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LEAGUE OF NATIONS

HEALTH COMMITTEE

MINUTES

OF THE

EIGHTEENTH SESSION

Held in Paris on October 12th and 13th, 1931.

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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; 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*).
- Dr. J. CANTACUZÈNE, Minister for Labour, Social Welfare and Health, Professor of Bacteriology and Director of the Institute of Experimental Medicine, Bucharest (*Vice-President*).
- Professor Jules BORDET, Director of the Pasteur Institute of Brabant, Brussels.
- 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.
- Dr. C. HAMEL, President of the " Reichsgesundheitsamt " of Germany.
- Professor J. JADASSOHN, former Director of the Dermatological Clinic of Breslau University.
- Dr. N. M. 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.
- Dr. G. PITTALUGA, Professor of Parasitology at the Faculty of Medicine, and Director of the School of Hygiene, University of Madrid.
- Dr. M. TSURUMI, Representative of the Central Sanitary Bureau, Ministry of the Interior, Japan. Paris Embassy.
- Dr. BOUDREAU, acting for the Medical Director.

The following members were absent :

- Dr. G. BASTIANELLI, Professor of Internal Pathology at the University of Rome.
- 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 Carlos CHAGAS, Director of the Oswaldo Cruz Institute, Rio de Janeiro.
- Surgeon-General H. S. CUMMING, Director-General of the United States Public Health Service.
- Dr. J. G. FITZGERALD, Professor of Hygiene and Preventive Medicine, Director of the School of Hygiene and Connaught Laboratories, University of Toronto (Canada).
- General J. D. GRAHAM, Indian Medical Service, Public Health Commissioner with the Government of India, New-Delhi.
- Dr. J. HENG LIU, Minister of Health of the National Government of the Republic of China, Nanking.
- Dr. M. MIYAJIMA, Professor of Preventive Medicine at the Kitasato Institute, Tokio.
- Professor José SCOSÉRIA, President of the Principal Council of Health, Uruguay.
- Dr. A. STAMPAR, Former Inspector-General of Public Health at the Ministry of Social Welfare and Public Health, Belgrade.

The following also attended the sessions of the Committee :

- Dr. M. G. ABT, Director of the Office international d'Hygiène publique, Paris.
- Colonel RUSSELL, former Director of Public Health, Madras, British India.
- Dr. P. WORINGER, Head of the Children's Clinic at Strasbourg Faculty of Medicine, Secretary of the Editorial Staff of the *Revue française de pédiatrie*.
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1. Opening of the Session.

*Meeting of
October 12th, 1931
(morning)* The PRESIDENT, in declaring the eighteenth session of the Health Committee open, regretted the absence of the following members : Dr. Bastianelli, Professor Chagas, Surgeon-General Cumming, Professor Fitzgerald, Dr. J. Heng Liu, Dr. Scoséria, Dr. Stampar.

He announced that Professor Léon Bernard could not attend the first meeting. He welcomed Colonel Russell, who replaced General Graham.

2. Tribute to the Memory of Dr. Raynaud.

*Meeting of
October 12th, 1931
(morning)* The PRESIDENT. — Since our last meeting we have had the great misfortune to lose one of our most valued members, Dr. Lucien RAYNAUD.

Dr. Raynaud was a man who combined extensive scientific knowledge with a wide experience as the responsible head of a large public health administration. He commanded to a high degree the two-fold experience called for by most of the subjects with which we have to deal, and his frequent contributions to our proceedings were both shrewd and illuminating.

The beautiful country for whose health administration he was responsible presents all the features which call for a Medical Director with a modern outlook, one thoroughly versed in the most varied questions. Algeria is a sub-tropical country, where diseases peculiar to both temperate and hot climates prevail. Some of its inhabitants still live in primitive conditions and need to be protected against infectious diseases and trained in practical sanitation. Smallpox, typhus, leprosy, typhoid fever and malaria prevail, and it was mainly Dr. Raynaud's efforts which freed Algeria of plague and cholera. The long coastline was equipped by our colleague with quarantine services, of which he had a special knowledge.

Dr. L. Raynaud was thus pre-eminently an epidemiologist, and, as the scientist and the administrator combined in him and reinforced one another, it was a pleasure to apply to him, well knowing that ample and accurate information would be received. Our Epidemiological Service is indebted to him for many fruitful suggestions.

His wide experience made him a particularly valuable collaborator at a time when questions of colonial medicine and hygiene are coming more and more to the front, and he will be greatly missed in our future work.

He combined high technical qualifications with an extremely sympathetic personality, and when the Malaria Commission held its Conference at Algiers many of us felt, in the intimate atmosphere of his home and work, the peculiar attraction of the man.

