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LEAGUE OF NATIONS

HEALTH COMMITTEE

MINUTES

OF THE

FIFTEENTH SESSION

Held at Geneva from March 5th to 8th, 1930.

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HEALTH COMMISSION

MINUTES

FIFTEENTH SESSION

HEALTH COMMISSION MINUTES FOR 1911

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LIST OF MEMBERS.

The following members were present at the session :

Dr. Th. MADSEN, Director of the State Serum Institute, Copenhagen, *President*.

M. O. VELGHE, President of the Comité permanent de l'Office international d'Hygiène publique, Paris ; former Secretary-General of the Ministry of the Interior and of Health, Brussels, *Vice-President (ex-officio)*.

Dr. Witold CHODZKO, former Polish Minister of Health ; Director of the State School of Hygiene, Warsaw, *Vice-President*.

Professor Ricardo JORGE, Technical President of the Public Health Council, Lisbon, *Vice-President*.

Professor Léon BERNARD, Professor of Tuberculosis at the Faculty of Medicine, Paris ; President of the Conseil supérieur d'hygiène at the French Ministry of Health, Paris.

Sir George BUCHANAN, Senior Medical Officer, Ministry of Health, London.

Professor J. CANTACUZÈNE, Professor of Bacteriology and Director of the Institute of Experimental Medicine, Bucharest.

Dr. H. CARRIÈRE, Director of the Swiss Federal Public Health Service, Berne (attended the meetings from March 7th).

Dr. C. HAMEL, President of the Reichsgesundheitsamt, Berlin.

Dr. N. M. J. JITTA, President of the Public Health Council of the Netherlands, The Hague.

Dr. A. LUTRARIO, former Director-General of Public Health, Rome.

Professor B. NOCHT, Rector of the University and Director of the Institute of Tropical Diseases, Hamburg.

Professor D. OTTOLENGHI, Professor of Hygiene at the Royal University of Bologna.

Professor G. PITTALUGA, Professor of Parasitology, Faculty of Medicine, Madrid University.

Dr. L. RAJCHMAN, Medical Director, Secretary of the Committee.

At the request of Doctor TSURUMI, who was detained, Professor M. MIYAJIMA, Member of the Kitasato Institute, Tokio, Professor of the Faculty of Medicine, Keio University, Tokio, attended the session.

The following members were absent :

Surgeon-General H. S. CUMMING, Chief of the United States Public Health Service, Washington (D.C.).

Dr. M. TSURUMI, Representative of the Public Health Service of Japan at the Japanese Embassy, Paris.

Dr. C. F. A. WINSLOW, Professor of Public Health, Yale School of Medicine ; Member of the Public Health Council, State of Connecticut.

Professor G. ARAOZ ALFARO, former President of the National Health Department, Buenos Aires.

Professor Carlos CHAGAS, Director of the Oswaldo Cruz Institute, Rio de Janeiro.

General J. D. GRAHAM, Public Health Commissioner with the Government of India, Delhi.

Dr. Alice HAMILTON, Professor of Industrial Hygiene at Harvard University, Boston (Mass.).

Professor NAGAYO, Director, Government Institute for Infectious Diseases, Tokio.

Dr. L. RAYNAUD, Inspector-General of the Health Services, Algiers.

The following also attended :

His Excellency Dr. WOO KAISENG, Director of the Permanent Office of the Chinese Delegation to the League of Nations, former Legal Adviser to the Ministry for Foreign Affairs, *represented his Government during the discussions on the co-operation of the National Government of the Republic of China with the League of Nations on health matters. He was accompanied by Dr. Ludwig CHICHUNG YEN, Director of Medical Administration, Bureau of the Ministry of Public Health, Nanking.*

Professor J. B. GRANT, Peking Union Medical College, Peiping.

Dr. Norman WHITE, Director of the School of Hygiene, Athens.

Mr. Edgar SYDENSTRICKER, Director of Research, Milbank Memorial Fund, New York.

1910 REPORT

The following report was prepared by the

Committee on the Administration of the

Department of the Interior, in accordance with the provisions of the Act of March 3, 1879, and the Act of March 3, 1897, and the Act of March 3, 1909.

The report is divided into two parts: Part I, General Information, and Part II, Detailed Information.

Part I, General Information, contains the following chapters: Chapter I, General Information; Chapter II, Detailed Information.

Part II, Detailed Information, contains the following chapters: Chapter I, Detailed Information; Chapter II, Detailed Information.

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FIRST MEETING

Held on Wednesday, March 5th, 1930, at 4.30 p.m.

President: Dr. Th. MADSEN.

437. Opening of the Session.

The President declared open the fifteenth session of the Health Committee. He expressed regret at the absence of several members of the Committee, namely: Professor Araoz Alfaro, Dr. Carrière, Professor Chagas, Surgeon-General H. S. Cumming, Dr. Cumpston, General J. D. Graham, Professor Alice Hamilton, Professor Nagayo, Dr. Raynaud, and Dr. Tsurumi.

Dr. Abt, Director of the Office international d'Hygiène publique, also apologised for his absence.

The President was glad, however, to welcome on behalf of the Committee: His Excellency Dr. Woo Kaiseng, Director of the Permanent Office of the Chinese Delegation to the League of Nations, who was representing the Chinese Government, and Dr. L. C. Yen, Director of Medical Administration Bureau of the Ministry of Public Health at Nanking, who was accompanying Dr. Woo Kaiseng. He welcomed also Dr. Norman White, Professor Miyajima, Professor Sydenstricker and Professor J. B. Grant.

438. Adoption of the Agenda of the Session.

The PRESIDENT observed that the principal question on the agenda was the report by the Medical Director on his study tour in China, on which he had been accompanied by Dr. Boudreau. This was the first question which the Committee would examine. The other items consisted rather of a progress report concerning the work of the Section and would be examined later. Questions concerned with the work of the Opium Commission would be postponed until Dr. Carrière arrived on March 7th.

Everyone who had read the Medical Director's report would certainly have been impressed by the fact that it had been possible in so short a visit to collect, in connection with the great problem of the health organisation of China, so complete a body of information, which made it possible to trace the main outlines of the programme of work. The President wished, on behalf of the Committee, sincerely to congratulate Dr. Rajchman and Dr. Boudreau on the way in which they had carried out their mission. It would, he thought, be the starting-point of a task which would be of equal value to the Health Organisation and to the great Chinese Republic.

Dr. RAJCHMAN proposed that the Committee should adopt the following programme of work: Thursday, morning meeting, discussion of the report on the mission to China and the examination of special questions, such as the request of the Bulgarian Government concerning the campaign against endemic syphilis in certain parts of Bulgaria, the programme of interchanges for 1930, etc; Friday, examination of questions affecting the Opium Commission and miscellaneous questions.

An afternoon meeting might be devoted to the examination, by a Sub-Committee, of the scheme for the reorganisation of the Quarantine Services in China. He further suggested that one or two afternoons might be reserved for certain statements—in particular, that of Dr. Norman White on the Athens centre, that of Dr. Ciuca on malaria in India, that of Dr. Mackenzie on Bulgaria, and that of Dr. Sydenstricker on the programme of studies relating to morbidity carried out in the United States under his direction during the past few years. The Medical Director hoped that it might be possible to finish the session on Saturday.

The Committee adopted the Agenda (Annex I) and the proposed programme of work.

439. Absence of Dr. J. Heng Liu from the Session.

The PRESIDENT read a telegram from Dr. Heng Liu, Chinese Minister for Health, regretting that he was unable to attend the Committee's session, as he had hoped to do.

440. Collaboration between the League of Nations and the Chinese Government as regards Health Matters: Statement by the Medical Director regarding the Mission to China.

Dr. RAJCHMAN regretted that it had been impossible to give in the report as exact an idea of the Chinese problem as the authors would have liked. The reason was that the visit which Dr. Boudreau and himself had made to China had lasted only two months. They had visited the various districts indicated by the Minister for Health as being the most characteristic and the most suitable for collecting the data required for forming a judgment of the Chinese Government's proposals. A two months' tour in China was quite inadequate to give an exact idea of the immensity of the undertaking. He must therefore excuse himself in advance for the imperfections in the account.

As the report had been distributed, he would confine himself to giving a few general indications with the object of facilitating the discussion.

The question which had been posed when Dr. Rajchman and Dr. Boudreau had gone to China was as follows : How far could the collaboration which the League was able to offer the Chinese Government at the present time effect any appreciable improvement in the health situation of China ? That was a question which concerned the Chinese Government, the Council of the League and the Health Committee simultaneously.

After a few weeks it had been possible both for the Minister for Health and likewise for Dr. Rajchman and Dr. Boudreau to give a reply to this question. It was obvious that the co-operation of the League with China, however efficacious, would not bring about any appreciable improvement in the health situation of China within a period which could be measured at the present moment. That reply was absolutely definite. It might appear pessimistic, but it constituted the only sound basis of fruitful co-operation between the Health Committee and the Chinese Government.

It must be remembered that the health situation of a country depended to a large extent on its economic development, its financial position and its political stability. Even the most energetic of health administrations would probably find itself quite unable to do effective work, unless certain conditions were fulfilled. The deduction, therefore, was that the health reorganisation of China must be achieved concomitantly with the economic revival of the country. This fact must be borne in mind in contemplating the problem. It was for that reason that, in the opinion of the Nanking Government, the health question was viewed in the first place in the light of the general reconstruction of the country. That was the reason for the request made by the Chinese Government to the League and for the financial sacrifices which it had incurred, and which had been shouldered in the firm conviction, shared by all responsible members of the present Government, that this should be one of the first steps on the modernisation of China.

If it could not be hoped that the health reorganisation of China could be effected within a brief period of time, there was, nevertheless, reason to hope that important and fruitful results might be obtained fairly quickly. The letter from the Minister for Health contained a clear indication on this point. It brought out the possibility of achieving within a relatively short time reforms which would be valuable both to China and other countries.

The general conditions in the country had been summarised in the report, and the Medical Director would confine himself to adding a few observations.

It must be remembered that China was less an ordinary country than a continent, and that the differences between the provinces in the Empire were as great as those which might exist between two far-distant countries in Europe. In considering the problem of the reorganisation of China, it was, therefore, impossible to speak of the country but only of certain parts of the country.

China, which was a vast country, had a huge population, but the population was concentrated on the seaboard. For this reason, China might be regarded as a country in which certain provinces had a preponderating influence on the development of the nation as a whole, and what could be achieved in a relatively small district would have a direct effect, since it was precisely this part of the country which was of most account. The figures for the population given in the report were those obtained from the 1910 census. Even on the seaboard, where the population was concentrated, there were noteworthy differences between the various districts.

In order to facilitate the comprehension of the report, the Medical Director would venture to make certain observations on the system of government in China, and first to give a reply to a fundamental question. He had been asked with which Chinese Government he had dealt. The reply to this question was simple. He had dealt with the Chinese Government, for there was only one central Government in China, the Government at Nanking.

Moreover, although China was a country where alarmist rumours had a wide circulation and obtained a very large measure of credence, and where false reports and the most extreme criticism of the Government's action was spread abroad without the Government being able to take effective action, it was none the less true that when the mission was in China the Nanking Government was recognised as the only true Government of the Chinese Republic.

With regard to administrative and governmental functions in China, Dr. Rajchman explained that the Republican organisation which had been in existence for some twenty years could not be compared with the political organisation of a centralised country. On the contrary, the Government was very decentralised in form from the administrative point of view, except as regarded the effective exercise of functions of national importance. When, for instance, the Central Government negotiated with foreign Powers, it was invariably regarded as the Chinese National Government by all the provinces, even by those parties which might be opposed to it or possibly even in open rebellion against it. In the settlement of any question concerning communications, it was the natural thing in all parts of China to fall in with the directions of the National Government. Finally, the Nanking Government had control over the Customs administration and, to a great extent, over the yield of taxation. In this matter the authority of the Government was steadily growing, the methods of tax collection, however, differed appreciably from those used in modern countries.

It was, however, in the technical domain that the Government's authority was most definitely growing. No province would think of opening a secondary school or technical college without first obtaining the permission and directions of the Central Government ; that was to say, the Minister for Education. In health matters, also, the directions and advice of the Ministers were followed, and the Government was even expected to take the initiative itself.

Were the Government, however, to insist too much on the adoption of certain administrative regulations, it might meet with a reverse. The provinces enjoyed a large measure

of autonomy, subject to the effective control of the Governor, who was the President of a more or less active Provincial Council. In the big communities, the municipalities and the mayors exercised complete control over the entire business of the municipality.

For the transaction, however, of much public business, the provincial administration required the seal of the central administration, and there were well-established administrative traditions in this matter. The Imperial seal was now in the possession of the Nanking Government, and administrative tradition demanded that application should be made to Nanking for all business requiring the fixing of the seal. This explained in part the military and political attacks made on Nanking.

The Central Government was a somewhat complicated organisation. In China, there were not three powers as in European countries, the legislative, the executive and the judicial, but five powers, the three first being completed by the examining power and the supervisory power. There were, therefore, five Yuans or Councils—the Legislative, the Executive, the Judicial, the Examining and the Supervisory. The administrative power of the country was in the hands of the Executive Yuan, and the Ministries were subordinate to it, constituting Departments of State. There was also a Grand Council of State, the members of which were nominated by the Central Executive Committee, and included, amongst others, the Chief of the Government, the Presidents of the five Yuans and the Ministers, etc. The Ministers, together with a certain number of other dignitaries, were members of the Executive Council or Yuan, but the Ministers were in the majority. Dr. Rajchman hoped that this very general survey would indicate the position of the Ministry for Health in the Chinese governmental machine.

The Central Executive Committee, which was elected by the Party Congress, constituted the supreme organ in the country. The delegates to the Congress were elected by the local party committees. The Central Executive Committee met from time to time in plenary session. In the event of a divergence of opinion, the first body to take a decision was the plenary session of the Executive Committee.

In explaining the methods of working of the Chinese political organisation, the Medical Director recalled that, until 1911, the entire power had been concentrated in the hands of the Emperor. China, therefore, had only been a republican organisation for nineteen years. The first period of parliamentary Government had not given conclusive results, since an attempt had been made to apply to an unprepared country a system which in other countries was the result of long traditions.

Power having passed from the hands of the Emperor into those of an impotent Parliament, the Generals had, in the past, overturned the civil Governments with the object of seizing power for themselves. The Generals had belonged to two categories—those who, being Governors of provinces, had at their disposal the provincial army, and the professional Generals, who commanded an army generally recruited from the unemployed.

Previously to 1911, the southern Chinese provinces had already undertaken the work of modernisation. Kwantung, with the provincial capital of Canton, being separated from the interior of the country by a range of mountains, occupied a somewhat isolated situation. This explained to a certain extent the fact that this province had become the centre of a vast movement of political and intellectual emancipation, based on modern traditions and on a different attitude towards the foreigner. It was there that Dr. Sun Yat Sen had formed the party which was now the only true symbol of popular government in China, the party of the Chinese regeneration, which had conquered the minds of the Chinese people and acquired a very real political authority. In 1927, after a prolonged struggle, the success of the National Party had been confirmed. It now constituted the only modern political authority in the country. From the time of the establishment of the National Government at Nanking, the process of modernisation in China had made greater progress, for it was only since 1927 that China had really possessed a modern Government, the majority of the members of which had received a Western training. It had begun by setting up Ministries in accordance with modern ideas and had attracted to it the officials who were anxious to work for the reorganisation of the country.

Leaving on one side all subjects not coming within the domain of health, Dr. Rajchman wished merely to explain the difficulties confronting the Minister for Health. A glance at the most populous part of China, which was at the same time the most modern, showed the existence of very large cities. Shanghai, for instance, had 1,700,000 inhabitants, the British Concession 800,000—30,000 of whom were foreigners, mostly Japanese—and the French Concession 350,000, of whom 10,000 were foreigners, mostly Russians. The total population of Shanghai amounted, therefore, to roughly 3,000,000. Nanking had half a million inhabitants, Tientsin had 1,000,000, Peking 800,000 and so forth. Practically everywhere, therefore, there were immense cities, and this afforded some idea of the problems confronting the municipal administration in the work of modernisation that had begun some ten years previously, and likewise of the enormous financial and technical effort that was required.

The reorganisation programme was popular and was already on the way to achievement. Anyone returning to China after four or five years was struck by the progress accomplished in the modernisation of the cities, both from the material and from the psychological points of view. The municipal offices contained a young and well-trained technical staff, who were well aware of what had to be done. The problems to be solved were nevertheless immense. At Shanghai, for instance, there was the problem of the drinking-water supply. A solution for such questions could not be found overnight. Moreover, at the present moment, China did not find credits easily. Although there was no dearth of money in the country, the Government and municipal securities were not in great demand. The impression created, therefore,

was that the Chinese knew what required to be done but had not the means to execute the plans conceived.

The urban communities were somewhat peculiar in character. They were not really urban, except in certain parts, the remainder consisting of a collection of rural communities. He might cite as an example a health centre which had been set up thirty kilometres from the International Concession at Shanghai by the Minister for Health, who, to visit it, had had to use the most primitive means of locomotion, namely, a wheel-barrow, as motor-cars and carriages could not reach it.

The question of communications was, therefore, of somewhat particular urgency in China. It had, however, made extraordinary progress in the last few years. In 1921, China had had only 150 kilometres of motor roads, and in 1929 the figure had risen to 4,760 kilometres of modern roads. The progress achieved in the building of railways was as great, as was shown in the American Review, which the Health Section had distributed to members of the Committee. Communications being the fundamental condition for the health organisation of a country, it would be realised that China was confronted with difficulties unknown elsewhere, financial difficulties on the one hand and difficulties in regard to communications on the other.

The considerations resulting from the economic position differed according to the province. It was for that reason that the Minister for Health had selected a certain number of provinces which might be used as a basis for the data to be collected by the Health Committee's mission. One of these provinces, Chekiang, was fairly densely populated; it had a population of 25 millions, and resembled Japan, to a certain extent, from the agricultural point of view. It was a prosperous province, but 900 kilometres away there were districts where terrible famines occurred and where the agricultural colonists lived under very difficult conditions. It could not, therefore, be said that the same solution of the health problem would be practicable in two provinces which were separated by a distance less than that of Geneva from Berlin. There was a whole world between them.

The primary condition for a health reform was that it must be carried out among an educated population. China, from the point of view of education, presented a peculiar problem. It was extremely difficult to define the illiterate. A Chinaman was considered to be educated if he knew some 5,000 characters, what number of characters must he know to be no longer illiterate? The Chinese people had an old tradition that children must receive the best possible education. This did not, of course, in any way imply a modern education, and the differences between the kinds of education given were very considerable. But to take the most highly developed provinces; in Chekiang there were 16,000 elementary schools, attended by 600,000 children. The capital of the province had a technical college with 1,000 students, an agricultural college with 500 students and a special school of administration. In the province of Kiang-Su, also, 600,000 children were attending the elementary schools. The total number of children and young people attending elementary, secondary and special schools and the universities was about 20 millions, a rather small proportion if compared with the aggregate population of 400 millions, since it was only 5 per cent, whereas in Japan it was 15 per cent and in America 25 per cent. Emphasis, however, must be laid on this figure of 20 millions in order to bring out the responsibility incumbent on the various Government services, which were responsible for providing for the spiritual and material needs of this enormous school and university population.

Among the other difficulties confronting the Minister for Health was the more specifically medical problem. This was the hardest task of all.

Medicine as conceived on modern lines was an absolutely new thing in China. The first hospital was hardly eighty years old and modern medical institutions were almost unknown. Western medicine had been introduced by foreigners and more particularly by missionaries, who had used it in order to prove the benefits of Christian civilisation. Medicine being conceived as a means of evangelisation, those practising it in China were not always people who possessed adequate medical knowledge, but rather people who were inspired by a missionary enthusiasm. This fact was proved by the results. There were about 600 hospitals in China, the majority of them quite small institutions of a medical standard which had now disappeared in Europe and America. There were, however, in the big centres certain magnificent institutions which had been organised by foreigners; some of them were quite remarkable.

What was the situation of the Ministry for Health in regard to the medical problem? The Minister for Health at Nanking fully realised the necessity of making provision for the medical treatment of the people, and he was doing all he could to promote the creation of medical centres. Such an organisation, however, required not only medical knowledge but administrative experience. The main feature of the present period, however, was that in these medical centres the administrative and financial responsibility was in the hands of foreigners and that hitherto it had been difficult to set up any national Chinese health institutions. The first object of the Central Sanitary Organisation was to meet this need.

What was the medical personnel at the disposal of the Government? China was, from this point of view, in a situation which was unknown in the rest of the world. For 400 million inhabitants she possessed no more than four thousand doctors who had received a Western medical training, and among them not more than one thousand had received training which was in any way comparable to the average training given to doctors in other parts of the world.

These doctors were concentrated in the major collectivities, without taking into account the fact that the 500 or 600 medical institutions which existed absorbed a fairly large number of them. There was, therefore, no medical personnel for the rest of the country, and it might be said that the question of Western medicine in China presented itself at the present time as a problem which awaited a solution in its entirety. Doctors with an adequate training were

much sought after, and it would be easily understood that they were not greatly attracted by the public service. Only 80 or 100 were engaged in public health work. That number would be small for a single large city. This team might, however, form the basis of a central service.

The methods of recruiting doctors in China were very inadequate; the report showed the wretchedly small number of medical schools, more especially since the majority of the provincial schools had had to be closed. The great difficulty was to find a teaching medical staff.

An additional difficulty was due to the lack of uniformity in the language in which teaching was given. Doctors who came from abroad continued to use the language of the country where they had studied. The medical world was therefore divided according to the countries from which the doctors came—Japan, England, France or Germany. An attempt had been made to unite the profession, and the Shanghai Congress in February had endeavoured to found a National Chinese Medical Association. In certain Government schools teaching was given in English or German. The result was that the recruiting of students was hampered by an artificial discrimination. There was, furthermore, the question of their actual ability to understand the teaching. The medical profession, therefore, in China was small; the greater number of the doctors had not been able to obtain adequate training and were, moreover, much divided.

The Health Organisation had, however, made a very encouraging beginning, and Dr. Rajchman wished to pay a tribute to a great leader of medical influence in China, Professor Grant, who had become chief of a genuine school of hygiene.

There were in China a number of health institutions which were full of promise; they had been mentioned in the report. Attention should be drawn, in particular, to the health service of the city of Shanghai, which was directed with special competence by an energetic officer, who, notwithstanding the changes of Government, had made considerable progress.

There were, accordingly, very few health organisations; but they offered an encouraging beginning which might serve as an indication for the efforts to be made in the future. After examining the situation, the Minister for Health had concluded that it was difficult to secure the adoption by his department of a programme similar to that of an ordinary Ministry for Health, and had decided to concentrate his entire efforts on a few fundamental problems in a certain number of provinces only.

Applications for administrative personnel were already coming in and it was impossible to comply with even those which were most justified. The question had therefore been raised whether the health service should be organised according to provinces. The provinces, however, enjoyed juridically and in practice a measure of semi-autonomy, and, in any case, there was always the financial difficulty. It had therefore been decided to leave the provinces for the time being to their fate and to concentrate all efforts on clearing the ground; that was to say, on the training of a consultative field service to be placed at the disposal of the provincial and municipal authorities. It was with this object that it had been proposed to set up a central health station and to endeavour first of all to solve the elementary problems—sanitary engineering, health returns, housing, epidemiology, etc.—and at the same time the problem of the training of the higher and auxiliary personnel.

It had also been decided to found a big national hospital which would become a training school for hospital superintendents and serve as a basis for graduate courses for doctors already in office and, at the same time, as a place of demonstration for the municipal authorities. For this reason it had been decided, as a first measure, to set up at Nanking the first national hospital under the authority of the Government. The problems studied at the central station would be those which were of particular concern to certain provinces, and it was for this reason that a start had been made by selecting certain provinces. The object of these studies would be to assist and serve as a guide to the provincial authorities in applying on a large scale the measures for the improvement of public health, while making use of the limited personnel placed at their disposal. With this object in view, the Ministry had chosen the province of Chekiang; it was both prosperous and had a high level of education, was near to Shanghai and had a liberal government, which had drawn up a remarkable health programme, including the foundation of a provincial hospital which was to become the basis for the health organisation of the entire province, and the creation of municipal laboratories, schools of midwifery, sanitary inspectors, etc. It was with great satisfaction that Dr. Rajchman welcomed at the meeting Dr. Chien, who was to take over the effective management of the provincial organisation and who had been invited by the Health Section to carry out certain studies abroad.

The work of the centre would gradually be extended also to Nanking, Shanghai, Canton and Peiping.

It had been decided next to take up the problem of medical education. The solution of this problem concerned two Ministries, those for Health and Education. A national Commission for the teaching of medicine had been set up and was to draw up a teaching programme for the national medical schools. The methods of collaboration with this Commission were explained in detail in the report.

It must be remembered that the object of the mission to China had been to study with the Chinese Government the best methods of securing the co-operation of the League in the improvement of the organisation of the quarantine service in China. The Ministry for Health was given the technical responsibility for the quarantine service. It had applied to the League in order to obtain competent advice on the measures to be taken with a view to the modernisation of that service.

The problem as it presented itself had been explained in the report. The service was carried on by the Ministry for Finance through the administration of the Chinese Customs,

which itself was under foreign management. That was one of the reasons for the growth of the legend that the Chinese quarantine service was in the hands of foreigners. Such a statement was incorrect, since the responsibility for the service belonged to the Ministry for Finance, which was a Department of State and was managed by the executive agent of the Department, namely, the Customs service.

It must be admitted that the Customs service had not accepted the management of the quarantine service with any enthusiasm. The Customs commissioners showed the greatest devotion in carrying out their duties as Customs officers, but they had no special knowledge of quarantine matters. They accordingly had recourse to doctors who in many ports were foreigners, but the effective operations in all ports, with very few exceptions, were in the hands of Chinese doctors. Quarantine operations were at the present time far from satisfactory. The Government realised the fact, and had decided to remedy it. It was for that reason that, following the constitution of the Ministry for Health, it had entrusted to it the task of reorganising the quarantine service—a very considerable task, moreover, since it involved difficulties with regard to both equipment and staff.

At Nanking it was fully realised that, when taking over the responsibility for the service, the Health Ministry would have to endeavour to modernise it, since it was important to acquire the confidence of the maritime countries which had commercial relations with China. It was for that reason that the Nanking Government had decided to apply to the League. It also realised that it was impossible to provide all ports with modern services, and had accordingly determined to modernise them one by one, beginning with the port of Shanghai.

