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LEAGUE OF NATIONS

HEALTH COMMITTEE

MINUTES

OF THE

SIXTEENTH SESSION

Held at Geneva from September 29th to October 7th, 1930.

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REPORT OF THE

HEALTH COMMISSION

MINUTES

OF THE

SIXTEENTH SESSION

HELD AT LONDON FROM SEPTEMBER 10 TO 14, 1907

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LIST OF MEMBERS.

The following members were present at the session :

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

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

Dame Janet CAMPBELL, Senior Medical Officer at the English Ministry of Health, *Vice-President*.

Professor Léon BERNARD President of the Conseil supérieur d'Hygiène publique of France, Professor of Clinical Tuberculosis at the Faculty of Medicine of Paris.

Professor Jules BORDET, Director of the Pasteur Institute, Brabant, Brussels (Holder of the Nobel Prize).

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

Dr. H. CARRIÈRE, Director of the Swiss Federal Public Health Service.

Dr. Witold CHODZKO, former Polish Minister of Health ; Director of the Polish State School of Hygiene.

Professor J. G. FITZGERALD, Professor of Hygiene & Preventive Medicine. Director of the School of Hygiene and Connaught Laboratories. University of Toronto (Canada).

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

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

Professor Ricardo JORGE, Technical President of the Conseil Supérieur d'Hygiène, of Portugal.

Dr. A. LUTRARIO, former Director-General of Public Health at the Ministry of the Interior of Italy.

Professor G. PITTALUGA, Professor of Parasitology at the Faculty of Medicine, and Director of the School of Hygiene University of Madrid.

Dr. L. RAYNAUD, Director of the Health Services, Algeria.

Dr. M. TSURUMI, Representative at the Paris Embassy of the Central Sanitary Bureau, Ministry of the Interior, Japan.

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

The following also attended the sessions of the Committee :

Dr. P. Z. KING, Chief of the Department of Health and Sanitation at the Ministry of Health of the Government of the Republic of China (*representing Dr. Heng-Liu*).

Surgeon John MACMULLIN, Medical Director and Chief Medical Officer in charge of the general supervision of the United States Public Health Service activities in Europe (*representing Surgeon-General Cumming for the work of the Sub-Commission for Quarantine*).

The following members were absent :

Professor Vittorio ASCOLI, Professor of Medical Clinic of Rome University, Member of the Academy, Director of the Superior School of Malariology, Rome.

Professor J. CANTACUZÈNE, Professor of Bacteriology, and Director of the Institute of Experimental Medicine, Bucarest, *Vice-President*.

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

Professor J. JADASSOHN, Director of the Dermatological Clinic of Breslau University.

Dr. A. STAMPAR, Inspector-General of Public Health at the Ministry of Social Welfare and Public Health, Yugoslavia ; Professor of Social Medicine at the University of Zagreb.

Professor J. SCOSERIA, President of the Conseil supérieur d'Hygiène of Uruguay (nominated at the first session of the Health Committee).

The following also attended the meetings of the Committee :

H. E. Mr. A. PAPPAS, Under-Secretary of State at the Ministry of Health, Athens.

M. S. GAS, Director of Public Welfare and Health, Ministry of Health, Paris.

M. Georges ABT, Director of the Office international d'Hygiène publique, Paris.

Mr. Michael HESELTINE, Assistant Secretary, Ministry of Health, London.

Mr. Alexandre PALLIS, Secretary-General of the Greek Ministry of Health, and Director-General of the Athens Centre.

Professor W. A. P. SCHÜFFNER, Director of the Tropical Health Department of the Royal Colonial Institute, Amsterdam.

Professor TANDLER, Director of the Institute of Anatomy, University of Vienna.

Dr. N. H. SWELLENGREBEL, Professor at the Institute of Tropical Hygiene, Amsterdam.

Professor JESSNER, Chief Medical Officer at the Dermatological Clinic of Breslau University.

Dr. P. HERMANT, Chief Medical Officer, Ministry for the Colonies, Paris.

Dr. R. DEBRÉ, Professor at the Faculty of Medicine, Paris.

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

Dr. M. KACPRZAK, Chief of the Department of Health Statistics, Polish State Institute of Hygiene, Warsaw.

Dr. TSAI, Ministry of Health, National Government of the Republic of China, Nanking.

Dr. J. PARISOT, Professor of Hygiene and Preventive Medicine at the Faculty of Medicine, Nancy.

FIRST MEETING.

Held on Monday, September 29th, 1930 at 11.30 a.m.

President: Dr. Th. MADSEN.

458. Opening of the Session.

The DEPUTY SECRETARY-GENERAL declared open the first session of the new Health Committee (sixteenth session). He emphasised the fact that during the term of office of the previous Committee the influence of the Health Organisation had developed in a very remarkable manner. The results of its work had gained for it an authority which was unequalled in the League of Nations, though its work obtained less publicity, because it escaped discussion on account of its scientific character.

The Deputy Secretary-General welcomed the new members of the Committee on behalf of the Secretary-General and expressed the hope that their work would be successful.

On behalf of his colleagues, M. VELGHE thanked the Deputy Secretary-General for his observations. The Committee was aware of the duties which faced it and would do its best to deserve the praise accorded to it.

459. Election of the President.

On the proposal of M. Velghe, *Dr. Th. MADSEN was unanimously elected President.*

The PRESIDENT thanked the members of the Committee for the honour they had paid him in electing him President for the fourth time. The scope of the Committee's work increased every year, and its President's responsibility became greater. He accepted that office, and would carry out his duties to the best of his ability.

The Health Committee had succeeded, by the methods it had employed to solve international problems, in establishing the closest relationship between different nations, and had thus worked in conformity with the real spirit of the League of Nations. Its work had, however, been greatly facilitated by the attention and help which the Secretary-General and the Deputy Secretary-General had always afforded the Committee. The Committee asked M. Avenol to express its gratitude to the Secretary-General and to his colleagues, and to assure the Secretary-General of the Committee's devotion to the work of the League of Nations.

460. Welcome to New Members and Absence of Certain Members.

The PRESIDENT welcomed the new members of the Health Committee: Dame Janet Campbell, Professor Jules Bordet and Professor Fitzgerald. He also welcomed Dr. King, representative of H. E. M. Heng-Liu, who was unfortunately detained at Nanking by important duties.

The President regretted the absence, owing to illness, of Professor Ascoli and Professor Cantacuzène. The Committee hoped that they would speedily recover.

Professor Chagas had been unable to leave Rio de Janeiro in time to take part in the session. Surgeon-General Cumming and General Graham, who were also detained in their own country, would be represented by Dr. MacMullin and Dr. Mackie respectively. Dr. Stampar, as well as Professor Jadassohn who was now presiding over the work of the South American Serological Congress at Montevideo, would be unable to attend the session. Dr. Carrière would be in Geneva on the next day.

The President also welcomed Mr. Heseltine, Assistant Secretary at the English Ministry of Health, as well as M. Pallis, Secretary-General to the Under-Secretariat of State for Health in Greece and Director of the Athens Centre. The President had great pleasure in informing the Committee that Dr. Pappas, Under-Secretary of State for Health in the Greek Government, and Dr. Serge Gas, Director of Public Health in France, had been able to come to Geneva in order to take part in the discussions of the Committee on its work in their respective countries.

Professor Schüffner, who had presided over the delegation of the Malaria Commission to India, would describe the results of that mission. Dr. Hermant would describe the results of the mission to the Southern Pacific Islands, in which he had taken part. Professor Debré would give the Committee information regarding the Conference on Infant Mortality at Lima, which he had attended in July 1930. Professor Jessner and Professor Swellengrebel would take part in the discussions of the Committee on the work done in Bulgaria in connection with syphilis and malaria respectively.

The President welcomed Dr. Abt, Director of the Office international d'Hygiène publique and M. Parisot, professor at the University of Nancy. He also welcomed Dr. Mackenzie and Dr. Pascua, on their return from Bolivia, Dr. Park on his return from his long mission to the Far East, and Dr. Norman White. Dr. Olsen had co-operated in the work of the Montevideo Serological Congress. Dr. Tsai of the Chinese Ministry of Public Health had come from China to hold himself at the disposal of the Quarantine Commission.

461. Constitution of the New Health Committee.

The PRESIDENT explained that the Permanent Committee of the Office International d'Hygiène publique, at its meeting on May 12th, 1930, had proceeded to elect the members of the Health Committee whom it was its duty to appoint. The following were elected :

M. VELGHE
Sir George BUCHANAN
Dr. H. CARRIÈRE
General J. D. GRAHAM
Dr. C. HAMEL

Dr. N. M. J. JITTA
Professor Ricardo JORGE
Dr. A. LUTRARIO
Dr. L. RAYNAUD
Dr. M. TSURUMI

The President and the permanent Vice-President, who had been requested by the Health Committee to make the necessary proposals to the Council for the appointment of the members of the Committee, had submitted the following names, which the Council had approved :

Professor Vittorio ASCOLI
Professor Léon BERNARD
Professor Jules BORDET

Dame Janet CAMPBELL
Dr. J. HENG-LIU
Professor Th. MADSEN

Since on the other hand the Health Committee could co-opt health experts and assessors, the President and permanent Vice-President, with the object of placing before the Council full information regarding the final composition of the new Committee, had communicated the following names, feeling confident that they would obtain the unanimous approval of their colleagues :

Professor CANTACUZÈNE
Dr. Carlos CHAGAS
Dr. W. CHODZKO
Surgeon-General CUMMING

Professor J. D. FITZGERALD
Professor J. JADASSOHN
Professor G. PITTALUGA
Dr. A. STAMPAR

In view of the fact that it was difficult for Japanese scientists to come frequently to Geneva, they had suggested that one of the three following should be invited to attend each session of the Committee :

Dr. HATA
Professor MIYAJIMA
Professor NAGAYO

Finally, the Committee was to appoint two health experts for North and South America. The President and the Vice-President proposed for Latin America the name of Dr. José SCOSERIA, President of the Principal Council of Hygiene in Uruguay, and they hoped, before the end of the session, to be in a position to submit the name of the expert for North America.

The Health Committee approved these appointments.

462. Status of the Members of the Committee.

Professor BORDET said that as a new member of the Committee he had some difficulty in understanding the exact distinction between the different categories of members of the Health Committee. He asked the President to give him some explanations.

The PRESIDENT replied that it seemed to him to be desirable to modify the system of distinctions which at present existed, and the more so as those distinctions had no practical importance. He proposed that the question should be referred to the Bureau, who would submit a report at a later date.

Professor Léon BERNARD approved this proposal. All the members actually had the same rights, but it was essential that the position should be properly regulated.

Sir George BUCHANAN wished to confirm Professor Léon Bernard's observations regarding the practical equality of all members of the Committee in the past. Official changes in the constitution of the Committee, however, might raise delicate questions, and the Bureau's advice in this matter should be given after full deliberation.

The question was referred to the Bureau.

463. Constitution of the Bureau.

The PRESIDENT proposed that the Bureau should be increased by one additional Vice-President—that was to say that it should include, in addition to the permanent Vice-President, three Vice-Presidents elected for one year instead of two. Experience had shown that the Bureau was often obliged to meet in order to consider questions referred to it by the Committee. In view, also, of the great number of members of the Committee, many of whom came from Extra European countries, he thought the Bureau should be enlarged. He proposed that Dame Janet Campbell should be appointed Vice-President to represent on the Bureau the health interests of women and that the two other Vice-Presidents be Professor CANTACUZÈNE and Dr. HENG-LIU.

These proposals were adopted.

464. Adoption of the Agenda (Annex 1) and Constitution of Commissions.

The PRESIDENT informed the Committee that he had received two letters from the Secretary-General. In the first (Annex 4a) the Secretary-General communicated to the Health Committee a resolution of the Council on a proposal by the French Government concerning the establishment in Paris, under the auspices of the League of Nations, of an International Centre for Advanced Health Studies. The Council had accepted this proposal, and had requested the Health Committee to undertake a technical study of the scheme and submit the results. As the present session of the Council would end on about October 4th, the Committee might submit this report in time for the Council to take note of it during the present session.

In view of the importance of the proposal, the President suggested that it should be referred to a special Sub-Committee to be presided over by Professor Léon Bernard, and to include, in addition, Dame Janet Campbell, who would be assisted, if she so desired, by Mr. Heseltine, Professor Jules Bordet, Professor Fitzgerald and Professor Pittaluga. The President would himself take part in the discussions of that Sub-Committee.

Sir George BUCHANAN considered that the proposal of the French Government was very important since the proposed International Centre would be placed directly under the authority of the League of Nations. The information at present before the Committee was not very explicit and it was necessary to consider very carefully what should be the exact object of the proposed institution. It would be very desirable that the Sub-Committee should submit a report in which the question should be very thoroughly set out, and that that report should be sent in in good time so that the Committee could devote to its discussion all the attention necessary.

Dr. RAJCHMAN made a brief statement on the question.

The Council, which had had before it the proposal of the French Government, had drawn up a resolution from which it could be noted (1) that the Council had accepted the proposal, and that the creation of the International Centre had already been accepted in principle; (2) that the Health Committee had been invited to undertake a technical study of the scheme. At the same time, the competent sections of the Secretariat—namely, the Legal Section and the Health Section, had been requested to examine the question, and those sections had prepared a memorandum, which would be distributed to the members of the Sub-Committee.

Sir George BUCHANAN pointed out that though the Council had taken a decision in regard to the creation of the Centre, it had given little indication as to the principles on which its use should be based. Consequently he felt that the Sub-Committee should not only explain how the institute was to be set up, but what it was going to do.

The PRESIDENT informed the Committee that in a second letter (Annex 5a) the Secretary-General had communicated another decision of the Council in regard to a proposal of the Spanish Government, which had asked the Council to convene a European Conference on Rural Hygiene. The Council had accepted this proposal, and had forwarded it to the Health Committee for technical study.

This question should also be examined without delay, and the President suggested that it should be referred to a special Sub-Committee presided over by Professor Pittaluga, which would include Dr. Carrière, Dr. Chodzko, Professor Fitzgerald, Dr. Hamel, Dr. Lutrario and the President himself.

Professor PITTALUGA would be glad to act as Chairman of this Sub-Committee. He felt that the present moment was particularly favourable for a study of the question of rural hygiene, in view of the extremely serious economic problems which at present pre-occupied public opinion.

The PRESIDENT stated that a letter from the Hungarian Government was also before the Committee. The Hungarian Government proposed the convening of a group of experts in Rural Hygiene at Budapest on the occasion of the inauguration in October, 1930, of a health centre and a new school for visiting nurses at the Public Health Institute of Budapest.

The Committee would certainly wish to study this question during the present session, and the President asked Dr. Chodzko to examine the question with the Bureau and subsequently to submit definite proposals.

The PRESIDENT pointed out that the Eleventh Assembly had decided to refer to the Health Committee a proposal by the Hungarian delegate to the Assembly in regard to the drawing up of an international convention securing reciprocity in the case of the sick. The President proposed that it should be studied by a small Sub-Committee over which M. Velghe would preside, and which would include Sir George Buchanan, M. Gas and Dr. Raynaud. The representative of the Hungarian Government would be at the disposal of this Sub-Committee.

The President also drew the Committee's attention to a resolution from the German Sickness Insurance Funds Association relating to a study of the price of radium. This resolution had been forwarded to the Committee by Dr. Hamel. The latter would perhaps undertake a preliminary study of the question as Chairman of a Sub-Committee, which would be composed of Sir George Buchanan, Dr. Jitta and M. Velghe.

As the terms of office of the Commissions had ceased with that of the members of the Committee, the latter would have to decide during the present session which of the former Commissions should be reconstituted, and what new Commissions should be set up. A decision could only be taken in regard to this matter when the programme of work had been determined. Two or three questions would, however, have to be examined by certain Commissions during the session, and the President submitted the following proposals :

1. The Commission for Quarantine in China should be reconstituted without delay. It might meet under the chairmanship of Dr. Lutrario and would be composed of Sir George Buchanan and Dr. Jitta, Dr. King, Dr. MacMullin, Dr. Raynaud, Dr. Tsurumi and M. Velghe.

2. The members of the Malaria Commission would meet to study, with the representative of Bulgaria, Professor Swellengrebel's report on the anti-malaria campaign in Bulgaria. They might also study the proposals which the Malaria Commission was submitting to the Committee.

3. The examination of the programme of the School of Hygiene at the Athens Centre, which had been begun at Dresden, should be continued under the chairmanship of Professor Léon Bernard with the help of Dr. Hamel, Dr. Kacprzak, Dr. Pallis, Professor Parisot and Dr. Norman White.

4. The Opium Commission might meet, under the chairmanship of Dr. Carrière, with the help of Dr. Chodzko, Dr. Hamel, Dr. King, Professor Ricardo Jorge, Dr. MacMullin, Dr. Tsurumi and M. Velghe.

The Committee should also take a decision with regard to the question of liaison with the International Red Cross Committee and the League of Red Cross Societies.

Dr. RAJCHMAN summarised the correspondence between the President of the Health Committee, the Vice-Chairmen of the International Red Cross Committee and the League of Red Cross Societies in May, 1930. (Annex 6). It had been proposed that a representative of the Red Cross organisations should be invited to submit an annual report on the health work of those organisations. That report, distributed in advance to the members of the Health Committee, would serve as a basis for discussion with the representative of the Red Cross Organisations.

The Committee adopted this proposal.

465. General Procedure of the Health Committee.

The PRESIDENT pointed out that the Committee had before it a series of proposals by Sir George Buchanan on the general procedure of the Health Committee (CH. 897). The President proposed that the Committee should decide to place this question on the Agenda, but that it should be referred without discussion to the Bureau, which would submit a report at a future meeting of the Committee.

The Committee adopted this proposal.

Sir George BUCHANAN informed the Committee that on the invitation of the Medical Director he would, in due course, make a statement and proposals on the question of cancer.

The PRESIDENT noted that the Committee had adopted its Agenda. He added that during previous meetings members of the Committee had often wished to discuss, in addition to the detailed questions submitted to them, the general principles which should direct the Committee's activity, but lack of time had almost always prevented them from doing so. In order to obviate this disadvantage, the President proposed that the present session should begin with a general discussion, the main lines of which he wished himself to sketch. He therefore read a general statement which he had prepared (Annex 2), which summarised the past activity of the Health Organisation, and proposed certain general principles for its future activity.

This statement would serve as the basis for the general discussion.

SECOND MEETING.

Held on Tuesday, September 30th, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

466. Activity of the Health Organisation : Discussion of the President's Statement (Annex 2).

Sir George BUCHANAN thought that the Committee should be grateful to its President for giving it the opportunity of starting the session by a general discussion. Such a discussion was very desirable after the experience gained by nine years' work. It should relate both to the objects of the work and to the machinery by which it is carried out.

Several of the activities of the Organisation were now following settled lines and constituted permanent activities. This applied to fixing international standards, definitions and other agreements, except where there is other official provision for such standards or agreements being made; it applied to the interchanges and all which they implied in the direction of supplying information; and it applied to particular work which from time to time is decided upon by the Council as being in the interest of the League and remitted to the Health Organisation to carry out. This included, for example, the recent work in Greece, China and Latin America. There were also certain semi-permanent commissions like that for malaria, and work which resulted from international agreements such as that on Opium.

Besides these relatively stable activities there were a large number of current questions which were taken up by *ad hoc* commissions or expert groups—for example, the fumigation of ships or BCG vaccine. There were many such questions; they were topical, taken up as they arose and disposed of. Fresh suggestions were constantly being made and some new ones had been presented to the present Assembly. It was not possible or even desirable to accept all these suggestions. The Committee should deal with them on the principle of making a sound selection of the subjects which are most necessary from international standpoint and are most appropriate to the particular machinery which the Health Organisation represents. Another criterion was that the work, if undertaken, should be of the highest standard.

It did not seem to him that the Committee need be troubled if this selection was admittedly opportunist and did not represent any logical system. The proposals of the President would introduce a certain classification, as it seemed that new work which he contemplated was to be divided into something like twenty new and comprehensive groups.

The President's memorandum suggested that the principal object of creating these separate groups of subjects was to make comparative studies and to obtain a statement of modern practice of preventive medicine. He hoped that this did not mean the formulation of international doctrines and dogmas. Each country should work out its own methods, taking into account its national genius and the local conditions. The Health Committee could hardly take upon itself the responsibility of prescribing the best method of fighting against a particular disease. Taking the anti-tuberculosis campaign as an example, Great Britain had developed a very complete organisation, including the compulsory notification of the disease, the appointment of special "tuberculosis officers", the establishment of a system of sanatoria and dispensaries and home-visiting, throughout the country. There might be a temptation to treat that complex organisation for the purpose of comparison with the systems existing in other countries, as if it were the sole, or the chief, agency by which tuberculosis is combated. But before the introduction of the present system in Great Britain a considerable decrease in the disease had already set in, and in view of the changed conditions of life of the population it was extremely difficult to determine to what extent the advance which still continued could be attributed to the present system. Attempts to establish what might be called an "international dictionary" of modern practice in the matter of preventive medicine did not seem promising.

The President had also contemplated the possibility of calling together a Commission composed of the medical directors of the various Colonial ministries. That proposal would affect numerous interests, and required to be studied thoroughly.

With regard to the improvements to be made in the methods of which nine years' experience had shown the advantages and disadvantages, it would be very useful if the members of the Health Committee and the national organisations could receive, between the sessions, regular information on the work in progress. In addition to the detailed and complete information furnished to the Committee at each session in the report of the Medical Director, it was desirable, if the national organisations were to be in a position to give all the necessary help to the various commissions and investigations, that they should be informed as quickly and as completely as possible of the exact terms of reference and composition of those expert bodies. The members of the Committee would thus have some knowledge, in advance, of the questions dealt with in the various files handed to them at the beginning of each session.

Sir George Buchanan was strongly in favour of following the method of work suggested by the President and entrusting the drawing up of reports on the whole of a question to small committees composed of the rapporteurs and three or four experts who had the requisite special knowledge. Rapporteurs would be requested to make a choice among the proposed studies and enquiries and to indicate to the Health Committee on what basis and in accordance with what method it would be desirable to proceed in regard to those subjects which they recommended. That system would have the additional advantage that the discussions in the Health Committee would no longer be based exclusively on the various chapters in the report of the Medical Director. The rapporteur would have to expound and support his proposals, and this would promote free comment or criticism.

Dr. TSURUMI considered that the collaboration in health matters between various Governments and the Health Organisation of the League of Nations showed how much its activity was appreciated. The work of the Permanent Commission on Standardisation in particular was very remarkable both from the scientific and administrative points of view.

The President had shown in his statement that the study of the Anti-Tuberculosis Campaign was perhaps more urgent than the study of other questions. It was on Dr. Tsurumi's proposal that an enquiry into this matter had been carried out and certain results had been obtained, in regard, for example, to the titration of tuberculine. There was still considerable work to be done, however, before final conclusions could be reached.

With regard to leprosy, knowledge of preventive measures was much less developed than was the case with other infectious diseases. Enquiry should be encouraged and the close co-operation of the Governments concerned should be obtained.

The enquiry on infantile mortality had already given important results, thanks to the work of the experts, among them the Vice-President of the Committee, Dame Janet Campbell. The study of the appropriate measures for combating scarlet fever and diphtheria should be continued; the international enquiry set up by the Conference of Experts at Paris in July 1929 was, however, still in progress.

The importance and usefulness of the schools of hygiene were to-day definitely recognised, and the conferences at Paris and Dresden of directors of those schools had shown what path should be followed. Dr. Tsurumi reserved his right to submit later suggestions in regard to the general lines of the activity of the International School of Advanced Health Studies, the establishment of which at Paris had been proposed by the French Government. He would also submit suggestions in regard to the problem of nutrition, and in particular to the question of rice in the Far East.

Dr. JITTA, wondered whether the Health Organisation was not over-burdening itself with too heavy a task, and whether it had been possible to deal thoroughly with the various subjects to be studied. It was at present dealing with a very great number of problems. The Council continued to entrust it with new ones and certain countries asked for its co-operation.

With reference to the suggestion concerning the study of heart diseases contained in the President's statement, Dr. Jitta did not think that those diseases could be considered as social diseases. With regard to rheumatism, it seemed to him that the Health Organisation should be content to co-operate with the private associations and societies which were already doing useful work in that field.

On the other hand, Dr. Jitta was surprised that no reference had been made to the study on X-rays.

In conclusion, he entirely agreed with Sir George Buchanan in regard to the President's proposals on the work of the rapporteurs.

Dr. LUTRARIO congratulated the President on the clearness with which he had outlined the methods of work to be adopted. He entirely approved the suggestions concerning the rapporteurs, whose reports the Committee would have to examine thoroughly before adopting them. Once these reports were adopted, however, the question of their publication and circulation would arise. The monthly report, which was reserved for epidemiological information, might refer to the work of the Health Committee.

Dr. Lutrario thanked the President for his reference to the work of the Malaria Commission. That Commission had been able to define a doctrine in regard to malariology which had definitely put an end to a whole tradition of errors.

Another important question was cancer. Dr. Lutrario felt that the importance of the part played by the physical constitution should be recognised. At the Bolzano Congress proof had been given of the efficacy of the biological treatment of cancer.

Dr. CHODZKO wished to refer to a point in Dr. Jitta's statement. The President's statement emphasized a new aspect—the social aspect of the diseases which had to be combated.

If the Committee followed Dr. Jitta's advice, however, with regard to heart diseases and rheumatism the same arguments might be advanced for any other disease, and the result might be to put an end once and for all to the discussions of the Health Committee in view of the fact that there were already organisations which dealt specially with most important diseases—tuberculosis, venereal disease, and so on.

Dr. Chodzko did not agree with Dr. Jitta. He considered that if a disease necessitated the adoption of social measures, that disease might be considered as social. Why could not rheumatism be included in that category?

Dr. Jitta was quite right in wishing the Health Committee to avoid the discussion of pathological characteristics. At the same time, Dr. Chodzko wished to give an example. With regard to tuberculosis, he had asked that special attention should be paid to the social

aspect of the campaign against it. That recommendation had not found favour, and in the past Dr. Chodzko had been glad that this was so, since it was thus that a new conception had been reached in this field. A communication from Professor Besançon, to the Paris Academy of Medicine, which had given rise to a discussion in which Professor Léon Bernard had taken part, had shown the increasing importance of surgical intervention in the treatment of tuberculosis.

The problems relating to the activity of sickness insurance funds which had required solution in Poland had shown him the necessity for first contemplating a campaign against tuberculosis in the large towns. They had also shown that this disease was a disease affecting populated areas which could no longer be combated by merely putting the patients into institutions for it could now be treated with almost certain success and every bed in a sanatorium represented considerable expense. Professor Besançon's words might be recalled : " to leave bad tuberculosis cases without attention in the hospitals would be a crime in these days." The President, in his statement, had rightly emphasised the necessity for giving the campaign a new character.

Dr. Chodzko was especially interested in the question of schools of hygiene. The Committee should be grateful to the Health Section and to the Medical Director for increasing the number of conferences of directors of those schools. On the other hand, it seemed that the programme of the Commission on the teaching of hygiene should be developed in the direction of medical teaching in general.

With regard to the health centres, they were called upon to render considerable service, particularly in rural hygiene.

Dr. Chodzko had not completely understood the meaning of the following paragraph of the President's statement :

" Finally, the whole question of the rôle of local authorities in the administration of medical assistance will undoubtedly force itself on the Committee's attention."

He also was in favour of the procedure contemplated, which consisted in the setting up of small reporting committees. That seemed to be the best method for enabling the Committee to profit by the work of experts.

Finally, Dr. Chodzko had great pleasure in referring to the passage of the President's statement in regard to preventive medicine in connection with the study of health insurance. It was very difficult to obtain recognition of the necessity for introducing sums to be used for preventive medicine into the budget of health insurance funds. Dr. Chodzko had had the greatest difficulty in obtaining the insertion of a figure representing a proportion of 4%.

In conclusion, he wished to congratulate the President on his clear statement. He hoped that in future the work of the Health Committee would be organised in accordance with the ideas contained in it.

Professor FITZGERALD also congratulated the President. With reference to the passage in his statement relating to rheumatism and heart disease he noted that there was *quasi* unanimity that acute rheumatic fever was one of the principal causes of heart disease. Special clinics had been set up in Canada, and Professor Fitzgerald wished to give a sketch of the organisation at Toronto.

In that town of 600,000 inhabitants, there were child welfare centres whose object was to watch over children during the first two years of their life. In those centres children were examined with the co-operation of the children's hospitals and visiting-nurses, and when a lesion of the heart was diagnosed treatment was prescribed and the child was submitted to regular supervision. Thanks to that, it was often cured before it reached the school age. If the cure was not complete, supervision was continued at the school health-centre or by the family doctor.

Dr. RAJCHMAN wished to inform the Committee of the manner in which the Health Section contemplated putting into operation certain of the proposals contained in the President's memorandum.

Dr. Jitta had rightly observed that the two first Health Committees had perhaps only studied the epidemiology and pathological characteristics of diseases. The work had then only been beginning. During the past four years, however, the Committee had undertaken the study of medical problems from the social point of view. In particular, it had taken an important decision in setting up the joint Commission for the study of health insurance and public health administration.

The work of that Commission had perhaps not always been followed with all the attention it deserved. The time had now come to ask to what extent the work should be continued and what part the Health Committee should take in it.

There were two reasons why Dr. Rajchman attached particular importance to this question. In the first place, the members of the Committee had raised the question of health insurance on every possible occasion and during discussions of the most varied character. In the second place, it must be recognised that the work of the joint Commission had made very little progress. That was partly due to the fact that it was very difficult to define modern practice in preventive medicine. Meetings of medical advisers had been held, and the latter had taken part in missions and investigated the problems where they arose, but they had confined themselves, after their first contact to putting forward general considerations.

Dr. Chodzko had pointed out that he had had great difficulty in obtaining the inclusion in the budgets of health insurance funds of a proportion of 4% for preventive measures. Interesting experiments had been made in Germany, however, and it could be said that in

general the movement had made considerable progress. The President was right in saying that the time had come for the Health Committee to give effective help by defining clearly in what preventive medicine consisted.

Sir George Buchanan had warned the Committee against the danger of laying down international medical doctrines. The Committee had always shared that apprehension, and that attitude had always proved very salutary. At the same time, a clear reply to the question of what could or could not be done in that direction could be found in the results obtained. The two questions of malaria and infantile mortality could be taken as an example.

With regard to malaria, the work had started with a series of partial enquiries without any definite connection. Tours had then been undertaken for the purpose of enabling the members to realise the difficulties and practice of each country. Sir George Buchanan had rightly said that each nation should solve the problems with which it was faced in conformity with its national genius; that was particularly true in the case of malaria. After four years of investigation, however, the Committee had tried, and had succeeded, in drawing from its work certain general conclusions which clearly summarised the opinions in regard to malariology which were common to the various schools of thought.

The same was the case in regard to infantile mortality. Certain lessons had already been learned from the various enquiries, and in particular it had been noted that several questions required immediate and careful examination.

It was easy to exaggerate the importance of a subject. If a list were drawn up of all the enquiries which the Health Organisation had been requested by the Council, by various nations, and by others to undertake, the Committee would be terrified by its dimensions, and if that list were compared with the programme set out by the President, it would be seen that the latter would be the easier to carry out.

Dr. Rajchman would leave it to Professor Léon Bernard to speak of the position of the work in regard to tuberculosis. He desired, however, to emphasise the important results obtained in regard to venereal disease. In the first place, the question of the serological diagnosis of syphilis had been cleared up, and it had been possible to reach definite conclusions which would, of course, be subject to revision in the future. In the second place, the question of treatment, which, in this case, was the only preventive method, had also been investigated. A conclusion was about to be drawn from the documentation furnished by the public clinics of Europe and America.

Briefly, the Health Committee had defined the methods which should be recommended for serological diagnosis and had indicated two or three excellent methods of treatment. Though, therefore, the Committee had not drawn up an actual international doctrine, which would have been very dangerous, it had nevertheless furnished information which was very valuable to those countries less fortunate than Great Britain and the Netherlands which did not yet possess a well-established organisation for the anti-venereal campaign.

The Health Committee was an advisory body of the Council and in that capacity was called upon to provide advisory opinions to an ever-increasing extent. Those opinions could not reflect personal views, but had to be based on the conclusions reached after long discussion.

Dr. Rajchman would refrain for the moment from dealing with certain questions of procedure. He would ask to be allowed to refer to them later when the general trend of the discussions became clear, and when the various items were discussed one by one.

Dr. HAMEL thought that as he had been a member of the Health Committee for only three years his ideas in regard to the results of the Committee's work would perhaps interest his colleagues. Dr. Hamel had dealt with the health problems of a federal state consisting of seventeen countries and he was well aware of the complexity of those problems and of the time necessary for solving them. When he became a member of the Health Committee, he had not imagined that that Committee would have been able each year to register such remarkable results.

Among those results must be mentioned, in the first place, the organisation of the Service of Epidemiological Intelligence, which had rendered very great service throughout the whole world. It was not only confined to compiling statistical documentation, but it had also endeavoured, as certain epidemics such as poliomyelitis and psittacosis developed, to furnish the greatest possible amount of information in regard to them.

Another very remarkable manifestation of the activity of the Health Organisation was the interchange system. That was of very great importance to the countries visited because it compelled the officials of sanitary administrations to provide up-to-date information on their methods. On the other hand, those officials who took part in study tours were able, on their return to their own countries, to render more valuable services. It might be said that the interchanges were the best "visiting cards" which the Health Organisation of the League of Nations could leave in the various countries. Dr. Hamel also emphasised the importance of the results obtained in regard to standardisation.

In general, the Health Organisation had won the esteem of the circles concerned throughout the world by drawing attention to the importance of preventive and social medicine, which had latterly been somewhat neglected. The officials who had endeavoured to introduce preventive methods of social medicine into their countries were grateful to the Health Organisation for the help thus given to them.

The schools of hygiene were of special importance in countries in which there were no supplementary training courses for doctors. In countries where such courses were to be found the schools of hygiene stimulated their activity.

Some of the questions on which the Health Organisation had been at work had given more satisfactory results than others. With regard to cancer, the change since the war in the proportion of the older in relation to the younger elements of the population in most countries made this problem particularly important. The results obtained in the study of the diagnosis and treatment of syphilis were very encouraging. With regard to tuberculosis, the general decrease which had been noted should not retard the campaign against it.

The number of medical and health problems awaiting solution was very great, and the Committee would have to make a selection from them and give preference to problems of particularly wide scope, or those whose investigation offered the certainty of practical results.

Moderation was necessary, however, in regard to international obligations. On the other hand, there could be no question of endeavouring to establish a kind of scientific monopoly, or of wishing to impose obligations on the circles concerned.

Finally, Dr. Hamel was entirely in agreement with Sir George Buchanan with regard to the system of rapporteurs contemplated in the President's statement.

Professor BORDET was not very familiar with the aims and methods of the Health Committee. He believed, however, that it had especially in view the development of sanitary organisations in the various countries, the campaign against epidemics and the teaching of hygiene.

The Committee had therefore been led to draw up a list of diseases in which international intervention was legitimate, and to put forward, on the basis of the documentation collected, a plan of action for combating them. That was particularly the case in regard to malaria and syphilis.

With regard to tuberculosis, the Committee could not claim to give any lessons in that matter to a country like Great Britain. It should be pointed out, moreover, that though certain Governments might be able to devote very large sums to the anti-tuberculosis campaign, as in the case of the Belgian Government, which had voted a credit of one hundred million Belgian francs, this was not the case in all countries.

Professor Bordet did not see how heart diseases could be the subject of an international investigation. Their etiology was still unknown to scientists, who were as yet unable to suggest any specific treatment. The same difficulty arose with regard to scarlet fever.

It was entirely different, however, with whooping cough. That was a social disease, and it was serious owing to the fact that it was extremely widespread. While, in Belgium for example, medical men considered that the use of vaccine gave very appreciable results, particularly by shortening the duration of the disease, in other countries, on the contrary, their efficacy was completely denied.

These divergencies of opinion doubtless arose from the fact that vaccines were not prepared everywhere in the same way.

Professor Bordet would therefore be glad if the Health Committee would recommend that certain laboratories should be requested to supply a vaccine prepared according to a well-determined method, which would be studied in all countries. If the efficacy of that vaccine was proved it would be adopted; if such were not the case it would not be used.

That seemed to be a direction in which the action of the Health Organisation of the League of Nations might be particularly useful.

The efficacy of sera against poliomyelitis might also be the subject of a similar international enquiry.

Professor Léon BERNARD was not in favour of prolonging these general discussions. At the same time, it seemed to him that a certain number of ideas had come to light during the present discussion.

He had not clearly understood whether Sir George Buchanan was or was not in favour of comparing the various national methods. With all due prudence it seemed, however, that that comparison should be the basis of the Committee's work. Thus, to give his personal opinion, Professor Léon Bernard would state that the visit he had once made to the British Ministry of Health had been most instructive, and it could be said that the interchange system was one of the most valuable activities of the Health Organisation.

The general discussion, however, had also been concerned with another idea. Reference had been made to social diseases and social medicine. Professor Léon Bernard thought it impossible to obtain an exact definition of those terms. A few years ago tuberculosis, syphilis and one or two other diseases only were considered as social diseases. At present, however, almost all the other diseases could be placed in that category, and there were very few reasons which could be brought forward against doing so.

What diseases should be called social? Those diseases which attacked society, those which involved social factors, or those which required social measures? If the last definition were adopted, as Professor Léon Bernard had pointed out in one of his communications, it would seem that it could be applied to all diseases, including coryza.

Indeed, that progress had been made could be seen from the fact that diseases were now considered from the social point of view. The social character of a disease depended on the knowledge of that disease and the progress made in its treatment, calling for the adoption of collective measures to combat it.

A distinction should be drawn, moreover, between social medicine and preventive medicine. In the present case the meaning was clear; there were diseases, however, such as syphilis, where prevention depended on treatment.

Reference had been made to publicity in connection with the work of the Health Committee. That question had often been considered and methods had been contemplated for bringing its work to the notice of the medical world, which was, to a great extent, ignorant of it. The Medical Director would doubtless object that the Secretariat was already overburdened, but the question should nevertheless be dealt with.

With regard to whooping cough, Professor Léon Bernard was entirely in agreement with Professor Bordet. It was regrettable to find that the opinions of doctors were so divergent in this matter, and that that was owing to ignorance. They were not entirely to blame for that ignorance, which arose from the absence of homogeneity in the preparation of vaccines. It would be of the greatest importance to standardise them officially. Professor Léon Bernard had arranged, so far as France was concerned, for specialists to follow courses of study at the Copenhagen Institute, and the results obtained had been excellent.

With regard to tuberculosis, Professor Léon Bernard explained, in reply to Dr. Chodzko the origin and bearing of the discussion which followed the communication of Dr. Besançon at the Academy of Medicine at Paris. There was no doubt that the progress made in regard to tuberculosis encouraged a modification of methods of combating that disease, with a view to being equipped for carrying out methods now recognised. Professor Léon Bernard wished to thank Dr. Chodzko for his compliments in connection with the Conferences of the Schools of Hygiene, and he desired to associate Professor Prausnitz with those compliments. The conferences had shown how important it was to take up the questions in detail with specialists comparing their experiences. It had also been shown that teaching on hygiene and medical teaching were linked together, as the President had pointed out in his statement.

Although it was somewhat unseemly to compliment oneself, the Committee should note with satisfaction the praise addressed to it by Dr. Hamel, who was a relatively recent member. This praise was particularly valuable.

Every organisation should endeavour to perfect itself, and the President's suggestion that in place of large Commissions small Committees of competent specialists should be set up was excellent. There was no discourtesy in pointing out that the work of the Commission on the Teaching of Hygiene had made very little progress until the meeting of directors of schools of hygiene had made it possible to draw up definite programmes.

Professor Léon Bernard was sure that the work which the new Health Committee would undertake would be as fruitful as that of its predecessors and that the greatest cordiality would continue to prevail. The Committee had never desired to interfere in the internal sanitary policy of the various countries, and that attitude was in accordance with the spirit of the League of Nations.

Professor Ricardo JORGE approved the proposals contained in the President's statement, as well as the observations made. A brilliant and useful discussion had shown the direction which the activity of the Health Committee should take. So far as that activity was concerned, Professor Ricardo Jorge believed that the paths already followed were still the best. He saw no reasons for an important change of direction.

He agreed with Sir George Buchanan and with Dr. Jitta with regard to the limitation of the programme of enquiries to be carried out.

On the other hand, with regard to the distinction between social and other diseases, he thought, with Professor Léon Bernard, that that distinction was not very sound. He would go even further; he did not think it necessary to separate preventive medicine and curative medicine. Why, moreover, should the Committee use terms which were so difficult to explain? Why could it not be content to be what it was—a Health Committee, without further qualification?

With regard to the choice of subjects to which the Committee should give preference, Professor Ricardo Jorge thought that these should include the study of diseases which were public scourges and those which necessitated collective effort on the part of health administrations.

Sir George BUCHANAN had been impressed by the many points on which the speakers had agreed concerning the objects of the Committee's activity and the methods to be employed. The divergencies were rather in respect of emphasis. Some members paid great attention to the logical definition of the work of the Committee, others were more concerned with the practical side of that work. All, however, had emphasised the necessity of making a careful selection among the problems proposed to the Committee, and the Medical Director had himself put forward that view. He thought that the Committee should continue to follow the path which it had taken up to the present, perfecting its methods where necessary. If international doctrines were to be derived from this work, they would come to light little by little as the work advanced.

THIRD MEETING.

Held on Wednesday, October 1st, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

467. Activity of the Health Organisation (*Continuation*) : Constitution of Commissions.

The PRESIDENT was glad to note that the discussion at the previous meeting had shown that the members of the Committee were almost unanimous in regard to its programme of work and the direction suggested for its activity. He was also glad to note that his statement as a whole had been approved.

During the discussion replies had been given, and in particular by the observations of the Medical Director to some of the questions raised. Sir George Buchanan and Professor Hamel had warned the Committee against the danger of wishing to impose on national medical administrations the obligation to take particular measures. The Medical Director had replied that the Health Committee had not, and never would, have any such intention. The President took the opportunity to affirm this once again.

On the other hand, it was obvious that if use was to be made of the important documentation collected by the Health Section it was necessary to formulate the conclusions to be drawn by judicious analysis. International co-operation was indispensable if this work was to be well done. It was essential to proceed with prudence and to base every consideration on statistical elements duly submitted to criticism.

The Health Committee had heard with great satisfaction Dr. Hamel's words in praise of the service of epidemiological intelligence. Dr. Hamel presided over an institution which had already at its disposal a very well-developed system of information on epidemics. His appreciation of the help he had obtained from the service of epidemiological intelligence was authority for believing that this help should, with very good reason, be appreciated by the small and less well-equipped countries. It should be pointed out that this service was in the hands of the Health Section, and that all honour was due to it and to the Medical Director.

The Bureau of the Committee had endeavoured to draw conclusions from the programme outlined—that was to say, to determine what commissions and work should be organised. Subject to the reservation that there had not been time to consult all the persons concerned, and to discuss the composition of the Commissions with the Chairmen, the President submitted the following proposals to the Committee :

1. *Permanent Commission on the Standardisation of Sera, Serological Reactions and Biological Products.* — The President proposed that its present composition should be maintained and asked Professor Bordet to be good enough to preside over it. It would therefore consist of Dr. McCoy, Professor Dale, Professor Kolle, Dr. Madsen and Professor Louis Martin.

2. *Opium Commission.* — Dr. Carrière would be good enough to continue to preside over this Commission. It would be composed of the following members : Dr. Chodzko, Surgeon-General Cumming, Dr. Hamel, Dr. Heng-Liu, Professor Ricardo Jorge, Dr. Tsurumi and M. Velghe. Professor Knaffl-Lenz would take part in the work of the Commission as an expert.

3. *Malaria Commission.* — Dr. Lutrario would submit proposals with regard to this Commission, of which he was Chairman.

Dr. LUTRARIO thought that this question should be examined with the greatest care. The number of members of the Malaria Commission had increased considerably, and to appoint them was not an easy task.

Dr. Lutrario wished, however, to ask the Health Committee to be good enough to appoint as Chairman of this Commission Professor Vittorio Ascoli, Director of the School of Malariology at Rome and member of the Health Committee and of the Malaria Commission. Dr. Lutrario had agreed to act as Chairman of the latter for seven years, because at the beginning its character was rather administrative, but its activity was becoming more and more strictly scientific, and Professor Ascoli seemed to be particularly well qualified to act as Chairman. He was at present ill, but would soon be able to continue his work for the Committee.

The PRESIDENT thought that the Committee should bow before Dr. Lutrario's desire, while thanking him and congratulating him on the remarkable manner in which he had directed the work of the Malaria Commission for seven years. He would be good enough to act as Chairman until Professor Ascoli's return.

With regard to the other members of the Commission, their appointment would be made in agreement with Professor Ascoli and Dr. Lutrario. The President asked Professor Jorge, however, to be a member of the Commission.

4. *Leprosy Commission.* — Professor Chagas was at present its Chairman, and it would be impossible to appoint its members without consulting him. That would be done by correspondence.

5. With regard to *scarlet fever and diphtheria*, a small group of experts had carried out enquiries, the results of which would be the object of a report. The latter would have to be examined before a special commission was constituted. The Rapporteurs to the Committee would be Professor Debré for scarlet fever and Professor Gorter for diphtheria.

Professor Léon BERNARD proposed that this Commission should also deal with whooping cough.

The PRESIDENT replied that he would refer to that question later. He pointed out that a programme of work on scarlet fever and diphtheria had already been fixed, and it was expected that it would be completed next year.

Sir George BUCHANAN understood that the question of scarlet fever and diphtheria was intended to be studied from the purely technical aspect and solely from the point of view of the laboratory. This work, however, was necessarily related to administrative problems, and it was important to health administrations dealing with the treatment of infectious diseases to be kept fully informed about them. He hoped that the President would agree to act as Rapporteur to the Committee on this question.

The PRESIDENT replied that the object of the investigations were at present purely technical. It was necessary to compare the somewhat different methods of sero-therapy employed in the various countries of the world, and no administrative conclusion would be drawn in the report.

Sir George BUCHANAN emphasised that in England experiments in regard to the use of vaccines and sera had to be conducted under special conditions imposed by legislation and accepted practice.

The PRESIDENT pointed out that Sir George Buchanan's remarks were dictated by difficulties which were peculiar to his country and existed nowhere else.

With regard to Sir George Buchanan's request that the President should act as Rapporteur, he would point out that he would be presiding over the next session, when Professor Debré and Professor Gorter would submit their reports, and the necessary liaison would thus be assured.

6. Professor Bordet had emphasised the importance of the question of *whooping cough* and the President was in complete agreement with him. He would ask Professor Bordet to be good enough to make an investigation into this subject and to get into touch with the clinics and dispensaries at which it would be possible to organise research in regard to vaccines, etc.

Professor BORDET accepted this mission, and observed that it was important to obtain the collaboration of clinicians. The latter did not need to be very numerous. One or two from each of the principal countries would suffice.

Professor Léon BERNARD informed the Committee that he would put his laboratory, which was particularly well equipped from the point of view of whooping cough, at the disposal of Professor Bordet.

The PRESIDENT invited Professor Bordet to discuss the matter with the Secretariat.

7. *The Commission on the Fumigation of Ships* would be maintained as it stood that was to say: Chairman, Surgeon-General Cumming; members, Sir George Buchanan, General Graham, Dr. Jitta, Professor Nocht, M. Velghe, Dr. Monier Williams, and Dr. Dreyer; expert, Dr. Stock.

Professor Léon BERNARD asked whether there was a French member on the Commission. He thought it very desirable that his country should profit from the studies undertaken.

Dr. RAJCHMAN pointed out that when the Commission was instituted, the Health Committee had hesitated between two solutions—to appoint a great number of members who would bring to the Commission the experience of the various countries, or simply to set up a Commission with a somewhat limited membership which could undertake study tours, particularly to the United States. The second solution had been adopted, and it was therefore impossible to have representatives of all the countries.

8. The PRESIDENT pointed out that the question of *smallpox* had been studied in such a fruitful manner under Professor Jorge that appreciable results had already been obtained, such as the standardisation of the vaccinal lymph and useful information on the epidemiology of encephalitis. He asked Professor Jorge to act as Rapporteur to the Committee and to make a statement to the latter on the whole question.

9. The President would return later to the question of *cancer*.

10. With regard to *maternal welfare and hygiene of infants and children of pre-school age*, Dame Janet Campbell would preside over a reporting committee composed of Professor Debré, Professor Gorter and Professor Rott, together with an obstetrician who would be selected by the President of the Committee with the help of the Bureau.

11. With regard to the *hygiene of the child of school age and of the adolescent*, a programme of studies would be prepared by the Medical Director in collaboration with Professor Tandler, of Vienna.

12. With regard to *tuberculosis*, Professor Léon Bernard would preside over a reporting committee composed of Dr. Hamel, Professor McNalty and Professor Soper.

13. With regard to *venereal disease*, Professor Jadassohn would be asked to preside over a reporting committee, the members of which he would appoint on his return to Europe, in agreement with the Bureau.

14. With regard to *cancer, rheumatic fever and heart diseases*, reporting committees would be presided over by Sir George Buchanan, who would draw up, in collaboration with the Bureau, the list of his collaborators.

In view of the discussion at the previous meeting, the President proposed to alter his statement, and to omit the term "social" which qualified the diseases mentioned that was to say, cancer, rheumatic fever and heart diseases.

Dr. CARRIÈRE wished to refer to the group comprising cancer, rheumatic fever and heart diseases. He did not think it rational to include heart diseases. Professor Bordet had correctly pointed out that the knowledge of these diseases had not advanced very far. It would seem prudent to leave them in decent obscurity and not to mention them expressly, though this would leave the Committee free to take them up later as subjects of study.

Professor Léon BERNARD understood Dr. Carrière's scruples but thought it necessary to recall the origin of the question.

In certain countries such as Canada, as Dr. Fitzgerald had explained, social measures had been adopted to carry on the campaign against heart diseases. Similar measures had also been taken in the United States. Institutions were available because the decrease in tuberculosis enabled them to be used for the treatment of heart diseases.

Professor Léon Bernard thought that if the Health Committee decided to study heart diseases it would be only, as in the case of rheumatic fever, in order to determine the measures to be taken and not from the pathological point of view. Consequently he proposed that these diseases should be enumerated, and that it should be specified that their study was undertaken "from the social point of view."

Dr. JITTA, who agreed with Professor Léon Bernard, hesitated to return to a point which had been discussed at length during the previous meeting. The committees presided over by Sir George Buchanan could study the question and take a decision.

Dr. RAJCHMAN supported Dr. Jitta. The Health Committee would adopt the decision taken by Sir George Buchanan and his collaborators.

Sir George BUCHANAN said that he would be glad to discuss the question with the Bureau.

The PRESIDENT pursued :

15. In regard to *health centres* Dr. Chodzko would preside over a commission, and would submit during the session and after consultation with the Bureau a proposal with regard to the appointment of the members, who would meet in October at Budapest.

16. With regard to the *rôle of public authorities in the administration of medical assistance*, this enquiry would be entrusted to M. Velghe, who would draw up a programme and would propose a list of collaborators after consultation with the Bureau.

17. *The Joint Commission for the study of health insurance* would be maintained as it was : Chairman, Sir George Newman ; *members appointed by the League of Nations*, Dr. Hamel, Dr. Bellencontre, Dr. Foramitti, Professor Katashima and Dr. Kuhn. *Members appointed by the International Labour Office* : Dr. Grieser, Dr. Jauniaux, M. Olivier, M. Osowski, Mr. Potts and Dr. Winter.

18. With regard to the *teaching of medicine*, the President, with the collaboration of the Medical Director, would consult experts on the drawing up of a programme of study and the submission of a report to the next session of the Health Committee on the basis of the preliminary studies.

19. Dr. Fitzgerald would be asked to act as Chairman for the *conferences of directors of schools of hygiene*. As he usually resided in Canada, Professor Léon Bernard would act as Chairman in his absence.

20. The Medical Director wished to submit observations in regard to the *Commission of Directors of the various Colonial Health Ministries*.

Dr. RAJCHMAN informed the Committee that this question had been discussed by the Bureau. It was of real importance, and should be dealt with from the point of view of procedure with special care.

It had been proposed that the Medical Directors of the various Colonial Ministries should meet under the Chairmanship of Dr. Madsen. They would consider the best methods to adopt with a view to the organisation of regular meetings, and would submit proposals.

Sir George BUCHANAN wished to repeat the observations he had made at the previous meeting. He thought that if, as the Medical Director had stated, there really were special reasons for studying separately the hygiene of every territory in the world which was described as a colony by means of a commission composed of the medical directors of the various Colonial

Ministries, the question should obviously be examined. At the same time, Sir George Buchanan did not really understand its importance, and so far as Great Britain was concerned it was far from certain that the administration concerned would approve the proposal without fuller knowledge.

If it was only a question of asking the Colonial Ministries whether or not they approved of the principle of setting up the Commission he would not object.

Dr. RAJCHMAN said that the Health Committee should go a step further in this direction. He considered that there was no doubt that the Medical Directors would be in favour of the meetings. That assertion could be based on the example of the past. Before the Second International Conference on Sleeping-Sickness all the administrations stated that they were in favour of it.

It was now proposed to hold a meeting of the persons concerned for the discussion of the best means of establishing the desired liaison with them and enabling them to benefit from the facilities which the Health Organisation could offer.

It should be remembered that the Council had entrusted to the Health Committee, among other tasks, the very special duty of protecting the health of native populations.

Professor BORDET agreed with Dr. Rajchman. He had presided over a council of officials of colonial health services in Belgium, and considered it of the greatest importance a delegate of these services should meet with the representatives of other colonial administrations.

Sir George BUCHANAN did not wish to repeat what he had already said but was compelled to state that he was not convinced by Professor Bordet's observation. Comparisons of the various colonial health methods were at present often made at the Office international d'Hygiène publique, where the colonial administrations were officially represented. The discussions often proved very interesting and useful. Whether that organisation was sufficient or not for the purpose was a question to which the various colonial administrations would wish to consider, along with other information about the present proposal. The approach should be to the Governments concerned.

Dr. JITTA pointed out that the Netherlands had important colonial interests. He agreed with Sir George Buchanan and did not consider that the proposed meetings were very desirable. The problems dealt with by the health administrations in the Far East differed greatly from those with which the administrations in Africa were faced. In the Far East, liaison organisations already existed. It would perhaps be superfluous to bring together elements which were far too disparate.

Professor JORGE, after pointing out that Portugal had also extensive colonies, said that he was not sufficiently well informed to be able to approve the proposal. In principle, he agreed with Sir George Buchanan and Dr. Jitta.

Dr. RAJCHMAN regretted having to intervene in the discussion but thought that additional explanations were necessary.

The Advisory Council at Singapore had a definite object. The object of the proposal under consideration was to place all the facilities of the Health Organisation at the disposal of the medical directors of the colonial ministries. Those concerned should themselves say whether or not they desired it, and Dr. Rajchman did not see why the present moment was ill-chosen for raising the question.

The proposal submitted to the Committee for examination should only result in the consultation of the medical directors. The latter, before agreeing to the meeting, would doubtless discuss it with their respective Governments and would reply in the affirmative or the negative.

Sir George BUCHANAN replied that the Health Committee had already too much work to do, and it would seem superfluous to look for additional tasks which could not be defined. It would be time to examine the question when the Health Organisation had before it a specific proposal for its help in regard to certain colonies.

Dr. RAJCHMAN thought it necessary to quote the texts.

The Council adopted in 1928 the report of the Second International Conference on sleeping sickness, at which all the Governments of the countries possessing colonies were represented with the exception of the Netherlands. Sir George Buchanan himself had been a member of the British delegation. Dr. Rajchman read the resolution taken by the Council. That resolution had in time been brought to the notice of the colonial administrations.

On the other hand, at the meeting of the Committee of the Office international in May, 1930, Dr. Lasnet raised a definite question in regard to this resolution and asked to what extent the Health Organisation could offer its collaboration.

Professor PITTALUGA supported Professor Bordet's statement. The Medical Director's statements had overcome the objections which had been raised.

As Assessor to the Department for the Spanish Colonies, he approved the President's proposal.

Professor Léon BERNARD thought that the question was somewhat serious. It seemed that it would cause disagreement in the Committee and he wished it to be cleared up as completely as possible.

The reasons put forward by the Bureau appeared to be the following :

(a) The Health Committee had received very definite instructions and should not try to escape from them : it would be the first time that it had so acted.

(b) The question itself was of very great importance.

On the other hand, Sir George Buchanan had raised the following objections :

In the first place, the Committee should avoid undertaking additional work. To that the reply could be that the Committee was not really undertaking any new work ; the work would be done by the Medical Directors.

Secondly, Sir George Buchanan thought that the Office international was sufficiently well equipped to ensure the necessary liaison. To this objection, again, it was easy to reply that this would not be the first time the same question had been dealt with by both the Office international and the Health Committee. There was really no reason why the latter should not take an interest in the question. Moreover, the Office had asked to what extent it could collaborate, and the Committee could certainly offer a number of facilities.

Professor Léon Bernard therefore saw very clearly the reasons which militated in favour of the adoption of the proposal and found no valid reason against it. At any rate, if one existed no one had mentioned it.

M. ABT said that in his opinion the question raised by Dr. Lasnet referred to the special problem of the setting up at Dakar of an epidemiological office.

Dr. RAJCHMAN maintained that Dr. Lasnet's request had a more general bearing. Moreover, Dr. Lasnet had discussed the matter with him in advance.

M. ABT pointed out that the representatives of the Belgian, British and French Colonial Administrations often raised questions at the Office international which particularly interested them. It might happen that in regard to a particular question the assistance of the Health Committee was needed, and in that event the Committee could be certain that the Office would pass it on.

Dr. RAJCHMAN was glad to see that in the Health Committee, as in other meetings of the League of Nations, a spirit of frankness was increasing.

He regretted that M. Abt had raised a question of principle. From the point of view of the Secretariat, Dr. Rajchman felt obliged to state very plainly that it would not accept M. Abt's interpretation of the powers of the Office and the Committee respectively. The Covenant had left to the Health Organisation complete freedom to examine any question which interested it. The Committee would respect the "gentleman's agreement" which bound it to the Office in regard to international health conventions. For the rest, if M. Abt's interpretation were accepted, its rôle would be reduced almost to nothing.

The Committee was unable to accept the principle that Colonial Administrations, when they wished to approach it, must be obliged to do so through the intermediary of the Office. For ten years the Committee had taken up a very definite attitude on this matter and could not now depart from it.

Professor JITTA considered that the discussion was not following the direction which the Committee should desire. The question which had been raised was important and it would be preferable to adjourn it until the end of the session, when the Committee would have before it the minutes of the meeting of the Committee of the *Office international*.

Professor Léon BERNARD asked that this discussion should, if possible, be continued before the end of the week in order that he might be present.

M. VELGHE saw no objection to that. Since the position of the Office international d'Hygiène publique had been contrasted with that of the Health Section he felt obliged to speak.

As a member of the Bureau he had raised no objection to the proposal. That proposal, as it was drawn up, could be understood in a more or less broad sense. In M. Velghe's opinion there could be no question of any desire to set up a body which would compete with the *Office* at Paris. The latter called meetings of a large number of representatives of Colonial Administrations which had very interesting discussions. The new Commission, however, would not in any way prejudice the activity of the *Office*. On the contrary, the latter could not but benefit from the new collaboration, for everything that took place at Geneva reacted on Paris.

When the position of the colonies was examined it was noted that their medical resources were inadequate and that many serious diseases laid a burden on the native populations. The collaboration of the two great health organisms with a view to improving this position would not be out of place.

The PRESIDENT thanked M. Velghe. His intervention had helped to elucidate the discussion. The President asked the Committee whether it wished to adjourn the conclusion of the debate to a later meeting.

Sir George BUCHANAN said that so far as he was concerned he would prefer to adjourn the conclusion of the discussion for a few days in order that the members of the Committee might be better informed on the matter.

His intervention had been inspired by no other reasons than those which he had explained. Before taking a decision of principle in regard to the invitation which would be addressed to the Directors of the Health Services of the Colonial Ministries, he thought it necessary to be sure how that invitation would be welcomed by the countries concerned. He proposed that the Committee should ask the Medical Director to be good enough to enquire into this matter in the first instance.