His health, unfortunately, had for some time past been affected. The disease, whose progress had made us more and more apprehensive, prevented him from taking part in our meetings as often as we would have wished and as he himself would have desired. It grieves us to-day to see his place empty, but he will at any rate never be forgotten. I feel sure I am voicing the unanimous sentiments of the Health Committee in expressing the deep regret we feel at the loss of Dr. Lucien Raynaud.

3. Adoption of the Agenda.

The agenda was adopted (see Annex I).

4. New Members of the Health Committee.

*Meeting of
October 12th, 1931
(morning)* The PRESIDENT announced that Dr. LASNET had been elected a member of the Health Committee by the Office international d'Hygiène publique in place of the late Dr. Raynaud.

*Meeting of
October 13th, 1931
(morning)* He also announced that, in agreement with the Bureau, he wished to propose that a Turkish member should be added to the Committee. Such an addition would be particularly important in regard to questions concerning the International Opium Convention. It was proposed to appoint Professor HUSSA METTIN Bey, Under-Secretary of State for Health in the Turkish Government.

Dr. CARRIÈRE believed that, apart from all other considerations, in view of the important rôle the Health Committee would have to play in regard to narcotic drugs and the interest of the Turkish Government in this matter, the Health Committee should include an expert from Turkey, and he welcomed the President's proposal.

The proposal was adopted.

5. Decisions of the Council and of the Assembly.

· Dr. BOUDREAU pointed out that the most important of these decisions were those dealing with the floods which had devastated certain Chinese provinces.

*Meeting of
October 12th, 1931
(morning)*

He stressed the importance of the Council's decision which " requests the Health Organisation to act on the request of the National Health Administration of China by co-ordinating the campaign against epidemics, urges all Governments to give effect, as far as possible, to the requests received through the Secretariat for assistance in combating these epidemics ". The Committee should also note the generous offers made by Denmark, France, the Netherlands, Poland and Spain. According to information from the Medical Director, assistance in the form of medical and sanitary personnel and supplies would be specially needed during the coming year.

M. VELGHE asked how the co-ordination referred to in the Council's resolution was to be realised. Probably Dr. Rajchman, who was in China, would deal with the matter. He thought, however, that the Committee should give its views on the plan of collaboration adopted. It was not the first time it had undertaken such work.

Dr. BOUDREAU pointed out that the incidents in question had occurred during the Assembly session and the information available was still incomplete. The Government of China had set up a National Flood Relief Commission, with headquarters at Shanghai, and had asked the Secretary-General to nominate a director for these headquarters, stressing the necessity of a knowledge both of League methods and of conditions in the Near East. Sir John Hope Simpson, a former Indian civil servant and Commissioner of the League of Nations for the settlement of refugees in Greece, had been appointed. Dr. J. Heng Liu was a member of the National Flood Commission, and was carrying on active measures of anti-epidemic control.

The plan of work would be to divide the flooded areas into districts, each in charge of an expert, and to trace and diagnose illnesses by means of travelling laboratories, to arrange hospital accommodation for the sick, and large-scale vaccination of the population against the prevalent diseases. In order to prepare for the more serious epidemic conditions likely to prevail next year, it was essential to perfect the organisation in the districts as rapidly as possible. The diseases prevailing at present were anaemic and bacillary dysentery, malaria and smallpox. Plague had not yet appeared, and there was no great increase of cholera so far. The Secretary-General had approved of the mission to China of two members of the Health Section — Dr. Ciuca and Dr. Huang, who had accompanied Sir John Hope Simpson.

M. VELGHE thought he could infer that relief organisation in China was being conducted on proper lines. He wondered, however, whether the League mission would not have to rely on Geneva next year for advice or assistance. It would therefore be a pity if the Health Committee did not meet next year. To obviate this inconvenience, he suggested that the Health Section should send to the members of the Committee notes keeping them constantly in touch with everything affecting the Organisation. Generous support would only be forthcoming if wide publicity were given in Europe to the work done in China.

Sir George BUCHANAN concurred. The threat of epidemics was serious, and he felt sure that all countries would make a point of supporting the mission which was combating them. It would obviously be difficult at present to get Governments to make special money contributions for the medical work, but there seemed a better prospect of response to specific requests that technical staff should be lent or medical material should be supplied. For this purpose, it seemed very important that the representatives of the League on the spot should be as specific as possible in regard to their requirements. It would be better to put a particular proposition before any given country than merely to ask for its assistance at large. He hoped in this connection that periodical information about the medical position in China would be supplied as fully as possible to the members of the Committee. If the loan of medical personnel was in question, it would seem essential to know in the first instance whether their expenses could be paid out of funds available in China.