In order to obtain the best possible technical advice, the Chinese Government had applied to the Health Committee, and, in order to secure the advice of qualified authorities on maritime questions, had also applied to the Communications and Transit Organisation of the League. It had further requested that it might benefit from any studies carried out in the Far East under the study tour system. It had finally requested that the investigations might be concluded by the end of 1930, so as to enable it to draw up a detailed plan of the changes to be made in the ports.

If, however, the Nanking Government had applied for the co-operation of the League and, in particular, of the Health Committee in drawing up its plans of modernisation, it must not be forgotten that the co-operation for which it was asking would not be temporary, but would, on the contrary, be continuous, since the League was asked to co-operate, not only in the establishment of a plan of sanitary reorganisation in China, but to assist in the application of the plan. The Chinese Government had applied for the Health Committee's co-operation, in the first place, for studying the question of the establishment of a central health station, a national hospital at Nanking and a provincial hospital at Hangchow; and, secondly, to assist it in organising these institutions by means of the system of League interchanges and fellowships, which would be of advantage to the managing personnel. It had further asked for the Committee's help in the solution of certain special problems by the despatch of experts belonging to specialist commissions, such as the Malaria Commission, the Commission on Education and on Medicine, etc. Finally, the Government had asked for the despatch of an expert from the Health Organisation to the central station at Nanking, to assist in the establishment and development of the station, as an advisory consultant who would place at the disposal of the Government the experience which had been acquired by similar institutions in Europe and America.

The Chinese Government realised the complexity of the task involved in the reform of the teaching of medicine, and had asked that an expert might be sent to China to collaborate with the National Commission, and that special notes on the development and practice of the teaching of medicine in all parts of the world might be placed at its disposal.

There was one question which, apart from its considerable local importance, was of fundamental national importance. That was the problem of the endemicity of cholera and smallpox in Shanghai. For a quarter of a century cholera and smallpox had been observed to make regular appearances in Shanghai, and everyone was aware of the precautions which the Japanese Government was obliged to take to safeguard its ports against cholera from Shanghai, and the enormous expenditure incurred by reason of this fact in the neighbouring countries and in Japan.

The Central Government had drawn attention in this connection to a somewhat delicate point. Certain measures would have to be adopted in common agreement by the Chinese authorities and the authorities of the International Concessions. It was for that reason that it had applied to the League mission to take part in the Conference which had been arranged between the three authorities—that was to say, the British, Chinese and French authorities—with a view to establishing a common programme. The Conference, which had met under the presidency of the Minister for Health, had adopted a programme of measures to be taken in regard to vaccination, etc. It had, furthermore, asked that it might have the services of the Singapore Bureau, and had applied to Mr. Stouman, who was then passing through China, for assistance in drawing up plans of joint epidemiological studies.

Although it was confining its attention to certain fundamental problems in certain provinces, the Ministry for Health was aware of its responsibilities from a national point of view, and realised its duty to prepare for the day when China resumed her normal economic development, and would thus be able to pursue concomitantly a policy of general reconstruction.

It must not be forgotten that China possessed extraordinary powers of recuperation. She was at the moment passing through a period of economic depression, but was capable of an extremely rapid economic recovery. The Health Ministry might then be required to meet demands from all sides. It was for that reason that it had decided to consider to what points its efforts could be most effectively directed.

It held the view, in particular, that its activities in the matter of hygiene could not be isolated, but that it was essential for them to be linked up to another form of public activity. This phenomenon existed in all countries; the exceptional health development in England was due to the fact that the health work in that country had been linked up with the development of local municipal governments. In Germany and in Denmark it had been bound up with other developments. The Chinese Ministry for Health had considered which was the living force in the country to which it could link up the development of health work, and its choice seemed to be directed towards the great movement in favour of education, in the largest sense of the word, now manifest in China.

This movement, to which the mission had referred in its report, was a very remarkable one. Notwithstanding all the political and military events which had taken place, a systematic, regular and progressive development was taking place, directed by an army which was increased each year by all the recruits from the Chinese universities, and the ramifications of which were extending to all branches of education. Its creed was the intellectual regeneration of China, and it might be regarded as the surest ally of the Ministry for Health. The sanitary development of the country being bound up with the movement for education, the Minister had thought that, if this movement failed, it would involve with it the failure of the plan for health reorganisation. The movement was, however, as everyone knew, a vigorous one, for it had succeeded in victoriously emerging from the numerous difficulties in which it had been involved and adapting itself to the needs of the present time. The medical and social progress of the country had, therefore, been rightly linked up with this movement.

The problem confronting the Nanking hygienists was at once very attractive and very difficult. If, as the Medical Director hoped, the recommendation which he had made for the adoption in their entirety of the Chinese Government's proposals was accepted by the Committee, the latter would thereby be assuming a responsibility, since, for many years to come, it would have to make arrangements for the co-operation to which it would be committing itself. It must not be forgotten that the Health Committee had other tasks in hand, and the question of the health reorganisation of China would occupy a considerable portion of the Health Organisation's activity. Dr. Rajchman, nevertheless, thought that this was the line along which the Health Organisation could, in future, make the best progress. In the two months which they had passed in China, Dr. Boudreau and he had had an opportunity of observing certain facts which had made it possible for them to indicate the first elements required for understanding the problem. The Chinese Government's request was the most important proposal for co-operation which had ever been received by the Health Organisation, and it must not be forgotten that this co-operation might be the beginning of the development of co-operation with China in other technical domains besides that of health.

The PRESIDENT thanked the Medical Director for the remarkable report which he had submitted on the mission to China and for his supplementary explanations.

Dr. WOO KAISENG, speaking on behalf of his Government, wished to thank Dr. Rajchman and his assistants. He thanked Dr. Rajchman not only for the very friendly words which he had just spoken, but more especially for the marvellous results of the mission to China, results which were due to his exceptional competence and his international method of thought. The results obtained—that was to say, the possibilities of co-operation between the League and China in the sanitary reorganisation of China—had enabled the Chinese Government to appreciate the advantages of the international technical organisations and, in particular, the spirit of mutual assistance which animated the League as a whole. It might henceforward be expected that, when China was confronted with difficulties in the task of reorganisation, it would not fail to have recourse to the knowledge of the League organs. China, in return, would give the League ever more vigorous co-operation and ever more effective support. Finally, not only the Government, but the people of China as well would be able to recognise the usefulness of the League and to help in its development to the fullest extent.

Ever since the establishment of the National Government, China had set before itself the task of undertaking complete national reconstruction in accordance with the policies laid down by Dr. Sun Yat Sen, who was the father of the Chinese revolution. The reorganisation of public health was one of the most important and arduous tasks in the general plan of reconstruction. In this work the Chinese Government was meeting with many obstacles and had come to the conclusion that the work of reorganisation would be facilitated by international co-operation.

At the end of 1928, the Ministry for Health had decided to appeal to the experience of the Health Organisation of the League. In the following year, the Nanking Government had made an official application for the despatch of a mission by the Health Organisation to China to undertake an enquiry into health conditions in the ports and into the question of maritime quarantine. It was as a result of this application that, after the Council had declared that the fullest measure of assistance should be given to China, a mission was despatched with Dr. Rajchman as its head.

On the arrival of the mission in Shanghai, the importance of its task had been enhanced still further by a request from the Chinese Government. The mission was asked not only to undertake an enquiry into health conditions in the ports and into maritime quarantine, but also to make investigations into the organisation and working of the medical and health institutions in various selected municipalities and administrative areas. Thanks to the information obtained by the mission and to its own competence, a plan of organisation had been drawn up and adopted by the Government and a vote of a million dollars had been passed by the Executive Council. Two hundred thousand dollars had already been paid by the Ministry for Finance to the Ministry for Health for the accomplishment of this plan.

The plan included co-operation with the League in relation to health matters. These proposals were set forth in detail in document C.118.M.38.1930.III. Dr. Woo Kaiseng hoped that the Committee would study them sympathetically. He wished, finally, to express the regrets of the Minister for Health that he had been unable to attend the meetings, as he had desired to do. His presence was required in China by the first work for the accomplishment of the plan of sanitary reorganisation.

The PRESIDENT, on behalf of the Committee, thanked Dr. Woo Kaiseng for his communication.

Dr. RAJCHMAN also wished to thank Dr. Woo Kaiseng for his kind words concerning the mission, which had touched him very deeply.

Referring to the conversations which he had had with the Minister for Health, Dr. Rajchman observed that he had taken the opportunity to state that the Committee would gladly welcome among its collaborators masters of Chinese medicine. A certain number of distinguished doctors had been designated as a result of this correspondence and Dr. Rajchman had no doubt that the Committee would endorse the arrangements which had been made.

He was also happy to be able to say that the Secretary-General had appointed one of the officials in the Nanking Ministry to become a member of the Health Section of the League.

The Medical Director drew special attention to Dr. Woo Kaiseng's information regarding the allocation of a vote of a million Chinese dollars granted by the Executive Council for the application of the programme of reorganisation and co-operation adopted by the Government on the proposal of the Ministry for Health. In addition, a special vote had also been passed for the first National Hospital, which would shortly start work.

He regretted that it had been impossible for the Minister for Health, Dr. J. Heng Liu, who was detained by the work involved in the inauguration of so important a reform, to attend the session of the Committee. He thought that these various facts afforded conclusive proof of the Chinese Government's desire to find a speedy solution for the problem.

441. Examination of the Chinese Government's Proposals for the Organisation of a National Quarantine Service: Appointment of a Sub-Commission.

The PRESIDENT proposed that a Sub-Commission should be appointed to study the Chinese Government's proposals concerning the organisation of a national quarantine service.

Dr. RAJCHMAN proposed that the Sub-Commission's terms of reference should be as follows :

1. To consider the request of the Chinese Government for the League's collaboration in obtaining the benefit of the experience of Health Services in other countries in the reorganisation of the present quarantine services, and to do so on the basis of the existing international sanitary conventions, and relevant national practices.
2. To determine principles that might be taken as a guide in completing the survey of the more important Chinese ports.
3. To study proposals which will be submitted as a result of the survey and advise the Health Committee regarding the scheme to be submitted to the Chinese Government.
4. To confer in so doing with any experts who may be delegated by the Transit Organisation of the League, in conformity with the request of the Chinese Government, before submitting the scheme to the Health Committee.

Sir George BUCHANAN understood that the appointment of the Sub-Commission with these terms of reference did not mean that the Health Committee was bound by them. Certain of the points involved—for example, that concerning arrangements with the Transit Organisation—were questions which could be discussed again later.

Dr. RAJCHMAN replied that, as the Health Committee had determined the terms of reference, it was clearly free to make any changes which it thought good, but that the Sub-Commission could not itself make any changes.

Sir George BUCHANAN observed that his point was that items 1 and 2 in the Sub-Commission's programme were obviously matters which would have to be considered at once in connection with the Medical Director's report. Items 3 and 4, on the other hand, would have to be considered at some future date, when the enquiries had reached a more advanced stage. He wished it to be made clear that, if the Sub-Commission thought it necessary to propose, in regard to items 3 and 4, certain changes in its attributions, it would be free to do so.

Dr. RAJCHMAN reminded Sir George Buchanan that the Sub-Commission's terms of reference had been submitted to him before being presented to the Committee and expressed surprise at the doubts which Sir George Buchanan expressed somewhat late in the day on this subject. He earnestly pressed for the adoption of the terms of reference as they stood. If the Sub-Commission subsequently considered that certain changes should be made, it would have to obtain the sanction of the Committee.

Sir George BUCHANAN said that he agreed with the main lines of the programme presented. His only object was to safeguard the position so that, if it were found later that the lines on which the Sub-Commission was working were not desirable, it would be free to propose changes.

The terms of reference of the Sub-Commission were adopted.

It was decided that the Sub-Commission should consist of the following members:

M. VELGHE (*Chairman*); Sir George BUCHANAN, Dr. LUTRARIO, Surgeon-General CUMMING, Dr. JITTA, Professor MIYAJIMA, Dr. RAYNAUD, Professor NOCHT; *Secretaries*: Dr. BOUDREAU and Dr. PARK.

M. VELGHE did not attempt to conceal from himself the gravity and difficulty of the problem. He nevertheless readily accepted the invitation to preside over the Sub-Commission and hoped that all the members would willingly consent to sit on it, for he was convinced of the great importance of the work to be undertaken.

When China turned to the League and asked for its help in a great humanitarian task, personal convenience must be forgotten, and they must think only of the 400 million inhabitants who would benefit from the help given by the Health Organisation. He therefore wholeheartedly accepted the task which had been entrusted to him.

SECOND MEETING

Held on Thursday, March 6th, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

442. **Collaboration between the League of Nations and the Chinese Government as regards Health Matters : General Discussion.**

Dr. Yen came to the table of the Committee.

Professor MIYAJIMA, as a former member of the Provisional Health Committee which in 1922 had decided to extend to the Far East the work of the League in the domain of international public health, expressed his particular pleasure in attending the present extraordinary session of the Committee and participating in the discussion on the very important report prepared by the Medical Director. It was particularly interesting to see the work which had been begun in 1922 and 1923 by Dr. Norman White develop into a vast programme, as now embodied in the plans formulated by Dr. Rajchman, with the assistance of Dr. Boudreau, after their extensive travels in the Far East.

Professor Miyajima was extremely glad to see, after an interval of nearly seven years, the remarkable growth and extension of the work of the League's Health Organisation in the Far East, an extension to which he had made his modest contribution in the initial stage. As one of the initiators of the League's work in the Far East, he wished to express his satisfaction at the great interest shown by the Health Committee, and more especially at the untiring efforts of the Medical Director and his associates. The plans now under consideration were of particular interest to Japan, and accordingly Professor Miyajima desired to express his admiration for the results obtained by the Medical Director in the brief time at his disposal and the grasp of the situation shown in the documents before the Committee. He desired also to congratulate the Chinese Government upon its courageous determination to include the reorganisation of the health services of China among its manifold activities. The task was not a simple one, and the difficulties might appear almost insurmountable, but for any nation which hoped to survive in modern conditions it was an essential task, and one which would challenge both the technical and the administrative capacities of any nation.

For the moment, Professor Miyajima did not propose to embark upon a detailed discussion of the vast programme submitted, part of which would be considered in detail by the Sub-Commission.

From the general and, in particular, the international point of view, the most important of the plans formulated in the report was that for the reorganisation of the quarantine service in China. Japan and China being neighbours, the interest of the former in the commercial and economic relations between the two countries was a permanent one, and a well-defined system of port quarantine in China, as stipulated in the International Sanitary Convention, would not fail to benefit both countries, and also all maritime countries throughout the world. The questions of the reorganisation of medical training and of the establishment of various medical institutions, both national and provincial, and the problems of smallpox and cholera control in Shanghai, were of primary importance in connection with the modern development of medical science, which must inevitably follow the reorganisation of China in accordance with the modern political, economic and social system.

Professor Miyajima would further venture to observe, speaking from fifty years' experience, that the Japanese administration had likewise had many bitter experiences to undergo owing to the handicap resulting from various internal and international difficulties. It was only by patiently striving with all the resources at its command that the Japanese administration had been able to overcome these difficulties and establish a national health service. Japanese medical men took a constant interest in the development of the Chinese health service, and Professor Miyajima could assure his Chinese colleagues that Japan would be glad to co-operate with them to the fullest possible extent, either through the League or through any other organ, in the work which they were now endeavouring to accomplish in China.

The PRESIDENT was sure that he was interpreting the feelings of all the members of the Committee in thanking Professor Miyajima for his statement. It was important, not only from the point of view of international collaboration, but, in particular, for the success of the great work which the Health Organisation was about to undertake in the Far East. On behalf of the Health Committee, he thanked Professor Miyajima for the initiative he had taken seven years previously, and which was the real point of departure for the entire work of the Health Organisation in the Far East.

Dr. YEN expressed his thanks to Professor Miyajima for his statement, and, in particular, for his assurance that Japan would co-operate in the reorganisation of the Chinese health services. He could, in turn, assure the Committee that the Chinese administration was prepared to collaborate with its Japanese colleagues through the League or in any other way.

Sir George BUCHANAN associated himself with the President's expression of satisfaction at Professor Miyajima's return. From the beginning, Professor Miyajima had thought in terms of co-operation between the League and the Far East; he had worked with that object and he could speak with an authority which the other members of the Committee did not possess. His encouragement would be of the greatest possible value to the realisation of the scheme before the Committee.

After reading the Medical Director's report and hearing the statement which he had made on the previous day, Sir George Buchanan confessed that he could not imagine a mission more difficult and delicate than the Rajchman-Boudreau mission, or one that could have been pursued with greater zeal, judgment and success.

It was proposed to transmit the report embodying the Chinese Government's proposals to the Council as it stood, and it did not seem that the Health Committee need hesitate to do so. It could at the same time say that it accepted the several proposals for co-operation and considered that they were within the competence of the Health Organisation and within the limits of the funds placed at its disposal by the last Assembly for co-operation with the Chinese Government in health matters.

On the previous day, M. Velghe had spoken of the responsibilities which the Committee was asked to undertake in this matter. In one sense those responsibilities could be carried lightly; in another sense they were certainly heavier. They were light in regard to the lines of action. It was not the Health Committee which had selected those particular lines of action, namely, taking over the sanitary organisation of the big ports, starting a national sanitary institute and national hospital, the medical educational methods explained to the Committee, and so forth. That was the programme of the Chinese Government now in authority. The Committee's part was to see how far the League's Health Organisation could assist in such a programme. It was even possible to imagine another Chinese Government at a later date desiring to concentrate on other and different health questions in place of those now put before the Committee. The latter would have no cause for complaint. The present scheme was not being imposed by the Committee on China; it was the scheme of the Government, which had applied to the League. The Committee's debt to the Rajchman-Boudreau Commission was that it had on this basis made clear in China what the Committee could do, and what it was anxious to do, to help in the realisation of a programme which had been agreed to be practicable in the present circumstances.

On the other hand, there was, Sir George Buchanan agreed, a sense in which the Committee's responsibilities were heavy. If it were to send to China representatives of its technical commissions or experts in the prevention of epidemic diseases or members of the staff of the Health Section, it must see that they represented the best and most understanding advice which it could give. It would, therefore, be impossible to take too much care in selecting the men or in securing competent international assistance for those who went out to China as the Committee's representatives. No one could have listened to the Medical Director on the previous day without realising that what might be called Western medicine and Western hygiene would have to win through in China, not as superior doctrines from the outside, but for what they could do on their merits and from the way in which they could be introduced into, and adapted to, Chinese development and philosophy.

From this point of view, Sir George Buchanan looked rather more hopefully on the proposal to assist selected Chinese doctors and prospective medical administrators to visit foreign countries than on the despatch of foreign experts to China, necessary though both methods were. The main thing needful seemed to be that China should select the right men with a constructive faculty to go to Europe or America to pick up essentials, disentangle them from mere Western habits and traditions and work out for themselves the way in which these essentials could be secured by methods, perhaps quite surprising to Western medical men, in their own country. It seemed to Sir George Buchanan possible, for example—though he did not pretend to express an opinion—that much in the way of developing medical practice in China might be secured by building on the apprenticeship and individualistic system which had been described to the Committee rather than by concentrating unduly on the modern Western medical curricula and diplomas. The demand in the appendix to the report that the prospective doctor must have devoted not less than 3,600 hours to the study of professional subjects appeared too much like Western academic pedantry.

Furthermore, Sir George Buchanan would like to see the Chinese investigator consider, in regard to the prevention of epidemic diseases, whether he should always be led away by the prospect of immediate temporary results. Anti-cholera inoculation could certainly do much in a crisis, but it was not easy to inoculate all the citizens every six months all through their lives, and it might be better to concentrate on slower achievement by obtaining safe

water-supplies and pure food. These measures would do much more good incidentally than the mere prevention of cholera.

As regards his own country, Sir George Buchanan rejoiced daily that neither anti-cholera inoculation nor the typhoid bacillus had been known in the middle of the last century. Far less progress would certainly have been made in England if they had been known. The introduction of a system of universal compulsory vaccination against smallpox, if that were proposed, should be considered on its merits, taking into account the circumstances of smallpox in China. An alternative would be to place vaccination voluntarily at the disposition of everyone for himself and his children, but without any compulsion. If, as Sir George Buchanan thought, it could confidently be said for practical purposes that no one who accepted the offer of vaccination and revaccination need contract smallpox or need worry about being in contact with the disease, should it not be enough to let the alternatives of smallpox or vaccination be realised by the logic of facts in so individualistic a country as China, without troubling about compulsion?

In connection with interchanges to enable selected Chinese doctors to go abroad, it might be a good plan to allow some of them to visit, not Europe or America, but countries nearer to China, where quite effective services against epidemics existed and where hospital provision and anti-malaria measures had been established among populations no less detached from ideas of modern medicine than the bulk of the population in China. In so far as this could be demonstrated in the British colonies, he felt confident that application had only to be made and that facilities would readily be given.

There was one final point to be emphasised in connection with the visits to foreign countries of Chinese medical officers for study purposes. Sir George Buchanan felt convinced that such officers should not go globe-trotting or be hustled through one country to another or even from one centre to another in the same country. They would need time, not only on account of the difficulties of language, but for many other reasons, to get to understand the people, the spirit of the medical work, and the public health administrations which they were to investigate. If it were desired, and Sir George Buchanan could only hope that it would be desired, that the medical services in Great Britain should assist in this scheme, at the British ports or in the larger cities or elsewhere, he felt that the British services could only do justice to their Chinese colleagues and to themselves if ample time were allowed to them for their visit and to the British services for preliminary arrangements.

Dr. LUTRARIO confessed that, when informed of the Chinese Government's request, he had been unable to refrain from thinking, in view of the enormity of the task, of the fable of the king who summoned to his court a sage to count the drops of water in the sea; and he felt great satisfaction that, notwithstanding the multiplicity and complexity of the questions which had been considered, the mission of Dr. Rajchman and Dr. Boudreau had succeeded in placing their investigations on a practical basis.

Among the points studied in the memorandum, two questions, in particular, had attracted Dr. Lutrario's attention—those of the training of personnel and the quarantine service; that was to say, the two questions which were most closely connected with the organisation of health (*a*) in the interior of the country and (*b*) at its points of contact with the exterior, for the ports were, so to speak, the ganglia of the system which placed the country in relation with other countries.

Dr. Lutrario would pass over for the moment the question of quarantine in order to dwell on that of personnel. The doctor was at the centre of the entire health organisation. He was the pioneer, or precursor. Unhappily, China's greatest need was for doctors. Dr. Rajchman had estimated that there were about 4,000 doctors in China; that was to say, one doctor for every 100,000 inhabitants, whereas in the United States of America there were 80 for every 100,000 inhabitants and in Italy 62. There was, however, more than this; the doctors, although few in number, tended to concentrate more and more in the big urban centres, and the country districts were almost entirely untended. In regard to training, the situation seemed even more deplorable. Out of 4,000 doctors, perhaps 1,000 had received a training which placed them on more or less the same footing as Western doctors. Finally, the doctors were grouped into rival castes, a fact which restricted their powers of action still further. For all these reasons, Dr. Lutrario believed that the teaching of medicine should be the primary preoccupation of the Chinese authorities in remodelling the medical system.

Attention should be drawn, not only to the necessity of forming a medical corps, but also to the functions of the doctor. In this respect, treatment in the home was the first big stage in any organisation. To take an example, if Italy had succeeded in overcoming great epidemics of cholera and smallpox in the past, it was because she had had the private practitioner; that was to say, the *medico condotto*. Next to treatment in the home came treatment in the dispensaries, which increased a doctor's capacity, both in time and space. Last came the hospital. It was most fortunate that the creation of one central hospital and of a peripheral training hospital, which would make possible first and foremost the practical study of epidemiology, was already under consideration.

Dr. Lutrario also drew attention to the courageous work carried out by the missionaries in China, who were the first to found hospitals and to inaugurate the movement in favour of Western medicine. They were a moral force which should not be overlooked. He further pointed out that the work of medical men could not be wholly successful if it were not strengthened by the additional assistance of the auxiliary staff: namely, missionaries first and also the nursing staff.

The question of personnel raised the question of funds. Dr. Rajchman had said at the previous meeting that the Chinese Government intended to devote to its health organisation

a million Chinese dollars ; that was to say, half a million gold dollars or two and a-half million Swiss francs. That was a considerable sum of money, but it would soon be found to be quite inadequate. Had Dr. Rajchman received any assurance that the necessary funds would not fail to be forthcoming as the Government's plan developed ?

In conclusion, Dr. Lutrario congratulated Dr. Rajchman and his assistant, Dr. Boudreau, on the remarkable work they had accomplished.

Professor Léon BERNARD wished to thank Dr. Rajchman for having supplemented his written report by one of those spoken commentaries in which he was a past-master. The members of the Committee, who, for the most part, had no knowledge of China, were bound to feel a certain measure of modesty when confronted with so circumstantial and complete a report.

It was particularly striking to see the way in which, in the past eight years, the prestige and the authority of the League had grown in the Far East. Professor Miyajima had been impressed by the progress made in establishing relations between the Health Organisation and those countries.

Professor Léon Bernard wished to say a few words on the question of study tours for Chinese doctors and on the teaching of hygiene and preventive medicine. The very great progress which had been made in France in the preparation of a general collective tour gave grounds for hope that real benefit would be derived from it, and he ventured to promise that Chinese officials who might go to France would have a very interesting trip. They would be received there with open arms.

In regard to teaching, there was more to say. The history of medical teaching was at the present time at a turning-point. All countries realised that, hitherto, they had been the slaves of obsolete methods and that the framework was bursting under the great volume of knowledge. The result was a wide disagreement, in fact and in theory, upon the number of years to be devoted to study and on the way in which the years of training should be employed. How much time must be given to certain sciences which were sometimes termed accessory and sometimes fundamental as compared with clinical knowledge ? How much time must be allotted to the old anatomy of the previous generations and to the sciences of the laboratory ? In what order should the various subjects be studied ? These problems gave rise to very different conceptions in the various countries. It might be said that there were two theories—the American theory, according to which teaching should begin with anatomy, physiology and the laboratory sciences and finish with practical medicine ; and the French theory, which was that the doctor should be thrown from the outset among the patients in hospital, as a dog was thrown into water to force him to learn to swim. These problems, which fifty or seventy-five years ago had caused no discussion, appeared now to be very difficult to solve.