M. VELGHE wished, in order to complete his opinion, to explain in what the proposal consisted. The intention was to call a meeting of colonial officials without specifying their mandate, which would remain general. They could study all diseases. The proposal might be amended and the Medical Directors asked to indicate the diseases which they wished to consider. A conclusion could be drawn from their replies at the next session.

Professor Léon BERNARD asked M. Velghe to draw up a written text of the proposal, amended in the manner he had just indicated, and in conformity with the explanations of the Medical Director.

M. VELGHE was prepared to do so after agreement with Sir George Buchanan.

The PRESIDENT noted that the Committee agreed that the conclusion of the discussion should be adjourned to a date in the latter part of the week and that M. Velghe would submit a written text.

Returning to the list of proposals which he was submitting to the Committee he suggested that :

21. The present composition of the *Commission for the Co-ordination of Studies on Human Trypanosomiasis* should be maintained: Chairman, Dr. Andrew Balfour; members: Dr. Bagshawe, Professor Van Camphenout, Professor Gustave Martin, Professor Damas Mora, Professor Aldo Castellani, Dr. Max Taute, Professor Pittaluga and Professor Richard Strong.

Sir George BUCHANAN wished to know whether this Commission had done effective work during the past two years. Interesting results had been achieved at the beginning which had led to the Second International Conference on Sleeping-Sickness. Did the present situation, however, justify the continuance of this Commission?

Dr. RAJCHMAN replied that its continuance was indispensable. The Second International Conference set up a technical Committee with a twofold task. In the first place, it was to collect all the literature on sleeping-sickness and to bring it to the attention of the Governments. In the second place, it was to propose to the League of Nations the names of persons who should be given scholarships. That Committee had not yet met, and the Health Committee would fail to its duty if the Commission on sleeping-sickness were dropped.

Sir George BUCHANAN thanked Dr. Rajchman for his explanations.

The PRESIDENT informed the Committee that :

22. With regard to the *problem of nutrition* a memorandum on the most appropriate methods for its study would be submitted by the Medical Director at the Committee's next session. Meanwhile, a special study of the *problem of rice in the Far East* would be made in collaboration with the Eastern Bureau. Proposals relating to the constitution of a small commission of enquiry would be submitted at the Committee's next session.

Dr. RAJCHMAN pointed out that Professor Léon Bernard had submitted on behalf of the French Government a proposal on the problem of nutrition. The Health Committee had requested Dr. Rajchman to study the question. Up to the present, he had been unable to submit any definite proposal. Interesting documentation had, however, been collected.

On the other hand, the creation of an international institute for nutrition had been requested in a resolution of the Quinquennial Conference of the International Council of Women (May to June, 1930) which had been forwarded to the Health Committee.

Dr. Rajchman proposed that the question should again be referred to the Health Section, with the request that concrete proposals should be submitted at the Committee's next session.

Professor Léon BERNARD wished to add that he did not know what action would be taken on the question but was authorised to say that the *Institut d'Hygiène alimentaire* would, if necessary, be at the Committee's disposal.

The PRESIDENT continued :

23. With regard to *physical education* a group of experts for the study of the question would be set up under the chairmanship of Professor Ottolenghi, who would make a proposal to the Bureau in regard to the members. The question had been studied for a long time and Professor Piasecki had submitted a report recommending the constitution of such a committee of experts.

Dr. TSURUMI asked whether the Committee intended to maintain the Far-Eastern Commission: he considered that it had important work to accomplish.

Dr. RAJCHMAN asked Dr. Tsurumi not to insist on the continuance of this Commission. Up to the present, all it had done was to examine the Report of the Eastern Bureau and submit observations to the Health Committee. If it was this activity that Dr. Tsurumi had in mind, it would be simple to set up a sub-committee to study the report and the budget of the Eastern Bureau.

With regard to the study of other health problems in the Far East, General Graham and Dr. van Lonkhuijsen had both expressed the opinion that the Far-Eastern Commission had always duplicated the work of the Advisory Council of the Eastern Bureau.

Dr. TSURUMI observed that the Far-Eastern Commission might have a part to play in the enquiry in progress on the question of quarantine in the Chinese ports.

Dr. RAJCHMAN replied that a Special Commission had been entrusted with this question of quarantine and the Chinese Government had not asked that a Commission should examine any other Chinese health problems.

Dr. JITTA thanked Dr. Rajchman for his explanations, which had shown him the reasons for the suppression of the Far-Eastern Commission.

The PRESIDENT concluded the discussion by proposing :

24. The appointment of a *Sub-Committee for the Study of the Budget and Report of the Eastern Bureau*, over which Dr. Jitta would preside. The Committee would be composed of Sir George Buchanan, Professor Heng-Liu, Professor Nocht, Dr. Raynaud, Dr. Tsurumi and M. Velghe.

Sir George BUCHANAN understood that the Commission of Expert Statisticians would cease to exist because its task was at an end. He asked, however, whether the Committee was not required to elect certain members to join with members of the Institute of Statistics, with whom it was in liaison, for purposes of revising the international nomenclature of causes of death.

Dr. RAJCHMAN replied that the Health Committee had only been requested to do so on the occasion of the last International Conference for the revision of this nomenclature.

Professor Léon BERNARD observed that certain members of the Health Committee, among them himself, were members of the International Institute.

468. Examination of the Report of the Medical Director (Annex 3).

I. DECISIONS OF THE COUNCIL.

No observations.

II. COLLABORATION WITH THE CHINESE MINISTRY OF HEALTH.

Dr. KING wished to give the Committee a survey of the progress made during the past few months in the carrying out of the proposals of the Chinese Ministry of Health, which were described in the Medical Director's report on his mission to China.

He wished first, however, to express the deep gratitude of the Chinese Ministry of Health to the Health Committee and the Health Organisation of the League of Nations for their close collaboration and help in the work undertaken in China.

The entire National Government joined in these thanks and gave all its support, financially and otherwise, to the authorities of the Ministry of Health to carry out the important task which it had assumed of modernising the Chinese health organisation.

In order not to abuse the Committee's time, Dr. King would give a brief explanation of the progress made.

With regard to the reorganisation of the quarantine services, he informed the Committee that since Dr. Park had left Nanking offices for the National Quarantine Service had been installed at Shanghai and that the officials had already started to inspect ships and to control the junk traffic. By order of the Ministry of Finance, the Customs Administration was providing the necessary funds.

With regard to the Central Field Health Station an extensive piece of land adjacent to the Central Hospital had been taken over by the Government. The clinic and dispensary had already started work in the Central Hospital buildings. Premises had been set aside by the Ministry of Hygiene for the installation of temporary laboratories until the new buildings were constructed. Dr. Borcic was at present visiting Peiping, Tientsin and other towns in China in order to familiarise himself with local problems.

With reference to the new national hospitals, the Central Hospital set up by means of an endowment of \$200,000 was at present in full working. Two hundred patients were being treated there and about hundred came daily for attention. The Provincial Government of Chekiang had recently approved a credit of \$200,000 for the creation of a new hospital and was collecting the necessary funds.

With regard to medical teaching Dr. Faber was at present travelling about the country with Dr. F. C. Yen and certain Chinese experts to study this problem of primary importance.

With regard to the campaign against smallpox and cholera in the port of Shanghai Dr. King had pleasure in informing the Committee that 500,000 persons had been inoculated against cholera during the past season. Considerable work had also been done in the laboratories and only a very small number of cases had been notified during the year. With regard to smallpox an average of 100,000 vaccinations had been carried out at Shanghai during the three or four past months, and there was every reason to believe that next year the figure would amount to 200,000 or 300,000.

Dr. King wished to take advantage of the present opportunity to express his warm thanks to the Medical Director and the Health Organisation.

The PRESIDENT was sure he was interpreting the feelings of the Committee in thanking Dr. King for his words of praise. The results to which he had drawn attention were very encouraging, and the Committee was unanimous in congratulating the Chinese Ministry of Health.

Dr. RAJCHMAN wondered whether the members of the Committee realised the difficulties under which the Chinese Ministry of Health had had to work, especially during the past six months. The papers might give the impression that the only problems which claimed the attention of the Government were those relating to civil war. That was not the case and it was very encouraging to learn from Dr. King's statement and the information which Dr. Borcic regularly addressed to the Secretariat that the work of health reorganisation continued, in spite of all the difficulties.

It was particularly noticeable that the Central Government and the Provincial Governments, though engaged in long and expensive hostilities, could set aside important sums for the work of reorganisation.

In conclusion, Dr. Rajchman wished to emphasise the importance of the efforts made in the campaign against cholera and smallpox. Anyone who had had occasion to stay in Shanghai would be aware of the remarkable results represented by the vaccination in that town of 300,000 persons in one year.

Dr. Rajchman was authorised to inform the Committee that Dr. King had just been appointed Director of the Central Field Health Station, which filled the important rôle of advisory body to the Chinese Ministry of Health. That was a new opportunity for affirming that the collaboration between the Chinese health administration and the Committee would continue to be as close as possible.

On behalf of his colleagues, the PRESIDENT congratulated Dr. King on his appointment to so important a post.

Dr. TSURUMI associated himself with the congratulations addressed by the President and the Medical Director to the Chinese Ministry of Health. He was particularly interested in the question of quarantine and would submit observations after Dr. Park had made his statement.

The campaign against smallpox and cholera in Shanghai was of very great importance to the public health, not only of China but also of neighbouring countries, and Dr. Tsurumi would be glad to have additional information on this matter.

Dr. RAJCHMAN said that he would be at Dr. Tsurumi's disposal at the end of the meeting and would give him all the information he desired.

Dr. LUTRARIO had learned with satisfaction that Chinese medical officials had been requested to study the working of the sanitary administrations of certain European ports. He pointed out that in Italy several ports had been organised with great care from the sanitary point of view, particularly with regard to the fumigation of ships, and it would be interesting if the Chinese officials could visit some of those ports, in particular Venice, Naples and Genoa.

Dr. RAJCHMAN took note of Dr. Lutrario's offer, for which he thanked him.

Sir George BUCHANAN said that in England they had been very much struck by the interest taken by the Chinese official who had come to study port sanitary administration. His instruction had been arranged by the port sanitary authorities of London and Liverpool, and he thought that the Health Committee should be grateful to those authorities and their medical officers of health. If new visits were contemplated, it would be desirable to inform the local authorities in good time, so that they could make the necessary arrangements.

Dr. RAJCHMAN drew attention to the help given by the sanitary authorities of the ports of London and Liverpool, which the Health Committee greatly appreciated.

III. CURRENT WORK OF THE HEALTH SECTION.

1. *Service of Epidemiological Intelligence.*

Sir George BUCHANAN wished to make a small observation in regard to the publications of the Health Organisation which dealt with epidemiological intelligence—namely, the *Weekly Record* and the *Monthly Report*. Certain members of the Committee had indicated how much importance they attached to these publications, which obviously met a demand in a great number of countries.

The health administrations in Great Britain were not so interested in them except for the part devoted to the official intelligence supplied under the Sanitary Convention. They had a complementary system of information through the British consular agents and they made their own epidemiological studies in their own way. At the same time, the fact that the publications of the Health Organisation were not used in Great Britain to such an extent as elsewhere did not decrease their importance.

When opinions were expressed in these publications they were necessarily personal opinions, and it was inevitable that they should not always be accepted by all those concerned. It should, however, be clearly stated, as the President had suggested, that they in no way bound the Health Committee or the Health Organisation of the League of Nations as a whole.

He wished to emphasise how important it was to pay the greatest attention within the limits of possibility to the accuracy of the information. On several occasions the British administrations had been embarrassed by the publication of incorrect information. He quoted as one example the already ancient history of cases of smallpox introduced by the s.s. "Tuscania". It had been very difficult to put an end to the false rumours which circulated in this connection, and they had only finally been removed when the various national administrations had received and accepted the official British statement which Sir George Buchanan had forwarded to the *Office international* at Paris. It was there explained that fifty cases of incubation had been noted and very carefully watched and that secondary cases of the disease had developed only in five cases, which had not, moreover, been very serious. Two or three months later, however, the Monthly Report indicated that the Tuscania had caused an epidemic of 200 or 300 cases in England.

Dr. RAJCHMAN thanked Sir George Buchanan for his criticisms, which were quite justified. The Epidemiological Intelligence Service would profit by them. He wished, however, to remove one or two slight misunderstandings.

It seemed to him that Sir George Buchanan had not drawn a sufficiently clear distinction between the weekly records and the monthly reports. The weekly record was limited to facts, and the Medical Director would be grateful if Sir George Buchanan would give instructions to the Services which he directed to draw the Health Section's attention to any mistakes which might slip into the information. He did not think that important mistakes had often been noted up to the present.

With regard to the monthly reports, Dr. Rajchman fully approved the President's proposal that it should be stated at the beginning of the report that the Health Committee was not responsible for the articles published. He informed his colleagues that the rule of the Section would be applied more strictly namely, that articles published by the Section should never be signed.

Dr. Rajchman asked permission to return to the affair of the "Tuscania" at the next meeting.

Dr. CARRIÈRE wished not to criticise but to praise. It had already been said that the surveys on certain infectious diseases published in the monthly reports were of great importance. Dr. Carrière wished to draw attention to their usefulness: it was very difficult for the Services concerned to keep themselves satisfactorily well informed as to these diseases, and he himself intended to publish in the weekly bulletin of his Service summaries of the articles contained in the monthly reports.

Sir George BUCHANAN would be glad to give any additional information for which he might be asked on the "Tuscania" affair.

He was in favour of the President's proposal in regard to the note which should appear at the beginning of these publications. If they were not signed by the author, the Health Section, and in consequence the Medical Director, would have entire responsibility for the views expressed.

Dr. RAJCHMAN observed that the responsibility could hardly be heavier than in the past, seeing that in the course of nine years only three articles had been signed.

Dr. LUTRARIO observed that the note which it was proposed to place on the first page of the publications might take away a great part of their authority.

Dr. RAJCHMAN thought that it was nevertheless very desirable that it should be included.

In reply to Dr. Lutrario Sir George BUCHANAN said that in an English publication of the Anti-Vaccination League with an extensive circulation articles had appeared in which no distinction was made, so far as the Health Committee's responsibility was concerned between a report of the smallpox Commission over which Professor Ricardo Jorge had presided and certain information obtained from the weekly record of Epidemiological Intelligence.

Sir George Buchanan then referred to the last paragraph of the chapter on Epidemiological Intelligence, which drew attention to the broadcasting in clear of information from the Nauen station in Germany. He pointed out that he had made reservations in regard to this broadcast which appeared in the Minutes, reservations which he had also reported to his Department and to the *Office international* at Paris. He regretted that this broadcast in clear had been agreed upon without a fresh consultation of the Committee.

Dr. RAJCHMAN wished in the first place to make it clear that the Bureau was not responsible for the incriminating decision having been taken by the Health Section.

He drew attention to the following facts. For four years four wireless stations had broadcasted summaries and epidemiological information in clear, and the Saigon station broadcasted complete information. For four years also the Nauen station had broadcasted the information in code. In order, however, to meet the repeated requests of the Eastern Bureau it now broadcasted in clear. Dr. Rajchman saw no difference between this broadcast in clear and that done at Saigon.

M. VELGHE had no objection to continuing this practice, although it was not without its inconveniences, but did not think it desirable to extend it to other diseases, as this method of disseminating information might, in many cases, create panic among the public.

Dr. RAJCHMAN assured him that no further addition would be made until the preliminary opinion of the Health Committee was obtained.

The PRESIDENT noted that the members agreed that the publications concerning epidemiological information should be continued.

All the difficulties would be removed by very slight changes.

FOURTH MEETING.

Held on Thursday, October 2nd, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

469. Proposal of the Spanish Government for a European Conference on Rural Hygiene.

Professor PITTALUGA read the report of the Sub-Committee (Annex 5.c.).

Sir George BUCHANAN, in thanking Professor Pittaluga, said that the interest of Great Britain in a European Conference on Rural Hygiene was considerable. The geological characteristics of the British Isles had led to very varied types of rural organisations. The fact that a large part of the British population lived by agricultural labour was often overlooked. It would seem desirable to draw up the programme of work of the conference as soon as possible. Something more than the main outlines was necessary if the Governments were to be in a position to appoint appropriate delegates.

Professor Ricardo JORGE heartily congratulated Professor Pittaluga, who had inspired the movement which had led up to the Spanish proposal. The Sub-Committee's report, of which he was the author, was remarkably moderate, concrete and practical, and Professor Jorge had no observation to make in regard to the formula and procedure proposed in the report.

He wished, however, to make a reservation in regard to the composition of the conference. He did not understand the necessity for restricting by the adjective "European" the number of countries which would take part, when agricultural labour raised similar problems throughout the world.

It was true that the Spanish proposal provided that observers from non-European countries could be invited to attend the Conference, but Professor Jorge considered that though the presence of observers could be justified at a political meeting that was not the case with a scientific meeting. If observers were present at the discussions of the Conference why should they not take an active part in it? In particular, it would be very valuable to have the advantage of the experience of the United States, especially in regard to agricultural technique, which was of great importance from the health point of view.

At the present time, technical economic and social questions could not be separated from health questions, and there was one factor in particular which militated in favour of a more extensive representation on the contemplated conference—the soil of certain districts in Europe did not suffice to nourish a surplus population and the latter emigrated to new countries. From northern Portugal, as from northern Spain, a wave of emigrants, which continually became more considerable, flowed towards South America. Professor Jorge did not see why a distinction should be made between the mother country and its former colonies. Italy, Poland, Czechoslovakia, Hungary and other countries also contributed an important contingent to European emigration. Why not consider the element of the population which left in the same way as that which remained?

Moreover, the bonds uniting these two elements were complex, and though the emigrants who returned to their native country brought with them their savings they also brought certain diseases, such as tuberculosis, which was now prevalent in certain districts of Portugal where it had been unknown for forty years. It would be easy for Professor Jorge to develop this argument much further, but he thought he had demonstrated sufficiently the necessity for endeavouring to solve the problem of rural hygiene in its entirety.

M. VELGHE was very much impressed by the arguments put forward by Professor Jorge but regretted that he did not agree with him: the Health Committee was faced with a well-defined scheme. The League Council had accepted the proposal of the Spanish Government, and it seemed that the Health Committee could not change it. The Committee could only express its opinion. Professor Pittaluga might possibly draw the Spanish Government's attention to that opinion.

Moreover, M. Velghe thought that the Spanish Government had been wise to limit to Europe the countries which should take part in the Conference. It would only sit for a few days, and it was important—as Sir George Buchanan had observed—to limit the programme

of questions to be discussed, apart from which the reports submitted could not be examined with the necessary care. In addition, this was merely a conference—in other words, a meeting with a not very definite character, and for whose task the arguments which had to be taken into account when a permanent institution was set up were hardly applicable.

If it was desired that the conference contemplated should do useful work, it was essential to limit its terms of reference. Though there were certain points of resemblance between rural problems throughout the world, the differences presented between one country and another were much more numerous. Within the field of Europe alone those differences were very pronounced. With regard, for instance, to medical assistance to the rural population, the problem was not the same in Belgium, where the population was very dense, and in France, although they were neighbouring countries.

Consequently, M. Velghe thought it would be preferable to convene other conferences, if necessary, in other continents for the study of the rural problems of those continents, rather than to leave to a single conference the solution of those problems throughout the world.

Dr. JITTA began by congratulating Professor Pittaluga and the Sub-Committee. Generally, he was only too pleased to follow Professor Jorge, but in the present case he agreed with M. Velghe. Professor Jorge was right in principle, but in addition to M. Velghe's objection that the Health Committee could not go further than the Spanish Government had gone, there were also practical reasons against the convening of a world conference.

Thus, for instance, the Sub-Committee had suggested April 23rd, 1931, for the opening of the conference, and it would be difficult to convene the countries of the whole world for that date.

It would be possible to refer to Professor Jorge's opinion in the report of the Health Committee and to explain that the conference was only limited to Europe for practical considerations, and that the Health Committee reserved its right to make more comprehensive suggestions if necessary.

Dr. Jitta wished to raise questions on points of detail.

1. How would the Conference be composed? Would all the European countries be invited to send representatives or only some of them?

2. The following passage occurred in the report :

" We would ask the Health Committee to accept this Committee's suggestion and to point out to the Council the desirability of sanitary engineers, administrators, representatives of farmers' associations, representatives of social insurance associations, being sent to the Conference. . . "

Was that necessary, and if so would it not be desirable to complete the list? No reference was made, for example, to veterinary experts whose views might be very useful.

As a member of the Sub-Committee for the study of the Spanish proposal Dr. CARRIÈRE congratulated Professor Pittaluga on his clear summary of the sometimes confused discussions of the Sub-Committee.

With regard to the question itself, he did not agree with Professor Jorge's opinion, and supported that of M. Velghe. In his opinion the convening of an international conference would only lead to confusion pure and simple, owing to the great differences presented by rural problems in the various continents. Moreover, the object of the Conference was not to draw up an international convention, but simply to make recommendations.

Professor PITTALUGA wished first to thank Sir George Buchanan for his approval of the report, and to assure him that all the members of the Health Committee very much hoped that her overseas Empire would not prevent Great Britain from considering herself as interested in all European problems.

There might seem to be a contradiction between the beginning of the report, which emphasised the necessity for limiting the programme of the Conference and giving clear and concrete definitions to the questions placed on the Agenda, and the very wide scope of the three subjects proposed in the continuation of the report. That contradiction occurred because the Sub-Committee, after indicating what general principles should be followed in preparing for the Conference, had very naturally been careful, when it came to defining the programme of the Conference, not to fix too narrow limits to the future decisions of the Rapporteurs of the Conference. It was obvious that the three fundamental problems selected were very vast, but it would be for the Rapporteurs of the Conference to limit and define them and Professor Pittaluga did not think that that could be done immediately.

Professor Jorge's observations on the report were inspired by a spirit of universality. The practical reasons, however, for limiting invitations to the Conference to European countries had been explained so forcibly by M. Velghe that Professor Jorge himself must have been convinced, and he would doubtless be satisfied if the Bureau of the Conference proposed that at future international conferences on rural hygiene all the nations of the world should be represented. The Health Committee was tied because the Council had accepted the Spanish Government's proposal, which was limited to Europe. Moreover, the presence of non-European observers indicated in what spirit this Conference would be convened.

As to the question raised by Professor Jitta regarding the list in the report, Professor Pittaluga wished to point out that the list was only given by way of suggestion. That it was not limitative was indicated by the word " etc. ", with which it ended. Professor Pittaluga was not, however, of opinion that the list should be extended. Veterinarians obviously held an important place among factors influencing public health, especially in countries such as Italy and Spain, where they worked in collaboration with hygienists and received a thorough training to that end. It certainly was not Professor Pittaluga's desire to exempt them from this Conference, but he thought it would be preferable to leave the Governments free to call upon them or not. Difficulties might, indeed, arise in connection with the relations between the various medical professions.

Dr. Jitta and Dr. Carrière had asked what Governments would be invited to send representatives to the Conference. It seemed obvious that invitations should be addressed to all the Governments, but possibly it might be desirable to appoint a preparatory commission which would be requested to examine this question.

Professor Ricardo JORGE wished to defend himself against the charge of being impractical in his ideas. M. Velghe and Dr. Jitta had to a certain extent agreed that his observations were sound. Dr. Carrière had been more explicit. He considered that it would be utopian to hope for fruitful results from an international conference. The future would show whether that point of view was justified or not.

Professor Jorge felt that emigration raised one of the gravest health problems of the present epoch, and he believed that the convening of a World Conference on rural hygiene would one day be essential owing to practical economic necessities.

International conferences constantly met for the study of the most diverse problems. Why should it not be the same for the matters which interested the Health Committee? Why should it be impossible to address invitations to all countries?

Moreover, Professor Pittaluga had outlined in his report a concrete programme for the agenda of the Conference. The first subject—guiding principles and suitable methods of ensuring effective medical assistance in rural districts—could be suggested for study by all the countries. The same was the case with two other subjects: all countries could offer valuable information.

Sir George BUCHANAN wished to assure Professor Pittaluga that he had never intended to criticise the three headings of the proposed programme. He had simply pointed out that in view of the very short time available it was important to have all possible information in regard to the date, composition and definite programme of the Conference as soon as possible.

Dr. LUTRARIO expressed his satisfaction that the report according to his suggestions referred expressly to the question of rural housing, of which he had often spoken to the Health Committee and which he considered as the centre of most rural problems. On this subject a programme of research had been established in agreement with the International Institute of Agriculture, which it might be useful to consult when the question was thoroughly studied.

In reply to Sir George Buchanan, Dr. RAJCHMAN informed him that a preparatory commission would shortly be appointed by the Committee and that that commission could immediately get to work.

Sir George BUCHANAN thanked Dr. Rajchman. He supposed that the various subjects of the programme would be divided among several Rapporteurs and that the preparatory Commission would thus be able rapidly to get to details.

Dr. RAJCHMAN replied that the methods of work to be adopted by the preparatory commission could not be prejudiced.

The PRESIDENT thought that the discussion could be considered as closed.

The Health Committee associated itself with the congratulations addressed to Professor Pittaluga and took note of the suggestions put forward by Professor Jorge.

470. Report of the Malaria Commission on its Study Tour in India.

Professor SCHÜFFNER thanked the Committee for inviting him to submit a commentary on the report.

That report was preceded by a note prepared by Colonel Christophers at the request of the members of the mission, explaining the whole problem of malaria and giving a survey of what had been done up to the present in India in the campaign against this disease. That study had been of very great value to all the members who had taken part in the tour. The report itself described the work of the Commission.

It was difficult to explain how rich in impressions had been this tour of five months. In the itinerary which had been very competently drawn up the routes usually followed by travellers in India had been avoided and the members of the expedition had been able to obtain a very good knowledge of the country.

The British hosts of the Commission, Colonel Christophers, Major Sinton and his assistant, Mr. Mulligan, as well as the directors of the health administrations of each province and the malariologists attached to the railway department, had prepared for the tour down to the

smallest details. Professor Schüffner wished, on behalf of all the members, to express the gratitude of the mission to all those who had endeavoured to facilitate the tour, and in particular to General Graham.

The mission had received all possible help. In certain cases notes had been specially drafted for its use, and these have been attached to the report in the form of annexes.

When a province had been visited, meetings had been held at which the mission had endeavoured to arrive at the result of the work done, Dr. Ciuca and Dr. Peltier had drafted Minutes of such meetings on the basis of which the report had been drawn up, in the first place in the form of a draft by Professor Swellengrebel.

Professor Schüffner then indicated the main stages of the tour, Bombay, the Punjab, Calcutta and Bengal, Rangoon and Burma, the eastern coast of the Indian Peninsula and Madras, returning to Bombay by the south of India.

Malaria was found in India in its most diverse forms. This disease, however, had certain special characteristics, and the mission had distinguished four main local malaria problems which should be studied separately, for entirely different measures were needed to combat them.

1. *The Urban Malaria Problem.* — This problem, apart from the case of Jerusalem, appeared to be peculiar to the Indian towns. It was clearly caused by a single type of anophelene, the *A. Stephensi*, whose breeding-place was in wells in the houses and in cisterns on the roofs. That explained the origin of the epidemics limited to one family or to the inhabitants of one house, which so often occurred.

The remedy seemed easy. The work of Bentley had already indicated it in 1911. It would suffice to seal hermetically all wells and cisterns. The natives, however, showed great repugnance to allowing strangers to penetrate into their houses, and for all kinds of social and religious reasons did not wish the water, which they think ought to be exposed to air and sun, to be touched.

2. *Bengal Delta.* — Malaria had only begun to prevail in this delta seventy or eighty years ago, and districts which had formerly been flourishing had been to a great extent depopulated by this scourge. It seemed that it could be imputed to the work of all kinds, construction of dykes, railways, roads, etc., which had led to the cutting of numerous small channels from the Ganges delta, the water of which had become stagnant. In districts where the water still ran freely, the situation was much better. The spleen index was from 2 to 3 per cent instead of from 80 to 90 per cent.

The improvements proposed by Bentley included a whole system of irrigation and drainage which would result in giving the delta its original character. The expense involved in this scheme would be enormous, but the mission entirely approved of it in principle.

3. *Punjab.* — Here the mission noted a converse phenomenon. In this originally dry district extensive irrigation work had been done by the English, and the level of the water had risen considerably, to the extent of becoming level with the surface in certain places. The new humidity of the land had led to the development of malaria. One of the characteristics of the scourge in the Punjab was the appearance of a terrible epidemic every eight or ten years, the reasons for which were as yet unexplained. Doubtless the atmospheric conditions played an important part. In specially damp years the anopheles developed in August and their action started in September. In drier years, on the other hand, the mosquito only developed in September, and the temperature was then too cold for it to be very harmful.

4. *Districts at the Foot of the Mountains.* — At the foot of the Himalayas was a very rich district devoted to the cultivation of tea, where terrible epidemics raged. New immigrants constantly arrived from the healthy districts, who, being non-immunised, were attacked *en masse*. It seemed that in this case the only solution, in spite of the richness of the soil, was to put obstacles in the way of immigration.

For the solution of the various problems to which Professor Schüffner had just called attention, very vigorous efforts had been made and they had often given important results. It should be pointed out that in the industrialised districts the development of the railways made it possible to carry on the campaign with rational methods. Thus Dr. Ramsay had been able, in the Cashar district, to take very effective measures at a cost of one rupee per head. In less-developed districts the cost was much higher.

Professor Schüffner then summarised the conclusions at which the mission had arrived. In the first place, all those concerned had insisted on the importance of devoting more considerable sums of money to the campaign against malaria. The country was so great and the population was so numerous that this campaign necessarily involved considerable expenditure.

On the other hand, the medical assistance available was obviously inadequate : on an average there was one doctor to 20,000 to 40,000 inhabitants.

A very important question was the thorough training of doctors. Colonel Christophers had taken in hand the organisation of special schools. The members of the mission had followed certain of the courses and were appreciative of the excellent work done. Finally, there was a series of problems in regard to which the opinion of the mission sometimes differed from that of British circles : those concerning studies in regard to the campaign against malaria.

In the first place, there arose the question of immunisation. Could the use of quinine be given up and only natural remedies be used ?

With regard to the question of splenetic fever it had to be admitted that no solution had yet been found.

Finally, the mission considered that, in the study of the different kinds of anopheles, an endeavour should be made to establish biological distinctions when morphological distinctions were difficult to make.

Professor Schüffner concluded by saying that, though the tour had thrown light on a certain number of problems, it had also shown the necessity for continuing to study them.

The PRESIDENT thanked and congratulated Professor Schüffner.

Dr. LUTRARIO, who had presided over the plenary meeting of the Malaria Commission at Algiers in May 1930, at which the report of the mission to India had been submitted and adopted, wished to express his admiration of the work accomplished. This study tour in India was the culminating point of the Commission's activity up to the present. The programme had been very carefully prepared in advance, with the help of Colonel Christophers and General Graham.

The mission had collected a very great number of observations and new ideas on the scourge, which in some years claimed more victims than all the other infectious diseases in India.

In that immense country, with a population of more than 300,000,000 inhabitants, who were to a great extent scattered among innumerable villages, the British Administration had attained very appreciable results in the campaign against malaria, mainly in the scientific field of which Kasauli was a very remarkable centre. It had been very rightly said at Algiers that the three principal stages in the history of malaria in regard to parasitology had occurred successively in Algeria, Italy and India.

The Health Committee would certainly wish to thank General Graham and Colonel Christophers very warmly, as well as Professor Schüffner and his collaborators.

Dr. RAJCHMAN pointed out that as a matter of procedure the Health Committee should adopt the report and forward it to the Council. The Committee would also probably request the Council to communicate the report to the Government of India.

Dr. Rajchman proposed that a resolution should be prepared for submission to the Committee.

471. Statement by Professor Swellengrebel on Malaria in Bulgaria.

Professor SWELLENGREBEL began by summarising the conclusions of his report on malaria among the refugees in the Government of Burgas in Bulgaria (Annex 7).

With reference to the divergencies of opinion which had been shown in regard to the anti-malaria campaign in Bulgaria, he wished to point out that it was not really possible to speak of different schools. All admitted the need for the campaign and some simply held that this campaign should not be isolated but should be developed on parallel lines with the other measures of health reorganisation in the country.

Dr. Kessiakoff, Director-General of Public Health in Bulgaria, had sent a note in reply to Professor Swellengrebel's last report. In spite of certain reservations that note proved that the Bulgarian health authorities were determined to continue the anti-malaria campaign by following the main principles of the recommendations of the High Commissioner of the League of Nations and within the general framework of the new health organisation of the country.

The PRESIDENT thanked Professor Swellengrebel. His mission would certainly have important results.

Professor PITTALUGA wished, on behalf of the members of the Malaria Commission, to draw attention to the importance of Professor Swellengrebel's work. Professor Pittaluga was aware of the great difficulty of the task, not only from the point of view of local problems but also owing to existing prejudices.

The report showed that he had been able to apply the principles which had been recommended.

Dr. RAJCHMAN explained that Professor Swellengrebel's report would form part of the series of reports submitted to the Health Committee and the Bulgarian Government.

The Bulgarian health authorities had been invited to send a representative to the present session of the Committee. Dr. Kessiakoff had informed the Secretariat that he regretted his inability to come to Geneva; he had, however, sent a memorandum which had been studied by the Malaria Commission.

Dr. Rajchman pointed out that this question of malaria had been discussed by the Council and the Financial Committee in connection with the general problem of Bulgarian refugees. It had been understood that from April 1st, 1931, the Bulgarian Government would be responsible for the anti-malaria service. The Council had thanked that Government, and had recommended that the campaign should be continued energetically. The Bulgarian Minister for Finance had given the assurance that the Bulgarian Government would do its best to continue to apply the measures which had been adopted.

472. Status of the Members of the Health Committee.

The PRESIDENT recalled that Professor Bordet had, at the first meeting of the session, raised the question of the respective positions of the different categories of members of the Committee. The Bureau had examined the question and submitted the following draft resolution :

“ The Health Committee :

“ Having considered the question raised at its meeting on September 29th, 1930, concerning the position of the various categories of members of the Committee ;

“ Having ascertained that there is nothing in the Rules of Procedure to prevent the experts, whose appointment is provided for by Article 9 of those Rules, having the right to vote :

“ Decides that these experts shall enjoy the same privileges as those granted to other members of the Committee.”

That resolution could be submitted to the Council on the following day, and the proposed alterations would immediately enter into operation.

To a question from Professor Léon Bernard, the President replied that the category of assessors had been suppressed.

The resolution was adopted.

473. Examination of the Report by the Medical Director (Continuation).

III. CURRENT WORK OF THE HEALTH SECTION (*continuation*).

B. *Eastern Bureau of Singapore.*

No observations.

2. *System of Liaison with the Health Administrations of Different Countries.*

Professor LÉON BERNARD, referring to the congratulations addressed to him at the end of the paragraph concerning the general study tour in France, thanked the Medical Director and wished to associate in those congratulations Dr. Biraud and Dr. Forestier, who had played a very considerable part in organising the tour.

He had been requested officially to act as spokesman for the Chief of the French Health Administration in expressing the satisfaction which the study tour had given. The reports submitted would be of great value to the French services.

On behalf of the Health Committee the PRESIDENT associated himself with the thanks addressed in the report to Professor Cantacuzène and Dr. Stampar for organising the study tour in the Balkans.

Dr. TSURUMI offered the Health Committee the thanks of the Japanese Government, at whose request the study tour in the Far East of port health officials had been undertaken. The Japanese health authorities had been very glad to receive Dr. Park and his colleagues.

Sir George BUCHANAN wished to refer to the collective tour proposed in the programme for 1931 with a view to the study of the milk supply. If this tour was, as stated, to be limited to a small number of persons, it was difficult to reconcile the idea of national representation with the other idea, which seemed also to have been accepted, of securing experts with different types of knowledge. A great many countries were interested in the question and would like to be represented. Was one country to be asked to send a bacteriologist, another a veterinary surgeon, a third a medical officer of health, and so on ? He thought that the idea of specialised experts might be pressed too far.

Dr. RAJCHMAN replied that in view of the very great importance of a visit to the United States, where facilities had been promised for the organisation of the tour, and the importance of including among the participants hygienists who had some influence on the milk policy of their respective countries, the best solution would be to organise two tours ; a large group would visit the European countries, and a small group, emanating from the first group, would complete the tour by a visit to the United States.

Sir George BUCHANAN still thought it necessary to come to an understanding in order to ensure balance among the members of the mission between the number of hygienists, veterinarians, bacteriologists, chemists, etc., who would be nominated.

Dr. CARRIÈRE pointed out that what Dr. Rajchman had called the “ milk policy ” was being studied in Switzerland at the present time. He hoped that Switzerland would be among the countries visited. That country would be very glad to receive the mission and hoped that a Swiss representative would take part in the tour.

Professor PITTALUGA said that the question of the milk supply greatly interested Spain. The report recommended that the participants in the tour should be officials connected with the municipal health administration. Owing to the autonomy of municipal organisations, which was general throughout Europe, those organisations would appoint their representatives, and Professor Pittaluga asked what measures would be taken to avoid undesirable appointments.

M. VELGHE thought that the Medical Director and the various Governments should be given the greatest latitude in the choice of the members of the tour.

In his opinion, though it was necessary to ensure the inclusion of persons with somewhat diverse types of specialised knowledge, it was especially important to appoint organisers. Indeed, many attempts at organising the milk supply in the different countries had already been made. The stumbling-block had always been the high price of milk supplied by the organisations which had been set up with that object.

The collaboration of veterinarians, bacteriologists, and other specialists was not sufficient to assure an unfettered supply; organisers were also needed, preferably municipal administrators.

Dr. JITTA expressed the hope that the Netherlands would also be visited.

Dr. RAJCHMAN thanked the members of the Committee for their observations. Switzerland and the Netherlands would certainly be among the countries visited.

With regard to the composition of the mission, if the Health Committee would be good enough to follow M. Velghe's advice it would not be difficult for the Health Section to come to an agreement with the health administrations, so that its composition would meet the needs of the case. Dr. Rajchman explained that the Section always approached health administrations directly and not through the intermediary of Governments.

Professor FITZGERALD hoped the Commission would also visit Canada. An official invitation could be sent to the Health Committee if necessary.

Dr. RAJCHMAN thanked Professor Fitzgerald for his proposal. He would discuss it with him later.

The PRESIDENT wished to support M. Velghe's view. He pointed out that the duties of veterinarians varied according to countries. In certain districts they were not only technicians but also organisers. He felt sure that, after thanking the different organisers of the study tours individually, the Health Committee would also wish to thank the French, Roumanian and Yugoslav Governments, which had given every possible facility.

FIFTH MEETING.

Held on Thursday, October 2nd, 1930, at 5 p.m.

President: Dr. Th. MADSEN.

474. Establishment of an International School of Advanced Health Studies at Paris.

Professor LÉON BERNARD read his report on behalf of the Sub-Committee appointed to examine the French Government's proposal (Annex 4 c). The French Government had just given its final approval to the draft Organic Statute of the International School, and, in particular, to Article 10 (Budget)—which was similar in all points to the corresponding article in the Statutes of the Educational Cinematographic Institute at Rome—and to Article 13, in regard to which the following slight modification had been requested:

“... A report on the work of the School shall be forwarded each year by the Governing Body to the Council of the League of Nations and to the Government of the French Republic, which may communicate it to the French Parliament. It shall be communicated to all Members of the League of Nations.”

Professor Léon Bernard pointed out that the French member of the Managing Committee appointed by the French Government would also, *de jure*, be a member of the Governing Body.

Sir George BUCHANAN said that the Health Committee should be grateful to Professor Léon Bernard and to the Sub-Committee which had assisted him for having submitted in so clear a form all the necessary information in regard to the nature and details of the organisation of the school.

Thanks to the excellent step taken by the French Government, the Health Organisation of the League of Nations would have at its disposal a valuable instrument by means of which public health officers could be trained in questions concerning modern practice. The French Government's scheme, he noted, was not intended either to replace the teaching given in the national schools or to interfere with any instruction which they give on international matters. The schools of hygiene in the British Empire, and, in particular, the London School of Hygiene

and Tropical Medicine might, for example, decide to undertake special courses of instruction for foreign visitors and in this could co-operate with the new school; although naturally there would be no question of placing such courses of instruction under the direction of the League of Nations.

Professor LÉON BERNARD noted that the Health Committee unanimously agreed with Sir George Buchanan's friendly observations.

He was very grateful, both on behalf of the French Government and of himself, for the approval of the Health Committee. No appreciation was so valuable to him as that just offered by Sir George Buchanan, who represented one of the soundest and most complete health organisations in the world.

The PRESIDENT said that the Health Committee should be extremely grateful to the French Government for having left almost the whole of the control of the new school in its hands in so very generous and liberal a manner.

Dr. RAJCHMAN pointed out that the report would be submitted to the Council on the following day with any observations which the Rapporteur—the representative of the Irish Free State—wished to offer.

475. Opium : Application of Articles 8 and 10 of the International Opium Convention of Geneva.

Dr. CARRIÈRE, Chairman of the Opium Commission, presented his report (Annex 12) and submitted the following draft resolution :

“ The Health Committee,

“ Having considered the report of its Opium Commission on certain questions arising from the application of Articles 8 and 10 of the Geneva International Opium Convention, and the opinion given by the Permanent Committee of the Office international d'Hygiène publique in virtue of these articles :

“ (a) Adopts all the conclusions of the report of the Office international d'Hygiène publique on the application of Article 8 to the preparations proposed by the Governments of Germany, Great Britain and Siam, as they appear in document C.H.892 ;

“ (b) Decides to transmit to the Office international d'Hygiène publique, for opinion and report, the list of preparations proposed for exemption under Article 8 by the Estonian Government (see document C.H.892) ;

“ (c) Decides, in virtue of Article 10 of the Convention, to inform the Council of the League of Nations that acedicone (acetyl-dimethyl-dihydrothebaine) is liable to similar abuse and productive of similar ill-effects as the substances to which Chapter III of the International Opium Convention of 1925 applies, and recommends that the provisions of the said Convention should be applied to it.”

Dr. TSURUMI asked the Health Committee to be good enough to include his name among the members of the Opium Commission. His country was very interested in all the questions dealt with by that Commission.

Dr. CARRIÈRE welcomed this suggestion with pleasure.

The Committee granted Dr. Tsurumi's request.

Sir George BUCHANAN recognised that the “ occulets ” referred to in the German list were not likely to lead to abuse, and that the reasons given for exempting them from the restrictions of the Convention had great weight. Nevertheless, a somewhat delicate question arose in regard to interpretation. If the Convention were interpreted in a strictly legal manner, it could be said that these preparations should not be allowed the benefit of Article 8. The standard set up by the Convention was not based on whether a larger or smaller amount of narcotic was contained in the preparations, but on whether a narcotic drug was or was not compounded with so unpleasant a substance that the compound was not likely to give rise to a habit of addiction.

Dr. RAJCHMAN thanked Sir George Buchanan for having raised this question, which, contrary to what might be thought, was of great importance. It should be remembered that the Health Committee's recommendation would be final, and that the Council would not discuss it. If there was the least doubt as to whether the recommendation was well founded, the Committee would do well to adjourn the question.

Dr. CARRIÈRE pointed out that the quantity of narcotics contained in these preparations was so small that it would be impossible for drug addicts to use them. The latter would have to spend enormous sums of money in order to obtain an appreciable quantity of narcotics.

M. ABT pointed out that, if “ occulets ” and other similar preparations contained cocaine, it would be compounded with tropine, and the latter substance was so unpleasant that no one would be tempted to take it twice, even in extremely small doses. The recommendation of the *Office international d'Hygiène publique* could be justified simply from the fact that in “ occulets ” tropine was compounded with cocaine.

M. VELGHE thought that it would be very regrettable if the decision to be submitted to the Council were adjourned for six months. It had been before the Health Committee for a year, and the Permanent Committee of the Office international had given its decision six months ago. No one would understand why the Health Committee was unable to come to a decision. He asked his colleagues to make an effort to settle the point.

Dr. HAMEL observed that "occulets" were so small that they could be introduced into the eye without producing any disagreeable feeling. They contained equal parts of cocaine and tropine, and each of the constituents weighed three-tenths of a milligram. It was therefore impossible to conceive of their abuse.

In those circumstances, it could be maintained that, if any exemption was justifiable, it was the exemption of "occulets".

Sir George BUCHANAN thought that M. Abt had found the solution of the problem; he had no intention of objecting to that exemption. An unsatisfactory reason from the legal side had been given in the report, but the mistake could be very easily rectified by the addition, for instance, of a note drafted on behalf of the Committee by Dr. Carrière.

Dr. CARRIÈRE recognised the real reason which justified exemption—the combination of cocaine and tropine—and regretted that this point had not been stated clearly in the report.

Dr. RAJCHMAN pointed out that the next session of the Council would take place in January 1931. It would be a pity to wait until then before submitting to it the Committee's recommendation. On the other hand, a summary of the discussions of the Health Committee could not be forwarded to the Governments, nor could the report be rewritten, for there was not sufficient time for the purpose of indicating the legal reason why preparations such as "occulets" should be allowed the benefit of the provisions of Article 8.

In those circumstances, he proposed that Dr. Carrière's recommendations should be forwarded to the Council. Dr. Carrière could then either prepare, or give the Health Section the necessary instructions for preparing a short explanatory document, which would accompany the Secretary-General's letter to the Governments who were parties to the Opium Convention.

This proposal was adopted.

SIXTH MEETING

Held on Friday, October 3rd, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

476. Examination of the Report of the Medical Director (Continuation.)

IV. COLLABORATION WITH SOME PUBLIC HEALTH ADMINISTRATIONS.

A. *Liaison with Latin-American Health Administrations.*

1. *Bolivia.*

Reserved (see eighth meeting).

2. *Infant Mortality (Lima Conference).*

Reserved (see seventh meeting).

3. *Serological Conference of Montevideo.*

Dr. RAJCHMAN stated that Professor Jadassohn had announced by telegram that the Conference had concluded its work. The results had been very satisfactory, and it had been decided to continue to collaborate with the Health Organisation.

4. *Leprosy in South America.*

Reserved (see ninth meeting).

B. *Request made by the Bulgarian Government regarding the Campaign against Syphilis.*

Reserved (see tenth meeting).

C. *Anti-malaria Campaign in Bulgaria.*

The question had been examined during the fourth meeting.

D. *Collaboration with the Greek Government: Statement by Dr. Pappas.*

Dr. PAPPAS pointed out that factors of an entirely exceptional nature had influenced the health situation in Greece.

The Balkan wars of 1912 had resulted in the annexation by Greece of part of Macedonia and Thrace, including, in particular, a number of somewhat undeveloped districts where the Greek Government, as a result of the world war and the revolution, had been able to do very little to improve the health situation until 1922.

In 1922, as a result of occurrences in Asia Minor, a contingent of 1,300,000 refugees, 1,100,000 of whom were Armenians, had arrived in Greece, which was a country with 5,000,000 inhabitants.

All those refugees, the majority of whom were women, old people and children, absolutely deprived of all their possessions, had had to be accommodated somehow in the various Greek

ports. Had it not been for the spirit of solidarity shown by the Greek people, this would have resulted in a deplorable catastrophe and in one of the most serious consequences of the world war.

Every Greek house, however, was opened for the relief of these unfortunate refugees, and the Government, with the help of the League of Nations, had worked at the solution of the problem of establishing them in the country.

As might have been anticipated, the refugees had brought with them a great number of diseases. It was to the credit of the Greek health services that, in a few months, thanks to the devotion of the Greek doctors, the epidemics of exanthematic typhus, cholera and smallpox which had broken out had been arrested.

The presence of these refugees had given rise to a number of health problems.

In the first place, they had had to be fed, and the stocks of food had proved insufficient.

In the second place, there had arisen the very difficult question of the water supply. Water was scarce in Athens, at the Piræus, at Salonica and in the Macedonian plains. Only four years ago the Government had deepened the Lake of Marathon, which provided the water necessary for the population of Athens. In Macedonia, artesian wells for ensuring a water supply to the agricultural refugees had been bored, but those wells had led to an unfortunate result—the appearance of malaria.

In the third place, the problem of housing had had to be solved. At Athens and the Piræus alone, however, the population had risen in one year from 300,000 inhabitants to 1,000,000.

Finally, the number of hospitals, maternity homes and lunatic asylums had been inadequate.

The Greek Government had had to try to remedy all these difficulties at the same time. In eight years 180,000 dwellings had been constructed, in which 1,000,000 refugees could be housed. There still remained 200,000 refugees to be housed, for whom 20,000 dwellings were necessary. A credit of 100,000,000 drachmas had been included in the last budget for the construction of cheap dwellings for workers in the towns.

Two thousand kilometres of road were under construction, and a great number of ports were being fitted out in such a way as to make possible better supervision from the health point of view.

It must, however, be pointed out that, though the refugees had constituted a formidable burden on the Greek State, they had become, little by little, a productive element, and that was a point to which attention should be drawn.

Thus, the carpet and silk industries had been introduced into Greece. The preparation of raisins and figs had been developed, and the yield from fishing had been greatly increased. Finally, the production of tobacco had trebled, and the production of cereals had increased by 60 per cent.

As might be expected, the health situation was improving gradually, as the material conditions under which the refugees lived improved. Thus, for instance, thanks to the sixty medical and health centres set up in Macedonia, the mortality rate, which in 1923-24 had been from 30 to 50 per cent in the refugee villages, had now fallen to 17 per cent, while the birth rate had risen from 12 to 40 or 55 per cent.

It had, naturally, been impossible to avoid certain mistakes, of which the refugees had suffered the consequences. Several villages had been established in malaria districts. Other villages which had previously been exempt had been the victims of malaria epidemics as the result of the boring of artesian wells. Finally, mistakes had been made in regard to latrines and sewers.

At present, however, the authorities were endeavouring to remedy all these ills. A very great part of the health budget had, in particular, been devoted to the remuneration of the doctors attached to the refugees.

The difficulties to which he had just drawn attention partly explained why the Commission of the League of Nations had been struck, on its arrival in Greece, by certain regrettable aspects of the health situation. It had condemned them with some severity, particularly the hospitals. At Athens, however, a hospital which, in 1922, had had 200 patients now attended to 1,200, and the number of inmates of the mental asylum had increased from 160 to 1,000.

By what miracle would it have been possible for the Greek Government, which had had to meet so many urgent requests, to build all the necessary institutions? Though certain special hospitals which were able to take only the number of patients which they considered advisable had, thanks to that fact, been able to ensure the perfect working of their services, the same was not the case with the Government hospitals and asylums, which were open to everyone.

Those factors should be taken into account when the Greek health organisation was compared with that of neighbouring countries, particularly with Yugoslavia, where remarkable results had been obtained.

When he came into power, M. Venizelos had been struck by the deficiencies in the Greek health organisation. He had appealed to the Health Organisation of the League of Nations, which had immediately placed itself at the disposal of the Greek Government. Dr. Pappas wished to thank the members of the Commission who had visited Greece and to express the gratitude of the Greek nation for the considerable work which had been accomplished.

As a result of the enquiry, a programme of health reorganisation had been drawn up, on which the Greek Government was at present basing its health policy. The report of the Medical Director explained what portions of that programme had been achieved up to the present.

In addition to that programme, the Health Ministry was also considering the following questions, which called for urgent measures :

(1) *Malaria*. — A Malaria Council had been set up, which was presided over by the Director-General of the Ministry for Finance and included the Directors of all the Ministries whose action might influence the solution of malaria problems. That Council had at its disposal a budget of 24,000,000 drachmas specially set aside for the anti-malaria campaign, and any decision it might take was immediately put into practice, owing to the position of the members of the Council. Thus, for example, when the question of establishing the spleen index in schools had been raised, the Director of the Ministry of Public Education had been able immediately to give the necessary instructions. Thanks to him also, practical courses for teachers and pupils had been organised.

A certain number of principal centres and travelling units had been instituted. The doctors in charge were given a special training of four and a half months, three of which were devoted to theoretical instruction and laboratory work and one and a half to field work. Each doctor had three assistants, who had had two months' training.

Dr. Pappas hoped that, in a few months' time, sufficient documentation would be available for the publication of a first report on this matter. By way of example, he would point out that, in Epirus, where there was a centre and five travelling units, 21,000 patients had been examined, 600,000 doses of quinine distributed and 7,400 injections made. In fifty-one villages the work of sanitary installation had been carried out by means of labour and money provided by the villages themselves.

One of the most remarkable results was the interest of the population in everything connected with the campaign against malaria. With rare exceptions, all the mayors and heads of the communes had promised funds and days of work for the continuation of this campaign.

(2) *Tuberculosis*. — The Ministry of Health would put into operation during the present year a plan of campaign against that disease by means of anti-tuberculosis dispensaries and hospital sanatoria in the outskirts of the towns. Professor Léon Bernard had approved the plan, and good results were anticipated.

(3) *Rabies*. — Four new anti-rabies centres had been instituted.

(4) *Venereal diseases*. — Three " teams " were travelling in Macedonia and Epirus in connection with the campaign against venereal diseases.

Dr. Pappas did not wish to enumerate all the other activities of lesser importance which the Greek Government had undertaken outside its programme. He wished simply to emphasise the fact that, as the various parts of that programme were introduced by degrees into the Greek provinces, the campaign against diseases would become an integral part of the activity of the health centres. Thus, the administration would be simplified and the cost reduced to a minimum.

With regard to the very important problem of hospitals, it could be hoped that, in three or four years, the situation would be relatively satisfactory, thanks, above all, to private donations.

Dr. Pappas would be glad if the secretary of the Malaria Commission could make a tour in Greece to see the results obtained.

In conclusion, Dr. Pappas, who had directed the Ministry of Health for a year, was aware that the ignorance of the population was one of the principal causes of the unsatisfactory sanitary conditions noted in the country. Sanitary corps had visited 4,000 houses in Athens and 3,000 in the Piræus. They had noted the good will of everyone, especially of the women, but also their absolute ignorance of the measures which should be taken. The advice given was nearly always followed.

Dr. Pappas thought that the existing books on health devoted too large a part to anatomy, physiology, histology, pathology, etc., and too inadequate a part to health, properly so called. He would also venture to suggest that the Health Committee, on whose programme was health propaganda, should take the initiative in organising an international competition for books on health for use in primary and secondary schools, and also for the use of school-teachers. It might also be recommended that all school-teachers should be compelled to attend special courses in schools of hygiene for at least three months, or, if that were not possible, in the medical schools.

Dr. Pappas wished once again to express the gratitude of the Greek nation to the League of Nations, which, on Dr. Nansen's proposal, had given the necessary support to the issue of the special refugee loan ; to the Health Committee, which had seconded all the Greek Government's efforts at health reorganisation, and, in particular, to the Medical Director.

The PRESIDENT thanked Dr. Pappas for having come himself to explain the health situation in Greece to the Health Committee. The Committee congratulated him on the efforts made and the results already obtained.

The Committee noted with satisfaction that the Greek Government was carrying out the programme drawn up, of which the Athens centre, the School of Hygiene, and the technical services of the Ministry of Health were the fundamental points. It was also satisfactory to note that the Greek Government was on the way towards the unification of the Greek health administration.

The Committee could certainly accept Dr. Pappas's invitation to the Secretary of the Malaria Commission to visit Greece. With regard to the suggestions relating to instruction to pupils and school-teachers, the President proposed to submit them for examination to the next conference of directors of schools of hygiene.

Professor Léon BERNARD had been privileged to be a member of the Commission which had visited Greece, and, as Chairman of the Commission on the Teaching of Hygiene, he had been concerned with the establishment of the Athens centre.

He wished to refer to one of Dr. Pappas's remarks in regard to the severity of the opinions expressed by the Commission. It seemed that the views of that Commission had been reproduced in the Greek Press in a somewhat distorted manner. The Commission would have shown very little intelligence if it had not understood the reasons for the lamentable situation to which Dr. Pappas had called attention. The only feeling which could have been inspired by that situation was one of profound admiration for the Greek Government and authorities. The Greek efforts in the presence of a case without precedent had been superhuman, and would always do honour to that country, which possessed so glorious a past.

The programme which had been drawn up had been the result of the discussions of the whole Commission. It was on the way to being realised, thanks to the collaboration of the Greek Government. That collaboration should continue, as well as with scientific authorities in the country.

Professor Léon Bernard reminded the Committee that a programme for the School of Hygiene at Athens had been drawn up by Dr. Norman White (Annex 8), and that M. Pallis had prepared a report on the application of the programme for the reorganisation of the Greek public health services (Annex 9). The Health Committee would doubtless wish to congratulate and thank M. Pallis and Dr. Norman White.

Dr. RAJCHMAN wished personally to thank Dr. Pappas for his words of congratulation. The services of the Health Section would always be at the disposal of the Greek Government.

V. TECHNICAL SECRETARIAT OF COMMISSIONS.

Dr. RAJCHMAN made the following observations :

1. *Malaria Commission.*

Reserved (see eighth meeting).

2. *Leprosy Commission.*

Reserved (see ninth meeting).

3. *Joint Commission on Public Health and Health Insurance.*

Referring to the question of tuberculosis and BCG, Sir George BUCHANAN pointed out that it had been understood that the documentation collected would be analysed by the Health Section. He would be glad to know the position.

Professor Léon BERNARD replied that no new arrangements had been made, and that the present state of the question was not such that a new report should be issued.

He pointed out, however, that the question had been studied thoroughly at the seventh conference of the International Union against Tuberculosis, held at Oslo from August 12th to 15th, 1930, and that a statement had been drawn up on this matter (Annex 10).

Professor Léon Bernard was at the disposal of any member who wished to put additional questions.

4. *Commission of Health Experts on Infant Welfare.*

A. *Infant Mortality.*

The Health Committee would hear a statement by Professor Debré (see seventh meeting).

B. *Researches on Diphtheria and Scarlet Fever.*

No observations.

5. *Permanent Commission on the Standardisation of Sera, Serological Reactions and Biological Products.*

The PRESIDENT pointed out that a conference of experts was proposed for the following year.

Dr. CARRIÈRE informed the Committee of a suggestion made to him by the Basle Medical Society in regard to vitamins. In Switzerland, the vitamin content of a food product could only be indicated on the basis of a certificate of analysis from an authorised laboratory. On the other hand, no such regulations existed in the case of medicaments. Dr. Carrière asked, on behalf of this medical society, whether the Standardisation Commission could not deal with this question, and, in particular, with the standardisation of methods of control.

Referring to the conference of experts announced by the President, Sir George BUCHANAN believed he was right in saying that the British authorities would be very glad if that conference could be held in London, and would offer all the necessary facilities. The question of vitamins could be examined then.

Dr. JITTA supported Dr. Carrière's suggestion, and hoped that the Health Committee would study the question.

A very large number of products said to contain vitamins and irradiated products was sold in Holland. A distinction should be drawn between the really efficacious products and others.

Dr. LUTRARIO supported the proposal of Dr. Carrière and Dr. Jitta. Very close attention was given in Italy to the question of vitamins, and he hoped that that country would be invited to take part in the discussions which might eventually take place on this matter.

Professor Léon BERNARD pointed out that, in 1928, he made a proposal concerning nutrition and vitamins which came within the scope of the question examined by the Committee, The Health Section had probably collected documentation on the matter.

With regard to irradiated substances, Professor Léon Bernard thought it unquestionable that therapeutic progress had been made. It was rather difficult, however, to know exactly where charlatanism began, as it had developed concurrently with sound medicine.

The PRESIDENT said that the Health Committee had already dealt effectively with the question. The difficulty was to establish sure scientific methods and to draw up standards.

The President had discussed the matter with experts, and a small conference had been contemplated. It would be unable to meet during the present year, but would doubtless do so in 1931.

It was obvious that the Health Committee could not recommend the adoption of a method whose efficacy might later be denied. In all countries there were a great number of investigators who were dealing with the question, but only a very small number was likely to contribute to the introduction of methods of determining the standard and to the standardisation of the measures to be taken.

Dr. CARRIÈRE thanked the President for his explanations. He congratulated him on having raised this question of vitamins. It was hardly reasonable to require manufacturers to produce a certificate of analysis when it was not known whether a sure method of analysis existed. Dr. Carrière hoped that one day such a method would be found.

With regard to irradiated products, control was essential in view of their danger.

Professor BORDET asked Dr. Carrière whether there was any regulation in Switzerland in regard to vaccines in which charlatanism played so important a part.