Dr. TSURUMI said that, since the floods had been reported, the whole of Japan had expressed its deep sympathy with China and had also sent large sums of money, staff, provisions, etc. Fresh expressions of sympathy had been conveyed by the Japanese delegation at the Second Committee. Diplomatic relations between China and Japan were in a rather delicate stage, but he was convinced that the Japanese nation would continue to assist China if the Nanking Government did not object.

Dr. BOUDREAU said he had received instructions from the Medical Director concerning the periodic bulletin to the Health Committee and could assure the members that it would contain all relevant information.

M. VELGHE was satisfied with Dr. Boudreau's explanations, and added that the Office international d'Hygiène publique at Paris, which was part of the Health Organisation, would be prepared to discuss any question submitted to it.

It might, nevertheless, be advisable to allow for emergencies and to authorise the Bureau to apply, if necessary, to the Secretary-General for the credits needed to carry on the work of the mission sent to China by the Health Organisation.

The PRESIDENT noted that the Committee approved the decisions taken by the Council and the Assembly regarding China. The fact that members of the Health Section were in that country would certainly enable the work of the Health Organisation to be carried out in the best possible conditions. He trusted also that the members of the Committee would try to get their respective Governments to send supplies and personnel to China.

The following draft resolution was adopted :

“ In view of the resolution of the Council inviting the Health Organisation to comply with the request of the National Health Administration of China to co-ordinate the efforts made to combat epidemics which threaten to follow the floods in the Yangtze Valley,

“ The Health Committee,

“ (1) Decides to comply with the Council's request ;

“ (2) Instructs the Medical Director to take the necessary measures and requests him to keep the members of the Committee regularly informed of the established necessities of the case as well as of action taken.

“ (3) Should the funds allocated to the Health Organisation for the purpose of this co-ordination prove inadequate, the Health Committee authorises its Bureau to make suitable representations to the Council and Assembly of the League with a view to securing supplementary provision.”

6. Opium Commission.

Meeting of Dr. H. CARRIÈRE commented briefly on the decisions of the Permanent
October 12th, 1931 Committee of the Office international d'Hygiène publique contained in
(morning) his report to the Health Committee (Annex II).

The following draft resolutions were adopted by the Committee :

“ The Health Committee,

“ 1. Notes that none of the preparations which the Estonian Government proposed to exempt from the provisions of the Convention comes, by virtue of its composition, under the control of the Convention.”

“ 2. Decides to postpone any decision on the two preparations having a basis of opium alkaloids and alkaloids of ipecacuanha which the Swiss Government proposed to exempt from the provisions of the Convention until it has more complete information on the emetic properties of emetin.”

“ 3. Decides that the ‘ anti-opium ’ pills appearing in the list submitted by the Siamese Government should be exempted from the provisions of the Convention. It expresses the hope that this preparation will not be presented to the public under the name of ‘ anti-opium pills ’ ; such an appellation, suggesting as it does a property which this preparation does not in fact possess, is calculated to increase its consumption.”

“ 4. Decides that the sterilised solutions of eucodal and atropine proposed by the German Government should be exempted from the operation of the Convention.”

“ 5. Decides that the sterilised solutions of morphine and atropine in 1.1 c.c. ampoules, proposed by the German Government, should be exempted from the provisions of the Convention since, in practice, the putting up of the solution into ampoules precludes recovery of the narcotic drug, owing to the resultant increase of price and especially to the complications which would be entailed in the process of recovery.”

“ 6. Having considered the proposal of the French Government that, when a preparation has been given the benefit of Article 8 of the 1925 International Opium Convention on the ground that it contains a denaturant in given proportions, all preparations containing the same narcotic and the same substance (denaturant) in the same proportions should, *ipso facto*, be exempted from the provisions of the Convention, no matter what other (non-narcotic) substances enter into their composition :

“ Considers that this proposal cannot be accepted for the following reasons :

“ (1) That other substances might be introduced into the composition of such preparations, in addition to the denaturant, which would counteract the latter and consequently destroy its effect ;

“ (2) That, in order to determine precisely the possibilities of recovering the narcotic, it is essential to possess full information as to the composition of a preparation of which it forms a part.”

“ 7. The Health Committee recommends that any of the narcotic substances enumerated in Article I, paragraph 2, Group I, of the Convention for the Limitation of the Manufacture of Narcotic Drugs, which are not already covered by the 1925 International Opium Convention, be brought under the provisions of that Convention in conformity with the provisions of Article 10.”

“ 8. The Health Committee considers that perkaine (hydrochloride of the di-ethyl-ethylene-diamide of α -butyl-oxy-cinchonic acid) is not a habit-forming narcotic drug and that hence there is no reason to bring it under the 1925 Convention.”