Nevertheless, a conclusion must be reached. The present situation in China offered an opportunity for conducting interesting experiments in this field. In view of the close connection between public hygiene, preventive medicine and the training of doctors, it was the Health Committee's duty to take up the question as a whole. The Commission on Education was prepared to study the question, but the work should, he thought, be divided. In his opinion, the training of hygienists should be quite distinct from that of doctors. For this reason he would propose that there should be set up in the Commission on Education a Sub-Commission consisting of directors of schools of hygiene.

Obviously, it was not to be supposed that the training of Chinese doctors must follow exactly the pattern of that of doctors belonging to old civilisations. Nevertheless, the general principles should be the same.

Professor Léon Bernard did not entirely share Dr. Lutrario's opinion of missionaries. It was true that there had been missionaries in China for a long while, but the present state of Chinese medicine hardly seemed to redound to their honour. It was the spirit of charity by which they were animated and the policy which they followed towards the native population which had perhaps induced them to make use of medicine ; but, speaking generally, it was the doctor who should be a missionary and not the missionary who should be a doctor. In this connection, he might recall the opinion of Marshall Lyautey, who had said that it was the doctors who had given him the most help in carrying out his policy of pacification and civilisation in Marocco.

Lastly, Professor Léon Bernard wished to make an observation on anti-smallpox vaccination. It was obviously impossible, *a priori*, to impose vaccination on the people, but it would be still more regrettable if the expert sent to China went there with the idea that no coercion must be exercised in this matter. On the contrary, he should base his work on the principle that compulsory vaccination should be enforced whenever possible.

In conclusion, Professor Léon Bernard thought the task before China was an extremely long and difficult one. From the point of view of medical treatment, China was practically in the same situation as that of the Western countries in the Middle Ages. That was not a reason why she should follow the same development as had occurred in those other countries. She should, on the contrary, benefit by the experience which they had acquired and trace out a new programme which would be calculated to give the best results in the circumstances in which the country was at present placed.

Dr. JITTA first wished to congratulate Dr. Rajchman on the very clear and succinct statement which he had made on the previous day.

He did not think that Professor Léon Bernard had entirely understood Sir George Buchanan's opinion regarding compulsory anti-smallpox vaccination. He wished, however, to say that he agreed with Professor Léon Bernard's opinion on this point. He reminded the Committee that, in the Netherlands, a particularly conclusive experiment had just been made.

A smallpox epidemic had broken out in that country in the previous year, and the total eradication of the disease was undoubtedly due to the fact that two million people had been vaccinated or revaccinated. No case of smallpox had been recorded in the Netherlands since the end of December 1929.

Dr. Jitta proposed that Chinese doctors should visit, among other countries, the Dutch Indies, where they would have a very friendly reception. This seemed particularly desirable, since the Dutch Indies had a very large Chinese population.

He did not propose to dwell on the question of education, but considered that the bull must be taken by the horns; that was to say, before taking up the training of doctors, the first thing to do was to ensure general and social hygiene on a large scale. For instance, the urban centres must be given a good water-supply and housing conditions improved.

Professor NOCHT said that he had visited China forty-five years previously. At that time there had been no trace of what was termed medicine in the West. He had been surprised to learn that there were already as many as four or five thousand modern doctors in the country. That represented great progress. He had, moreover, had an opportunity of noting the intelligence and enthusiasm of the young Chinese doctors who had worked in his Institute.

He considered that the question of quarantine had two different aspects. There was, first, the protection of China against the importation of infectious diseases. That was not the most important aspect. Boats arriving from foreign ports were, for the most part, large vessels in which sanitary conditions were closely supervised and they therefore presented very little danger. There came next the question of the export, if he might use the term, of cholera and smallpox from Chinese ports to other ports. That was a serious question, and the doctors in Chinese ports should closely supervise the small sailing or steam vessels going to other ports in the Far East.

Professor PITTALUGA thought that the report raised three major questions. The first was that of quarantine. He would pass this over, since a special Commission had been appointed to study it. The second question was that of establishing a health service and health institutions in the strict sense of the term. This was a matter which was of the most immediate interest from the point of view of the proposed collaboration between the technical organs of the League and the technical organs now being set up in China. The third question was that of education.

Dr. Rajchman had drawn special attention to the determination with which the Chinese Government had attacked the second problem. Its plans were concrete and limited, and this was a pledge of success. Furthermore, distinguished men like General Graham had shown what could be done in the matter of hygiene in countries where it did not, so to speak, exist. Moreover, Dr. Rajchman's report had so fully explored all the possibilities of co-operation between the Chinese Government and the technical organisations of the League that it was impossible to discuss the matter except perhaps in regard to budget questions. Professor Pittaluga considered, therefore, that the Health Committee should enthusiastically accept the Chinese Government's invitation.

He was glad that Professor Léon Bernard had put his finger on the most interesting point in the problem, that of training. The rudimentary condition of medical treatment in China made it possible to create something entirely new from the medical point of view.

Dr. Lutrario had pointed out that in Western countries there was a doctor for about every 1,000 inhabitants. That situation should cause satisfaction; but it must not, however, be forgotten that medicine, in the sense in which it was understood by the majority of practitioners, was a very old form of medicine, so old that it might be said that it differed as much from the new preventive medicine as Chinese medicine differed from Western medicine. It was useless to conceal the fact. The ignorance of 90 per cent of the doctors in practice was one of the most formidable obstacles to the formation of an effective system of preventive medicine. No such obstacle existed in China, which accordingly presented a very interesting field of action, and Professor Pittaluga hoped that the Health Committee would see fit to adopt an absolutely different line from that which had been taken in connection with medicine in the last two or three centuries.

In view of the vastness of China and the density of its population, it would be impossible, with the Western system of medical treatment, to obtain any appreciable results in the near future. Furthermore, the Chinese people did not expect the same services from a doctor as Westerners. In these conditions, why not break away from routine and introduce preventive medicine exclusively? In brief, Professor Pittaluga considered that the organisation of the Chinese medical service should be reduced almost entirely to the training of hygienists. He thought that the basic programme which the Chinese Government had indicated as a previous condition for obtaining a medical diploma was extremely theoretical and in many points even useless. He thought that this fact should be brought to the attention of the Chinese Government.

Dr. LUTRARIO wished to point out to Professor Léon Bernard that he had not fully understood his observations regarding missionaries. He had not meant to say that missionaries should replace doctors. He had merely thought that they might do useful work as auxiliaries.

Professor Léon BERNARD agreed that this suggestion was a very interesting one.

Dr. LUTRARIO said that, if he had spoken of treatment in the home, it was because the report had mentioned it. In reply to Professor Pittaluga, he observed that for twenty-five years he had been at the head of a medical administration, and had had opportunities for ascertaining that general practitioners were educated men who were entirely up to their work. During the war they had given the full measure of their ability.

Professor Léon BERNARD also disagreed with certain suggestions made by Professor Pittaluga. In regard to preventive medicine, he could not be suspected of hostility, since on his appointment as Professor of Hygiene in the Faculty of Medicine he had asked that his Chair be called the Chair of Hygiene and Preventive Medicine. Nevertheless, while sharing to some extent the opinion of Professor Pittaluga regarding Western preventive medicine, he could not admit that it might be said that 90 per cent of the medical profession were blind to the science of preventive medicine, nor could he allow the moral value of medical corps, which had performed extremely useful work in regard to sick persons, to be disparaged.

No extreme dogma of preventive medicine should be substituted for the former conception in regard to the teaching of medicine. If Professor Léon Bernard had spoken of separating the training of doctors from that of hygienists, it was because he had been thinking of a more advanced set of studies and of the training of specialists. As he had always said, if a man had not had a complete medical training, he could only be a bad hygienist.

Anti-typhoid vaccination was to be introduced into China. Would the hygienists be capable of imposing it if they did not know what typhoid fever was, what was the bacillus of Ebert, what were the centres of its culture? Could tuberculosis be treated without a knowledge of the rules for the diagnosis of this disease? Nothing was more difficult than the diagnosis of tuberculosis; but, if it were desired to set up an anti-tuberculosis dispensary, it was indispensable to have doctors capable of this diagnosis; otherwise, disastrous mistakes would be made. It was important to understand that any act of social or preventive medicine must be based on diagnosis.

Nor should the psychological and moral aspects of the question be ignored. Those hygienists who made medicine appear in a vexatious light or as a police measure, for the populations saw it in no other light, would run the risk of injuring the cause of health. While diagnosis was the basis of all preventive action, the basis of the confidence of the population was the treatment of sick persons. Hygienists should have no false pride; there would always be sick persons, and the duty of the doctor would, first and foremost, be their treatment.

Dr. CHODZKO considered that the discussion had gone somewhat astray. He recalled that the Chinese Government had drawn up the plan of health reorganisation now before the Committee. That was a guarantee of success, for the Chinese Government knew better than anyone else the situation existing in its country. The main lines of the programme were comparatively modest. They proved the traditional wisdom and prudence of the Chinese people, and were perfectly adapted to the conditions prevailing in China. Dr. Chodzko found nothing to criticise in the Chinese Government's plan. He would congratulate that Government as he would also congratulate Dr. Rajchman for having given his co-operation.

He would merely ask Dr. Rajchman for some explanations on points of detail. On page 44 in the letter from the Medical Director to the Minister of Health at Nanking was the following passage:

“When once fully developed, the central field station would be entrusted with the training of health officers, sanitary inspectors, health visitors and a special category of ‘sanitary secretaries’, to whom the Medical Officer could confine a major part of the administrative office routine.”

The difference between sanitary inspectors and sanitary secretaries was not clear.

In the same letter, on page 47, the Medical Director stated:

“The Advisory Board of the Singapore Bureau will discuss, at its session in February 1930, the advisability of collecting information on medical education in the area of the Bureau's activities, and this information, when collected, will be made available for your Commission.”

That was a new task for the Singapore Bureau, and he would be glad to know what expansion that task would involve.

In conclusion, Dr. Chodzko would refer rapidly to the question of education, which had just been discussed in detail. He shared the opinion of Professor Léon Bernard that, without clinical preparation, there could be no good hygiene. He would point out in that connection that, at the School of Hygiene in Warsaw, an attempt was made to complete medical training from the point of view of the clinical study of infectious diseases, and that 120 hours were devoted to that study. Moreover, hygiene could not be introduced without the aid of clinical medicine, particularly in the homes of the peasants and the workers. It was on the occasion of an illness that the doctor could give advice in regard to hygiene, which would certainly be followed in these circumstances.

Professor PITTALUGA felt obliged, in view of the criticisms of which his speech had been the object, to clear himself. His words had been taken a little too seriously. He simply wished to point out that, in such a virgin field as China, it was necessary to follow a different direction from that followed by Western medicine during the eighteenth and nineteenth centuries, and that efforts should, above all, be directed to the hygienic aspect.

The PRESIDENT noted that the Committee was unanimous in congratulating Dr. Rajchman and in adopting his report. It would perhaps be useful to point out in that connection that the report was so studied, so digested, if he might make use of the expression, that it did not give an account of all the difficulties which had been surmounted.

At the same time, the discussion had brought into relief some interesting points. In particular, it appeared that in China, where active vaccination had existed some centuries before it was known in Europe, it was essential to introduce compulsory vaccination to the greatest possible extent.

The observations of Professor Léon Bernard on training had led to interesting suggestions. It might be inferred that, if it were desirable to profit by the rudimentary state of medicine in China to introduce innovations, the basis of the system of training should, nevertheless, be the creation of medical practitioners. That would give the minimum knowledge necessary in the training of a modern doctor, and, if account were not taken of that necessity, there would be risk of creating quacks. It was true that medical training differed in different countries. In some countries doctors were very far removed from the modern spirit, in others they kept in touch with new tendencies. The latter was the case in the Scandinavian countries, Germany, England, and the United States of America, and their example proved that the two tendencies—that of the old type of medicine and that of preventive medicine—could easily be conciliated.

M. VELGHE recalled that he had been asked to put in writing the conclusions of the day's discussion.

It seemed clear that the path to hygienic action by the doctor must be prepared by medical treatment, and that it was necessary to adapt the teaching of medicine to the conditions of the country. Moreover, sanitary organisation in European countries had not developed in such a manner that a perfect system, at once applicable to all countries, could be contemplated.

Above all, the questions raised were not such as could be solved immediately, save, perhaps, that of vaccination against cholera and smallpox. Compulsory vaccination, wherever it could be applied, constituted the only rapid means of success. Nevertheless, it was not indispensable to mention it in the Committee's resolution. It would suffice that the experts who went to China should be inspired by the desiderata of the Committee.

The resolution to be prepared would therefore deal with the following points :

1. Note the attitude of the Government of China ;
2. Congratulate Dr. Rajchman and his collaborator, Dr. Boudreau, for the work they have accomplished ;
3. Approve, in its broad outlines, the Medical Director's report ;
4. While not disguising the difficulties of the task, or the time necessary for its completion, decide to respond to the appeal of the Chinese Government.

Sir George BUCHANAN thanked the President for drawing attention to the fact that his remarks on the question of vaccination, which appeared to have given rise to some misapprehension, were purely incidental. The actual phrase which he had used fully expressed the idea that he had had in mind, which was whether, in order to promote vaccination in China, it would be advisable to make it compulsory, or whether it would not be more easily acceptable by the population if the authorities concentrated on giving facilities for vaccination and demonstrating its advantages in face of epidemic smallpox, compulsion with the whole system of penalties which it involved being kept in the background.

Dr. RAJCHMAN thanked the members of the Committee in the name of Dr. Boudreau and himself for their kind remarks. He was very glad to welcome Professor Miyajima, who had been good enough to go to Shanghai to discuss with the Minister for Health and with Dr. Rajchman the plan submitted to the Committee. He was certain that the Committee would greatly appreciate the promises of co-operation exchanged between Professor Miyajima and Dr. Yen.

Dr. Rajchman was grateful to Dr. Chodzko for having pointed out that the plan had been established on the responsibility of the Chinese Government itself. Without doubt that Government would receive with the utmost gratitude the observations of the Health Committee. The plan, however, had already been adopted and was not under discussion. Nevertheless, he had been extremely glad to note that it had received the complete approval of the Health Committee.

He was entirely in agreement with Sir George Buchanan in regard to the choice of the experts who would visit China. The Committee should be guided solely by technical considerations, and it should give proof that in technical matters it abandoned all political considerations.

In regard to the plan of study and interchange, it was quite correct to say that it was unnecessary to limit it to European countries.

In regard to smallpox, the position was clear. It should be remembered in that connection that China did not present a blank sheet. Chinese doctors had treated smallpox for a very long time. Dr. Rajchman had discussed the question in detail with the Chinese Government. He had pointed out to the Chinese hygienists that, since their Government was a revolutionary Government, often making use of very radical methods, it would doubtless have no trouble in imposing compulsory vaccination. They had replied that they had to deal with autonomous local authorities who would certainly desire to retain their autonomy in such matters. Dr. Rajchman had then pointed out that, in Belgium, where there was no compulsion, the Belgian population believed that vaccination was compulsory. It would be desirable to arrive at a similar result in China. It would be very dangerous to offer the population the choice between the disease and vaccination, but it would not be dangerous to offer them the illusion that they might choose.

He considered that Dr. Lutrario had rightly insisted on the very great services rendered by missionaries. Obviously, China had need of all possible assistance. Nevertheless, it was

not for the Committee to decide how the Chinese Government could make use of this or that external aid. The Chinese Government wished, above all, to create an organisation which would be entirely national from the technical, administrative and financial points of view. At the same time, the Committee did not need to consider the funds to be devoted by the Government to the organisation of sanitary services. If the Government had any assurance to give, it was not to the Health Committee but to the Chinese population. There had already been 160,000 dollars devoted to the work. That was a guarantee of the good intentions of the Government. Moreover, all the financial burden would not fall on the Central Government. In Tche-Kiang, for instance, it was the Provincial Government which had to find half a million for the establishment of its hospital.

Dr. Jitta had given an extremely happy example in referring to the results obtained in the Netherlands from vaccination. Mass vaccination was to-day carried out to some extent everywhere. In that connection, the measures taken by General Graham with a view to vaccination against cholera of the population coming to the market of Allahabad might also be recalled. In four weeks, one million persons were vaccinated. Dr. Rajchman had offered to the Nanking Government every facility for sending a doctor to Allahabad to make himself familiar with the methods employed there. In conclusion, the idea of sending Chinese doctors to the Dutch Indies, as outlined by Dr. Jitta, seemed to Dr. Rajchman very interesting.

Professor Nocht had spoken, in regard to quarantine, of the dangers of coastal traffic from the point of view of contagion. Those dangers were considerable, but at the same time it should be pointed out that the modern steamers going to China ran a risk of spreading infectious diseases. A study of the epidemiological statistics showed that, in seasons favourable to epidemics, this was the case. The Japanese declared, on their side, that the greater number of cases of smallpox noted in the quarantine centres were of European origin.

In regard to Professor Pittaluga's views on medical training in China, very difficult problems were raised in regard to which no opinion could at present be pronounced. Above all, Dr. Rajchman would warn the members of the Health Committee against the dangers of depreciating Western medicine. All countries were anxious to emancipate themselves, and it would be very dangerous to suggest that the old Chinese practices or Hindu medicine would suffice. The problem of training, moreover, could be solved if the Government proceeded resolutely to apply itself to the matter. Forty years ago it had been said that the problem in Japan was almost insoluble. Nevertheless, it had been solved and well solved.

Finally, Dr. Rajchman considered that the question raised by Dr. Chodzko regarding the qualifications of sanitary secretaries demanded a longer reply than could be given at the present moment.

In regard to the Singapore Bureau, the matter was very simple. The Advisory Committee, which had met two or three weeks previously, had proposed to establish a centre of information at Singapore. From the day on which that centre was instituted, it would be a great deal simpler for Far-Eastern countries to ask for information from Singapore than from Geneva.

The continuation of the discussion was adjourned to the next meeting.

THIRD MEETING

Held on Friday, March 7th, 1930, at 10.30 a.m.

President: Dr. Th. MADSEN.

413. **Collaboration between the Health Organisation and the Bulgarian Government in the Campaign against Syphilis in Bulgaria: Adoption of a Resolution.**

The PRESIDENT read the following draft resolution :

“ The Health Committee :

“ Having noted the report of the Health Section (document C.H.837) ;

“ Recommends the acceptance of the proposal made by the Bulgarian authorities for the collaboration of the Health Organisation in a campaign to be undertaken against endemic syphilis prevalent in certain areas of Bulgaria ;

“ Is glad to note that the Commissariat of the League of Nations for the Settlement of Bulgarian Refugees is prepared to assume responsibility for the expenses involved in the preliminary enquiry, the training of the necessary personnel and the carrying out of the prophylactic campaign ;

“ Invites its Commission of Experts on Syphilis and Cognate Subjects to afford all requisite technical assistance, including the placing of the services of an expert at the disposal of the Bulgarian authorities.”

The draft resolution was adopted (Annex 10).

444. **Collaboration between the League of Nations and the Chinese Government as regards Health Matters : Adoption of a Resolution.**

The PRESIDENT read the following draft resolution :

“ The Health Committee :

“ After study of the proposals of the National Government of the Republic of China for collaboration which it desires with the League of Nations on health matters ;

“ And having examined the report submitted by the Medical Director concerning the Mission carried out on the invitation of the Government of China :

“ Approves the report as a whole and expresses appreciation of the attitude adopted by the Government of China.

“ The Health Committee :

“ Considering that the Council of the League of Nations has expressed the wish that all necessary assistance should be afforded in the development of China ; that the collaboration requested is entirely in harmony with the programme and aims of the technical organisations of the League of Nations ; and, while fully appreciating the difficulties of the task with which it is confronted and the time required to accomplish it ;

“ Recommends to the Council the approval of the entire programme of collaboration presented by the Government of China as set forth in the report of the Medical Director, and requests the latter to make arrangements for providing the assistance of the Health Organisation in giving effect to that programme, if approved by the Council.”

Professor OTTOLENGHI said that the circumstances in which the Health Organisation of the League would decide to assist the Chinese Government were indicated in the report (document C.118.M.38.1930.III) in a slightly different form. On the one hand, there was the letter from the Minister for Public Health of the National Government of the Republic of China, and, on the other, the letter from the Medical Director which appeared as Annex 1 to the report.

The letter from the Minister for Public Health and the proposals of the Chinese Government which were attached to the letter, contained a fairly general programme of collaboration, based on the usual procedure adopted by the League in connection with other countries. This programme did not call for any immediate and extensive decisions except, perhaps, as regards the quarantine service, the study of which had just been entrusted to a Sub-Commission. Annex 1, however, contained definite instructions and a rather comprehensive programme to be applied, apparently, immediately. The resolution which had just been submitted to the Committee for adoption clearly covered the whole report and required the adoption, as a whole, of the proposals summarised in paragraph 14 of Annex 1, amongst other things.

Professor Ottolenghi was very glad to support the scheme for effective collaboration with China, but he could not help remembering the mandate of the Health Committee and expressing, in consequence, some reservations and some doubts regarding which he would like the Medical Director to give some explanations.

It was clear that all possible assistance must be given to China to further its efforts at reorganisation ; but it must not be forgotten, on the other hand, that the Health Organisation already had important duties to perform, duties which would continue to increase and develop. In different countries in Latin America and Europe, in the East, etc., it was doing important and special work. Further, it was dealing with other matters relating to international problems of great general interest which, on several occasions, had absorbed the whole of its personnel and financial credits.

In these circumstances, it was necessary, before approving a certain programme of collaboration, to ascertain whether the Health Organisation could accept full responsibility without sacrificing its other obligations and, in particular, those entrusted to it by the Council and the Assembly.

Professor Ottolenghi wished next to raise the question of the collaboration of the Health Organisation in the medical training and preparation of health officials. In the Medical Director's report reference was often made in this connection to the Commission for the Teaching of Hygiene and Preventive Medicine. He wondered whether it would not be desirable, before adopting resolutions on this matter, to allow that Commission to express its opinion and give general suggestions. Those suggestions would form the initial basis of the work to be done by those who would be called upon to carry out the necessary research on the spot, and would enable them to become the real liaison officers between China and the Health Committee and its technical Commissions. By this means the proposed collaboration would be closer and more effective.

Dr. RAJCHMAN first replied to the second question raised by Professor Ottolenghi, and pointed out that the Commission for the Teaching of Hygiene had already been asked to deal with the question. It had been arranged that this Commission should meet at Dresden on or about July 14th on the occasion of the Health Exhibition, and that a complete memorandum on the question should be presented and discussed during that meeting.

He did not think he was qualified to reply to the first point raised by Professor Ottolenghi, namely, the question whether the Health Committee could undertake the new task which had been proposed. He thought that only the Health Committee itself was competent to determine the extent of its work.

Dr. Rajchman finally indicated that there was no difference of any kind between the letter from the Chinese Government and his reply to that letter. He had merely given greater precision to the general indications contained in the letter from the Chinese Government.

The PRESIDENT thought that Dr. Rajchman's reply concerning the intervention of the Commission for the Teaching of Hygiene was entirely satisfactory. He did not think it was desirable to reopen a general discussion of principle upon the second question.

Professor OTTOLENGHI said he did not find any difference of substance between the two documents to which he had referred. Nevertheless, the programme contemplated by Dr. Rajchman seemed to him to go a little farther than the proposals of the Chinese Government. This, however, was a question of form and, for him, the important question was whether the Health Organisation, in assuming this new task as a whole, would be able to proceed with its other work under satisfactory conditions.

Dr. RAJCHMAN insisted that the programme which he had submitted in no way exceeded the Chinese proposals, but was only a logical interpretation of them. In order to avoid all disagreement with Professor Ottolenghi on this point, he asked that the question might be elucidated by a sub-commission.

M. VELGHE pointed out that, in preparing the draft resolution, he had endeavoured to meet the wishes expressed by the Committee. Professor Ottolenghi had asked whether the Health Committee and the Health Section would be able to undertake this new work. That, however, was a question which arose every session and he would observe that, though the means of the Health Organisation were not unlimited, it had nevertheless been created to do as much good as it could. If the Committee considered that work might usefully be undertaken, it was bound to accept and undertake such work. It would be for the Assembly to provide the necessary means. The draft resolution had been drawn up in that spirit.

Professor OTTOLENGHI repeated that, in the first part of his observations, he had raised, above all, a question of form. His principal question was precisely that which M. Velghe had just summarised.

The PRESIDENT thought that, in these circumstances, there was no need to refer the draft resolution to a sub-commission, and he proposed that it should be examined, paragraph by paragraph.

Dr. RAJCHMAN read the first part of the draft resolution :

“ The Health Committee :

“ After a study of the proposals of the National Government of the Republic of China for the collaboration which it desires with the League of Nations on health matters ;

“ And having examined the report submitted by the Medical Director concerning the Mission carried out on the invitation of the Government of China ;

“ Approves the report as a whole and expresses appreciation of the attitude adopted by the Government of China.”

After a short exchange of views, the *first part of the resolution was adopted*, with slight amendments of form.

Dr. RAJCHMAN read the second part of the draft resolution :

“ The Health Committee :

“ Considering that the Council of the League of Nations has expressed the wish that all necessary assistance should be afforded in the development of China ; that the collaboration requested is entirely in harmony with the programme and aims of the technical organisations of the League of Nations ; and, while fully appreciating the difficulties of the task with which it is confronted and the time required to accomplish it ;

“ Recommends to the Council the approval of the entire programme of collaboration presented by the Government of China as set forth in the report of the Medical Director, and requests the latter to make arrangements for providing the assistance of the Health Organisation in giving effect to that programme, if approved by the Council.”

The text of the second part of the resolution was adopted, with a slight amendment of form proposed by Professor Léon Bernard and Sir George Buchanan.

The draft resolution as a whole was adopted (Annex 10).

Dr. YEN wished, on behalf of the Chinese Minister for Health, to thank the Committee for the resolution which it had just passed. He wished, further, to thank the Committee for its promise of active collaboration and its decision to send Dr. Park to China to complete the survey of the question of the quarantine services in the Chinese ports. He was sure that the Chinese Minister for Health would very gladly collaborate with Dr. Park in this task. In conclusion, he wished to thank the Health Committee for its long and fruitful discussion of a problem with which the members could not be personally familiar.