Dr. CARRIÈRE replied that, at present, bacteriological control was only exercised in Switzerland for anti-diphtheritic, anti-tetanic, anti-dysenteric and anti-meningococcic sera. The work of unifying twenty-five different cantonal legislations had only just started.

Sir George BUCHANAN pointed out that, in view of the present state of knowledge, which did not make it possible to say what were the minima and maxima quantities of vitamins necessary to persons of different ages, the determination of the vitamin content of the various food products was not at present of first importance from the point of view of public health, though it might be very desirable for the prevention of misdescription and commercial fraud.

Dr. JITTA thought that an enquiry was nevertheless necessary, in order that a distinction might be made between the real, the false and the dangerous vitamin and irradiated products. The service of which Dr. Jitta was director in the Netherlands had to see that the Dutch law on vaccines was applied, and an international understanding would undoubtedly be of very great service to it.

Dr. HAMEL wished to make two observations. In the first place, he felt that the Committee should concern itself with the protection of the public against the ideas propagated in regard to vitamins. On the other hand, so far as the appropriate measures for determining the vitamin content were concerned, he would point out that, in Germany, the great dyeing industries, which had remarkably well-equipped laboratories, had studied the question and were about to introduce simple methods of testing by means of colour tests.

Dr. CHODZKO wished to support Dr. Hamel's last observation. Investigations had been made at Warsaw and certain methods had been defined.

He proposed to submit a short communication on this matter at the next session.

Dr. RAJCHMAN pointed out with regard to the documentation collected by the Health Section that a first list of references was given in the Medical Director's last report. The list of communications received since then had not been distributed, for the technical reasons indicated by the President. In view, however, of the obvious interest of the members of the committee, a short note would be distributed.

The PRESIDENT pointed out that the technical conference which would be held in London would be composed of a small group of experts presided over by an expert. It would therefore be a purely scientific meeting, and the results would be communicated to the Health Committee.

With regard to the methods to which Dr. Hamel and Dr. Chodzko had called attention, the experts would say whether they could be considered as sufficiently sure. If their conclusion was in the negative, that decision also would be of value. It was, however, essential that the experts should be of worldwide reputation and authority.

Irradiated products would also be studied by the Conference.

Determination of Blood Groups.

The PRESIDENT would not enter into the details of the work of the Laboratory Conference held at the Pasteur Institute in July 1930. He wished, however, to draw the Committee's attention to the fact that that Conference had emphasised the necessity for using the Health Committee's nomenclature.

He urged the members of the Health Committee to make known the danger of the confusion which might arise from the use of other nomenclatures, which had caused deaths. He also pointed out the importance of the question from the legal point of view and from the point of view of legal medicine.

He felt that it would be desirable to approach the editors of scientific journals and to recommend them to see that only the nomenclature of the Health Committee was used.

Professor LÉON BERNARD suggested that in countries with an official and scientific body such as the Academy of Medicine of Paris, this body should be asked to approach the editors of publications.

The PRESIDENT invited the members of the Committee to indicate the methods which seemed to them best adapted to their respective countries.

Professor PITTALUGA thought that the personal action of the members of the Health Committee was of the greatest importance, official steps having already been taken.

He pointed out that anthropologists were also concerned. They also should be urged to use the nomenclature recommended.

Dr. RAJCHMAN pointed out that it would be very difficult to bring the Health Committee's recommendations to the knowledge of the persons concerned, especially in view of the internal administration of the Health Section. It would mean considerable work, and an official would have to be specially detailed for the purpose. The question was under consideration, and Dr. Rajchman hoped it would be possible to organise a service to meet the needs of the case. The members of the Health Committee would benefit from this organisation, which would keep them better informed of the work in progress.

It was particularly important, however, that the scientific societies should take note of the Committee's recommendations, and Dr. Rajchman would be grateful to the members of the Committee if they would make suggestions as to the methods which they considered most likely to lead to that result in their respective countries.

Professor BORDET asked whether there were not official institutions in certain countries which kept standard sera.

The PRESIDENT replied that that question was being studied.

6. Commission of Experts on Syphilis and Cognate Subjects.

A. Enquiry into the Treatment of Syphilis.

No observations.

B. Sero-diagnosis of Syphilis.

The PRESIDENT pointed out that a note on the Laboratory work on the serodiagnosis of syphilis carried out at Copenhagen on August 4th and 5th, 1930, had been distributed to the members of the Committee (Annex 11). The same difficulty arose in this case as in regard to the blood groups. The recommendations were not always observed.

At Copenhagen, Professor Jadassohn and he had urged the importance of the observance of those recommendations, particularly with regard to sailors.

Dr. RAJCHMAN thought that, in the case of the sero-diagnosis of syphilis, the question of the publicity to be given to recommendations was well advanced.

He believed it would be interesting if the results obtained could be explained by lecturers, and he hoped that efforts would be made during the year to find in Europe persons who would give lectures in the scientific circles concerned. A film taken during the meeting of the Second Copenhagen Conference could be used to illustrate the lectures.

Dr. Rajchman would bring the matter before the Bureau.

7. *Commission on the Teaching of Hygiene and Preventive Medicine.*

A. *Paris and Dresden Meetings (May 20th to 22nd and July 14th to 18th, 1930).*

Professor LÉON BERNARD had very little to add to the information already distributed. The voluminous dossier which had been distributed contained a memorandum by Professor Prausnitz on the meetings of Directors of Schools of Hygiene at Paris and Dresden and a note by Professor Léon Bernard on the activity of the Commission on Education in Hygiene and Preventive Medicine. It had not advertised itself, but had done fruitful work; and now, when it was about to disappear, Professor Léon Bernard wished to draw attention to some of the results obtained.

The question of the training of hygienists had claimed special attention, and it was considered that the meetings of Directors of Schools of Hygiene were the best instrument of work.

Propaganda and popular education were questions for the national schools of hygiene, and the latter might one day deal with them.

A programme had been drawn up and was explained in the report of Professor Prausnitz, whom the Health Committee thanked.

Dr. TSURUMI wished to congratulate all the members of the meetings of Directors of Schools of Hygiene. They had greatly contributed to progress in the solution of the problems connected with the teaching of hygiene and preventive medicine.

Dr. Tsurumi emphasised the importance of the part which this teaching should play in modern life. He thought that the time had come to take energetic measures to develop that teaching. The proposal of the French Government for the creation at Paris of an international centre for advanced health studies proved that the importance of the question was becoming more widely recognised.

Dr. Tsurumi thought that a similar centre should be created in every civilised country. At present, however, there were only four really qualified schools of hygiene in Europe, and only two in America. For that reason, the Health Committee might decide to forward to the Governments the resolutions and recommendations of the two meetings of directors, drawing attention to their value from the point of view of the public health.

Dr. Tsurumi intended to submit a definite proposal to the Committee with regard to the teaching of hygiene to medical students and collaboration between the faculties of medicine and the schools of hygiene.

Professor PITTALUGA pointed out that he had drawn up a report on the constitution of the School of Health at Madrid (document C.H.919). As the last comer among the Directors of Schools of Hygiene, he had benefited from the result of the discussions at Paris and Dresden, and on that basis he had endeavoured, within the possibilities, to organise the Madrid School.

Professor FITZGERALD congratulated Professor Léon Bernard and his colleagues on their work. He asked the Committee to be good enough, when he himself was prevented from carrying out his duties as Chairman of a Conference of Directors of Schools of Hygiene, to request Professor Léon Bernard to carry out those duties.

He pointed out that an effort had been made for several years in the United States and in Canada to develop the teaching of hygiene and preventive medicine in the medical schools. Professor Fitzgerald had arranged with the University of Toronto that all medical students would be required to follow a course of hygiene and preventive medicine before completing their studies. Between their fifth and sixth years they had to spend from three to four weeks in a sanitary institution. Already results appeared to have been obtained, not only in the training of doctors, but also from the point of view of public health.

Dr. CHODZKO wished to support Dr. Tsurumi's suggestion that the recommendations of the Dresden and Paris meetings should be communicated to the various Governments. The Governments were not altogether aware of the importance of the teaching of hygiene, and it was difficult to obtain adequate funds from them.

With reference to Professor Fitzgerald's remarks, he pointed out that he himself had submitted a report on the teaching of hygiene in Poland, where methods similar to those adopted in Canada had been applied very successfully.

He regretted that so many of the reports submitted to the Health Committee could not be published.

Professor LÉON BERNARD wished to retain only the recommendation expressed in Dr. Tsurumi's proposal. With regard to the procedure to be adopted, he thought that the Medical Director should be left completely free.

Professors of hygiene should also be approached for he had been convinced at Warsaw, Budapest and Zagreb of the very different part played by a Chair of Hygiene and a School of Hygiene.

The members of the Health Committee were agreed as to the object to attain. It was now necessary to convince the persons concerned of the need for creating schools of hygiene in countries in which they did not exist.

Professor Léon Bernard thought that the importance of the Dresden meeting had very rightly been emphasised. It had profited by the work of the Conference which preceded it, as well as from the visit to the exhibition and museum. He wished to thank the authorities of Germany and Saxony, who had greatly facilitated this valuable visit, and particularly, his colleague, Dr. Hamel.

He also thanked Professor Fitzgerald for the request he had addressed to the Health Committee in regard to the Chairmanship of the conferences of Directors of Schools of Hygiene, and said that he would be entirely at his disposal to second him in his task. He hoped, however, that a conference would one day be organised at Toronto, which, from the point of view of the teaching and organisation of hygiene, was one of the most suggestive centres in the world.

He wished, finally, to say that, as Chairman of the Commission on the Teaching of Hygiene, he had not thought fit at the time to ask for the printing of the report to which Dr. Chodzko had referred. He also regretted that all reports of that nature, since they were not published, could not be better known.

Professor PITTALUGA hoped that the next meeting of Directors of Schools of Hygiene would be held in Madrid at the time of the inauguration of the school of health. The members of the meeting could study the intellectual and other relations between that school and the university city.

Dr. RAJCHMAN thought that, so far as Dr. Tsurumi's proposal was concerned, the best procedure would be to forward the report of the Dresden meeting to the health administrations. That would be equivalent to sending recommendations, and it would be difficult for him to go further. The Committee would be glad to accept Professor Pittaluga's invitation.

B. *Report by Professor Miyajima on the Methods of attracting to the Schools of Hygiene the Students best qualified for Public Health Work.*

Dr. RAJCHMAN thought that this question should be placed on the agenda of a session of the Committee in the near future in order that it might be more closely examined.

A preliminary study and the collection of documentation were necessary. The Secretariat would send a special note on the question to the members of the Committee.

8. *Opium Commission.*

No observations.

VI. POSITION OF STUDIES AND ENQUIRIES.

1. *Welfare of the Blind.*

Dr. JITTA pointed out that he had submitted to the Ophthalmological Congress a summary of the report prepared by the Health Section.

He had been invited to attend the Brussels Conference, which would be held on October 10th next, and asked whether this was in his personal capacity or as a representative of the Health Committee.

The PRESIDENT asked him to be good enough to represent the Health Committee.

Sir George BUCHANAN would be glad if it could be recognised that collaboration between the International League for the Blind and the various technical organs of the League of Nations was contemplated. It had been suggested at the Fourth Committee and at the Assembly that, while it was impossible for the League of Nations to undertake the control of all international work for the welfare of the blind, the technical organisations, each in its own sphere, could do much to aid voluntary international effort, particularly at the Congress which it was proposed to hold in 1932. If, for example, organisations like the Health Organisation of the League of Nations could continue the work begun by its handbook and place this documentation at the disposal of the Conference, the work of the latter would be simplified. He hoped that Dr. Jitta would be authorised to say that the Health Committee was ready to give its support to voluntary international co-operation in this kind of way.

2. *Report on the Question of Trachoma.*

Dr. LUTRARIO stated that the International Anti-Trachoma League had held its first meeting in Geneva at the end of July 1930. Its statutes had been drawn up and an Executive Committee appointed, under the chairmanship of Professor Emile de Grosz, of Budapest. Dr. Jitta and Dr. Lutrario had been nominated to attend the meeting as observers, but Dr. Jitta had unfortunately been unable to come to Geneva at that date.

Dr. Lutrario emphasised the zeal and high competence with which the Chairman, Professor de Grosz, had carried out the task of directing the work of the Congress, at which the most eminent figures in the ophthalmological world had assembled. The International Anti-Trachoma Organisation appeared to have commenced its lofty mission under the best auspices. Dr. Lutrario had presented a report, in which the Committee would find full details of this interesting meeting. He would request the Committee to allow Dr. Jitta and himself to assist as observers, in the work of the League's Executive Committee, thus meeting the wish warmly expressed by all the members present at the Congress. For that occasion the Health Section report had been printed and had been very well received.

3. *Question of Alcoholism.*

Dr. CHODZKO informed the Committee that there had been a meeting between the delegates of the health administrations of Finland, Poland and Sweden, who had reached agreement and would submit a report to the Committee.

4. *Physical Education.*

No observations.

SEVENTH MEETING.

Held on Saturday, October 4th, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

477. Collaboration with the National Government of the Republic of China: Reorganisation of Port Health Services.

Dr. LUTRARIO said that the study of the voluminous report submitted on the inspection of the Chinese ports and the reorganisation of their health services had been made easy by the remarkably clear and ordered manner in which it was drawn up. He wished to congratulate the writer of the report, Dr. Park.

That report contained a general part which described the structure of the central and local organisations of the quarantine services in China. The second part began by defining what should be a typical organisation and then submitted special considerations relating to the various ports.

Dr. Lutrario read the report of the Commission (Annex 13).

He emphasised the necessity for conferring with the experts appointed by the Communications and Transit Organisation.

The PRESIDENT thanked Dr. Lutrario and congratulated Dr. Park.

Sir George BUCHANAN asked what procedure would be followed at the meeting to be held in Paris with representatives appointed by the Communications and Transit Organisation.

Dr. RAJCHMAN replied that, in order that the scheme for reorganisation might be forwarded as soon as possible to the Chinese Government, it would be desirable for the Health Committee to consider as adopted in advance the decisions which would be taken at Paris.

The whole report, moreover, would be examined with the representatives of the Transit Organisation.

In reply to another question by Sir George Buchanan, Dr. Rajchman stated that it was very important that the measures recommended should be applied as soon as possible, and that the Commission for the Reorganisation of Quarantine Services in Chinese Ports should be able to obtain from the Bureau all the additional information necessary.

The conclusions of the report were adopted.

478. Report by Professor Debré on the Lima Conference on Infant Mortality and the Mission to Latin America.

In presenting his report [document C.H.908(1)], Professor DEBRÉ said that the members of the Mission, Professor Olsen, M. Nogueira and himself, had been received with special attention, and had felt very strongly the great desire of the Latin-American countries to collaborate with the Health Organisation. That desire was particularly strong in Uruguay.

After an exchange of observations, the PRESIDENT thanked and congratulated Professor Debré, Professor Olsen and M. Nogueira on behalf of the Health Committee. The work they had accomplished was very important, and there was no doubt that they had proved excellent propagandists of the ideas of the Health Committee of the League of Nations in the South-American countries. The fact that those countries relied on the Health Organisation, and had appealed to it, laid on it a great responsibility, but also encouraged it by showing that its action was recognised and appreciated.

Professor Debré's testimony was also encouraging in so far as the efforts accomplished by the South-American health organisations were concerned. During the tour which they had made, the President and Dr. Rajchman had noted the goodwill of those organisations.

The PRESIDENT concluded the discussion by proposing that the Health Committee should ask the Medical Director, together with the Bureau, to decide, on the basis of the information reported by the mission, what were the exact points in regard to which the useful collaboration of the Health Organisation would be possible.

The proposal was adopted.

479. Budapest Conference on Rural Health Centres.

Dr. CHODZKO pointed out that the Committee had asked him to make a proposal with regard to the appointment of the experts to be invited to take part in the Conference which would meet at Budapest on October 27th, 1930. In agreement with the Medical Director, he submitted the following list :

Dr. STAMPAR (or, if his duties prevented him from attending the Conference, the Director of one of the Institutes of Hygiene in Yugoslavia, to be appointed with his approval) ;

Dr. SEIFFERT, of Munich ;
Dr. PELC, of Prague ;
Professor PARISOT, of Nancy ;
Dr. KACPRZAK, of Warsaw ;
Dr. JOHAN, of Budapest ;
Dr. TUNTNER, of Gröningen, Netherlands ;
Dr. METZ, of Denmark.

An English expert had still to be appointed. Dr. Chodzko asked the Committee to authorise him to take a decision in that connection with the help of the Medical Director and Sir George Buchanan.

Professor Pittaluga had also asked that a professor from the new School at Madrid should be appointed. The Committee would doubtless have great satisfaction in agreeing to this request. Dr. Chodzko wished to reserve the possibility of proposing one or two additional names before the end of the session.

It would be desirable at Budapest to have the opinion of sanitary engineers connected with health centres. He therefore proposed to invite, in an advisory capacity, two of those engineers, M. PETRIK, of Zagreb, and M. WRIGHT, of Athens.

Dr. SCHOLTZ, Secretary of State for Health in Hungary, and Miss STETLER, Head of the Nursing Service of the Institute of Hygiene at Budapest, would attend the Conference.

Certain questions connected with the protection of newly born babies would be studied with the help of Dr. DE BOKAY, who was Director of the "Stefania" Organisation for the Protection of Children.

The Health Committee approved these appointments.

480. International Reciprocity in the Care of the Sick.

Submitting the report of the Sub-Commission entrusted with this study (Annex 16), M. VELGHE pointed out that the Assembly had forwarded to the Health Committee for consideration the proposal of the Hungarian Government in regard to international reciprocity in the care of the sick (document A.24.1930,III). The Sub-Commission to which this had been referred by the Health Committee had considered a statement by Dr. Kádár, the Hungarian delegate to the Assembly, which was summarised in the following proposals :

1. It was desirable that there should be international reciprocity in the care of the sick and in regard to women in childbirth (the latter being assimilated to the former), and, consequently, that foreigners should be assimilated to nationals, so far as the right to public assistance was concerned.
2. The country in which the foreigner fell ill should be responsible for bearing the cost of temporary assistance for a period of not longer than sixty days.
3. The cost of final assistance should be borne by the country of which the sick person was a national. That country would, however, be expected to agree to the repatriation of the patient if the latter could be moved.
4. A general Convention on the basis of the model of the Convention between Hungary and Bulgaria would be drawn up. This Convention could be signed by all the States prepared to guarantee to foreigners who fell ill treatment equal to that of the nationals of the country of residence.

M. Velghe pointed out that this proposal was of considerable humanitarian importance, but raised complicated problems in view of the inequality of the burdens involved. That difficulty had often led to the postponement of the conclusion of bilateral agreements. This had determined the Hungarian Government to suggest the drawing up of a general Convention.

The Sub-Commission did not feel it could take a decision on the principle of the question. It raised problems which concerned, not only health, but also public assistance and financial considerations. At the same time, in view of the generous spirit of the proposal, the Sub-Commission did not wish to reject it at once.

As the health of a very great number of sick persons was concerned, the Sub-Commission suggested that documentation which could be studied at the Committee's next session should be collected.

Dr. JITTA admired the spirit which had inspired the Hungarian proposal and the way in which the Sub-Commission had explained the position. He had no objection to the proposed enquiry, since the Health Committee had been asked by the Council to study the question.

As M. Velghe had pointed out, the proposal raised problems connected with public welfare, and it would be necessary to discover the attitude of the different countries towards sick foreigners. In the Netherlands, they always received attention, even if the expenses could not be reimbursed by the State of which they were nationals.

Dr. CARRIÈRE said that, having already had wind of the Hungarian proposal, he had asked whether the question was really within the competence of the Health Committee. He understood the sentiments which had led the Sub-Commission to desire not to reject the proposal at once, however, and thought that the Committee should not object to have the proposed enquiry set on foot.

At the same time, Dr. Carrière thought that bilateral Conventions would perhaps be preferable, in view of the very great differences in the reciprocal relations of the various countries in regard to the question under consideration.

Dr. RAJCHMAN pointed out to those members who had attended the discussions in the Second Committee of the Assembly that doubt had been expressed as to the acceptance of the proposal by the Assembly, and that it had been suggested, in the first place, that it should be submitted to the Health Committee for examination. Though, however, certain delegates, and in particular the Chairman, had been doubtful, others had desired that a closer enquiry should be made.

It seemed, therefore, that the measures proposed by M. Velghe met the situation very well. A member of the Legal Section of the Secretariat would collaborate in the study which would be undertaken, and the Health Committee could come to a decision at its next session.

Dr. Rajchman wished, however, to point out that the Second Committee and the Assembly had referred the proposal to the Health Committee, not only for study, but also for a report. If, therefore, the Health Committee approved the proposal in principle, it should contemplate a study which would enable it to determine the position of the question.

Sir George BUCHANAN said that, if the subject was to be referred at the next session to the same Sub-Commission, its members should be documented well in advance. The matter at issue was not so much medical as legal and political, and the members could not give useful advice without previous consultation with competent authorities in their countries.

M. VELGHE observed that, in fact, the Health Committee had to decide whether an international convention was or was not preferable to bilateral conventions. When the advantages and disadvantages of the two systems had been studied, the results would be submitted to the Health Committee, which should come to a decision.

The Committee approved the conclusions of the Sub-Commission's report.

EIGHTH MEETING.

Held on Monday, October 6th, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

481. Disaster of the Airship R.101 : Sympathy expressed by the Committee.

The PRESIDENT wished to express to the British members of the Committee the deep emotion which it felt at the announcement of the disaster of the airship R.101.

Sir George BUCHANAN thanked the President and stated that his countrymen were much touched by the extent to which this disaster was felt throughout the world.

482. Report of the Malaria Commission.

Dr. LUTRARIO wished, before presenting the Commission's report, to recall that the Second International Congress on Malaria had been held at Algiers in May last, and that the Health Organisation's Malaria Commission had held a session in Algiers at the same time. The Congress had coincided with the fiftieth anniversary of Laveran, and the Commission's session had occurred at the termination of its seventh year of existence.

The Algiers Congress was an undoubted success; twenty-one Governments and thirty institutions were represented, including the League of Nations, ten university faculties, four schools of tropical medicine, the Rockefeller Foundation, the International Red Cross Society, etc.

The delegation from the Health Organisation consisted of Dr. Lutrario (Chairman), Professor Schüffner and Professor Ciuca.

This delegation, as well as other members of the Malaria Commission who attended, had received the kindest welcome, and Dr. Lutrario wished to express his gratitude to the Governor-General (M. Bordes), to the bureau of the Congress, of which Professor Marchoux was general President, and to Dr. Raynaud.

For three days the Congress had heard various communications on different malaria problems, as well as some speeches—one by Professor Schüffner on the tour in India and another by Dr. Lutrario concerning the Malaria Commission. Several excursions were made,

the first to Mitija, a once unhealthy district now made salubrious and converted into a flourishing orchard ; a visit to Constantine for the inauguration of a monument to the memory of Laveran in the village which bore his name ; and a visit to Timgad (the former Roman town of Tamugadi) on the edge of the desert. The final day was spent in visiting Biskra, an interesting health resort in the midst of the oasis of that name, where the desert began.

Twenty-five persons, including members and others invited, had taken part in the work of the Malaria Commission. Dr. Lutrario took the opportunity of emphasising the importance of the seven-year period which the session was terminating. This period had comprised three phases of the Commission's existence, and the extent and importance of the contribution which it had made in all fields of malaria study should be acknowledged. In the work of a permanent body of this kind it was well at times, when a period terminated, to halt and look back upon the distance covered and the results obtained. Dr. Lutrario, without making an actual proposal to this effect, considered that a recapitulatory report upon the whole work of the Commission would represent a remarkable contribution to the solution of various malaria problems, and would further render a well-deserved tribute to the Commission.

The Algiers session had resulted in a series of resolutions which the Commission had just re-examined, and on this basis the Commission had drawn up a programme of work which formed the subject of the report which Dr. Lutrario was presenting (Annex 14).

Items 2, 3 and 4 of the programme related to *treatment* which the Commission had always considered as the basis of anti-malaria work. The high price of quinine was an obstacle, and it was therefore necessary to employ the other alkaloids of quinquina. Searching investigations into the use of secondary alkaloids and quinetum made for the Health Committee in five countries (Roumania, Yugoslavia, Italy, Algeria and Spain) had produced very interesting results of a purely therapeutic nature, and it seemed advisable to take up other aspects of the problem (botanical, chemical, pharmacological and economic).

One of these problems—that of scarcity—was most disquieting ; it was known, from the investigation carried out that the total quantity of quinine available in the world amounted to 600 tons annually. Even if it were possible to double this quantity by totally employing secondary alkaloids, the estimated needs for treatment would still not be met, for the number of malaria sufferers reached a figure of hundreds of millions. Further, a paradoxical situation existed, to which the Kina Bureau had drawn attention—that of the under-consumption of quinine. At the present time, according to cinchona-growers, only half the quantity of bark available (amounting in all to 12,000 tons) was being made use of.

This situation induced the Commission to present suggestions to the following effect :

(a) Necessity of consulting pharmacological experts and chemists on questions relating to the preparation and standardisation of quinetum, on methods of control of this product and on other aspects of the problem in the agricultural, technical and economic field ;

(b) Necessity for ascertaining, at least approximately, the world's quinine requirements ;

(c) Timeliness of a conference of countries concerned, with a view to finding suitable solutions.

(d) Timeliness of discussing matters with quinine-growers, as proposed by the Kina Bureau, through the offices of a member of the Health Committee to be nominated by the Committee, and of the Secretary of the Malaria Commission.

Another question in the report required explanation, that of the deltas.

Professor Pittaluga had acquainted the Commission with the work achieved by his collaborators and himself, which had rounded off the work of the health service of the Elbe Trades and Hydrographic Confederation. The investigations carried out by Professor Cantacuzène and Professor Zotta in the Danube delta had been the subject of a report and an interesting paper at Algiers. Important work had also been done in the Pô delta.

All these investigations, carried out along uniform lines adopted beforehand, had led to results which had still to be compared and co-ordinated. Hence the proposal to hold a meeting in the spring.

The Rhine delta work, and that in the Ganges delta, must not be overlooked. The latter delta extended over more than 300 square kilometres and exhibited very curious phenomena—the malaria in the central and more elevated region being denser and more serious, while it was practically non-existent in the surrounding lower areas, which were flooded by the river spate.

In conclusion, Dr. Lutrario stated that he had prepared two further volumes of records on the various malaria questions, in continuance of the three he had already put at the disposal of the Commission. He believed that all this bibliography might be useful, as it included particulars of some works not yet published.

The PRESIDENT wished to pay a tribute to the most interesting and fruitful work of the Malaria Commission. The Committee was very grateful to the Governor-General of Algiers, to Professor Marchoux and Professor Sergent, and particularly so to Dr. Raynaud, for all the assistance accorded to the Commission during its Algiers meeting.

He would also express to Dr. Lutrario the Committee's real appreciation of the zeal, and competence with which he had so tirelessly devoted to the work of the Commission since it began.

Dr. RAYNAUD thanked the President. He stated that he had been entrusted with the direction of anti-malaria work in Algiers, where it should now enter the realm of practical realisation.

The budget allotted for his use had increased from 400,000 French francs to 1,000,000 French francs, and Dr. Raynaud had proposed that it should be increased to 2,000,000 francs. He had obtained a large credit for the first section of the work of sanitary reform and would be glad if, in a year or two, he could show the members of the Malaria Commission the results of the work.

Professor PITTALUGA wished to tell Dr. Lutrario how greatly the Malaria Commission appreciated the way in which he had directed its work.

Sir George BUCHANAN considered that few branches of the Health Committee's activity had attracted more attention and obtained so many interesting results as the Malaria Commission, whose work had been constantly referred to during the recent discussions of the Assembly and its Fourth Committee.

The summarising report made by the Commission two years ago on malaria measures in Europe marked the end of a definite and most useful stage of its work, and success in the achievement of those objects which had initially been marked out for it when the establishment of the Commission was urged by Colonel S. P. James. The Commission had followed these indications and had considered the post-war situation in Europe in regard to the many regions for which the prevention of malaria is of the first importance. It had shown how progress could be made and was being made by adopting methods which it was within the capacity of the different countries to undertake, even though their resources were strictly limited. It was a case where the best had been the enemy of the good—where improvements which were quite possible were being checked by the obsession that nothing could be done save by intensive and costly antilarval measures. The result of the Commission's European work had not been to lay down any international doctrine for the prevention of malaria; it had been to show how a particular country or its administration could help itself.

Since then, the Commission had undertaken various activities in other directions, one of which had been the study tour in India. The presentation of the results of that tour at the present session had demonstrated its importance, and he hoped that the subject would remain open until the next session, when General Graham would be able to attend and give his views about it. It would probably be premature, in any case, to say much now about the results of the mission, and it would be better for the Committee to review them in a few years' time in the light of further Indian experience.

The mission had brought to notice the invaluable services at the disposal of the Indian Malaria Survey and, if it is suggested that, in future, the Health Organisation should encourage the establishment of expert centres of information about malaria to which health administrations could apply, the use of the Indian Malaria Survey should certainly be considered.

In addition to this, the Commission, subsequent to its European report, had adopted a considerable programme of other work, parts of which seem to have been realised, though there was less information about the progress of other parts. A new programme has now been presented covering additional subjects. It might be difficult to cover all this ground; but, at any rate, the idea of distributing the work among various small committees, each with a Rapporteur and a definite reference, seemed to be hopeful, and the Committee could only wish success to the Malaria Commission in the practical organisation of its work for the future and thank Dr. Lutrario for his exposition and for what he had done as President for so many years.

Dr. RAJCHMAN thanked Sir George Buchanan for his very interesting suggestion in regard to the Indian Malaria Survey. It would be very useful if investigators throughout the world could benefit from the information collected by that institution. The question could be studied with General Graham.

The work on malaria had, up to the present, been concentrated somewhat in Europe, but the extension of the investigations could only lead to good results. Dr. Rajchman pointed out that Dr. Jitta had asked that a mission should be sent to the Netherlands East Indies. There had been material reasons to prevent the realisation of that desire, but it was to be hoped that it would be possible to organise a tour later and to create a centre like the Indian Malaria Survey in the Netherlands East Indies.

With regard to the programme drawn up in 1928, Dr. Rajchman wished to point out that the work was in progress, but that it took a great deal of time. It had been started concurrently in all parts of the world and could be completed for a long time.

Dr. JITTA associated himself with the congratulations extended by the President to the commission. It was very satisfactory that some of his fellow-countrymen, like Professor Schöffner and Professor Swellengrebel, had taken part in the work of the Malaria Commission. He had heard with great pleasure Dr. Rajchman's statement with regard to the proposed centre of study in the Netherlands East Indies.

Referring to Dr. Lutrario's remarks on cinchona bark, Dr. Jitta pointed out that it had been stated that the quantities available each year would suffice for world consumption. He therefore thought the study which would be made by the Kina Bureau would be very useful.

He himself and his office at The Hague were entirely at the disposal of the representatives of the Malaria Commission. At the same time, he thought it somewhat dangerous for the Health Committee to enter into the question of the price of medicaments. The Committee had already discussed this question. He asked whether the use of plasmochine side by side with quinine was very widespread. Experiments had been made in the Netherlands, and it appeared that the treatment gave satisfactory results in connection with the prevention of a return of the disease.

Dr. RAJCHMAN thought that the questions which would be studied with the Kina Bureau raised very wide problems, on which it would be premature for the Health Committee to take a decision.

He did not wish to raise the question of principle whether the Committee should or should not consider the price of medicaments. In the present case, however, that question was of such importance that it seemed, in face of the invitation of the Kina Bureau, that the Committee could not do less than leave the secretariat of the Malaria Commission to get into touch with that Bureau. During the next session, the results of the enquiry would be studied.

Professor BORDET pointed out that malaria in tropical Africa raised problems which were very difficult to study. The question was particularly interesting to Belgium, and Professor Bordet thought he could say, although he had not approached the Belgian Government on the matter, that the help of the Malaria Commission would be very much appreciated.

In reply to Professor Jitta, Dr. CIUCA stated that the question of plasmochine and of quinio-stovarsol had been raised during the discussions at Algiers, and that the study of this question had been entrusted to certain members of the Malaria Commission, who would have at their disposal products coming from the same stocks.

Dr. LUTRARIO thanked the President and all the members of the Committee for their expressions of appreciation.

With regard to the Algiers tour proposed by Dr. Raynaud, Dr. Lutrario thought that it should take place before the renewal of the present Health Committee—that was to say, within three years. He would be glad to take part in the mission. On the other hand, Sir George Buchanan's proposal with regard to the Indian Malaria Survey would be studied with all the attention it deserved.

With regard to cinchona bark, Dr. Lutrario was convinced that the 12,000 tons which were available each year were not sufficient, seeing that that amount corresponded in theory to the requirements of 3,000,000 malaria patients. As to the price of medicaments, he entirely agreed with Dr. Rajchman.

Finally, Professor Bordet's suggestion was very interesting and everything possible would be done, within budgetary limits.

The conclusions of the report were adopted.

483. Collaboration with Health Administrations in Bolivia.

Dr. MACKENZIE stated that a report on his study tour in Bolivia with Dr. Pascua would be written later and communicated to the members of the Committee, but he proposed, in the meantime, to show a number of photographs taken during the visit of the mission to Bolivia in order to give the Commission a general idea of the conditions prevailing in that country. He did not intend to touch on any technical subject at the present stage, and hoped that the Committee would not form an opinion until it had studied the final report.

A number of districts representative of the different types of country in Bolivia were selected, partly by the Government and partly by members of the mission. The area selected included the city of La Paz, types of mining towns and rural districts in the high plateau, the mines themselves, towns in the foothills of the Andes, and, finally, the town and district of Santa Cruz, situated in the tropical section of the country.

Throughout the enquiry the mission was accompanied by the Director-General of Public Health of Bolivia, the whole of the travelling expenses being borne by the Bolivian Government, and every facility being afforded to the mission for investigation. During the course of the survey, the Andes were crossed no fewer than eight times, twice on mule, twice by air, twice by train and twice by car.

Dr. Mackenzie showed the Committee a series of photographs illustrating the difficulties of transport and communications generally, and showing the different types of country, peoples and diseases met with in the high plateau of the Andes, the sub-tropical foothill regions and the tropical regions of the higher Amazon basin.

The PRESIDENT thanked Dr. Mackenzie and offered to him and to Dr. Pascua the Health Committee's congratulations.

Professor PITTALUGA drew the Committee's attention to the great material difficulties which had characterised the tour of Dr. Mackenzie and Dr. Pascua.

Dr. RAJCHMAN observed that the Committee should come to a decision on the action to be taken in regard to the tour in Bolivia.

Dr. Mackenzie had drawn up with the Bolivian Government a plan of collaboration which would be submitted to the Health Committee for approval.

The Government had detailed for a mission in Europe a doctor who had been appointed Director-General of the Health Services. He would arrive in Europe in November 1930, and would stay there until April 1931, in order to establish contact with the Health Organisation and to draw up a definite programme of measures to be taken in collaboration with the latter. That programme would not be easy to draw up, in view of the complexity of the problems to be solved.

Dr. Rajchman thought that it would be necessary, to begin with, to confine attention to ensuring the training of a certain number of Bolivian doctors, who would take part in future collective study tours.

He hoped that the Health Committee would allow the Bureau and the Medical Director to draw up, with the Director of the Bolivian Health Services, a programme which would necessarily be modest.

M. VELGHE entirely approved the suggestions of the Medical Director. The Committee could not discuss any definite proposals until it had received Dr. Mackenzie's report.

The Committee decided to leave it to the Bureau to study the programme of collaboration with the Bolivian health administrations.

NINTH MEETING.

Held on Monday, October 6th, 1930, at 5 p.m.

President: Dr. Th. MADSEN.

484. Report on the Study Tour of the Secretary of the Leprosy Commission in Europe, South America and the Far East (document C.H.887).

Dr. BURNET said that he had endeavoured to carry out the programme of enquiries outlined by the Health Committee in May 1928. A great number of countries had remained outside the enquiry, including South Africa, and important regions in the Far-East, Central Africa and Central Asia, and even in Europe there were certain districts which he had been unable to visit. He wished to thank Professor Pittaluga, who had made it possible for him to collect information on Spain. Oceania also had not been included in the tour, but reliable information was available for that and other areas.

Probably the Health Organisation might wish later on to publish all the available data, much of which he had been obliged to omit in order to make his report as concise and practical as possible.

As a preliminary, Dr. Burnet wished to recall the exchange of views between Dr. Chodzko and Professor Léon Bernard on tuberculosis, and the view that nowadays it was impossible to rest content simply with confining the patients in hospital, but that they should be given effective treatment. In studying leprosy, the Committee should be actuated by the same spirit, for in many ways a comparison could be drawn between the two diseases.

It was regrettable that, as yet, there was no prophylaxis of leprosy. A beginning had been made in certain countries; but, unfortunately, very little systematic work had been done. At the moment, there were two schools of thought. There was the old idea of segregation, which still existed in all its force, while for about twenty years the more difficult and complicated method of prophylaxis had been gaining ground.

Norway was the classical example of segregation, and the decrease of leprosy in that country was certainly a remarkable phenomenon. Norway, however, was a sparsely populated country, with a well-developed civilisation and educational system, and it would be impossible to propose that system for the whole world.

Account had necessarily to be taken of geographical, social and other factors. The isolation of lepers in their own homes, for example, could not be adopted as a general rule.

According to Dr. Alexander Mitchell, Director of Public Health in the Union of South Africa, it would be very dangerous to do away entirely with segregation. In certain areas, where the population was very scattered, dispensaries could only be attended by about ten persons.

Fortunately, segregation was taking a more humane form, and an endeavour was now made to render the conditions of life in the leprosaria tolerable, so that lepers would be willing to come for treatment. The great disadvantage of the method was, however, the expense. Colossal sums would be needed to fight leprosy systematically by means of leprosaria. Nevertheless, segregation was still the principal method used in many countries, and in Japan it was almost the only method. In the Philippines and the temperate parts of America, leprologists were strongly in favour of it.

Why was it not possible to stop at the idea of segregation ? The reason was that leprosaria had not given the results expected of them. He would venture to point out that French medical men had advocated a new programme for many years, and that as long as fifteen or twenty years ago doctors in the French colonies had been of opinion that leprosy could not be eradicated by means of leprosaria alone.

In India, the force of circumstances had led to the employment of a different method, almost against the will of hygienists and legislators. The number of lepers given in the 1921 census was about 100,000 ; but, according to impartial surveys, there were probably from 700,000 to 800,000 lepers in India. Obviously, it was impossible to segregate them. Consequently, the principle of carrying the treatment to the disease by every possible means was soon put into practice, and the P.T.S. system—propaganda, treatment, survey—had now been employed for some years. A system similar to the P.T.S. system was growing up spontaneously in most other countries. Dr. Lutrario and Sir George Buchanan had spoken of the importance of a malaria survey of India. The same remark could be applied to leprosy.

As Dr. Burnet had tried to indicate in his report, between the two more or less extreme systems to which he had drawn attention a certain number of countries, such as Brazil, the Argentine and the Philippines, had adopted a mixed system of segregation and treatment. In this connection, it was only fair to call attention to the great colony of Culion.

When the United States of America started, with the help of General Wood, to fight against leprosy in the Philippines, it was thought that, with the segregation of lepers at Culion, leprosy would decline, but after several years the number of lepers was still stationary. It was therefore concluded that non-segregated lepers spread the disease before segregation, and that compulsory segregation was not sufficient. While, therefore, segregation was still regarded with favour, it was completed by a system not unlike the P.T.S. system. Incurable cases were sent to the leprosarium at Culion ; curable lepers went to the new treatment station at Cebu, which was constructed with funds provided by the Leonard Wood Memorial ; negative cases were discharged.

In Hawaii, there was a leprosarium at Molokai, and a treatment station at Kalihi. Cases which did not yield to treatment and appeared to be incurable were sent to Molokai. A certain number of lepers now came forward voluntarily for treatment.

The new ideal—and the cardinal point of the British system—was to treat leprosy as early as possible, and institutions other than leprosaria and treatment stations were therefore made use of. In the Philippines, the skin dispensaries now endeavoured to detect cases, and in a year and a-half a number of lepers had been sent for treatment to Cebu.

Even that did not suffice. Some of the “ cured ” lepers were so disfigured that they were unable to return to their families, or to find work, and it was now proposed to start an agricultural settlement at Culion, where they would be able to support themselves by their work.

The new system of prophylaxis was necessarily complex, consisting, as it did, of leprosaria, treatment stations, dispensaries and special provision for former lepers ; but an epidemiological enquiry, including a census and the following up of cases treated, was also essential.

Such a system could only be put into practice little by little, and hygienists were all convinced of the necessity for educating public opinion, which at present displayed the curious contradiction of carelessness and phobia in regard to leprosy.

What was the value of treatment, and in what did it consist ? The best rule was that the prophylaxis of leprosy should follow the same lines as the prophylaxis of tuberculosis. Everyone was aware that treatment consisted in the application of chaulmoogra and its derivatives. Some leprologists, however, were very sceptical as to its value.

Personally, Dr. Burnet thought the word “ treatment ” alone had very little significance. It was necessary to know how the treatment was given, the number of injections, what product was used, with what regularity and for what length of time, whether it came from a specific source, and so on. At present there was a state of chaos. Some leprologists advised one course and some another. Some considered that better results were obtained with the use of chaulmoogra, others that it should only be used after general treatment—medical, surgical, physiotherapeutical and dietetic—had been applied. The whole question of treatment required thorough and critical examination.

What could be done in practice ? It was very encouraging that the parties holding opposing views were not absolutely irreconcilable. Dr. Burnet had sketched out a programme in the second part of his report, which related more particularly to the Health Committee. He believed that it should be possible to obtain the agreement of leprologists on a programme of action with a view to formulating a doctrine, and that, with sufficient information, the Leprosy Commission could draw up certain general conditions for the fight against leprosy, or at least encourage the necessary experiments.

A crucial test would be to take two groups and to subject each to the same conditions and the same general treatment by dietetic, medical and surgical means, but to treat one group with chaulmoogra in addition, and at the end of two years to note the results.

In order to carry out experiments, an organisation would be necessary, and the Leprosy Commission thought that the setting up of international centres for the study of leprosy should be encouraged. There were many qualified scientists and there was an abundance of bibliography. It was proposed that there should be an international centre in Japan and one in Rio de Janeiro. Special facilities had been offered by the Brazilian Government, and the

valuable work which had already been done in Japan in regard to the serological diagnosis of leprosy should be continued.

The centres would be partly supported by the countries in which they were situated, and the Leprosy Commission and the Health Committee should consider how they could best participate in the work. The interchange system could possibly be related to the idea of international centres, and means were already available by which the Leprosy Commission could become an international centre for information.

One of the principal results of the tour was the satisfaction with which leprologists had welcomed the fact that the Health Committee had decided that an enquiry into leprosy ought to be undertaken. Treatment was the cardinal point, and when agreement was reached on that subject the whole prophylaxis of leprosy could be discussed.

Standardisation was important; but, besides the standardisation of chaulmoogra oil and the esters of chaulmoogra, attention should also be paid to uniformity in its therapeutical efficacy. Uniformity of terminology, too, was essential if any idea was to be obtained as to the results of treatment, as well as classification and definition of the different forms of leprosy.

In conclusion, Dr. Burnet would say that more and more was it daily borne in on him that leprosy was not a disease like other diseases. It attracted universal attention because it was unique and because of its moral associations.

Great progress would have been made when public opinion was better informed, and the Health Committee would earn the gratitude, not only of public opinion and of leprologists, but of lepers themselves by its action.

The PRESIDENT said that the Committee was grateful to Dr. Burnet for the way in which he had carried out his mission. His report was an admirable survey of a very difficult question.

There was a great deal to be done, and the Leprosy Commission and the Health Committee would have to find solutions for the problems which Dr. Burnet had so carefully explained.

As Dr. Burnet had pointed out, the present was a critical moment, for, while the treatment dated as far back as 1924, the survey had shown that there had been a number of relapses. The question was obviously urgent.

Professor BORDET congratulated Dr. Burnet on his report and his clear explanations. Leprosy was not of great importance to Belgium except in the colonies, but from time to time cases were imported into the country. In Belgium, there was a strong conviction that leprosy was practically non-infectious, but he personally did not agree. He would be glad to know Dr. Burnet's views on the compulsory notification of leprosy. It would be difficult to set up leprosaria everywhere.

Dr. BURNET replied that a certain number of general hospitals, such as Saint Louis, had wards for lepers, which would appear to indicate that there was no risk of infection. Some scepticism might be expressed, however, as to the duration of the cure in temperate climates. Cases had been contracted in France and other European countries during the past four years through contact with persons from leper countries, and the experience of Saint Louis could not be regarded as conclusive. At Bergen, there were terribly mutilated and scarred patients who were apparently cured and not infectious, but who had been there for over fifty years.

In reply to Professor Bordet, he would say that it was necessary to isolate and treat cases such as those to which he had referred.

In connection with treatment, it was impossible not to be struck by certain facts. The eminent leprologist, Mitsuda, in Japan, who was still a convinced segregationist, was of opinion that treatment did not cure and that there were negative lepers who, though they had no bacilli in the mucus and skin and reacted negatively to all tests, were found, when examined, to have certain bacilli in the nerves. If such cases were rendered negative for four, or five years, however, surely treatment could be considered efficacious, even though a reserve had to be made in view of cases of relapse. It seemed, moreover, to be well established that better results were obtained from treatment combined with segregation.

Professor BORDET wondered whether more energetic measures of control would not be desirable, and whether lepers coming into the ports should not be returned to their country of origin.

Dr. BURNET thought that more energetic measures of control were absolutely necessary.

Dr. LUTRARIO wished also to congratulate Dr. Burnet on the very clear picture he had given of the grave situation in regard to leprosy. Obviously, it was scattered throughout the world, and even Europe was not exempt.

A census had shown that in Italy there were 184 lepers, mostly in the towns which had relations with leper countries—in Liguria, among others. Italy was therefore much interested in the question, because there were many Italians working in other continents who returned to their own country and might bring in infection. In Italy, lepers were segregated at San Remo, and an attempt was now being made to concentrate these cases elsewhere in a province in which conditions appeared suitable.

It was essential that lepers should be made to realise that their condition could be cured or improved, and Dr. Lutrario was strongly of opinion that improvement in treatment could be realised. In view of the special importance of leprosy for Italy, he would be very glad if his country could collaborate suitably in the action which Dr. Burnet had indicated in such a masterly fashion.

Dr. TSURUMI wished also to congratulate Dr. Burnet on the very remarkable way in which he had carried out his important mission.

He had read the report and the programme of work with great interest, and would venture to submit a few observations.

The Japanese Government was glad to accept the proposal to set up an International Centre in Japan, and was prepared to collaborate closely with the Health Organisation of the League of Nations, it being understood that use would be made of the institutions already in existence. He was very glad to inform the Committee that it had been decided to set up in Japan, under the patronage of the Minister for the Interior, a preventive association against leprosy. It would deal, in the first place, with the social aspect and the scientific study of the disease. It was hoped to obtain fruitful results by close co-operation with the Government.

He wished also to express his views upon certain important points enumerated by Dr. Burnet in regard to the future work of the Commission.

With regard to segregation, up to the present his Government had adopted the system of compulsory segregation, because in their opinion there was no other appropriate preventive measure. In Japan, at any rate, compulsory segregation had proved its efficacy, for the number of lepers had decreased progressively from year to year.

The value of dispensaries in combating the scourge of leprosy should certainly be studied, and, if experience showed that they were useful, Japan would not hesitate to adopt that system. There was, however, a certain amount of apprehension in Japan on the ground that the dispensaries would be feared by the lepers, who would come once but would not return. After a case of leprosis had been diagnosed, the patient often hid himself, and, in general, isolated himself completely from society, sometimes even from his family, owing to the popular idea that it was a punishment from Heaven.

With regard to preventive measures, it was important to take into consideration the fact that early diagnosis was not always very easy, particularly when the disease was only beginning to attack the nerves.

The serological test of leprosy had been studied in Japan from the point of view of diagnosis. The result of Dr. Tsurumi's own personal experience showed that it was possible to demonstrate complement-fixation tests with leper serum, by using a particular form of lipoid as antigen. In view, however, of the non-specificity of that test, it had not proved to be adequate, and he hoped that it would be possible to find a sufficiently specific serological test which would enable the diagnosis of leprosy to be made in the same way that the Wassermann test made possible the diagnosis of syphilis.

Another important question was the treatment of leprosy. Japanese leprologists were not convinced of the efficacy of chaulmoogra oil and its derivatives. Moreover, it was not yet known whether these products were really a good medicament for the treatment of leprosy. In those circumstances, it was absolutely necessary to continue the enquiries with a view to finding an efficacious method of treatment.

Sir George BUCHANAN noted that the discussion had been turning on the disappearance of leprosy from northern Europe, the question of compulsory notification and various other matters on which, from the international point of view, considerable information was to be found in the *procès-verbal* and *Bulletin* of the Office international d'Hygiène publique two or three years ago. Some data for Great Britain were included in these discussions. All the lepers in Great Britain had contracted their infection overseas, and none of them, within recent years at all events, had transmitted leprosy within the country. The popular attitude of mind towards the word "leper" had constituted one of the principal reasons why the disease had not been included among those which are compulsorily notifiable. The Committee would look forward with the greatest possible interest to the next stage, when the Leprosy Commission would get to grips with the question. The prospect of a joint conference of the Leprosy Commission and the "Leonard Wood Memorial for the Eradication of Leprosy", at Manila, gave ground for hoping that progressive practical work in various directions could be evolved.

Dr. PITTALUGA wished also to associate himself with the opinions already expressed regarding Dr. Burnet's report. He said that, fifteen years ago, he had studied the epidemiology of leprosy with M. de Buen in Eastern Andalusia. Sixty years previously Hernando had investigated endemic centres of leprosy in Spain and had conducted an investigation into the possible origin of the disease. His enquiries had indicated that there were in the neighbourhood of Granada houses where the disease appeared to be endemic.

Recent investigations had shown that there were 500 cases in Eastern Andalusia. The attitude of the population was similar to that described by Dr. Burnet. There was some carelessness in regard to individual cases, but a horror of the leprosy settlements.

He had himself studied the disease also in Catalonia. That was not so important a centre. From 200 à 250 cases had been discovered. The Catalonian Health Service had endeavoured, a few years ago, to introduce methods of supervision, including a system of photographs and card indexes. This system made it possible to keep in touch with lepers who escaped segregation and to follow the morphological progress of the disease.

Twenty years ago he had, after his study tour in Western Africa, published certain data concerning the position of leprosy among the tribes, where the disease was much more common than was supposed. The tribes practised an empirical system of segregation, and even those tribes which were far from the coast kept their lepers confined in huts entirely separate from the rest of the community.

He might remind Dr. Burnet of the work accomplished in Spain by the leprosarium at Fontilles. Here it had been recognised that, if adequate medical care and good food were given to the patients, the use of chaulmoogra was effective. His own experience showed that there were still in European countries centres of the disease which required serious watching, and the Spanish leprologists would be glad both to help in the present investigation and to receive advice and assistance in dealing with their own local problems.

Dr. RAJCHMAN said he would like to associate himself with the thanks that had been addressed by the President of the Health Committee to Dr. Burnet. It had been very difficult to know what to do or where to begin when the vast question of leprosy had first been brought up for consideration. After Dr. Burnet's tour in South America and the Far East it had become possible to realise that really effective work might be done by the Commission.

The Committee would recall that a proposal had been made for the Leprosy Commission to meet at Manila in January 1931, concurrently with a Conference of leprologists under the auspices of the Leonard Wood Memorial for the Eradication of Leprosy. Until quite recently, it had appeared that this arrangement was definite, and plans were being made for the meeting. Difficulties had arisen at the last minute which could not have been foreseen and made it impossible for this joint meeting to take place at Manila. It would be necessary for the Health Committee in those circumstances to take a decision as to the time and place of meeting of the Leprosy Commission. It would be unfortunate if the meeting were postponed. He would propose that the Commission should meet at Bangkok at the time of the Congress of the Far-Eastern Association of Tropical Medicine, from December 7th to 13th, in order to examine the programme suggested by Dr. Burnet.

He would also refer to the scheme for the establishment of two international centres for the study of leprosy at Rio de Janeiro and Tokio. The Brazilian Government had proposed to the Council of the League that an international centre should be established at Rio, and official correspondence was exchanged between the Council and the Federal Government of Brazil in 1928 (document C.H. 710). For two years an attempt had been made to secure the co-operation of an international expert whose services would be made available for the proposed centre. The Committee would be glad to learn that Professor Nocht had accepted the task. The necessary details would have to be settled with Professor Chagas, and he hoped that it would be possible finally to settle these details next week in Paris, so that the centre might be inaugurated in 1931.

He was grateful to Dr. Tsurumi for the statement which he had made regarding the proposed centre at Tokio. The Japanese Government welcomed the proposal, provided that use was made of existing institutions and provided the necessary arrangements were made in consultation with the Japanese member of the Commission.

Dr. RAYNAUD said that he had personal experience of leprosy in Algeria. In 1897, of 100 cases recorded in that colony, two-thirds had been imported from Spain. There had been only three or four native cases, and these were not apparently contagious. Since then—that is, for about thirty years—the number of cases that had come to his personal knowledge was 200. The notification of the disease had been made compulsory, not, however, with a view to segregation but with a view to proper supervision at the home of the patients. The experience in Algeria showed that, provided the patients were kept in good sanitary condition, the lesions tended to disappear and the disease was not spreading.

There were important endemic centres in Morocco, where 200 cases had been discovered in the neighbourhood of Marakesh and Fez. Here the disease was apparently contagious. The problem arose as to why leprosy spread easily in some regions and less in others. Any enquiry into the methods of treatment was of great interest to the French colonial authorities.

Professor JITTA said that there were many cases of leprosy in the Netherlands East Indies, and that his Government cordially welcomed and supported the work of the Leprosy Commission.

In the Netherlands, there had been isolated cases which appeared to be mainly due to the introduction of the disease by soldiers returning home from the colonies. The general view in the Netherlands was that the disease was not infectious in northern countries. There had been one case, however, where a soldier in constant contact with his brother had transmitted the disease at the end of a period of twelve years. This case would seem to indicate that the disease took many years to develop and might therefore be contagious without this fact being immediately apparent.

Dr. BURNET said that for adults the incubation period of the disease was unknown. In the case of children, the period appeared to be from three to five years. The case of the Netherlands East Indies was interesting. The authorities desired to take active measures, but had not been able to apply a single system to the whole country. Segregation might be suitable in some regions and not in others.

Attention had been drawn to the large proportion of nervous cases in Japan. Whereas in leper settlements 80 per cent of the cases were contagious, the proportion in isolated cases was directly inverse and some 75 per cent appeared to be merely nervous.

It would be an exaggeration to say that there were two parties or schools on the subject of segregation. It would be more correct to say that there were two points of view or currents of opinion. It was admitted that segregation could not be abandoned. On the other hand, it should be noted that, in the leper settlements, the cases were usually far advanced, dating back usually at least five years. The question arose whether isolated cases could not be taken with advantage at an earlier stage.

The PRESIDENT said that, in his view, the disease should be notifiable, though cases might be dealt with individually.

Sir George BUCHANAN observed that the President was expressing his own view and not that of the Committee.

The PRESIDENT agreed.

TENTH MEETING.

Held on Tuesday, October 7th, 1930, at 10 a.m.

President: Dr. Th. MADSEN.

485. Enquiry on Endemic Syphilis in Certain Areas of Bulgaria.

Professor JESSNER submitted the following summary of his report :

The Bulgarian Health Service is entrusted to the *Direction de la Santé publique*, a department of the Ministry of the Interior. The "Direction" is provided with inspectors for social diseases, infectious diseases, malaria, infant protection, hospitals, etc. The entire organisation is strictly centralised, even the most junior health officers and nurses in remote districts being appointed by the *Direction*. The *Direction* is assisted by a sanitary advisory board consisting of the leading physicians of Sofia.

The country is divided into *départements*, these into *arrondissements* and these into districts, which in rural areas are composed of about four or five villages. At the head of the *département*, as well as in each of its *arrondissements*, are medical officers of health, whilst the sanitary work in the districts is carried out by a physician or a "feldscher"—i.e., a man not fully qualified. All these persons are Government officials. Sanitation in general leaves much to be desired, especially in the rural and outlying districts of the country; but it is probable that a new public health law, which has recently come into force, will bring great improvement. In addition, the number of physicians is rapidly increasing, so that in course of time the "feldschers" will naturally be replaced by them.

Sanitary progress is, however, greatly impeded by the difficult financial position of the State, the passive resistance of the rural districts against paying their medical officers, the unwillingness of physicians to go into the outlying areas, and, worst of all, the very poor state of communications. In many of the outlying areas, the only possibility of reaching some of the villages is by dangerous mule tracks or in little boats over the open sea.

On the other hand, the physicians at present working even in these outlying districts have, as a general rule, a very high morale and are showing interest and devotion in their work.

In March 1930, Professor Jessner and Dr. Olsen carried out a short preliminary enquiry in Bulgaria with the object of studying the degree of syphilitic infection in the *département* of Burgas and of making proposals with regard to remedying it. The plan of action, which was decided upon in conference with the representatives of the Bulgarian Government and of the *Direction générale pour l'établissement des réfugiés bulgares* of the High Commission of the League of Nations, have subsequently had to be modified as the result of Professor Jessner's second visit to Bulgaria in June and July 1930.

In the *département* of Burgas, the treatment of syphilis could not be entrusted to the medical officers of health of the *arrondissements*, as they are not allowed by law to give any treatment. The treatment was, therefore, entrusted to the village doctors. They would be responsible both for their own village and for the adjoining ones staffed only by "feldschers".

In certain more remote districts where difficulties of communication would render this plan impossible, the medical officer of health of the *arrondissement* was to be given an assistant physician for this purpose.

In the two *arrondissements* presenting the greatest difficulties—viz., Vassiliko and Malko Tarnovo—one or two "brigades" consisting of one physician and one "feldscher" would be entrusted with the work.

Dispensaries, built on the type of the refugee houses, were to be erected in Burgas and Vassiliko.

Serological examinations were to be the basis of every anti-syphilitic treatment. They were to be carried out by an efficient serologist stationed in the Malaria Institute of Burgas.

For those cases requiring hospital treatment, a special ward (thirty beds) was to be erected as an annex to the hospital of Burgas. A trained syphilologist was to be appointed as responsible chief and consulting medical officer for the department.

In order to ensure the necessary standard of diagnosis and treatment, Professor Jessner has given courses of instruction of two weeks' duration in Burgas. In two such courses it has been possible to instruct all the physicians of the *département*. He specially notes the great interest and application shown by most of them.

At the time of writing his report, the head syphilologist, Dr. Schauloff, had been appointed, the physicians had received their training, the serological department and the dispensaries were in working order, one "brigade" was on duty, and the ward in Burgas nearing completion.

For the Mohammedan regions, it has been found necessary to appoint lady doctors, as the Mohammedan women absolutely refuse to be examined or treated by men.

The sero-diagnostic work is chiefly carried out by means of the Kahn test. Detailed examinations have shown that, even in this malaria-infested department, the Kahn test appears to give reliable results as regards the diagnosis of syphilis.

On the other hand, the interesting fact has been noted in some villages of the Burgas *département* that about half the patients giving a positive serological reaction are, from the clinical point of view, cases of latent syphilis. This percentage is in fair agreement with Professor Jessner's observations on the occasion of his expedition to Mongolia and with recent observations in Bosnia. They prove the great necessity of carrying through the campaign against syphilis most strenuously.

The PRESIDENT thanked and congratulated Professor Jessner.

He drew attention to the zeal and the high degree of scientific knowledge which Professor Jessner had discovered among the Bulgarian doctors. That was an excellent basis for the anti-syphilis campaign in Bulgaria. In that country, as in others, there were not only technical and material difficulties, but the question arose as to whether the campaign should be entrusted to doctors or to mobile brigades.

As a serologist, the President was particularly interested in the question of the value of the Kahn test for malaria patients. He hoped that Professor Jessner would find a means of testing the results obtained with the Kahn test by means of Bordet-Wassermann examinations.

It was interesting to note that a great number of syphilitic cases had only been discovered by serological examination. It was a fact, moreover, that, as the sensitiveness of the methods of examination increased, more and more cases of syphilis were discovered.

