by employees.

Most government offices are now smoke-free, as are some larger businesses. Strong resistance is coming from small businesses and from the hospitality industry—hotels and clubs in particular are not keen to ban smoking.

The action against the casino operators came after a petition signed by 150 of the 2600 employees asking for smoking to be banned was ignored. The maximum penalty under the act is \$50 000.

Mark Ragg

Europe: Alsatian air

Less than two months after 300 doctors in the Rhineland state of Baden-Württemberg launched legal proceedings over an elderly municipal waste incinerator on the French side of the frontier, the city authorities in Strasbourg have brought forward proposals to spend FFr 150 million (£17 m) on improving emissions from the installation. The German doctors, who practise in Kehl and Offenburg, suspect the incinerator of being at least a significant contributory factor to high levels of cancers on both sides of the Rhine. They have lodged parallel complaints in French