7. Malaria Commission.

Dr. LUTRARIO described the considerable amount of work done by this Commission, whose efforts had recently been concentrated more particularly on therapeutics owing to the serious disproportion between the quantity of quinine available and the number of malarial patients to be treated. The study made on the Committee's recommendation of secondary alkaloids had given important technical results. The use of such alkaloids, when isolated, would, however, be expensive, and attention had therefore been directed to their source — quinetum. The impression was that the product was more dangerous to the patient than the disease itself. Research had since been carried out in the United States of America, in Italy and India, which showed that quinetum had the same curative value as quinine. The Commission consequently thought it should take up the standardisation of preparations of quinetum. It suggested the use of “ totaquina ”, while stressing the necessity for controlling preparations, as the failures experienced in the original researches were due to differences in preparing identical products.

The investigations of the amount of quinine needed was also being continued. A description was given of the theoretical courses in malariology held during the year in various countries, particularly Germany, Spain, Yugoslavia and Italy. Eleven individual scholarships had been awarded for entire courses and three for practical training courses.

The Commission had also received interesting reports on international research regarding various aspects of malaria, and had been kept informed of Colonel James' recent researches on malarial therapy in general paralysis and the use of plasmoquine in the prevention of malaria. He also recalled Professor Schüffner's experiments with plasmoquine-quinine in the prevention of malaria relapses, and Professor Marchoux's researches on the factors which might influence the fecundity of gametes.

Dr. JITTA explained the interesting results secured by the use of plasmoquine and quinoplasmine and mentioned cases of relapsing malaria after using these substances. The 1930 and 1931 results had been specially favourable, whereas in 1929 relapses had been rather frequent.

Arrangements should be made to standardise sulphate of quinine, for which the requirements of the various national pharmacopœias differed very widely. If this were done, the article could be supplied more cheaply.

Dr. LUTRARIO agreed that an attempt should be made to standardise sulphate of quinine.

Replying to Dr. Jitta, he said there was a difference between “ totaquina ” and quinetum. The former contained 70 per cent of alkaloids, including at least 15 per cent of quinine, but not more than 20 per cent amorphous alkaloids, 5 per cent mineral substances and 5 per cent water. The composition of totaquina might, therefore, be taken as constant. It was highly advisable that all research on this subject should be reported to the Commission as well as the results of investigations into the characteristics of the deltas of certain rivers.

Professor PITTALUGA said the report on the delta of the Ebro was finished and would not be expensive to publish.

Sir George BUCHANAN stressed the advisability for maintaining the Malaria Commission, although the large number of members was a handicap. In view of the importance of the question, the work of research co-ordination should be continued by a small committee of malariologists and administrative officials.

Dr. LUTRARIO admitted that the Malaria Commission contained fifty-four members. It might be necessary to cut down this number, but it might also be useful in practice to establish a liaison with the administrative officials, as suggested by Sir George.

Dr. BOUDREAU thought it would not be opportune to add any more members to the Malaria Commission. Liaison between it and the Health Committee was sufficiently ensured by those members who belonged to both the bodies. It had been stated that the work of this Commission was described in League publications which were not easily available to scientists. The latter, of course, were essentially specialists and only bought publications which directly interested them. Health Organisation publications might be made more interesting if they were grouped into one periodical and thus reached a wider public.

Professor BORDET believed that subscribers could be found for these publications among public bodies if they were not made too bulky. Attention should be paid to the question of size. League publications were issued in very varying sizes and were, therefore, difficult to classify and keep.

8. Programme of Work of the International School of Advanced Health Studies at Paris.

*Meeting of
October 12th, 1931
(morning)* The PRESIDENT reminded the Committee that the Paris School of Hygiene had, through the Secretary-General, asked the Committee to discuss the programme of study submitted to it. He thought the question need not be submitted to the Plenary Committee, but be discussed merely by the Sub-Committee, as no decision on the point had to be taken.

The Sub-Committee consisted of Professor LÉON BERNARD (*Chairman*), Dame Janet CAMPBELL and Professor BORDET, Professor PITTALUGA, Professor MADSEN and Professor FITZGERALD, the latter at present absent.

Agreed.

9. Questions resulting from the European Conference on Rural Hygiene.

*Meeting of
October 12th, 1931
(afternoon)* Professor PITTALUGA reported on the proceedings of the European Conference on Rural Hygiene held at Geneva from June 29th to July 7th, 1931, under his chairmanship.

He recalled that the report of the Conference had been submitted to the Council before the Health Committee could discuss it. This, however, in no way predetermined the action which the Health Committee might take on the technical conclusions adopted by the Conference, but it somewhat restricted the scope of the discussion in the Committee. The Assembly and the Council referred to the Health Committee certain recommendations made by the Conference (see paragraph 3, section I, page 1, of document C.473.M.202.1931.III) — namely, the first and second recommendations adopted by its Fourth Committee under the chairmanship of Dr. Chodzko.