Professor BORDET asked Professor Jessner whether tabes was frequent.

Professor JESSNER replied that he knew of only three cases. Certain writers claimed that it did not exist in Bulgaria. It should be pointed out, however, that it had never been possible to make a systematic examination of the situation with the use of modern methods.

He had made a study of that kind in collaboration with Russian doctors in Mongolia, where syphilis prevailed in an endemic state and where the population had never received treatment. The enquiry had shown that tabes was not rare.

With regard to Bulgaria, serious studies had never been made, but as soon as the new hospital was built considerable equipment would be available.

Dr. CHODZKO had been very much interested in Professor Jessner's statement, especially in regard to the question of the Kahn test. In the Carpathians, in what was formerly eastern Galicia, there lived a Ruthenian mountain population, which had suffered from endemic syphilis since the end of the eighteenth century. At that time, doctors had drawn the attention of the Austrian Government to the situation, and a few hospitals had been started. Action had then been suspended and resumed in 1902, but no information on the results then obtained was available.

The campaign had again been started in 1918 by the Polish Government, and in 1923 ten anti-venereal dispensaries had been installed in five districts in the Carpathians. No mobile brigades had been organised, and Dr. Chodzko had spoken against the principle of these "brigades" during the discussions of the Health Committee.

As nearly 90 per cent of the patients ceased to attend the dispensaries after the disappearance of the first symptoms, the treatment was never completed. On the other hand, ten dispensaries were not enough for the needs of the population. It was surprising to note, however, how mild a form was taken by this endemic syphilis, which received very little or inadequate treatment. According to a note prepared by Dr. Jobiczky, State doctor of Kossów district, the figures for still-births and infant mortality in that district during past years were as follows :

1. Still-births (Congenital Syphilis).

Year	Peczenizyn district Percentage	Kossów district Percentage
1926	0.57	2.04
1927	1.14	1.27
1928	0.58	1.36
1929 (first quarter)	0.00	1.00

It should be pointed out that the percentage for the whole of Poland averaged 2.

2. Infant Mortality (up to 1 Year).

Year	Peczenizyn district Percentage	Kossów district Percentage
1926	21.8	23.8
1927	32.4	27.2
1928	29.0	28.8

Here, again, the percentage was lower than the average in the western departments and in the towns of less than 100,000 inhabitants. Obviously, infant mortality in the industrial and agricultural districts could not be compared. In the district in question, however, the adult population went away from the villages in spring, leaving the old people to look after the children, who were often fed on centrifuged milk. The conditions there were thus not unlike those prevailing in industrial districts.

Out of 1,855 cases registered at five dispensaries, the proportion of quaternary syphilis was 0.48 per cent ; but, as Dr. Chodzko had already pointed out, account should be taken of the fact that the patients only resorted to the dispensaries for the treatment of secondary effects, especially the headaches from which they suffered. Once those headaches ceased, the patients disappeared. The blood test made *en masse* in 1928 had proved the great frequency of the infection among children and young people. That special test had proved necessary to discover the disease, owing to the fact that children very rarely came to the dispensaries.

It was claimed that the very slight form of syphilis noted in the country was due to the fact that the children suffered from a great number of badly treated diseases, and that the fever which accompanied those diseases had an influence on the subsequent manifestations of syphilis. From that it was deduced that, when the level of civilisation was raised and infantile diseases were better treated, syphilis would take a more acute form.

Dr. Chodzko quoted a number of figures with regard to latent syphilis and diseases of the heart and blood-vessels which had been drawn up in connection with various pieces of work, and in particular during the important expedition to Mongolia.

It seemed necessary to draw conclusions from this collection of figures in order to determine the treatment which should be applied to so-called endemic syphilis.

The PRESIDENT thanked Dr. Chodzko and invited the members of the Committee to send all possible information on this question to the Health Section.

Dr. LUTRARIO congratulated Professor Jessner on the result of his work, and wished to ask three questions which appeared to be important from the social point of view :

1. Had Professor Jessner noted in Bulgaria a fact which seemed to exist in all the countries of eastern Europe—namely, the preponderance of extra-genital syphilis over genital syphilis ?

2. What points had he noted in regard to syphilis among infants ? In Italy, epidemic had broken out in various small rural centres.

3. Was the treatment free ?

He had learned with great satisfaction that Dr. Jessner had advised the health administrations to rely above all on the physicians. Mistakes similar to those which had marked the beginning of the campaign against malaria should be avoided.

Professor JESSNER gave the following replies :

1. He had not noted any primary extra-genital syphilis in Bulgaria. Moreover, he thought it difficult to distinguish genital syphilis from extra-genital syphilis in the districts in which endemic syphilis prevailed.

2. In the somewhat backward districts where endemic syphilis prevailed, syphilis was rare among infants ; those affected usually died from other diseases. In Mongolia, syphilis among infants had rarely been noted.

3. The treatment was quite free. The physicians were paid by the councils of the *départements*, villages, etc.

Dr. RAJCHMAN was sure that the Committee would regret the absence of Dr. Kessiakoff, who was unable to leave Bulgaria. Professor Jessner would have to return to Bulgaria in a few months, and Dr. Rajchman earnestly hoped that Dr. Kessiakoff or another representative of the Bulgarian health authorities would be able to attend during the discussion of the final report which would be submitted on his return.

486. Survey of Health Conditions in the Pacific Islands.

Dr. HERMANT recalled that the enquiry he had made in the Pacific Islands with Dr. Cilento had been undertaken as the result of a resolution of the International Pacific Health Conference, held at Melbourne in December 1926. The mission had been asked to make a rough survey of the question and to draw attention to the matters on which additional enquiries were necessary. In particular, it was necessary to study the causes of the depopulation of those islands and the methods used to combat it. A programme had readily been drawn up and sent to the health administrations concerned.

The itinerary followed by the mission had been the following: Fiji Islands, New Hebrides, New Caledonia, Territory of Papua, New Guinea and the Solomon Islands. The tour had not been easy to organise, for, though most of the island groups were linked up with Sydney by a monthly shipping service, the connection between the islands themselves was very bad, and the mission had had to change boats seventeen or eighteen times, which had caused considerable delay.

Dr. Hermant drew from this the following practical conclusion. For later enquiries, missions should be provided with a small boat which would save both time and money.

With regard to depopulation, all the scientific groups which had studied the situation agreed that it existed. In the Fiji Islands, the population had fallen from 105,000 in 1891 to 90,000 in 1927, and to a minimum of 80,000 in 1920. In New Caledonia, the native population had fallen from 60,000 in 1860 to 27,000 in 1927. With regard to the New Hebrides, the Territory of Papua, New Guinea and the Solomon Islands, precise information was not available. There was unanimous agreement, however, that there had been considerable depopulation, but that the situation was now stabilised.

With regard to the causes of depopulation, there was also unanimous agreement in imputing it to the appearance of the white race, which had changed the customs of the natives.

They had been made to emigrate for the purpose of providing labour in other districts. Emigration to Queensland had now ceased, as well as recruitment for the Fiji Islands, where Indian labour had now been introduced.

The departure of a great number of adult males had completely changed the system of nutrition of the population. It was the adult males who carried out the reclaiming of the land for cultivation. In addition, the population had been deprived of part of its share—very rich in vitamins—of the fishing industry. Finally, the natives had started to trade on their own account (export of copra), and with the resources obtained they procured preserved foods.

In addition, it had been noted that the natives did not know how to use the new garments they had adopted. They kept their clothes on when they were wet, and, in view of the great susceptibility of the race to chest diseases, the results were terrible.

Finally, contact with white settlers and the new groups of natives had led to epidemics hitherto unknown, such as bacillary dysentery. Certain diseases relatively benign in Europe sometimes decimated the race. Thus, an epidemic of measles had claimed 30,000 victims and an epidemic of influenza 7,000.

It had been thought that leprosy was introduced in 1865 by the Chinese, but it was now believed that it had existed in the Pacific before that time. In the Fiji Islands, there were 800 lepers, 400 of whom were segregated. In the other groups of islands, however, there was very little leprosy, for the various tribes were always at war with one another, which meant that they were in a kind of continual quarantine. Leprosy had developed with particular intensity in New Caledonia (450 lepers in the principal island and six to seven hundred in the secondary islands).

Two very definite forms of leprosy had been noted. Whilst among the Kanakas of Melanesian race its form was more particularly tuberculous, among the Polynesians it took nervous forms. It was not unusual to find cured lepers (with crooked fingers which had remained in the same condition for twenty years). The population took little and inadequate care of itself.

With regard to tuberculosis, it seemed that although hitherto it had not been very widespread, it was now tending to increase. It could be said, however, that the natives did not have time to become tuberculous; those predisposed died of bronchial pneumonia. Bronchial pneumonic diseases more than any others should receive the attention of the health authorities.

In certain groups, almost complete immunity against malaria had been noted. It seemed that there were no anopheles in the Fiji Islands and in New Caledonia. The possibility of the introduction of malaria was contemplated with horror by the administrations. A study would certainly be very necessary of the anopheline fauna and the dangers of infection in the various groups of islands.

Cases of filariasis were found, and were very numerous in New Guinea, the Territory of Papua, New Caledonia and the New Hebrides, in particular. The study of this question was also necessary.

With regard to the measures taken to combat depopulation, the situation varied considerably according to which island group was considered.

In the Fiji Islands, there was a very well-developed medical and health service in numerous forms which met the needs of the situation. A school had been set up at which native assistants, who were then allocated to various parts of the islands, were trained. Each was put at the head of a dispensary under the control of the European doctor of the district. That school had been very much developed recently, thanks to the action of the Rockefeller Foundation.

In the Fiji Islands, there were various quarantine stations, mental asylums, child-welfare services, etc. The treatment of ankylostomiasis was accepted because it was imposed as a preliminary condition to the treatment of pian by arsenic injections, about which the natives were fanatical. Finally, certain health measures were organised in the villages.

In the Solomon Islands, the organisation was more simple because more recent. At Tulagi, there was a very well-equipped hospital which the natives valued. Its activity was completed by medical tours for the treatment of ankylostomiasis and pian. The natives, especially the women, were not refractory to European medical treatment when this was administered by qualified nurses who were interested in the people.

In New Guinea, Dr. Cilento considered that it would be advisable to allow the natives to take part in the health administration. With the assistance of eight doctors, he had trained native assistants whose special duty it was to give information on the epidemiological movement which might occur. These assistants sometimes abused their functions, but with time the system would certainly improve. The colony was very scattered, and a small hospital had been installed in each island. European nurses travelled about the colony and in particular gave treatment for pian. In addition, help was given by the missions, each of whom had a well-defined sphere of action. Improvement from the health point of view was continuous.

There were many Europeans in New Caledonia, which tended to keep doctors in the centres and to prevent them from going about the country to look after the natives. Mobile brigades had also been established. The repugnance shown against the employment of natives had been overcome and they would, as in New Guinea, provide useful assistance.

Dr. Hermant then drew attention to the measures to be taken to put a stop to depopulation.

He had found everywhere regulations providing for the more rational and humanitarian utilisation of native labour. The period of recruitment was limited to two years, and the workers who emigrated were allowed to take their families with them.

In the New Hebrides, where Asiatic labour was necessary, the workers, each of whom had his family with him, benefited from the presence of an inspector of labour. The double administration of the Condominium somewhat complicated the Health Organisation, but the English and French dealt with their respective nationals, and the labour imported by them. They had agreed that a doctor should deal specially with the natives, with the help of the missions.

To make up for the inadequacy of the population, England had organised the immigration of Indian elements to the Fiji Islands. That immigration was now at an end, and 60,000 Indians were installed. It was noted that they had had no harmful influence on the health of the native part of the population, for the two races mixed very little, and the Indians very quickly rid themselves, in this particularly healthy climate, of the diseases peculiar to them.

It was to be hoped that similar results would be noted in the New Hebrides, although the climate there was less healthy.

Dr. Hermant then examined the help which should be given to doctors and health administrations.

The majority of the problems could be solved on the spot by the administrations concerned. The Australian Government had transferred to Sydney a centre of inspection at which all the doctors intended for Papua had to take a course. It was also open to doctors intended for other groups of islands.

The Health Organisation of the League of Nations could do very useful work by organising, with the help of Dr. Cumpston, Director-General of the Health Department of the Australian Commonwealth, collective study tours in which would take part the physicians, up to the present somewhat isolated, who lived in the different groups of islands. Scholarships could perhaps be given to one or two doctors from the groups concerned to enable them to take part in the triennial congress of the Far-Eastern Association of Tropical Medicine.

In addition, an entomological enquiry should be undertaken for the study of the local fauna from the point of view of malaria and filariosis.

Dr. Hermant concluded by pointing out that all the doctors had told him that syphilis was unknown in the Fiji Islands, the Solomon Islands, New Guinea, the Territory of Papua and New Caledonia. This seemed very astonishing in view of the contact which had already occurred with infected elements; but the Commission had noted that yaws was extremely widespread, 95 per cent of the inhabitants being infected, and the question rose whether yaws did not confer immunity from syphilis, a question to which the Health Committee should direct its attention.

The PRESIDENT thanked Dr. Hermant and congratulated him as well as Dr. Cilento on the work accomplished.

Dr. Hermant had drawn attention to a certain number of very interesting questions which should be followed up and which required the collaboration of the Health Organisation.

The Health Committee would certainly leave the Medical Director to study the methods of that collaboration, and Dr. Cumpston's help would be very valuable.

Sir George BUCHANAN said that, when the Australian Government, on Dr. Cumpston's initiative, called together an official international health conference at Melbourne in 1926, the primary object was the adjustment of quarantine measures in the Pacific following on the International Sanitary Convention. But Dr. Cumpston had wisely gone further than this, and secured the presence of men who could speak with authority on such questions as depopulation, nutrition, and the geographical incidence of diseases in the islands. He had been wise also in extending the invitation to the Health Organisation and so securing the attendance of Dr. Norman White. The result had been that the invaluable data furnished at

Melbourne had now been supplemented by the mission of Dr. Hermant and Dr. Cilento, the conclusions of which Dr. Hermant had summarised with sound judgment and epidemiological acumen. Their mission could not fail to have given very welcome stimulus and encouragement to medical officers and investigators in the different island groups. There now remained to go the next stage, which was one of limited but intensive action in the three special directions indicated, and he hoped that all these would be pursued.

Dr. RAJCHMAN joined in the President's thanks and congratulations.

With regard to the concrete proposals submitted to the Committee for examination, Dr. Rajchman wished to make a few preliminary explanatory remarks on the possibilities of an action of the Health Organisation in the Pacific area.

As the Committee was aware, the Eastern Bureau continued to extend its activities and to become more and more a branch of the Health Organisation for Eastern countries.

Dr. Rajchman proposed, in consequence, that the Health Committee should ask that Bureau to study, with Dr. Cumpston's help, the question of scholarships for participation in the Congress of the Far-Eastern Association of Tropical Medicine, which would take place in two years, and that of collective study tours. The organisation of the latter would depend on budgetary resources but the question would be examined as sympathetically as possible.

With regard to the enquiry on malaria, the question would have to be examined by the Malaria Commission. The Australian delegation had referred to that question at the last Assembly, and the enquiry might probably be undertaken next year.

Finally, the question raised by Dr. Hermant concerning syphilis and yaws was of very great technical interest. There was unanimous agreement that, in general, very little was known about syphilis in the Far East. The Reporting Committee on questions relating to venereal disease, presided over by Professor Jadassohn, would be requested to study Dr. Hermant's suggestion and to submit proposals at the next session.

Dr. Rajchman considered, in short, that the Committee could give satisfaction to the Australian Health Administration, and a logical sequel to the enquiry undertaken, by deciding that the collaboration of the Health Organisation would be by means of an enquiry on malaria, participation in the study of syphilis, and the organisation of collective and individual study tours.

The Committee approved the suggestions submitted to it.

ELEVENTH MEETING.

Held on Tuesday, October 7th, 1930, at 3.30 p.m.

President: Dr. Th. MADSEN.

487. Report of the Cancer Commission.

Sir George BUCHANAN wished shortly to summarise the results achieved by the Cancer Commission since 1923. He had already circulated a memorandum on the subject (Annex 15). There were two chief landmarks in the history of the Commission's work. First, the report dated November 1927 (document C.H.631), and, secondly, the report of the Radiological Sub-Commission.

The report of November 1927 represented a summary of a very exhaustive series of investigations made in relation to the causes of the differences of cancer mortality in certain countries. If these investigations had not led to any single cut and dried explanation of the differences in question, they had secured that various plausible hypotheses had been exhaustively examined and tested. The thoroughness and scope of its work was not always recognised as fully as it might be. It was still not uncommon to find new publications which showed that a great deal of effort had been needlessly employed in going over ground which the 1927 report had fully covered.

After completing this report, the Cancer Commission had limited its field of action and had established a Sub-Commission on radiological treatment. Many countries felt the need of knowing what could be achieved by securing a greater supply of radium. The Sub-Commission had dealt with this aspect in two ways in its report of 1929. It had first examined certain general question, such as whether radium treatment should be concentrated in a few centres, or diffused over a large number; secondly, it had taken a cancer of one site, the uterus, with the object of assessing the results of different forms of radiological treatment. It had been necessary for that purpose to obtain an agreed definition of the various stages of uterine cancer. It had also been necessary to establish a standard method of case-recording to be kept by a number of hospitals and institutions giving radiological treatment so that it would in future be possible to place the results on a comparable basis. The report of the Radiological Sub-Commission also contained an account of the various methods used in three institutes

whose experience was specially great. It had been approved by the Cancer Commission, and subsequently by the Health Committee, and had provided the standard requirements for study, established on the highest authority.

There was no doubt that the question of cancer and its recurrence was daily engaging the attention of public opinion to an ever-increasing extent. The provisions made for early diagnosis and the expenditure of public money on radium showed that State authorities were increasingly concerning themselves with this disease. The suggestions of the Radiological Sub-Commission regarding uterine cancer were therefore of the greatest value, particularly as the knowledge desired had to come from different countries.

The work of the Sub-Committee on uterine cancer was so promising that it had been suggested that it should be extended at once to other sites of cancer—for example, to cancer of the skin, tongue and lip—where there was no doubt the same need for defining the stages of the disease and for comparing different forms of radiological application. After discussing this question with members of the former Cancer Committee and with the President of the Radiological Sub-Committee, however, he considered that it would be better from every point of view to concentrate during the coming year on the establishment of the system of uterine cancer which had already been laid down. It was not enough to have got the definitions and to have settled the case-taking forms; they had to be used, and the system must be such that the recorded results could be analysed at the end of three years when the facts about the survival of the case and its after-history were ascertained. A mere benevolent acquiescence in the system would not suffice. It was necessary to make sure that the system is being applied and kept up, and one must realise that it is one involving a good deal more trouble than that of the case-taking which has been adopted for other investigations put in hand by the Health Committee—for example, the case-sheets for syphilis treatment. During the coming year, therefore, it seemed desirable to take the greatest care in distributing the books of forms suitably, with the proper understanding with the institutes or hospitals which were going to use them. It seemed possible, in the case of certain countries, to secure that a responsible person should keep an oversight of the system and report on it from time to time. There had been a further and very useful suggestion that the help of a distinguished gynaecologist might be obtained for personal visits to certain of the most important centres with a view to getting the system still more fully established and understood. In this connection, he indicated the nature of the forms which had already been supplied for use in Great Britain and Norway. Corresponding books were now being prepared in French. Once we could be satisfied that the scheme for radiological record of uterine cancer was a live and working one, its extension to other cancer sites could be taken up with much greater effect.

He also considered, again after discussion with members of the former Cancer Committee, that it would be useful to continue collaboration with the Hygiene Section of the International Labour Office to obtain and circulate new data about industrial cancer.

If the immediate work for the next year was to be limited to these two objects, it appeared sufficient to carry it on from the Secretariat, in consultation with the Rapporteur, and that the reappointment of the Cancer Commission or of the Radiological Sub-Commission was not necessary, at any rate at this stage. He had agreed to act as Rapporteur for cancer questions to the present Health Committee, always in the hope that he would receive assistance from members of the Committee in the matter and that they would make suggestions for new lines of enquiry. At any future stage, and in relation to any aspect of cancer which seemed specially appropriate for international study, it would be possible to reappoint the Cancer Commission or start a special expert enquiry. If the former Cancer Committee had decided not to ask to be continued, the Health Committee would none the less wish to express its appreciation to them for the results which their work of the last five years had represented, and the same would certainly apply to the several distinguished statistical, clinical and other experts who had been associated with them.

The PRESIDENT thanked Sir George Buchanan for his report and his statement. The Committee would doubtless agree with his suggestions. On behalf of the Committee, he thanked the experts who had collaborated with the Cancer Commission for their admirable work. He would also thank Sir George for the distinguished manner in which he had presided over the Commission and for consenting to continue to act as Rapporteur. The Committee could feel assured that Sir George would miss no opportunity to take any action which might prove necessary in the future in so far as enquiries into cancer were concerned.

Dr. HAMEL said that, in Germany, a research organisation for cancer was in existence. While its work was mainly medical, it also dealt with propaganda and with the education of public opinion. Owing to the increase of cancer noted in the last few years, a new organisation had been set up to centralise all the efforts made to check the disease. Special institutes would be established throughout the country, and it would thus be possible to institute the early diagnosis of the disease and its speedy treatment. He could therefore support the proposals made by Sir George Buchanan.

Sir George BUCHANAN thanked Dr. Hamel. He had circulated to members of the Committee a recent pamphlet by the Ministry of Health (Circular 1136), which had been sent to the local authorities in England and which contained a full account of the appropriate action which those authorities should take.

488. Alcoholism—Report of the Medical Director.

The PRESIDENT recalled the proposals made by the health administrations of Finland, Poland and Sweden in regard to a technical study of alcoholism. Representatives of these administrations had met in Geneva recently and had decided to ask the Health Organisation to examine the problem in its following four aspects: alcoholism and accidents; alcoholism and tuberculosis; alcoholism and venereal disease; and alcoholism and mental disease.

The Bureau of the Committee had examined these suggestions, and the President would submit to the Committee the following proposals:

1. The question of alcoholism in connection with accidents might present a certain interest. The Medical Director might be invited to prepare, in consultation with Dr. Carozzi, a note on the available literature on the subject. This information might meet the request presented by the three administrations. On the other hand, the Bureau was informed that Professor Liljestrand, one of the Swedish delegates, was proceeding very shortly to the United States, where he would engage in an experimental study of the best method for the determination of the presence of alcohol in the blood. Professor Liljestrand was so good as to promise to communicate the results of his studies to the Committee.

2. The proposal that the relationship between alcoholism and tuberculosis should be studied was too vague, and, in any case, in the Bureau's opinion, it would lead to no clear conclusions. The President would remind the Committee that a study of the incidence of tuberculosis in the three Scandinavian countries had been undertaken on behalf of the Committee some years ago, and the results of this study would be available very shortly. Copies of this report, when ready, might be communicated to the three administrations concerned, who expressed satisfaction at this procedure.

3. No useful purpose would be served by a study of alcoholism and venereal disease.

4. It did not appear clear to the Bureau what useful study could be made in regard to alcoholism and mental disease. After discussion, it appeared that the three administrations would be interested in obtaining statistical data regarding the incidence of delirium tremens in Scandinavian countries. This could be supplied without much difficulty.

5. Finally, the three administrations expressed a desire to receive information in regard to legislative and administrative measures adopted by certain countries for the control of the consumption of liquors.

The President thought that action along the abovementioned limited lines might be taken by the Health Committee in order to give satisfaction to the desires expressed by the three Governments and to bring to a close a correspondence which had now lasted over three years.

M. VELGHE was not very strongly in favour of the proposals made. They would not, in any case, have much practical effect. There was already quite a literature on the question of alcoholism. It was, of course, true that alcohol caused accidents, but what useful purpose could be served by throwing new light on this fact, which was already known? The same observation applied to alcohol and venereal disease, and to alcohol and tuberculosis. The enquiry did not seem to him to be of much use, because it would not be possible to reach any definite conclusion. Out of deference, however, to the three Governments concerned, he would not oppose their suggestion on the condition that too much time should not be wasted upon it. He was profoundly convinced that, in view of the very great amount of work devolving on the Health Organisation, the question of alcohol could be regarded as of lesser importance.

Dr. RAJCHMAN desired to reassure M. Velghe. The Committee should realise that the Section would undertake no enquiry and collect no statistics. In the very limited case of accidents, a bibliographical note would be prepared, in consultation with the International Labour Office. The statistics in regard to delirium tremens in the Scandinavian countries could be obtained in half an hour, for they were published and available. He shared M. Velghe's scepticism in regard to the results of the enquiry into alcoholism and accidents. The technical question of the determination of the amount of alcohol in the blood was of sufficient interest, he thought, to warrant the adoption of the procedure suggested—namely, that this study would be conducted, not by the Health Section, but by a member of the Swedish health administration, who would merely be asked to communicate his report when it was completed.

It might, however, prove useful to the Governments concerned, to present a note on the administrative measures adopted in the various countries for the control of the consumption of liquors.

Professor BORDET agreed with M. Velghe. While he would not oppose the suggested procedure, he would urge that any enquiries into alcoholism should be conducted in great secrecy, for, if public opinion felt any doubt that an International Committee of Health Specialists thought that alcohol played no part in the various diseases mentioned, a certain

degree of consternation might be caused. The Belgian Medical Association, for example, would doubtless unanimously condemn distilled alcohol ; but, on the other hand, it would certainly not adopt the same attitude in regard to fermented liquors. In regard to alcohol and mental diseases, an enquiry seemed superfluous, because delirium tremens was comparatively rare. It had been stamped out in his own country.

Dr. CARRIÈRE also agreed with M. Velghe. He would remind the Committee, however, of the fanatical views of a certain section of public opinion in so far as alcohol was concerned. It was therefore impossible to refuse to take any action whatever without unnecessarily disturbing that public opinion. The President's suggestions could therefore, he thought, be adopted.

Dr. LUTRARIO agreed with M. Velghe. The explanations of the Medical Director had dissipated all his doubts. He would, however, support the views of Professor Bordet in regard to the distinction to be made between distilled and fermented liquors. The Assembly's resolution had made that distinction very clear, and had laid down that nothing was to be made in regard to wine, beer or cider. The Health Committee could not go beyond the very strict terms of that resolution. Distilled liquors were quite different from wine. Personally, he was convinced that good wine drunk in moderate quantities was in every way excellent.

Sir George BUCHANAN recalled the difficulties encountered by the Ninth Assembly in discovering a formula on which a general agreement could be obtained. Finally, a compromise had been achieved, and the resolution embodying it had been so carefully worded that any change would upset that compromise. The resolution definitely excluded wine, beer or cider. That being so, the Health Committee could not go beyond its terms. In so far, therefore, as the enquiry into alcohol and its connection with accidents was concerned, all accidents due to intoxication through the consumption of wine, beer or cider must be excluded if the terms of the Assembly's resolution were not to be broken. He saw no objection to a report on this matter being drawn up, but the Assembly's instructions should not be contravened.

If the suggestion that the administrative regulations of all countries should be collected were followed the Committee should do so on its own responsibility and not as a result of the Assembly's resolution concerning alcoholism.

Dr. RAJCHMAN explained the course hitherto taken. The Assembly had adopted a resolution at its Ninth Session which had been passed on to the Health Organisation. That Organisation had several times informed the Council that it was impossible to collect statistics of the kind desired. The Council had agreed with that view and it had finally been decided to ask the health administrations of the three countries concerned to say precisely in what manner the Health Organisation could assist them. After considerable delay, the Finnish Government had consulted the three administrations, with the result that the four points mentioned by the President had been drawn up by those administrations and submitted to the Committee. The suggestions of the Bureau in regard to those four questions represented the maximum action that should be taken. To recapitulate them in so far as alcohol and accidents were concerned, all that was asked was that a Swedish expert should communicate the report of his investigations into the question of the determination of the alcohol content of the blood, and that the Health Section, with the International Labour Office, should prepare a note on the documentation available in regard to accidents and alcohol. In so far as tuberculosis and alcohol was concerned, the three countries would receive copies of the report of the five years' study of the incidence of tuberculosis in the Scandinavian countries, carried out by very competent Norwegian, Swedish and Danish investigators on behalf of the Health Organisation.

Figures for delirium tremens in those countries would be supplied to the three administrations concerned.

The only point of real utility was the note on the legislation and administrative regulations governing the control of the consumption of liquor.

Dr. JITTA agreed with M. Velghe. There was very little alcoholism in Holland owing to a change in the manners of the people and to the new legislation recently enforced. The legislation of the various countries in connection with alcohol could be collected and put at the disposal of any country which desired to consult it.

Dr. CHODZKO was prepared to accept the proposals of the Bureau. If they were not accepted, then the Health Committee should frankly state that it could not take up the question of alcohol. To do so, however, would, he thought, be a pity and create a bad impression. He therefore agreed with the Medical Director, and hoped that the suggestions made by the Bureau would be adopted.

Sir George BUCHANAN repeated that he had no objection to the collection by the Health Section of information concerning the administrative regulations controlling alcohol in force in the various countries. This, however, had nothing to do with the resolution of the Assembly and should, therefore, be undertaken as something quite distinct.

Dr. RAJCHMAN said that the Health Section would take no action unless as a result of a direct resolution of the Health Committee. Sir George Buchanan could be assured that the Assembly's resolution would not in any way be circumvented. In so far, for example, as the collection of the administrative regulations were concerned, it would be quite possible to leave out those regulations which dealt with wine, beer or cider.

M. VELGHE proposed that the Secretariat should be requested to study the question and collect the material available, and that at its next session the Committee should discuss what action to take with regard to the Assembly's resolution.

The PRESIDENT thought that, after the discussion which had taken place, his proposal might be approved.

Dr. LUTRARIO pointed out that it was necessary to discriminate in collecting documentation. The real position was sometimes misrepresented in the documents of certain abolitionist associations.

Dr. RAJCHMAN understood, after M. Velghe's intervention, that the proposal was as follows :

For the moment, no reply would be given to the three health administrations. The Secretariat would be requested, in the first place, to study, with the International Labour Office, the question of alcohol and accidents. Dr. Rajchman would, however, prefer not to accept the task in those exact terms. For the moment, he would prefer simply to consult Dr. Carozzi as to proposals to be submitted to the Health Committee.

M. VELGHE had no objection.

Dr. RAJCHMAN continued that, in the second place, the Secretariat would be requested to collect and place at the disposal of the Committee information on the control of the consumption of spirituous liquor in selected countries.

Only then would the Committee decide what reply to give to the three Governments.

M. VELGHE pointed out that, by legislation, also the effects of legislation should be understood.

Dr. RAJCHMAN explained that the Secretariat should draw no conclusions, but that the countries would communicate their own conclusions.

In the third place, the Secretariat would forward to the three health administrations a copy or copies of reports on the incidence of tuberculosis in the Scandinavian countries. The President would himself obtain figures in regard to delirium tremens in the Scandinavian countries.

Referring to the second point—information on the control of spirituous liquor—Sir George BUCHANAN said that the original request was for statistical information, and the Committee should be free, in replying to Finland and the other Governments, to confine itself to giving such information.

Dr. RAJCHMAN wished to make a very strong appeal to the Committee not to request the Secretariat to collect information for no particular purpose. It was already overwhelmed with useful work, and it would be useless to collect material unless it was to be utilised.

Sir George BUCHANAN remarked that it was only statistical information that was required by the resolution of the Assembly.

Dr. VELGHE noted that as Dr. Rajchman had stated the position so clearly, no formal resolution was required.

The Committee agreed.

489. Monthly Epidemiological Reports.

Dr. RAJCHMAN said that he owed Sir George Buchanan an explanation in regard to the article on smallpox in the monthly reports. He regretted that it was quite true, as Sir George Buchanan had pointed out, that the cases of serious smallpox caused by infection on the *Tuscania* were not sufficiently distinguished in the article from the milder cases which had occurred in England.

Dr. Rajchman would always be very grateful if any errors or inaccuracies in the reports could be pointed out as soon as possible.

Sir George BUCHANAN said that he would be glad to comply with Dr. Rajchman's request. He had drawn attention to the report in question because there were three or four other equally glaring errors in the report. It was important that the statements contained in the epidemiological reports should be as accurate as possible.

Dr. RAJCHMAN hoped that the discussion would not leave an impression that there were errors in all the reports.

490. Miscellaneous.

IMPROVEMENT OF PENAL ADMINISTRATION.

Dr. RAJCHMAN explained that two voluntary international associations were interested in the improvement of penal administration. One of them—The Howard League for Penal Reform—had submitted to the Secretary-General a memorandum drawing the attention of the League of Nations to the urgent need for reform in penal administration, and had made

a series of specific suggestions. That memorandum had been communicated by the Secretariat to the second association—The International Prison Commission—which was of a semi-official character, and that organisation in its turn had submitted a note containing a draft set of rules.

The question had been discussed by the Fifth Committee of the Assembly, which had recommended that the draft rules should be forwarded to all the States Members of the League, who should be asked for their observations before the next Assembly. At the same time, copies had been forwarded to the various technical organisations of the League of Nations with the request that they should study the rules and make observations within the sphere of their own competence.

On the proposal of the President, *the Committee appointed the following sub-committee to consider and report on the matter* : Dr. HAMEL (Chairman), Dame Janet CAMPBELL, Professor FITZGERALD, and Professor SCOSERIA.

REQUEST OF THE WOMEN'S CO-OPERATIVE GUILD (*Document C.H. 862*).

Sir George BUCHANAN said that he had been asked by the department concerned to bring forward the petition of the Women's Co-operative Guild concerning maternity and child welfare. The matter had, however, already been dealt with automatically during the discussion on the work of the Committee, and if the latter agreed that a sufficient reply could be given on the basis of the programme framed for the "Reporting Committee for Maternal Welfare and Hygiene of Infants and Children of Pre-school Age" he would consider that appropriate.

Dame Janet CAMPBELL agreed with Sir George Buchanan.

The question of an enquiry into maternity and child welfare was referred to the Reporting Committee for Maternal Welfare and Hygiene of Infants and Children of Pre-school Age.

REPORT OF THE SUB-COMMITTEE ON THE PRICE OF RADIUM.

Dr. HAMEL submitted the report of the Sub-Committee (*Annex 17*).

The proposals contained in the report were adopted.

CREATION OF AN INTERNATIONAL INSTITUTE FOR NUTRITION (*Document C.H. 903*).

Dr. RAJCHMAN said that the Committee requested him last year to submit a report on the proposal of the French Government for an international study of the problem of nutrition. It would no doubt wish him to examine the scheme of the International Council of Women in the light of the French proposal and to present a memorandum on the whole subject at the next session of the Committee.

This question was adjourned to the next session.

RESOLUTION OF THE NATIONAL COUNCIL FOR MENTAL HYGIENE.

Dr. RAJCHMAN suggested that the consideration of the question of mental hygiene be deferred to a later date.

The matter was adjourned to a later session.

INVITATION OF THE INTERNATIONAL CONGRESS OF TROPICAL MEDICINE.

The Committee noted that this Congress would be held in May 1932.

ESTABLISHMENT OF AN INTERNATIONAL ORGANISATION FOR THE UNIFICATION OF PHARMACOPŒIÆ.

This question was adjourned.

LETTER FROM SIR GEORGE BUCHANAN DATED AUGUST 15th, 1930 (*Document C.H. 897*).

The PRESIDENT thought that the discussion on the future working of the Health Organisation had been very useful. He hoped that satisfaction had been given to Sir George Buchanan and the other members.

Sir George BUCHANAN expressed his thanks to the President and Bureau.

491. Resolutions of the Sixteenth Session of the Health Committee.

Dr. RAJCHMAN read the resolutions on the work of the sixteenth session of the Committee.

These resolutions were adopted with draft amendments.

RESOLUTION CONCERNING A MEETING OF MEDICAL DIRECTORS IN COLONIAL MINISTRIES.

Professor Ricardo JORGE noted that the sphere of action of the Conference on Colonial Medicine had been limited to African possessions. He favoured this limitation, which conferred a geographical unity and a community of views on the Conference, since the health problems in the various African Colonies are practically the same. But, since the Conference had assumed this geographical character, African States would naturally be invited to participate.

The Conference was of particular interest to Portugal, and he would advise addressing the invitation in this case directly to the Government. He was personally prepared to recommend the Conference as being necessary.

The resolution was amended in order to give satisfaction to Professor Jorge.

Dr. RAJCHMAN said that the enquiry would be carried out in accordance with the usual methods of the Secretariat.

492. Close of the Session.

The PRESIDENT thought that the sixteenth session had been very successful. He thanked the experts who had been good enough to attend the session, the members of the Health Committee and M. Velghe. The collaboration with the Office international d'Hygiène publique had been very valuable. He wished also to thank Dr. Rajchman and his staff.

Dame Janet CAMPBELL was sure the Committee would desire to express to Dr. Madsen its deep appreciation of the able and gracious way in which he had conducted its meetings. It was not easy to preside over an international committee which was examining very delicate and complex questions, and the Committee could congratulate itself on its President.

Dr. RAJCHMAN wished to be allowed to associate the Health Section with the congratulations offered by the Committee on the reappointment of the President for a new period of three years, which he believed would be a memorable period.

That the Health Committee had succeeded in attaining world authority was amply illustrated by the numerous requests of health administrations of an ever-increasing number of countries for technical information and advice.

At this session, the Committee had decided to deepen the work of its predecessors in various directions and had set up new Reporting Committees in the several fields of public health. The technical Secretariat, on whose shoulders it lay to act upon the decisions and prepare the work of the Committee, was somewhat embarrassed by the programme before it, which was really formidable. The Secretariat needed, not only a lead from the Health Committee, but also its practical co-operation, and it would no doubt be found necessary during 1931 to convene the Bureau on several occasions for the consideration of questions referred to it by the Committee. The task entrusted to the Secretariat was now so comprehensive and so important that the Medical Director thought it essential to obtain as close a collaboration as possible with the Committee through its Bureau.

He apologised for referring to the matter, but wondered whether the members realised the importance of the rôle played by the Health Organisation in the general activity of the League of Nations. He believed it was the unanimous opinion of the delegations to the Assembly that the Health Organisation, together with two or three others, was in the fortunate position of having its authority accepted without discussion, and even of its work being considered as one of the most important elements in the activities and success of the League.

The Health section was glad that, at a time when a very difficult period was approaching for most of the countries of the world, the work of the organisation had been so clearly outlined that it was feasible to count on the possibility of carrying it out.

The members of the Health Section aspired to the accomplishment of their work in such a manner that no one could dispute its technical authority and competence; but their hope was that it might be regarded as a useful contribution to the realisation of the essential object of the technical activities of the League—namely, a clear and unmistakable demonstration of the effectiveness and genuine impartiality of international collaboration.

Professor BORDET said that, as a new member, he would like to say how glad he was to be able to participate in the activities of the Health Organisation. He was sure that all the new members would do their best to contribute to the efficacy of its work.

The PRESIDENT noted that the Committee was glad to hear from Dr. Rajchman that its work was so useful to the general mission of the League of Nations. That was in great measure due to the spirit which prevailed in the Health Section, to its admirable Director and his well-chosen team.

He declared closed the sixteenth session of the Health Committee.

ANNEX 1.

AGENDA OF THE SIXTEENTH SESSION OF THE HEALTH COMMITTEE.

1. Constitution of the New Health Committee and Programme of Work.
2. Decisions of the Council and Resolutions of the Assembly.
3. Report of the Medical Director on the Work of the Health Organisation since the Fifteenth Session of the Health Committee.
4. Proposals of the National Government of the Republic of China for Co-operation with the League of Nations in Health Matters. Completion of the Survey of Chinese Ports and Report on the Re-organisation of the Port Health Services in conformity with the Request of the National Government of China.
5. Report of the Malaria Commission. Studies of its Special Sub-Commission in India. Recommendations adopted at the Session held at Algiers on May 25th, 1930.
6. Report on Leprosy.
7. Reports on the Conferences of Directors of Schools of Hygiene held at Paris on May 20th and at Dresden on July 14th, together with the Memorandum of the President of the Commission on Education in Hygiene and Preventive Medicine.
8. Enquiry into Health Conditions in Certain Islands of the Pacific.
9. Opium.
10. Miscellaneous.

ANNEX 2.

C.H. 918.

MEMORANDUM BY THE PRESIDENT ON THE PROGRAMME OF WORK OF THE HEALTH COMMITTEE.

The new Health Committee may wish, before engaging on its work, to look back on the work of its predecessors, in order to ensure continuity in the activities.

The effort of the past nine years found an admirable summary in the report presented to the Assembly of the League by the Rapporteur on Health, Miss Susan Lawrence, Parliamentary Secretary to the Ministry of Health in London. Miss Lawrence stated that :

“ Each separate question naturally passes through three stages—that of study and the collection of information ; that of forming general judgments on the basis of the material collected ; and, then, finally a stage of action. And, speaking quite broadly and generally, we may say that the nine years' work of the Health Organisation of the League corresponds roughly to those three stages ; although, obviously, the last stage, that of action, will generally be carried out, not by the League, but by the individual Governments united here in a common purpose.”

The examples quoted by Miss Lawrence in her report (document A.56.1930.III) may easily be multiplied by reference to the work actually in progress, as outlined in the Medical Director's report (document C.H.891). It may be emphasised, however, that, while our Health Organisation has now reached a stage at which Governments are applying to it for advice in increasing numbers, the essential work of special studies, and no less indispensable confrontation of the results of national experiences, must be continued. Certain of our activities have come to be looked upon by Governments, by sanitary administrations and by scientific institutes, as practically permanent in character. The best example of this is to be found in the work of the *Permanent Standardisation Commission*, dealing with serological and biological standards. This type of work must necessarily be continuous, since it is dealing with the evolution of scientific thought and method, which brings in its trail new problems every year.

The work of the *Opium Commission* affords another example, since current questions, arising out of the obligations imposed upon the Health Committee by the International Opium Convention, have to be continually referred to its Opium Commission.

Again, there is the *Malaria Commission*, which has succeeded, after a long initial period of regional studies, in coming to agreement on a general programme of anti-malarial measures, and which will, at this session, propose a plan of epidemiological study and of practical measures which will certainly require at least three years to complete.

The work of the *Leprosy Commission*, which was set up a year or two ago, is only now starting work in earnest, after the completion of a preliminary world-survey of Leprosy conditions, which is summarised in an admirable report to be presented at this session of the Committee.

There are also certain partial studies, such as those relative to *scarlet fever and diphtheria*, which must continue to be reported upon to the Health Committee from time to time by the investigators entrusted with the task.

The departmental activities of the Health Section in regard to *epidemiological intelligence*; to continuous liaison work with the sanitary administrations (particularly by means of the "interchange" system, the utility of which is universally recognised, and concerning the development of which important proposals are being referred for the technical study of the Committee); and to the manifold partial studies, investigations and enquiries with which it is entrusted to an ever-increasing degree, do not need explanation in detail, for they are self-evident and clearly presented in the Medical Director's report. This activity is obviously the backbone of the Organisation—namely, its executive work, ensuring the continuity and systematic application of the decisions of the Health Committee.

Other studies undertaken in the past have necessarily been of a temporary character—as, for example, the study of the *fumigation of ships*, for which a special Commission was set up. It has not yet presented its report, and will complete its studies during the existence of the present Health Committee.

The Chairman of the *Commission on Education in Hygiene and Preventive Medicine*, in his report which is now before the Committee, suggests that a new method of dealing with the programme might usefully be adopted by the Committee.

The studies in regard to *smallpox* have already resulted in valuable work in regard to the standardisation of vaccine lymph, and useful information in regard to the epidemiology of encephalitis has been collected.

As regards *cancer*, while it was obviously impossible for the Health Committee to engage in pure research, a number of practical problems of immediate importance were selected for study, and valuable reports have been presented. Further practical proposals for study—perhaps not by a committee—are outlined by the Chairman of that Commission.

In another domain, a distinguished group of experts on *infant mortality* has presented particularly useful conclusions, as a result of long and painstaking studies. Here, again, the main subject of the enquiry having been dealt with, a few special problems, facing various countries in different continents, still remain to be dealt with.

However, it is not the intention to analyse one by one the Health Committee's various studies, already undertaken or now in course of completion. The above remarks furnish instances of the type of work which will obviously have to be continued, though perhaps in a somewhat modified form.

We are now called upon to develop our collaboration with those Governments which are asking the Health Committee to formulate advisory opinions, not only on the *organisation of public health services*, but also on methods to be employed and the technical schemes to be adopted in dealing with the manifold administrative and medical problems in the field of public health.

When giving this advice, we cannot refer solely to our individual experiences; it must represent the considered opinion of a body such as our own, abounding in the experiences of many countries, and it must be based on the personal competence of many leaders in public health and medical research. What is expected of us is a technical opinion, based on an analytical comparison of all this experience and this knowledge, so that the advice tendered by our International Committee may constitute a declaration of the present state of practice and of knowledge in the various fields of public health.

Such a declaration is needed, notably in regard to *maternal and infant welfare*. A large amount of information has already been collected, either by our group of experts on infant mortality or by our other commissions, as well as by the Health Section. But a general report on the whole subject is now required which would be of material assistance, not only to health administrations which have asked for our collaboration in this field, but also to others which desire to organise a campaign against infant and maternal mortality in their own countries. The hygiene of the child of school age and of the adolescent is another problem which needs similar study. The measures to be taken against tuberculosis in the various countries must be studied—perhaps even more urgently than others, in view of the demands being made upon our advisory faculties in this direction. A comprehensive documentation has already been collected during the past years and will form a useful nucleus for a general report.

The work of the *Commission of Experts on Treatment of Syphilis and Cognate Subjects*, as well as the numerous studies in regard to the serological diagnosis of syphilis, will likewise form an indispensable basis for a report on the measures to be taken against venereal disease, including that of congenital syphilis.

During the last ten or fifteen years, sanitary administrations have had to take measures against other social diseases. Cancer, rheumatic fever and heart diseases may be mentioned in this connection. This group certainly merits serious study, and an attempt to present a series of reports on these subjects.

Among the methods in the practice of public health, particularly in rural areas, there is one which calls for a specific study on our part—namely, health centres. The study of this problem was started a year or two ago and needs to be brought to a conclusion.

Finally, the whole question of the rôle of local authorities in the administration of medical assistance will undoubtedly force itself on the Committee's attention.

What is the method of study which should be adopted in these last-named seven fields of investigation?

No new enquiry or research is needed. What we require is: an analysis of the reasons which have led various countries with special experience in the respective fields to adopt specific measures; the determination of the extent to which agreement exists as between

these various experiences (this agreement permitting the formulation of the general declaration referred to above); and to ascertain the particular points in regard to which the diversity of practice is so extensive as to require further practical investigation.

This is the kind of report which should be presented in regard to each one of the seven fields indicated.

There should be no insuperable difficulty in presenting such reports within six to twelve months' time, if their preparation be entrusted to a small "drafting committee," under a chairman, with the assistance of three or four experts possessing special knowledge, and with the option of consulting any other technical officers or competent authority in the course of the work.

These drafting committees would not constitute commissions in the strict sense of the word. Their report would be submitted for a thorough discussion by the Health Committee, which alone would be competent to adopt, after debate, a declaration which would engage its technical authority. Indeed, whereas the Health Committee must rely upon the opinion of its technical advisers—either commissions or outside experts—in several purely technical domains, the type of problem to be dealt with by these drafting committees is essentially one which the Committee itself must define and decide.

The *Joint Commission* set up by the preceding Health Committee, in collaboration with the International Labour Office, for the study of *health insurance* has not yet presented its report, and it may be asked whether the preparation of so important a report would not be greatly facilitated—if, indeed, it is not the only possible method—by our adoption of the several general reports relative to practice in the fields of public health, as outlined above. The modern practice of preventive medicine must be set out by us in detail, and this contribution of the Committee towards the joint study of health insurance may prove of fundamental importance.

* * *

The programme of activity of a modern school of hygiene was elaborated a few months ago by a group of the Directors of such schools in Europe and America, and this programme is being communicated to the Committee at this session. These modern schools play an increasingly important rôle in the development of public health activities in various countries and we should certainly acquiesce in the recommendation made that the conferences of these Directors should be made periodic, in order to allow of a continuous interchange of ideas and experiences between the schools, both those of long standing and those newly established in various countries, in some cases with our advice and collaboration.

The preceding Health Committee was requested by the Government of China to assist in a survey of medical schools and in the work of the National Commission on Medical Education in China. This assistance, as is shown in the reports before us, is being rendered. The request of the Chinese Government would appear to be very characteristic and logical, as, indeed, no study of the public health situation in a given country can be complete without a survey of the conditions under which the medical profession is prepared for its task. This very question is looming large even in countries with a full and old-established experience of medical science and medical education. The study of this problem cannot be omitted from the programme of our Committee, and we shall have to consider the best methods of approaching so important and so delicate a task.

While these various studies relate to problems applicable to all countries, there is no doubt that the facilities afforded by the Health Organisation should also be available in future—as they have been in the past—in regard to the medical and sanitary problems with which colonial administrations are faced. The studies of sleeping-sickness, the "interchanges" in Africa, and the facilities for colonial laboratories are instances of effective liaison arranged in the past; and it may be asked whether a commission, composed of the medical directors of the various Colonial Ministries, would not constitute the best instrument of continuous collaboration in these matters, and the most appropriate method of utilisation by the various colonial territories of the facilities available in the Health Organisation?

The highly important *problem of nutrition* had already been included in the programme of work of our predecessors, although no definite proposals have yet been framed. The time has certainly come when the Committee should consider in what practical field such studies should be begun. In the Far East, more than in any other part of the world, the problem of nutrition is one of fundamental importance in public health, and an investigation of the use of one of the staple foods of the teeming populations of those great countries—namely, of rice—appears to claim our early attention.

The question of *physical education* was likewise considered by our predecessors as an appropriate subject of study, and the information collected by certain of our colleagues, as well as by the Health Section, would appear to justify the appointment of an expert group to consider this material.

There thus opens before the new Committee a very wide field of endeavour, of study and of practical effort. It is well worth a detailed debate, and the general headings here indicated may perhaps facilitate the discussion, which it is hoped will lead to the adoption of a general programme and the constitution of the requisite commissions and groups of experts.

Your newly constituted Bureau may perhaps, at the conclusion of this detailed debate and the discussion of the Medical Director's report on the current work of the Health Organisation, make suggestions for your consideration as to the composition of the various groups and commissions.

REPORT BY THE MEDICAL DIRECTOR ON THE WORK OF THE HEALTH ORGANISATION SINCE THE LAST SESSION OF THE COMMITTEE

(March 1930–September 1930).

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I.

DECISIONS OF THE COUNCIL ON THE WORK OF THE HEALTH ORGANISATION

The resolutions adopted by the Health Committee during its fifteenth session held at Geneva from March 5th to 8th, 1930, were approved by the Council during its fifty-ninth session in June 1930.

1. The Rapporteur for health questions, M. de Agüero y Bethancourt (Cuba), called the attention of the Council to the letter from the Secretary-General relating to the nomination of members of the Health Committee (*Official Journal*, 11th Year, No. 6, Annex 1218), pointing out that this letter contained the proposals which the President and Vice-President had been authorised by the retiring Committee to submit to the Council.

The following resolution was adopted:

" The Council,

" Approves the proposals relating to the nomination of members of the Health Committee, to be found in the note from the Secretary-General;

" Requests the Secretary-General to convey to the members of the late Committee the Council's appreciation of their services."

2. Proposals of the National Government of the Republic of China concerning the co-operation of the League of Nations in health matters.

The Minutes of the Council on these proposals are summarised in the relevant section of this report.

The following resolution was adopted:

" The Council,

" After examining the proposals of the National Government of the Republic of China for co-operation with the League in health matters;

" Accepts the recommendations of the Health Committee that the Council should approve of the entire programme of collaboration presented by the Chinese Government as set forth in the Medical Director's report, and

" Decides that the Medical Director should be asked to ensure the assistance of the Health Organisation in carrying out that programme."

3. Appointment of a German member of the Committee of Experts for the Co-ordination of Research on Trypanosomiasis (Sleeping-sickness).

The Rapporteur on health questions called the attention of the Council to the letter of the President of the Health Committee asking that a German expert be attached to this Committee.

This request was approved by the Council.

The Committee will be pleased to learn that Professor Max TAUTE, Counsellor on Medical Questions at the Ministry of the Interior, Berlin, has accepted membership on this Committee.

4. In his report to the Council on the work of the Health Committee during its fifteenth session, the representative of Cuba mentioned the decisions of the Health Committee with regard to the exemption or inclusion of certain preparations, under Articles 8 and 10 of the International Opium Convention of 1925, which are mentioned elsewhere in this report. He also described the Committee's recommendations concerning the request of the Government of Bulgaria for the assistance of the Health Organisation in the campaign against syphilis in certain areas. Reference was made to the request of the Government of Uruguay that the Health Committee should appoint a delegate to preside over the South American Serological Congress, to be held at Montevideo in September 1930.

With regard to the Health Committee's resolution on the budget for 1931, in which reference was made to the sum of approximately 190,000 francs needed for carrying on the work in the Far East and for the expenditure on the Eastern Bureau not covered by the subsidies accorded by the Governments of the various Far-Eastern countries, the Rapporteur called attention to the statement of the Committee that, if this increase were not granted, it would be impossible to provide the sum needed out of the credit of 1,000,000 gold francs appropriated for the general work of the Health Organisation, and suggested that the Council should ask the Assembly and the Supervisory Commission to consider this resolution in the spirit of the decisions of the last Assembly on the budget of the Health Organisation.

On the motion of the Rapporteur, the following resolution was adopted:

" The Council,

" After examining the report on the work of the fifteenth session of the Health Committee,

" Approves all the recommendations submitted as well as the observations of the Rapporteur."

II.

COLLABORATION WITH THE MINISTRY OF HEALTH OF THE NATIONAL GOVERNMENT OF THE REPUBLIC OF CHINA.

The proposals of the National Government of the Republic of China for collaboration with the League in health matters, the adoption of which were recommended by the Health Committee in March last, were approved by the Council at its fifty-ninth session in May. M. Woo Kaiseng, representative of China in Geneva, attended on behalf of his Government on this occasion, when the British, German, Japanese and Polish members of the Council spoke as follows regarding the proposed collaboration:

Mr. Henderson (Great Britain) said that, when this matter had come before the Council in September 1929, he had expressed the hope that the League would be able to assist the National Government of China, not only in connection with quarantine in Chinese ports, but also in organising a general health service for the benefit of the Chinese people as a whole. He was glad that, in the short time which had since elapsed, such great progress towards this object had been made, and he was sure that every member of the Council was delighted with the proposals upon which the Chinese Government and the Health Committee had agreed.

Dr. Curtius (Germany), in adhering to the report, was glad to note that an opportunity had been seized of instituting in this special field co-operation between the League and China. The League should, he thought, always interest itself in the desires and needs of that country which was such an important Member of the League of Nations.

M. Zaleski (Poland) said that he appreciated at their true worth the steps already taken by the Chinese Republic in the work of reorganisation and reconstruction, and wished all success to the work in which the League was now asked to help. He hoped that, in the future, other opportunities would occur for showing the League's desire to strengthen the common bonds between China and the League, and to offer her, through its technical organisations, the experience possessed by the League in regard to reorganisation.

M. Nagai (Japan) said that the development of co-operation between the League and China was of great interest to his country, as a neighbour and friend of China, and marked a fresh stage in the League's work in the Far East.

M. Woo Kaiseng, representative of China, described the reasons underlying the request of his Government and expressed his satisfaction at the result of the Mission which the League had sent to China.

The President of the Council felt that the co-operation of the Health Organisation with China was one of those works of mutual assistance for which the League had been established and which were of benefit to all its Members.

It will be remembered that, in the plan drawn up by the Ministry of Health of the National Government (see document C.118.M.38.1930.III), various forms of collaboration are described, and the Medical Director has to report the effect given to these proposals since the last session of the Health Committee, as follows:

I. REORGANISATION OF THE QUARANTINE SERVICES OF CHINESE PORTS.

(a) The Chinese Minister of Health, in requesting the League's collaboration in the transfer of the quarantine services from the Ministry of Finance to the Ministry of Health, asked that the Health and Transit Organisations should study jointly measures required for the transfer and reorganisation of these services.

The Health Committee, at its fifteenth session, in March 1930, on the recommendation of a specially appointed Commission, adopted the following resolution:

" 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 reorganisation of the quarantine services of the Chinese ports, and on the advice of the Commission for Quarantine Measures in China designated during the present session:

" (1) Accepts the proposals made by the Chinese Government to obtain the benefit of the experience 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.

“ 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.”

The Transit Committee, at its fourteenth session, noted the request of the National Government of the Chinese Republic, communicated by the Medical Director, and in response thereto, authorised its Secretary-General to give every assistance, and nominated the three following experts: M. P. G. HÖRNELL (Member of the Swedish Academy of Technical Sciences; Professor at the Royal Polytechnic High School; Member of the Advisory and Technical Committee on Communications and Transit), Sir Alan ANDERSON (Vice-President of the Chamber of Mercantile Marine of the United Kingdom; Member of the Permanent Committee for Ports and Maritime Navigation) and M. A. G. KRÖLLER (Member of the Economic Council of the Netherlands Foreign Ministry; Member of the Permanent Committee for Ports and Maritime Navigation) to confer at the appropriate time with the Health Committee's special Commission.

(b) The detailed survey of some of the Chinese ports in which the Ministry of Health proposes to take charge of the quarantine services in the first instance has been carried out, as arranged, by Dr. C. L. PARK of the Health Section, who arrived in China in mid-April and finished his survey by the middle of June. He will hold further consultations with the Chinese authorities before sailing for Geneva in August. His detailed report on the subject will form a separate document, to be presented to the Health Committee's special Commission in September. It is expected that, on the basis of this Commission's deliberations, the Health Committee will be enabled to make recommendations to the Chinese Ministry of Health before the end of the year 1930.

(c) The Minister of Health nominated Dr. Eu Ya CHING, of his Ministry, to take part in the study tour of port health procedure in the East. This study tour, which began on June 27th at Singapore, is to examine port health procedure in the Netherlands East Indies, Saigon, Hong-Kong, Canton, Manila, Yokohama, Tokio, Kobe and Dairen. The final conference will be held at Tokio on August 19th, and a full report will be presented later in a separate document.

(d) Dr. E. B. YOUNG, Vice-Superintendent of Yung-kao Quarantine Hospital, was nominated by the Minister of Health to study port health procedure in Europe and America with the help of the Health Organisation. Splendid facilities were offered by the central and local health authorities in Germany, Great Britain and the United States, and Dr. Young has become familiar with port health practice in Hamburg, Bremerhaven, London, Liverpool, and New Orleans. Dr. Young also paid short visits to Amsterdam, Montreal, New York and Baltimore. It is expected that one or more Chinese port health officers will be able to carry out similar studies next year, and the nomination of one has already been put forward by the Ministry.

2. ESTABLISHMENT OF THE CENTRAL FIELD STATION (NATIONAL FIELD HEALTH SERVICE).

(a) In order to comply with the request of the Ministry of Health concerning a plan for the Central Field Station at Nanking, the Health Committee requested the Directors of the principal Schools of Hygiene, who met at Paris in May, to advise on the organisation of the new centre. A memorandum was accordingly drawn up, indicating the duties of this centre as the technical organ of the Ministry of Health.

(b) The services of Dr. B. BORČIĆ, Director of the Institute of Hygiene at Zagreb, were secured by the League for a period of two years in order that he might be delegated to assist the Ministry of Health during the establishment and development of the new station. Dr. Borčić left Europe on June 27th, taking with him, as requested by the Minister of Health, detailed plans and lists of equipment for the new buildings. The latter informed us, on April 11th, that negotiations were proceeding for the purchase of the necessary land.

(c) Fellowships. — Dr. CHEN WAN-LI was nominated by the Minister of Health to study, with the help of the Health Organisation, health institutions and hospitals in Europe (Yugoslavia, Hungary, Denmark and Poland). He arrived in Europe in March, and has been given every assistance by the health administrations concerned. In the autumn he will return to China to take up his duties as Public Health Commissioner of Chekiang Province.

Dr. L. C. YEN, Chief of the Medical Administration in the Ministry of Health, has also carried out a study tour in Europe and America. After visiting Yugoslavia, Hungary and Germany,

he participated in the first part of the study tour in France. After a short visit to England, he returned to China, via the United States, spending a few weeks visiting important medical and health centres in that country. He was expected in China by the end of September.