The PRESIDENT, on behalf of the Health Committee, expressed his appreciation of Dr. Yen's statement. He could assure Dr. Yen that the Chinese Government would receive the most devoted collaboration on the part of the Committee.

Dr. Yen withdrew.

445. **Examination of the Chinese Government's Proposals for the Organisation of a National Quarantine Service : Adoption of a Resolution.**

Dr. RAJCHMAN read the following draft resolution :

“ The Health Committee :

“ After a study of the proposals of the National Government of the Republic of China concerning the collaboration of the League of Nations in the reorganisation of the quarantine services of the Chinese ports, and on the advice of the Commission for Quarantine Measures in China nominated during the present session :

“ (1) Accepts the proposals made by the Chinese Government to obtain the benefit of the experiences of health services in other countries in the reorganisation of the present quarantine services ;

“ (2) Approves the arrangements proposed by the Health Section that Dr. Park should visit China forthwith in order to complete the survey which has already been begun, and report to the Commission thereon at an early date. In his report Dr. Park should give special consideration to the possibilities of the satisfactory application of the provisions of the International Sanitary Convention of 1926 ;

“ (3) Notes that the Commission has given Dr. Park certain guiding lines for this survey. These include : the sanitary equipment of ports ; the nature of the action to be taken against the importation and exportation respectively of infectious diseases and the measures needed to deal with the special conditions of coastal traffic.

“ (4) Notes that Dr. Park, on the completion of his survey, will submit proposals for consideration by the Commission regarding the scheme to be submitted to the Chinese National Government ;

“ (5) Requests that the Commission in so doing should confer with any experts who may be delegated by the Transit Organisation of the League, in conformity with the request of the Chinese Government, before submitting the scheme to the Health Committee.”

After a short exchange of views, *the draft resolution was adopted with slight amendments of form* (Annex 10).

446. **Opium : Application of Articles 8 and 10 of the International Opium Convention of 1925 : Opinions requested by the Social Section and the Permanent Central Opium Board : Collaboration of the Health Organisation with the Advisory Committee on the Traffic in Opium and Other Dangerous Drugs.**

Dr. CARRIÈRE, Chairman of the Opium Commission, apologised for not having been present at the opening of the session. This had deprived him, to his very great regret, of the pleasure of hearing the remarkable statement of Dr. Rajchman on his mission in China and of associating himself with the expressions of friendship which the Committee had addressed to its President on the occasion of his sixtieth birthday.

He presented, on behalf of the Opium Commission, a report (Annex 2) concerning :
(1) the application of Articles 8 and 10 of the International Opium Convention signed at Geneva on February 19th, 1925 (documents C.H.843, 850 and 852 ; Annexes 3, 4 and 5) ;
(2) two questions put to the Committee by the Social Section of the Secretariat and the Permanent Opium Central Board (document C.H.851 ; Annex 6).

Dr. Carrière wished to add to this report a few personal observations with a view to keeping the Committee informed of the work done by the Advisory Committee on the Traffic in Opium at its last session. There were certain points which were of immediate interest to the Committee.

The Advisory Committee on the Traffic in Opium had devoted much time during its last meetings to the question whether the control of narcotic drugs, as now in force, should not be replaced by another system, namely, that of the limitation of manufacture. The majority had hitherto considered that the system of control, as defined in the Geneva Convention, if strictly and honestly enforced, could constitute an effective barrier against the illicit traffic. Dr. Carrière wished to state that this was still his personal conviction. Nevertheless, the position had been profoundly modified owing to the decision recently adopted by the Council and the Assembly, instructing the Advisory Committee to draw up a plan for the limitation of the manufacture of narcotic drugs and to prepare for the convening at an early date of a conference of manufacturing countries and of some consuming countries, for the purpose of giving legal form to this plan in a special arrangement.

This decision concerned the Health Section in so far as the Opium Section had asked it to compile statistics concerning the world consumption of drugs for the purpose of drawing up the plan of limitation (it may be noted that a similar task was some years ago entrusted to a joint committee, consisting of members of the Health Section and of the Advisory Committee, and that the latter worked out certain figures which were found to be in need of serious revision).

The Health Section, in deference to this request, had instructed Dr. Wasserberg to undertake the work. The latter had made use of all available material and accomplished a piece of work to which Dr. Carrière desired to pay a sincere tribute. The data used were of the most varied description—in some cases very accurate, consisting of estimates of requirements in narcotics furnished by a certain number of States ; in other cases resting on very approximate deductions

which themselves were based on more or less accurate figures available in respect of certain groups of countries. By comparing and co-ordinating these various data, Dr. Wasserberg was able to establish figures for the world consumption of various narcotic drugs per head of the population per annum. These were, of course, averages, very approximate averages, moreover, which could not be applied as they stood to each individual State. Notwithstanding this formal reservation, the Advisory Committee did not see its way to accept the figures, and it had expressed a desire that the Health Section should continue its researches in order to obtain figures which would be acceptable.

Dr. Carrière did not think that there was any need at this juncture to analyse the criticisms formulated at the meeting of the Advisory Committee, which left out of account the fact that Dr. Wasserberg's figures were merely averages, and that he had never claimed for them the value and significance of accurate and final mathematical data. They were only intended to represent provisional figures which would make it possible, to determine approximately the requirements of the countries which had not furnished estimates. Dr. Carrière merely wished to define what assistance the Opium Section still required of the Health Section in this matter. Obviously, this assistance could not be refused, and the Health Section was undoubtedly willing to help the Opium Section in its work. It could merely do so, however, by revising the existing figures on the basis of estimates which the countries that have not yet done so will be requested to furnish. The work would, therefore, be one of progressive and periodical revision, which should by degrees provide increasingly accurate figures as the estimates furnished by the States became more numerous and accurate.

In the opinion of Dr. Carrière, and, he felt convinced, in that of the Health Section also, this was the only manner in which the latter could co-operate with the Opium Section in its work. He thought that this would also be the view held by the Committee.

The PRESIDENT, on behalf of the Health Committee, cordially thanked Dr. Carrière for his interesting statement and Dr. Wasserberg for the heavy work which he had undertaken.

The report by Dr. Carrière was unanimously adopted.

447. **Establishment of a Permanent Secretariat for the Unification of Pharmacopœias.**

M. VELGHE briefly summarised the history of the question. It was proposed to establish a permanent international secretariat and two international committees in conformity with the resolutions adopted by the Second International Conference at Brussels for the unification of the formulæ of heroic drugs.

The aim was to appoint a permanent body which, between sessions, would endeavour to unify the formulæ and methods of preparation of certain drugs. The Belgian Government, to whom the conclusions of the Conference had been addressed, had forwarded them to the League of Nations. Further, by a letter dated February 22nd, 1930 (Annex 9), the Belgian Government had intimated that the international arrangement resulting from the Conference had been signed by fourteen Powers, and that the permanent secretariat had therefore been virtually created and its provisional working entrusted to the Belgian Commission on Pharmacopœias.

The Council, at its meeting on August 30th, 1929, had noted the first communication of the Belgian Government and decided to refer the question to the Health Committee for study.

He would recall the terms of Article 24 of the Covenant of the League, in which it was said :

“ All such international bureaux and all commissions for the regulation of matters of international interest hereafter constituted shall be placed under the direction of the League.”

The International Conference at Brussels had decided to create a permanent secretariat entrusted with a work of an international character and it seemed, therefore, that Article 24 of the Covenant must apply in the present case. This secretariat should normally be placed under the authority of the League, provided, of course, that the League agreed. Article 24, moreover, also contained the following provision :

“ In all matters of international interest which are regulated by general conventions, but which are not placed under the control of international bureaux or commissions, the Secretariat of the League shall, subject to the consent of the Council and if desired by the parties, collect and distribute all relevant information and shall render any other assistance which may be necessary or desirable.”

Such were the terms of the Covenant. There had, in his opinion, arisen a slight misunderstanding when the question had first been submitted to the Council. The Rapporteur had introduced into his draft resolution a paragraph which referred to the “ desirability of entrusting the Health Organisation of the League with the work of this secretariat and these commissions”. This passage had given rise to objections, particularly on the part of the representative of Italy, who had protested against the tendency to group at Geneva all institutions whose activities were international. Finally, the Council had accepted the draft resolution proposed by its Rapporteur, suppressing, however, the passage to which he had alluded, and had referred the question to the Health Committee for study.

M. Velghe observed, on the other hand, that the permanent secretariat was already established at Brussels and that the Belgian Government earnestly desired that it should remain in that city. In these circumstances, he wondered whether the Health Committee should concern itself with the details of the programme of work of that institution. It seemed to him wiser to leave the matter to the persons concerned, at least to some extent, as it was

evident that, if the new institution required financial assistance from the League, the Health Committee would be called upon to intervene and to give its approval or not as the case might be. For the moment, in his opinion, the question at issue was whether the new institution, situated at Brussels, was of sufficient importance to justify the application of Article 24 of the Covenant.

Dr. RAJCHMAN said that it was not for the Health Committee to settle the legal question of the application or non-application of an article of the Covenant. In his opinion, the Council, in referring the proposal to the Health Committee and requesting its observations, had wished to obtain a technical opinion. The question of the application of Article 24 of the Covenant and its interpretation was a matter for the Council itself to decide. The Health Committee should, in his opinion, settle the question whether the Health Organisation could deal with this task from the technical point of view and whether the previous activities of the Organisation justified a proposal that there should be a co-ordination of work. It was necessary, in any case, to deal only with technical considerations. If he had well understood the intentions of the members of the Committee, they wished for the moment merely to have an exchange of views and to leave the final decision to be taken at a later session.

Dr. LUTRARIO recalled that the question of the unification of pharmacopœias had already been the subject of several Conventions and Conferences. He would mention, in particular, the Convention of November 29th, 1906, signed at Brussels for the unification of formulæ for heroic drugs. In January 1913, a Conference had been held at Brussels with a view to the unification of pharmacopœias and the regulation of patent medicines. Finally, the Conference at Brussels in 1925 had led to the conclusion of the Arrangement of August 21st, 1929, for: (a) the unification of the formulæ for heroic drugs; (b) the creation of a permanent secretariat for the unification of pharmacopœias.

Fourteen States had signed this Arrangement, but it should be pointed out that nine of them had made fairly important reservations.

The two objects were mutually connected and complementary, so that it was proposed, not only to unify the formulæ of drugs known as heroic drugs, but the pharmacopœias themselves. Moreover, as regarded the bodies to undertake this work, there would be two international Committees. One would be entrusted with the unification of the methods of chemical and physico-chemical prescriptions, and the other with the unification of the methods of preparing galenic and heroic drugs. Finally, there would be a permanent secretariat for the unification of the pharmacopœias.

He did not think that it was possible entirely to standardise pharmacopœias. They included a portion which might be unified—more particularly, the portion covering heroic remedies. There was another portion which could not be standardised, namely, that which dealt with remedies exclusively used in certain countries or certain districts. He would quote various remedies of this kind, as, for example, theriac, pollen powders, etc. The unification of the whole of the pharmacopœias could not, therefore, be contemplated, and the work must be confined to heroic drugs. Owing to the difficulties involved, it was desirable to proceed by degrees, and to take only the remedies to which reference was made in the Brussels agreement.

It was also necessary to consider the question of homœopathic pharmacopœias, to which no reference had been made. This question had received considerable attention in Italy and the homœopaths desired to have a pharmacopœia and one which could be unified.

As regards the bodies entrusted with the work, Dr. Lutrario did not see any necessity to appoint two committees. The Health Committee had already a Standardisation Commission which was dealing with sera and vaccines, with opotherapeutic preparations and with certain heroic drugs (arseno-benzines, digitalis, hydrastis). It did not seem necessary to multiply the bodies dealing with the work, since the Health Organisation already had a Commission which was dealing with this question and which was worthy of full confidence.

Dr. Lutrario thought that the legal question of the application of the Covenant was completely outside the competence of the Health Committee. The Council had, however, asked for advice. It was clear that it was impossible to attach to the League of Nations all existing international institutions. It must not be forgotten that an excessive internationalism impeded initiative and destroyed the sense of responsibility. The question of the financial charges involved could not, moreover, be completely neglected. He was not in any way opposed to the creation of the contemplated secretariat, though it did not seem to him necessary to apply Article 24 or to attach this body to the League of Nations.

In conclusion, he would summarise his views as follows :

1. As regarded the pharmacopœias, standardisation should be limited to the heroic drugs, and particularly to those mentioned in the text of the Agreement ;
2. This work should be entrusted to the Standardisation Commission of the Health Committee. In view of the great interest which Italy took in the question, he would be glad if an Italian member were added to this Commission ;
3. If a secretariat to deal with the pharmacopœias were appointed, it should be placed outside the framework of the League of Nations and should also include an Italian member.

The PRESIDENT reminded the Committee that this Standardisation Commission was dealing only with biological methods. It had always abstained from dealing with chemical methods and was incompetent to do this work. It could not be entrusted with the task in question, and it would be necessary to appoint an entirely different Commission.

Sir George BUCHANAN entirely agreed with Dr. Lutrario's plea that the discussion should be confined to heroic remedies and should not extend to the unification of pharmacopœias. It seemed to him that the best point of view from which to contemplate this question was that of pure opportunism. That, indeed, was what, as he understood it, the Health Committee was invited to do by the Council.

What were the facts? A Convention existed which had been signed by fourteen countries and which had established a temporary office at Brussels. The British Government had not adhered to the Convention, not because it had necessarily any objection to it, but because it wished first to have further information as to the ground covered. An official arrangement therefore existed with a temporary secretariat at Brussels.

Three courses had been suggested. First, that the secretariat should continue as an independently constituted body; secondly, that the secretariat at Brussels should continue, but should be placed under the authority of the League in accordance with Article 24 of the Covenant; thirdly, that it should cease at some convenient time to be an independent office and should become part of the normal Secretariat of the League. The Health Committee was asked to indicate which of these three solutions was the most convenient. It was difficult to give an answer without a sufficient idea of the work which the secretariat would be required to do. There would be certain obvious advantages from the secretarial point of view—the question of translations, etc.—in having the permanent secretariat at Geneva. On the other hand, if the secretariat had been established at Brussels with a body of competent officials, it seemed that it would be a great mistake to remove it merely for the sake of the system. The Committee would have to know what were the lines on which the officials at Brussels considered they should work, what was approximately the volume of their work, and what would be the expenses involved.

If a permanent office were established in Brussels under a Convention, there would have to be some contribution—though perhaps only a small one—from the associated countries. However small that contribution, there would be a tendency on the part of some Governments to say that it was most undesirable that they should contribute towards the expenses of the office, but that Article 24 should apply to it and that it should be brought within the general budget of the League. This, therefore, might, on the balance, be a decisive consideration for rejecting the first and choosing between the second and third of the solutions which he had mentioned. He could not go further for the moment, since, before coming to a definite conclusion he would like to have as much information as possible concerning the advantages and disadvantages involved. Nevertheless, he thought that the Committee should dismiss altogether the idea that it was necessary to have the permanent secretariat at Geneva for the sake of form; in his view it might sometimes be a good thing to scatter the Committee's work and get it done in different countries on behalf of the Committee.

Dr. JITTA noted, as M. Velghe had done, that the Council had suppressed a portion of the draft resolution submitted by its Rapporteur. This had been done because the Council did not wish to assume responsibility in regard to a technical question which it felt should be referred to the Health Committee.

Without desiring to go into the question of the legal interpretation of Article 24 of the Covenant, he thought that this article should be applied in the present case.

The unification of pharmacopœias was a question which had been studied for a long time. In the pharmacopœias there were obviously two different categories of remedies to be considered—heroic remedies and other remedies. The heroic remedies did not come within the sphere of the Standardisation Commission as it was at present composed, but it would perhaps be possible to entrust this work to the Commission if the number of its members were slightly increased. As regards the other remedies, there were evidently some which might be called local and which were special to a particular country or region. There was also, however, a common body of remedies which it would not be impossible to standardise.

He would emphasise the importance of the permanent secretariat. It would be quite easy to leave this institution at Brussels and to delegate a representative to the Health Organisation to keep in touch with its work.

He would, moreover, draw attention to the new conditions which at present prevailed in the application of the pharmacopœias. The world was flooded with a quantity of new pharmaceutical products. It was clearly impossible to require that all these products should be analysed, but they all included active principles which might be studied with a view to restraining the mania for patent medicines which at present prevailed. Standardisation in this field would assist the campaign against charlatanism, and that would be an excellent thing.

He was disposed to support the idea of appointing a permanent secretariat for the unification of pharmacopœias on which certain nations would be represented. It did not, however, seem to him possible to take a decision at once, and he thought that Dr. Rajchman might usefully study the problem, in particular, from the financial point of view, which was important for the League of Nations. The Medical Director would present proposals with a view to a decision at the next session of the Health Committee.

The continuation of the discussion was adjourned to the next meeting.

FOURTH MEETING

Held on Friday, March 7th, 1930, at 3.30 p.m.

President: Dr. Th. MADSEN.

448. **Establishment of a Permanent Secretariat for the Unification of Pharmacopœias.**
(continuation).

Dr. HAMEL observed that there were two questions before the Committee. The first, raised by M. Velghe, might be summed up as follows: Should the League concern itself in the unification of pharmacopœias? The other, that raised by Dr. Rajchman, amounted to the following: Was the League in a position to assume, from the technical point of view, responsibility for such unification?

It was somewhat difficult to reply to these questions. The last resolutions adopted by the Brussels Conference differed from previous resolutions concerning heroic drugs and, furthermore, the programme of unification, covering nomenclature, maximum doses, description, identification and analysis of chemical products, etc., appeared unduly ambitious. In addition, there was the fact that the powers of the international organisation for the unification of pharmacopœias were not sufficiently defined. It was not clear whether the Health Committee could influence it in any way with a view to restricting the extent of its duties, or how far the Health Committee would be involved if it assumed any responsibility in this matter.

The Committee was entitled to ask whether it could contemplate so vast a unification extending to all races and all climates. The forms of the remedies and of the pharmaceutical preparations differed from one country to another; some countries—Germany, for instance—used a large number of manufactured medicines; others preferred medicines prepared individually by chemists. The cost of the undertaking would, moreover, be considerable. The sixth edition of the German Pharmacopœia had appeared some years previously. The preparation of this edition, the laboratory work and analyses carried out in order to determine the content of the various medicines, etc., had cost approximately 100,000 Swiss francs. It was useful to point out that it had been impossible to solve many questions to the general satisfaction in the German Pharmacopœia, which, it must, however, be remembered, applied only to a single country. The experts had, for instance, been unable to agree on the question of the directions to be followed in determining morphine content; the question had had to be settled by a majority vote.

There were, in this matter, two points of interest to doctors—the maximum dose and standardisation. The maximum dose of heroic drugs was, however, practically uniform everywhere and standardisation could only be applied in certain cases. Moreover, these two points represented only an insignificant part of the vast programme drawn up at Brussels.

The experiments necessary for analysing the drugs presented enormous difficulties. There were few experts who were capable of carrying out such work successfully. There were only one or two even in the countries which were the most advanced from the standpoint of pharmaceutical chemistry. The pharmacists, on their side, would not welcome the reforms enthusiastically, since they would be obliged to change a large part of their equipment—for example, the signature on their jars, etc.—in order to conform to the new directions. Again, an obstacle would arise in the legislation of certain countries. In Germany, for instance, heroic drugs could only be obtained through doctors who had qualified in Germany. This applied also to many other countries, and the situation would scarcely be changed by the contemplated unification of pharmacopœias.

In view of all these difficulties, it was very doubtful whether it was worth while to attempt compulsory unification. The task was an ungrateful one and did not seem to come within the scope of the Health Committee. If, however, the League assumed responsibility for this work, it would be advisable to consider whether it would not be better to entrust the task to a special Commission instead of to the Health Committee.

Dr. Hamel recalled that Sir George Buchanan had already asked whether the proposed organisation would have its office at Brussels or Geneva, and whether it would work under the supervision of the Health Committee. It would be desirable to discuss the advantages or disadvantages of these different solutions.

M. VELGHE reminded the Committee that, if he had raised the question of procedure or of competence, it was because at the Council session at which the letter from the Belgian Government regarding the establishment of the permanent secretariat for the unification of pharmacopœias had been examined, the Rapporteur had proposed the adoption of a recommendation which contained the following passage:

“The Council recognises the desirability of entrusting the work of this secretariat and of these Committees to the Health Organisation of the League.”

That amounted to solving the problem before the Health Committee was consulted. The above passage had given rise to a discussion, as a result of which it had been decided that the Council would refer the question to the Health Committee for examination and forward to it the observations made by the members of the Council. It was for this reason that it seemed to M. Velghe that the Health Committee was called upon to deal with this aspect of the question.

Dr. Rajchman had replied that it was for the Council to consider in what way Article 24 of the Covenant should be applied. Several members of the Health Committee, however, had ventured on to the forbidden ground, in particular, Dr. Lutrario and Dr. Hamel.

Fundamentally, the first question was one of competence. Was the Health Committee going to allow the chemists to do as they liked, or would it say that the question was within its purview and that it was far more competent than the chemists? M. Velghe thought that, in order to settle this question of competence, it was necessary to consider the matter only from the standpoint of technical utility. Was there in the unification of pharmacopœias anything which was of sufficient interest to the Health Committee, and should the League undertake this work of unification, either through the Health Committee or through some new responsible Commission?

The opinions put forward by the members of the Committee showed much hesitation in the matter. All the members had drawn attention to the excessively wide scope of the programme of the Brussels Conference. All had agreed that the ground was slippery. M. Velghe personally thought that, from the health point of view, it was quite right to say that the question did not concern the Committee. He hoped, however, that at the next session, after mature reflection, the Committee would arrive at a fully considered resolution which would be adopted unanimously.

Dr. RAJCHMAN thought that both M. Velghe and himself were in the right. The Council had forwarded its observations to the Health Committee, not in order that the latter might discuss the application of Article 24, but in order to ascertain whether it considered that the question of the unification of pharmacopœias came within its competence.

Dr. Rajchman referred the members to document C.H. 856, (annex 9) containing the letter from M. Hymans, Belgian Minister for Foreign Affairs, to the Secretary-General and, in an appendix an account of the method of organisation and functions of the permanent secretariat for the unification of pharmacopœias. This document showed that the functions of the secretariat were not very considerable, but that they were highly specialised. Dr. Rajchman thought that, if it were desired to entrust this new task to the Health Organisation, it would be sufficient to create a new post in the Health Section, a post which would be relatively unimportant, and to attach to it a stenographer.

In order to make things quite clear, he wished to say that the Health Section was not at all anxious to take up the matter, for, after all, its importance, from the point of view of public health and preventive medicine, was not very great. If, however, the Council decided that a special organisation entrusted with this task should be placed under the patronage of the League, he hoped that the Health Committee would be charged with its supervision. In any case, there could be no question of responsibility unaccompanied by exclusive supervision.

Dr. CARRIÈRE said that he had some experience of the question of pharmacopœias.

He had presided over the Commission which had prepared the fifth edition of the Swiss Pharmacopœia, and had had an opportunity of observing that an international secretariat for pharmacopœias might be of use. He did not contemplate the total unification of pharmacopœias—that was an impossibility—but he thought that a secretariat or a committee might render useful service to the various national committees which were charged with the preparation of the pharmacopœias in their own countries.

Dr. Hamel had observed that the sixth edition of the German Pharmacopœia had cost about 100,000 Swiss francs. The fifth edition of the Swiss Pharmacopœia had already cost at least 100,000 francs. It might, however, be supposed that, if an international committee had already collected a large amount of information, the work would be greatly simplified thereby.

This fact would be brought out by an illustration. All drug manufacturers had their opium analysed by a London firm. Notwithstanding this fact, it had been noted that similar samples presented on analysis a divergence amounting to as much as 1.5 or 2 per cent. Would it not be generally useful to have a uniform basis for these analyses?

Dr. Carrière was not, therefore, as sceptical as some of his colleagues. As regards the way in which the secretariat should be organised, it was difficult, at the present moment, to give an opinion. He thought that the Health Section might accept the work without any very great difficulty, and that the Standardisation Commission, in particular, might deal with it. It had been objected that this Commission consisted of only two or three members. Why, however, could not its membership be increased?

Dr. LUTRARIO agreed that the question of specialities was a very difficult one. Some of them had a mineral base, while others had an organic and yet others a mixed base. In Italy, it had been seen, in connection with the application of the law on medical specialities, that the tests carried out in the chemical laboratories were extremely long and difficult. The analysis of a mineral water from the quantitative point of view absorbed a chemist's entire attention for a whole year.

Sir George BUCHANAN felt that the debate had been very useful in clearing the minds of the members of the Committee. He was afraid, however, that it would be rather difficult for some of the members to take back, for the consideration of the authorities concerned in their own countries, the views that had been put forward. It was all very well for those countries which had adhered to the Arrangement, but the position in Great Britain, which had not yet decided whether to adhere, was different.

On his return to his country he would be asked what was the effect of the Committee's debate on the question whether Great Britain should adhere or not. If he had properly judged the sense of the discussion, it was that no step further should be taken by the Health

Organisation on such dangerous ground ; that the question should be considered in its endless and various ramifications ; and that, unless some vague committee came forward to solve it in the distant future, nothing could be done. This uncertainty as to the future of the proposed secretariat would not help him in advising whether Great Britain should adhere to the international Arrangement, and he imagined that the same conclusion would be drawn in regard to other countries which were in the same situation.

He might, however, be wrong, and for that reason he would ask that the Minutes should be as full as possible, always on the understanding that the discussion was of a conversational nature and represented the personal views of the members. It would be extremely useful to have a full note of the contentions that had been advanced.

It would also be useful if the Secretariat or Dr. Velghe could provide the members of the Committee with copies of the Arrangement, with the different reservations which had been made.

M. VELGHE, in reply to Sir George Buchanan, said that the Committee was not asked to consider whether the different countries were right in adhering or not to the Brussels Convention. He would, however, so far as possible, get together all the information which might be of value and send it to him.

There was no question of establishing a compulsory international pharmacopœia, but merely of placing at the disposal of the different countries a scientific instrument which could not fail to be very useful. The scope of the pharmacopœia was limited by the facts. The Brussels secretariat could not be told to go forward or stop work on the ground that the Health Committee was as well qualified to carry out its duties, He felt obliged to add that Dr. Rajchman had failed fully to appreciate the task to be undertaken by the international secretariat when he had said that its work might, for instance, be done by a new assistant with the help of a stenographer.