The other recommendations were not referred back to the Health Committee, but adopted by the Assembly and the Council; they referred to the framing of study programmes and the suggestions made at a meeting of directors of schools of hygiene regarding future work.

The Conference discussed three subjects — medical assistance, sanitation and the organisation of health services in rural districts. It was interesting to note that the Conference was attended, not only by some thirty representatives of European countries, but also by observers from countries outside Europe who showed great interest in the discussions.

The work done by the Conference might be regarded under three aspects. There were, first, the technical recommendations made in the booklet published by the Health Organisation (document C.473.M.202.1931.III, Vol. I); secondly, the collaboration achieved between experts on very different subjects — doctors, engineers, social insurance specialists, representatives of agricultural organisations, public health officials, etc.; and, finally, the possible consequences of the Conference. The latter formed the subject of suggestions for questions to be studied which the Fourth Committee submitted after consulting the directors of schools of hygiene.

The technical conclusions adopted by the Conference took the form of recommendations on the guiding principles for the organisation of medical assistance, health services and sanitation in rural districts. They were adopted after exhaustive discussion in the three Committees.

The most important result of the Conference, perhaps, was the co-operation established between various specialists who had hitherto had no opportunity of meeting to discuss problems of common interest, previously studied with great care by the Health Organisation. Hygienists, doctors, agriculturists, sociologists, directors of large agricultural associations and

insurance funds and representatives of major organisations dealing with agriculture, such as the International Institute of Agriculture, Rome, and the International Labour Office, had thus been enabled to make a joint study of questions and to give joint expression to opinions which had hitherto had only a sporadic existence.

The distribution of work among the three Committees contributed to a better realisation of the requirements which the technical sanitation of the countryside would involve. It was notified, for instance, that the question of the cost of such work would need immediate concrete investigation.

At Dr. Chodzko's suggestion, a fourth Committee was formed to revise the texts issued by the other Committees and to draw up a programme for the technical study of the most urgent problems. The Health Section invited the directors of European schools of hygiene and similar institutes, most of whom were present in Geneva, to meet and put the finishing touches to the programme.

The subjects which this meeting suggested, and the Conference agreed, should be studied were :

- (1) The question of milk in rural districts, its supply and its actual production by technical or experimental methods, considered more particularly as a carrier of infectious diseases ;
- (2) Diseases originated by water, more particularly typhoid ;
- (3) Manure and flies as carriers of infection ;
- (4) The cost of health services and, generally speaking, of sanitary equipment ;
- (5) The expert examination of drinking-water and sewage.

Reports would be made on these questions, and it was suggested that the various schools of hygiene and health organisations should be asked to study them in the various parts of the world.

It was understood that these studies, which would require a certain time, would have the support of the Health Organisation and of the institutions responsible for the respective study. The arrangements which the various schools and the Health Organisation proposed to make on this subject would be known later. There was, thus, already a body of studies which would form a connection between that European Conference on Rural Hygiene and any future Conference on the same subject.

Although this was the first occasion on which such a Conference was held attended by specialists professing different methods, principles and convictions, the Committee's decisions were adopted unanimously, although discussions were sometimes very animated. These discussions demonstrated the value of the Conference, and a unanimous wish was expressed that another such conference should be held in the near future. It would, however, be difficult to confine it again to European States only, for it should be realised that the Conference had evoked very keen interest in several extra-European countries. Very careful preparation should therefore precede such a meeting, which it was calculated could not be held before five years at the earliest. Advantage would be taken of the interval to carry out some of the work proposed in the resolutions of the first Conference.

Dr. LUTRARIO had been in close touch with the Conference, both as a member of the Health Committee and of the Italian delegation. The question had been raised whether such a Conference should terminate by adopting a Convention or mere recommendations. It was thought better merely to adopt recommendations, as States might hesitate to commit themselves. The Conference had been the means of collecting very exhaustive information on rural hygiene, and had enabled health authorities from all over the world to collaborate direct. The opinions expressed at the Conference, sometimes on highly controversial questions had been remarkably well reproduced in the volume of Recommendations, compiled by the Secretariat.

Dr. CHODZKO had attended the Fifth Committee of the Assembly and wished to emphasise the great interest taken by extra-European States in the Conference on Rural Hygiene, and their wish that another such conference should be held which they could attend. In the Fifth Committee, the question had also been raised of collaboration between medical men, sociologists and economists. The League of Nations should undertake to co-ordinate the work done in those two spheres, and in his opinion the Health Committee might ultimately submit interesting suggestions on the point.