3. THE NEW NATIONAL HOSPITALS.

(a) Dr. OONG-TSE-LUNG, who is to become Superintendent of the new hospital in Chekiang Province (he is now Superintendent of the Chungshan University Hospital at Canton), is expected in Europe early next year, where he will be given every facility for obtaining the information he requires. The Austrian health authorities have made arrangements for his studies in one of the largest hospitals in Vienna.

The Minister of Health informs us that the sum of 200,000 Mexican dollars has been earmarked in the budget of Chekiang Province for this hospital for the fiscal year commencing July 1st.

(b) The Minister of Health also reports that a mobile hospital is now working in Nanking, known as the Central Hospital of the Ministry, to which a special monthly grant of 25,000 Mexican dollars is allotted. This hospital, when certain additions and improvements have been made, is expected to be an efficient and serviceable institution, and will serve as the nucleus of the first National Hospital.

4. MEDICAL EDUCATION.

(a) The services of an expert have been secured to take part in the studies of the Chinese National Commission on Medical Education, in the person of Dr. Knud FABER, Professor of Internal Medicine at Copenhagen University. Dr. Faber left Europe on September 1st to consult with the National Commission and to make a two-months' survey in China. On his return, he will present a report containing conclusions which, it is expected, will form a basis for the recommendations of the Health Committee to the National Government.

(b) Dr. F. C. YEN, Dean of the Central University Medical College at Woosung, Shanghai, has accepted the invitation to become a member of the Health Organisation's Commission on Education in Hygiene and Preventive Medicine.

5. CONTROL OF SMALLPOX AND CHOLERA IN SHANGHAI.

With a view to establishing a programme of definite collaboration in this matter between the Health Departments of Greater Shanghai and the two Foreign Concessions, the Minister of Health requested the assistance of the Director of the Eastern Bureau, and the Medical Director also arranged for the Chief Statistician of the Health Section to visit Shanghai during his mission in the East. In January 1930, during his visit to Shanghai, the latter prepared a preliminary memorandum for the Minister of Health on the smallpox and cholera situation, after studies made in Greater Shanghai and in the two Concessions.

A first conference was arranged and presided over by the Minister of Health in Shanghai on December 28th, at which the Medical Director was present, and which was attended by health officers of the three municipalities. At a second conference, on March 3rd, it was decided that May 15th should be "Cholera Day", when an attempt at mass inoculation against cholera should be begun officially in the three municipalities. In order to facilitate the epidemiological study of the disease it was agreed that hospitals, health officers and private physicians should employ a uniform record-form for cases of cholera. Methods of enlisting the public interest in the anti-cholera campaign were decided upon. Effective measures for the control of junk traffic were discussed, and the necessity of using every effort to control the water and food supply was emphasised.

At a third conference held on May 9th, at which Dr. WU LIEN TEH, Dr. PARK and Dr. GAUTIER were present, each municipality reported progress made in the campaign. The International Settlement and the French Concession had appropriated 5,000 and 12,000 taels¹ respectively for the work, and each had organised one travelling and two stationary dispensaries to carry out the inoculations. In the International Settlement, the "Mill Owners' Association" had been asked for their support, and sufficient anti-cholera vaccine had been prepared for local use. The two Concessions had decided to employ respectively two and three additional Chinese medical officers, with auxiliary staff. The French Concession proposed to carry out mass inoculations at three special cholera centres, while the posters supplied by the Ministry of Health were to be widely distributed and displayed. In Greater Shanghai, six specially trained Chinese doctors had been engaged for one month and the sum of 10,000 Mexican dollars had been allocated for this purpose by the Mayor of Shanghai. In this municipality, 300,000 vacci-

¹ The value of the tael varies, but it may be considered as equal to roughly three gold francs.

nations had already been carried out, and 2,000 copies supplied in Chinese text of the uniform record-form agreed upon for use in the two Concessions; 50,000 inoculations each had been carried out in the International Settlement and in the French Concession. A uniform strength of vaccine (2,000 million per cc.) was adopted by the health authorities concerned, and it was decided that two injections of 0.5 cc. or one of 1 cc. were to be administered.

Food vendors were to be given practical assistance in protecting their goods from infection. Films were to be used to influence public opinion.

At the request of the Conference, Dr. Gautier prepared a plan for the organisation of an epidemiological study of cholera, for the use of the Central Anti-cholera Bureau in Greater Shanghai, which had been established to assist in the co-ordinated campaign.

It was deemed impracticable at present to undertake an examination of all the junks passing in and out of Shanghai Harbour, and the question was referred for further study to a Sub-Committee composed of Dr. WU LIEN TEH, Dr. PARK, Dr. GAUTIER and also Dr. AYLWARD, the Port Health Officer of Shanghai.

Further information regarding this campaign and its results will be available in due course.

6. COLLABORATION IN THE WORK OF THE HEALTH ORGANISATION'S COMMISSIONS.

Dr. Robert LIM, Professor of Physiology at the Peiping Union Medical College and President of the Chinese National Medical Association, will take part in the work of the Health Committee on vitamins and kindred subjects, while Dr. TSU MIN YI, member of the Central Executive Committee, will take part in its studies on Physical Education. Dr. Shisan C. FANG, former Director of the National Epidemic Diseases Prevention Bureau, will be associated with the work of the Commission on Social Medicine.

Since April last Dr. Tsefang F. HUANG, formerly of the staff of the Ministry of Health, has joined the staff of the Health Section.

* * *

From the foregoing it is evident that, in spite of the continuance of military operations and the disturbance of peace, the reconstructive health work in China progresses steadily, according to the plans of the Ministry of Health. The visits of Dr. PARK, Dr. GAUTIER, Dr. BORČIĆ and Dr. FABER to China were welcomed by the Minister of Health, who afforded them every facility.

III.

CURRENT WORK OF THE HEALTH SECTION.

I. SERVICE OF EPIDEMIOLOGICAL INTELLIGENCE AND PUBLIC HEALTH STATISTICS.

A. GENEVA.

This Service has developed according to the programme laid down in previous years. The *Annual Epidemiological Report* for 1928 was published in August, without text, as last year. Considerable time elapses before final verified figures are received from the health administrations of some of the more distant countries, and it was therefore decided, at the beginning of 1929, to publish in the *Monthly Reports* the general reviews of individual diseases, formerly appearing in the *Annual Reports*: (1) in order to avoid unnecessary delay; (2) in order to deal with the various diseases at a time when their normal seasonal evolution had come to an end.

The principal epidemic diseases were reviewed in the *Monthly Epidemiological Reports* for 1929. The following special reviews have appeared in these reports for 1930: Tularemia in January; Poliomyelitis in February and March; Psittacosis in April; Plague in May; Cholera in June. An article on Maternal Mortality appeared in the July number.

The *Weekly Epidemiological Record* appears every Thursday night and contains the official weekly *communiqué* of the Office international d'hygiène publique. This *communiqué* contains the information received by the Office under the International Sanitary Convention of 1926, and has appeared regularly in this *Record* since November 1928. The *communiqué* is translated into English by our Service; the latest information received in Paris up to Wednesday night is added in the proof on Thursday morning. The information concerning plague, cholera, yellow fever, smallpox and typhus received by the Health Section during the week is published in the second part of the *Bulletin*. In the *Weekly Record* this information is grouped by disease, continent and country, while, in the *communiqué* of the Office, it is presented according to the paragraphs of the Convention concerned. Our information is presented in the form of a comprehensive review,

drawing attention to features of special epidemiological interest, and the salient facts of the week are illustrated by maps and graphs. The *Weekly Record* also contains reviews of the trend of other epidemic diseases which show unusual prevalence. This is necessary, as the text of the *Monthly Reports* have largely taken the form of annual reviews. Reference was thus made in this *Report*, in the course of the first eight months of 1930, besides quarantine diseases, to psittacosis, cerebro-spinal meningitis, influenza and acute poliomyelitis. The development from week to week of the recent outbreaks of poliomyelitis in the middle and lower Rhine Valley has been fully described. The *Weekly Record* contains from 12 to 20 pages. The distribution has been increased to 800 copies.

A short summary of information concerning the ports in which plague, cholera or smallpox cases have occurred during the week is broadcasted from the Nauen Station, in Germany. This broadcast was formerly made in code, but has been made in clear since June 14th, 1930, as it is believed to be of greater utility in this form. This is in conformity with the procedure followed by the Sanitary, Maritime and Quarantine Council of Egypt and by the Singapore Bureau which during the last two years has broadcasted summaries in clear.

B. EASTERN BUREAU OF SINGAPORE.

Fifth Session of the Advisory Council.

Thanks to the generous hospitality of the Government of the Netherlands East Indies, the Advisory Council held its fifth session at Bandoeng from February 19th to 22nd, 1930.

Since March there has been a new development in the weekly broadcast which should be of considerable interest to shipping companies with business in the Far East.

A broadcast summary in clear of infectious diseases and quarantine notifications is now sent out daily—instead of weekly as hitherto—from the long-range station at Malabar (Java), and the undermentioned wireless stations also broadcast weekly epidemiological information in clear, for the benefit of ships in Eastern waters, on the following days:

Station	Day	Time G.M.T.	Wave length in metres	Call Signal
Hong-Kong (Cape d'Aguilar)	Friday	5.0	2,913	VPS
Karachi	Saturday	{ 8.30 16.30	1,550	VWK
Madras.	Saturday	{ 8.30 16.30	1,000	VWM
Malabar (Java)	Daily	{ 1.0 1.0	15,600 26.2	PKX PLO
Sandakan (British North Borneo)	Saturday	1.0	600	VQB
Shanghai Zikawei	Saturday	3.0	650	FFZ
Tokio	Friday ¹	{ 12.15 12.45	7,700	JJC

Reports received at Singapore from captains as a result of these messages show that, on the whole run from Suez to Japan, it is possible for ships to pick up one or more of these stations—Malabar, owing to its range and daily transmissions, being the one most frequently quoted. The broadcast summary is based on telegraphic information received from more than 140 ports and broadcast in code to over 30 health administrations.

As it is practically impossible for the Eastern Bureau to check the working of its radio services, it would welcome further reports from captains of ships as to their success or failure in picking up these health bulletins, as well as any suggestions which may help to increase the efficiency of the service. Such reports should be addressed to the Director, Eastern Bureau, League of Nations, Singapore.

The Advisory Council decided that efforts should be made during the current year to send the weekly report twenty-four hours earlier, as proposed by the Director—without, however, modifying the present system until this had been re-discussed at the next session.

The Advisory Council also considered certain improvements which, as a result of recent experience, should, in its opinion, be made in the broadcasts of the Bureau's epidemiological intelligence service, and, being desirous of reaching a satisfactory solution of the problem by international agreement between the competent authorities, it adopted the following resolution:

" The Advisory Council,

" Having considered certain improvements which, as a result of recent experience, should, in its opinion, be made in the broadcasts of the Bureau's epidemiological intelligence service, and

¹ Occasionally on Saturday.

"Believing that a satisfactory solution will be furthered if the problem is dealt with by international agreement between the competent authorities;

"Requests the Health Committee to submit the question to the Advisory and Technical Committee for Communications and Transit of the League of Nations with a view to the two Committees studying this item of international collaboration in order that adequate suggestions may be framed for the use of all concerned and eventually for presentation at the forthcoming Conference for the Revision of the International Radiotelegraph Convention of Washington, 1927."

In accordance with this resolution, the Advisory and Technical Committee for Communications and Transit examined the question and requested its Chairman to make the necessary arrangements for complying with the request of the Advisory Council of the Singapore Bureau, and in particular to consult the League's Advisory Committee on Wireless on this matter.

The Advisory and Technical Committee for Communications and Transit found that the Eastern Bureau's epidemiological intelligence system was working satisfactorily. However, the reception of the bulletin in clear sometimes gives rise to certain technical difficulties which were not encountered in regard to the service of the coded bulletin. It was found:

(a) That certain Administrations were unable, on several occasions, to receive this bulletin, the reception being too weak or subject to interference;

(b) That the time chosen for its issue coincided with the various services of the European stations (Press service, time signals, private telegrams to ships, etc.) which the ships' operators are obliged to pick up (this coincidence has at times prevented the reception of the bulletin);

(c) That several ships are not equipped for the reception of waves as long as those used by Malabar and Tokio.

In order to obviate these various difficulties, it will be necessary to reorganise the service for the bulletin in clear, and a letter, from which the following extract has been taken, was sent on August 22nd, 1930, by the Secretary-General to the Directors-General of Posts and Telegraphs:

"It will no doubt be possible to organise this service in such a way that all the Administrations concerned can pick up the bulletin on long waves, as there are enough long-wave posts in the East to ensure this service; for example, Malabar 15,500 metres; Tokio 7,700 metres; Saigon 15,950 metres; Antananarivo 15,800 metres; Cavite 5,354 metres.

"The times for these broadcasts should be so fixed as not to coincide with the long-distance European stations; for example, the Press service, time signals, private telegrams for ships in the East, etc.; but to coincide, if possible, with the duty hours laid down by the Washington Radiotelegraph Conference for ships with one or more wireless operators.

"These long-wave messages can be retransmitted by the coastal stations on a 600 metre wave after the meteorological bulletins, which are picked up by the great majority of ships.

"With a view to supplementing the documentary material required for the study undertaken on these various points by the Communications and Transit Committee, I should be grateful if you would furnish as full information as possible concerning the long-distance services in your country (particularly the services which the operators on board ship are accustomed or obliged to pick up; for example, time signals, Press service, private telegrams, etc.), which it is essential should not be in operation simultaneously with the issue of the epidemiological bulletin in clear.

"I should be greatly obliged if you would be good enough to supply these data by filling in the attached sheet, which I would ask you to return to me at your earliest convenience."

The Advisory Council decided to include in the summary in clear the number of cases and deaths, provided that the message is drawn up as concisely as possible.

As the result of an enquiry carried out by the Director, the Advisory Council unanimously agreed that quarantine stations should be regarded as a form of life insurance, and drew attention to the advisability of utilising them as clinics, infectious diseases hospitals and centres of education in health matters, as has been done by certain Administrations in North China. On the whole, the Council was in favour of the maintenance of quarantine stations in their present form.

Co-ordination of International Research.

(a) *Oral Vaccination.* — It was not possible during the past year to organise further experiments. The Advisory Council noted that the results obtained were somewhat problematical; it considered, however, that the collection of reports should be continued, as some experiments were still proceeding.

(b) *Dry Smallpox Vaccine.* — The Director communicated a detailed note on the experiments which have been carried out in a large number of equatorial and tropical countries during the last fifteen years. Despite a certain lack of uniformity in the results, dry smallpox vaccine

appears to have proved its value, provided it is properly prepared by being dried rapidly and kept in a vacuum.

The technical report submitted by the Director will be printed and the attention of shipping companies will be drawn to the value of dry smallpox vaccine.

(c) *Plague*. — The countries belonging to the Singapore Bureau have sent valuable contributions regarding the Cheopis index (Kobe), varieties of rats (Dr. YAMADA, Tokio), the parasites of rats (plague-transmitting house tick, *Lyponnysus nagayoi*) (Dr. YAMADA) and the bacteriophage of plague (Netherlands Indies). These communications, which are mentioned in the Minutes, will be carefully examined at the next meeting of the Plague Expert Commission.

(d) *Bacteriophage*. — Four notes have been received from the Patna, Rangoon, Shillong and Kasauli laboratories. The Advisory Council decided that the accumulation of data should be continued for examination at a future meeting.

(e) *Accidental Risk of Yellow Fever spreading in the East*. — The East cannot be protected against the accidental importation of yellow fever unless all countries adopt the same drastic measures and impose penalties. Up to the present time, no experiments have been carried out in laboratories in the Netherlands Indies, Manila, Japan and Siam with the amaryl virus and none will be undertaken. The Advisory Council proposed the prohibition by law, under severe penalty, of the importation or possession of yellow fever virus for any purpose in all countries in the East liable to infection with this virus.

In the Netherlands Indies, all vessels coming from a South-American port are required to anchor at a distance of one nautical mile from the coast to undergo disinfection. Such action is, however, very rare, and applies only to vessels bringing back to Java workers who have been employed at Surinam and Curaçao.

In view of the possibility of yellow fever spreading by aeroplane and the fact that a regular air service was being planned from the West to the East Coast of Africa, the Advisory Council urged that stringent measures should be taken to prohibit all air traffic from infected or even suspected areas to any of the countries in the regional area of the Eastern Bureau until such time as the measures concerted by the Office international d'Hygiène publique were being effectually applied.

(f) *Proposal for the Bureau to act as a Centre of Information*. — In reply to a direct question, the Advisory Council stated that it was advisable for the Bureau to collect information on the technical training of the sanitary personnel of all Eastern countries. According to certain members, the utilisation of similar information dealing with medical education would be a more difficult matter.

The question of pneumonia among labourers, soldiers and, more especially, emigrants in tropical countries having been raised, the Council decided that during the coming year special attention should be paid to the collection of information on this disease with a view to considering, at a later session, the desirability of forming an expert committee for research into pneumonia.

The Director of the Eastern Bureau co-operated with the three municipalities of Shanghai with a view to concerted action in the matter of vaccination against cholera.

The Eastern Bureau organised a collective study tour of medical officers in Eastern ports. This began at Singapore on June 27th and included a visit to the health stations of the principal ports of Java, Indo-China, the Philippines, China and Japan.

The Advisory Council noted with gratitude the donation of \$500 by Mr. J. J. Forstall, of Chicago, as a contribution towards the expenses of some special object of research in which the Bureau is interested.

The Committee elected as Vice-Chairman for 1930 Dr. GUÉRIN (Indo-China). As General GRAHAM, the Chairman, informed the Council that he did not intend to stand for re-election, the Council elected Dr. VAN LONKHUYZEN (Netherlands East Indies), as Chairman.

The report on the work of the fifth session of the Advisory Council (document C.141.M.53. 1930) was communicated to the members of the Health Committee on July 18th, 1930.

2. SYSTEM OF LIAISON WITH THE HEALTH ADMINISTRATIONS OF DIFFERENT COUNTRIES.

COLLECTIVE STUDY TOURS AND INDIVIDUAL MISSIONS.

1. Since the last session of the Health Committee, three collective interchanges have been held: the first in France, the second in Roumania and the Kingdom of Yugoslavia, and the third in the Far East, where the interchange was restricted to the study of port health procedure.

In addition to these collective study tours, a number of public health officers nominated by their health administrations have been given facilities to study abroad subjects in which their administrations are particularly interested. These individual missions are described later in this report.

2. *General Interchange in France*. — This was the first general interchange in which the whole period was spent in France. The preparations were begun some time ago by a Committee presided over by Professor Léon BERNARD who spared no pains to ensure the success of the

interchange. Under his guidance, very complete information was prepared for the participants, consisting of a handbook on public health in France and various annexes. The handbook begins with an illustrated description of geographical conditions in France, for national health problems take their peculiar characteristics from climate, configuration, contours and other physical and economic conditions that determine the specific lives of the different sections of a nation. This was followed by a description of the system of Government and of the administrative machinery in France, and this, in turn, by a detailed review of the evolution and present status of the different branches of public health work. The annexes contain the public health laws and regulations in force in France and other relevant material.

The interchange opened on May 26th in Paris and terminated with a final conference at Geneva on July 7th. There were sixteen participants from twelve countries.¹

The programme began with a study of the work of the Office national d'Hygiène sociale in Paris and of other national and central organisations and institutions, such as the National Anti-Tuberculosis Committee (Comité national de défense contre la tuberculose) and its school for public health nurses, tuberculosis dispensaries, hospitals and sanatoria in or near Paris, and inspection of the measures for the protection of the food supply.

The various forms of departmental health organisation were studied in the departments of Seine-et-Marne, Aisne, Seine-Inférieure and Hérault, while the participants were enabled to appraise the development of municipal hygiene in Paris, Lyon, Nancy, Havre, Rouen, Suresnes and a few of the smaller French towns.

In addition to visits to the Medical Faculty of the University of Paris, the participants were given the opportunity to inspect a provincial medical school at Clermont-Ferrand. The Institutes of Hygiene at Nancy and Lyon were also studied.

In the Département du Nord, the work of reconstruction was inspected, with particular reference to housing, sanitation, industrial hygiene and the organisation of voluntary and official health agencies.

Vichy was selected for inspection as the type of French watering-places, and an excellent programme was arranged for the short stay of the participants in that city.

During the whole interchange, and in every part of France, no trouble was spared to furnish the participants with all information and an opportunity for direct study.

The group was received by the Minister of Health, by the City of Paris, and by the Medical Faculty of the University of Paris. In every region, they were warmly welcomed by the prefects of departments, mayors of towns, and all public health officers, directors of private health agencies, and the medical profession.

The French Government secured very substantial reductions and special arrangements for the comfort of participants from all the railroad companies.

I am sure the Health Committee will wish to express to Professor Léon Bernard, and through him to all his colleagues in France, their appreciation for the perfect organisation of this first general French interchange.

Several most interesting reports have been received from the participants.

3. *The Balkan Interchange.* — This interchange was restricted to Roumania and the Kingdom of Yugoslavia, the period from June 1st to June 16th being spent in Roumania, and from June 16th to July 6th in the Kingdom of Yugoslavia.

There were three participants each from Bulgaria, Greece, Roumania and Yugoslavia, and two from Czechoslovakia.

The Committee will learn with deep regret of the death in August of Doctor Charles LAUGIER, Inspector-General in the Public Health Services of Roumania, who was responsible for the arrangements for the interchange in Roumania, and who accompanied the participants during their stay in that country. Suffering from the affection which a short time afterwards led to his death, Doctor Laugier devoted himself to the interchange without regard to his own health, and the participants will not soon forget his charming personality and his unusual technical capacity.

The interchange began at Timisoara and the visit to Roumania was concluded by a Conference at Baile Herculane. During this period visits were paid to Arad, Cluj, Sovata, Borsec, Jassy, Galatz, Sulina, Tulcea, Constanza, Techirghiol, Calimanesti, Govora, Craiova and Bucharest, as well as a number of towns *en route*.

The participants were given every opportunity to study in detail the public health and medical organisation in Roumania, including sanatoria, hospitals, dispensaries, institutes of hygiene, welfare institutions, watering-places and health centres.

The Committee will wish to express their appreciation to Professeur CANTACUZÈNE who gave his time unsparingly to plan this first interchange in Roumania. He accompanied the group during a part of their tour and received the participants at his institute, giving them an account of his work in connection with BCG, and the prophylaxis of scarlet fever.

Minister Moldovan, Under-Secretary of State at the Ministry of Labour, Public Health and Social Welfare, who directed the organisation of the interchange in Roumania, received the group most cordially and placed all the resources of his organisation at the disposal of the participants. The Committee will certainly wish to express to him and to all his colleagues concerned, their warm appreciation.

¹ *Viz.*: Bulgaria, China, Czechoslovakia, Germany, Great Britain, Greece, Italy, Netherlands, Poland, Roumania, Spain and Yugoslavia.

The Roumanian Government made generous arrangements for the railroad and motor transport, and all the authorities and agencies extended the most generous hospitality.

The second half of this interchange, in Yugoslavia, was equally successful. Visits were paid in turn to Novi-Sad, Belgrade, Ljubljana, Zagreb, Split, Trogir, Dubrovnik, Sarajevo, Nish, Skoplje and Prishtina. In each centre, the work of the institute of hygiene in all its branches was studied and the participants were enabled to appreciate the technical value of the work of these institutes and their branches as well as their utility as a means of instructing the public in hygiene.

Doctor A. ŠTAMPAR and his associates made all arrangements for the interchange and, as they have had ample experience in this work, it is unnecessary to emphasise how successfully these were carried out. The participants were given cordial receptions everywhere; they were particularly pleased with their welcome at the various institutes of hygiene, where every facility for their studies was provided.

The Committee will wish to express their appreciation to Doctor Štampar and his colleagues, as well as to all other central and local authorities who contributed so freely to the success of the interchange.

For the benefit of the participants a special volume on the public health services in Yugoslavia was prepared by Dr. IVANIĆ and Dr. KONSTANTINVIĆ, of the Central Institute of Hygiene at Zagreb. This volume contains four chapters—the first dealing with medical statistics, the second with the organisation and the administration of the public health services, the third with public health legislation and the last with the Central Institute of Hygiene.

4. *The Interchange of Port Health Officers in the Far East.* — The members of the Committee will recall that our Japanese colleagues have, on several occasions, insisted on the utility of an interchange for the study of port health practice in the Far East. During the last Assembly the subject was again raised by the Japanese delegation, and in accordance with the desire of the Health Committee, the interchange was arranged during the present summer.

Full details concerning this study tour will not be available until the return of Dr. C. L. PARK, who is expected in Geneva shortly before the Health Committee meets. The interchange began on June 27th and was scheduled to terminate with a final conference at Tokio on August 19th. Port health practice was studied in the following countries: Straits Settlements, Netherlands East Indies, French Indo-China, Hong-Kong, Japan, Philippine Islands and China. There were eight participants from six countries.¹

In order to facilitate the study in the various ports, schedules containing the items to be considered were distributed beforehand to the ports, so that full information was available on the arrival of the group.

5. *Individual Missions.* — In view of the resolutions of the Council concerning the facilities to be offered to the Health Administrations of China and Greece in their programmes of collaboration with the League, a certain number of "missions" were provided for health officers appointed to posts in the health services of these countries.

Four Chinese medical officers were thus enabled to study various branches of public health abroad during the present year. One of them visited several European countries, studying the organisation and administration of the campaign to reduce infantile mortality. A second, who is to be the health officer of the Province of Chekiang, paid particular attention to rural health work, visiting important rural health centres in Central and Western Europe. A third devoted himself to a study of modern port health practice in Germany, the Netherlands, Great Britain, Canada and the United States. The fourth, who heads the Division of Medical Administration in the National Ministry of Health, studied general health work, medical education, hospital organisation and the training of midwives in Central and Western European countries, Great Britain and the United States.

At the request of the Ministry of Health of the Government of China, the programme of studies abroad of two other medical officers was arranged by the Health Section.

In addition to those Greek public health officers mentioned in previous reports, who were enabled to take advantage of the malaria courses, and who afterwards studied various public health subjects in Europe, according to a programme arranged by the Health Section, three others studied municipal health administration, public health laboratory work and medical statistical work respectively in European countries. A fourth will begin his studies in September.

Greek and Chinese medical officers also participated in the French interchange, and a Chinese port health officer participated in the port health interchange.

Three medical officers, who were made responsible by their administrations for the conduct of the enquiries into infant mortality, studied the organisation and administration of the enquiry in one or more of the countries in which the original enquiries were made.

The policy of providing missions for medical officers who are carrying on work of interest to the Health Organisation was directed to the teaching of hygiene, the practice of rural hygiene, housing, the sero-diagnosis of syphilis, sleeping-sickness and anti-malaria work.

¹ *Viz.*: China, French Indo-China, Japan, Netherlands East Indies, Siam and Straits Settlements.

The reports on some of these subjects will be useful in connection with sessions of the Committee's various commissions.

The value of these individual missions as a means of training health officers or for broadening their knowledge is appreciated increasingly by health administrations. In all cases, a programme is prepared carefully by the Health Section with the help of the Administrations concerned. The Health Committee will wish to express their gratitude and appreciation to the central and local health authorities of the different countries who have taken so much trouble to enable foreign medical officers to study their work.

6. *Opening of Rural Health Centre at Gödöllo, and Inauguration of a School of Public Health Nursing at Budapest.* — Many public health officers, nominated by their health administrations for individual missions, have studied the work of the rural health centre at Gödöllo (Hungary), which is the headquarters for health work in a large district containing some thirty villages, and is used as a demonstration and training area for the Institute and School of Hygiene at Budapest.

The official opening of this new centre, now housed in a modern and well-planned building, will take place late in the autumn, and the Secretary of State for Health and the Director of the Institute propose that this occasion should be used by the Health Organisation for the continuation of its study of rural health centres which the Health Committee at its fourteenth session decided should be made.

In view of the important rôle of the public health nurse in the conduct of rural health centres, it is fitting that this subject should receive due consideration at the same time, and the opening of the new nursing school at the institute furnishes a suitable opportunity.

It is suggested that invitations be issued to a group of health officers with experience in the work of rural health centres in order that they might study the subject under the chairmanship of a member of the Committee, according to the following headings: Organisation of Health Centres, area served, activities, branches, administration, personnel, buildings, budget.

A report of the discussion would be presented to the next session of the Committee.

7. *Programme for 1931.* — The Committee has already given its general approval for an interchange for the study of the milk supply, and it is planned to hold this interchange in 1931. As it is the milk supply of municipalities which most requires protection, the participants should be health officers responsible for the administration of municipal hygiene. The Health Committee has insisted on the need for the participation of veterinarians, bacteriologists and chemists, and others having to do with the milk supply. The Committee has also expressed the wish that such an interchange should visit America as well as certain important centres in Europe.

Surgeon-General CUMMING has generously offered the assistance of the Health Services he directs, and the President of the Committee has agreed to help in the organisation and reception of the interchange in Denmark.

It is planned that the interchange shall begin in Denmark, and that, after visiting one or two other European countries, the participants shall continue their studies in the United States.

The group will be supplied with documents on the status of the control of milk in the countries most advanced in this respect: The interchange will probably take place during the late summer or early autumn.

As far as individual missions are concerned, a number should be reserved for Chinese, Greek and Bolivian health officers, nominated by their administrations in accordance with the plans of collaboration established.

Others will be reserved for medical officers who are to carry out enquiries into infant mortality undertaken by their health administrations as a result of the studies carried out by the Health Organisation.

Some will be reserved for medical officers working on subjects with which the Health Organisation is dealing.

The increasing demands upon the resources of the Health Organisation for interchanges and individual missions indicate the necessity of systematising this work, as has been done so successfully in connection with the courses for malariologists. The organisation of these courses into two stages—first, the theoretical and laboratory, and, secondly, the field stages—has yielded satisfactory results, and the question arises as to whether some similar arrangement could not be made for individual missions. With this in view, the Health Section is proceeding, with the help of the administrations concerned, to prepare programmes for field studies in various subjects in one or two countries, which will avoid the necessity of preparing a programme for each mission.

This and other new methods of facilitating the studies of health officers abroad will be discussed in detail with the Committee.

IV.

COLLABORATION WITH SOME PUBLIC HEALTH ADMINISTRATIONS.

A. LIAISON WITH LATIN-AMERICAN HEALTH ADMINISTRATIONS.

1. *Bolivia.* — The request of the Bolivian Government was approved by the Council on August 31st, 1929 (fifty-sixth session) in the following terms :

“ The Council,

“ Expresses its satisfaction that the Bolivian Government, in its desire to extend its action in the reorganisation of the health service of its country, has appealed for the help of the Health Organisation of the League.

“ It invites the Health Committee to give, in accordance with the terms of the Bolivian Government's letter, its assistance in the preparation, as well as in the later development, of the plan for the reorganisation of the health service of Bolivia.”

Accordingly Dr. MACKENZIE and Dr. PASCUA, left for Bolivia in April 1930 to confer with the authorities in Bolivia on the plan of collaboration to be submitted to the Health Committee.

In accordance with the preliminary programme adopted in agreement with the General Department of Health, the survey was to take account of:

Vaccination against smallpox;
Malaria;
Ankylostomiasis;
Child welfare;
The organisation throughout the country of departmental health services.

The provisional programme of the Bolivian authorities included the following points: campaign against malaria and ankylostomiasis, child welfare and possibly Calmette's vaccination against tuberculosis with BCG, the establishment of a public health institute consisting of a laboratory and school of hygiene, the latter intended for the technical training of health officers.

The survey has been actively pursued in accordance with the programme, despite certain unforeseen events, which have disturbed the peace of the country and the lack of communications in certain districts. Dr. Mackenzie and Dr. Pascua have already surveyed: the city of La Paz and the central services; the towns of Sucre, Cochabamba and Oruro; the district of Mizque, which is of special importance from the point of view of malaria; the Valle Grande, where there used to be leprosy foci; the sub-tropical district of Yungas; the district of Sorata. They have already travelled as far as Santa Cruz de la Sierra, which is of great importance from the point of view of malaria and the cinchona forests, and even as far as the Chaco. As indicated in the provisional programme drawn up by the General Health Department, special attention has been paid to malaria, ankylostomiasis and child welfare. It is hoped that our colleagues will be back in time for the September session of the Health Committee and will be able to give a detailed report on the method of co-operation which they have already examined with the Bolivian authorities.

Dr. Mackenzie and Dr. Pascua were extremely well received by the Central Government, the prefects and University and medical personnel, and this has facilitated their surveys.

2. *Infant Mortality (Lima Conference).* — On the invitation of the Peruvian Government and with the co-operation of the health authorities of that country, the Health Organisation convened a Conference of Health Experts on Child Welfare, which was held at Lima in July in connection with the Sixth Pan-American Congress on Child Welfare. The object of this Conference was to discuss the results of the enquiries into infant mortality carried out under the auspices of the Health Organisation in the Argentine, Brazil, Chile and Uruguay, in pursuance of the resolutions of the Montevideo Conference of 1927, held under the auspices of the League, to compare these results with those of the European investigations and to consider the organisation of similar enquiries in other South American countries.

After the Lima Conference, a mission consisting of the European expert, Professor R. DEBRÉ, and two members of the League Secretariat, Professor O. OLSEN and M. J. NOGUEIRA, visited Santiago, Buenos Ayres, Montevideo, Rio de Janeiro and São Paulo to discuss with the experts of those countries the practical application of the conclusions of the Conference. In addition to the experts present at the Montevideo Conference, the Lima Conference was attended by the representatives of Peru, Bolivia, Colombia, Ecuador, Paraguay, and Venezuela.

The work of the Lima Conference was to be based on the reports of the European investigators and also on four South American reports furnished by the Argentine, Brazil, Chile and Uruguay.

The comparison of these four reports with the European report has already shown the great importance of the South American enquiry and of the further extension of the enquiry in general. The European enquiry has revealed two important factors: (1) still-births and infant mortality during the first days of life; (2) deaths occurring later due to diseases of the digestive system, acute infectious diseases and diseases of the respiratory system. As the causes of the two groups of

mortality are not the same, different prophylactic measures are required. To prevent still-births and deaths during the first days of life, provision should be made for pre-natal, natal and immediately post-natal hygiene and the social and legislative protection of pregnant and parturient women and of infants, especially premature and weakly infants, during the first few days of life. Although all hygiene is in reality social hygiene, the term is particularly applicable to pre-natal and natal hygiene. For the prevention of diseases of the digestive system, acute infectious diseases and diseases of the respiratory system, arrangements must be made for the supply of pure milk, for anti-syphilitic measures, for the prophylaxis of infectious diseases among young children.

These two main factors are also revealed in the South American reports, as also are the variety and divergence in the number of deaths, according to whether the district is urban or rural.

In Uruguay, there is a great difference in the figures for the capital (which is relatively of considerable size) and the country districts, the conditions in the latter being fairly uniform. Although it has only been possible to examine a limited number of cases, syphilis is recognised to be one of the chief causes of still-birth and congenital debility.

The total figures per thousand are :

Still-births	21.6
Deaths during the first month	310
Deaths during the first year	100

Of these 100 deaths, diseases of the digestive and respiratory systems are each responsible for approximately one-third. Professor Morquio emphasises that the most important factor of infant hygiene is that the child should be nursed by its mother as long as possible. He urges that special attention should be paid to the question of pure milk and preventive hygiene as a whole, which should be based on a census of mothers and infants ; this does not yet exist. More than 50 per cent of the babies who died received no medical attention. Only 16 per cent of the babies observed received medical attention. A maternal and infant welfare centre should be established, from which the greatest benefits may be expected in view of the success of the Casa del Niño of Montevideo.

In the Argentine (Professor Araoz ALFARO), the death rate in different districts varies considerably. While the average infant mortality for the Republic as a whole is at present approximately 110, it is 78 to 80 for the city of Buenos Ayres, 90 for the province of Buenos Ayres, and 120, 140, 170 and even 230 and 260 in certain provinces of the sub-tropical zone. In the city of Buenos Ayres, the death rate in the twelfth district, which is comparatively prosperous, is only 51 per thousand.

Unfortunately, the enquiry into still-births has not yet proceeded far enough to be of much value. The number of deaths during the first month is very considerable, from 36 to 50 per cent due primarily to congenital diseases and diseases of the new-born; malformations, obstetrical traumatism, infection during the first few days. That is the first group as defined by the European enquiry, which is the most difficult to combat. Turning to the diseases in the second group (digestive system and infectious diseases), we find that these diseases are the main causes of death in districts with an average or high death rate (25 to 41 per cent) while their importance is practically nil in districts with a low death rate (under 1 per cent). These are the diseases which can most easily be prevented by proper feeding and general infant hygiene—factors which, at the present time, constitute a fairly reliable index of the degree of civilisation of a country. The necessity for supervision is clearly shown by the fact that there are a large number of deaths among babies breast fed by their mother or a wet-nurse. The need for special care is demonstrated by the example of Tucuman, where the large number of deaths due to affections of the digestive system has been attributed to the sub-tropical climate, whereas the real cause is bad hygiene. The tentative efforts at organisation made during the last few years have already reduced this number; moreover, the death rate is lower at Tucuman, where the climate is very hot, than at Azul, which has a cool climate.

It has not yet been possible to determine the part played by hereditary syphilis, as the results of biological reactions and post-mortems are not available.

In Brazil (Dr. J. B. BARRETO and Dr. E. JANSSEN DE MELLO), specific communicable diseases have caused more deaths in the towns than digestive affections; in rural districts, the position is reversed. Pre-natal, natal and post-natal causes appear to be twice as fatal in towns as in country districts. The Brazilian report shows the great importance of syphilis as regards premature births. Syphilis has in itself an importance almost equal to that of the pre-natal, natal and post-natal causes, and this importance is even greater in country districts than in the towns. Hereditary syphilis as a cause of death is of practically the same importance in towns and country districts. The causes of pre-natal, natal and post-natal morbidity are particularly frequent in the case of twins. Legitimacy or illegitimacy plays a very small part; what chiefly matters is the financial position of the family—whether it is well-to-do or poor. On the whole the enquiry shows that diseases of the digestive system and nutrition ailments come first, communicable diseases—notwithstanding the relative importance of syphilis—taking the second place.

Among the cases of still-births, 12 per cent were premature births (24 per cent in the State of Rio). As regards still-births and the incidence of maternal traumatism, the figures for the rural districts are four or five times as high as those for urban districts.

The Brazilian investigators mention the following curious fact. When breast-feeding by the mother is replaced during the first three months by artificial feeding or nursing, infant mortality declines as from that time, more especially in the case of mixed feeding. When the method of feeding is changed during the second three months, on the other hand, infant mortality chiefly declines in cases of artificial feeding.

In Chile (Professor Calvo McKenna), infant mortality is extremely high, and is very much the same all over the country. On the whole, nutrition affections cause a larger number of deaths than infectious diseases. Out of 468 deaths analysed, there were 45 cases of obstetrical traumatism, 29 premature births and 2 congenital malformations. This fact explains the high mortality during the first weeks. Out of these 468 cases, there were 45 deaths on the first day, 79 in the first week and 158 during the first month. All deaths during gestation, without any exception, were due to syphilis. Syphilis and abnormal confinement are the two causes of still-births. Obstetrical traumatism and prematurity are the causes of death during the first month. Professor Calvo McKenna gives improper feeding as the main cause of death after the first month; this question has, for the last year, been receiving the attention of the Government, and the establishment of a National Institute of Nutrition has been decided upon.

These data show the importance of the problem of infant mortality in South American countries.

3. *Serological Conference of Montevideo.* — The Uruguayan Government requested the Health Committee to appoint a delegate to preside over the South American Serological Congress which is to be held 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 sero-diagnosis 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. ”

In pursuance of this resolution, the Health Committee appointed Professor J. JADASSOHN, Director of the Skin Clinic of Breslau and Chairman of the Commission of Experts on Syphilis and Cognate Subjects, to act as President of the South American Serological Conference, organised by the Montevideo Institute for the Prevention of Syphilis. The object of this Conference (September 1930) is to compare, with the help of technical experiments carried out simultaneously by the participants, the value of the various methods employed for the diagnosis of syphilis by the examination of the blood. The Health Section is assisting in the technical preparations for this Conference, which is to be conducted on the same lines as the Laboratory Conferences on the Sero-Diagnosis of Syphilis held at Copenhagen in 1923 and 1928. Experts from all South American countries are attending, as well as the foreign scientists who discovered the methods which gave the best results at the Copenhagen Conferences.

The Conference is to be held in the laboratories of the new palace of the Health Council of Montevideo.

4. *Leprosy in South America.* — As shown by the special report on the enquiry into leprosy and on the programme of the Leprosy Commission's, work a scheme for the establishment of an international research centre for leprosy at Rio de Janeiro is now being carried out. This proposal, had its origin in the recognition of the importance of the problem of leprosy in Brazil, the action taken in 1926 by Professor Chagas and the special facilities offered by the Brazilian Government for the investigations; these facilities include not only access to the various institutes and leprosaria in the country, but an annual credit of ten thousand gold dollars, to which will be added a contribution of the same amount offered by the Brazilian philanthropist whose name has so often been mentioned in the Health Committee — M. Guinle. The Committee will be glad to know that Professor Nocht, Director of the Tropical Diseases Institute of Hamburg, has agreed to go to Brazil and give the Rio de Janeiro centre the benefit of his worldwide experience.

B. REQUEST MADE BY THE BULGARIAN GOVERNMENT TO THE HEALTH ORGANISATION REGARDING THE CAMPAIGN AGAINST SYPHILIS.

On September 6th, 1929, the Bulgarian Government addressed a letter to the Secretary-General asking for the help of the Health Committee in the campaign against syphilis in certain parts of Bulgaria.

The results of the preliminary studies of the Health Section in October 1929, have been embodied in the report C.H.837, submitted to the fifteenth session of the Health Committee. This report also contains a list of the measures decided upon by the Bulgarian Government (Direction of Public Health, as well General Direction for the Settlement of Bulgarian Refugees) in agreement with the High Commissariat for the Settlement of Bulgarian Refugees.

Having taken note of this report, the Health Committee, during its fifteenth session, 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;

" 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. "

As a result of this resolution, Professor Jessner, Senior Assistant Director of the University Clinic for Skin and Venereal Diseases in Breslau, and Dr. Olsen of the Health Section, visited Bulgaria (March 31st to May 10th). They placed themselves at the disposal of the Government and after consultation with the Public Health Authorities and Bulgarian experts in venereal diseases, visited the Department of Burgas. After their return to Sofia, they took part in several conferences with the Bulgarian authorities and qualified experts of the medical profession.

At the request of the Bulgarian authorities, Professor Jessner was delegated to act as Adviser to the Bulgarian Government in the initial stages of the epidemiological enquiry and of the establishment of the treatment centres, whilst the work was to be carried out under the direction of a Chief Medical Officer. Professor Jessner remained in Bulgaria from June 14th to August 23rd, 1930.

As a result of conferences between the authorities concerned and of Professor Jessner, the following scheme for the carrying out of the programme was adopted, viz.:

General Organisation.

1. An expert, stationed at Burgas, to be entrusted with the supervision of the whole of the syphilis campaign in the department and, at the same time, to direct the Hospital Department for Venereal Diseases and the dispensaries in Burgas.

2. In the districts of the Department of Burgas, the district physicians to be entrusted with the supervision of the treatment, the search for fresh cases and the education of the public.

3. The physicians entrusted with local work in the "Sanitary communes" and the "sanitary rayons" will also be required to treat the cases in those neighbouring villages which are staffed only with "feldschers".

4. In those arrondissements, where the number of physicians is insufficient for the requirements of the villages staffed only with "feldschers", the district physician is to be provided with an assistant medical officer, who will perform the treatment in these villages.

5. In Burgas two dispensaries for venereal diseases (one for men and the other for women) will be erected on the lines of a modified type of refugee house.

The Hospital at Burgas will be provided with an Annex for detailed examination and treatment of venereal diseases; if necessary, new buildings will be erected to accomodate these cases. Thirty beds are to be provided.

6. In Vassiliko, a dispensary will be erected on the same lines as at Burgas.

In addition, the arrondissement of Vassiliko is to be provided with two mobile brigades, consisting of physicians and "feldschers".

Training of Staff.

Special courses in the treatment of syphilis will be organised for the physicians of the Department of Burgas. There will be several successive courses, so that all the physicians of the department may be admitted in a fairly short time.

Diagnosis.

The serological examinations will be carried out in a central laboratory belonging to the Anti-Malarial Institute in Burgas.

The Kahn method will mainly be employed; in doubtful cases, it will be supplemented by other methods.

In doubtful cases, the departmental specialist in Burgas is to be consulted; to this end he will travel to the different arrondissements at certain fixed intervals.

Treatment.

The method of treatment will depend upon local conditions and will be carried out after consultation with the departmental specialist, the remedies to be employed being neo-salvarsan, myo-salvarsan, spirocid and bismuth.

The treatment will be carried out in all cases where the diagnosis has given definite results, and only in these cases.

The mobile brigades working in the arrondissement of Vassiliko will, in the intervals of treatment, proceed to other villages not yet visited in order to carry out the examination of all their inhabitants.

The scheme has now been put into execution:

1. All the doctors have now received special instruction and have been equipped with the apparatus and instruments required for their work.
2. Dr. Schauloff, who collaborated with Dr. Jessner in the preparatory work, has been nominated as expert syphilologist.

The assistant medical officers attached to the district physicians have been nominated.

3. The two dispensaries at Burgas and the dispensary of Vassiliko are ready.
4. The annex of the Hospital of Burgas, which is to be used for stationary treatment of venereal diseases, is in course of construction.

One of the two mobile brigades proposed for the Vassiliko district is now at work. Future experience is to show whether a second brigade is necessary.

C. ANTI-MALARIA CAMPAIGN IN BULGARIA.

The Director-General of the Bulgarian Health Service communicates to the Section a report regarding the systematic campaign which has been conducted for the last three years by the Anti-Malaria Organisation of Petritch on the lines laid down by one of the Malaria Commission's experts, Professor N. H. SWELLENGREBEL, who has already paid two visits to Bulgaria at the request of the Bulgarian authorities and of the League's Commissariat in Bulgaria.

In August 1930, Professor Swellengrebel made a further examination of the situation and of the results obtained.

As the outcome of this further enquiry, the Bulgarian authorities hope to combine the application of anti-malaria measures and measures for rural assistance.

D. COLLABORATION WITH THE GREEK GOVERNMENT IN THE REORGANISATION OF ITS PUBLIC HEALTH SERVICES.

Progress is being made in the application of the plan adopted by the Greek Government for the sanitary reorganisation of the country.

1. In accordance with the recommendation contained in the plan, the Under-Secretariat of State for Health has been attached to the Prime Minister's Office, and His Excellency Dr. Pappa is at present holding the ministerial appointment of Under-Secretary of State for Health.

The Prime Minister, M. Venizelos, and Dr. Pappa have taken great pains to enlighten both Parliament and public opinion as to the details of the plan. An Act of Parliament and administrative decrees under its authority have been promulgated to give effect to the provisions of the plan, and the necessary credits have been voted.

2. The post of Director-General of the Athens Centre has been filled by the appointment of Mr. Pallis, who acts at the same time as Secretary-General of the Under-Secretariat of State for Health. Thus, a permanent liaison has been secured between the present administrative sections of the Under-Secretariat of State for Health, with the detached sanitary services functioning in other Ministries, and the new technical services created under the plan, including the School of Hygiene.

3. Our colleague, Dr. F. Norman White, has been appointed by the Greek Government Director of the Athens School and Professor of Hygiene and Preventive Medicine, and the Secretariat of the League has seconded him for this purpose for a period of three years. It will be remembered that, under the plan, it is the duty of the Director of the school, as well as of the Professors of Malariology and of Sanitary Engineering:

(a) To serve as technical advisers to the Central Sanitary Administration on the public health activities and preventive measures being carried out in the regions to which the new plan of organisation will apply, and these regions will be utilised for the practical training of the students of the school;

(b) To report on such activities to the head of the Central Sanitary Administration.

The plan provides that the Athens centre shall be composed of six divisions-namely:

- (a) Division of Hygiene and Preventive Medicine, including the School of Hygiene;
- (b) Division of Malariology;
- (c) Division of Sanitary Engineering;
- (d) Division of Pharmacology and Biochemistry;
- (e) Division of Research;
- (f) Division of School Hygiene.

Mr. Pallis, who is the head responsible to the Under-Secretary of State for Health in exercise of his administrative duties, has assumed, under the technical authority of the Director of the School, the general administration of these divisions.

Dr. Marschall C. Balfour, member of the staff of the International Health Division of the Rockefeller Foundation, has been seconded by the Foundation to serve as Director of the Division of Malariology, by an arrangement concluded between the Greek Government and the Foundation. Under the same arrangement, the services of Mr. Daniel E. Wright have been made available by the Foundation as Director of the Division of Sanitary Engineering. The Foundation has provided the credits necessary for these two posts.

Professor Joachimoglou, of the University of Athens, has been appointed Director of the Division of Pharmacology and Biochemistry, and Dr. Lampadarios Director of the Division of School Hygiene.

The functions of the Division of Research have, in accordance with the plan, been undertaken by the Hellenic Pasteur Institute, under Dr. Blanc.

Several experienced Greek colleagues have been selected to fill various positions in the technical services of the centre.

4. The Health Committee will be pleased to learn that the organisation of the Athens Centre, and, in particular, of the School of Hygiene, is now completed, and that the school will begin operations in November next. It is a matter of congratulation to all concerned that it has been possible in less than a year to acquire the necessary land, to transform existing buildings and to construct new pavilions as well as to obtain all the laboratory fittings and equipment necessary for the working of the school.

5. The collaboration requested by the Greek Government from our Commission on Education in Hygiene and Preventive Medicine, in regard to the preparation of a detailed memorandum on training, requirements for matriculation and final examinations, was commenced by a first exchange of views between the Director of the Athens School and the Chairman of the Commission, assisted by Directors of European Schools of Hygiene. These discussions, based on the study of a draft programme prepared by Dr. F. Norman White, will be terminated during the September session of the Health Committee, which will be attended both by Dr. Norman White and Mr. Pallis.

6. Out of the large number of candidates who are expected to apply for the entry examination to the school in November next, twenty-four will be selected for admission, including several of the medical officers of health now engaged in actual work.

7. Courses for the training of health visitors were given by the Hellenic Red Cross during 1929, so that a small nucleus is now available for work in the regions of the application of the plan.

A small number of public nurses is also available for work in the Health Centres, and in other institutions which are to take shape in these regions during the year 1930-31.

8. The activities connected with transferring the present prefectural health organisation to the new organisation in the regions for the application of the plan have been commenced in the islands of Crete and Corfu, and in the autumn they will be extended to certain parts of the area administered by the Governor-General of Macedonia, and to the Prefecture of Jannina. The survey of the Athens-Piræus metropolitan area has been continued, and, in accordance with the arrangement arrived at with the Greek Government, the services of a municipal health officer will be placed at the disposal of the Government this autumn for a period of a few months for collaboration in the preparation of a definite plan of health services for the metropolitan area.

9. A special, and fairly comprehensive, emergency organisation was set up by the Under-Secretary of State for Health, for the control of malaria in certain selected regions, even before the Athens Centre would begin operations. The Secretary of the Malaria Commission will visit certain of these areas very shortly, upon the invitation of the Under-Secretary of State, who is also anxious to consult the Health Committee upon the detailed application of the recommendations in regard to tuberculosis prevention (see Chapter V of the plan).

10. At the request of the Prime Minister, the Medical Director visited Athens in July for consultation in regard to the progress already made and contemplated in the application of the plan

V.

TECHNICAL SECRETARIAT OF COMMISSIONS.

I. MALARIA COMMISSION.

A. COURSES IN MALARIOLOGY.

The courses in malariology were held, for the fifth year, under the auspices of the Health Organisation: at the Institute of Tropical Medicine, Hamburg (June 10th to July 15th); at the Laboratory of Parasitology of the Faculty of Medicine, Paris (June 3rd to July 13th), and at the School of Malariology, Rome (July 1st to 30th).

The course at the London School of Tropical Medicine was not held as there were not enough English-speaking participants.

The participants were from the following countries: Bulgaria, China, France and French Colonies, Germany, Greece, Honduras, Italy, Mexico, Peru, Persia, Portugal, Roumania, Spain, Venezuela, Yugoslavia.

The Health Organisation awarded 14 scholarships. Field work was carried out as usual in Spain, Yugoslavia and Italy.

During the courses, the Secretary of the Commission got into touch with the Directors of the Schools and spoke to the participants about the work of the Malaria Commission. The information collected will be discussed at a meeting of Directors of Schools of Malariology to be held at the beginning of October. Consideration will be given to the grouping of participants according to the extent of their knowledge of the subject.

B. MEETING OF THE MALARIA COMMISSION AT ALGIERS (MAY 20th TO 21st, 1930).

The Malaria Commission, which met at Algiers during the Second International Malaria Congress, was attended by 25 members and experts who were also attending the Congress. Two of them, Professor LUTRARIO, President of the Commission, and Professor W. A. P. SCHÜFFNER, submitted reports to the Congress, one on the work of the Malaria Commission and the other on the visit to India.

The Commission's agenda was as follows:

1. Report on the study-tour in India.
2. Secondary alkaloids and quinetums.
3. Malaria in the deltas (Danube, Ebro, Po).
4. Miscellaneous:
 - (a) Letter from the Kina Bureau;
 - (b) Study-tours;
 - (c) Interchanges of malariologists from tropical countries;
 - (d) New corresponding members, etc.;
 - (e) Spread of malaria during recent years.

1. *Visit to India.* — The report was submitted by Professor Schüffner, President of the group. The tour, which lasted from August 23rd to December 28th, 1929, included a study of the epidemiological factors in the malaria problem in India and a study of the anti-malarial work carried out and the methods employed in that vast country. The Commission's itinerary had been arranged to enable members to obtain some idea of the various local problems, more particularly malaria in the towns; the periodicity of epidemic waves which sometimes assume menacing proportions in the Punjab; malaria in the Ganges delta (in Bengal)—another type of rural problem—and the problem of hyperendemic malaria in the hill country on the mountain spurs.

The Commission had an opportunity of studying the anti-malarial methods employed in agricultural centres (in tea plantations in particular) and in various industrial settlements: railway-construction gangs and station staff; mines; big hydrotechnical works and other industrial agglomerations, where protective measures are required for workers. The visit to the Lahore cantonments showed the value of proper mechanical means of protection, with a view to safeguarding this vast settlement, situated in the heart of an area exposed to epidemic waves of malaria. The towns of Delhi, Saharanpur, Lucknow, Bombay and Bangalore showed the results of measures based on excellent scientific investigations. The example of certain villages—Hsipaw, Lashio, Ennur, for example—showed the difficulties encountered in rural districts, difficulties which one might be tempted to think insurmountable. These reveal the scientific value of the researches of the Malaria Survey of India on the various aspects of the problem. To this same institution India owes her Malariologist School at Kasauli, which provides instruction for the technical staff. The training of the auxiliary staff is carried on in the schools attached to the Provincial Health Institutes. The results of the anti-malaria campaign in those settlements where it has been undertaken suggested to the Rapporteur recommendations for a general plan, though this would require bigger grants than are at present given by the local district authorities or municipalities, the Government having entrusted the latter with very heavy responsibilities in leaving them to find the money for anti-malaria measures.

The Commission felt that rural medical assistance and persistent propaganda demonstrating the efficacy of quinine would be useful to supplement anti-malaria work. Hence the recommendation that in India the rural Public Health Service should undertake cures and should therefore be, at the same time, a medical service. In the big cities, the success of the campaign depends largely on close co-operation with the public health authorities, Bangalore being a notable example.

The report on the study tour was carefully examined at a preliminary meeting of the Indian group with General J. D. GRAHAM, Public Health Commissioner with the Government of India,

and Colonel S. R. CHRISTOPHERS, Director of the Indian Central Research Institute, and was then submitted to the Malaria Commission, which, after discussing it, passed the following resolution:

" The Malaria Commission approves this report and decides to submit it to the Health Committee at its next session. "

2. *Secondary Alkaloids and Quinetums.* — The Secretariat placed at the disposal of members of the Commission all the documents concerning the researches instituted by the Health Organisation (documents C.H./Malaria/84 and addenda and C.H./Malaria/137), a great deal of information (documents C.H./Malaria/139 and 144) on the therapeutic efficacy and the preventive action on relapsed cases of the various cinchona alkaloids and cinchona febrifuge, a summary of the work done in India (source: Major SINTON), document C.H./Malaria/146 on the efficacy of cinchonine and cinchonidine in human malaria and bird malaria, document C.H./Malaria/140: "The Therapeutic Value of Mixture of Plasmochin and Quinine" (by I. J. KLIGLER and G. MER). Document C.H./Malaria/142 (" *Les quinetums et les alcaloïdes secondaires dans le traitement du paludisme* ") summarises the therapeutic results obtained with alkaloids as the outcome of the researches instituted by the Health Organisation or carried out by a number of researchers. A critical analysis of these data led to the following conclusions: Quinine is superior to other secondary alkaloids in the treatment of malaria; the four principal alkaloids are of equal efficacy in the prevention of relapses; mixtures of alkaloids containing 60 to 80 per cent of crystallisable alkaloids are equal in efficacy to quinine.

The discussion on the treatment and prevention of relapses embraced other remedies, in particular compound Plasmochin, Stovarsol and Quinio-stovarsol, the results being summed up in Resolution 2 of the meeting as follows:

" The Malaria Commission,

" Having examined the latest reports on the properties of the secondary alkaloids of quinine and quinetums, after discussing the data collected;

" Considers the experimental documentary material collected up to date to be of real practical value and sufficiently copious and advanced to admit of reliable conclusions being drawn from it for the purposes of the anti-malaria campaign;

" Proposes, therefore, that a first report be published for the use of the Public Health Administrations concerned.

" Considering, further, the fact that certain questions relating to the action of quinetums in the long run and their preparation and control are not yet finally elucidated, the Commission points out the advisability of continuing researches in these directions, in accordance with the programme approved at previous meetings and in co-operation with the Italian Government Quinine Factory.

" The Commission recommends, further, that the Secretariat be asked to collect complete information on Plasmochin, Stovarsol and Quinio-stovarsol.

" The Commission expresses its desire to be supplied, with the help of specialists, with accurate data — agricultural, technical and economic — which would enable it to reach a practical conclusion as to the cinchona alkaloid consumption to be recommended to the public.

" The Commission notes the proposal of the Kina Bureau and proposes that the Health Committee should take a decision in the matter."

3. Professor PITTALUGA made a statement concerning the Ebro delta; the observations of Professor CANTACUZÈNE and Professor ZOTTA were summarised in a second report (document C.H./Malaria/143). This material will be printed in three languages (Spanish, French, Italian) with the help of the *Rivista di Malariologia*, the *Spanish Review of Tropical Diseases*, and the *Roumanian Archives of Experimental Pathology*. After the 1930 and 1931 study tours it will be possible to compare the results obtained up to date in the three deltas.

The Malaria Commission expressed the desire to devote a special session to the examination and discussion of the problems of the deltas of the Danube, the Ebro and the Po, and to pursue these studies with reference to the work in the deltas of big rivers in general.

4. *New Members of the Malaria Commission.* — The Commission, proposed to co-opt as corresponding members the experts and persons following:

MAJOR J. A. SINTON, V.C., O.B.E., I.M.S., Director of the Malaria Survey of India, Kasauli;

Major G. COVELL, I.M.S., Assistant-Director of the Malaria Survey of India, Kasauli;

Dr. C. A. BENTLEY, Director of Public Health for Bengal, Calcutta;

Dr. Senior WHITE, Chief Malariologist of the Bengal-Nagpur Railway;

Professor Makoto KOIDZUMI, of the Faculty of Medicine at the Keiô University, Tokio;

Professor F. MUEHLENS, of the Institute of Tropical Diseases, Hamburg;

Professor G. ZOTTA, Professor of Parasitology, Faculty of Medicine, Bucharest;

Professor Edmond SERGENT, Institut Pasteur d'Algérie, Algiers;

Dr. Marshall BALFOUR, Director of the Division of Malariology, Athens Centre;

Dr. Maurice PELTIER, Professor of Social Hygiene, Ecole d'application du Service de santé colonial, Marseilles;

Surgeon Louis WILLIAMS, Chief of the Anti-Malaria Section, United States Public Health Service, Washington.