Professor PITTALUGA thought the problem one of minor importance. The Health Committee could obviously concern itself in certain questions which it was desired to link up with those that had been studied by the international secretariat at Brussels ; but, briefly, Professor Pittaluga did not think it was expedient for the Health Committee to assume responsibility for the unification of pharmacopœias.

Dr. RAJCHMAN wished to dissipate a small misunderstanding. The second Conference held at Brussels had decided that it would be desirable to entrust the unification of pharmacopœias to a Commission of Enquiry. The Belgian Pharmacopœia Commission consisted of scientists, and Dr. Rajchman had had no intention of suggesting that their work could be carried out by one or two people. He had been thinking of the permanent secretariat which the Belgian Pharmacopœia Commission had proposed to set up. The duties of the secretariat, which, according to the letter from the Belgian Minister for Foreign Affairs, had been virtually created, might in Dr. Rajchman's opinion be entrusted to a chemist or a person who was fully acquainted with questions of chemistry. He might possibly be assisted by a clerk.

The PRESIDENT agreed with Dr. Rajchman that, if the unification of pharmacopœias were placed under the auspices of the League, the Health Organisation must have complete control. He considered, however, that the question had not been sufficiently studied to make it possible to find a solution at the moment. He reminded the Committee that the Health Organisation had under consideration a number of remedies, among them, for instance, sera and vaccines. It had also take up the questions of vitamins and opium. In view of the wide scope of these problems, it would be better to postpone the Committee's reply to a later session.

The President's proposal was adopted.

FIFTH MEETING

Held on Saturday, March 8th, 1930, at 9.30 a.m.

President: Dr. Th. MADSEN.

449. **Message of Condolence to the French Government on the Occasion of the Disaster in South-West France.**

Dr. CHODZKO was sure he was speaking on behalf of all his colleagues in expressing to Professor Léon Bernard his deepest sympathy in the disaster which had just overtaken twelve French departments.

The PRESIDENT, on behalf of the Committee, associated himself with Dr. Chodzko's remarks, and, as he believed it to be impossible for the Committee to address a communication direct to the French Government, requested Professor Léon Bernard to be good enough to transmit the Health Committee's message to his Government.

Professor Léon BERNARD was deeply touched by the words of Dr. Chodzko and the President. He would inform the French Government of the Committee's message of condolence, which would certainly be deeply appreciated.

450. **Note by the Medical Director on the Work of the Health Organisation since the Last Session of the Committee.**

Sir George BUCHANAN said that the proposed enquiry by the Health Section into certain questions relating to influenza, mentioned in the Medical Director's progress report was of great interest to Great Britain, and the Ministry of Health would be pleased to assist, if it were possible to do so.

With reference to the statement concerning Pituitary (Posterior Lobe) Extract, to the effect that a standard identical to that preserved by the Hygienic Laboratory at Washington had been distributed by the National Institute for Medical Research, London, to nine establishments and institutions, it should be pointed out that the London Institute was not attempting to supplant the Hygienic Laboratory at Washington as the centre for the distribution of the standard; but that, as it happened, for other reasons, to have available a large stock of the same standard as that preserved in Washington, it had agreed to place it at the disposal of the institutions mentioned.

He would be glad if Dr. Madsen could give further information on the progress of the enquiries into scarlet fever and diphtheria immunisation.

Professor OTTOLENGHI wished first to express his appreciation of the changes which had been made in the *Monthly Epidemiological Report*. Each number now contained a special article on the epidemiology of an important contagious disease. These articles were very interesting and extremely well done.

He asked leave to give a few further particulars on the work of the Mixed Commission in Anthrax. The meeting of experts, which had been held in June, had noted that it was possible to disinfect anthrax-infected hides and skins by the Casaburi method, modified in accordance with the tests carried out at the Bologna Institute of Health. Before recommending this method officially, however, it would be useful to experiment on a semi-industrial scale. This work would necessitate the allocation of funds, though not a very large amount. Professor Ottolenghi thought he could inform the Committee that Dr. Carrozzi intended to take the necessary steps in this matter. At the June session of the Committee, there had also been a discussion on the question of a programme of general health regulations for the trade in, and treatment of, hides and skins in connection with the prevention of anthrax.

The PRESIDENT, in reply to Sir George Buchanan, said that the enquiries concerning diphtheria and scarlet fever immunisation were being continued, but that hitherto no general report had been received. It did not, accordingly, seem possible to contemplate a meeting in the current year, and it would, he thought, be preferable to wait until the following year, so as to have adequate information available. The Secretariat would be able, during the course of the winter, to draw up a note indicating the progress of the work.

Sir George BUCHANAN thanked the President for his statement. If any studies of these severe types of scarlet fever or diphtheria, or any clinical studies, should be arranged, he would be glad of a chance to participate in them, or, at any rate, to be informed of them.

The PRESIDENT added that wide differences had been noted, as between Berlin and Copenhagen, in regard to the sero-therapeutic treatment of diphtheria. It had been proposed to organise an interchange of clinicians to undertake investigations in the different countries concerned. The situation at Berlin in the current winter had been less serious than previously. Nevertheless, an assistant had gone from Copenhagen to Berlin and had observed that the cases were the same and that, where satisfactory results had been obtained, it had been due to the administration of heroic doses extending to as many as 700,000 units. This observation was, of course, only a simple opinion and was in no way to be regarded as a final decision.

The President added that one general error had been noted in these researches. The same anti-diphtheria toxin was not used everywhere for the Schick reaction. It would be desirable to consider the standardisation of the anti-diphtheria toxin.

Dr. LUTRARIO also congratulated Dr. Rajchman on the improvements made in the *Monthly Epidemiological Report*, which now contained very interesting statements on the history, etiology, legislation, etc., of important contagious diseases. Without wishing to submit a definite proposal, he asked whether it would not be possible, in future, to complete these statements with a short summary giving clinical data. Such data would be very useful to health officers who, without being clinicians, found it valuable to have information on these questions.

The PRESIDENT observed that the compliments which had been addressed to the Medical Director applied to the members of the Health Section as well.

Sir George BUCHANAN had a strong impression that the excellent résumés contained in the *Monthly Epidemiological Report* should be signed by the authors, but he proposed to reserve this question for another occasion.

He would ask permission to indicate the progress made by the Cancer Commission. The work done by the Commission since the last session had been limited to two fields, (1) radiology, and (2) occupational cancer.

As regards radiology, the Commission had thought it desirable to give time for the recommendations contained in the report by the radiologists on cancer of the uterus to be disseminated and discussed. One of the points made in the report was the necessity for an agreed classification of cancer of the uterus and its general acceptance. The question now, therefore, was to ensure general progress in the adoption of that system,

as well as of a uniform method of recording the results of radiological treatments, so that those results could be afterwards assessed on the basis of the combined experience of many countries.

In regard to occupational cancer, there was a very interesting report from Dr. Carrózzi, for which Sir George Buchanan wished to thank him, and which contained an excellent résumé of the questions relating to tar and pitch cancer, and cancer caused by oil. The report on lung cancer in the mines of Joachimsthal contained very interesting results, showing the intensity of cancer in this small mining area. Out of fourteen deaths which had formed the subject of an autopsy, ten cases had been found with carcinoma of the bronchi.

Dr. RAJCHMAN reminded the Committee that the Assembly and Council had examined the work of the Health Committee. He had given at the beginning of his general note a summary of the decisions taken by the Council and the Assembly.

The Assembly had expressed the greatest satisfaction with the activities of the Health Organisation, and this feeling had been converted into concrete form in the shape of a supplementary vote.

The Council had also approved the work of the Health Organisation and had decided to extend the term of the members of the Committee until July 1st, 1930. In these circumstances, a new Committee would have to be appointed by the Council at its May session, for the Council now held only three sessions a year instead of four, and the following session would take place at the beginning of September; that was to say, after the date on which the term of the present members expired.

The PRESIDENT noted that the Committee had no observations to offer on the various decisions summarised at the beginning of the Medical Director's report.

In regard to the next session of the Health Committee, he reminded the members that it had been arranged to hold it at the end of May, that was to say, after the meeting of the Office international d'Hygiène publique. Unfortunately, at the time when this date had been fixed, it had not been known that the Council would meet on May 12th and would, at that session, have before it the question of the appointment of the new Health Committee. The situation was obviously a delicate one. The list of the new members of the Health Committee would be published some days after May 12th, so that at the end of the month there would be two Health Committees in existence, the old and the future Committees. It would, therefore, seem hardly possible for the present Committee to meet at the end of May, and he proposed for the moment not to convene it, but to await the new nominations.

Professor Léon BERNARD agreed with the President that the situation was somewhat unusual. It was difficult and even impossible to contemplate a session of a Committee which had virtually ceased to exist, and he concurred in the President's proposal.

It must be remembered that the Committee consisted partly of members chosen by the Committee of the Office international d'Hygiène publique, and partly of members nominated by the Council of the League. It was obviously desirable that the Council should have some guide in its choice. Moreover, in 1926, at the time of the renewal of the Health Committee, the President had been instructed to submit a list of candidates to the Council. The considerations which had been advanced then applied no less in the present circumstances, and, this being so, Professor Léon Bernard wished to submit the following draft resolution :

“ The Health Committee :

“ In view of the terms of the arrangement made with the Office international d'Hygiène publique which governs the Health Organisation of the League of Nations ; and

“ Realising that it is appropriate that it should, in the near future, submit proposals to the Council of the League of Nations regarding the forthcoming nomination by the Council of members of the Committee :

“ Decides to request the President and the permanent Vice-President to make the necessary proposals with regard to the designation of members of the Health Committee for submission to the Council of the League of Nations.”

Sir George BUCHANAN agreed with the President and Professor Léon Bernard that the question was extremely delicate and troublesome. He thought that the solution suggested by Professor Léon Bernard was the only possible one in the circumstances. The Committee might have complete confidence in its President and in the President of the Office international to do the best for the Committee in the situation. At the same time, Sir George Buchanan hoped that, in future, the Committee would escape from these difficult situations by being able to have its programmes and dates so fixed that such circumstances would not arise. It seemed impossible for the Committee, after giving its approval to the vast scheme of work to be undertaken in the Far East, to complain of any internal dislocation of its normal procedure which resulted in this exceptional year. He hoped, however, that, in arranging its future meetings, the Committee would not always be confronted with exceptional circumstances.

The draft resolution submitted by Professor Léon Bernard was adopted (Annex 10).

The PRESIDENT and M. VELGHE thanked the Committee for the mark of confidence shown them.

451. **Work of the Conference for the Prevention of Blindness (September 1929) and of the International Anti-Trachoma League.**

Dr. JITTA wished, on behalf of Dr. Lutrario and himself, to add a few words concerning the work of the Ophthalmological Congress which had been held in September 1929 at Amsterdam, and at which Dr. Lutrario and himself had represented the Health Committee. Dr. Lutrario had followed the entire proceedings of the Congress, whereas Dr. Jitta, who had been very busy, had only been able to attend occasionally. He had, however, taken part in the entire proceedings of the last two days, when the main subjects had been the prevention of blindness and the prevention of trachoma.

Dr. Jitta had expounded the work done by the Health Committee on behalf of the blind. As he had had no printed report, he had had some difficulty, but Dr. Pantaleoni had been good enough to supply him with all the information which he himself had lacked and his exposition had been followed with the greatest attention. With regard to the prevention of trachoma, the members of the Health Committee had received a note summarising the work of Dr. Jitta and Dr. Lutrario at the International Ophthalmological Congress and in which their conclusions were formulated in the following terms :

“ Dr. Lutrario and Dr. Jitta venture to suggest to the Health Committee :

“ 1. That the report on Trachoma should be printed and distributed to the members of the Anti-Trachoma League which will shortly be holding a Congress at Geneva, as well as to all public health administrations interested in the combating of this disease.

“ 2. That the Council should be recommended to acquaint States Members with the fact that this League has been constituted and to ask them to lend full moral support to this highly humanitarian undertaking, which can only be carried on effectively by close international co-operation.

“ 3. That a member of the Health Committee should be delegated to represent the Committee on the League in order to maintain close contact with that institution.”

Dr. Jitta observed that numerous members had asked that the report in question should be printed and, unless the Health Section considered that the difficulties were insurmountable, he would venture to urge that this course should be adopted. He would also emphasise the value of the two recommendations. Trachoma was a very widespread disease. Its victims were more numerous than was thought, and in certain countries the proportion of the trachomatose was 85 to 90 per cent of the population. It must also be remembered that, not financial, but moral support was asked for the new League.

Finally, it was, Dr. Jitta thought, absolutely essential to delegate a member of the Health Committee to keep his colleagues informed of the work of this organisation.

On behalf of Dr. Lutrario and himself, he thanked the Health Committee for having instructed them to represent it at Amsterdam. He also took the opportunity to express his thanks to Dr. Pantaleoni, whose help had been very valuable.

The PRESIDENT thought that, on the contrary, it was for the Health Committee to thank Dr. Jitta and Dr. Lutrario for having represented it so ably at Amsterdam.

Dr. LUTRARIO added that the Congress had been a great success. It had been attended by 800 ophthalmologists, among them some of the most distinguished experts in the world. The Royal Family had kept in direct touch with the Congress, and the members of the Health Committee had been entertained lavishly both by the Congress and by the authorities.

Dr. RAJCHMAN, in reply to Dr. Jitta, said that, in regard to the first recommendation concerning the printing of the report on trachoma, it must be remembered that there now existed in the League a Publications Committee, which was the only body qualified to approve the publication of new monographs. The decision belonged to this Committee, and the question would be submitted to it.

As regards the second recommendation, Dr. Rajchman was certain that the Council would endorse it.

With regard to the third point, the Health Committee was obviously competent to give a reply. Dr. Rajchman did not imagine that the Committee would refuse to be represented, but pointed out that it would perhaps be better to await an official letter from the League.

Dr. JITTA recognised that the Health Committee had received no official letter. He had, however, been instructed personally and semi-officially by Dr. Wibaut to ask for the help of the Health Committee.

Sir George BUCHANAN, with reference to the first proposal, that concerning trachoma, thought that the question was very largely one of the extent to which the very large mass of information that had been collected could be conveniently compressed. It would be a matter for regret if it were lost ; but, for the convenience both of the members of the Anti-Trachoma League and of all students, it would be advisable for it to be condensed.

With reference to the note concerning the re-issue of the report on the Welfare of the Blind, he could say, speaking from the British point of view, at any rate, that the report had been found extremely useful and had been received with great approbation. It had, he believed, had a better sale in Great Britain than most of the health publications of the League. While

the idea of a re-issue after an appropriate interval was sound, he felt that the Committee was not yet in a position to decide on the exact date, since there were certain other international considerations concerning blindness in general, and the welfare of the blind in particular, which were not yet sufficiently ripe to make it desirable to decide now on the principle of republication. Unless, therefore, the Medical Director considered an immediate issue necessary, Sir George Buchanan would favour postponing the question for the consideration of the new Health Committee.

Dr. RAJCHMAN expressed the great gratitude of the Health Section to the British Ministry of Health, whose assistance, given in the form of the co-operation of various experts, had been extremely valuable. He observed that the report had had a very good sale in England and had had the rare privilege of being made the subject of a leader in the *Times*. In this connection, he was glad to inform the Health Committee that various publications by the Health Organisation, in particular the *Epidemiological Report* and the *International Health Year-Book* were selling very well, and that the *Epidemiological Report* was often out of print.

The Committee approved the recommendations submitted by Dr. Jitta and Dr. Lutrario (Annex 10).

452. **Work of the Second Conference on the Health and Welfare of the Merchant Marine (October 1929).**

Dr. RAJCHMAN read the following note :

“ This Conference, at which the Health Organisation was represented by Professor Léon Bernard, adopted the following resolution :

“ The Conference relies on the technical value of the guiding principles of the fundamental resolutions adopted in 1926, 1928 and 1929 by the General Assembly of the International Union against Venereal Disease, and undertakes to propagate their principles.”

“ The following is one of those resolutions, which was adopted on October 9th, 1929, by the Committee of the International Union against Venereal Disease :

“ This Sub-Committee, convinced that a serious obstacle to the eradication of venereal disease from the individual seaman is the great economic sacrifice caused by long periods of unemployment ashore, which adequate treatment under present conditions entails, and considering also that, when the seaman must receive his treatment in different ports, the course of this treatment is frequently too variable and erratic to assure success, requests the Health Organisation of the League of Nations :

“ (a) In consultation with medical officers of the mercantile marine, to recommend alternative systems of treatment of venereal disease, which, whilst being effective, can meet the peculiar circumstances of seamen and be pursued with the minimum of economic hardship to the patient ;

“ (b) To endeavour to secure agreement by nations that the treatment of seamen suffering from venereal disease shall be pursued systematically in their different port clinics according to its recommendations.

“ The Sub-Committee, considering that venereal disease in a seaman often makes its first appearance when the patient is at sea, and that to recommend alternative systems of treatment of venereal disease, skilled diagnosis and treatment at the earliest possible moment are of prime importance to the outcome of disease, would urge on shipowners that they would confer great benefit on seamen by insisting on proof, if practicable by an examination, of a knowledge of modern methods of diagnosing and treating venereal disease as one of the qualifications for the post of ship's surgeon.”

M. VELGHE would confine himself to pointing out that the resolution adopted by the Committee of the International Union against Venereal Disease did not mention the Brussels Arrangement concerning treatment of seamen suffering from this disease. He did not wish to dwell on this somewhat curious omission on the part of an international conference. In his view, the Health Committee had only to take note of the resolution.

Professor Léon BERNARD recognised that M. Velghe's observation was correct. Although he had taken part in the proceedings of the Conference, he must decline any responsibility in this matter, as he had not followed the work of the Committee on Venereal Disease. The Conference had been divided into a number of sections, and he himself had been appointed Chairman of the section dealing with tuberculosis.

He urged that the merchant marine deserved the closest attention on the part of the Health Committee, both from the point of view of the dangers threatening seamen themselves and the peril which they represented to the rest of the community. They might be said to act as centres for the dissemination of the disease in ports of call. The question of the treatment of seamen was, therefore, one of great importance for the entire population of the world.

The Conference had afforded an opportunity for very interesting exchanges of views. In regard to tuberculosis, Professor Léon Bernard had drawn attention to the fact that, apart from Hamburg, no port supplied precise data of tuberculosis in the merchant marine. If

useful action were to be undertaken in this field, the situation must be known. The Committee had concluded with a recommendation for an enquiry which might perhaps be carried out with the assistance of the League.

Similarly, typhoid fever was a disease which seamen were very apt to contract in ports of call owing to the risks of unwholesome food. They then spread the disease and might cause local epidemics. The situation was exactly the same in regard to other diseases.

As the Conference was to meet again at a future date, Professor Léon Bernard thought that it would be valuable if the Health Committee could co-operate in its subsequent work and be represented there.

The PRESIDENT thanked Professor Léon Bernard and thought that it would be easy for the Health Organisation to accept this invitation.

In regard to the resolution which had just been read, he pointed out that the Commission of syphilis experts would shortly be discussing the results of the studies which had been carried out. Their attention could easily be drawn to this particular aspect of the question, and they might be asked to formulate definite conclusions in regard to treatment and the campaign against the venereal peril.

Sir George BUCHANAN asked whether Dr. Madsen could develop his idea. He had been wondering whether the actual form of venereal treatment given to the merchant marine in the centres in ports was a matter which could be usefully referred to the Commission of syphilis experts. The actual treatment to be given was, he thought, a matter involving the individual responsibility of the Governments, and one, moreover, for which they had already agreed to accept responsibility to a certain extent under the Brussels Convention. The Governments, in discharging that obligation, would naturally benefit from the work done by the Health Committee's experts in regard to the treatment of syphilis in general. If the Syphilis Commission were instructed to make special recommendations for the treatment of the mercantile marine in clinics in ports, it would be only adding one more complication to a very difficult matter.

The PRESIDENT did not fully understand the doubts expressed by Sir George Buchanan. It seemed to him that the Syphilis Commission, which had a vast body of information in its possession, would be in a position to pronounce on the best treatment to be employed. It must be remembered that there was not merely one single treatment for syphilis, but combinations of different treatments. The Commission would accordingly be perfectly qualified to indicate the therapeutic combination which it would be best to adopt for the merchant marine. Moreover, this would, he thought, cause very little trouble to the Commission of experts.

Sir George BUCHANAN had no objection to the resolution of the Conference being brought to the notice of the experts. He was not, however, entirely convinced by Dr. Madsen's argument. Take the case of the ports in England. The British Government had established centres in the big ports, and a treatment which it believed to be the best that could be provided. The entire system had been placed under the central authority, the Ministry of Health, and was carried out in accordance with the provisions of the Brussels Convention. If the Syphilis Commission provided any information which was of value in regard to improved methods of treatment, the Ministry of Health would, of course, consider how it could best be used in the clinics in ports, and would do so in fulfilment of its obligations under the international Convention. It did not seem necessary to have recommendations from the experts as to the special treatment of seamen. That was the task of the Ministry of Health on the basis of all available information, applied in accordance with the Brussels Convention.

The PRESIDENT agreed that it was obviously for the Governments to take the final decision, but they might be assisted by the recommendations of experts.

M. VELGHE thought it unnecessary to continue the discussion at length, since, in his view, the resolution of the second Conference had been adopted without sufficient consideration. Nevertheless, the Health Committee was asked to take various steps, and M. Velghe did not think it would be expedient to reply by a refusal. In these circumstances, it would, he thought, be best to instruct the Syphilis Commission, which was the best qualified for doing so, to examine the question of therapeutic treatment.

The PRESIDENT asked Dr. Park, who had followed the work of the second Conference on the Health and Welfare of the Merchant Marine, to address the Committee on the subject.

Dr. PARK said that the attitude of the members of the Conference had been perfectly clear. They had recognised the value of the Brussels Convention, but had considered that, by passing their resolution, they could supplement its value. Colonel Harrison had considered that, as the conditions of the treatment for seamen differed from those applying to the other parts of the population, it would be valuable if the resolution could be referred to the Commission of Experts of the Health Committee. Sir George Buchanan might, therefore, rest assured that Colonel Harrison realised the necessity of leaving it to the various nations to put the actual treatment into effect, but that it would be valuable to have from the experts some standard which could be applied on shore and also, if possible, on board ship.

Professor NOCHT pointed out that the position of seamen was a quite peculiar one, and he doubted whether the Commission of experts was fully acquainted with the subject. If, therefore, the question were referred to the Commission, it would perhaps be necessary to provide for very close co-operation with naval surgeons and port doctors, who possessed the special knowledge required.

Sir George BUCHANAN said that Dr. Park's explanation had made the matter much clearer, and he had no objection to the resolution being referred to the special Commission. He was sure that the experts would pay all due attention to the question of Government responsibility and the international Agreement.

The Committee decided to take note of the resolution transmitted by the Committee of the International Union against Venereal Disease and to take the necessary action.

453. Question of the Collaboration of the Health Organisation with the International Dental Federation.

Dr. RAJCHMAN read the following note :

“ The International Dental Federation, which is established at Geneva, has, through its President, requested the ‘ moral support ’ of the Health Organisation.

“ Questioned on the subject of the aims of the International Dental Federation, its President replied, on April 17th, 1929, that the Executive Council of the Federation has requested all international health committees to give *moral* assistance in its campaign against dental diseases. The Executive Council believed that the League of Nations Health Committee should be informed of its work and that, reciprocally, the moral support of the Health Committee would be of value to that work.

“ The President had, therefore, forwarded a number of copies of the report on the work of the Dental Federation since its inception, and had proposed that the Health Committee should receive each year the report of the International Dental Federation, and at the same time requested that the Committee should state ‘ whether it considers that dental diseases should be combated as energetically as other diseases ’.

“ Dr. Jitta belongs to this Federation, which elected him an honorary Chairman of its Health Commission. He is thus in a position to ensure contact between the International Dental Federation and the Health Committee.”

Dr. JITTA had nothing to add to the note which had just been read. The title of honorary Chairman, which had been conferred on him, was a purely honorary title, and he was unable to give any definite information on the activity of the International Dental Federation. He could, however, say that the Federation did a great deal of work and was concerned, in particular, with the prophylaxis of dental diseases. He thought, therefore, that the Health Committee might with advantage take interest in this organisation.

The Committee accepted the proposals of the International Dental Federation.

454. Invitations received by the Health Committee to be represented at Various Congresses.

1. *Congress of the Royal Sanitary Institute (Margate, July 21st, 1930).*

The Committee requested Sir George Buchanan to represent it at this Congress.

2. *Second International Malaria Congress (Algiers, May 21st, 1930).*

Dr. RAJCHMAN reminded the Committee that, at its fourteenth session, it had decided to postpone taking a decision concerning representation at this Congress. He proposed that the Committee should give an affirmative reply on the principle of representation, and that it should be left to the Malaria Commission to settle the details.

This proposal was adopted.

3. *Congress of the Royal Institute of Public Health (Portsmouth, June 4th to 9th, 1930).*

Dr. RAJCHMAN proposed that, in conformity with precedents, the Committee should send no representative to this Congress.

This proposal was adopted.

4. *South American Serological Congress (Montevideo, September 1930).*

Dr. RAJCHMAN reminded the Committee that it had been invited to designate a representative to preside over the South American Serological Congress, which was to be held at Montevideo. He underlined the importance of this invitation.

Dr. OLSEN explained that Dr. Scaltritti, who was a very well-known serologist at Montevideo, had taken part in the Copenhagen Conference on the serodiagnosis of syphilis. Being impressed by the results obtained, he had proposed to organise a similar Conference in South America. He had accordingly invited a number of South American experts, who

would be asked to make comparisons, with the object of arriving at results similar to those which had been obtained at Copenhagen. He had thought that it would be very useful if the presidency of the Conference were to be entrusted to a fully competent person designated by the Health Organisation.

The PRESIDENT, who had had long experience of Conferences of this kind, pointed out that the entire success of a congress depended on the preparatory organisation, which was a very difficult task. It would certainly be very advantageous if the Health Committee could be represented at the Congress, and he thought that Professor Jadassohn might be requested to accept this mission.