Dr. TSURUMI said that the discussions held and recommendations adopted at the Conference, which he had attended as an observer, would undoubtedly contribute to improving the wellbeing of the countryside, not merely from the standpoint of rural hygiene, but in a social and economic sense also. The principles which the Conference had laid down would be applied in extra-European countries, where there was a growing need for improved conditions of rural hygiene. He hoped, therefore, that, despite the obstacles mentioned by Professor Pittaluga and Dr. Lutrario, a second conference would be held to which countries in other continents would be invited.

Dr. BOUDREAU said this was the first time the results of a Governmental Conference had been brought directly before the Health Committee. The resolutions adopted by that Conference should, therefore, be noted, and arrangements made to carry them out. One of the questions to be studied by the Committee was how best to train health visitors and sanitary engineers. He thought the Committee would agree to ask the Medical Director to submit a report on this subject.

Professor PITTALUGA recalled that, as Dr. Lutrario had remarked, the Conference had not culminated in a convention obligatory on the signatory States, because its purpose was not administrative but technical. The question now was how, in the interval before a second Conference on Rural Hygiene met, progressive and effective application could be given in each country to the results of the Conference, either through health administrations or public corporations, and how this application could be followed up. No request could be made for official information to be sent to the Secretariat, but the hope might be expressed that the recommendations adopted by the Conference might lead to laws being enacted which would give them practical effect, and the Health Section could also ascertain to what extent and by what official measures the methods advocated at the Conference had been applied in the various countries. A collection of documents might also be made which, though without official significance, would, as emanating from Government representatives at the Conference, enable an idea to be formed of the reception given to the recommendations of the Conference. These documents might form a third volume of the Proceedings of the Conference, of which the first contained the Recommendations and the second the Minutes.

Replying to Dr. Chodzko's question regarding the possibility of a second conference and its composition, he might state that no decision had yet been taken, but it was already clear that invitations could not be confined to European States only. It would be for the Health Committee to make suggestions in the matter.

Sir George BUCHANAN questioned whether the procedure suggested by Professor Pittaluga of asking delegates what effect their countries had given to the recommendations of the Conference would be acceptable to Governments or particularly fruitful. The object of the Conference had been rather to exchange information and arrive at certain general principles than to make administrative recommendations.

In regard to the suggestion that the second conference should be held five years hence, he thought that a definite decision had better be postponed for a year or two. He had considerable doubts about the extension of the invitation to all countries of the world. Even in the case of the continent of Europe, it was difficult to concentrate on particular questions of rural hygiene which require international effort for their solution. For many countries — India, for example — “hygiene” means “rural hygiene” and the suggestion really amounted to a world conference on hygiene at large.

He was glad to note that the various questions which it was proposed should be studied (page 3 of document C.H.1066) were apparently to be studied by schools of hygiene, so that there would be no additional burden on the Health Organisation. Could the Health Organisation, perhaps, contribute to the cost of such studies, and had allowance been made in the budget for this item?

Dr. BOUDREAU replied that the studies undertaken would entail additional expenditure for the Health Organisation, when it had to co-ordinate the work.

Professor PITTALUGA explained that it had never occurred to him to fix the date of a second conference. He had merely voiced the suggestions made at the Conference itself. It would be the duty of the Committee to decide the question in due course.

Replying to Sir George Buchanan's objection regarding the advisability of applying to Governments, he explained that no decision on this point need be taken for the moment. Members of the Committee would doubtless leave it to the Bureau to discover the most practical way of following up the execution of the recommendations made by the Conference. He would only ask the Committee to give a decision on the principle involved.

The Committee adopted the following draft resolution :

- “ The Health Committee,
- “ Having taken note of the report of the European Conference on Rural Hygiene :
- “ Recognises the technical value of the results obtained by the Conference ;
- “ Tenders its thanks to the directors of schools of hygiene and similar institutions who have agreed to undertake certain enquiries proposed by the Conference under the auspices of the League's Health Organisation ;
- “ Requests the Medical Director to report to the Committee at a later session on the programme of instruction and methods of training of health visitors and sanitary engineers in the different countries.”

10 a). Report of the Permanent Commission on Biological Standardisation (Meeting held in London, June 1931.)

The PRESIDENT described the meeting held in London in June by the Permanent Commission on Biological Standardisation and commented on its report (document C.H.1056(1)).

Meeting of
October 12th, 1931
(afternoon)

In the first place, there were really three Conferences meeting simultaneously — the Permanent Commission on Biological Standardisation, the Conference on Vitamin Standards, and the Conference of Experts on Immunisation against Scarlet Fever and Diphtheria.

The Permanent Commission on Biological Standardisation had decided to adopt the official standard unit of the United States of America for gas-gangrene (*perfringens*) antitoxin. He pointed out that the United States Government had recently altered its standard unit to correspond with the international standard preparations and units, particularly those relating to diphtheria and tetanus.