5. *Study-tours.* — The discussions on the other points on the agenda resulted in the adoption of the following two resolutions:

“ The Malaria Commission,
“ Realising once more the value of study-tours in malarial countries;
“ Recommends that such tours should be continued in North Africa, tropical Africa and the Netherlands East Indies. ”

“ The Malaria Commission,
“ Considering it highly important to co-ordinate the malaria investigations in tropical countries with the best anti-malaria methods applied on any considerable scale in the malarial countries visited up to date;

“ Recommends that a collective tour of malariologists from tropical countries should be organised, and that a larger number of colonial doctors intending to engage in anti-malaria work should attend the malariology courses, organised by the League of Nations Health Organisation. ”

6. *Research.* — The Kuala Lumpur Institute sent to the Health Organisation a memorandum by Richard Green, entitled “ Observations on some factors influencing the infectivity of malarial gamete carriers *A. maculatus* in Malaya ”, and three other memoranda by the same author on the treatment of crescent carriers with compound Plasmochin, the treatment of quartan fever with Plasmochin and Dimeplasmin treatment.

In connection with the problems investigated by the Malaria Commission, the Secretariat received the report by I. J. KLIGLER and G. MER (document C.H./Malaria/141) on the “ Long-range dispersion of anopheles during the pre-hibernating period. ”

Of these various problems, one—the problem of treatment—has reached a stage which makes it possible to estimate the efficacy of alkaloid mixtures (quinetums, cinchona febrifuge, Panchina, Chineto, etc.) in the treatment of the disease and the prevention of relapses. The question now to be determined is whether it is feasible to standardise these products, so that they may contain the requisite maximum quantity of crystallisable alkaloids, including a limited percentage of quinine, and whether the costs of preparing them would thereby be increased.

The documents collected by the Commission during its study-tour reveal an *under-consumption* of quinine, a result of the obvious discrepancy between the enormous number of malaria cases and the world output of quinine. It would be useful, therefore, to have information from malarial countries on the following points: The approximate number of malaria cases in the country; the annual consumption of quinine during the past five years; the percentage of cases *not* treated owing to shortage of quinine; the actual quantity of quinine required for the treatment of all cases; and the minimum annual consumption of quinine that the individual malarial countries could guarantee over a period of 7 years.

These data appear essentials as basis for the memorandum concerning the consumption of quinine and secondary alkaloids, to be prepared for the Health Committee in accordance with the resolution of the Malaria Commission (Resolution No. II, see page 20).

2. LEPROSY COMMISSION.

The Secretary of the Commission concluded in September 1929 the enquiry entrusted to him in Latin America. Members of the Health Committee have received his report on his mission to Latin America (document C.H.833). Between January and June 1930, the Secretary carried out an enquiry on the Far East: India, Burma, the Federated Malay States and Straits Settlements, Netherlands East Indies (Java), Indo-China, the Philippines, China (Canton, Nankin, Hangchow, Shanghai), Japan and Honolulu. Although this enquiry could not be carried out in a detailed form, it permitted of conversations with representative leprologists, so that to-day the Leprosy Commission possesses direct information on all the leprosy countries except Africa and Australia. The secretary regrets that he did not have time to stop at the Carville Leprosarium (United States).

The Health Committee's action in the matter of Leprosy has undoubtedly aroused keen interest and approval in all countries and has everywhere met with enthusiastic support.

Special reports on the results of the enquiry and the lines on which the Leprosy Commission might work in future have been submitted to members of the Health Committee for the present session.

The enquiry established the capital importance of chaulmoogra, the efficacy of this treatment being to a very large extent the key to the world prophylaxis of leprosy. As regards prophylactic methods, leprologists appear to belong to two schools of thought, if not to two separate camps: Those who have only a limited confidence—sometimes very limited—in chaulmoogra treatment advocate the maintenance of compulsory segregation, while those convinced of its efficacy are supporters of what has long been known as the out-treatment of leprosy. Happily, despite this divergence of views, when faced with practical questions leprologists seem ready to agree on some plan of action.

A striking proof of the interest taken in the Commission's work is the desire to co-operate expressed by the Leonard Wood Memorial for the Eradication of Leprosy, resulting in a proposal for an international Conference to be organised jointly by the Health Committee and the Leonard Wood Memorial under the auspices of the League of Nations.

The British Empire Leprosy Relief Association has signified its readiness to participate.

The Missions, noted for their medical as well as their social services—the American Mission to Lepers, the British Mission to Lepers, the Chinese Mission to Lepers—are anxious to do all that lies in their power to further the Commission's undertaking.

Members of the Committee will appreciate the tribute paid by these various institutions to the prestige of the League and the Health Organisation. It will be remembered that the Conference, which was to have been held at Tokio at the end of March 1930 on the invitation of the Japanese Government, had to be postponed, several members of the Commission having found it impossible to attend.

The willing support of these institutions made it desirable to extend the scheme—which will still be a purely technical Conference under the auspices of the League—so that it might be really representative of the existing doctrines and methods of leprosy prophylaxis.

Thanks very largely to the breadth of view and the liberal proposals put forward by the Leonard Wood Memorial, this international Conference, now being organised, promises to be most successful; it is hoped that it may meet at Manila in January 1931. Members of the Health Committee will receive a report on the plan of the Conference.

3. JOINT COMMISSION ON PUBLIC HEALTH AND HEALTH INSURANCE.

No further meetings have been held either of the Commission or of its Sub-Commissions.

The Sub-Commission on Social Medicine had proposed to organise a collective study tour in 1930 in England and the Netherlands.

The Joint Secretariat (International Labour Office-League of Nations) has prepared a draft report which can serve as a basis of discussion for the Sub-Commission on Tuberculosis.

Tuberculosis. — The International Union against Tuberculosis held an international Conference from August 12th to 15th at Oslo, when Professor Léon BERNARD represented the Health Committee. The general report on tuberculosis mortality in Scandinavia, drawn up by Dr. OSTENFELD (Denmark), was submitted for discussion and approval to the two other investigators, Dr. HEITMANN (Norway) and Dr. NEANDER (Sweden). The three national reports were discussed at a meeting in September 1929 at Copenhagen, when Dr. Ostensfeld was appointed Rapporteur for both the general and comparative work.

BCG. — The question of BCG having been included for discussion in the agenda of the Oslo Conference, it was not necessary for the Health Organisation to convene a special Conference.

Studies were carried out in different countries in accordance with the plans adopted by the Conference of Experts in October 1928. The Secretariat has kept in touch with the bibliography on the subject; it has also compiled statistics from the data collected by various research workers, at the latter's request.

4. COMMISSION OF HEALTH EXPERTS ON INFANT WELFARE.

A. INFANT MORTALITY.

Memorandum C.H.820, prepared by the Health Section, contains all information concerning the organisation, object and methods of the enquiry on infant mortality in seven European countries, together with data from the national reports, which will be published separately.

One of the most important general results of the European enquiry was the distinction established between two big groups of facts: (1) still-birth and infant mortality during the first days of life; (2) digestive disturbances, acute infectious diseases and diseases of the respiratory system, accounting for later mortality. The deaths relate roughly to very early infancy and a somewhat later period. Syphilis appears to belong to the first group.

The enquiries failed to reveal the causes of premature births in a large percentage of cases; in all districts without exception the figures for unknown causes of death were very high in the case of still-births and mortality during the first days of life. In the second group, the ætiology, prevention and treatment of diseases of the respiratory system still include problems for solution through joint work by paediatrists and health experts. Premature birth, still-birth and mortality during the first days of life all require scientific research and the assistance of

obstetricians and pediatricists. Generally speaking, close liaison between the various authorities and bodies concerned is essential, with a view to the adoption of medical, hygienic and social measures for combating infant mortality.

The position as regards the extension of the enquiry to other countries in South America is dealt with in the present report, in connection with the Lima Conference held in July 1930.

So important is the enquiry from the standpoint of social hygiene that four European Public Health Administrations—Czechoslovakia, Roumania, Spain and Yugoslavia—are preparing to extend it to their territories. The methods and technique employed in this enquiry will be the same as in the original seven European countries. In order to reduce costs as far as possible, it would be well if existing institutions could be utilised while diagnostic control would be entrusted to competent pediatricists and obstetricians. Preliminary arrangements have already been made for these new enquiries to be carried out in 1931.

B. RESEARCHES ON DIPHTHERIA AND SCARLET FEVER.

Researches on the Dick and Schick reactions and on anti-diphtheritic and anti-scarlet fever vaccination are being continued in different countries. Notes on the progress of the work have already been received from Czechoslovakia, England, France, Germany, Hungary, the Netherlands and Roumania.

Following on a preliminary enquiry by Professor DEBRÉ and GORTER in several countries (in accordance with the decision adopted at the fourteenth session of the Health Committee), a consultation of experts was held in Paris from July 4th to 6th, 1929.

The Conference, which was presided over by Professor MADSEN, adopted a common plan of study regarding immunisation against the two diseases, so that results may be readily comparable.

The researches are being carried out in Czechoslovakia, Denmark, France, Germany, Great Britain, Hungary, the Netherlands, Roumania and Yugoslavia.

The Health Organisation has already received information on the progress of the present experiments.

5. PERMANENT COMMISSION OF THE STANDARDISATION OF SERA, SEROLOGICAL REACTIONS AND BIOLOGICAL PRODUCTS.

The Health Committee, in a resolution approved by the Council at its fiftieth session (June 1928), recommended that the work of the Permanent Commission on the Standardisation of Sera, Serological Reactions and Biological Products should be communicated officially to the various Governments, together with the relevant documents, in order that the appropriate official action might be taken.

Memoranda C.H.734 and C.H.832 give a survey of the work of the Commission since 1921. It has already resulted in the international standardisation of the following products:

1. SERA, BACTERIAL PRODUCTS AND PHARMACOLOGICAL PRODUCTS.

Sera and bacterial products:

Anti-diphtheritic serum,
Anti-tetanic serum,
Anti-dysenteric serum.

Pharmacological products:

Insulin, digitalis, ouabain (strophanthus);
Pituitary (posterior lobe);
Arsenobenzenes:
Dioxydiamino-arsenobenzene dihydrochloride (syn.: salvarsan, arsphenamine, arsenobenzol, etc.), its metallic derivatives (silver-salvarsan) and its sodium salts (sodium salvarsan);
Dioxydiamino-arsenobenzene sulphonylate of sodium (synonyms: Neosalvarsan, Neoarsphenamine; Novarsenobenzol, etc.);
Neosilver-salvarsan;
Sulpharsphenamine (synonym: Sulfarsenol).

Document C.H.734 deals with pharmacological products and Memorandum C.H.832 with sera and bacterial products. They contain fairly comprehensive information on the progress of the work in its relation to problems already solved and questions awaiting solution.

Prior to communication to Governments, a large part of the results was embodied in recommendations framed by several States. In Germany, Denmark and Great Britain, the majority of the Commission's recommendations have been put into effect under Government supervision. In Austria, anti-diphtheritic and anti-tetanic sera are standardised by the National Serum Control Institute; in France, similar measures are taken by the Pasteur Institute; in Greece, such measures

are applied at all events as regards the anti-diphtheritic serum; in Hungary and in Poland, the State Hygiene Institutes (Budapest and Warsaw) apply the methods and standards recommended by the Commission.

In reply to its communication, the Health Section received replies from a number of Governments:

Egypt has not yet enforced standardisation, but any laboratories established with this object will certainly follow the Health Committee's recommendations.

The *Sudan* receives all its products from abroad and has not itself applied standardisation.

In *Spain*, the Technical Verification Institute, founded in 1927, employs the standards recommended by the Health Committee.

Haiti imports its sera and biological products from Germany, Spain, the United States and France. The Director of the National Public Health Services has informed his Government that he is adopting the standards recommended by the Health Committee.

The *Irish Free State* intends shortly to bring in a Bill concerning standardisation. The Government will support the Health Committee's recommendations most energetically when the Bill comes before the Dail.

Iceland receives all her sera from Copenhagen, and, in practice, follows the Health Committee's recommendations, as the Copenhagen State Institute is responsible for the standardisation of all sera in Denmark. As regards biological products, nothing has yet been decided. Iceland receives such products from private firms in other countries.

Lithuania is engaged in the preparation of a new pharmacopœia which will embody the methods of standardisation recommended by the Health Committee. The University has proposed setting up an institution to be responsible for standardisation work in general.

Monaco imports all the products in question from the big French firms; the question of standardisation does not arise.

In the *Netherlands* anti-diphtheritic and anti-tetanic sera are already being standardised in accordance with the Health Committee's suggestions. The question of anti-dysenteric serum is still under consideration and the international unit will probably be adopted. The recommendations concerning blood groups are already being applied.

Turkey has adopted the international standard for anti-diphtheric serum. The standardisation of the other sera will follow shortly.

Uruguay has adopted the recommendations in practice.

Yugoslavia, by the Law of January 31st, 1930, finally adopted sera standardisation, in conformity with the Health Committee's recommendations. The standardisation of biological products is at present being studied by a special Committee to which the question was referred by the Government.

Colombia, *Estonia*, *Mexico*, *Peru*, the *Dominican Republic*, *San Salvador* and *Venezuela* have said that they will forward their replies in due course.

Iraq, *Liechtenstein* and *Siam* have acknowledged receipt of the communication.

The State Serum Institute of Copenhagen and the National Institute for Medical Research of London have continued to act as central laboratories for the co-ordination of standardisation researches carried out in the different countries. They are also the centres for the distribution of standards to all the Governments and to private and State institutions. Last year, a large number of requests for standards was received by the Health Section, which duly complied with them.

2. DETERMINATION OF BLOOD GROUPS.

The Laboratory Conference on Blood Groups was held at Paris from July 21st to 25th, 1930, at the Pasteur Institute. Eleven members took part in the laboratory tests—*i.e.*, tests of increasing dilutions of twelve sera against homologous blood corpuscles. The results represented an advance on the tests carried out by the participants with the same sera in their respective laboratories. It was not found possible, however, to arrive at perfect concordance between the results obtained by the different experimenters.

The discussion covered the following points:

1. *How to achieve more Perfect Uniformity.* — The Conference framed a questionnaire to be communicated to the different researchers; this will form a basis for a precise technique which will in future be recommended to all participants for the purpose of comparing results. Special attention was devoted to the deterioration of sera in transport. It was proposed that future research should include new standards of dried sera prepared by evaporation *in vacuo* and rabbit sera immunised against sheep's blood corpuscles (anti-sheep serum) in place of human serum B (anti-A).

2. *Nomenclature.* — The Committee directed attention to the following resolution of the Frankfort Conference (April 25th, 1928):

“ The Commission,

“ I. Learns with satisfaction that, on the initiative of the Health Organisation of the League of Nations, the nomenclature proposed by VON DUNGERN and HIRSZFELD for the

classification of blood groups has been generally accepted, and recommends that this nomenclature shall be adopted for international use, as follows:

“ O A B AB

“ To facilitate the change from the nomenclature hitherto employed, the following is suggested:

“ Jansky .	O(I)	A(II)	B(III)	AB(IV)
“ Moss . .	O(IV)	A(II)	B(III)	AB(I)

“ II. Recommends the adoption of the following method of designating test sera:

“ Test-serum A (anti-B),
“ Test-serum B (anti-A).”

The Conference believed that this object might be attained:

- (a) If each institute which supplied standard sera used solely this nomenclature;
- (b) If the editors of scientific journals (medical, legal, etc.) insisted upon the exclusive use of this nomenclature in all the works they might be called upon to publish. It was particularly desirable that all the more important weekly medical journals should also conform to this rule.

The Conference recommended that the Permanent Standardisation Commission should arrange to have these resolutions communicated to the persons and bodies concerned.

The Conference further recommended, for historical reasons, that the blood-group reaction should be called by the name of the scientist who discovered it and should henceforth be described as the “ Landsteiner Test ”.

3. *Study of Atypical Cases.* — The Conference recommends that all members who may observe such cases should collect the data most carefully and forward samples of the sera to the other institutes for purposes of control. The results of all these experiments will be sent to the Permanent Standardisation Commission which will communicate the documents to all the researchers specially interested in the question.

4. *Accidents due to Transfusion.* — The Conference recommends a detailed study of all accidents and disturbances consequent on blood transfusion. It framed a questionnaire for the purposes of this study and recommended that its members and other experts should forward their results to the Permanent Standardisation Commission, which will communicate them to all the investigators concerned.

5. *Donors.* — The Conference requested the Permanent Standardisation Commission to collect all possible information on the methods employed in the various countries for obtaining donors.

6. *Records.* — In view of the scientific importance of researches on blood groups, the Conference urged all researchers in the matter to preserve the records of their experiments as carefully as possible.

6. COMMISSION OF EXPERTS ON SYPHILIS AND COGNATE SUBJECTS.

A. ENQUIRY INTO THE TREATMENT OF SYPHILIS.

The retrospective enquiry into the treatment of syphilis, organised in Germany, Denmark, the United States, France and Great Britain, with the assistance of dermatological and anti-venereal clinics, is being conducted on co-ordinated lines by the following experts and their assistants:

In Germany: Professor JADASSOHN (Breslau), and his former assistant, Professor MARTENSTEIN (Dresden).

In Denmark: Professor RASCH (Rigshospital, Copenhagen), and his assistant, Professor LOMHOLT.

In the United States: Dr. Th. PARRAN, Junr., of the Washington Public Health Service, Chairman of the Scientific Committee of Research into Syphilis, Inc., of New York, to whom this work has been entrusted by Surgeon-General CUMMING and Dr. J. H. STOKES, of the University of Pennsylvania.

In France: Professor L. QUEYRAT, President of the National French League against the Venereal Danger, assisted by Professor J. PERONI.

In Great Britain: Professor L. W. HARRISON, of the Ministry of Health, Director of the Dermatological Clinic of St. Thomas's Hospital.

Most of the clinics which were approached have replied. In February 1930, 20,000 case records had already been received and another 10,000 were expected. In an enquiry of so far-reaching a character, the experts have had to overcome many difficulties in connection with the actual wording of the records, Wassermann reactions, lumbar punctures (see document C.H.854 and annexes). It was found necessary to establish a uniform classification of the different methods of treatment and to define the results obtained in the different stages of the disease. A system of records was prepared by Professor JADASSOHN and Professor MARTENSTEIN (document C.H.773 and annexes).

In order to compare the results obtained up to the present in the various countries, a meeting of experts was held at Copenhagen during the International Congress on Venereal Disease, Skin Diseases and Syphilis, from August 4th to 9th, 1930.

Professor MARTENSTEIN announced that he had 23,500 records available, of which 20,000 were suitable for statistical purposes. Since, however, 15 per cent were rather doubtful as regards certain points, it was decided, on Professor WESTERGAARDS' proposal, to study the two groups separately. The meeting also gave an opinion on certain details of classification and the final form in which the results should be submitted.

As the number of cases of congenital syphilis and syphilis during pregnancy are too limited for statistical purposes and the treatment of these cases has been dealt with in the existing literature, the meeting decided not to include them in the present statistical enquiry.

Colonel HARRISON submitted to the meeting a note on the new method of treatment which has given better immediate results than the one hitherto employed, and expressed the hope that the experts might be able to apply this new method. If, as is hoped, his results are confirmed, it should be very useful for the treatment of sailors and other cases for which it is difficult to apply the system of injections at short intervals.

B. SERO-DIAGNOSIS OF SYPHILIS.

The Health Organisation took advantage of the presence of a number of serological experts at the eighth International Congress on Venereal Disease, Skin Diseases and Syphilis (Copenhagen, August 1930), to carry out comparative tests with various new methods.

Six investigators tested different flocculation methods and the Bordet-Wassermann reaction. The Kahn, Kline, Meinicke (micro-methods) and Muller (M. BR. 2) flocculation methods gave concordant results and a high degree of sensibility and specificity, as far as can be judged from the small number (26) of samples examined. In the discussion which followed, the experts thought it desirable to draw the attention of all the serologists and specialists in venereal disease of the countries represented at Copenhagen to the principles of the sero-diagnosis of syphilis, as laid down in the resolutions of the Second Laboratory Conference at Copenhagen in 1928.

They expressed the hope that the Health Organisation would take steps to bring these principles to the knowledge of the medical profession all over the world through the medium of the medical Press.

At meetings of the Congress, Professor JADASSOHN and Professor MADSEN read monographs on the principles of sero-diagnosis and recent progress in the matter.

7. COMMISSION ON TEACHING OF HYGIENE AND PREVENTIVE MEDICINE.

A. PARIS MEETING (MAY 20TH TO 22ND, 1930).

The meeting of Directors of Schools of Public Hygiene, convened at Paris (May 20th to 22nd, 1930) at the League of Nations Office, followed on the meetings at Warsaw (1926), Budapest and Zagreb (1927). It was felt that the moment had come, after these preparatory meetings, to lay down a basic programme for schools of hygiene; the different items of the various programmes having been analysed and compared. That was indeed the request put forward by the President of the Commission on Education in Hygiene in memorandum C.H.759 (October 1928).

The purpose of the Paris meeting, like that of the earlier meetings, was to promote progress in public health and preventive medicine, and above all to determine whether certain general principles could be established for the teaching of hygiene in all countries, even though conditions may vary. The relations between public health officials and the medical profession; between schools of hygiene on the one hand and universities and public health administrations on the other; the importance of scientific research; the training of health officials, sanitary engineers and their auxiliary staff; the importance of field work; the part to be played by schools of hygiene in the education of the masses—these various questions, already touched upon at the previous meetings, were again discussed at the Paris meeting. The agenda also included the following two questions:

1. Exchange of views regarding the present evolution of the work of schools of public hygiene and the conclusions to be drawn therefrom;
2. Consideration of a plan for the creation of a central field health station at Nanking (in conformity with the request of the Ministry of Hygiene of the Chinese National Government).

As a basis for its study of the first of these two questions, the meeting had before it a number of reports and monographs:

- "The Teaching of Hygiene in the German Reich", by Professor C. PRAUSSNITZ;
- "The Present-day Evolution of Schools of Hygiene", by Professor J. PARISOT (of Nancy);
- "The Work of the London School of Hygiene and Tropical Medicine", by Sir Andrew BALFOUR and Professor W. JAMESON;
- "The Training of Public Health Personnel in Hungary", by Professor B. JOHAN;
- "Note on the Budapest 'Improvement' Course for Medical Practitioners" (Hungarian Central Committee for the Perfecting of Medical Studies), by Dr. E. DE GRÓSZ;
- "Information concerning the State School of Hygiene at Warsaw", by Dr. W. KACPRZAK;
- "The Prague School of Social Service and the Rôle of the Czechoslovak State Institute of Public Hygiene in the Training of Public Health Personnel", by Dr. B. VASEK and Dr. H. PELC;
- "Organisation and Work of Schools of Public Hygiene, more particularly in Yugoslavia", by Dr. A. ŠTAMPAR.

The question of field work was discussed, after a statement by Professor GRANT (Peiping). Six months would seem to be the ideal, while three months' training is the very minimum, provided, too, that it is entirely devoted to practical work. Conditions in the various countries are so different that it is difficult to give any indication as to how field training should be organised. Whether the school should take charge of practical work in a district for which it is entirely responsible, or whether the student should be placed under the guidance of doctors who are hygiene experts and of hygiene officials known to be experienced teachers and capable organisers. The examples of Yugoslavia, Poland and Peiping were given special consideration. The meeting was of opinion that if field work is to be of any use it must constitute a course of practical training rather than teaching.

Adopting Professor HOWELL's views, the meeting agreed that scientific research in schools of hygiene was indispensable in creating an invigorating atmosphere and encouraging students to do their best, and that scientific research had its place in schools of hygiene as well as in universities.

In connection with the training of sanitary engineers and training for future medical health officers to be included in the regular programme of schools under the heading of "Sanitary Engineering", after a statement by Dr. Norman WHITE, the present needs of Greece; and the methods adopted at the Polish school at Warsaw and the Budapest school were examined, the following conclusions being arrived at: there is a distinction between the powers and duties of hygiene experts proper and sanitary engineers. Sanitary engineers require a more extensive knowledge of certain special subjects (water systems, drains, disposal of domestic refuse, malaria). Generally speaking, each branch should be taught as a corollary of the other; sanitary engineering should be represented at the school of hygiene by a sanitary engineer, while the school of hygiene should be represented at the school of sanitary engineering by a hygiene expert.

These discussions were all preliminary to the framing of a general programme for the work and curriculum of schools of hygiene. Professor Howell urged that physiology should not be merely optional as a subject, considering its importance as applied to nutrition (scientific research and dietetics) and the influence of environment on the organism (atmospheric conditions—radiations—muscular and mental fatigue).

Social welfare needs should induce schools of hygiene to go beyond the mere training of sanitary staff. The extent of such work will depend on the progress and rate of progress of civilisation and general education in any given country. For instance, in Yugoslavia the school of hygiene is tending to become not merely the centre but the generating force of all public health instruction, including instruction for teachers and the masses. One very important aspect is the question of educational films, a matter in which the Rome Institute of Educational Cinematography and the Health Organisation might usefully co-operate. The general conclusion arrived at by the meeting was that the school of hygiene should be a progressive institution adapted to the requirements of the particular country, and that it should be made a centre for public health education in the widest sense of the term, without, of course, allowing this to interfere with the spirit of scientific investigation to which it must always owe its real impetus.

The Conference discussed certain suggestions concerning the establishment of a school of hygiene at Nanking, in conformity with the request addressed to the League of Nations by the Chinese Government. The meeting adopted these recommendations.

The Chinese organisation would be a central station responsible for all the technical services of the Ministry of Health and for: (a) the establishment of experimental and investigating institutions; (b) practical field work demonstration; (c) the training of technical staff (see document C.H.876).

B. DRESDEN MEETING (JULY 14TH TO 18TH, 1930).

The second meeting of the Directors of Schools of Hygiene took place at Dresden from July 14th to 18th, 1930, following on the Paris Conference (May 20th to 23rd, 1930).

The agenda included:

1. Discussion of the report drawn up after the Paris meeting, more particularly the establishment of a minimum programme for schools of hygiene.

2. The practical and theoretical instruction given to medical students regarding preventive and social medicine, which instruction should form the real basis of the future work of every physician and should also constitute the foundation of the teaching given in schools of hygiene.

3. Supplementary instruction in preventive and social medicine for medical practitioners, sanitary officers (medical officers and engineers), and auxiliary sanitary staff.

1. *Schools of Hygiene.* — The following conclusions were adopted:

The necessity for establishing national schools of hygiene as autonomous institutions;

The desirability of ensuring their close co-operation with the universities;

The need for original research work in order to maintain the necessary scientific atmosphere.

The Conference drew up a minimum programme of instruction for health officials, to include the basic sciences, elements of sociology, social services, social insurance, legislation and administration.

The Conference is of opinion that:

(a) Practical field work should constitute an essential part of the professional training of medical hygiene specialists;

(b) This work ought to cover at least three months—*i.e.*, a third of the total duration of the studies;

(c) It should consist as far as possible of actual participation in hygiene work and field research.

The Committee strongly recommends the application in all countries of a law requiring candidates for municipal or Government public health posts to hold diplomas of the school of hygiene.

Finally, the Committee drew up rules for the administrative organisation of schools of hygiene.

2. *Theoretical and Practical Teaching of Hygiene to Medical Students under the Various Faculties.* — After a discussion in which the principal speakers were Professor JAMESON and Professor PARISOT, the Conference adopted a series of conclusions:

Introduction of the orientation towards preventive medicine and social hygiene in the teaching of medicine:

(a) Teaching professors should on every occasion emphasise preventive methods in connection with their particular subjects, so that medical teaching as a whole may be permeated with the idea of prevention;

(b) The student, having thus received a thorough preparatory training, should complete his studies by attending the final course given by a professor of hygiene.

Curative medicine and preventive medicine should not be allowed to form two entirely separate groups.

The student will serve a practical apprenticeship as a hygiene expert if he is obliged to take an active part in the various branches of dispensary and medical relief work, under the supervision of public health officials.

Although examinations are less important than the actual training, the teaching of hygiene should be incorporated in examinations, while particular stress should be laid on the "preventive aspect" of each subject.

3. *Additional Training.* — This is of two kinds:

(a) Specialised training to prepare the student for particular work;

(b) Periodical refresher or improvement courses, to keep officers informed of the latest progress in the science of applied public hygiene.

This training is for three classes of attendance:

(a) Medical practitioners, who must be catered for mainly from the point of view of social work, to supplement their university training in the matter of hygiene and social medicine;

(b) Medical hygiene specialists wishing to perfect their professional knowledge;

(c) A number of district medical officers who only devote part of their time to health work.

The additional courses for public health officers and medical practitioners should be given regularly at frequent intervals; the teaching will be more successful if the courses are fairly long and if each includes only a limited number of participants.

Additional instruction should also be given to auxiliary and technical public health staff—for instance, inspectors of education, sanitary engineers, sanitary inspectors, visiting nurses and midwives. If the staff is still inadequately qualified—when, for example, the development of the services has been more rapid than the recruiting of specialised staff—additional instruction becomes even more necessary, to ensure that the staff shall be fit to carry out its duties.

In order to encourage such persons to attend the courses they should, if circumstances permit, be given board and lodging and an allowance.

4. *Proposals concerning Museums of Hygiene.* — The Conference had an opportunity at Dresden of visiting the Exhibition and laboratories of the German Museum of Hygiene (*Deutsche Hygienemuseum*). It formed a Sub-Commission to study in detail the organisation of museums in connection with all schools of hygiene in the various countries. One of the main points was to decide the minimum programme that a museum attached to a school of hygiene could be expected to carry out. The Conference asked the authorities of the German Museum to appoint one of its technical experts to assist the Sub-Commission.

C. REPORT BY PROFESSOR MIYAJIMA ON THE METHODS OF ATTRACTING TO THE SCHOOLS OF HYGIENE THE STUDENTS BEST QUALIFIED FOR PUBLIC HEALTH WORK.

The report mentions the lower scale of salaries paid to medical officers in the health services, as compared with other branches of the medical profession, and the methods of obtaining a higher standard in order to attract candidates for these posts. Professor Miyajima's report suggests the adoption in the various countries of the Polish system of recruiting public health personnel whereby candidates are appointed on a provisional basis and then receive a complete training in a school of hygiene.

The Conference referred the question to the Health Committee, the members of the Conference being requested to collect the necessary information as soon as possible (document C.H.881).

8. OPIUM COMMISSION.

I. APPLICATION OF ARTICLES 8 AND 10 OF THE INTERNATIONAL OPIUM CONVENTION OF GENEVA.

The Permanent Committee of the Office international d'hygiène publique examined, at its session of May 1930, the questions submitted to it by the Health Committee. Its decisions are published in a special document (C.H.892).

2. REPORT ON THE WORLD CONSUMPTION OF OPIATES AND COCAINE.

At the request of the Chairman of the Advisory Committee on Traffic in Opium and other Dangerous Drugs, the Health Section completed its previous report on the world consumption of opiates and cocaine (document O.C.III2) by means of data relating to the year 1929.

VI.

POSITION OF STUDIES AND ENQUIRIES.

I. WELFARE OF THE BLIND.

Following Sir George BUCHANAN's proposal which was approved at the eleventh session of the Health Committee, a circular letter was sent out to the health administrations of fifty-six countries, with a questionnaire on the measures adopted for the welfare of the blind. At the beginning of 1929, twenty-seven countries had sent their replies, on the basis of which a report was prepared (September 1929) as a result of very close co-operation between Mr. F. R. Lovett, of the British Ministry of Health, Mr. G. Hawley, of the Scottish Health Service, and the Social Insurance and Disabled Soldiers Service of the International Labour Office.

The first part of the report is an analysis of the subject; the second, in the form of an annex, is a collection of all the official data received.

Apart from the measures taken in various countries to protect persons already blind, information has been added concerning the causes and prophylaxis of blindness whenever such information was included in the replies.

The social protection of the blind varies greatly in different countries: some link it up with the system of social insurance; others have special laws on the subject; in others, blind persons receive pensions as being incapacitated for work; while in some cases they are left to the care of philanthropic associations or hospitals.

Several members of the Executive Committee of the Preliminary Conference for the Welfare of the Blind, which met at Vienna in 1929, requested the Secretariat of the League to outline for it a programme of work on current problems. They propose to establish an International Centre for information and study.

An unofficial meeting took place at Geneva on May 14th and 17th, 1930, at which were present delegates of the Executive Committee of the Vienna Preliminary Conference and certain members specially appointed by the League Secretariat and the International Labour Office. The discussion showed that, although the Health Organisation had undertaken the enquiry at the request of an interested Government, there was no reason why it should not provide the International Centre with all the technical information it might require, by communicating to it further replies received from Governments to the questionnaire on the blind, and other information from various sources. Reciprocally, the Health Organisation would be glad to receive any information from the Centre, as soon as the latter was established.

2. REPORT ON THE QUESTION OF TRACHOMA.

On the basis of the replies received from fifty-seven countries and territories to the circular letter sent by the Secretariat to the health administrations of the countries in which trachoma is prevalent, a report was drawn up with the help of Dr. JITTA and Dr. LUTRARIO, two specially qualified members of the Health Committee.

According to the recommendation made by Dr. Jitta and Dr. Lutrario to the Health Committee, the report has been printed (see document C.H.822(1)), and communicated to the health administrations concerned and to the members of the International League for Combating Trachoma, which met for the first time at Geneva at the end of July 1930. The two main objects of this League are as follows: (1) to study the results obtained during the last ten years in the etiology, prophylaxis and diagnosis of trachoma as an international disease; (2) to co-operate with the International Health Organisations.

That the Health Committee approves the establishment of the new League is shown by the fact that it has mentioned it in its report and has asked the Council of the League of Nations to bring its formation to the knowledge of States Members, and requests the latter to give their moral support to this charitable organisation, whose work can only become effective through international co-operation.

In order to maintain contact with this institution, the Health Organisation had appointed Dr. Lutrario to be observer.

3. QUESTION OF ALCOHOLISM.

In accordance with a resolution of the Health Committee at its thirteenth session in October 1928, the Medical Director asked the Health Administrations of Finland, Poland and Sweden—the countries whose delegations had recommended that the question of alcoholism should be taken up by the League of Nations—for suggestions as to the special points on which an international enquiry could best provide these three administrations with the information they required. The Director of the Swedish Medical Service replied by a memorandum which begins with the observation that the limitation imposed on the Health Committee by the Assembly makes the solution of the problem more difficult. The Swedish Administration points out that a number of enquiries proposed by a private meeting of specialists on questions of alcoholism at The Hague in January 1929 do not come within the scope of the Swedish Medical Service; and that the other proposals made at this meeting referring to purely medical questions, or questions of medical statistics, are so vast that there must be some limitation at the outset.

The Swedish Administration has undertaken a special enquiry to determine in what quantity the presence of alcohol in the blood or in a person's breath may justify the presumption that he is under the influence of alcohol. It will, if the Health Committee so desires, submit the results of this enquiry.

The Director of the Finnish Medical Service proposes that, in the event of an international enquiry into alcoholism, the Health Section should devote its attention to the four following points:

- (a) Statistics regarding causes of death;
- (b) Death certificates issued by doctors;
- (c) Case-record cards for use in hospitals;
- (d) The quality and quantity of alcoholic beverages consumed.

The report also recommends that if the enquiry is to be limited mainly to what are known as low-grade alcohols, the effects produced by alcoholic beverages should not be neglected, but studied simultaneously.

The Finnish Health Administration thinks that the various points raised in the memorandum of The Hague meeting could be studied in connection with the four points it suggests as bases for the international enquiry.

The Polish Health Administration agrees with the views of the Finnish Administration.

The replies received from these health administrations have been communicated to the members of the Health Committee.

The Medical Director has addressed a further letter to the health administrations concerned asking them:

1. What, following on the studies these three administrations have conducted into the question of alcoholism, are the data of international character which they require and which the Health Organisation might provide?

2. Among the latter, which are the most urgent and call for most careful enquiry

4. PHYSICAL EDUCATION.

It seemed desirable to the Health Committee to have a comparative study of the experiments conducted in various centres of higher study with regard to:

- (1) The choice of professors of physical education and their training;
- (2) The methods of physical instruction in schools of every kind;
- (3) The general opinion of hygienists regarding the programmes to be followed;
- (4) The results obtained in various countries, the difficulties encountered, and the advantages which would result from international co-operation.

Two experts, Professor PIASECKI (Director of the Higher Institute of Physical Education of the Faculty of Medicine at Poznan), and Dr. Taku IWAHARA (Inspector of Physical Education in the Section of School Hygiene in the Ministry of Public Instruction at Tokio), each visited some of the following countries: Austria, Belgium, Czechoslovakia, Denmark, France, Germany, Great Britain, Italy, the Netherlands, Norway, Poland, Sweden, Switzerland, the Union of Soviet Socialist Republics, and Yugoslavia.

Professor Piasecki has already submitted a preliminary comparative study of the physical education movement from the point of view of a possible co-ordination of research work on this subject. The most important chapters of his study refer to the following points:

- (1) The various international methods of physical education;
- (2) Centres for the training of specialists; scientific centres;
- (3) Problems which arise out of this enquiry;
- (4) Need for and possibility of international co-operation.

This enquiry concludes that physical education, under medical supervision, should logically precede the preparation for athletics, and that the plan of gymnastic exercises should be determined by:

- (1) The state of the nervous system;
- (2) Education in breathing;
- (3) A graduated system, with a view to avoiding fatigue in the biological sense of the word.

As regards the irrational application of gymnastics, the value of open-air sports and activities, and inter-school competitions, whether national or international, should be studied, with a view to discouraging "record-hunting", which leads to an overdoing of otherwise beneficial and esthetic exercises, and endangers their favourable effect on mind and body.

- (4) The preparation of teaching staff, the definition of fundamental principles, and of a "minimum standard" which would be the same in all schools.

The following would seem to be the main questions that might be discussed by the Health Committee:

- (1) Scientific criticism of the various groups of exercises;
- (2) The "hygiene of effort"; counter-indications precluding the exercises;
- (3) Drawbacks and dangers, and pathological effects of excess in the matter of athletics;
- (4) Appointment of a Committee on Physical Education, including physiologists, experts and educationalists.

One of the members of the Health Committee has undertaken to study the question of the appointment of medical officers as directors of athletics and the results already obtained in university centres in which this system has been adopted.

ANNEX 4.

C.H. 916.

CREATION IN PARIS OF AN INTERNATIONAL CENTRE
FOR ADVANCED HEALTH STUDIES.

A. LETTER OF THE SECRETARY-GENERAL TO THE HEALTH COMMITTEE
TRANSMITTING THE RESOLUTION ADOPTED BY THE COUNCIL
ON SEPTEMBER 24th, 1930.

Geneva, September 25th, 1930.

I have the honour to transmit herewith the text of the resolution adopted by the Council of the League of Nations at its meeting on September 24th, 1930, on the proposal by the French Government concerning the creation in Paris under the auspices of the League of Nations of an International Centre for Advanced Health Studies.

By this resolution the Council invited the "Health Committee and the competent services of the Secretariat to undertake a technical study of the project, on the basis of detailed information to be supplied by the French Government and of the observations contained in the report presented by the Rapporteur, and to submit to the Council the results of such study".

A note from the competent services of the Secretariat will be communicated to the Health Committee during its next session.

I have further the honour to inform you that the sixty-first session of the Council will probably end on or about October 4th, 1930.

(Signed) J. AVENOL.

C.538.1930.III.

B. TEXT OF THE PROPOSAL BY THE FRENCH GOVERNMENT.

I. LETTER TO THE SECRETARY-GENERAL.

Paris, September 7th, 1930.

For some years past, the Health Organisation of the League of Nations has rendered valuable assistance to the health services of numerous countries, by means of individual missions, collective study tours and international health courses.

The entirely conclusive results of the experience thus acquired have revealed the utility of establishing close contact between the different nations in matters of hygiene, thus ensuring a constant interchange of ideas, methods and personnel, as well as facilitating the training of the senior health staff in each country by providing them with opportunities of keeping readily and promptly abreast of the progress achieved abroad.

It is with this intention, and within the scope indicated in the memorandum attached to the present letter, that the French Government was led to contemplate the establishment in Paris of an International Centre for Advanced Health Studies, under the auspices of the League of Nations.

Should the Council of the League of Nations share these views, the Government of the Republic will be glad to take up with the competent organs of the League the realisation of this proposal.

(Signed) A. BRIAND.

2. MEMORANDUM OF THE FRENCH GOVERNMENT.

[Translation.]

When the Health Organisation of the League of Nations was requested by a certain number of States to afford its technical assistance with a view to raising the standard of their public health services, one of the chief problems which it had to face was that of the training of health personnel.

Experience has shown that in each country there must be, amongst those health officials who carry out the ordinary administrative work, senior officers entrusted with keeping abreast of the progress achieved abroad. The various countries, even those most advanced in the medical field, are at present at very different stages of evolution in regard to certain aspects of public health work, and it is often difficult in certain countries to give senior officials adequate training. The necessity has thus arisen for supplementing the national health training suitable to a given country by an international training designed to place readily and promptly at the disposal of all the experience acquired by individual countries, as well as the latest contributions of science.

It is in order to provide this international training that for several years past the Health Committee of the League of Nations has been organising collective study tours, individual missions, interchanges of personnel between the health administrations, as well as courses and practical field work.

The direct contacts thus obtained between the senior medical and administrative authorities of the different nations have proved of the greatest value. In the first place, there have been the immediate technical results; the participants have been enabled to acquire professional knowledge which it would have been difficult for them to obtain otherwise. They have conducted to a valuable interchange of ideas and methods by allowing of the comparison of conflicting conceptions. Finally, they have brought the administrations of the different countries more closely together, creating an atmosphere of mutual confidence and developing habits of co-operation, and thereby establishing durable relationships.

As it became more firmly established, so this co-operation proved of ever-increasing value, and those concerned requested that the health courses should be continued, should be more numerous, and, finally, should be given permanency.

There thus took shape, in the public health movement, amongst both administrations and eminent authorities, the idea of the establishment of an International Centre for Advanced Health Studies.

* * *

There is already in existence a certain number of national schools of hygiene which have acquired justly a high reputation. But they are of interest and service mainly to students of the country concerned. If they attract foreign students, it is only in small numbers and according to the moderate extent to which they offer the nucleus of an international education. An international centre for advanced studies would not overlap with the work of these national schools, but would supplement it on the international plane. A vast field of action opens before the international centre, which surpasses that of national public health. Apart from health officials proper, it will attract biologists, administrators, medical and vital statisticians, and sociologists, who will all find there subject-matter which it would be tedious and difficult to collect elsewhere.

The teaching would be given with the constant endeavour to contrast the ideas, methods and institutions of the different countries. A prominent place would be reserved for "comparative hygiene", a vast subject in which a special problem should be selected each year. Recent advances in science would be described in turn by the most qualified authorities of the various countries.

Nor would this be a centre of purely theoretical instruction. Apart from the health courses, which are always useful for expounding particular subjects, the greatest attention would be given, not only to work at the technical lectures ("seminars"), which substitute for theoretical lessons active co-operation between teachers and students, but also to collective or individual study tours and local investigations. Special regions would be chosen in different countries as areas of practical training.

* * *

This brief survey of a very extensive programme is only intended to demonstrate that an international education in hygiene would not overlap with the work of national instruction. Its initiation responds to a need which has been felt keenly for some time past by all concerned, and the successes achieved in this field by the Health Organisation of the League of Nations have only served to emphasise this need. The entirely convincing results of this conclusive, if only partial, experiment demonstrated the necessity for extending its scope and making it systematic—that is, by establishing, in the place of passing contacts and sporadic conferences permanent relations, and by introducing an organised and generalised plan of training which would meet the pressing needs of the modern health administration, resulting from the complexity of the problems with which it is faced, the rapid strides of scientific progress, and the difficulties encountered in training its senior personnel.

* * *

It is in order to meet these needs that the French Government was led to contemplate the creation in Paris, under the auspices of the League of Nations, of an International Centre for Advanced Health Studies. The nature and spirit of the instruction and the international composition of the teaching staff, as well as of the governing body, would clearly emphasise the character of the new institution. It would represent, within the limited sphere of hygiene, a specific application of the general idea of international co-operation which is the true object of the League of Nations.

It will be obvious that the approval of the French Parliament would be required for the establishment of the centre, but the French Government has no doubt of securing this approval, as soon as it could lay before Parliament a project resulting from studies undertaken with the League's Health Organisation. It is for this study that the French Government is seeking the authority of the Council, for whose examination and approval the results of any such study would duly be submitted.

C. REPORT BY PROFESSOR LÉON BERNARD,
CHAIRMAN OF THE SUB-COMMITTEE APPOINTED TO EXAMINE THE
FRENCH GOVERNMENT'S PROPOSAL.

Geneva, September 29th, 1930.

A proposal by the French Government, accepted in principle by the Council of the League of Nations, with a view to the creation of an International Centre of Advanced Health Studies, at Paris, has been referred to the Health Committee.

The French Government's letter and memorandum were communicated to the Health Committee, together with the report to the Council by the delegate of the Irish Free State, and the Council's resolution worded as follows :

" The Council accepts with real appreciation the French Government's generous proposal to create an International School for Advanced Health Studies in Paris, under the auspices of the League of Nations ;

" And, in accordance with the French Government's suggestion, invites the League's Health Organisation and the competent services of the Secretariat :

" To undertake a technical study of the project, on the basis of detailed information to be supplied by the French Government and of the observations contained in the report presented by the Rapporteur ;

" And to submit to the Council the results of such study."

In pursuance of the Council's resolution, the Health Section and the Legal Section of the Secretariat have drawn up a draft organic statute for the Health Committee to submit to the Council after examination.

Your Sub-Committee has proceeded to a preliminary study of this draft statute and submits it to you with the few amendments which it has thought advisable.

As French member of the Health Committee, I am glad to note that the French Government's proposal is in the fullest agreement with the objects and general methods of our system of instruction and interchanges.

The Health Committee will no doubt agree with your Sub-Committee that this creation of an International School of Advanced Health Studies will admirably supplement the meetings of the directors and teachers of national health schools, whose fruitful development I have outlined in another report.

You have before you the French Government's letter and memorandum and the draft organic statute of the proposed institution, as well as the draft letter of the French Government containing the undertakings of this Government.

These documents, in the first place, give an idea of the manner in which the French Government conceives of this School ; and, in the second place, shows how its operation is provided for by a Statute based on those already in force in other international institutions of the same character created under the auspices of the League.

On the basis of these documents, we propose to study first the technical organisation and then the administrative and financial organisation of the school.

TECHNICAL ORGANISATION.

Within the general framework of the ideas expressed in the French memorandum and in Article 2 of the draft statute, the Health Committee can easily determine more precisely the general plan of the organisation, instruction and proceedings of the school.

Accordingly, the Sub-Committee submits to you the following plan, which at present can naturally be only of an extremely general character.

It is logical to suppose that the plan which is finally adopted will also be open to subsequent improvements dictated by the experience acquired.

1. *Teaching Staff.*

Instruction will be given in French.

The School will not offer any permanent chairs.

The teaching staff will each year consist of a certain number of French and foreign professors, the latter being chosen among those able to give their instruction in French.

The professors will be chosen among the persons best qualified to deal with questions of public health and the sciences relative to health, belonging to countries which have acquired particular experience in hygiene and allied sciences, so as to represent the progress of health knowledge throughout the world.

2. *Students.*

The students will be derived from various sources : doctors and scientists specialising in a branch of hygiene, public health officials, administrators, future directors of national services or national schools of health.

The students, whether French or foreigners, may receive scholarships granted by the League of Nations, Governments or various official or private institutions.



3. *General Programme of Instruction.*

The School will give theoretical instruction and practical instruction.

The theoretical instruction will consist not only of courses or lectures, but to a large extent of "technical conferences" or "seminars".

Practical instruction will consist in study tours and technical investigations on the spot, whether collective or individual, in France and abroad.

In order to provide the School with the practical work best adapted to the programme of instruction, demonstration grounds will be chosen in France and abroad, either in the countries which are most advanced from the public health point of view or in the countries which need new institutions.

The programme of instruction will include, in addition to a general basic programme, advanced technical studies on particular subjects.

The theoretical programme will be divided into three principal branches :

A. Comparative general hygiene. This includes instruction in the different branches of hygiene conceived, not in an elementary and descriptive manner, but on the higher plane of general principles, with a comparison of their different applications according to the countries. This will constitute the general basic programme ;

B. Outline of the fresh knowledge acquired in the sphere of health and of the sciences relating to health ;

C. Organs and methods of international health co-operation.

We shall now give a few more precise indications regarding each of these points :

A. *Comparative General Hygiene.*

Comparative general hygiene, taught as we have just said, with the constant preoccupation of comparing the ideas, methods and institutions of the different countries, constitutes a complete cycle. The principal chapters would be more or less as follows :

- General organisation : economic, political and social bases of hygiene ;
- Public health in its different forms ;
- Social hygiene ;
- Rural hygiene ;
- Hygiene of labour and industrial hygiene ;
- Medical assistance and hospitals ;
- Housing ; town planning ;
- Hygiene of ports and navigation ; quarantine ;
- Sanitary technique, sanitary engineering ;
- Laboratories and their relation with public health ;
- Health education of the people.

B. *Fresh Knowledge acquired in the Sphere of Health and of the Sciences relating to Health.*

Through this extremely important part of its programme, the School will be a permanent centre of improvement and an instrument of progress for senior health officers.

In addition to physics, chemistry and biology, among the sciences relating to health may be mentioned sociology and ethnographical geography in so far as they come within the scope of public health, and legislation and administration in so far as they contribute to what may be called national and international health law.

There are a certain number of questions closely affecting the physical and moral life of individuals and nations with which the School must deal in a social and, at the same time, scientific spirit, such as movements of population, races, sexual life, conditions of labour, all of which are questions of great public interest.

Great prominence will be given to new questions or questions of immediate interest, such as :

- General epidemiology ;
- Statistics ;
- Biological sciences :
 - Physiology ;
 - Bacteriology ;
 - Immunology and serology ;
 - Parasitology ;
- Social aspect of diseases ;
- Tropical diseases ;
- Physiology and hygiene of physical education ;
- Physiology and hygiene of nutrition.

As an example of new questions to be dealt with in the lectures and seminars at the present time we may mention :

- New methods of immunisation ;
- Sleeping-sickness ;
- The progress of research work on yellow fever ;
- Chemiotherapy of leprosy ;
- The movements of population in countries of colonisation and immigration ;
- Hygiene of marriage and eugenics.

C. *International Health Co-operation.*

The progress of public health throughout the world ;
International health conferences and conventions ;
The health work of the League of Nations ;
The Office international d'Hygiène publique ;
The work of international private associations in matters of hygiene.

The practical part will include work in health services or institutions, and visits, in accordance with the methods adopted for interchanges.

4. *Number and Duration of the Courses.*

Two kinds of courses may be given at the School—a general course consisting principally of the basic programme, and special courses organised for particular requirements. The general course will last six months and will be divided into two parts : the theoretical part, including lessons, lectures, technical discussions (seminars), will last about three months ; the part including field work, practical work in health services or institutions and study tours will occupy the remainder of the time.

ADMINISTRATIVE AND FINANCIAL ORGANISATION.

The International School of Advanced Health Studies, as conceived by the French Government in its proposal and memorandum, is an instrument of work and instruction placed at the disposal of the League of Nations without the latter assuming any legal responsibility ; but it is necessary that the League of Nations, under whose auspices the School will work, should exercise supervision over its operation. An endeavour had therefore to be made to find the formula of a link sufficiently elastic to preserve both elements in the new institution.

This formula is represented by the draft organic statute submitted to you. The statute, in fact, gives the Health Committee all guarantees in this respect, as the Governing Body of the School will consist, in fact, of the members of the Committee. The supervision of the administrative and financial management, the working and technical efficiency of the School, will therefore be in the hands of the Health Committee through the operation of the legal formula imposed by the traditions of the League of Nations.

The French Government undertakes all the financial obligations involved in the installation, maintenance and working of the School ; the League of Nations is free from any obligation in this respect. Nevertheless, by the normal awarding of fellowships in accordance with the usual practice of its Health Organisation, it may contribute in a certain extent to the resources of the School.

The students will have to pay tuition fees, which may be covered by scholarships. Finally, there is reason to hope that the services which will be rendered by the School to the League of Nations will attract gifts and subsidies which will increase its resources.

These are the main principles which we are able to recommend for the working of the International School of Advanced Health Studies. Obviously, the first duty of the Governing Body will be to draw up internal regulations, in order to determine details which it would be quite premature to consider at the present time. In the first place, the duties of the Director and of the Committee of Directors will have to be determined as regards their relations to each other and to the Governing Body. The legitimate prerogatives of the Health Committee, in drawing up these rules, will not be neglected, since, as already stated, its members constitute the Governing Body. It will be enabled, by clauses in the internal regulations, to determine the programmes and the selection of the professors and students. In short, the Health Committee will have the supervision over the general working of the School in its own hands, and it cannot but be grateful for the generosity with which the French Government has given it this authority.

The French Government, however, reserves the right to approve the choice of the Director, who must be of French nationality ; to appoint a member of the Managing Committee, which will, moreover, be presided over by a French member of the Governing Body ; to receive an annual technical, administrative and financial report on the work of the School, which report will, in accordance with the regulations, no doubt be communicated to Parliament, in order to justify the grant it has generously voted.

Finally, three observations occur to us.

In the first place, it is necessary to emphasise the international character, in the full meaning of the term, which the School will enjoy ; the composition of its Governing Body and of its professorial staff, the method of selecting pupils and its system of instruction all bear witness to this. This institution, created under the auspices of the League of Nations, will be animated by a spirit strictly in harmony with that of the League.

Secondly, it should be noted that the plan described in this report can only be carried out when the French Government has obtained the approval of Parliament.

But, without awaiting this ratification, which we all desire, you will no doubt agree with your Sub-Committee that the Health Committee, in transmitting to the Council the report requested, can only associate itself with the expressions of gratitude which have already been conveyed by the Council to the French Government, for placing at the disposal of our technical organisation an independent instrument for carrying on our work and extending our activity, the value of which will, we hope, be proved in the future.

Appendix.

LETTER FROM THE FRENCH GOVERNMENT TO THE PRESIDENT OF THE COUNCIL OF THE LEAGUE OF NATIONS.

The Council of the League of Nations having accepted in principle, on September 24th, 1930, the proposal of the French Government to create an International School of Advanced Health Studies, I have the honour to confirm that the Government of the Republic undertakes to establish and maintain, under the conditions mentioned below, an International School of Advanced Health Studies to be placed at the disposal of the League of Nations. The seat of this centre shall be at Paris.

1. The object of the School shall be to supplement the system of interchange and courses of study of the League of Nations in the domain of health by means of a permanent teaching institution under the auspices of the League's Health Organisation ; to extend the instruction of national schools of hygiene by international post-graduate training, both theoretical and practical ; and, in addition, by means of instruction destined to prepare directors of national schools or of national health services of countries which may desire to make use of it ; to provide facilities for study and post-graduate training for hygienists, administrators and sanitary personnel.

2. The International School of Advanced Health Studies shall be administered by a Governing Body composed of active members of the Health Committee of the League of Nations sitting in a private capacity.

Members of the Governing Body shall no longer act in that capacity when they cease to be members of the Health Committee. The President of the Health Committee shall be *ex officio* President of the Governing Body, acting in a private capacity.

3. The Government of the French Republic shall take the necessary measures to secure recognition of the International School of Advanced Health Studies as an autonomous foundation possessing legal personality.

4. The cost of installing the International School of Advanced Health Studies shall be borne by the French Government, which shall provide, in particular, the necessary buildings to enable the School to function.

The expenses entailed in the installing, working and maintenance of the School of Advanced Health Studies shall be met out of an inclusive annual subsidy which the French Government, subject to Parliamentary approval, proposes to fix at a million French francs.

The School shall be entitled, by virtue of the decisions taken by the Governing Body, to accept donations, legacies and subventions from Governments, institutions or private persons.

5. The International School of Advanced Health Studies shall be responsible for its own working.

Neither the League of Nations nor the French State shall incur any responsibility, civil, financial or otherwise, in respect of the working or administration of the International School of Advanced Health Studies. As far as the League of Nations is concerned, it does not incur any financial responsibility on account of the International School of Advanced Health Studies.

6. The Government of the French Republic reserves the right to propose for acceptance by the Council of the League of Nations, and declares itself prepared to consider in case of need at the request of the Council, any modifications in the present conditions which experience may show to be desirable.

7. The Government of the French Republic gives the present undertaking for a term of seven years.

It shall remain in force for further terms of seven years, unless either the Government of the French Republic or the League of Nations has notified its intention of making it inoperative at least two years before the expiration of any such term.

8. The present undertaking is given by the Government of the French Republic subject to the approval of the legislature, and shall not become final until such approval has been notified to the Secretary-General of the League of Nations.

[Signature.]

ORGANIC STATUTE OF THE INTERNATIONAL SCHOOL OF ADVANCED HEALTH STUDIES.

Article 1.

An International School of Advanced Health Studies, to be placed at the disposal of the League of Nations, shall be established at Paris by the Government of the French Republic, in accordance with the terms of its letter to the President of the Council of the League of Nations, dated...

Article 2.

The object of the School shall be to supplement the system of interchanges and courses of study of the League of Nations in the domain of health by a permanent teaching institution under the auspices of its Health Organisation ; to extend the instruction of national schools of hygiene by international post-graduate training, both theoretical and practical ; and, in

addition, by means of instruction destined to prepare directors of national schools or of national health services of countries which may desire to make use of it, to provide facilities for study and post-graduate training for hygienists, administrators and sanitary personnel.

Article 3.

The organs of the International School of Advanced Health Studies shall be :

- (1) The Governing Body ;
- (2) The Committee of Directors ;
- (3) The Director.

Article 4.

The Governing Body shall be composed of active members of the Health Committee of the League of Nations, acting in a private capacity. Members of the Governing Body shall no longer act in that capacity when they cease to be members of the Health Committee. The President of the Health Committee shall be *ex-officio* President of the Governing Body, acting in a private capacity.

Article 5.

The Committee of Directors shall comprise seven members, acting in their personal capacity. Six of these members shall be nominated by the Governing Body and one by the French Government. A French member of the Governing Body shall preside over the Committee of Directors.

The functions of the Committee of Directors, as well as the term of office of its members, shall be determined by the Governing Body, in accordance with the terms of the present Statute.

Article 6.

The Director of the International School of Advanced Health Studies shall be present in an advisory capacity at the meetings of the Governing Body and of the Committee of Directors.

Article 7.

The Medical Director of the Health Section of the Secretariat of the League of Nations shall be *ex officio* Secretary of the Governing Body and of the Committee of Directors.

Article 8.

The work of the School shall be carried out by a salaried staff comprising :

A Director of French nationality, appointed by the Governing Body with the approval of the French Government, and whose duties shall be defined by the Governing Body ; higher officials appointed by the Committee of Directors ; minor officials and employees by the Director.

The Governing Body shall draw up a Statute regulating the status of the personnel.

Article 9.

In legal proceedings and in all matters of civil law the International School of Advanced Health Studies shall be represented by the President, or, should the latter be prevented from acting, by the Vice-President of the Governing Body.

This body may, however, delegate to the Director the whole or part of the powers appertaining to its President, under the terms of the present article.

Article 10.

The Governing Body shall, on the proposal of the Committee of Directors, draw up an annual budget of the School, within the limits of the subsidy granted by the French Government with the possible addition of funds from other sources, and shall approve the statement of expenditure.

Article 11.

In accordance with the terms of the present Statute, all provisions governing the administration and work of the School shall be determined by the Governing Body by internal regulations, which shall define, in particular, the powers of the Committee of Directors.

The School shall enjoy diplomatic privileges and immunities.

The Governing Body shall determine, by a decision approved by the French Government, the classes of the personnel of the School who are to enjoy such diplomatic privileges and immunities.

Article 12.

The regulations relating to the financial administration of the School shall be prescribed by the Governing Body, on the proposal of the Committee of Directors.

The Governing Body shall prescribe financial regulations regarding the administration of the finance of the School ; in particular, the budget, the appropriation and use of the funds, investment of capital, accountancy and supervision.