Dr. RAJCHMAN observed that this was the first occasion on which a Latin-American Congress had asked the Health Organisation to appoint a President and to be responsible for the actual conduct of the proceedings. It was, he thought, impossible to refuse, since the matter involved the reputation in Latin America of a whole series of studies which had been undertaken by the Health Organisation. The choice of the representative might be left to the President of the Committee. He suggested, however, that an expert in serology might perhaps be chosen to assist the representative appointed to take the Chair. If the Health Committee accepted this proposal in principle, he suggested that it should leave the matter to the President.

Agreed.

The PRESIDENT said that he had been asked whether the Health Organisation could, in connection with a conference on syphilology to be held in Copenhagen in August 1930, arrange for a short meeting, of one or two days, for the purpose of comparing certain serological methods. He would be glad if this invitation could be accepted.

This proposal was adopted.

5. *First International Congress on Microbiology (Paris, July 20th to 25th, 1930).*

Dr. RAJCHMAN reminded the Committee that the Secretary-General of this Congress had invited the Health Committee to hold one or more meetings of its Commissions during the proceedings of the Congress. He thought that the Commission on the Standardisation of Sera was the only one of which the work was in any way analogous to the programme of work of the Congress.

The PRESIDENT pointed out that there were certain similar questions in other domains. The Health Committee had undertaken work connected with the classification of blood groups. At present, the standards employed were not comparable, and it was for the Health Committee to endeavour to improve the present position. The Copenhagen serum had been sent to various scientists with very precise technical instructions for the purpose of comparative study. The conclusions which had been received differed widely, and the President did not for the moment see how they could be reduced to a common denominator. It might, therefore, he thought, be useful, after the Congress, to have a meeting in Paris, for one or two days, of the experts concerned, who could then compare their experiments and even make studies with blood specimens. In this way it would be seen whether the experts would be able, by acting together, to obtain more concordant results.

It would similarly be useful to have meetings of other experts, in particular, those dealing with the standardisation of the toxin employed against diphtheria.

Professor Léon BERNARD drew attention to the importance of the question of blood groups. He had noted with regret that the work of the Copenhagen Conference had not made sufficient headway among hæmatologists. In his view, it was important to unify the nomenclature, and he warmly associated himself with the President's suggestion.

Professor CANTACUZÈNE noted, like his colleagues, the uncertainty prevalent in this domain. He pointed out that the Congress on Bacteriology would meet in two years' time, and it would be advantageous if the question of the serology of blood groups could be placed on the agenda of the Congress.

Sir George BUCHANAN considered that the proposal which had been made was a very interesting one. Nevertheless, he felt some apprehension at seeing the Committee fix the dates of meetings at which very important, if subsidiary, questions were to be discussed, regardless of the date on which the new Health Committee would meet. All arrangements should be subordinated to the date of the session of the new Committee.

Dr. RAJCHMAN explained that the meetings in question would consist only of experts and not of members of the Committee. The President, who would attend them, would certainly be able to fix the dates in a satisfactory manner.

Professor PITALUGA said that he had received from Copenhagen the standards to which the President had referred. He had undertaken certain enquiries and had made a point of having studies made in Western Africa as well. He would be in Paris for the Congress on Microbiology and would give an account of the results obtained.

The President's proposals were adopted.

6. *International Union for the Prevention of Tuberculosis.*

Professor Léon BERNARD said that he had noted with surprise that the list did not include an invitation from the International Union for the Prevention of Tuberculosis. He apologised for the omission, being himself largely responsible for the delay in the despatch of the invitation, which he would now give to the Committee by word of mouth.

The International Union for the Prevention of Tuberculosis would meet at Oslo on August 12th, 1930, and invited the Health Committee to send a representative.

The Health Committee requested Professor Léon Bernard to represent it at this meeting.

455. **Opium : Application of Articles 8 and 10 of the Opium Convention of 1925 : Adoption of Resolutions.**

Dr. CARRIÈRE read the following draft resolutions submitted by the Opium Commission :

A.

“ The Health Committee adopts all the conclusions of the report of the Office international d’Hygiène publique, on the application of Article 8 of the Opium Convention, signed at Geneva on February 19th, 1925, to the preparations proposed by the Governments of British India, Bulgaria, France, Germany, Great Britain, the Irish Free State, Poland and Roumania, as they appear in document C.H. 843.”

B.

“ The Health Committee decides to submit to the Permanent Committee of the Office international d’Hygiène publique, for opinion and report, according to the procedure laid down by Article 8 of the Geneva International Opium Convention, the two lists of preparations proposed by the German and Swiss Governments as they appear in document C.H. 850.”

C.

“ The Health Committee considers that preparations which contain esters of morphine di-hydro-oxycodine, di-hydro-codeine (dicodide), di-hydro-morphine (dilauidide), should be treated in the same manner as those which contain diacetyl morphine ; that is to say, they should come within the scope of the Convention, whatever the percentage of narcotic substances contained may be.

“ It also considers that all salts of these substances should come within the scope of the Convention according to the provisions of Article 10 of the said Convention.”

The draft resolutions were adopted unanimously (Annex 10).

456. **Appointment of a Permanent Secretariat for the Unification of Pharmacopœias : Adoption of a Resolution.**

Dr. RAJCHMAN read the following draft resolution :

“ The Health Committee :

“ Having studied, in conformity with the resolution of the Council, dated August 30th, 1929, the question of the establishment of an International Organisation for the Unification of Pharmacopœias, composed of a permanent secretariat and of international committees ;

“ Is of opinion, after having discussed the question in detail, that the study should be continued ;

“ Decides to place it on the agenda of the next session ; and

“ Requests the Medical Director to furnish supplementary information in due course.”

The draft resolution was adopted, with certain modifications of form (Annex 10).

457. **Budget Estimates for 1931.**

M. VELGHE drew the attention of the members of the Committee to the table which had been placed before them with regard to the provisional budget estimates for 1931. One column of the table showed the budget furnished by the League and another that furnished by the Rockefeller subsidies. There was no change to be noted in the second table.

The budget furnished by the League showed, as compared with the 1930 estimates, an increase of about 190,000 francs. This aggregate increase was divided among the following items : Salaries of the Health Section, approximately 48,000 frs.—balanced for the greater part by a reduction of 40,000 francs in Chapter II—Travelling and Removal Expenses of the Secretariat, 2,000 frs. ; Miscellaneous Expenses and Unforeseen, 3,000 frs. ; General Printing and Documentation, 49,600 frs. ; Cables and Telegrams, 17,500 frs. ; Contribution to the Singapore Bureau, 60,000 frs. ; Miscellaneous Enquiries—that was to say, in particular, the despatch of a mission to China—50,000 frs. ; and, finally, a small increase of 550 frs. in the expenditure connected with the establishment of a system of liaison between the various national health services.

M. Velghe observed that the budget estimates were still low, but they exceeded the fateful figure of one million, with which all the members of the Committee were familiar. In the past year, however, the Assembly had decided that this figure might be exceeded in 1930. The cap had thus been doubled, and M. Velghe did not think that any difficulty need be anticipated in regard to the proposals which had been made by the Bureau. These proposals were contained in the following draft resolution, concerning which M. Velghe was prepared to give any explanations which might be required.

“ The Health Committee :

“ In view of the fact that the Assembly, at its tenth session, agreed that the increase in the budget of the Health Organisation which will result from the carrying out of new undertakings in overseas countries must be regarded, even if its details and its purposes vary from time to time, as more or less recurrent, so that the total budget can no longer be considered as stabilised at one million gold francs, although the maximum limit set some years ago could be regarded as still applicable to the general work of the Organisation;

“ After having studied the report on the Medical Director's mission in China, which furnishes the first basis on which it is possible to establish definite estimates, and having also examined the situation created by the development of the Eastern Bureau at Singapore ;

“ Is of opinion that an additional sum of approximately 190,000 francs is necessary :

“ 1. In view of the continuation of the undertakings in the Far East during the year 1931, which will also necessitate an increase in the credits for printing and cables ; and

“ 2. To cover the expenses of the Eastern Bureau at Singapore over and above the contributions given by various Far-Eastern Governments.

“ The Health Committee points out that, in default of this increase, it will be impossible to find the sum required out of the credit of one million gold francs reserved for the general work of the Health Organisation in countries other than those of the Far East.”

Dr. LUTRARIO referred to the question of the aggregate credits in the budget. He fully realised the necessity of leaving it to the responsible heads to distribute these credits according to circumstances. He wished, however, to draw attention to the great advantage there would be in having more precise indications and a distribution of the funds according to the work contemplated. He referred, in particular, to the credit of 200,000 francs under the heading “ Technical Committees and Sub-Committees, Conferences, Missions, Work of Experts, Collective and Individual Studies ”. He understood that this credit consisted of the funds allocated to the various studies undertaken by the Commissions. It would be valuable for each Commission to know what were the credits allocated to it for the year. The Chairmen of the Commissions often received requests to study one question or another, and it was generally difficult for them to put their case to the Medical Director when they did not know the situation with regard to the funds at the disposal of each Commission.

Dr. RAJCHMAN hoped that Dr. Lutrario would not insist on a more detailed distribution of credits. He might, in reply, confine himself to purely formal grounds by pointing out that the question of disbursing the credits under the various items was not within the purview of the Health Committee. That question came under the jurisdiction of the Treasury and of the Commission responsible for financial supervision. He preferred, however, to appeal to Dr. Lutrario's administrative experience. The budgetary questions were less difficult to solve in the national administrations than in an organisation like the Secretariat of the League, since the national administrations could always ask for supplementary votes during the year. That course, on the contrary, was impossible for the Secretariat.

Furthermore, the 1931 budget estimates had to be framed in March 1930. It was often difficult to estimate in advance what exactly would be the work of one Commission or another. It was therefore necessary to frame an aggregate estimate on the basis of the expenditure incurred during the previous year. The funds thus estimated were employed as circumstances dictated. Dr. Rajchman wished, however, to remind Dr. Lutrario that it was not the Medical Director who distributed the credits which had been appropriated, but that the Bureau held a meeting for the purpose of allocating among the various Commissions the funds placed at the Health Organisation's disposal.

In conclusion, it must be remembered that, in the Secretariat of the League, the only authority in regard to expenditure was the Secretary-General.

Sir George BUCHANAN was grateful to the Bureau and the Medical Director for the trouble which they had taken to produce the budget at such short notice. He was prepared to support the proposed increases in the various items, and the manner in which they had been formulated. He would venture, however, to propose that the final words of the resolution “ in countries other than those of the Far East ” should be deleted, as he thought that the Health Organisation covered those countries. This, however, was a mere question of phraseology.

He reverted to his observations that the Committee should endeavour to get back to its normal sessions and procedure. During the present year exceptional circumstances had arisen, and the budget had, therefore, to be considered before the Committee's programme had been finally settled. The new Committee, when it met, might change that programme, and it must, therefore, be possible to make the necessary adjustment in the budget. The point raised by Dr. Lutrario arose in connection with the new programme. It was, undoubtedly,

of advantage to the Chairman of a Commission to know the amount of money available for its work. Such information had generally been supplied in the past, but, if it could be made a little more definite, he would be grateful.

Dr. RAJCHMAN replied that satisfaction could be given to the Chairmen of Commissions without much difficulty, and without having to make any change in the arrangement of the budget. This matter concerned the internal organisation.

M. VELGHE, in reply to Dr. Lutrario and Sir George Buchanan, said that, when the Bureau distributed the credits, the amount allocated to each Commission was notified to the Chairman. The figures were, moreover, determined in agreement with the latter, but obviously it was sometimes necessary to reduce the amounts requested.

In conclusion, M. Velghe pointed out that the Health Organisation had a million francs for its general work, and that the credits in excess of this figure were earmarked for the special work approved by the Assembly.

Professor PITTALUGA agreed with M. Velghe. He thought that the Health Section might perhaps be hampered by an over-precise distinction between the votes for the general work of the Organisation and the votes allocated for new undertakings.

In regard to the credit of 200,000 francs for the Technical Commissions and Sub-Commissions, etc., he pointed out that the last year for which final accounts were available was 1929. The estimate for that year had been 250,000 francs and the total effective expenditure had exceeded 355,000 francs. The votes, which had even then been higher than the estimates for 1931 had accordingly been exceeded by more than 100,000 francs. He asked whether the Medical Director could give any explanation on this point.

Dr. RAJCHMAN did not think it possible for him to go into the details of all budgetary questions without unduly prolonging the discussions of the Committee. He would confine himself to pointing out to Professor Pittaluga that the sum of 355,000 francs spent in 1929 included the travelling expenses of the Malaria Commission to India and those of the work of the Commission which had been sent to Greece.

The draft resolution was adopted with the amendment proposed by Sir George Buchanan and M. Velghe (Annex 10).

458. Close of the Session.

The PRESIDENT, before closing the session, observed that this was the last meeting of the present Committee. The Committee had, he thought, every reason for being satisfied with the work accomplished and the progress achieved during the last three years. The marks of confidence received from all countries were constantly increasing in number, and the Health Organisation had become a worldwide organisation to which all countries, the smallest as well as the largest, applied for advice. At the Assembly itself, the atmosphere had changed completely, and the work of the Organisation had been appreciated at its full value.

The President thanked his colleagues and, in particular, M. Velghe, and likewise the Chairmen and members of the various Commissions, for the valuable help they had given to the general work of the Health Organisation. The President's own task had been greatly facilitated by the friendship which all his colleagues had invariably shown him, but he wished to say that the chief part in the success of the Health Organisation must be ascribed to the Health Section and, more particularly, to the Medical Director, to whom he was glad to offer the Committee's warmest congratulations.

Dr. CHODZKO, on behalf of his colleagues on the Committee, paid a tribute to the President, for it was certainly owing to the great knowledge and enlightened spirit of Dr. Madsen that the Health Organisation had been able to achieve such brilliant results.

He wished, too, to offer his congratulations to the Medical Director and the entire Health Section.

The PRESIDENT declared closed the fifteenth session of the Health Committee.

ANNEX 1.

AGENDA OF THE FIFTEENTH SESSION OF THE HEALTH COMMITTEE.

1. Assembly Resolutions and Council Decisions.
 2. The Report of the Medical Director upon the Mission in China.
 3. Note of the Medical Director on the Work of the Health Organisation since the Last Session of the Committee.
 4. Opium Commission :
 - (a) Opinion transmitted by the Permanent Committee of the Office international d'Hygiène publique, in its Letter of July 17th, 1929, regarding the Application of Article 8 of the International Opium Convention of February 19th, 1925, to a Number of Preparations.
 - (b) Opinion transmitted by the Permanent Committee of the Office international d'Hygiène publique in its Letter of July 17th, 1929, regarding the Application of Article 10 of the International Opium Convention of February 19th, 1925, to Preparations containing Eucodal, Dicodide, Dilaudide, Benzoylmorphine or other Esters of Morphine.
 - (c) Application of Article 10 of the International Opium Convention : Proposal by Professor Knaffl-Lenz that Acedicon should be brought under the Convention.
 5. Miscellaneous.
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ANNEX 2.

REPORT OF THE OPIUM COMMISSION ON THE APPLICATION OF ARTICLES 8 AND 10 OF THE GENEVA CONVENTION AND ON THE REQUESTS FOR TECHNICAL OPINION SUBMITTED BY THE SOCIAL SECTION AND THE PERMANENT CENTRAL OPIUM BOARD.

The Commission, at its meeting held at Geneva on March 7th, 1930, examined certain questions relating to the application of Articles 8 and 10 of the Geneva Convention.

Article 8. — In the first place note was taken of the opinion previously given by the Committee of the Office international d'Hygiène publique concerning various preparations in respect of which some Governments had requested the benefit of the exemption provided for in Article 8. This opinion was given in document C.H.843.

The Commission unreservedly concurred in this opinion and proposes its adoption by the Health Committee.

Attention must be drawn to one point. When the Committee of Experts of the Office first undertook to draw up the list of preparations which were to benefit under the provisions of Article 8, it decided not to admit groups but to mention each preparation by name. An exception to this rule seemed, however, to have been made with regard to the preparations proposed by the Swedish Government. Relying on this precedent, the British Government requested similar treatment for certain preparations it had proposed.

The Committee of Experts, after having examined the question, observed that, in the case of the Swedish preparations, it was a question of *dilutions* of preparations, already exempted from the provisions of the Convention by decision of the Health Committee, in other preparations and *not of new preparations*; it also stated that such mixtures did not, *a fortiori*, come within the scope of the Convention, provided that the preparations with which the preparation already exempted from the provisions of the Convention is associated did not contain any drug which falls within the scope of the Convention.

As the preparations enumerated in the British list fulfil this condition, they may be given the benefit of the exemption provided for in Article 8 of the Convention.

In this particular, as in all others, the Commission adopted the opinion of the Committee of Experts.

It should also be noted that the Commission, in reply to a remark by one of its members, agreed that the Indonal Bürgi tablets appearing on the Austrian Government's list did not, under any circumstances, fall within the provisions of the Convention, which was not concerned with preparations containing galenic preparations of Indian hemp, but only the galenic preparations themselves.

The Health Committee has received from the German and Swiss Governments further lists of preparations (document C.H.850, Annex 4) in respect of which they request exemption under Article 8. The Commission proposes that the Health Committee should refer these lists for opinion and report to the Office international d'Hygiène publique.

Article 10. — Certain States, on the recommendation of the Health Committee, have already made eucodal, dicodide, dilaudide and the esters (acylate derivatives, ether-salts) of morphine subject to the measures of control provided by the Geneva Convention. The British Government's request necessitated an enquiry as to whether preparations made from these substances should be subjected to the same control. The Committee of the Office replied in the affirmative; such preparations ought to be subject to control whatever their narcotic content. The Commission, having duly noted this opinion, proposes its adoption by the Health Committee (document C.H.852, Annex 5).

The same question subsequently arose in connection with the salts of these same substances. In accordance with the agreement reached between the Office and the Health Organisation concerning questions arising out of the application of Article 10, the Opium Committee of the Office, being thereby authorised to take decisions on behalf of the Permanent Committee, decided, on the strength of the Committee of Experts' opinion, that the salts should be submitted to the same measures of control as the substances and the preparations (Annex 6). The Commission likewise proposes the adoption of this opinion by the Health Committee. It should be added that a certain number of States already subject the preparations and salts of the substances in question to measures of control.

In order to avoid any misunderstanding in regard to the point mentioned at the top of page 2 of document C.H.852—*i.e.*, the possible elimination of letter (*d*) of Article 4 of the Geneva Convention—it should be noted that this merely refers to a recommendation put forward by the Committee of Experts of the Office, and could not in any case be considered until the revision of the 1925 Convention is taken in hand.

In view of the foregoing considerations, the Sub-Committee proposes that the Health Committee should adopt the three following resolutions :

I.

“ The Health Committee adopts all the conclusions contained in the report of the Office international d'Hygiène publique concerning the application of Article 8 of the Opium Convention signed at Geneva on February 19th, 1925, to the preparations proposed by the Governments of France, Germany, British India, Roumania, Bulgaria, the Irish Free State, Poland and Great Britain, as given in document C.H.843 (Annex 3).”

II.

“ The Health Committee decides to refer to the Permanent Committee of the Office international d'Hygiène publique for advice and report in accordance with the procedure established by Article 8 of the International Opium Convention of Geneva the two lists of preparations proposed by the Governments of Germany and Switzerland, as given in document C.H.850 (Annex 4).”

III.

“ The Health Committee is of opinion that preparations which contain either esters (acylate derivatives, ether-salts) of morphine, or dihydroxycodine, dihydrocodeinone (dicodide), or dihydromorphinone (dilaudide), should be subject to the same treatment as those containing diacetylmorphine; that is to say, that they should fall within the scope of the Convention, whatever their narcotic content (document C.H.852, Annex 5).

“ It is likewise of opinion that all the salts of the substances mentioned above should fall within the scope of the Convention, in accordance with the provisions of Article 10 of the said Convention.”

The following two questions have been submitted to the Health Committee by the Social Section and the Permanent Central Opium Board respectively :

(a) Should synthetic morphine be treated in the same manner as natural morphine, and subjected to control ?

(b) Would it be possible to produce eucodal and dicodide commercially from morphine and codeine ? (Document C.H.851, Annex 7.)

These two questions were submitted unofficially to the Committee of Experts of the Office during one of their meetings. This Committee considered that the definition of morphine furnished by the Convention—*i.e.*, “ Morphine means the principal alkaloid of opium, having the chemical formula $C_{17}H_{19}NO_3$ ”—covered synthetic morphine, the initial material used for the manufacture of this substance being of no importance so far as the Convention is concerned. It should be added that synthetic morphine has not yet been placed on the market.

In regard to the second question, the Committee of Experts considered, that for the present, there was no likelihood of eucodal and dicodide being produced commercially from morphine and codeine, at all events not in so far as the legitimate traffic was concerned, because its preparation from thebaine was far less expensive than from codeine. However, as the price of thebaine now shows a tendency to rise and that of codeine to fall, it is not impossible

that the situation may one day be reversed. On the other hand, it must not be forgotten that, in the illicit traffic, the question of the cost of manufacture only plays a minor part.

The Health Organisation further requested Professor Knaffl-Lenz to furnish a technical report on this question, which has been annexed to document C.H.851.

The Commission proposes that the Health Committee should circulate the two replies to those concerned.

The Commission finally informs the Health Committee that a report from Professor Knaffl-Lenz (Annex 8) on the opportunity of placing acedicon under the Convention was referred for advice and report to the Permanent Committee of the Office international d'Hygiène publique.

C.H.843.

ANNEX 3.

APPLICATION OF ARTICLE 8 OF THE INTERNATIONAL OPIUM CONVENTION,
SIGNED AT GENEVA ON FEBRUARY 19TH, 1925.

REPORT FROM THE OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE.

I. *Preparations referred to the Office international d'Hygiène publique for Advice and Report by the Health Committee at its Thirteenth Session (October 1928).*

At its extraordinary session in May 1929, the Office international d'Hygiène publique reconsidered these preparations and unanimously adopted the following conclusions of its Committee of Experts :

1. *Proposal of the French Government.*

This proposal refers to one preparation only :

Emplastrum Opii :

Extrait d'Opium	25 grammes
Elémi purifié	25 „
Emplâtre diachylon gommé	50 „

Decision. — The formula is precise ; the preparation comes under the Convention, but, in view of its composition, the provisions of the latter need not apply.

2. *Proposals of the German Government.*

Pulvis ipecacuanhæ opiatæ. — German Pharmacopœia 6 (Pulvis Doveri P.I.) and all other preparations of opium or drugs with a content of not less than 10 per cent of ipecacuanha root.

Decision. — The P. I. formula is precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted from the operation of its provisions.

As regards the German Government's proposal not to apply the provisions of the Convention to any other preparations of opium or narcotic drugs with a content of not less than 10 per cent of ipecacuanha powder, the Committee does not think this acceptable, as it refers to a group of preparations, and the Committee has already decided in principle not to admit groups but to consider each preparation separately. Moreover, such a decision as that suggested by the German Government might lead to abuse, as there would be no exact specification of the narcotic content of preparations which might thus contain up to 90 per cent of opium powder.

3. *Proposals of the Indian Government.*

Dover's Powder (Pulvis Ipecacuanhæ Compositus, Compound Powder of Ipecacuanha) :

Ipecacuanha Root, in powder	10 grammes
Opium, in powder	10 „
Potassium Sulphate, in powder	80 „

(Extract from the British Pharmacopœia 1914, page 319.)

Decision. — Formula sufficiently precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted from the operation of the latter's provisions.

Unguentum Gallæ cum Opio (Gall and Opium Ointment) :

Gall ointment	92.5 grammes
Opium, in powder	7.5 „

(Extract from the British Pharmacopœia 1914, page 440.)

Decision. — Formula sufficiently precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted from the operation of the latter's provisions.

Chlorodyne of the British Pharmacopœia 1885.

Tinctura Chloroformi et Morphinæ (Tincture of Chloroform and Morphine). Contains in a 10-minim dose :

Chloroform, 1 fluid ounce	1 1/4 minim
Ether, 2 fluid drachms	1/3 ,,
Rectified Spirit, 1 fluid ounce	1 1/4 ,,
Hydrochlorate of Morphine, 8 grains	1/48 grain
Diluted Hydrocyanic Acid, 1/2 fluid ounce	5/8 minim
Oil of Peppermint, 4 minims	1/80 ,,
Liquid Extract of Liquorice, 1 fluid ounce	1 1/4 ,,
Treacle, 1 fluid ounce	
Syrup of sufficiency (to 8 fluid ounces).	

(Extract from the British Pharmacopœia 1885, page 414.)

Decision. — This preparation was withdrawn from the Indian Government's list as the formula, following the 1885 edition of the British Pharmacopœia, contains only 0.17 per cent morphine, or less than the margin allowed by the Convention. The Committee, however, points out that in the 1914 British Pharmacopœia the formula for chlorodyne gives a 0.38 per cent morphine content ; confusion may therefore result from the existence simultaneously of two preparations under the same name, one subject and the other not subject to the provisions of the Convention.

4. *Proposals of the Roumanian Government.*

Elixir Parégorique (*Tinctura Opii Benzoica*) :

Acidum benzoicum	5 grammes
Camphora	5 ,,
Ol. anisi	5 ,,
Tinctura Opii	50 ,,
Sp. dilut. 70%	935 ,,

Decision. — Formula precise ; the preparation does not come under the Convention owing to its very low morphine content.

Pulvis Doveri (*Pulvis Opii et Ipecacuanhæ Com.*) :

Radix Ipeca. pulv.	1 gramme
Pulvis Opii	1 ,,
Sacchar. Lactis	8 ,,

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted from the latter's operation.

Syrupus Diacodi (*Syrupus Opii Dilutus*) :

Syr. simplex	75 grammes
Syrupus Opii	25 ,,

Decision. — Formula precise ; the preparation does not come under the Convention owing to its very low morphine content.

Syrupus Opii :

Extractum Opii	2 grammes
Aqua	8 ,,
Syrupus simplex	990 ,,

Decision. — Formula precise ; the preparation does not come under the Convention owing to its very low morphine content.

5. *Proposals of the Bulgarian Government.*

Pulvis Doveri :

Radix Ipecacuanhæ pulverata	1 gramme
Opium pulveratum (10% Morph.)	1 ,,
Kalium Sulphuricum pulveratum	8 ,,

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted.