Gas-gangrene (*vibrio septique*) antitoxin had also been studied. It was proposed to try and standardise it, and there would probably be no great difficulty in adopting a standard preparation and unit as in the case of the *perfringens* antitoxin.

The Commission had definitely accepted the standard tuberculin after having ascertained that the standard preparations used in London, at the Pasteur Institute, Paris, and in Frankfort and in Copenhagen were equivalent.

In this connection it was announced that the experiments of Kolle had proved that a distinction should be made between the cutaneous action and the toxic action produced by injections made on tuberculous animals. In the case of some tuberculins, these two factors did not have identical effects. As the standard preparation was found satisfactory in both aspects, it was agreed that the relation between these two properties in all standard preparations made in future should be kept identical.

The Commission had also adopted recommendations for the testing of toxins to be used for the Schick test, and a standard preparation was defined.

Views differed in regard to the principles adopted in Great Britain and the United States, experiment having shown that the toxins used varied. It was therefore thought necessary to define the standard toxins. It was recommended that the combining power for anti-toxin as well as the toxicity of the preparation should be taken into account.

The Commission recommended that the possibilities should be explored of obtaining for international acceptance a standard preparation of diphtheria prophylactic, and of defining in terms of this standard a unit of immunising potency for international acceptance. The Ramon anatoxin was subjected to exhaustive examination, but no agreement had yet been arrived at on the methods to be used for determining its activity. A programme of work was therefore proposed for the study of this question.

It should be borne in mind that, in cases of serious diphtheria, the serum had given excellent results in some clinics, but the results had been less favourable in others. A questionnaire was therefore drawn up for despatch to public health administrations, and the Commission recommended that the information should be collected at Geneva regarding cases of diphtheria which had ended fatally in spite of treatment by serum.

As regards scarlet fever, little progress had been made, and the Commission therefore considered that, for the moment, they should merely encourage further investigations, as immunisation against scarlet fever was still in the experimental stage.

The Commission also took the view that, at the moment, it could not take any effective action towards improving the standardisation of anti-meningococcus or anti-pneumococcus serum.

The Commission received a request for the standardisation of biological products for veterinary use, and the suggestion was made that, with appropriate veterinary advice, it should promote studies relating to the standardisation of products the use of which affects human as well as veterinary therapeutics.

It was objected that, hitherto, the Commission had never dealt with veterinary questions, which explained why the field of research was confined to products affecting human as well as veterinary therapeutics — anti-tetanus serum and tuberculin and such diseases as undulant fever, anthrax and swine erysipelas. An application was made to the Office international des Epizooties for their assistance in research work relating to sera affecting both therapeutics, and it was agreed to confine research to such questions.

The Commission considered that the moment had come to undertake the standardisation of sex hormones, and Dr. Dale had suggested convening a small committee of experts on the subject. There was a risk that, as in the case of vitamins, the greatest confusion might shortly arise in this sphere if national health authorities were left to take their own measures in standardisation questions.

All the members of the Commission unanimously agreed that the standardisation of totaquina was outside the scope of their activities, and that it would be better for a special committee to study this question and certain others which had been submitted to the Standardisation Commission referring to chemical and pharmaceutical preparations. This led to the Commission's altering its title, which would now read "Permanent Commission on Biological Standardisation".

10 b) **Report of the Conference on Vitamin Standards (Meeting held in London, June 1931).**

The PRESIDENT described the work done by this Conference, held in London from June 17th to 20th, 1931, and briefly commented on the report (document C.H.1055(1)). The Conference was a striking success, and the Committee would doubtless wish to tender special thanks to Professor Mellanby, the Chairman, Dr. Dale, and the London School of Hygiene and Tropical Medicine, and particularly to Professor Jameson, who had organised the meeting.

The Conference recommended that carotene be accepted as an international provisional standard of reference for Vitamin A, and that a selected sample of cod-liver oil be held in view as a possible secondary standard.

The Conference also recommended that the standard solution of irradiated ergosterol at present issued from the National Institute for Medical Research, London, should be adopted as international Vitamin D standard for the next two years.

It further recommended the adoption, as international standard, of the absorption product of the anti-neuritic Vitamin B prepared in the Medical Laboratory, Batavia, Java, by the method of Seidell, as described by Jansen and Donath.

And, finally, for the anti-scorbutic Vitamin C, the Conference recommended the adoption, as international standard, of the fresh juice of the lemon.

The Committee adopted the following draft resolution :

“ The Health Committee,

“ Adopts the report on the meeting of the Permanent Commission on Biological Standardisation held in London in June 1931 ;

“ Tenders its thanks to the experts who took part in the work and to the London School of Hygiene and Tropical Medicine for the facilities so generously afforded to the Commission.”