Article 13.

A report on the work of the School shall be forwarded each year by the Governing Body to the Council of the League of Nations and to the Government of the French Republic. It shall be communicated to all Members of the League of Nations.

[Signature.]

ANNEX 5.

C.H. 917.

PROPOSAL BY THE SPANISH GOVERNMENT THAT
A EUROPEAN CONFERENCE ON RURAL HYGIENE BE CONVENED.

A. LETTER OF THE SECRETARY-GENERAL FORWARDING TO THE HEALTH
COMMITTEE THE RESOLUTION ADOPTED BY THE COUNCIL
ON SEPTEMBER 24th, 1930.

Geneva, September 25th, 1930.

I have the honour to inform you that the Council of the League of Nations, at its meeting on September 24th, 1930, adopted the attached resolution with regard to the proposal of the Spanish Government that a European Conference on Rural Hygiene be convened.

In accepting the proposal of the Spanish Government, the Council "referred it to the Health Committee for technical study and report" before fixing a date for the proposed Conference.

I have the honour to inform you that the sixty-first Session of the Council will probably end on or about October 4th next.

(Signed) AVENOL.

C.543.1930.III.

B. TEXT OF THE PROPOSAL BY THE SPANISH GOVERNMENT.

Geneva, September 16th, 1930.

[Translation.]

His Majesty's Government has become convinced of the benefits which would result at the present time from a technical international study of problems of hygiene in rural districts.

Every State will appreciate the advantages of a general study of rural hygiene, considered as one of the most important factors in the reconstruction of agricultural areas in Europe, and His Majesty's Government believes that the League of Nations is best qualified to carry through this important undertaking by convening at Geneva for this purpose a conference of representatives of European States.

The previous work of the League's Health Organisation bearing directly or indirectly on agricultural questions, as well as the effective assistance afforded by that Organisation to the Health Conference of 1922, are a sure guarantee of the forethought and care which it would give to the preparation of the International Conference in order to ensure valuable results.

In view of the universally recognised competence of the International Institute of Agriculture in problems relating to agriculture, it should obviously be associated with the work of the Conference, to which its long experience and the important information in its possession may be of great assistance.

His Majesty's Government therefore believes it would be extremely useful for the Health Organisation to secure the co-operation of the International Institute of Agriculture at Rome.

I should be grateful if you would be good enough to take the necessary steps to place this proposal of His Majesty's Government on the agenda of the sixty-first session of the Council of the League of Nations.

I shall hold myself at the disposal of the Council for any further information which may be required.

(Signed) QUINONES DE LEON.

C.H.926.

C. REPORT BY PROFESSOR PITTALUGA, CHAIRMAN OF THE SUB-COMMITTEE
FOR THE STUDY OF THE PROPOSAL SUBMITTED
BY THE SPANISH GOVERNMENT.

The Council adopted and transmitted to the Health Committee for examination the Spanish Government's proposal for the convening of a European Conference on Rural Hygiene. The Health Committee took note of the documents relating to the question, in particular the Secretary-General's letter of September 25th 1930, with its annexes, and also Memorandum C.H.912.

On the basis of these data, the Health Committee set up a special Committee, over which I have the honour to preside, to study the question and prepare a programme.

The Committee has examined this proposal with the greatest interest, and I now submit the conclusions which it proposes should be adopted.

* * *

The Health Committee will be glad to note that the Spanish Government's proposal, which is the outcome of the meeting at Warsaw in 1922 and of the experience gained during the last few years, is in agreement with the principles by which part of the work of the Health Organisation has been governed. In particular, we would recall the collective tours organised in certain European countries with a view to the study and improvement of the conditions of rural life. In accordance with the report by the Irish representative, the Council acceded to the Spanish Government's proposal. It is acquainted with the work of the Health Organisation in this field and with the importance of the problem of rural hygiene which has been brought out as a result of our systematic and technical observations and by the demographic study of the various national public health centres. In agricultural countries in which medical assistance in rural districts has already been provided on a large scale—such as Spain, where there is approximately one doctor per thousand inhabitants—there are still serious defects and lacunæ in the organisation of rural hygiene. The difficulty of remedying this situation, notwithstanding the zeal and competence of the doctors, is obvious. It is necessary to have recourse to other means by completely changing the methods of constructing rural dwellings, introducing improved systems for the supply of drinking water, improving the land from the hydrographic and agricultural point of view by means of close and continuous co-operation between engineers and biologists, and by adapting medical assistance to rural needs, etc.

It is obviously impossible to enumerate in this report the various questions included in the vast problem of rural hygiene. It is our duty, however, in accordance with the instructions given us by the Council, to decide upon certain points which might be exhaustively dealt with at the Conference, the programme of which we have been requested to draw up.

The Committee is of opinion—and it hopes that the Health Committee will share this view—that this programme should be strictly limited, and that the questions on the agenda should be very clearly defined. In submitting its proposal, the Spanish Government expressed the desire that the Conference should reach practical conclusions and recommendations. If this result is to be obtained, several factors must be taken into account. In the first place, the problems to be discussed must be clearly stated and limited in number; secondly, ample information must be placed at the disposal of the Rapporteurs and members of the Conference; thirdly, the various delegates and members of the Conference must be technically competent. They must have a practical knowledge of the actual conditions of rural life in all its aspects in their respective countries and of the manner in which the various problems of rural hygiene have been solved both in their own country and elsewhere. Finally, the concrete questions on the agenda must be studied beforehand by the delegates and members of the future Conference on the basis of the information previously collected and the data which they may themselves be able to obtain in their own country.

Your Committee has considered these various points very carefully and has reached the following conclusions:

1. DATE OF THE CONFERENCE.

It is obvious that the possibility of securing the factors mentioned above will largely depend on the time available. The date of the Conference must not be too distant, otherwise a most favourable opportunity for dealing with a group of questions, in regard to which the Spanish Government and also the Governments of other European countries are very anxious to receive guidance and recommendations on the part of the Conference, will have slipped by.

After an exchange of views with the Medical Director, we propose that the Health Committee might suggest to the Council, in reply to the request formulated in the resolution of September 24th, the date of Thursday, April 23rd, 1931.

2. PROGRAMME AND PROVISIONAL AGENDA OF THE CONFERENCE.

In accordance with the general principles set forth above, which express the views of your Committee and at the same time the desires of the Spanish Government, we think that the following three subjects might be inserted in the provisional agenda, of the Conference:

- (a) Guiding principles and suitable methods of ensuring effective medical assistance in rural districts;
- (b) The most effective methods of organising health services in rural districts;
- (c) The improvement of rural districts, the most effective and cheapest methods.

The Committee to prepare for the Conference, which is to be set up, will be entrusted with the duty of collecting, with the help of the Health Section, information and data which may assist the Conference to attain its object.

We would add that the three series of questions proposed should be considered from the point of view of the interests of rural hygiene.

It should also be pointed out that Group (b) should include the study of the best methods of *health propaganda* in rural districts ; similarly, Group (c) should include the question of the rural dwelling in all its aspects.

3. COMPOSITION OF THE GOVERNMENT DELEGATIONS TAKING PART IN THE CONFERENCE.

We do not think that the Health Committee will consider that, in examining the character of the delegations to the Conference, this Committee is exceeding its terms of reference. The report by the representative of Ireland, on the basis of which the Spanish Government's proposal has been accepted by the Council, emphasises in several passages (pages 2 and 3, document C.555.1930.III) that it is essential that *technical delegates* should be sent and that the Conference will be of a technical nature. We would ask the Health Committee to accept this Committee's suggestion and to point out to the Council the desirability of sanitary engineers, administrators, representatives of farmers' associations, representatives of social insurance associations, etc., being sent to the Conference in addition to hygienists.

* * *

We do not think it is possible for the Health Committee to draw up a more detailed programme at the moment. We would suggest, however, that a preparatory committee should be set up as suggested in the report by the representative of Ireland. The Health Committee will be glad for a representative of the International Institute of Agriculture at Rome, which has for many years been collecting valuable information on questions relating to agriculture, to co-operate with that Committee. If necessary, the Committee might also obtain the assistance of the International Labour Office. The Health Section will doubtless place at the disposal of that Committee, whose members will be proposed to the Council by the Health Committee, all the information and preparatory documentation required by the Rapporteurs and by the Conference for its discussions.

ANNEX 6.

C.H. 898.

LIAISON WITH THE INTERNATIONAL RED CROSS COMMITTEE AND THE LEAGUE OF RED CROSS SOCIETIES.

EXCHANGE OF CORRESPONDENCE BETWEEN THE PRESIDENT OF THE HEALTH COMMITTEE AND THE VICE-PRESIDENTS OF THE LEAGUE OF RED CROSS SOCIETIES AND THE INTERNATIONAL RED CROSS COMMITTEE.

I. LETTER TO THE PRESIDENT OF THE HEALTH COMMITTEE FROM THE VICE-PRESIDENTS OF THE LEAGUE OF RED CROSS SOCIETIES AND OF THE INTERNATIONAL RED CROSS COMMITTEE.

Geneva, May 10th, 1930.

.....

You will doubtless remember that, at the time of the constitution of the Health Committee of the League of Nations, a seat was reserved for a representative of the Red Cross. This measure was thought necessary in order to ensure continuous collaboration between the Committee and the International Red Cross, these two institutions being frequently called upon to work in neighbouring fields of action and sometimes to collaborate.

The Health Committee, at the time of its reorganisation, agreed to nominate as assessor a candidate proposed by the Red Cross, in order to ensure the contact essential between the two institutions.

As you know, the International Red Cross has entered a new stage since its unity was sanctioned at the Thirteenth International Red Cross Conference in 1928, and the question again arises of ensuring its collaboration with the Health Committee.

During recent years, several national Red Cross societies, in conformity with Article 25 of the Pact of the League of Nations and with the support of their respective Governments, have undertaken new activities in the field of health as auxiliaries of the official health services or have pursued activities which they had already commenced. The International Red Cross, and more particularly the Secretariat of the League of Red Cross Societies, have been entrusted with the task of co-ordinating and supporting this programme in times of peace. It is for this reason that, persuaded that you will recognise with us that this collaboration will serve in many cases to facilitate our work in common, we take the liberty of asking you what methods you would contemplate for effective liaison in the future between the two Institutions.

For the International Red Cross Committee :

(Signed) Dr. G. PATRY,
Vice-President.

For the League of Red Cross Societies :

(Signed) Cl. DRAUDT,
Vice-President.

2. LETTER FROM THE PRESIDENT OF THE HEALTH COMMITTEE TO THE VICE-PRESIDENTS OF THE LEAGUE OF RED CROSS SOCIETIES AND THE INTERNATIONAL RED CROSS COMMITTEE.

Geneva, May 30th, 1930.

.....

In reply to your letter of May 10th, in which you ask me what methods I contemplate for the effective liaison in the future between the International Red Cross and the Health Committee of the League of Nations, I hasten to assure you that I recognise, with you, that such collaboration would, in many cases, greatly facilitate our work in common.

As you perhaps know, the new Health Committee has just been constituted by the Council of the League of Nations at its session of May 15th, and its first session will take place on September 29th next. At this session, it will be for the Committee to consider new methods of collaboration with the organisations that you represent. For my part, I will propose to my colleagues that a representative of your organisations be invited, who will himself submit a report on your activities in the field of health as auxiliaries of official health services, as well as on all other activities as may seem to you to be of interest to the Health Committee and as would permit of fruitful collaboration. This report, distributed in advance to the members of the Committee, will serve as the basis of a discussion which I do not doubt will be of mutual interest.

(Signed) MADSEN,
President of the Health Committee.

3. LETTER FROM THE VICE-PRESIDENT OF THE BOARD OF GOVERNORS OF THE LEAGUE OF RED CROSS SOCIETIES.

Paris, June 26th, 1930.

.....

I have the honour to acknowledge the receipt of your letter of May 30th, addressed to the Vice-Presidents of the League of Red Cross Societies and of the International Red Cross Committee, for, as already mentioned in our letter of May 10th, it is especially the secretariat of the League of Red Cross Societies that has been charged with the task of co-ordinating the programme of Red Cross Societies in times of peace.

I am therefore directed to thank you heartily, in the name of the two branches of the International Red Cross, for your proposals to authorise our representative to submit a report on our activities in the field of health. We hope that the sessions of the Committee, over which you preside with such fruitful results, will thus give us the opportunity to establish an uninterrupted liaison with the official work that we are most anxious to support to the full extent of our powers.

The proposals for which we are indebted to your kind initiative will, I understand, be discussed during the autumn session. I hope, therefore, that a favourable decision will be transmitted to us after that date.

(Signed) DRAUDT,
*Vice-President of the Board of
Governors of the L.R.C.S.*

ANNEX 7.

C.H. 899.

FOURTH (AND LAST) REPORT BY PROFESSOR N. H. SWELLENGREBEL
ON THE MALARIA AMONG THE REFUGEES IN THE GOVERNMENT
OF BURGAS (BULGARIA).

This, my last, visit to Bulgaria on behalf of the refugees was of particular interest, as its object was to study the new permanent organisation of the Department of Public Health, which replaces in the refugee villages the temporary rural medical assistance organised by the settlement committee.

I. RESULTS OBTAINED BY THE TEMPORARY MEDICAL SERVICE.

It will be remembered that this service was organised, after my first visit in April 1927, to protect the refugees by adequate treatment against the worst effects of malaria. The medical staff engaged for this purpose was sufficiently numerous to enable each malaria doctor to visit, at least once a week, each of the three to five villages under his care and to supervise and direct the quinine distribution by the village "kininar".

Besides this work, the malaria doctors were expected to study the breeding-places in and around the villages under their care, to treat them with oil or paris green, and to execute simple works of drainage and filling-in, wherever possible by means of local labour. In this, they were advised by, and sometimes received aid from, the anti-malaria squads of the Burgas Malaria Institute, who themselves undertook anti-larval operations on a larger scale round a few selected villages.

My advice to limit anti-larval work to these selected spots, but to carry it out thoroughly there, has not been followed. As a consequence, much time and money has been wasted, except for the selected villages, where trained squads were at work in a field, where the breeding area was reduced and rendered more accessible by extensive drainage work.

My advice to have this special malaria service converted into one of generalised rural medical assistance was pronounced impossible after a short trial in 1928.

My proposal to have the service founded on a more solid permanent basis, by following the example of the Greek refugees, with their rural doctor, compounder and dispensary for every 700 to 800 inhabitants, was dismissed without serious consideration.

As will be seen, the new rural health organisation has satisfied most of these wishes.

The results were satisfactory, in so far as the incidence of malaria decreased considerably since 1927. This is shown in the accompanying graphs (see page 112) prepared by Dr. Drensky of the area round Burgas, and in the Graph No. 1 (Appendix) relating to the sixteen villages I have always taken as representing the average conditions in the whole area.

Graph No. 1 shows a gradual decline, followed by an equally gradual increase, of the malaria incidence, a rise and fall one may expect wherever malarial incidence is fairly accurately measured over a number of years. Moreover, the maps show that the decrease of malaria was a general one¹, whereas the degree of perfection, with which anti-malarial measures were carried out varied a good deal from one group of villages to another. Consequently, neither maps nor graphs suggest that the decline of malaria has been due to any other factors than those, causing the well-known periodicity in the incidence of this disease.

A closer scrutiny, however, of smaller groups of villages, and their spleen-rates among children, permit a somewhat more far-reaching conclusion. As a rule, the spleen-rate is found to be higher in May and June, before the advent of the malaria season, than in September and October, at the end of that season. This year, no spleen census was taken in May, so that I had to take one myself in August. Taking it for granted that the spleen-rate in August is about midway between that in spring and autumn, the spleen-rate in the villages, where

¹ Except in the far south, where information is deficient owing to long distances without sufficient means of transport.

no really perfected measures have been taken, is 67, 67, 70, 57 and 48 per cent, in the years 1926-1930 (Graph No. 2, I) to the north of Burgas ; and 72, 57, 56, 41, 55 per cent to the south (Graph No. 2, IV). In those where anti-larval measures have been carried out with particular care, these rates are 68, 72, 54, 46, 28 per cent (Graph No. 2, II) ; and in those where prolonged quinine cures have been perfected they are 71, 78, 27, 14, 23 per cent (Graph No. 2, III) ¹.

I therefore conclude that a general decline of malarial incidence has occurred in the Burgas area, but that this change has hardly affected the inherent malariousness of the country. It is uncertain whether this superficial (and evidently non-permanent, see Graph No. 1) improvement is due to better medical assistance in the villages. A more marked decrease in malarial incidence, likewise affecting the spleen-rate, has been observed in four villages where drainage works have facilitated the carrying out of effective anti-larval operations and in three others where all malaria patients have been carefully subjected to systematic and long-continued cures.

II. THE NEW ORGANISATION OF RURAL MEDICAL ASSISTANCE.

I. GENERAL DESCRIPTION AS FAR AS THE BURGAS AREA IS CONCERNED.

Among other matters, the new Public Health Law provides for rural medical assistance in the form of medical officers (communal doctors) each in charge of three to five villages (health commune). They live in one of them, where they keep their stock of medicines and their dispensary. The other (outlying) villages are visited on fixed days once a week. Each village about to be visited sends some means of transport to fetch the communal doctor and to take him back after his visit.

When in his own village, the communal doctor attends to the patients visiting his dispensary in the morning. If they can afford it, they are charged a small sum for medical attendance and medicines, to the profit of the " health fund " of the commune. In the afternoon the doctor has to discharge his office duties and those relating to sanitation and social hygiene (see below). After this, he is free to attend to his private practice.

When visiting the outlying villages, he spends a couple of hours in attending to any patients who may happen to be brought to his notice and in discharging a number of duties regarding sanitation and social hygiene, such as the inspection of wells, latrines, housing conditions. He will have to conduct the fight against venereal diseases and tuberculosis, when this is organised in rural areas, and to perform vaccinations whenever occasion demands.

Malaria still holds an isolated position among the various diseases the communal doctor has to deal with. The old system—no quinine unless malaria parasites have been found—still holds good ; moreover, quinine treatment of splenic enlargement without parasites is no longer tolerated. The quinine is dispensed by the village " kininar ", and the communal doctor has only to supervise this work and to decide whether a new patient can be admitted to receive provisional quinine treatment pending the result of blood examination. In all matters relating to malaria, the communal doctor has to take the orders of the malaria inspector (an officer of the malaria directorate) and not of the departmental health officer, who is his superior in all other respects.

2. ADVANTAGES OF THE NEW SYSTEM.

The preceding description, although far from complete, is sufficient for a study of the question whether the communal doctors are as able as their predecessors, the malaria doctors, to protect the refugees in the Burgas area against malaria.

When the last of the malaria doctors has been replaced by communal doctors, there will be as many of the latter as there were of the former, discharging their duty in areas of about the same size and number as before. In fact, there will be more of them, as there exist several groups of villages now served by communal doctors and situated between the former malaria " rayons ", but where no malaria doctor existed before.

Moreover, the new organisation serves the whole of Bulgaria, including several highly malarious districts, where refugees, as yet unprotected against malaria, are numerous.

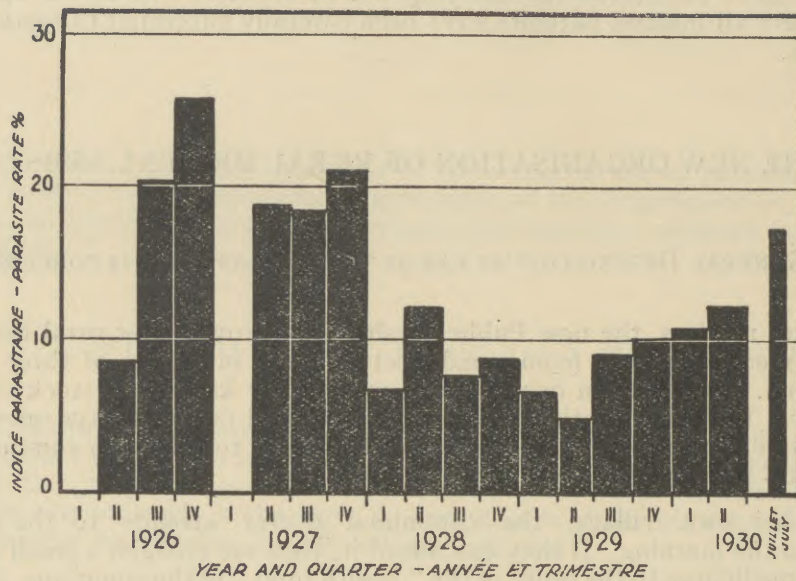
Finally, there will no longer exist the anomaly of an organisation for medical assistance solely directed against malaria in districts practically devoid of medical assistance of any kind.

¹ Similar results are reached by comparing the parasite-rates in the same groups of villages, although those with anti-larval measures do not compare so favourably as in the first instance (Graph No. 3).

I may add that, in August 1930, I found an average of 5.2 anopheles in every room or stable in the villages to the south of Burgas, and 5.8 in the northern ones, whereas the figure was only 0.6 in the villages with carefully conducted anti-larval measures.

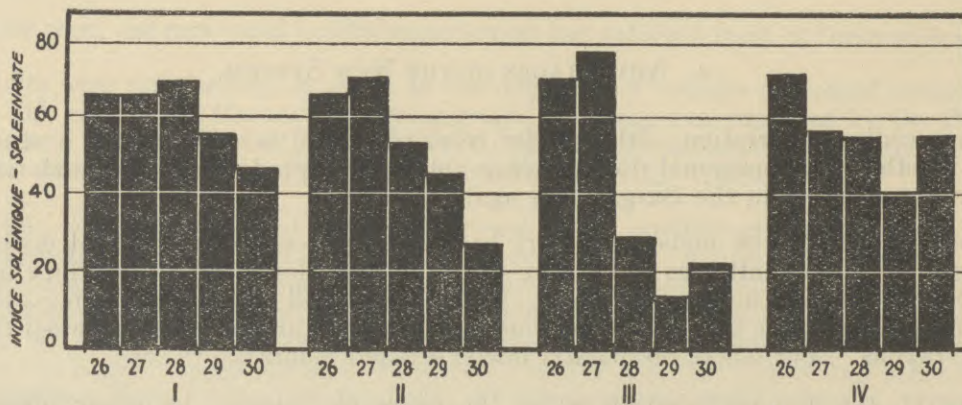
Appendix.

GRAPH NO. 1.



Graph No. 1 showing the quarterly parasite rate among part of the population in 16 villages of the Burgas area, 8 to the north and 8 to the south.

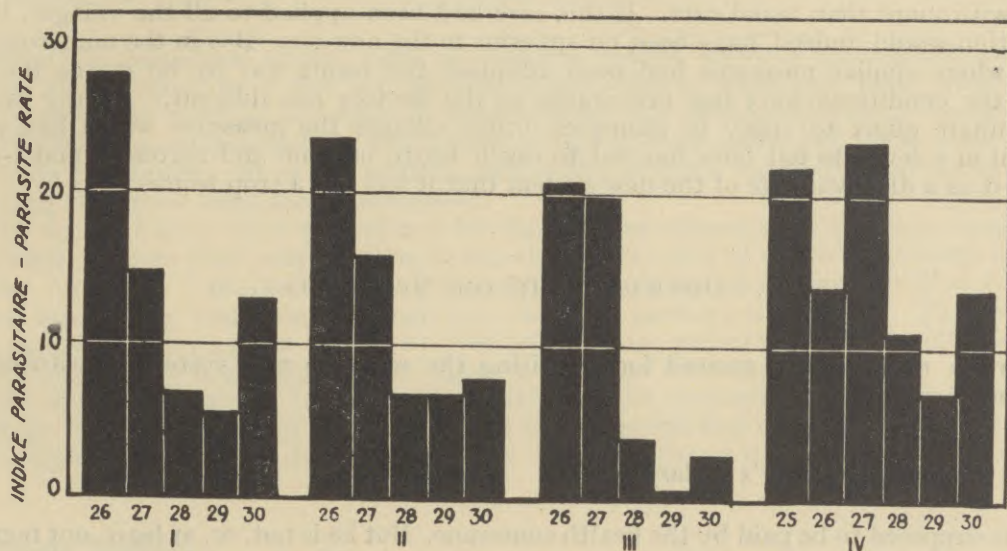
GRAPH NO. 2.



Graph No. 2 showing the average spleen rate (computed on the basis of the spring and autumn spleen rate in 1926-1929 and the August spleen rate in 1930) in:

- I. Villages north of Burgas, without especially perfected measures.
- II. Villages north of Burgas, with specially perfected antilarval measures.
- III. Villages north of Burgas, with specially perfected quinine treatment.
- IV. Villages south of Burgas, without especially perfected measures.

GRAPH NO. 3.



Graph No. 3 showing the average annual parasite rate (computed on the monthly returns) in 1926-1930 in:

- I. Villages north of Burgas, without especially perfected measures.
- II. Villages north of Burgas, with specially perfected antilarval measures.
- III. Villages north of Burgas, with specially perfected quinine treatment.
- IV. Villages south of Burgas, without especially perfected measures.

So far as these considerations go, the new system will be a distinct improvement on the old one, quite apart from the fact that it is permanent, whereas the old one was never expected to last over three years.

It is argued that the communal doctors will never be able to discharge the duties of their predecessors. On my visits to a number of the new officials, I convinced myself that this is true as far as anti-larval measures and intensive quininisation are concerned—the two measures which probably caused the reduction in the spleen-rate of the villages where they had been applied with more than usual care. If this care had been applied to all the villages, the old organisation would, indeed, have been far superior to the new one. But in the numerous other villages where similar measures had been adopted, the result was by no means the same, because the conditions were less favourable or the doctors less diligent. At any rate, the indiscriminate effort to apply to numerous other villages the measures which had proved successful in a few selected ones has led to much waste of time and material, and I do not consider it as a disadvantage of the new system that it has put a stop to this.

3. DIFFICULTIES IN THE NEW SYSTEM.

There is more serious ground for criticising the way the new system is carried into execution.

(a) *The Communal Doctor's Salary.*

He is supposed to be paid by the health commune. But he is not, or, at least, not regularly. I visited nine of them¹ who had been appointed between March and May 1st of this year. Only one had been regularly paid, three had received one-quarter to two-fifths of their salary; ² the others had received nothing. One of them was told by the village authorities to go and earn his living by private practice; that is what the "feldshers" always did; they never worried the municipal authorities for money. Another was allowed to appropriate the revenue derived from the dispensary (contributions of visitors not belonging to the officially registered paupers) which brought him in about two-fifths of his pay.

(b) *Visits to Outlying Villages.*

Out of the twenty-three outlying villages under the care of the nine communal doctors I met, five were visited according to regulation (once a week); four had been till June 15th, when the doctor gave it up as a bad job; eight were visited twice; five once a month, and one never.

The result of this failure to comply with regulations was that none of the villages (except one) were inclined seriously to consider the communal doctor's legal demand for some means of transport to the village and back.

The village authorities took it as a huge joke, and simply laughed it to scorn when they found out that it was meant in good earnest. They would do no such thing. Had anyone ever heard of a "feldsher" making such preposterous claims? They paid for their own transports and made the patients pay for their attendance on the sound principle of no pay no doctor. Why should not the new doctors do the same?

So the latter had the choice of either walking or paying for their own conveyance. As they can hardly be expected to do so out of the pittance they are supposed to receive, it is a wonder they went at all, which they would certainly not have done without the allurements of private practice.

(c) *Medicines for Outlying Villages.*

The lack of means of transport has as a further consequence that the communal doctor, when he visits for once an outlying village, does not care to burden himself by taking medicines with him. When he attends to patients on his visits, he prescribes for them; but it is the patient's own concern to get the medicine as best he can.

Of course, this does not apply to quinine (see above), but it is obvious that the regular quinine treatment is much hampered by the doctor's visits occurring at such long intervals, unless the "kininar" takes it upon himself to admit new patients without the doctor's cognisance, which he is not allowed to do.

¹ In the whole Burgas area there are fifteen rural communal doctors in forty-three villages, besides eight malaria doctors of the old organisation (in twenty-eight villages) who will be discharged by December 1st, 1930.

² This salary is 4,500 to 5,000 leva a month and a room to live in free of rent.

It is no wonder that I nowhere heard complaints of shortage of quinine, although the quantity available was reduced from over 500 kilogrammes in 1929 to half that amount in 1930. Nor is it astonishing that I found children in many villages evidently in need of a thorough quinine treatment, but not entitled to it either because they had not been seen by the communal doctor or because their blood showed no parasites on one single examination.

(d) *Finding out Patients in Outlying Villages.*

When the communal doctor visits an outlying village, most of the inhabitants are not aware of his presence or, if they are, they do not trouble to meet him, being unaccustomed to the notion that medical assistance is for everyone, not only for the rich. Sometimes the doctor applies for information to the mayor or the schoolmaster, but there exist no rules prescribing the finding out of the patients before the doctor's visit, acquainting him with it and seeing that they keep the appointment.

The doctor has no time to find out for himself the whereabouts of the patients during a visit which seldom lasts over two hours, and the greater part of which is occupied in looking over the "kininars" lists, seeing that nobody gets quinine who is not entitled to it by a positive blood-slide, and going through his round of sanitary inspection. The real object of his visit—accustoming the people to Western medicine preparatory to the introduction of Western sanitation—is completely lost sight of, if it was ever realised.

The man best qualified to act in this matter as the communal doctor's assistant—viz., the village "kininar"—is not made to do this work through fear of making his office resemble ever so slightly that of the dreaded "feldsher" who everyone hopes to get rid of in time.¹

(e) *Private Practice.*

Although they are at liberty to attend to private practice in the afternoon, the communal doctors are supposed to spend most of their time in discharging their social duties. As a matter of fact, everyone of them, however great his sense of duty and devotion may be, is simply forced, out of dire necessity, to rely more and more on private practice as a means to earn a living. I am not sure, however, that this is an unmitigated evil, as it is at the moment almost the only chance for the outlying villages to get medical assistance of some sort, and as it may be expected to hasten the disappearance of the "feldshers".

4. THE NEW SYSTEM AND THE MALARIA CONTROL AMONG THE REFUGEES.

Recurring to the question, stated above, on the merits of the new system as a protection to the refugees against malaria, and leaving aside for the moment all special malaria control, one may ask whether the refugees suffering from malaria will receive adequate care—i.e., a moderate quinine treatment closely following every primary attack or relapse and a special treatment for cachectic patients.

I feel that I should not be justified in giving an affirmative answer. The new organisation, as it stands at present, does not meet these minimum requirements—not, at least, in the outlying villages.

Still, I maintain that this organisation is well adapted to the present rural conditions. All it needs is better execution and some minor corrections. The following points should receive special attention :

(a) *Salary and Transport.*

See the points (a) and (b) of No. 3 above. I have been assured by the competent authorities that this question will be settled satisfactorily before many months have elapsed. This will remove every excuse for the communal doctors to neglect their weekly visits to the outlying villages.

(b) *Medicines on Tours of Visit.*

The communal doctor, on his visits to the outlying villages, should take with him a stock of medicine, in the selection of which he may be guided by the experience gained till now in his private practice.

The medicine stored in the dispensary should benefit all the villages of the health commune and not only the central one.

¹ An idle hope for the present, as four health communes have already appointed a "feldsher" as their health officer. They have to pay them only 3,400 leva a month.

Patients in outlying villages should not, as a rule, be obliged to go to Burgas or some other distant centre to have their prescriptions prepared. They should apply to the dispensary of their own health commune, if the prescribed medicine is not in the portable dispensary of the visiting doctor, unless the latter undertakes to deliver it at his next visit.

(c) *The Village "Kininar" as the Communal Doctor's Assistant.*

The communal doctor, on his weekly visit, should immediately be presented with a list of all patients requiring his attention, not the severe cases only. As far as their condition allows, they should collect at the "kmetstvo" (mayor's office), the others should be visited at home. This list should be prepared by the village "kininar", assisted, if need be, by the village schoolmaster, the village priest, and the municipal secretary.

Moreover, the "kininar" should be required to carry out all orders given him by the communal doctor with regard to the treatment of patients and the execution of sanitary regulations in the interval between two visits.

These orders should, however, be framed to fit the limited abilities of the simple, little-educated "kininar".

They should be simple and clear, leaving no room for personal initiative. But, in the dispensing of quinine, the "kininar" should be at liberty to begin the treatment of a new fever patient, on condition that this patient meets the communal doctor, without fail, on the latter's next visit.

(d) *Treatment of Malaria.*

This should be included among the routine duties of the communal doctor. He should be responsible to his own superior—the departmental health officer—for the stock of quinine, the "kininar" acting only as his assistant. He should be at liberty to begin, continue or stop a course of quinine treatment whenever or wherever he sees fit, quite independent of the results of blood examination. The latter should be a help, not (as it is at present) a blind fate, ruling with an iron, but not intelligently guided, hand the giving or withholding of anti-malarial treatment.

(e) *Experimental Villages.*

Special provisions should be made to follow up the advantage already gained in certain villages where anti-larval measures have been applied successfully, owing to the previous execution of expensive drainage schemes, which would soon be rendered useless, without continued maintenance and treatment by larvicides of the drainage ditches and other, still remaining, breeding-places. This work should not be left to the communal doctors, far less to the "kininars", but to the malaria division of the hygienic institute in Burgas, acting under the departmental health officer. This division should be well equipped for the purpose (its budget has been recently curtailed to such an extent that it cannot possibly discharge its duties) and should be free to carry out other anti-larval campaigns in villages where local conditions seem favourable, on condition, however, that no fresh work is begun that cannot be successfully carried out and maintained without any outside help.

The same applies to the villages where the malaria doctor's unrelenting diligence has succeeded in reducing malaria more than anywhere else by systematic quinine cures. Like the villages with anti-larval work, they should be kept under the immediate supervision of the malaria division of the Burgas Hygienic Institute.

III. CONCLUSIONS OF THE PRESENT AND THE THREE PRECEDING REPORTS.

The experience I gained in South-East Bulgaria has vividly impressed me with the magnitude of the mistake one commits in trying to carry out anti-larval measures on an extensive scale in a country where the population has as yet received such scanty sanitary education that they do not even appreciate the boon conferred upon them by the establishment of fairly complete medical assistance in rural areas where nothing of the kind has existed before.

To burden with lectures on anopheles and larvæ a rural population whose municipal authorities have not the wit to perceive that it is to their advantage to have a doctor in the village and to expect these people to carry out anti-larval measures intelligently is useless. Such a course of action shows that it is not as yet understood what a magnificent but nicely adjusted weapon it is Sir Ronald Ross and others have thrust into our hands, and how carefully it should be handled.

To make such a population swallow quinine for weeks at a time is a feat which may be accomplished by a doctor who knows every single soul in his practice and who has treated and nursed them through every possible illness. Such a man can do anything with the people, because he has gained their confidence. But it is a mistake to believe a doctor can carry out such a task who is a stranger to the population and who is not allowed to treat any disease but malaria.

All these mistakes have been made in the sanitary organisation among the refugees, and so I feel at liberty to criticise them freely, because I am entitled to take all the blame. They may be summarised by saying that this organisation began at the wrong end, selecting highly technical and specialised measures against one single disease, without the funds necessary to carry them out except with the intelligent co-operation of the inhabitants. And this co-operation could not be expected of a population which had not received a sanitary education required for this purpose.

The new organisation begins at the right end. It does not consider it a satisfactory means of sanitary propaganda to have anti-larval measures, which are obviously and admittedly useless, carried out by a doctor whom the people look at askance because he seems interested in nothing but malaria. Its task is to win the people's confidence in the old-fashioned but never-surpassed way of curing the sick. Once this confidence is gained, the communal doctors will venture on the task to explain the object of various sanitary measures and to incite the people to co-operate in carrying them into effect. Then comes the time to ask their help in the fight against malaria. But, before that event, one should have fixed one's choice as to which measures to use, where to apply them and how to make the population collaborate. That is the reason why it is absolutely necessary to enable the Burgas hygienic institute to continue its experiments in malaria control.

But let them beware of polypragmatism, *ut aliquid fieri videatur*. This danger is threatening even now, when the communal doctors are ordered to spend their time in the outlying villages on "sanitation" to the detriment of their principal object—gaining the people's confidence by curing the sick and so preparing the way for future sanitation.

In a country where the economic conditions allow of a sufficient number of private practitioners to earn their living in rural areas, and where sick-clubs provide for medical attendance to everyone, these private practitioners form together a natural and unpaid sanitary intelligence and propaganda service which the public health department can use without any expense. But in countries where no rural private practice exists which is accessible to all, this sanitary intelligence and propaganda service has to be paid for. The money must be found among a population not accustomed to pay their own way towards health, and so the artificial organisation is necessarily inferior to the natural one in size and efficiency. In some tropical countries, missionary corporations and private agricultural companies are trying to solve this difficulty by employing a comparatively small number of health-officers, stationed in central villages, each surrounded by a number of assistants stationed in the outlying villages. These assistants, each provided with a small dispensary, are trained to be the active and intelligent assistants to the health officer, who never fails, however, to visit them once a week. This weekly supervision, which effectually prevents, these assistants from becoming second-rate practitioners, is the corner-stone of the whole system.

I am well aware that such a system would be denounced in Bulgaria as "feldsherism". It is not realised there that the radical evil of "feldsherism" does not lie in the existence of trained medical assistants, but in their being left at liberty to act independently and to perform private practice.

A time is sure to come when the public health authorities in Bulgaria will find out that they cannot make their new organisation work efficiently without the help of these trained medical assistants, and that the thing to guard against is to render them worse than useless by leaving them free to act independently. The material for this future offspring of the new organisation already exists in the shape of the village "kininars".

The sooner the public health authorities become aware that it is worth their while to develop this off-shoot into something useful, the better it will be for rural sanitation in Bulgaria.

ANNEX 8.

C.H. 923.

NOTE BY DR. NORMAN WHITE ON THE ATHENS SCHOOL OF HYGIENE.

Delays in the completion of the school buildings will make it impossible to begin the first course of training for medical officers of health before January 1931. These courses will extend over an academic year. Every endeavour will be made in future years to commence the course in the month of October, so that it can be completed before the hottest months.

ENTRANCE EXAMINATION.

There will be a competitive entrance examination for admission to these courses for all students except officials already in Government service. This examination will probably be held at the beginning of December. The subjects for this examination will be :

1. A written examination in elementary science—biology, chemistry and physics ;
2. A clinical examination ;
3. A composition on one of three subjects of a general medical or public health nature. The subjects will be of such a nature as to test the general knowledge and capacity of the candidates ;
4. The translation of a page of a medical book or journal from English or French or German into Greek—the choice of the language being left to the candidate ;
5. An oral examination on the subjects of the written papers.

Should the number of candidates be sufficiently great, subjects 1, 2 and 5 will be the test of "admissibility" ; those who satisfy the examiners will be eligible to compete for admission—subjects 3 and 4.

PROVISIONAL PROGRAMME OF COURSE OF TRAINING FOR THE DIPLOMA IN PUBLIC HEALTH.

The provisional programme of the course, which is set out below, provides for the adequate treatment of subjects ordinarily included in the curriculum of training for a Diploma in Public Health. It is unusual in respect of the amount of time devoted to the subject of malaria—fifteen hours' lectures and seminars, forty-five hours' laboratory work and four weeks' field work (July).

Tuberculosis also receives much attention—seventeen lectures ; each followed by a seminar or practical demonstration, and fifteen afternoons in a tuberculosis dispensary.

Most of the theoretical and all the laboratory training will be given in the first two terms.

The amount of time to be devoted to each of the main groups of subjects is as follows :

Bacteriology.

The use of the microscope. Blood films—blood cell enumeration. Bacteria— morphology and physiology — simple staining — gram staining — special stains — methods of cultivation : culture media. Pathogenicity — resistance — infection. Isolation and identification of bacteria. The coli-typhoid group : the dysenteries. Staphylococci : streptococci. *B. diphtheriæ* and the diphtheroids ; pneumococcus : other diplococci of pathogenic importance.

The tubercle bacillus. *B. lepræ*. *B. pestis* and the pasteurella group. The vibrios : *V. cholerae*. Spirochaetes : relapsing fever. Syphilis. Food poisoning : salmonella group. *B. melitensis*. Some anærobos. Principles of immunity. Agglutination : complement deviation. Bacteriophage. The bacteriological examination of water. The bacteriological examination of milk — filter-passing viruses (mycology, ringworm fungi, etc.).

Thirty-one hours' lectures and seminars ; ninety-three hours' practical laboratory work.

Malaria.

Fifteen lectures ; forty-five hours' laboratory work (one month field work after second trimester).

Other Protozoa.

Leishmania and pathogenic amœbæ.

Four lectures ; twelve hours' laboratory work.

Helminthology.

Trematodes : cestodes and nematodes, with special reference to echinococcus, ascaris, ankylostomes and the helminths of importance in meat inspection.

Six lectures ; twelve hours' laboratory work.

Entomology (other than Mosquitoes).

Fleas, lice, sandflies, ticks, bugs, the house fly, scabies.

Seven lectures ; eighteen hours' laboratory work.

Physiology.

The needs of the body — diet — uses of food — value and classification of foods — amount of food — balanced diets — accessory food factors — vitamins — physical fitness — work and fatigue — exercise — sleep — personal hygiene — air and ventilation. The Kata thermometer — clothing — physiology of the infant : growth, feeding — adolescence. Physiology of vision and visual fatigue. Efficiency and fatigue in industry — measurement of fatigue — special physiological problems in industry ; sex and sex hygiene ; heredity and disease ; eugenics.

Thirty hours lectures and seminars ; eight hours' laboratory work.

Meteorology.

Certain physical laws ; thermometers ; barometers ; hygrometers and rain-gauges ; sunlight and wind.

Five hours.

Chemistry.

Volumetric analysis. The use of the balance. Hydrogen ion concentration : colorimetric estimation of P.H. Colloids and absorption. Chemistry of water. Chemical methods of water purification. Chemistry of milk. Food values. Food preservatives — butter and margarine — flour. Chemistry of the air. Disinfectants. Chemotherapy : quinine.

Twenty-one lectures and seminars ; sixty hours' laboratory work.

Statistics.

Collection and verification of data. Responsibilities of a health officer. Methodology (limited to essential needs of a health officer).

Fourteen lectures and seminars ; twenty-eight hours' practical work.

Epidemiology.

Introductory — historical — general principles. Special — communicable diseases — non-communicable diseases. Method of investigation.

Fifty lectures and seminars ; twelve half-days at infectious diseases hospital (in addition to two weeks at end of course).

Tuberculosis.

Seventeen lectures and seminars, with illustrative visits to institutions ; fifteen afternoons' work in tuberculosis dispensary or hospital (in third trimester).

Venereal Diseases.

Twelve afternoons devoted to instructional work in venereal diseases hospital and clinic.

Public Health, including Administration and Legislation.

Health of the State — central and peripheral organisations. Municipal health organisation and administration ; rural health work. The functions and responsibilities of health officers, public health nurses and sanitary inspectors. Responsibilities of health officer with regard to infectious disease hospitals, sanatoria, hospitals, dispensaries, asylums, prisons, health centres. Control of foodstuffs. Training of midwives. Prenatal care. Maternity. Infant welfare. Care of child of pre-school age ; school hygiene. Examination of school-children, nature, procedure. Correction of defects — teeth, eyes, ears, orthopaedics. Infectious disease in schools. Special schools for defectives ; open-air schools — holiday camps — physical culture — sports and games. Health insurance. Periodic medical examination. Sanitary surveys. The management of a public health office ; reports, records, registers. The health needs of a community. Elaboration of public health programme : budget. Propaganda and health education. Report

writing. Industrial hygiene. The care of the blind. Alcoholism and drug addiction. Public health and the medical profession. Economic and sociologic aspects of public health. International public health ; conventions. Port health work. Disinfection. Public health legislation.

Ninety hours' lectures and seminars ; work in health centres and district work (fifty-six hours) ; school hygiene practical work (eighteen hours).

Sanitation and Sanitary Engineering.

Sites and plans : plan drawing and reading. Water supplies. Protection and purification of water. Sewage and excreta disposal. Refuse disposal. Housing and house sanitation. Dust. Ventilation and heating. Lighting. Urban and rural sanitary problems. Town planning.

Slaughterhouses (meat inspection, fish inspection ; other foodstuffs). Dairies ; markets ; factories and workshops ; schools ; hospitals ; nuisances ; ratproofing ; flyproofing ; mosquito control.

Thirty-eight hours' lectures and seminars ; thirty-two hours' inspection and field work.

* * *

Eighteen hours are reserved for visits to additional places of health interest.

The above represents twenty-four weeks' work (thirty-three hours per week) from January 6th to June 27th, 1931, allowing one week's vacation at Easter.

Malaria field work will extend from June 29th to July 25th.

July 25th to September 15th, long vacation.

During the last three months arrangements will be made for :

- (1) Work in a tuberculosis dispensary (fifteen half-days) ;
- (2) Detailed health and sanitary surveys of limited areas and a discussion of these survey reports ;
- (3) Two weeks' fever hospital work ; and
- (4) Practical experience of health administration and practice in reorganised districts of Greece.

The time allotted for field work during the entire course is about five months.

The examination for the Diploma of Public Health will probably be held at the end of November 1931.

ANNEX 9.

C.H.922.

PROGRESS REPORT BY MR. A. PALLIS, SECRETARY-GENERAL, MINISTRY OF HEALTH OF GREECE, ON THE REORGANISATION PROGRAMME OF THE PUBLIC HEALTH SERVICES IN GREECE.

The programme for the reorganisation of the Public Health Service in Greece, approved in May 1929 by the Council of the League of Nations and the Hellenic Government, has entered on the path of realisation.

The first step that had to be taken in order to give effect to the programme was to obtain the necessary legislative sanction.

A Bill, entitled " Bill for the Creation of the Athens Centre of Hygiene and the Transfer to the Ministry of Hygiene of Certain Public Health Services now subordinate to other Ministries ", was therefore submitted to the Chamber in July 1929, and obtained force of law in August of the same year.

The following are the principal provisions of this law, which constitutes, so to say, the fundamental charter of the new organisation :

Article 1 provides for the creation of the Centre under the authority of the Minister of Health and states that the districts and towns for the application of the reorganisation programme will be fixed from time to time by decree.

Article 2 provides that the School of Hygiene shall be placed under the direction of the Centre.

Article 3 authorises the Government to engage three foreign specialists as technical advisers.

Article 4 fixes the amount of the annual budget grant of the new organisation during the financial years 1929-30 to 1935-36. The following are the sums so assigned :

	Drachmæ
1929-30	21,000,000
1930-31	35,000,000
1931-32	47,000,000
1932-33	59,000,000
1933-34	77,000,000
1934-35	98,000,000
1935-36	68,000,000

and 50,000,000 drachmæ for each subsequent year.

Article 6 gives powers to the Government to regulate by decree all further details arising out of the application of the programme and specifically the following : the method of functioning of the Centre ; the method of collaboration between the Centre and the Hellenic Pasteur Institute ; the functioning of the School of Hygiene ; and the number of the personnel and their salaries.

Article 7 gives authority to the Government to transfer by decree all public health services at present attached to other Ministries to the Ministry of Health.

Article 8 provides that, in the future, no laws, decrees or regulations affecting matters of public health shall be voted or promulgated without the Minister of Health being previously consulted.

In accordance with Article 3 of the above-mentioned law, the Government obtained the loan of the services of Dr. Norman White, who has been engaged as Director of the School and Technical Adviser for the period of three years from October 1929. For the other two posts of technical adviser provided for under the law, the Government obtained the services of two experts, Dr. M. C. Balfour and Mr. D. E. Wright, from the International Health Division of the Rockefeller Foundation, which generously offered to pay their salaries. The arrangement concluded between the Greek Government and the Rockefeller Foundation provides that the first of these two experts will act as Technical Director of the Division of Malariology, and the other, Mr. Wright, as Technical Director of the Division of Sanitary Engineering of the Athens Centre and School of Hygiene. The two gentlemen in question arrived in Athens on March 22nd and have taken up their duties.

I am glad to be able to report that the most important of our decrees concerning the application of the new programme—namely, the one dealing with organisation of the Centre, has now been approved by the Minister of Finance and will shortly be published in the *Official Gazette*.

The principal provisions of this decree are as follows :

Article 1. — The Centre, together with the School, which, as previously stated, is a department of the Ministry of Health, will be directly under the Secretary-General of the Ministry of Health, and under the technical authority of the Director of the School.

Article 2. — The Centre will have control of all public health activities in the districts selected for the application of the new programme. (These districts are, for the moment : the metropolitan area of Athens-Piræus and the prefectures of Corfu, Canea, Alexandropolis and Arta. The authority of the Centre will be gradually extended by decree to other districts.) The Centre will also be responsible, through the School, for the training of all classes of public health personnel. It will also have certain general attributes, such as the investigation of problems of particular interest for the public health of Greece and the giving of technical advice to all branches of public health service.

Article 3 defines the functions of the various divisions (Divisions of Public Health, School Hygiene, Malariology, Chemistry and Pharmacology, Sanitary Engineering, Research) and fixes the number and salaries of the staff.

A further decree is already in preparation laying down regulations for the admission of students to the School of Hygiene, the qualifications of candidates and the administration of the School. Candidates will be of two sorts : officials already in Government service and young medical graduates. Candidates other than permanent Government employees must be between the ages of 24 and 35, be in possession of a recognised medical qualification and have two years' experience of their profession. They must also have a working knowledge of either French, English or German.

The above represents the sum of legislative work connected with the organisation of the School.

As no suitable premises were available for the immediate housing of the Centre and School, the Government has purchased a building with a large piece of land on a fine site in the city of Athens. Considerable additions have had to be made to the building in order to adapt it to the requirements of the School. The work is in progress, and it is hoped that it will be completed in December, in which case the School will begin functioning in January. The competitive examination for the admission of candidates to the School will probably be held in December. The number of candidates to be admitted for the first course for the Diploma of Public Health has been fixed at twenty-four.

TRAINING OF NURSES.

A course for the training of assistant health visiting nurses was opened in February 1930. For this purpose, a building was rented and suitably equipped. Here the students are provided with board and lodging. Twenty-seven students are attending the course, and their progress has been extremely satisfactory. The supervision of this course was entrusted by the Ministry of Health to the Greek Red Cross Society. Mlle Vasillopoulo, one of the most experienced members of the Red Cross Nursing Staff, is the Director of the School, and has carried out her duties in an admirable manner.

The first course will terminate in November 1930. It is hoped to start a second course in January 1931.

* * *

Since his arrival in Greece, Dr. M. C. Balfour has devoted more than half his time to travel and field studies. He has visited Macedonia, Thrace, Thessaly, Phthiotis and Phocis, Attica and Boeotia, and the Peloponnese. Some of these tours were of the nature of a general survey of malaria conditions : certain areas in Macedonia and the Peloponnese have been visited frequently and are being studied in detail. Pending the completion of the buildings of the Athens Centre, laboratory accommodation has been kindly placed at Dr. Balfour's disposal by the Director of the Hellenic Pasteur Institute. Two young Greek doctors have been employed as assistants to Dr. Balfour since May ; they have been trained in field work and will be able to assume some responsibilities in study and demonstration areas next year. A technician has also been employed and has been gaining laboratory experience.

The areas selected for special malaria study this year are :

(1) Marathon : This village has been visited regularly and anopheline data have been collected three times per month. This area may be used for field experience by students at the School of Hygiene.

(2) Drama : This is a town with 30,000 inhabitants in Eastern Macedonia, and is representative of the urban population which suffers from malaria.

(3) A group of four villages near Ægion on the southern coast of the Gulf of Corinth. Here anopheline observations have been regularly made.

Mr. D. E. Wright has also undertaken several tours with the object of becoming acquainted with general conditions in different parts of Greece. At the request of the Ministry of Health, he has also carried out inspections of, and made reports on, either existing or proposed water supplies for various towns and villages.

Similar inspections and reports with regard to proposed sewer systems have been made. Designs and recommendations have been made for latrines in several areas, a septic tank for schools and other public buildings and other work of a similar nature. Swampy areas have been studied with a view to drainage. Some of the sanitary problems of Athens have engaged much of Mr. Wright's attention ; he is at present making a critical study of the proposed sewer systems of the city.

During the present year, a Greek medical officer participated in the French interchange, and three others in the Balkan interchange, organised by the League's Health Organisation. Two officers were accorded fellowships by the League.

Two engineers and three young medical officers have been granted fellowships by the International Health Division of the Rockefeller Foundation : they have already left for the United States of America. On their return, their services will be employed in connection with the programme of sanitary reorganisation.

ANNEX 10.

C.H. 911.

NOTE FROM PROFESSOR LÉON BERNARD, ON THE SEVENTH
CONFERENCE OF THE INTERNATIONAL UNION
AGAINST TUBERCULOSIS.*(Held at Oslo from August 12th to 15th, 1930.)*

The Seventh Conference of the International Union against Tuberculosis met at Oslo from August 12th to 15th. At this Conference, I had the honour to act as the representative of the Health Committee. It is therefore in that capacity that I shall give you a brief account of this Conference, and not as the Secretary-General of the International Union against Tuberculosis.

The Conference, in which not less than 600 delegates took part and which was honoured by the presence of the Norwegian Royal Family, dealt with vaccination by BCG, with thoracoplasty, and with instruction on tuberculosis. As you see, two out of these three subjects directly or indirectly concern the Health Committee.

BCG.

The Rapporteur of the BCG Commission was Professor Calmette himself. He made a point of replying to certain criticisms which have been most frequently levelled against BCG and of proving that it is really absorbed when administered *per os*, and that it does not revert to virulence in the human and animal organism even when attempts are made to increase this virulence artificially. He also demonstrated the absence of virulence in the R and S strains dissociated from BCG—a fact admitted by all the bacteriologists who followed up the experiments of Petroff.

I shall not dwell upon the first point, on which my collaborators, and I myself, have helped to throw light by showing the high percentage of persons vaccinated *per os* in whom tuberculin allergy is obtained. I would rather enlarge on the vital question of the innocuousness of BCG which the International Conference on BCG, convened by the Health Committee in 1928, rightly emphasised.

At Oslo, our colleague, Dr. Hamel, asked that the deplorable incidents at Lübeck should be left out of the discussion. He stated that the results of the enquiry undertaken by the scientific and administrative authorities of the Reich would be eventually published, but that it was already possible to say that the strains of the Pasteur Institute had not been found to be in any way responsible.

Professor Neufeld, of Berlin, made an important contribution by pointing out that the Robert Koch Institute had examined Petroff's so-called virulent strains of BCG, and that this examination had shown that these were human tuberculosis bacilli and not BCG, which is bovine. Thus, Petroff's researches and the criticisms founded thereon were invalidated.

All the co-Rapporteurs unanimously affirmed the innocuousness of BCG. Those among them who dealt with human vaccination, starting with our colleague, Professor Cantacuzène, through the intermediary of Dr. Weber, all definitely asserted its premunising efficacy. This view was supported by Mr. William Park, of New York ; M. Sayé, of Barcelona ; M. Heijnsius van den Berg, of Amsterdam ; M. Michalowicz, of Poland ; M. Naeslund, of Sweden ; and M. Scheel, of Norway. The general impression left on those who participated in, or were present at, this detailed and keen discussion was that the process of vaccination by BCG had received a singular corroboration.

I shall deal more briefly with the question of instruction on tuberculosis for students, although it affects the work of the Committee on the Teaching of Hygiene and although, as hygienists, none of us can be indifferent to it. If opinion is not unanimous on the desirability of setting up in the principal medical centres special chairs of tuberculosis (the divergency of opinions in this respect was demonstrated by an enquiry carried out in universities in Germany and outside Germany by Professor His, of Berlin, and also by the reports and communications presented to the Conference), it is none the less true that the capital importance of instruction on tuberculosis for students is generally recognised—that is, systematic and compulsory instruction, utilising not only university clinics, but also dispensaries and hospitals, so that general practitioners in every country should know, and be able to make use of, the medical and social weapons at their disposal. It was universally, or almost universally, admitted that, at present, the weight given to instruction on tuberculosis at the various Faculties of Medicine is not commensurate with the social importance of this disease. Further, the need for specialised theoretical and practical instruction for tuberculosis specialists who are to be in charge of anti-tuberculosis institutions was universally recognised. If the former are not adequately trained in this respect, anti-tuberculosis measures will not yield their full results, and general practitioners will only co-operate usefully in the work of the institutions if they have received proper instruction and are convinced of its efficacy.

In conclusion, I should like to lay before you a proposal made by Professor Mainin, of Buenos Aires, and adopted by the International Union. He advocates an enquiry into the best means of obtaining the unification of phthisiological nomenclature, the establishment

of a standard or minimum scheme for the campaign against tuberculosis, improvement of the facilities for the exchange of information between tuberculosis specialists in various countries and the compilation of a rational and impartial international bibliography of tuberculosis. The Union decided to refer these proposals for study to a special committee; but it recommended, with the concurrence of the author of the proposals, that such measures should only be taken in co-operation and in agreement with the Health Organisation of the League of Nations. In submitting to you this recommendation, I hope that you will give a favourable opinion on the desirability as well as on the methods of realising this co-operation, the importance of which you no doubt fully realise. There can be no question but that the problems contemplated are of capital importance to the progress of the anti-tuberculosis campaign and come well within the province of international co-operation in health matters conducted on scientific lines, the aim which has always inspired your work. I venture to hope that the interest which the Health Organisation of the League has always taken in problems relating to tuberculosis will lead you to respond to the invitation of the International Union against Tuberculosis and lend it your assistance.

C.H. 895.

ANNEX 11.

**REPORT ON LABORATORY WORK ON SERO-DIAGNOSIS
OF SYPHILIS CARRIED OUT AT COPENHAGEN
ON AUGUST 4TH AND 5TH, 1930.**

The work began with the joint examination of twenty-six samples of sera provided by the State Serum Institute of Copenhagen. All these sera were examined by six groups of investigators—viz :

Professor DEBAINS, Institut Pasteur, Paris, using the Wassermann test according to Calmette-Massol-Debains ;

Professor HECHT, of Prague, using the active Wassermann test, the " Kugelflockung " test and the Wassermann test with titrated amboceptor ;

Professor KLINE, Western Reserve University, Cleveland, Ohio, using his test ;

Dr. MEINICKE, of Ambrock, assisted by Mme. Meinicke, using the Meinicke micro-test.

Professor MÜLLER, of Vienna, assisted by Dr. Brandt, using the Müller-Ballungsreaktion (clotting) test II and the Müller-Ballungsreaktion (centrifuge) test ;

Dr. NORÉL, State Serum Institute, Copenhagen, assisted by Mlle. Ojgaard, using the Kahn test.

The results of these investigations are given in an appended table (Appendix I).

* * *

There followed a discussion, presided over by Dr. Madsen ; Dr. Boas (Copenhagen) and Colonel L. W. Harrison (London) also took part.

Professor Prausnitz acted as secretary.

It was noted that the results obtained with the tests according to Kahn, Kline, Meinicke micro and Müller-Ballungsreaktion II showed complete agreement. The Wassermann test performed by Professor Debains was not quite so sensitive, but showed no deviation from the specific ; this was considered to be a very fair result of a Wassermann test. The tests performed by Professor Hecht showed a slightly lower degree of sensitivity and were not absolutely specific ; the former fact was explained by Professor Hecht as being due to the age of the sera. The latter, he pointed out, was not sufficiently marked to cause a mistake in diagnosis, because he always reported an examination as positive only when at least two tests were strongly positive.

It was agreed that, of course, the small number of sera examined did not allow any definite conclusions to be drawn as to the superiority of one or the other method. Still, it was generally agreed that we have to-day flocculation methods of an exceedingly high degree of sensitiveness and of specificity.

It was, however, pointed out by various members of the Conference that, occasionally, one or more of these methods may give a negative result in sera showing positive Wassermann or other reaction.

The point was then brought up that the principles outlined in the report of the Second Laboratory Conference in Copenhagen (1928) had not as yet received sufficient attention in some countries.

It was generally agreed that it would be very desirable to bring the matter to the notice of the members of the Eighth International Congress of Dermatology and Syphilis, who were at that moment assembled in Copenhagen.

Appendix I.

RESULTS OF THE LABORATORY EXPERIMENTS ON SERO-DIAGNOSIS OF SYPHILIS CARRIED OUT AT THE STATE SERUM INSTITUTE, COPENHAGEN,
ON AUGUST 4TH, 1930.