Tinctura Opii Benzoica :

Opium pulveratum	1 gramme
Oleum anisi	1 ,,
Camphora	2 ,,
Acidum benzoicum	4 ,,
Spiritus vini 70%	192 ,,

Decision. — Formula precise ; the preparation does not come under the Convention owing to its very low morphine content.

6. *Proposals of the Irish Free State.*

Pulvis Ipecacuanhæ Compositus (Compound Powder of Ipecacuanha ; synonym : Dover's Powder) :

Ipecacuanha Root, in powder	10 grammes
Opium, in powder	10 „
Potassium Sulphate, in powder	80 „

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted.

Pilula Ipecacuanhæ cum Scilla (Pill of Ipecacuanha with Squill) :

Compound Powder of Ipecacuanha	50 grammes
Squill, in powder	10 „
Ammoniacum, in powder	10 „
Syrup of Glucose	a sufficient quantity

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted.

Pulvis Kino Compositus (Compound Powder of Kino) :

Kino, in powder	75 grammes
Opium, in powder	5 „
Cinnamon Bark, in powder	20 „

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted.

Tinctura Camphoræ Composita (Compound Tincture of Camphor ; synonyms : Paregoric, Paregoric Elixir) :

Tincture of Opium	50 millilitres
Benzoic Acid	5 grammes
Camphor	3 „
Oil of Anise	3 millilitres
Alcohol (60%) sufficient to produce	1,000 „

Decision. — Formula precise ; the preparation does not come under the Convention.

Tinctura Opii Ammoniata (Ammoniated Tincture of Opium) :

Tincture of Opium	100 millilitres
Benzoic Acid	20 grammes
Oil of Anise	5 millilitres
Solution of Ammonia	200 „
Alcohol (90%) sufficient to produce	1,000 „

Decision. — Formula precise ; the preparation does not come under the Convention.

Unguentum Gallæ cum Opio (Gall and Opium ointment) :

Gall Ointment	92.5 grammes
Opium, in powder	7.5 „

Decision. — Formula sufficiently precise ; the preparation comes under the Convention, but, in view of its composition, might be exempted.

7. *Proposals of the Austrian Government.*

Tablets of Indonal Bürgi :

One 0.50 gramme tablet contains :

Extract. Cannabis indicæ	0.025 gramme
Acid. diæthyl barbitur	0.25 „

the remainder being composed of nondescript material with a covering of chocolate.

Decision. — Formula precise ; the preparation comes under the Convention, but, in view of its content of acid diæthyl barbitur, might be exempted.

Digimorval tablets :

Morphine	0.005
Pulv. fol. Digit.	
Menthol. Valerianic	

This preparation was withdrawn.

8. *Proposals of the Polish Government.*

Emplastrum Opii :

Elemi.	8
Terebinthinæ communis	15
Ceræ flavæ	5
Olibani pulverati.	8
Benzoës pulveratae	4
Opii pulverati	2
Balsami peruviani	1

Decision. — Formula precise; the preparation comes under the Convention, but, in view of its composition, might be exempted.

Two of the preparations proposed by the German Government :

Solutions of Morphine (or Eucodal) and of *Scopolamine* (or Atropin), sterilised, in ampoules, having a maximum content of 2 per cent morphine (or eucodal) salts and a minimum content of 0.05 per cent of scopolamine (or atropin) salts (maximum content per ampoule : 1.1 c.c.); similarly, tablets, lozenges, pastilles and the like, containing the same substances in corresponding proportions, each tablet, etc., being intended for the preparation of a 1 c.c. solution; and

Cocaine and Atropin Tablets weighing 0.0036 gramme, each containing not more than 0.003 gramme of cocaine salts and not less than 0.003 gramme of atropin salts, have been referred by the Office to the Committee of Experts for further examination.

II. *Groups of Preparations proposed by the British Government.*

Among the preparations on the first list of exemptions submitted by the British Government there were the following three groups of preparations :

(a) Mixtures of *Dover's Powder* with *mercury and chalk, aspirin, phenacetin, quinine* and its salts and *sodium bicarbonate*.

(b) *Linimentum opii B.P.* and *Linimentum opii ammon. B.P.C.*, if mixed with any other British Pharmacopœia or British Pharmaceutical Codex liniment.

(c) *Ung. Gallæ c. opio., B.P., Ung. Gallæ Co., B.P.C.* and *Emp. opii., B.P. 1898*, if mixed with other ointments and plasters contained in the British Pharmacopœia or British Pharmaceutical Codex.

On the recommendation of the Office international d'Hygiène publique, these three groups of preparations were rejected by the Health Committee at its thirteenth session (October 1928).

As the British Government pointed out that a similar proposal from the Swedish Government, *i.e.*, for the exemption also of a certain number of groups of preparations from the operation of the Convention, had been agreed to by the Health Committee, the latter referred the question for advice and report to the Office international d'Hygiène publique.

At its extraordinary session in May 1929, the Office international d'Hygiène publique endorsed the following opinion given by its Committee of Experts :

“ From the outset, the Committee of Experts had decided in principle to refuse to form groups of preparations. The apparent exception made in the case of the Swedish list is due to the fact that the Committee agreed that the phrase ‘ and all preparations in which are included any of the above-mentioned ’ referred not to a specific group of products but rather to the solutions in other preparations of the preparations specifically referred to in the list.

“ In the opinion of the Committee, it is obvious that the above phrase should be taken to mean that the solutions referred to should not contain any other narcotic drugs.

“ After re-examining the whole question and hearing Professor Dixon's explanation, however, the Committee of Experts decided that the British Government's proposals were very similar to those of Sweden and that it should therefore recommend the Office to deal with them in the same way and give the same reply.”

It is now for the Health Committee to take a final decision on all these preparations and to communicate it to the Council.

ANNEX 4.

APPLICATION OF ARTICLE 8 OF THE INTERNATIONAL OPIUM CONVENTION,
SIGNED AT GENEVA ON FEBRUARY 19TH, 1925.

LISTS OF PREPARATIONS WHICH THE GERMAN AND SWISS GOVERNMENTS PROPOSE TO EXEMPT
FROM THE OPERATION OF THE INTERNATIONAL OPIUM CONVENTION.

I. *Proposal by the German Government.*

In a letter dated November 11th, 1929, the German Government proposed that the following products should be exempted under Article 8 of the Geneva International Opium Convention :

1. *Dicodide Tablets with Ipecacuanha.*

Manufacturers : Messrs. Knoll A. G. at Ludwigshafen.

- (a) Dicodide bitartrate content per tablet : 0.005 gr.
0.0050 gr. dicodide bitartrate, corresponding to 0.003 gr. of dicodide (dihydrocodeinone)
0.0300 gr. ipecacuanha
0.0175 gr. talcum
0.0225 gr. starch flour
0.0750 gr. total weight
- (b) Dicodide bitartrate content per tablet : 0.01 gr.
0.0100 gr. dicodide bitartrate, corresponding to 0.006 gr. of dicodide (dihydrocodeinone)
0.0600 gr. ipecacuanha
0.0350 gr. talcum
0.0450 gr. starch flour
0.1500 gr. total weight

2. *Eucodal Tablets with Ipecacuanha :*

Manufacturers : Messrs. E. Merck, Darmstadt.

- 0.005 gr. eucodal hydrochloricum corresponding to 0.004 gr. eucodal (dihydrooxycodine)
0.040 gr. ipecacuanha
0.070 gr. lactose
0.090 gr. starch flour
0.015 gr. talcum
0.220 gr. total weight

The proportion of narcotic drug to ipecacuanha is 1:10 in both preparations, as in Dover's Powder, which has already been exempted from the provisions of the Convention in virtue of Article 8. Tests have shown that it would be futile to recover the narcotic, say, by infusing the tablet in water, as emetine from the ipecacuanha always goes into the solution, together with the dicodide and eucodal salt.

II. *Proposal by the Swiss Government.*

In a letter dated January 25th, 1930, the Swiss Government proposes that the following products be exempted under Article 8 of the Opium Convention :

Ipecopan tablets with a dose of 0.006 gr. of ipecopan per tablet. Percentage content : morphine 0.4, emetine hydrobromide 0.2.

Ipecopan ampoules with a dose of 0.012 gr. of ipecopan per ampoule. Percentage content : morphine 0.4, emetine hydrobromide 0.2.

In these two preparations the morphine content exceeds the maximum percentage allowed of 0.2, but the proportion of emetine is so high that it precludes all possibility of abuse for non-therapeutic purposes.

ANNEX 5.

APPLICATION OF ARTICLE 10 OF THE INTERNATIONAL OPIUM CONVENTION,
SIGNED AT GENEVA ON FEBRUARY 19TH, 1925.

OPINION OF THE OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE.

Preparations containing Dihydrooxycodine (Eucodal), Dihydrocodine (Dicodide), Dilaudide, Benzoylmorphine or other Esters of Morphine.

At the request of the British Government, the Health Committee submitted to the Office international d'Hygiène publique, for an opinion and a report, the question whether preparations containing eucodal or dicodide were to be subject to the provisions of the Convention and, if so, whether preparations containing less than a certain percentage of these drugs were to be exempted from the operation of the Convention.

In referring this request of the British Government to the Office, the Health Committee added the following question :

Should preparations containing dilaudide, benzoylmorphine or other morphine esters be subject to the provisions of the Convention and, if so, should preparations containing less than a certain percentage of these drugs be exempted from the operation of the Convention ?

After considering the report of its Committee of Experts, the Permanent Committee of the Office international d'Hygiène publique unanimously adopted the following resolutions at its extraordinary session of May 1929 (meeting of May 7th) :

“ 1. Benzoylmorphine and Morphine Esters :

“ The Committee is of opinion that preparations containing these esters should be treated like those containing diacetylmorphine, which means to say that they should be subject to the provisions of the Convention whatever their narcotic drug content.

“ 2. Eucodal, Dicodide and Dilaudide :

“ The Committee considers that all preparations containing these substances should also be brought under the provisions of the Convention, subject to the provisions of Article 8. It considers it desirable that, in the case of all fresh substances coming within the scope of the Geneva Convention, the provisions of Article 4 (d) of the Convention should be made inoperative, being of opinion that this clause is unjustifiable and unnecessarily complicates the application of the Convention. The limits which it allows are wholly arbitrary and are based on a percentage which means nothing, since what matters in these cases is the total quantity of narcotic drug contained in the preparation and its combination with other substances. An instance which may be given is that of chlorodyne (British Pharmacopœia 1885), whose narcotic content is below the maximum allowed ; this preparation is known to be abused in certain countries, where it is consumed on a large scale, a form of consumption which may lead to addiction and its consequences.”

It is now for the Health Committee to come to a final decision on this point, and to communicate it to the Council.

ANNEX 6.

OPIUM COMMISSION OF THE OFFICE INTERNATIONAL D'HYGIÈNE PUBLIQUE.

MEETING HELD AT GENEVA ON MARCH 7TH, 1930, AT 9 A.M.

The following were present : Dr. CARRIÈRE (*President*), Professor Ricardo JORGE, Dr. CHODZKO, Dr. HAMEL, M. VELGHE (*President of the Office international d'Hygiène publique*).

In accordance with the arrangement concluded between the Health Organisation of the League of Nations and the Office international d'Hygiène publique with a view to speeding up the procedure laid down in Article 10 of the Geneva International Opium Convention, the Opium Commission of the Office was requested by the Health Committee to consider whether the salts of the following substances should be brought under the provisions of the Geneva Convention :

Dihydrooxycodine,
Dihydrocodine (dicodide),
Dihydromorphine (dilaudide),
Esters of morphine.

These substances themselves and their preparations have already been the subject of a recommendation by the Office to the Health Committee;

Dr. Carrière said that it was necessary to bring these salts under the Geneva Convention, since the campaign against the abuse of narcotic drugs could not be effectively carried on unless this method was adopted. He pointed out that the Governments of Switzerland, of the German Reich, of Great Britain and of other countries as well had already placed these salts under very strict control.

The Health Organisation's proposal had already been unofficially submitted to the Commission of Experts of the Office international at its meeting at Berne on January 3rd, 1930, which unanimously recommended its acceptance. The President of the Commission accordingly submitted the following resolution :

“ The Opium Commission of the Office international d'Hygiène publique is of opinion that all the salts of the following substances :

Dihydrooxycodone,
Dihydrocodone (dicodide),
Dihydromorphine (dilaudide),
Esters of morphine,

should be brought under the Geneva Convention in accordance with the provisions of Article 10 of the said Convention.”

This resolution was unanimously adopted.

(Signed) CARRIÈRE.
VELGHE.

C.H. 851.

ANNEX 7.

INTERNATIONAL OPIUM CONVENTION, SIGNED AT GENEVA ON FEBRUARY 19TH, 1925.

- I. NOTE ON THE QUESTION WHETHER SYNTHETIC MORPHINE COMES WITHIN THE SCOPE OF THE GENEVA INTERNATIONAL OPIUM CONVENTION.
- II. MANUFACTURE OF EUCODAL AND DICODIDE FROM MORPHINE AND CODEINE.

I.

SYNTHETIC MORPHINE.

In a verbal note ¹ to the Secretary-General dated December 12th, 1929, the Polish delegation accredited to the League of Nations pointed out that the provisions of the Geneva Opium Convention

“ do not apply to synthetic morphine, since they refer solely to morphine defined as the principal alkaloid of opium, having the chemical formula $C_{17}H_{19}NO_3$.”

The Social Section of the Secretariat communicated this note to the Health Section with the request for a technical opinion on the point.

* * *

The text of the Convention leaves no doubt on this point. It is quite true that, in Article I, the Convention lays down that :

“ *morphine* means the principal alkaloid of opium, having the chemical formula $C_{17}H_{19}NO_3$.”

The Convention does not, however, say that morphine means the principal alkaloid of opium, *extracted from opium*, having the chemical formula $C_{17}H_{19}NO_3$. The only warran-
table conclusion is, therefore, that [any substance having the chemical formula $C_{17}H_{19}NO_3$.
is the principal alkaloid of opium that is to say, morphine, and comes under the terms of the
Convention.

What initial material was used for the manufacture of this substance is immaterial.

This interpretation of Article I of the Convention was unofficially submitted to the experts ² of the Office international d'Hygiène publique at their meeting at Berne on January 4th, 1930, and was unanimously approved by them. Two of those present at the meeting (Dr. Carrière and Professor Perrot) who had also attended the Geneva Opium Conference, added that one of the reasons why the chemical formula of morphine had been included in the text of the Convention was precisely to ensure that synthetic morphine should, if produced, be covered by the provisions of the Convention.

¹ See Appendix, page 54.

² They are : Messrs Bürgi, Dixon, Knaff-Lenz, Modrakowski, Perrot and Straub.

II.

MANUFACTURE OF EUCODAL AND DICODIDE FROM MORPHINE AND CODEINE.

In a letter dated November 18th, 1929, Mr. L. A. Lyall, President of the Permanent Central Opium Board, referred to the Health Committee the question of whether eucodal and dicodide could be industrially produced direct from morphine or codeine, or whether this process of conversion was too expensive to be used for any purpose other than laboratory experiments.

This question was unofficially submitted to the experts of the Office international d'Hygiène publique at their meeting at Berne on January 4th, 1930. They were unanimously of the opinion that the question whether the manufacture of eucodal and dicodide from morphine or codeine would pay depends solely on the price of the latter substances (more especially codeine) on the one hand, and that of thebaine on the other.

At the present moment, the price of thebaine being low relatively to that of codeine, it would not pay to produce eucodal or dicodide from morphine. The price of thebaine may, however, be expected to rise as the consumption of derivatives of that substance increases, and it is not impossible that the production of such derivatives from codeine may become remunerative.

But, as already stated, the possibility of making this process pay depends also on the price of codeine, which not only fluctuates, but varies from country to country. The price depends, among other things, on the quality of the opium chosen as raw material, the codeine content of the opium being extremely variable.

Summary.

The production of eucodal and dicodide from morphine and codeine is theoretically possible; it is also industrially possible, assuming that the relative price levels of thebaine and codeine should be favourable. These conditions may be expected to come about, in view of the probable rise in the price of thebaine and the probable fall of that of codeine.

Report by Professor Knaffl-Lenz concerning the Various Possible Ways of producing Codeinone Derivatives (Eucodal, Dicodide and Acedicone.)

(See Detailed Structural Formulæ of Morphine Derivatives, page 52).

Thebaine is useless for therapeutic purposes, but it has a close chemical relationship with codeine. By chemical processes this otherwise valueless subsidiary alkaloid—which is present in opium in the proportion of 0.1 to 0.5 per cent—may be converted into one of the well-recognised or one of the newer alkaloids which are therapeutically valuable.

Thebaine can be transformed into codeine by first oxidising and then reducing it. This process is, however, of no practical interest, as the yield is very poor.

The two oxidation products of thebaine, codeinone and oxycodone are, also, therapeutically useless, as they have the convulsive properties of thebaine. By the introduction of two hydrogens into the molecule, thus dispensing with the double bond, these oxidation products acquire properties similar to those of morphine, including the valuable as well as the injurious properties.

The large supplies of thebaine available, and the current production of thebaine, were amply sufficient for the requirements of eucodal production, especially at a time when eucodal was hardly known outside Germany. It was only when this preparation was brought under the Opium Convention that it became internationally known and much more extensively used. Indeed, in Siam, it is already the active component of the so-called anti-opium *pills and tinctures*. So long as the otherwise useless thebaine could be obtained in adequate quantities at economic rates, there was no reason to attempt the production of eucodal from codeine or morphine. But the present high price of thebaine and the rising demand for eucodal afford a strong incentive to work out such a method of production.

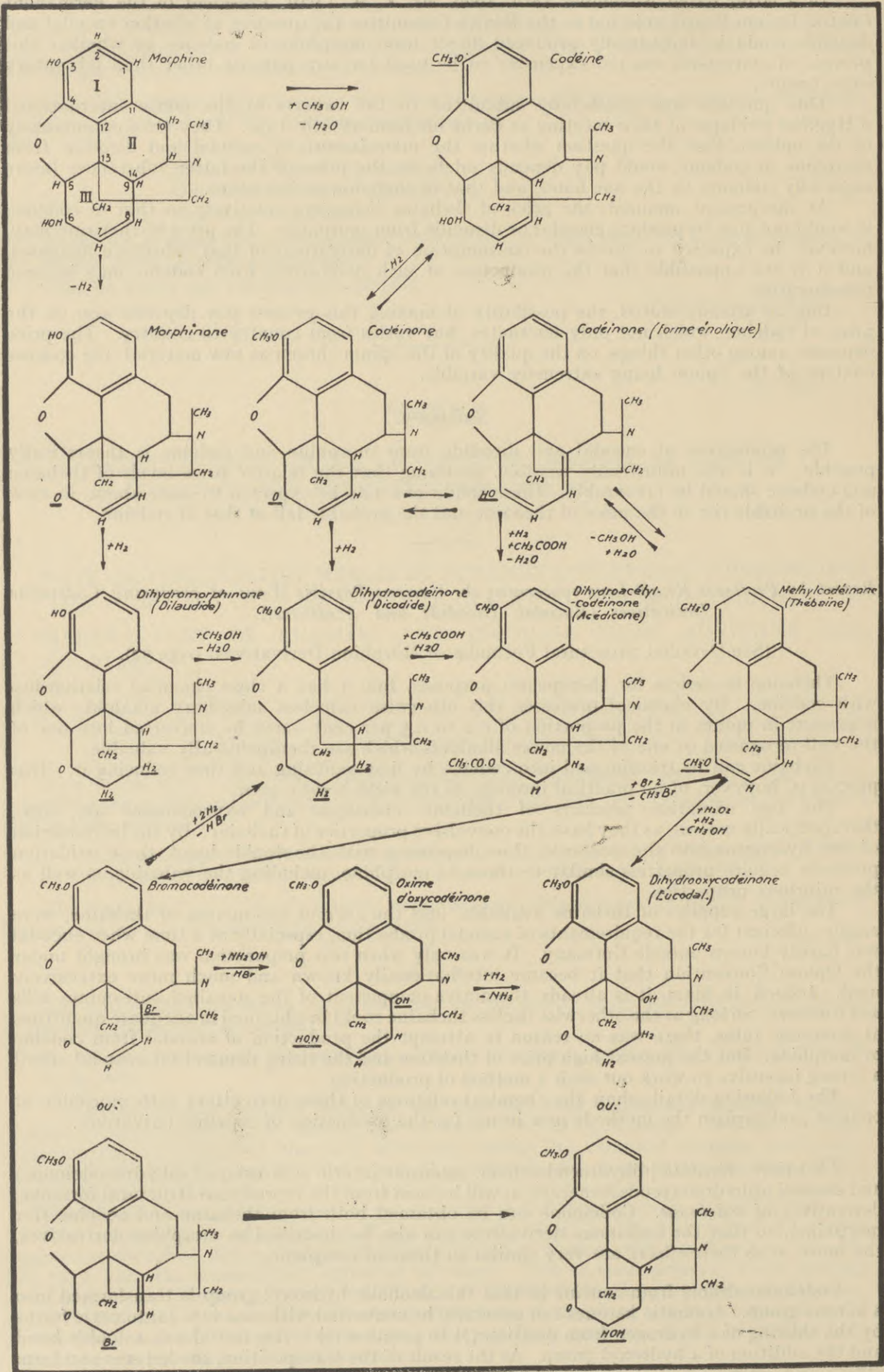
The following details show the chemical relations of these derivatives with morphine or codeine and explain the methods now in use for the production of codeine derivatives.

Thebaine—dicodide (dihydrocodeinone), *acedicone* (acetic acid ester of dihydrocodeinone) and *eucodal* (dihydrooxycodone) are, as will be seen from the reproduced structural formulæ, derivatives of *codeinone*. Codeinone can be obtained both from thebaine and codeine (for morphine), so that the codeinone derivatives can also be described as morphine derivatives, the more so as their effects are very similar to those of morphine.

Codeinone differs from codeine in that the alcoholic hydroxyl group is transformed into a ketone group. Aromatic ketones can generally be converted with ease into tautomeric forms by the shifting of a hydrogen from position (7) to position (6): this introduces a double bond and the addition of a hydroxyl group. As the result of the transposition, the ketones can form ethers and esters.

Thebaine should therefore be regarded as the methyl ether of the enolic form of codeinone. This methyl group, unlike that of codeine, which is held fast by the phenol group, is easily





detached, so that the conversion of thebaine into codeinone is not a matter of difficulty. On the other hand, codeinone may also be obtained by the oxidation of codeine; and, as codeinone can be easily turned into dihydrocodeinone by catalytic hydration, it is clear that dicodide can be produced either from thebaine or codeine.

I. Preparation of Dihydrocodeinone.

At present the following processes for the preparation of dihydrocodeinone have been described, and patents have been applied for.

1. *Preparation from Morphine.* — Morphine is shaken up in contact with platinum or palladium as catalysts and hydrogen as required in quantities exceeding those necessary for saturation. This converts it into dihydromorphinone (dilaudide). The methylation of this product by one of the current processes for the conversion of morphine into codeine yields dihydrocodeinone (dicodide) (D.R.P. 365683, Class 12 p., 1922, Knoll & Co., and supplementary patent P.380919., C. 120., 1922).

2. *Preparation from Codeine.* — Dihydrocodeinone is obtained by the oxidation of codeine into codeinone and subsequent hydration by means of hydrogen in contact with platinum metals.

The transformation of codeine into codeinone can be effected :

1. By oxidising codeine with chromic acid in the presence of weak acids (yield approximately 40 per cent) (D.R.P. 408870, Cl. 12. p., 1923 Merk).

2. Dihydrocodeinone is produced direct by the direct hydration of codeine with quantities of platinum or palladium catalyst and hydrogen *above* saturation requirements. The process involved in this case is similar to that employed for the conversion of morphine into dihydromorphinone. The introduction of the hydrogen eliminates double bonds and at the same time oxidises the hydroxyl group into a ketone group (D.R.P. 365363, Cl. 12. p., 1921, and Supplementary Patent 380159, Cl. 12. p., 1922, Knoll & Co.).

3. *Preparation from Thebaine.* — (a) The hydration of thebaine with sodium in an alcoholic solution produces dihydrothebaine, which is converted into dihydrocodeinone by boiling in acids. This method has no practical value (Freund and Speyer 53. p. 2250, 1920).

(b) Thebaine in glacial acetic acid is treated with bromine, thereby producing bromocodeinone (yield 50 per cent). Dihydrocodeinone is obtained together with hydrobromic acid by catalytic reduction (Speyer and Sarre, Ber. 57. p. 1404, 1924).

The production of dihydrocodeinone from codeine according to Knoll's patent seems to be the best and simplest method.

II. Preparation of Acedicone.

Thebaine is hydrated by catalysis; the methoxyl group of the resulting dihydrothebaine is saponified and acetylated by boiling in acids (Behrens, Nonnebruch, Rischawy, Schöpf and Wieland, D. med. W. p. 302, 1929).

The process in this case is the acetylation of dihydrocodeinone. Acetylated dicodide is identical with acedicone (Knaffl-Lenz unpublished researches).

III. Preparation of Eucodal.

The preparation of *dihydrooxycodone* (eucodal) from codeine has not yet been described in chemical literature, nor has any patent been applied for in respect of any process. There are, however, various ways of preparing it from thebaine.

(a) By the oxidation of thebaine in an acetic acid solution with the help of peroxide of hydrogen. A yield of about 70 per cent of oxycodone is obtained, which can be converted into *dihydrocodeinone* by catalytic reduction.

(b) Oxycodone can also be obtained by treating thebaine with 30 per cent peroxide of hydrogen.

(c) Oxycodone can also be obtained by oxidising thebaine with potassium bichromate and sulphuric acid.

(d) If bromocodeinone, which is produced by brominating thebaine, is treated with hydroxylamine, the oxime of oxycodone is obtained; this, if subjected to catalytic reduction, yields dihydrooxycodone and ammonia. Oxycodone can also be prepared from the oxime by saponification, and subsequent hydration by catalysis.

- FREUND and SPEYER, *Journal für prakt. Chemie*, 94, 135 (1916).
D.R.P. 286431, Cl. 12 p. (1914), FREUND and SPEYER.
FREUND, *Berichte der Deutschen Chem. Gesellschaft*, 39, 844 (1916).
SPEYER and SARRE, *Berichte der Deutschen Chem. Gesellschaft*, 58, 1404 (1924).
SCHÖPF, *Liebigs Annalen der Chemie* 452, 250 (1927).
FREUND, *Berichte der Deutschen Chem. Gesellschaft*, 39, 849 (1906).
GULLAND and ROBINSON, *Mem. and Proc. Manch. Soc.* (1924-25).
D.R.P. 296916, Cl. 12 p. (1916), FREUND and SPEYER.
SPEYER and SELIG, *Liebigs Annalen der Chemie*, 430, 17 (1922).

The preparation of eucodal from codeine has not yet been described, but it is possible theoretically. The codeinone obtained from codeine by any of the processes described would have to be brominated, and the resulting bromocodeinone treated in the same way as that prepared from thebaine. Whether the resulting product would be identical with eucodal or an isomer would require to be ascertained by tests. It is always possible that, in the process of bromination, the bromine might not be introduced in the same position as in thebaine. It can enter both at 7 and at 14. Which of these two positions the hydroxyl group occupies in eucodal is even now uncertain.

Another possible way would be to convert the codeine obtained from dihydrocodeine into dihydrooxycodone through the bromine derivative.

To sum up, at present, *dicodide* (dihydrocodeinone) is most readily prepared from *codeine* in accordance with Knoll's patent.

Eucodal (dihydrooxycodone), on the other hand, is at present only prepared, so far as is known, from thebaine. No method of preparation from codeine has yet been either described or patented, though preparation in this manner is possible. Whether codeine or thebaine will be used as the point of departure for the production of codeinone derivatives will depend primarily on the supplies of thebaine available and its price.

Appendix.

VERBAL NOTE SUBMITTED BY THE POLISH DELEGATION TO THE LEAGUE OF NATIONS.

[Translation.]

Geneva, December 12th, 1929.

With reference to the Secretary-General's letter No. 12/2546/2546 of October 29th concerning the manufacture of synthetic morphine by the "Motor" factory at Warsaw, the Polish delegation has the honour to communicate the following details:

The "Motor" Works, Ltd., at Warsaw, referred to in the review *Chemistry and Industry* of September 27th, 1929, is the same firm as the one which heads the list forwarded to the Secretary-General in the Polish delegation's letter No. 2049/49 of August 12th, 1929. This factory is carrying out experiments in the manufacture of synthetic morphine by the J. McLang process, but these trials are in the nature of laboratory experiments. The work carried out on synthetic morphine, which relates, firstly, to the action of the product and, secondly, to the estimation of the cost of production, has so far not yielded satisfactory results, so that there is no reason to anticipate that synthetic morphine will be placed on the market in the near future.

The Polish delegation would take this opportunity of observing that the provisions of the Geneva Convention do not apply to synthetic morphine, since they refer solely to morphine defined as the principal alkaloid of opium, having the chemical formula $C_{17}H_{19}NO_3$. The provisions of Article 10 of the Convention could only be applied to synthetic morphine if that product could be substituted for morphine extracted from opium and if, large-scale manufacture becoming possible, it could give rise to the drug habit.

C.H.852.

ANNEX 8.

APPLICATION OF ARTICLE 10 OF THE INTERNATIONAL OPIUM CONVENTION,
SIGNED AT GENEVA ON FEBRUARY 19TH, 1925, TO ACEDICONE, A NEW
DERIVATIVE OF CODEINONE.

REPORT BY PROFESSOR KNAFFL-LENZ.

The firm of *Böhringer*, of Hamburg, is putting on the market a new codeinone derivative—*acedicone*—which should, in view of its constitution and physiological action, come under the provisions of the Opium Convention, like the two other codeinone derivatives—*dicodide* and *eucodal*.

No. 8 of the "Deutsche Medizinische Wochenschrift" (1929) publishes a paper by Behrens, Nonnenbruch, Rischawy, Schöpf and Wieland on the chemistry, pharmacology and clinical use of acedicone.

I. Chemistry.

The production of acedicone from thebaine is as follows: two atoms of hydrogen are added to the thebaine and one of the methoxyl groups is then replaced by the acetyl radical; this is why the authors describe it as an acetyl-dimethyl-dihydro-thebaine.

The resultant base is insoluble in water, but easily soluble in organic solvents, melting at a temperature of 154-156° C. The hydrochloride is easily soluble in water and melts and foams up at a temperature of 132-135° C. The acetyl radical is not detached by boiling for an hour in water, but saponification takes place readily in the presence of mineral acids, acetic acid and dihydrocodeinone being formed.

II. Pharmacology.

The detailed pharmacological analysis of acedicone carried out by the authors referred to on frogs, pigeons, mice, rabbits and dogs had proved that its action lies midway between that of codeine and that of morphine. Both the purely paralysing effect of acedicone on the respiratory centre of rabbits and the decreased sensibility to pain point to the fact that its properties are more akin to those of morphine than to those of codeine.

As regards habituation and the development of a craving for the drug, no conclusions can be drawn from the animal experiments as to the effects which acedicone would have in this respect on human beings. Experiments on dogs show that habituation is produced far more slowly with acedicone than with morphine.

III. Clinical Experience.

Clinical observations have shown that the analgesic effect of acedicone, when subcutaneously injected, is about the same as that of morphine; that the same hypnotic effect can be produced with half the dose required in the case of morphine; and that the sedative effect on the respiratory centre is identical with that of morphine.

The paralysing effect on the intestines is, however, very much less marked.

As regards the dangers of habituation and addiction, the authors express themselves very cautiously. They say that they have not observed, even in the case of their own patients, any sign of craving, and that only in rare cases, when the drug was suddenly withdrawn, slight accidents of deprivation were produced which were not, however, anything like so severe as those produced by the withdrawal of morphine. In three cases of pronounced morphinism, however, morphine could be replaced without any difficulty by an equal dose of acedicone. The authors are of opinion that further research will be necessary to determine whether acedicone belongs to the class of habit-forming derivatives.

The mode of production and the structural formula given by the authors pointed to the fact that acedicone was identical with the acetyl ester of dicodide (dihydrocodeinone), and its action on animals and human beings, as described, does, in fact, display a large measure of similarity with that of dicodide.

It was not difficult to prove that acedicone is chemically identical with the acetyl ester of dicodide.

If dihydrocodeinone (dicodide) is boiled for several hours with acetic anhydride in the presence of sodium acetate, in the reflux condenser, it passes over quantitatively into the acetyl ester, which melts, after a single recrystallisation, at a temperature of 154-156° C.—that is to say, at the same temperature as the acedicone base. A mixture of acedicone and acetyl ester of dihydrocodeinone produced in this way has also been found to have the same melting-point. On the other hand, by the saponification of acedicone (boiling for an hour with dilute mineral acids) a basic compound was produced whose melting-point was the same as that of dihydrocodeinone. The base and also a mixture of the latter with dihydrocodeinone melts at a temperature of 193-194° C.

These results have clearly established that acedicone is identical with the acetyl ester of dihydrocodeinone (dicodide).

The acetylation of morphine is known to increase the latter's potency approximately threefold, and this might equally be the case with dihydrocodeinone. Experiments carried out on mice, frogs and rabbits have shown, however, that this is not so. The minimum lethal dose both of acedicone and of dicodide is 3 mg. per 20 gr. mouse, and the other action of these two substances on the central nervous system is identical both qualitatively and quantitatively.

Messrs. Knoll of Ludwigshafen, who manufacture dicodide, have been good enough to inform me in reply to my enquiry that the acetyl derivative of dihydrocodeinone was manufactured in 1916 and tested by Professor Gottlieb at the Pharmacological Institute of the University of Heidelberg. The results of these tests (which had not been published) are concordant with mine.

Although the authors referred to have not observed any signs of craving, even after prolonged administration of this drug, they do not deny the possibility of it. We know, in fact, that morphine, when cautiously administered for not too long a period, only produces habituation and addiction in a comparatively short time in predisposed subjects, who experience a very marked euphoria after the first doses. It is not surprising, therefore, that no signs of craving have ever been observed in clinics, where acedicone was obviously very carefully administered.

In view of the absolute identity of action of acedicone and dicodide, however, there can be no doubt that the former, if incautiously administered, can, like dicodide, produce a craving in predisposed subjects. This view is clearly supported by the fact that the authors themselves have observed that, in cases of pronounced morphinism, morphine can be entirely replaced by acedicone. Now we know that, in cases of pronounced morphinism, the craving can only be satisfied by the administration of such derivatives as are themselves habit-forming. Thus, it is impossible to satisfy the craving by administering codeine, as this drug does not produce euphoria nor, after the administration of large doses over a long period, does it produce a pathological condition similar to morphinism.

Acedicone (acetyl-dimethyl-dihydrothebaine ; acetyldihydrocodeinone) should therefore, under Article 10 of the Geneva Opium Convention, come under the provisions of this Convention like the two other derivatives of codeinone-dihydrocodeinone (dicodide) and dihydrooxycodone (encodal).

C.H.856.

ANNEX 9.

ESTABLISHMENT OF A PERMANENT SECRETARIAT FOR THE UNIFICATION
OF PHARMACOPOEIAE.

LETTER OF THE BELGIAN MINISTRY FOR FOREIGN AFFAIRS TO THE SECRETARY-GENERAL.

[*Translation.*]

Brussels, February 22nd, 1930.

The International Arrangement drawn up by the Conference for the Unification of the Formulæ of Heroic Drugs held in 1925 having been signed by fourteen Powers, the Permanent Secretariat referred to in Articles 34 and 35 (paragraph 2) of this diplomatic instrument is thereby potentially set up and its working provisionally entrusted to the " Commission Belge de la Pharmacopée " (Belgian Pharmacopœia Committee), pending the League of Nations' decision regarding the application to this international organisation of the provisions of Article 24 of the Treaty of Versailles.

I have the honour to inform you that this secretariat has now been constituted.

In this connection, I would mention that this question was submitted to the Council of the League of Nations at its meeting of August 30th, 1929, and that you were good enough to forward to me a copy of the Minutes of this meeting containing the text of the relevant report and resolution adopted by the Council.

I subjoin to the present communication the programme of the secretariat's work (Appendix I), together with a questionnaire (Appendix II). Both of these have been submitted to the signatory Powers with the request to communicate any observations or suggestions they may desire to make.

Furthermore, the Belgian Government directed the attention of the signatory Powers to the recommendations (Appendix III) adopted by the Second International Conference held at Brussels (1925) ; these are reproduced at the end of the Final Protocol, but have not been embodied in the Arrangement of August 20th, 1929.

(Signed) HYMANS.

Appendix I.

PROGRAMME OF WORK OF THE PERMANENT SECRETARIAT FOR THE
UNIFICATION OF PHARMACOPOEIAE.

The international Arrangement drawn up by the Conference for the Unification of the Formulæ of Heroic Drugs held in 1925 having been signed by fourteen Powers, the permanent secretariat referred to in Articles 34 and 35 (paragraph 2) of this diplomatic instrument is thereby potentially set up and its working provisionally entrusted to the " Commission Belge de la Pharmacopée " (Belgian Pharmacopœia Committee), pending the League of Nations' decision regarding the application to this international organisation of the provisions of Article 24 of the Treaty of Versailles.

I. *Organisation.*

The permanent secretariat is placed under the direction of the Office of the Belgian Pharmacopœia Committee ; its seat is established on the premises of the Ministry of the Interior and of Health, No. 6, rue de la Loi, Brussels.

II. Duties and Powers.

Under the international Arrangement, the duties and powers of the permanent secretariat shall be as follows :

Apart from its duties of forwarding documents and co-ordinating work on the unification of pharmacopœiæ, the secretariat shall deal with the following matters :

1. It shall prepare amendments and additions to the Brussels Convention in regard to the formulæ of heroic drugs ;
2. Study the best methods of determining the active elements in heroic drugs and make proposals for fixing the composition of these elements ;
3. Formulate proposals designed to secure uniformity of nomenclature in pharmacopœiæ ;
4. Draw up proposals for the standardisation of the descriptions of chemical products, their analyses, etc., in pharmacopœiæ ;
5. Define certain terms used in pharmacy ;
6. Prepare a list of short designations for drugs, the scientific name of which is too long ;
7. Standardise the schedule of maximum doses.¹

Appendix II.

QUESTIONNAIRE TO BE FORWARDED TO THE POWERS SIGNATORIES TO THE ARRANGEMENT.

1. Is your Government prepared to send to the permanent secretariat a copy of your national pharmacopœia at present in use ? In return, the Belgian Government will be glad to present the fourth edition of the Belgian Pharmacopœia to be published shortly.
2. Is a new edition of your pharmacopœia at present in course of preparation ? If so, when is it likely to appear ? Would you be prepared to send a copy to the permanent secretariat ?
3. What is the address of your Pharmacopœia Committee at present in office ?
4. If there is no Pharmacopœia Committee in office at present, would your Government be so good as to designate a person with whom the secretariat might usefully correspond ?
5. Is your Committee permanent or temporary ? How is it constituted ?
6. What are your Committee's duties and powers ?

Appendix III.

RECOMMENDATIONS OF THE SECOND INTERNATIONAL CONFERENCE AT BRUSSELS (1925).

Nomenclature.

1. It is desirable that the international Latin name of each drug should be placed at the head of the item in the pharmacopœia containing its description.
2. It is desirable, in the case of chemical compounds, to adopt a single nomenclature similar to the one used, for instance, for the majority of saline compounds in the pharmacopœiæ of the United States, Great Britain and Sweden.

Biological Methods.

3. The Conference, having noted the Organising Committee's report on the fifth question and the report of the Second International Conference for the Biological Standardisation of Certain Remedies, adopts the following recommendation :

- (1) That biological standardisation be introduced in the pharmacopœia to the extent to which this may be deemed necessary ;
- (2) That, unless there are adequate reasons to the contrary, pharmacopœiæ should adopt the methods now or in future recommended by the Health Organisation of the League of Nations ;
- (3) That the Pharmacopœiæ Committees should transmit to the Health Organisation of the League of Nations any observations or suggestions they may desire to make concerning the above-mentioned methods.

Receptacles.

4. The Conference decides that there is no need for the present to lay down international rules regarding receptacles, and proposes that the question of labelling and other precautionary measures should be studied with a view to the adoption of international regulations.

Pharmacopœiæ.

5. The Conference recommends that the text of the Brussels Convention be embodied in any newly issued pharmacopœia.
6. The Conference recommends that the various Pharmacopœia Committees should be set up permanently.
7. The Conference recommends that any modifications of pharmacopœiæ be published with the least possible delay.

¹ The schedule of maximum doses was distributed in 1926. Replies have already been received from Finland, France, the Netherlands, Norway and Sweden.

ANNEX 10.

REPORT ON THE WORK OF THE FIFTEENTH SESSION
OF THE HEALTH COMMITTEE

Held at Geneva from March 5th to 8th, 1930.

I.

PROPOSALS OF THE NATIONAL GOVERNMENT OF THE REPUBLIC OF CHINA FOR COLLABORATION
WITH THE LEAGUE OF NATIONS ON HEALTH MATTERS.

A. The Health Committee,

After studying the proposals of the National Government of the Republic of China for collaboration which it desires with the League of Nations on health matters, and having examined the report of the Medical Director concerning the Mission carried out on the invitation of the Government of China;

Approves the report as a whole and expresses appreciation of the attitude adopted by the Government of China.

The Health Committee,

Considering that the Council of the League of Nations has expressed the wish that all necessary assistance should be afforded in the development of China, that the collaboration requested is entirely in harmony with the programme and aims of the technical organisations of the League of Nations, and, while fully appreciating the difficulties of the task with which it would be entrusted and the length of time required to accomplish it,

Recommends to the Council the approval of the entire programme of collaboration presented by the Government of China, as set forth in the report of the Medical Director, and requests the latter to make arrangements for providing the assistance of the Health Organisation in giving effect to that programme if approved by the Council.

B. *Re-organisation of the Quarantine Service of Chinese Ports.*

The Health Committee,

After study of the proposals of the National Government of the Republic of China, concerning the collaboration of the League of Nations in the re-organisation of the quarantine services of the Chinese ports, and on the advice of the Commission for Quarantine Measures in China¹ designated during the present session:

1. Accepts the proposals made by the Chinese Government to obtain the benefit of the experiences of health services in other countries in the re-organisation of the present quarantine services;

2. Approves the arrangements proposed by the Health Section that Dr. Park should visit China forthwith, in order to complete the survey which has already been begun and report to the Commission thereon at an early date. In his report, Dr. Park should give special consideration to the possibilities of the satisfactory application of the provisions of the International Sanitary Convention of 1926;

3. Notes that the Commission has given Dr. Park certain guiding lines for this survey. These include the sanitary equipment of ports, the nature of the action to be taken against the importation and exportation respectively of infectious diseases, and the measures needed to deal with the special conditions of coastal traffic;

Notes that, on the completion of Dr. Park's survey, he will present proposals for consideration by the Commission regarding the scheme to be submitted to the Chinese National Government;

4. Requests that the Commission, in so doing, should confer with any experts who may be delegated by the Communications and Transit Organisation of the League, in conformity with the request of the Chinese Government, before submitting the scheme to the Health Committee.

¹ The Commission was composed as follows:

Chairman: M. VELGHE.
Members: Sir George BUCHANAN.
Dr. LUTRARIO.
Surgeon-General CUMMING.
Dr. JITTA.
Professor MIYAJIMA.
Dr. RAYNAUD.
Professor NOCHT.

2.

REQUEST OF THE BULGARIAN GOVERNMENT FOR THE CO-OPERATION OF THE
HEALTH ORGANISATION IN CONNECTION WITH THE CAMPAIGN AGAINST ENDEMIC SYPHILIS
IN CERTAIN AREAS OF BULGARIA.

A request was received from the Bulgarian Government on September 6th, 1929, for the assistance of the Health Organisation in the campaign against syphilis in certain parts of that country. Preliminary enquiries were carried out both in collaboration with the Department of Health of the Ministry of the Interior and the Bulgarian Refugees Settlement Commissioner. Provisional recommendations were made and agreed to by the Chief Medical Officer of the Department of Health and the senior officials of the Bulgarian Refugees Settlement Commission. The Health Committee adopted the following resolution:

“ The Health Committee,

“ Having noted the report of the Health Section (document C.H. 837);

“ Recommends the acceptance of the proposal made by the Bulgarian authorities for the collaboration of the Health Organisation in a campaign to be undertaken against endemic syphilis prevalent in certain areas of Bulgaria;

“ Is glad to note that the Commissariat of the League of Nations for the Settlement of Bulgarian Refugees is prepared to assume responsibility for the expenses involved in the preliminary enquiry, the training of the necessary personnel and the carrying out of the prophylactic campaign (document C.H. 837);

“ Invites its Commission of Experts on Syphilis and Cognate Subjects to afford all requisite technical assistance, including the placing of the services of an expert at the disposal of the Bulgarian authorities. ”

3.

OPIMUM.

A.

The Health Committee had before it, for consideration, a report from the Office international d'Hygiène publique, concerning the application of Article 8 of the International Opium Convention of February 19th, 1925, to certain lists of preparations submitted by various Governments. The following resolution was adopted:

“ The Health Committee adopts all the conclusions of the Report of the Office international d'Hygiène publique, on the application of Article 8 of the Opium Convention, signed at Geneva on February 19th, 1925, to the preparations proposed by the Governments of British India, Bulgaria, France, Germany, Great Britain, the Irish Free State, Poland and Roumania, as they appear in document C.H. 843. ”

B.

The German and Swiss Governments also recently submitted to the Health Committee proposals for applying the provisions of Article 8 to various preparations. The following resolution was adopted:

“ The Health Committee decides to submit to the Permanent Committee of the Office international d'Hygiène publique, for opinion and report, according to the procedure laid down by Article 8 of the Geneva International Opium Convention, the two lists of preparations proposed by the German and Swiss Governments as they appear in document C.H. 850. ”

C.

The Health Committee had also before it a report from the Office international d'Hygiène publique concerning the application of Article 10 of the Opium Convention of 1925 to preparations containing eucodal, dicodide, dilaudide, benzoylmorphine or other esters of morphine. The following resolution was adopted:

“ The Health Committee considers that preparations which contain esters of morphine, di-hydro-oxycodine, di-hydro-codeinone (dicodide), di-hydro-morphinone (dilaudide) should

be treated in the same manner as those which contain diacetylmorphine, that is to say, they should come within the scope of the Convention, whatever the percentage of narcotic substances contained may be.

“ It also considers that all salts of these substances should come within the scope of the Convention according to the provisions of Article 10 of the said Convention. ”

4.

ESTABLISHMENT OF AN INTERNATIONAL ORGANISATION FOR THE UNIFICATION OF PHARMACOPŒIÆ.

The above question, which arose out of the second International Conference for the Unification of the Formulæ of Heroic Drugs, held at Brussels in September 1925, was referred to the Council by the Belgian Government. The Council, on August 30th, 1929, decided to forward it to the Health Committee for examination. The Health Committee adopted the following resolution:

“ The Health Committee,

“ Having studied, in conformity with the resolution of the Council, dated August 30th, 1929, the question of the establishment of an International Organisation for the Unification of Pharmacopœiæ, composed of a permanent secretariat and of international committees;

“ Is of opinion, after having discussed the question, that the study should be continued;

“ Decides to place it on the agenda of the next session, and

“ Requests the Medical Director to furnish supplementary information in due course. ”

5.

CONSTITUTION OF THE HEALTH COMMITTEE.

The mandate of the Health Committee expires on June 30th, 1930, and consequently a new Committee will have to be constituted before that date.

In connection with the proposals to be submitted to the Council at its next session, the Health Committee adopted the following resolution:

“ The Health Committee,

“ In view of the terms of the arrangement made with the Office international d'Hygiène publique which governs the Health Organisation of the League of Nations, and,

“ Realising that it is appropriate that it should, in the near future, submit proposals to the Council of the League of Nations regarding the forthcoming nomination by the Council of members of the Committee;

“ Decides to request the President and the permanent Vice-President to make the necessary proposals with regard to the designation of members of the Health Committee, for submission to the Council of the League of Nations. ”

6.

BUDGET OF THE HEALTH ORGANISATION.

The Health Committee, having considered the budget estimates of the Health Organisation for 1931, adopted the following resolution:

“ The Health Committee,

“ In view of the fact that the Assembly, at its tenth session, agreed that the increase in the budget of the Health Organisation, which will result from the carrying out of new undertakings in overseas countries, must be regarded, even if its details and its purposes vary from time to time, as more or less recurrent, so that the total budget can no longer be considered as stabilised at one million gold francs, although the maximum limit set some years ago could be regarded as still applicable to the general work of the Organisation;

“ After having studied the report on the Medical Director's mission in China, which furnishes the first basis on which it is possible to establish definite estimates, and having also examined the situation created by the development of the Eastern Bureau at Singapore:

“ Is of opinion that an additional sum of approximately Frs. 190,000 is necessary:

“ (1) In view of the continuation of the undertakings in the Far East during the year 1931, which will also necessitate an increase in the credits for printing and cables, and

“ (2) To cover the expenses of the Eastern Bureau at Singapore over and above the contributions given by various Far-Eastern Governments.

“ The Health Committee points out that, in default of this increase, it will be impossible to find the sum required out of the credit of one million gold francs reserved for the general work of the Health Organisation. ”

7.

VENEREAL DISEASES AMONGST SEAMEN.

The Second Conference on the Health and Welfare of the Merchant Marine (October 1929) considered the question of treatment of venereal disease among seamen and requested the Health Organisation:

“ (a) In consultation with medical officers of the mercantile marine, to recommend alternative systems of treatment of venereal disease which, whilst being effective, can meet the peculiar circumstances of seamen and be pursued with the minimum of economic hardship to the patient;

“ (b) To endeavour to secure agreement by nations that the treatment of seamen suffering from venereal disease shall be pursued systematically in their different port clinics, according to its recommendations.”

The Health Committee adopted the following resolution:

“ The Health Committee, having heard the observations of the Committee's representatives at the second Conference on the Health and Welfare of the Merchant Marine, decides to refer the resolution forwarded by the Conference to the Expert Committee on Syphilis and Cognate Subjects. ”

8.

INTERNATIONAL ANTI-TRACHOMA LEAGUE.

Acting on the report of the members who represented it at the Conference on Trachoma, convened on the occasion of the Thirteenth International Ophthalmological Congress held at Scheveningen in September 1929, the Health Committee adopted the following resolution:

“ The Health Committee,

“ Recommends that the report submitted to the Conference on Trachoma by Dr. JITTA and Dr. LUTRARIO should be printed and distributed to the members of the International Anti-Trachoma League, which will shortly be holding a Congress at Geneva, as well as to all Public Health Administrations interested in the combating of this disease;

“ Recommends that the Council should acquaint States Members with the fact that this League has been constituted, and should ask them to lend full moral support to a humanitarian undertaking which can only be carried on effectively by close international co-operation. ”

9.

SOUTH AMERICAN SEROLOGICAL CONGRESS.

The Uruguayan Government, having invited the Health Committee to send a delegate to preside over the South American Serological Congress, organised at Montevideo in September 1930 by the Institute for the Prevention of Syphilis, the Health Committee adopted the following resolution:

“ The Health Committee,

“ Attaches great interest to the organisation at Montevideo of a South American Serological Congress,

“ Is glad to note that work similar to that of the Laboratory Conference held at Copenhagen for comparing the various methods for the serodiagnosis of syphilis, will be carried out in Latin America;

“ Realising the benefit to be gained by effective co-operation in the work of the Congress;

“ Decides to ask its President to do everything possible to facilitate the work of the Congress, and to select its President. ”

10.

MISCELLANEOUS.

A.

The Health Committee, realising the importance of maintaining efforts against dental diseases as vigorously as against other diseases, expresses its desire to be kept informed of the work of the International Dental Federation.

B.

The Health Committee,

Entrusts the Malaria Commission with the decision as to the manner in which it shall take part in the International Congress on Malaria which is to meet at Algiers on May 21st, 1930;

Requests Sir George Buchanan to represent it at the Congress of the Royal Sanitary Institute on July 21st, 1930;

Approves the suggestion that meetings of certain Expert Commissions should coincide with that of the First International Congress on Microbiology in Paris in July 1930, particularly that relating to the standardisation of the nomenclature of blood groups;

Requests Professor Léon Bernard to represent it at the Congress of the International Anti-Tuberculosis Union on August 12th, 1930, and

Decides to authorise the President to organise a Serological Meeting during the Congress on Venereal Diseases to be held at Copenhagen in August 1930.