No. of Serum	Kline		Noré (Kahn R).	Meinicke (Micro)	Müller		Hecht			Debains (W.R.)	Diagnosed Clinically
	D.	E.			MBR. II.	MBR. Z.	Kugelf.	Activ.	Wasser. B. with tit. amboc.		
1	—	—	—	—	—	—	+	+	—	—	Morb. cord.
2	—	—	—	—	—	—	—	—	—	—	Tumor pulm.
3	—	—	—	—	—	—	—	—	—	—	Carc. œsoph.
4	—	—	—	—	—	—	+	—	—	—	Bronchit. foetida
5	—	—	—	—	—	—	—	—	—	—	Morb. cordis.
6	—	—	—	—	—	—	—	++	trace	—	Febr. undul.
7	—	—	—	—	—	—	—	++	—	—	Gravid
8	—	—	—	—	—	—	—	++	—	—	Gravid
9	++	++	++	++	++	++	++	++	++	A5	Syph. tract.
10	++	++	++	++	++	++	++	++	++	A5	" congenit. lat.
11	++	++	++	++	++	++	++	++	++	A5	" tract.
12	++	++	++	++	++	++	++	++	—	A5	" "
13	+	++	+	+	++	++	—	—	—	—	" "
14	++	++	++	++	++	++	+	++	—	A5	" "
15	++	++	++	++	++	++	++	++	++	A5	" "
16	++	++	++	++	++	++	++	++	++	A4	" "
17	++	++	++	++	++	++	+	+	+	A4-5	" "
18	++	++	++	++	++	++	++	++	++	A5	" recens. II
19	++	++	++	++	++	++	++	++	++	A4	" latens
20	—	—	—	—	—	—	—	—	—	—	" "
21	++	++	++	++	++	++	++	++	++	A5	" "
22	—	—	—	—	—	—	—	—	—	—	Eczema
23	++	++	++	++	++	++	++	++	++	A5	Dement. paralyt.
24	—	—	—	—	—	—	—	—	—	—	Gonorrhœa
25	—	—	—	—	—	—	—	—	—	—	Cancer pulm.
26	+	++	+	+	++	++	—	—	—	—	Syph. latens.

11 controls, 15 syphilis.

To this end, a statement was to be drawn up, embodying the chief points of the resolutions of the report on the Second Laboratory Conference of 1928. The statement was also to embody some more recent experience obtained on the subject of flocculation test. It was also considered essential to arouse the interest of the general practitioners in the problems concerned, and it was agreed that the leading medical journals of all countries should be asked to publish a statement on the subject. It was decided to ask the Health Organisation take the necessary steps for this purpose.

The text of the statement was prepared and approved by the members of the meeting, including Colonel Harrison, on August 6th, and was subsequently communicated to the Congress by Professor Jadassohn and Dr. Madsen (Appendix II).

Appendix II.

STATEMENT BEFORE THE 8TH CONGRESS OF DERMATOLOGY AT COPENHAGEN

Copenhagen, August 5th, 1930.

The Health Organisation of the League of Nations has already made a detailed investigation into the sero-diagnosis of syphilis at two laboratory conferences held in Copenhagen (1923 and 1928), and has summed up the results in the form of a number of guiding principles (League of Nations Publications C.H.726, Geneva 1928). It appears, however, that these guiding principles have not become generally current among the specialists concerned.

The Health Organisation of the League took advantage of the presence at Copenhagen of a number of expert serologists who are attending the Eighth International Dermatological Congress 1930, to arrange for a discussion on the experience acquired during the last years in the field of the sero-diagnosis of syphilis. The members of this meeting thought it desirable once again to recommend strongly to the Congress the principles laid down in 1928. Furthermore, they regarded it as urgently necessary to press strongly for the communication of these principles to the whole medical profession in all countries.

The most important points of these principles have been summarised below in the light of the experience since acquired.

PRINCIPLES.

1. In order to secure the most reliable information to the clinician, at least two different sero-diagnostic methods should always be used. Even to-day, the majority of research workers still hold it to be desirable that one of the methods used should be a Bordet-Wassermann test. On the other hand, and especially since the last laboratory Conference, certain flocculation tests have been elaborated which have so high a degree of sensitiveness and specificity that recourse should always be had to at least one of these tests; but in all cases which prove difficult to judge, either serologically or clinically, several different highly sensitive flocculation tests should be used.

2. In the interests of uniformity in the interpretation of the serological results of different Institutes, it should be pointed out—in repetition of the conclusions of the laboratory conference of 1928—that :

Only an unquestionably negative reaction should be reported as “ — ” or “ negative ”;

Only an unquestionably positive reaction should be reported as “ + ” or “ positive ”;

All reactions which are neither unquestionably negative nor unquestionably positive should be reported as “ ± ”.

It is open to the serologist, in the case of positive reactions, to add explanatory notes as to the degree of strength of the different reactions.

3. In order to ensure between the serologist and the clinician that liaison which is essentially required, it is desirable that the report issued by the serologist should be accompanied by detailed explanations as to the interpretation to be placed on the serological findings.

The following text may serve as an example :

Expressed in terms of the internationally accepted notation :

+ means that the serological test gave a positive result. A diagnosis of syphilis should, however, not be based on a single positive reaction alone; if the clinical symptoms do not tally with the serological findings, the test should be repeated. If in such a case the sample is labelled “ Repeat sample ”, it will be subjected to a very extensive examination by various methods. If these also yield a positive result, syphilis is indicated with a high degree of probability.

± means that the tests performed do not enable any definite pronouncement to be made as to whether the reaction is to be termed positive or negative. If the patient is known to have been infected with syphilis, the result must be regarded as a positive reaction of slight degree. If there is no history or clinical evidence of syphilis, the serological result indicates the necessity of making a particularly careful examination of the patient and of sending in a "repeat sample" (see above). If the result is once again ±, the reaction should be regarded as negative.

— means a negative result, which does not, however, exclude the possibility that the patient may have syphilis, since reactions frequently fail to occur in the first stage of the disease, before secondary symptoms have made their appearance, and may also fail to occur at times in the later stages; the same thing happens following treatment.

C.L.302.1930.III. Annex II.

ANNEX 12.

REPORT OF THE OPIUM COMMISSION TO THE HEALTH COMMITTEE

Rapporteur: Dr. CARRIÈRE.

A number of questions arising out of the application of Articles 8 and 10 of the Geneva Opium Convention have been referred to the Opium Commission of the Health Committee. After examining these questions at a meeting held on October 2nd, at which Dr. Chodsko, Dr. Hamel, Dr. King, Professor Ricardo Jorge, M. Velghe and Dr. Carrière (President and Rapporteur) were present, the Commission has the honour to submit the following report for the Committee's approval.

APPLICATION OF ARTICLE 8 OF THE CONVENTION.

Article 8, as will be remembered, allows exemption from the provisions of the Convention in the case of certain preparations which contain a proportion of narcotic drugs over and above the limit allowed in Article 4 (d), but in which the drug is compounded with other substances rendering abuse or recovery of the drug impossible.

In application of this article, the Health Committee forwarded to the Permanent Committee of the Office international d'hygiène publique three lists of preparations, for which the Governments of Great Britain, Siam and Germany asked for exemption under Article 8. The Committee of the Office submitted the lists to its Committee of Experts for examination, and adopted in the case of these preparations the proposals made by its Opium Commission in the report attached to document C.H.892

The British Government's list contained the following five preparations with a basis of diacetylmorphine (diamorphine, heroin) :

1. *Elixir diamorphinæ et terpini*. B.P.C.¹ (modified) with Apomorphine (Elixir of Diamorphine and terpin).

Apomorphine hydrochloride	5 grains
Diamorphine hydrochloride	4 "
Terpin hydrate.	44 "
Alcohol	10 fl. ounces
Glycerin	5 "
Syrup of wild cherry to	20 "

2. *Elixir camphoræ compositum* (compound elixir of camphor, synonym: Elixir Ipecacuanhæ cum Scilla).

Camphor	4 grains
Oil of anise	5 minims
Benzoic acid.	6 grains
Diamorphine hydrochloride	4 "
Liquid extract of ipecacuanha	120 minims
Tincture of squill	1½ fl. ounces
Simple syrup to	20 "

¹ B.P.C. = British Pharmacopœia Codex.

3. *Linctus diamorphinæ*. B.P.C. (modified) with Ipecacuanha (*Linctus* of Diamorphine).

Liquid extract of ipecacuanha	120 minims
Diamorphine hydrochloride ¹	4 grains
Tincture of hyoscyamus	1½ fl. ounces
Spirit of chloroform	1½ „
Syrup of balsam of tolu	3 „
Syrup of wild cherry	3 „
Glycerin to	20 „

4. *Linctus senegæ compositus* (compound *Linctus* of Senega, synonym : *Syrupus Scillæ et Senegæ*).

Liquid extract of senega	1 fl. ounce
Liquid extract of squill	1 „
Tartarated antimony	8 grains
Diamorphine hydrochloride	4 „
Glycerin	2 fl. ounces
Simple syrup to	20 „

5. *Linctus thymi compositus* (Hewletts). (Compound *Linctus* of Thyme).

Diamorphine hydrochloride	4 grains
Apomorphine hydrochloride	5 „
Distilled water	1 fl. ounce
Liquid extract of thyme (I-I)	5 fl. ounces
Solution of tolu. B.P.C.	1¼ „
Glycerin to	20 „

The Committee of Experts of the Office international d'hygiène publique, and the Office itself, took the view that these preparations might be exempted from the provisions of Article 8, on the ground that the substances with which the diacetylmorphine was compounded (apomorphine, ipecacuanha, tartar emetic) were present in sufficient quantity to prevent any abuse. The Opium Commission accordingly proposes that you should adopt the recommendations of the Committee of the Office international d'hygiène publique, and decide that these five preparations shall be exempted from the operation of the Geneva Convention.

The Siamese Government submitted two lists containing no fewer than seventy-eight preparations, which will be found enumerated in the annex to document C.H.892.

In examining these lists, the Committee of Experts found that, for certain of the preparations, the formula given was not sufficiently precise, or included material errors; the preparations referred to are Nos. 10, 11, 12 and 43 of the second list. It would therefore be desirable, before expressing an opinion on the subject, to ask the Siamese Government for more precise formulæ.

In the case of a second series of preparations, it was found that they did not come under the operation of the Geneva Convention in any way, either because they contain a narcotic—viz., codeine (Nos. 7, 32, 36, 37, 38, 48 and 51 of the second list)—or an emetic, apomorphine (No. 10 of the first list), which does not come under the Convention, or because the proportion of the drug is below the limit fixed in Article 4 (*d*) of the Convention (Nos. 4, 5, 6, 9, 12, 13, 13a, 14, 15, 15a and 19 of the first list, and Nos. 5, 13, 16, 17, 18, 19, 23, 24, 25, 26, 30, 34, 35, 45 and 47 of the second list).

In a third series, the Committee of Experts of the Office international d'hygiène publique classifies those preparations (Nos. 7, 8, 11, 16, 17, 18 and 20 of the first list, and Nos. 11a, 11b, 11c, 11d, 29, 31, 49 and 50 of the second list) which, though it is true that the proportion of narcotic drugs which they contain is below the limits specified in Article 4 (*d*) of the Convention, might nevertheless be used in abusive fashion, either because it is easy to increase the proportion of the drug by eliminating a part of the solvent by evaporation, or because they are in reality no more than dry dilutions of the drug in inert powder form, from which it can easily be recovered. The Committee of Experts thought it desirable to direct attention to the dangers inherent in these preparations if exempted from control, and the Committee of the Office international d'hygiène publique proposes to subject them explicitly to control accordingly.

A fourth series contains preparations which should undoubtedly be refused exemption under Article 8 on account of their excessive narcotic content, which is not neutralised, or is insufficiently neutralised, by any substance calculated to prevent abuse. The preparations in question are Nos. 6, 9, 15, 27, 33, 39, 40, 41, 42, 46, 53, 55 and 56 of the second list.

When all these preparations have been eliminated, there remain only Nos. 1, 2, 3 and 21 of the first list, and Nos. 1, 2, 3, 4, 8, 14, 20, 21, 22, 44, 52, 54 and 57 of the second list, which the Committee of Experts considered may be exempted under Article 8, subject to the proviso in the case of No. 44 that it should not be offered to the public under the name of "Anti-opium".

¹ The present formula in the B.P.C. contains 9 grains of diamorphine hydrochloride in 20 fl. ounces.

The following are the names and formulæ of these preparations :

First List:

1. *Opium plaster.* British Pharmacopœia.
2. *Ointment of galls and opium.* British Pharmacopœia
3. *Liniment of opium.* British Pharmacopœia.
21. *Indian cigarettes of Grimault* (Dr. Ph. Chapelle).

Rx. Belladonna leaves	0.962 gramme
Cannabis indica extract	0.0005 „
Nitrate of potash	0.033 „

Second List

1. *Pill of lead and opium.* British Pharmacopœia.
2. *Dover's powder.* British Pharmacopœia.
3. *Pill of ipecacuanha and squill.* British Pharmacopœia.
4. *Compound powder of kino.* British Pharmacopœia.
8. *Diarrhœa pills* (Government Medical Depot).

Rx. Camphor	0.0648 gramme
Lead acetate	0.013 „
Bismuth subnitrate.	0.162 „
Tannic acid	0.0648 „
Opium powder.	0.026 „
14. *Anti-dysentery mixture* (British Dispensary, Bangkok).

Rx. Ol. Ricini.	42.6188 millilitres
Morphine hydrochlor.	0.1944 gramme
Flavoured emulsion to make . .	340.95 millilitres
20. *Coryza tablets No. 2* (Frank S. Betz and Co., U.S.A.).

Rx. Powdered opium	0.0043 gramme
Quinine sulph.	0.022 „
Ammon. chlor.	0.022 „
Camphor	0.022 „
Ext. belladonna leaves	0.0043 „
Ext. aconite root	0.0043 „
21. *Diarrhœa tablets No. 2* (Sullivan) (Frank S. Betz and Co., U.S.A.).

Rx. Powdered opium.	0.016 gramme
Camphor	0.016 „
Powdered ipecacuanha	0.008 „
Lead acetate	0.011 „
22. *Dysentery tablets* (H. K. Mulford Co., U.S.A.).

Rx. Powder opium.	0.013 gramme
Powder ipecacuanha	0.0648 „
Powder calomel	0.0324 „
Lead acetate	0.0324 „
Bismuth beta-naphthol	0.1944 „
44. *Anti-opium tablets* (Dr. C. Gayetti, M.D.).

Rx. Eucodal	1 gramme
Pulvis gentian	35 grammes
Pulvis ipecac. B.P.	20 „
Quinine sulphate.	20 „
Caffeine.	5 „
Sugar of milk	25 „
Mix up and make up 5-grain tablets.	

This preparation should not be exempted from the operation of the Geneva Convention, except on condition that it is not offered to the public under the name of "Anti-opium". The Health Committee considers that no preparation exempted from the operation of the Convention should be described as "Anti-opium".

52. *Tabella hydrargyri cum opio.* (Royal Army Medical Service Department).

Rx. Mercurous chloride powder . . .	0.065 gramme
Antimony oxide powder	0.065 „
Ipecacuanha root powder	0.065 „
Powdered opium	0.065 „
Milk sugar	0.065 „
Gelatine solution : a sufficient quantity to make 1 tablet.	

54. *Tabella plumbi cum opio.*

Rx. Sugar of lead	0.195 gramme
Powdered opium	0.065 „
Gelatine solution : a sufficient quantity to make 1 tablet.	

57. *Tablets B.B. compound* (Dr. Lionel Verkey).

Rx. Berberis vulg. power	0.0324 gramme
Nux vomica	0.013 „
Eucodal	0.0032 „
Ipecac.	0.0648 „
Rhubarb	0.013 „
Comp. cinnam.	0.0324 „
Aromatic chalk	0.0032 „

The Committee of the Office international d'Hygiène publique approved the findings of its Committee of Experts ; and we ask the Health Committee to accept them.

The German Government's new list contained the following three preparations with a basis of dicodide or eucodal compounded with powdered ipecacuanha.

1. *Dicodide tablets with ipecacuanha* (Knoll of Ludwigshafen).

(a) Dicodide bitartrate (corresponding to 0.0030 gr. of dihydrocodeinone)	0.0050 gramme
Powdered ipecacuanha	0.0300 „
Talcum	0.0175 „
Starch flour	0.0225 „
Total weight	0.0750 „
(b) Dicodide bitartrate (corresponding to 0.0060 gr. of dihydrocodeinone)	0.0100 gramme
Powdered ipecacuanha	0.0600 „
Talcum	0.0350 „
Starch flour	0.0450 „
Total weight	0.1500 „

2. *Eucodal tablets with ipecacuanha* (Merck of Darmstadt).

Eucodal hydrochloricum (corresponding to 0.004 gr. of dihydroxycodine)	0.005 gramme
Powdered ipecacuanha	0.040 „
Lactose	0.070 „
Starch flour	0.090 „
Talcum	0.015 „
Total weight	0.220 „

The Committee of Experts held that it was not possible to apply to these preparations the standard adopted for Dover's powder—that the proportion of powdered ipecacuanha recognised as sufficient to prevent abuse should be ten parts to one part of morphine, when the narcotic consists of opium powder. The Committee felt that this proportion was not sufficient when the ipecacuanha is compounded with an alkaloid, since this increases the possibilities of abuse. It accordingly recognised for preparations of this class (which includes the preparations on the German list) the proportion of one part of the narcotic to twenty parts of powdered ipecacuanha. The German representative having, however, objected to this decision, it was decided, when the question came before the Committee of the Office international d'hygiène publique, to leave the matter open, until the German representative had had an opportunity of getting into touch with the manufacturers of this preparation and of finding with them a practical solution. The Opium Commission agreed to this course, and proposes to you accordingly to take no decision for the present in regard to the three preparations on the German list.

Again, in connection with the application of Article 8, the Committee of Experts reconsidered, at the request of the German Government, a decision previously taken with regard to (a) the "oculets" (minute tablets of cocaine-atropine, each containing a maximum of 0.0003 gr. of cocaine salt and a minimum of 0.0003 gr. of atropine salt) for the local treatment of affections of the eye, containing cocaine compounded with atropine; and (b) solutions, tablets, pills and pastilles containing morphine (or eucodal) compounded with scopolamine or atropine in a proportion of 2 per cent maximum of morphine or eucodal salt and 0.05 per cent minimum of scopolamine or atropine.

The Committee of Experts had proposed not to exempt these preparations under Article 8, in view of their very high narcotic content. But the German representative opposed this decision in the Committee of the Office international d'hygiène publique, and asked that the question should be again submitted to the experts for fresh consideration. After reconsidering the question, the Committee of Experts decided to exempt the "oculets" under Article 8, in view of the existence in their composition of a certain quantity of atropine, which is calculated to prevent abuse, and in view also of the very high price of the "oculets" in comparison with the very low proportion of cocaine (3-10ths of a milligramme per pastille) which they contain.

As regards the other preparations mentioned above, the Committee of Experts considered it necessary to make a distinction between those which contain atropine and those which contain scopolamine. In preparations in which the narcotic is compounded with atropine, it held that the proportion of half a milligramme of the latter alkaloid to two centigrammes of morphine or eucodal was sufficient to prevent any abuse. At the same time, it took into account the possibilities of recovering the drug from these preparations, the possibilities being, for practical reasons, greater in dry preparations than in solutions. It accordingly proposed to exempt under Article 8 only *solutions containing a maximum of 2 per cent of morphine or eucodal salts and a minimum of 0.05 per cent of atropine salts, with the proviso that these solutions should be supplied only in ampoules of 1.1 c.c.* As regards preparations in which morphine or eucodal is compounded with scopolamine, the experts refused to exempt them under Article 8, on the ground that there is a real tendency to acquire a scopolamine habit, which demands a continual increase of the dose to maintain the effect, and that this implies the possibility of a parallel increase (without alteration in the percentage) in the amount of morphine or eucodal, and hence the possibility of abuse. This view has been confirmed by fairly numerous cases of addiction due to the use of the modiscope, a pharmaceutical specialty containing morphine, dionine and scopolamine.

The German representative is understood to have raised objections to the proposals of the Committee of Experts. He waived his objections, however, in order not to prolong the discussion, and the Committee of the Office international d'hygiène publique approved, on the proposal of its Opium Commission, the recommendations of the Committee of Experts. The Opium Commission proposes that the Health Committee should also approve these recommendations, and exempt under Article 8 the two preparations which follow:

1. *Cocaine and atropine tablets* with a content of not more than 0.0003 gramme of cocaine salts and not less than 0.0003 gramme of atropine salts to each tablet, and
2. *Sterilised solutions of morphine or eucodal and atropine* having a maximum content of 2 per cent of morphine or of eucodal salts and a minimum content of 0.05 per cent of atropine salts *on condition that they are delivered in ampoules of 1.1 c.c.*

The Estonian Government has recently submitted a list of preparations for exemption under Article 8. This list will be submitted for opinion and report to the Committee of the Office international d'hygiène publique in Paris.

APPLICATION OF ARTICLE 10 OF THE CONVENTION.

It will be remembered that Article 10 allows the subjection to control under the Convention of narcotics not covered by the Convention which have been shown to be liable to lead to addiction. This article has already been applied to eucodal, dicodide, dilauidide, and the esters (ether salts) of morphine.

The same question arises in the case of a new narcotic, acedicone, which is manufactured by a German firm from thebaine, one of the alkaloids of opium, but could also be prepared from dicodide, of which it is a diacetylated derivative. Its chemical name is acetylo-dimethylo-dihydro-thebaine. Although no established cases of addiction resulting from acedicone are yet known, it appears to be demonstrated that it is capable of taking the place of morphine with a morphomaniac, and consequently nourishing a morphomania. It may be concluded, therefore, that acedicone has the same noxious properties, so far as drug-addiction is concerned, as morphine, and should consequently be placed under control. The Committee of Experts made recommendations in this sense.

In consequence, however, of the objections of the German representative, who contended that the facts as known up to the present were not sufficient to justify an expression of opinion, the Committee of the Office decided to leave the question open. The Opium Commission took up the matter again, and, taking the view that, though the facts charged against acedicone may not be very numerous, they should nevertheless be considered sufficient to justify its subjection to control, decided by three votes to one to propose to you to go a step beyond the action of the Office and pronounce in favour of such control. In the course of the discussion it was observed, in reply to the objections of the German representative, that it was not desirable to foster the tendency of manufacturers to prepare new drugs as fast as the known drugs are made subject to control, that control does not mean prohibition, that acedicone (the sedative properties of which, more especially in the case of coughs, appear to be proved) can in future be employed on the same footing as so many other drugs which can only be dispensed on a medical prescription, and that there is consequently no reason to apprehend that the subjection to control of this and similar products may prevent genuine scientific research. It may also be observed that the provisions of Article 10 are not compulsory; it merely makes provision for a recommendation to Governments, which are free to act on such recommendation or not as they please. It seems scarcely necessary to add that, the Opium Commissions of the Office international and of the Health Committee being composed largely of the same persons, the decision which we propose to you to take, though it differs from the view of the Committee of the Office, does not in any sense involve a dispute.

SUMMARY OF THE COMMISSION'S PROPOSALS.

1. To exempt under Article 8 of the Geneva Convention the preparations in the British list and a number of the preparations in the Siamese list, and to leave the question open in the case of the three preparations in the new German list.

2. To exempt under Article 8 the "oculets" and solutions of morphine (or eucodal) with atropine, with a maximum of 2 per cent of morphine or eucodal salts and a minimum of 0.05 per cent of atropine salts, such solutions to be delivered only in phials of 1.1 c.c.; and to decline to exempt under this article dry solutions (pastilles, tablets, etc.) of morphine (or eucodal) with atropine, and also any preparations of morphine (or eucodal) with scopolamine.

3. To recommend Governments to place under control the drug acedicone (acetylo-dimethylo-dihydro-thebaine).

We propose that the Health Committee approve the following resolution :

" The Health Committee,

" Having considered the report of its Opium Commission on certain questions arising from the application of Articles 8 and 10 of the Geneva International Opium Convention, and the opinion given by the Permanent Committee of the Office international d'hygiène publique in virtue of those articles :

" (a) Adopts all the conclusions of the report of the Office international d'hygiène publique on the application of Article 8 to the preparations proposed by the Governments of Germany, Great Britain and Siam, as they appear in document C.H.892;

" (b) Decides, in virtue of Article 10 of the Convention, to inform the Council of the League of Nations that acedicone (acetylo-dimethylo-dihydro-thebaine) is liable to similar abuse and productive of similar ill-effects to the substances to which Chapter III of the International Opium Convention of 1925 applies, and recommends that the provisions of the said Convention should be applied to it ;

" (c) Decides to transmit to the Office international d'hygiène publique, for opinion and report, the list of preparations proposed for exemption under Article 8 by the Estonian Government (see document C.H.892).

ANNEX 13.

**REPORT OF THE COMMISSION ON THE REORGANISED NATIONAL
QUARANTINE SERVICE FOR CHINA.**

The Commission having considered that part of the general report on the Health-Organisation of China (document C.H.906) which deals with the survey of the quarantine services of ports and the proposals for reorganisation (document C.H.906 (a), (b), (c), (d), (e)), together with the summary (document C.H.906 (f)) and the Quarantine Regulations for the port of Shanghai, reports as follows :

1. The Commission desires, in the first place, to congratulate Dr. Park and also Dr. Heng-Liu, Minister of Health, and Dr. Wu Lien-teh, on the very complete and comprehensive documentation which has been placed before the Committee.

2. The Commission is glad to note the satisfactory commencement of the new quarantine service in the port of Shanghai, as communicated by Dr. Heng-Liu (document C.H.920).

3. The Commission has studied with much interest Dr. Park's expositions of

(a) The present equipment for port sanitary work in Shanghai ;

(b) The development, both in material and personnel, which the port authority proposes to secure ; and

(c) The principles on which he advises that port sanitary administration should be based, and, in particular, the new quarantine regulations on the subject prepared, after consultation with Dr. Park, by the Ministry of Health of the Chinese Republic.

The Commission proposes, according to the previous decisions of the Health Committee, to obtain the opinion of representatives of maritime navigation, designated by the Organisation for Communications and Transit of the League of Nations, before giving its final opinion on the matters mentioned. Nevertheless, the Commission considers there are certain matters entirely within their competence on which they may now make a few observations.

The chief of these is that they have noted with much satisfaction that the principles which it is proposed to follow, and the practice which is embodied in the new quarantine regulations, are in close conformity with the international principles and practice embodied in the International Sanitary Convention of 1926.

In addition, the following matters, elucidated in the report and in the discussion with Dr. Park, deserve mention at this stage :

(a) On the completion of the necessary equipment at the port of Shanghai, that port will, for the time being, be the only one on the Chinese littoral authorised to carry out for the purposes of the relevant articles of the International Sanitary Convention, 1926, deratisation of ships, and to issue the international certificates of deratisation and exemption from deratisation.

(b) It is understood that the quarantine service purposes, as soon as circumstances permit, to carry out medical inspection and other quarantine requirements on all ships arriving in Chinese ports from "foreign", but that they reserve the right, in normal times, to exempt from these requirements vessels on short and regular journeys from adjacent overseas ports.

(c) As regards the port of Shanghai, it is understood that the cost of establishing and maintaining the quarantine service will be borne by contributions received by that service by arrangement with the Minister of Finance from the Customs revenue of the port, subject, of course, to financial adjustments in respect of income received by the quarantine authority from dues and charges.

(d) As regards that part of the new quarantine regulations for Shanghai which deals with cholera, the Commission understands that it is not intended that bacteriological examinations for the detection of persons who may be carriers of the cholera vibrio, as envisaged in Article 36 (b) of the regulations, should be a routine proceeding.

(e) The Commission notes that the services contemplated in ports other than Shanghai will only come into operation at a later period ; but, in the case of Canton, it is of interest to observe that, in view of the intimate relation between that port and Hong-Kong, it is already realised that special measures for co-operation between the two ports are desirable.

4. The Commission, in view of the necessity for conferring with the experts delegated by the Communications and Transit Organisation, would suggest that the Committee at its present session should express its great satisfaction at the manner in which Dr. Park's mission has been accomplished, and would submit to the Health Committee for its approval the following resolution :

“ The Health Committee,

“ Having considered the report prepared by Dr. Park on his survey of Chinese ports ;

“ Having heard the views of the Commission for Quarantine Measures in China which has studied the proposals contained in the report for the Reorganisation of the Quarantine Services of China, and the Regulations promulgated by the Minister of Health :

“ Approves the scheme proposed, with any modifications which may be made, after conferring with the experts delegated by the Communications and Transit Organisation ;

“ And requests the Medical Director to submit the scheme to the Chinese National Government.”

C.H./Malaria/149.

ANNEX 14.

REPORT BY DR. A. LUTRARIO, PRESIDENT *p.i.* OF THE MALARIA COMMISSION OF THE HEALTH COMMITTEE

Those members of the Commission who are also members of the Health Committee met, under the chairmanship of Dr. A. Lutrario, to examine the progress of the work being done and to draw up the Commission's programme. The following proposals were submitted to the Health Committee :

(1) The appointment, within the Malaria Commission, now composed of fifty-five members, of a study commission of twenty members to examine the reports resulting from the problems studied. This commission could be divided into sub-commissions for the study of various problems of a special nature.

(2) The Commission was of opinion that the report, for the use of health administrations, concerning the question of quinetum and secondary alkaloids should be prepared after obtaining the opinion of pharmacological experts and chemists on the preparation and standardisation of quinetums, the methods of controlling these products, and other aspects of the problem from an agricultural, technical or economic, point of view.

This sub-commission should be composed of two members of the Health Committee who are also members of the Commission on Quinine (Professor Ascoli and Professor Pittaluga), as well as of the following expert members by whom this question has been studied : Professor Marchoux, Professor Giemsa, Professor Schüffner, Professor Martinotti, Professor Grothoof, Professor Dale or Professor Henry, and Professor Zünz.

The report of this sub-commission, after it had been examined by the Commission on Quinine, one member of which would act as Rapporteur, should be submitted to the Health Committee at its next session.

(3) The Commission was of opinion that preparatory work with a view to holding a conference on quinine should be considered. To this end, it requests the Secretariat to collect, through the intermediary of corresponding members, members of the Health Committee, health administrations, etc., all documentation in malarial countries which may provide data on the approximate number of malaria cases (statistics for the last ten years), the number treated, and the amount of quinine employed per annum during the last ten years, as well as the minimum quantity of quinine or quinetum that these countries could undertake to purchase for a period of from five to seven years.

The Customs service of importing countries could furnish very accurate information on the annual quantities imported.

(4) The Commission suggested to the Health Committee that a member of the latter and the Secretary of the Malaria Commission should have the task of replying to the invitation of the Kina Bureau and collecting information on the agricultural and economic aspects of the quinine question. The subsequent preparation of quinetum and the conditions relating to price should also be considered.

(5) The Commission noted the position in regard to the problems now being studied, and is of opinion that this work should continue.

Among these questions, that of the deltas was given attention by the Commission, which considers that it should devote a special session to this subject. The proposed tour in the deltas should be definitely arranged for next spring. If a member was prevented from attending, one of his collaborators could act as his substitute. Professor Pittaluga wished that, on this occasion, the research work done in the Netherlands should be examined on the spot.

(6) The Commission also noted and approved the report of Professor Swellengrebel on the anti-malaria campaign amongst Bulgarian refugees, which the author will submit to the Health Committee.

(7) The question of the "interchange" of malariologists of tropical countries and that of the study tours of the Commission will be dealt with along the lines of the President's speech to the Health Committee.

(8) The Commission noted the results obtained by the malaria courses and considered that they should be held again in 1931.

The Commission wishes to express its thanks and gratitude to the Directors of the theoretical courses and the field work, and to the members of the teaching staff, for the disinterested collaboration they are so good as to afford to the Commission in the organisation of these courses, and for the untiring efforts they make in order to secure complete success.

C.H.913.

ANNEX 15.

MEMORANDUM BY SIR GEORGE BUCHANAN ON THE POSITION
OF THE INVESTIGATIONS CONCERNED WITH CANCER.

A Cancer Commission of the Health Committee, of which I had the honour of being President, was appointed in 1923 and reappointed in 1926. Up to 1927, the principal work of this Commission consisted in making serious endeavours to ascertain the different causes which produced the very notable difference in the mortality from cancer in certain, mainly European, countries. The countries in question all possessed national mortality statistics for a long series of past years, and there was no *prima facie* reason to consider any one of them to be more favourably placed than the others in regard to accurate diagnosis of cancer as a cause of morbidity or mortality. The sites chosen for study were the breast and uterus, organs for which, on the one hand, diagnosis of the cause of death is relatively easy, and, on the other hand, the mortality differences between the countries was most striking.

The enquiry was pursued by expert statistical analysis of massed figures and also by special sampling investigations organised by the Commission, and numerous useful monographs on different aspects of the question were obtained. When the enquiry was rounded off, in October 1927, by the summarising report (reference), there were both failures and successes to record—failures, in that every conceivable method of analysis open to the Commission and its distinguished experts had failed to produce any single clear-cut explanation of the divergencies in the national mortalities from cancer in the countries studied; successes, in that many plausible *a priori* explanations had been thoroughly tested and found wanting. The ground was cleared of all kinds of misconceptions about the effect of registration systems, age distribution, marital state, racial proclivity and the like—work which wanted doing, and could only have been secured by the special international expert methods of enquiry which were followed. And a further and not inconsiderable practical benefit resulted. The so-called "natural" duration of cancer in these sites was determined on a broad basis of observation, while the predominating importance of early diagnosis and early operative (or radiological) treatment was illustrated equally for every country; useful public action for the prevention of cancer of these sites, in present knowledge, consists almost wholly in facilitating this early diagnosis and treatment.

The Health Committee, in 1928, following the advice of the Cancer Commission itself, decided to regard the comparative enquiries as completed. For the time being they had reached an end-point with the general report of October 1927.

This position, I imagine, the present Health Committee will accept, always with the proviso that the resumption of these comparative studies may well be desirable later, perhaps with some new methods of approach, and, in any case, with the advantage of the facts which the Cancer Commission have already fully established and need not take up again.

Since 1928, the Cancer Commission itself, which comprised seven members of the Health Committee, has rarely had occasion to meet, as it was then decided to take up two quite different and very specialised lines of investigation, to be conducted through expert sub-commissions.

These two were occupational cancer and radiological treatment of uterine cancer.

OCCUPATIONAL CANCER.

It seemed possible that, by working on international lines, some new and useful evidence could be obtained :

(a) As to the occurrence of cancer in some occupations in some countries, and its absence from like occupations in other countries ;

(b) Occurrence of new forms of occupational cancer hitherto unsuspected ; or

(c) The occurrence of known forms of occupational cancer in places where it had been supposed that occupational cancer did not occur.

The Sub-Commission on this subject found the data at its disposal very incomplete, owing to the relative rarity of this condition, and certain statistical studies which were planned had to be dropped. The Sub-Commission, as such, has not met for some time, and the work under this head has consisted in the collection of reports on the occurrence and character of occupational cancer from different sources, notably those obtained by collaboration with the Hygiene Section of the International Labour Office, through Dr. Carozzi, and independently through Dr. Roussy and by Dr. Tomanek. These reports have been useful, and it would be well to continue them and secure that an analysis of them is submitted from time to time to the Health Committee, in addition to their circulation to the various correspondents or administrations which are interested. The Health Committee may consider that the immediate reappointment of an occupational cancer sub-commission is not necessary ; it may suffice for the present to continue collection of material in the way just indicated, in consultation with the designation of a Rapporteur on the subject to the Committee.

RADIOLOGICAL TREATMENT.

The work of the Sub-Commission appointed on this subject is doubtless well known to the Committee. It is summarised in the printed report of June 1929 (document C.H.788) which—in English-speaking countries at least—has received much attention and been recognised as authoritative. In this report, the Commission of radiologists set out some very necessary general principles in regard to the use of radio-therapy in general. In addition, the way in which radio-therapy is applied to cancer of the uterus at Paris, Munich and Stockholm was explained ; and the necessity for standardising observations and records, including facts as to recurrence of the growth and length of survival after treatment, was demonstrated.

There emerged from this enquiry that, while Governments, hospitals and philanthropists are spending enormous sums on the purchase of radium and in the provision of other radiological treatment, no satisfactory way of assessing or comparing results of different radio-therapeutic methods can be found unless the principal radium and gynæcological institutes will agree to adopt (1) a standard nomenclature to describe the stages of the disease, (2) a standard method of case-recording, and (3) a satisfactory system of following up treated cases to ascertain their condition at least three years after treatment.

The recommendations of the Radiological Sub-Commission, endorsed by the Cancer Commission and the Health Committee, were quite explicit and authoritative on this point. The standard requirements have been laid down ; it is now necessary to promote their observance and in due course to collect the results and submit them to competent expert analysis. Without this sequel, the very considerable labour which the Committee has imposed on a number of distinguished and busy men would be wasted.

I have lately discussed with some of the members of the Radiological Sub-Commission the question whether similar studies, with a view to standard definitions, agreed forms of record, and analysis of results should be undertaken for cancer of other sites—cancer of the buccal cavity for example. The value of such an extension of our work is admitted, and there is need for it. But my colleagues consider, and I think this Committee will agree with them, that it would not be desirable to pursue this work for other sites of cancer until it has been made evident that the definitions, records, etc., laid down in the report on radiological treatment of cancer of the uterus are not only recognised theoretically, but, in practice, are being utilised in different countries ; and that the ultimate analysis of which I have just spoken will be a reality, much as is already the case with the League Syphilis Committee's case records. In other words, we have to be sure we have made good on the one site already chosen before we go on to others.

It would be well if this Committee, at the present session, would consider how this can best be done. We have already got some way ; the special record books are available and being distributed in the United Kingdom and in Sweden, and the French record books are being printed. A detailed communication is now being sent out from the Health Section to administrations, institutes and individuals in a considerable number of countries to explain the method and secure their co-operation, and an endeavour is being made to arrange that some one person in each country will be charged with the distribution of the record books and will periodically report on their use. But the work requires also active surveillance and stimulus from the centre, which must be maintained.

It is already a year since the Radiological Sub-Commission's report was published, and the coming year will be the critical one in which to secure that the system is properly established and that the right and sufficient material will come to hand three years hence. It would hardly be practicable to ask the three experts specially responsible for the system of record—Dr. Heyman, Dr. Lacassagne and Dr. Voltz—to visit the different centres, collectively or individually. A simpler plan would be to arrange, on their advice, for visits by a suitable expert who knows the scheme thoroughly and would be able during the coming year to devote the necessary time to a series of visits to certain centres of primary importance, on a programme arranged with the Medical Director.

* * *

On review of the above position, I venture to suggest to the Health Committee that the requirements of the cancer investigations can be met by :

(1) No general Cancer Commission to be appointed, or reappointed, for the present. The Health Section would, however, be requested to continue to deal with communications relating to cancer work already undertaken, and new suggestions recorded on any matter relating to cancer, and to report any question of importance to the Committee. A member of the Committee could be designated as its Rapporteur on cancer questions.

(2) The liaison with the Hygiene Section of the International Labour Office should be maintained and reports giving new knowledge of occupational cancer should be welcomed and appropriately circulated.

(3) The renomination of the Radiological Sub-Commission, or the nomination of a new Radiological Commission, may be desirable. But this is not a matter of urgency and need not be done at the present session. Our immediate objective, on radiology, is to secure the sufficient adoption of the scheme for the use of the standard records on uterine cancer above explained, and we are concentrating on this for the coming year. The Health Section would be invited to do the maximum possible for this purpose. The three experts who drew up the system may advantageously be constituted, if they are willing, as a small expert committee to advise when required on the practical results of the 1929 report (document C.H.788). The Rapporteur could be associated with them for this purpose. They should also be asked to make suggestions for visits to the centres which are of primary importance to the scheme, as suggested above.

ANNEX 16.

REPORT OF THE SUB-COMMITTEE FOR THE STUDY OF THE HUNGARIAN PROPOSAL CONCERNING INTERNATIONAL RECIPROCITY IN THE CARE OF THE SICK.

The Assembly having forwarded to the Health Committee for study the proposal of the Hungarian Government for the study of international reciprocity in the care of the sick (document A.24.1930.III), a note by Dr. Kadar, Hungarian delegate to the Assembly, was laid before the Sub-Committee entrusted by the Health Committee with this study. The Sub-Committee has summed up the proposals as follows :

(1) International reciprocity should be secured by rendering aid to the sick and to women during confinement (the latter being included amongst the former), and, in consequence, to treat aliens and nationals alike in so far as the right to public aid is concerned.

(2) The cost of temporary aid, not exceeding a period of sixty days, would be chargeable to the country in which the alien falls ill.

(3) The cost of permanent aid would be charged to the sick person's own country. This country would, nevertheless, be bound to accept the repatriation of the sick person if he could be transported.

(4) A General Convention, which could be signed by all States prepared to guarantee to an alien who has fallen ill treatment equivalent to that given to nationals of the country in which he resides, should be drawn up on the basis of the Convention between Hungary and Bulgaria.

The discussion which took place demonstrated the following facts :

The question raises important questions of a humanitarian, economic and social nature. It is involved in the continual movement produced in each country, to a varying degree, by emigration or immigration. It is complicated by the fact that, at the present time, mass movements tend rather to go from East to West than in the contrary direction. The Sub-Committee, without wishing to neglect the highly humanitarian side of the problem, felt that it is nevertheless necessary to bear in mind the financial consequences of such a General Convention and the varying reactions produced in the various countries ;

On the other hand, as a good number of Conventions, in the form of either bilateral or multilateral agreements, aiming at the assistance of sick persons without means have been concluded between different States and are still in operation, the first point of discussion that arises is to discover how far the States using these Conventions find them satisfactory and what expenses have devolved upon them.

On the basis of the above points, the Sub-Committee has arrived at the following general conclusion, which it submits for the Health Committee's consideration.

The Sub-Committee considers that the Hungarian proposal is based on a humanitarian sentiment of great interest and is of a nature that demands the Health Committee's closest attention with a view to determining whether it is possible to give effect to this proposal.

To this end, and before engaging on a study of the question, the Sub-Committee considers that the operation of the bilateral or multilateral Conventions already concluded on this subject between various States might be investigated in order to pronounce on the necessity or otherwise of obtaining a general agreement.

ANNEX 17.

REPORT OF THE SUB-COMMITTEE FOR THE STUDY OF QUESTIONS RELATING TO THE PRICE OF RADIUM,

Submitted by DR. HAMEL, Chairman.

The Sub-Committee has examined these questions at a session over which I presided and at which the following members of the Committee took part: M. Velghe, Sir George Buchanan and Dr. Jitta.

The following is the result of the deliberations of this Sub-Committee :

The Sub-Committee for the study of questions relating to the price of radium has received the letter of the President of the Reichsgesundheitsamt, under date of July 21st, 1930, suggesting that the Health Committee might examine the possibility of taking action to bring the price of radium within the reach of institutions requiring this agent for the treatment of cancer.

It has taken note of the resolution of the group of Upper and Lower Silesia of the Central Association of German Health Insurance Funds on this subject, communicated by the "Hauptverband" to the Medical Director on June 20th, 1930, as well as the memorandum of the Medical Director (document C.H.915).

Your Sub-Committee proposes to adjourn to a future session of the Health Committee the consideration of this aspect of the question, in view of the letter addressed by the Medical Director to the "Hauptverband", requesting further information.

On the other hand, the Sub-Committee considers that an attempt to estimate the medical requirements for radium in various countries would be of interest, and asks the Medical Director to report on this subject in consultation with the Rapporteur on questions of cancer and the directors of the three radium institutes whose report on radium treatment has been published by the Health Organisation.

RESOLUTIONS ADOPTED AT THE SIXTEENTH SESSION OF THE HEALTH COMMITTEE

(Geneva, September 29th to October 7th, 1930).

The session opened on Monday, September 29th, at 11.30 a.m. This was the first meeting of the Committee as reconstituted under the terms of the Statutes of the Health Organisation for a period of three years from July 1st, 1930.

I.

ELECTION OF PRESIDENT.

Dr. Th. MADSEN was elected unanimously.

II.

CONSTITUTION OF THE BUREAU.

The Health Committee,

Decides to increase to three the number of its Vice-Presidents elected for a year (in addition to the President of the Permanent Committee of the Office international d'hygiène publique, who is Vice-President of the Health Committee *ex officio*), and elects the following three Vice-Presidents:

Dame Janet CAMPBELL,
Professor CANTACUZÈNE,
Dr. J. HENG-LIU.

III.

RECONSTITUTION OF THE HEALTH COMMITTEE.

The Health Committee,

Gives its approval to the manner in which the President and permanent Vice-President have discharged the mandate entrusted to them on the occasion of the re-appointment of the Health Committee. It decides to add to its membership, as expert, Professor José SCOSERIA, President of the Principal Council of Hygiene in Uruguay.

IV.

PROGRAMME OF WORK.

A.

The Health Committee,

Having taken note of the Memorandum of the President (document C.H.918) regarding the Health Organisation's programme, methods of work and the direction which its future activities would take,

Decides, on the basis of this Memorandum, to set up a certain number of commissions, reporting Committees and groups of experts, including:

1. *Permanent Standards Commission:*

Chairman: Dr. Th. MADSEN.

2. *Opium Commission:*

Chairman: Dr. CARRIÈRE.

3. *Malaria Commission:*

Chairman: Professor V. ASCOLI.

4. *Leprosy Commission:*

Chairman: Professor C. CHAGAS.

5. *Study of Whooping-cough, Diphtheria and Scarlet Fever:*

Entrusted to investigators, with the option of consulting other experts, after reference to the Bureau.

Investigators:	{	Whooping-cough:	Professor J. BORDET.
		Diphtheria:	Professor GORTER.
		Scarlet Fever:	Professor R. DEBRÉ.

6. *Commission on Fumigation of Ships:*
Chairman: Surgeon-General H. S. CUMMING.
7. *Rapporteur on Questions relating to Smallpox:*
Professor Ricardo JORGE.
8. *Periodical Conferences of Directors of Schools of Hygiene:*
Convened under the chairmanship of Professor FITZGERALD and in his absence under that of Professor Léon BERNARD for meetings limited to European Schools.
9. *Reporting Committee for Maternal Welfare and Hygiene of Infants and Children of pre-school age:*
Chairman: Dame Janet CAMPBELL.
10. *Reporting Committee for Hygiene of Children of School Age and of Adolescence:*
Programme of study to be prepared by the MEDICAL DIRECTOR, in collaboration with Professor TANDLER of Vienna.
11. *Reporting Committee on Questions relating to the Control of Tuberculosis:*
Chairman: Professor Léon BERNARD.
12. *Reporting Committee on Questions relating to Venereal Diseases:*
Chairman: Professor JADASSOHN.
13. *Reporting Committees on Cancer, Rheumatism and Heart Diseases:*
Chairman: Sir George BUCHANAN, who will draw up a list of collaborators, after consultation with the Bureau.
14. *Reporting Committee for the Study of Health Centres:*
Chairman: Dr. CHODZKO.
15. *Reporting Committee for the Study of the Rôle of Local Authorities in the Administration of Medical Care:*
Chairman: M. VELGHE, who will draw up a programme of study and, after consultation with the Bureau, suggest a list of collaborators.
16. *Joint Commission on Public Health Insurance:*
Chairman: Sir George NEWMAN.
To retain its present membership including Sub-Commissions.
17. *Study of Medical Education:*
Entrusted to the PRESIDENT who, with the MEDICAL DIRECTOR, will consult various experts on the subject of establishing a plan of study and presenting a report at the next session of the Health Committee, on the basis of the preliminary enquiries.
18. *Commission of Experts for the co-ordination of Studies on Human Trypanosomiasis:*
Chairman: Sir Andrew BALFOUR.
19. *Studies on the Question of Nutrition:*
The MEDICAL DIRECTOR will present a memorandum at the next session of the Committee. In the meantime, a special study of the Rice problem in the Far East will be undertaken, in consultation with the Eastern Bureau. Proposals regarding the appointment of a small study group will be presented at the next session.
20. *Expert Group for the Study of Physical Education:*
Set up under the chairmanship of Professor OTTOLENGHI, who will make suggestions as to the membership.
21. *Sub-Commission for the Study of the Budget and Annual Report of the Eastern Bureau:*
Chairman: Dr. J. JITTA.

B.

In regard to the President's proposal to call together the Medical Directors of the health services of Colonial Ministries, the Committee adopted the following resolution:

" The Health Committee,

" Bearing in mind the results obtained through the collaboration, under its auspices, of the heads of certain colonial medical services in the study of sleeping-sickness;

" Desiring to place the facilities of the Health Organisation of the League of Nations at the disposal of colonial medical services in order to ensure continuity in the studies regarding methods of combating those diseases particularly prevalent in colonial territories, as well as to improve the welfare of native populations:

" Decides to take the necessary steps to ascertain whether it might be expedient to hold a meeting, under the chairmanship of the President of the Health Committee, of Medical Directors of the Colonial Ministries of countries having possessions in Africa, as well as of the Public Health Administrations of other African countries, with a view to ascertaining in what way the Health Organisation might be of service to them in securing continuity of study in the questions referred to above, and to presenting, if necessary, proposals to the Health Committee regarding the particular problems the consideration of which would, in their opinion, be expedient. "

C.

Upon a proposal made by a member of the Committee, that the same privileges should be granted to all members of the Committee, the following resolution, proposed by the Bureau, was adopted:

" The Health Committee,

" Having considered the question raised at its meeting on September 29th, 1930, concerning the position of the various categories of members of the Committee;

" Having ascertained that there is nothing in the Rules of Procedure to prevent the experts, whose appointment is provided for by Article 9 of those Rules, having the right to vote:

" Decides that these experts shall enjoy the same privileges as those granted to other members of the Committee."

V.

DECISIONS OF THE COUNCIL AND RESOLUTIONS OF THE ASSEMBLY.

1. *Creation of an International Centre for Advanced Health Studies: French Government's Proposal.*

The Health Committee presented a report to the Council (document C.589.1930.III) containing a letter which the French Government proposed to address to the Council, as well as a draft set of organic statutes which would accompany that letter.

The report submitted a first plan of organisation and activity, dealt with the composition of the teaching staff and the recruitment of students, and outlined a general programme of instruction bearing on general comparative hygiene, new contributions to hygiene and relevant sciences, and international sanitary co-operation.

2. *European Conference on Rural Hygiene: Spanish Government's Proposal.*

The Council, at its meeting on September 24th, 1930, decided to request the Health Committee to undertake a technical study of this question and to make proposals regarding the date of this Conference.

The Health Committee accordingly proposed that this Conference should be held on April 23rd, 1931. It also proposed that a Preparatory Commission, with the collaboration of a representative of the International Institute of Agriculture, should prepare the necessary documentation.

The Health Committee considered that, in order to obtain accurate results, the programme should be clear, concrete and limited to the following items, considered from the point of view of the interests of rural hygiene:

- (a) The guiding principles and methods to ensure an effective medical service in rural districts;
- (b) The most effective methods of organisation of health services in rural districts;
- (c) Sanitation of rural districts; the most effective and economical methods.

3. *International Reciprocity regarding Public Assistance in the Treatment of the Sick: Proposal of the Hungarian Delegation to the Assembly.*

The Health Committee examined the question transmitted to it by the Assembly as set out in document A.24.1930.III. It noted that, in any event, the Committee could not be called upon to draw up an international convention on this subject; its task was limited to advising the Assembly upon the desirability of a convention of this character. It was of opinion that the matter raised important questions of a humanitarian, economic and social nature, and that it involved also questions of emigration and immigration.

Moreover, there already exist on this subject numerous Conventions, usually bilateral. In these circumstances, the Health Committee considered that it was necessary, in the first place, to study the Conventions already existing and the possible repercussions which a general convention would have. It decided to request a Sub-Committee to undertake this study and to present a report to the next session.

VI.

LIAISON WITH THE PUBLIC HEALTH ADMINISTRATIONS OF VARIOUS COUNTRIES.

(a) *Collaboration with the National Government of the Republic of China: Re-organisation of Port Health Services.*

The Commission entrusted by the Health Committee with the study of quarantine measures in China had before it Dr. Park's report on the mission which he was given by the Health Committee at its fifteenth session. On the proposal of that Commission, the following resolution was adopted:

" The Health Committee,

" Having considered the report presented by Dr. Park on his survey of Chinese ports;

" Having heard the views of the Commission for Quarantine Measures in China, which has studied the proposals contained in the report and the Regulations promulgated by the Minister of Health of the National Government of China:

" Approves the scheme proposed, subject to any modifications which the Quarantine Commission is hereby authorised to make, if necessary, after conferring with the experts delegated by the Communications and Transit Organisation;

" And requests the Medical Director to take the steps necessary to submit the scheme to the Chinese National Government. "

(b) *Collaboration with the Greek Government.*

The Health Committee,

Having heard a statement made by the Under-Secretary of State for Health of the Greek Government:

Takes note of the report by M. Pallis, Secretary-General of the Greek Ministry of Health, on the progress made in carrying into effect the plan of re-organisation of the public health services, as well as of a memorandum by Dr. Norman White regarding the programme of the Athens School of Hygiene, which has been discussed with the Commission of Directors of Schools of Hygiene.

(c) *Collaboration with the Bolivian Government.*

The Health Committee heard an account by Dr. Mackenzie of his visit to Bolivia with Dr. Pascua. The object of the visit was to confer with the authorities in connection with the plan of collaboration requested by the Bolivian Government. The Committee noted that a Bolivian Medical Officer, who had been nominated as Director-General of the new public health services, was shortly to arrive in Europe. The following resolution was adopted:

" The Health Committee,

" Decides to place at the disposal of the Bolivian authorities the facilities of its system of liaison with health administrations, and requests its Bureau to proceed with the study of the programme of collaboration, in consultation with the Director-General of Health of Bolivia."

(d) *Enquiry into Health Conditions in the Pacific Islands.*

Having heard from Dr. Hermant an account of the mission to the Pacific Islands, and having considered the directions which further action might take, the Health Committee decided that:

" (1) The question of an entomological survey in Melanesia, with special reference to malaria and filariasis, should be referred to the Malaria Commission and that, if possible, the survey should be made in the coming year;

“(2) Facilities for ‘interchange’ should, as far as is practicable, be afforded to medical officers of the Pacific Islands, notably in connection with Congresses of the Far Eastern Association of Tropical Medicine and with a general study-tour in the Pacific region,

“(3) Questions concerning the relationship between syphilis and yaws, arising out of the report of the Mission, should be referred for consideration and report to the reporting Committee on questions relating to venereal diseases.”

(e) *Enquiry into Infant Mortality in Latin America.*

The Health Committee,

Having listened to an account by Professor Debré of the mission which he had carried out in Latin America on the occasion of the Conference of Latin American Experts on Infant Mortality (Lima, July 13, 14 and 15, 1930):

Takes note of the results obtained and will be pleased to place its technical services, as far as possible, at the disposal of those countries which may desire to use them in the pursuance of these studies.

VII.

REPORT OF THE MALARIA COMMISSION: STUDIES OF ITS SPECIAL SUB-COMMISSION IN INDIA:
RECOMMENDATIONS ADOPTED AT THE SESSION HELD AT ALGIERS, MAY 25TH, 1930.

The report of the Special Sub-Commission of the Malaria Commission (document C.H./Mal./147) which, on the invitation of the Government of India, visited that country in 1929, was considered by the Health Committee, together with a number of proposals referred to in the report of the Medical Director (document C.H.891), as well as the report of the Chairman of the Commission (document C.H.901) concerning its work in general.

A.

“The Health Committee,

“Accepts the report of the Malaria Commission on its study tour in India, and

“Submits this report to the Council of the League of Nations, which will doubtless wish to communicate it to the Government of India.”

B.

“The Health Committee,

“Having heard Professor Swellengrebel’s statement regarding malaria amongst the refugees in the Bourgas district (Bulgaria) (see document C.H.899), as well as the particulars supplied by the Medical Director concerning the Finance Committee’s decisions submitted to the Council:

“Takes note of H.E. M. Molloff’s declarations, made before the Council on September 24th, to the effect that the Bulgarian Government will secure the continuation of the anti-malarial measures now in force.

“The technical experience of the League of Nations Malaria Commission remains at the disposal of the Bulgarian Government.”

C.

“The Health Committee,

“Approves the report of the Chairman of the Malaria Commission and the programme of work contained therein (document C.H.901).”

VIII.

LEPROSY.

The Health Committee,

Having received the report of Dr. Burnet, the Secretary of the Leprosy Commission (documents C.H.887 and 887(a)):

Decides to submit this report, and particularly the programme of future work, to a meeting of the Leprosy Commission, which might with advantage be held at Bangkok during the Congress of the Far-Eastern Association of Tropical Medicine;

Notes the observations of the Medical Director relating to a programme of international centres of study at Rio de Janeiro and Tokio, and requests the Leprosy Commission to study this matter in detail.

IX.

REPORT OF THE MEDICAL DIRECTOR.

The Health Committee,

Approves the report of the Medical Director on the work of the Health Organisation since the fifteenth session of the Committee;

Takes note of the explanations furnished by its President concerning the work on standardisation of sera, sero-diagnosis of syphilis and standardisation of blood-groups;

Decides that these activities should be continued and requests the Medical Director to give as wide publicity as possible to the results already obtained;

Requests the Permanent Standards Commission to study the possibility of standardising vitamins and, in particular, Vitamin D.

X.

REPORTS OF THE CONFERENCES OF DIRECTORS OF SCHOOLS OF HYGIENE, HELD AT PARIS ON MAY 20TH AND DRESDEN, JULY 14TH, 1930.

The Health Committee,

Having noted the reports on the proceedings of the Conferences of Directors of Schools of Hygiene held in Paris in May 1930 and Dresden in July 1930,

Adopts the recommendations of the Dresden Conference;

Decides, on the proposal of its President, that it is desirable to hold periodical conferences of the Directors of Schools of Hygiene;

Accepts with pleasure Professor Pittaluga's invitation to hold the next Conference at the time of the inauguration of the new School of Hygiene at Madrid; and

Requests the Medical Director to collect information regarding the terms and conditions of the appointments held by public health workers in different countries, in order to assist the study of the proposal made by Professor Miyajima regarding the recruitment of public health personnel.

XI.

OPIUM: APPLICATION OF ARTICLES 8 AND 10 OF THE INTERNATIONAL OPIUM CONVENTION OF GENEVA (FEBRUARY 19TH, 1925).

1. The agenda of the Health Committee included, on the one hand, certain questions regarding the application of Article 8 of the Geneva International Opium Convention to lists of preparations containing narcotic drugs proposed for exemption by the Governments of Germany, Great Britain and Siam, and, on the other hand, the application of Article 10 of the Convention to acedicone, a new narcotic drug derived from thebaine.

In conformity with the provisions of the Convention, the Health Committee requested the Office international d'Hygiène publique to give its opinion on these two questions and this opinion (see document C.H.892 and annex) served as a basis for its discussions.

2. In addition, a new list of preparations had been submitted to the Health Committee by the Government of Estonia for exemption from the provisions of the Convention by application of Article 8.

The Health Committee adopted the following resolution:

" The Health Committee,

" Having considered the report of its Opium Commission on certain questions arising from the application of Articles 8 and 10 of the Geneva International Opium Convention, and the opinion given by the Permanent Committee of the Office international d'Hygiène publique in virtue of these articles:

" (a) Adopts all the conclusions of the report of the Office international d'Hygiène publique on the application of Article 8 to the preparations proposed by the Governments of Germany, Great Britain and Siam, as they appear in document C.H.892;

" (b) Decides, in virtue of Article 10 of the Convention, to inform the Council of the League of Nations that acedicone (acetyl-dimethyl-dihydrothebaine) is liable to similar abuse and productive of similar ill-effects as the substances to which Chapter III of the International Opium Convention of 1925 applies, and recommends that the provisions of the said Convention should be applied to it;

" (c) Decides to transmit to the Office international d'Hygiène publique, for opinion and report, the list of preparations proposed for exemption under Article 8 by the Estonian Government (see document C.H.892). "

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ABBREVIATIONS.

Cttee	=	Committee
Conf.	=	Conference
Govt.	=	Government
I.L.O.	=	International Labour Office
Int.	=	International
Memo.	=	Memorandum
Prof.	=	Professor
Prov.	=	Provisional
Resol.	=	Resolution
Sub-Cttee.	=	Sub-Committee

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