11. **Report of the Conference of Experts on Immunisation against Scarlet Fever and Diphtheria** (document C.H.1057).

The PRESIDENT read the resolutions adopted by the Conference (document C.H.1057, pages 4 and 5) which had been submitted to the Standardisation Commission.

Sir George BUCHANAN thought that the resolutions of the Experts Conference were reasonable and useful. He did not consider the Committee was adopting them in the same sense as the findings of the Permanent Commission on Biological Standardisation. The latter, when adopted, constituted definite recommendations by the Health Committee to the administrations concerned. In the present instance, the Committee was only presenting the administrations with the views of the experts.

He thought that some modifications were required in the text of the report (document C.H. 1059), which summarised the data on which the resolutions were founded and explained the position generally. He referred particularly to the opening statements prepared by the Secretariat to the effect that the prevalence of, and mortality from, diphtheria showed a worldwide tendency to increase. In this connection the many pitfalls of interpretation of notification statistics relating to diphtheria must be kept in mind, as well as the great differences in practice in diagnosing diphtheria. The tables given had consequently to be read with the greatest caution, and he doubted whether it was wise to give them such prominence in the report. He pointed out, also, that, in practice, the insistence on three prophylactic inoculations creates a good deal of difficulty, and he considered the resolution on this subject too positive.

Finally, he would suggest adding to the report an explanation of the terms used, as the report was intended for the public at large, for whom many of the scientific expressions would be unintelligible.

Dr. TSURUMI pointed out the differences of opinion held regarding the Dick test. Dr. Andov's researches gave grounds for affirming the existence of two streptococcic toxins — a specific thermolabile toxin and a non-specific thermostabile toxin containing nucleoprotein. The former, which was used in the Dick test, enabled the predisposition of the organism to be estimated. Dr. Andov had published his communication, and it was to be hoped that it would be considered with all the appropriate care due to an international enquiry on the question.

Dr. CHODZKO urged that the report should mention the desirability of vaccinating children in the spring. He also pointed out that statistics had their value. Hitherto, there had been no data from which comparisons of the annual mortality could be made. Such comparisons were highly interesting if, as was claimed, the danger of diphtheria was increasing.

The PRESIDENT agreed with Sir George Buchanan that changes should be made in the introduction. He, too, had observed in his own country that mortality did not increase in

spite of the greater morbidity, and he believed that the result was due to the use of diphtheria prophylactics, since the present wave of diphtheria could not be regarded as a slight epidemic.

The Conference had urged three injections of ordinary vaccine, but members were unanimous in considering that more powerful anatoxins should be found which would make fewer injections necessary.

He agreed that it would be useful to advocate immunisation in the spring, although it was generally done in the autumn, when the epidemic appeared.

He also thanked Dr. Tsurumi for his communication, and felt sure that, in future, due account would be taken of the researches carried out by Dr. Andov and by Japanese scientists.

Dr. BOUDREAU said the report could be modified to conform with the views expressed. As suggested by the President, he would be perfectly willing to examine with Sir George Buchanan the changes required.

The report, subject to such modifications, was adopted.

The Committee adopted the following draft resolution :

“ The Health Committee,

“ Approves the reports of the experts on immunisation against scarlet fever and diphtheria (documents C.H.1057 and 1059) ;

“ Desires to express its appreciation to the experts who took part in the work and its gratitude to the London School of Hygiene and Tropical Medicine for the facilities so generously afforded to the Conference.”

12. Studies to be undertaken regarding Physical Education.

*Meeting of
October 12th, 1931
(afternoon)* The PRESIDENT observed that, at the spring session, at which Professor Ottolenghi was not present, his report had been circulated to the Committee, which had thought it better not to extend the scope of this investigation too far and to give it a strictly scientific character. The organisation of centres in various parts of the world was impossible. For the moment, therefore, investigations should be confined to muscular fatigue, on which specially interesting suggestions had been made in spite of the difficulty experienced in finding human subjects for experiment.

Dr. LUTRARIO had drawn up a note on physical education and its position in the various countries, which he would circulate later to members of the Committee. An interesting feature was the collaboration proposed between organisations for physical education and the International Educational Cinematographic Institute.

The Committee adopted the following draft resolution :

“ The Health Committee,

“ On consideration of the recommendations concerning the study of physical education put forward by the experts who met at Copenhagen in January 1931 ;

“ Accepts the proposal presented by its President to undertake, with the assistance of competent experts, laboratory investigations into the physiology and effects of extreme muscular fatigue.”

13. Draft Memorandum by the Reporting Committee for Maternal Welfare and Hygiene of Infants and Children of Pre-School Age.

*Meeting of
October 13th, 1931
(morning)* Dame Janet CAMPBELL, commenting on the report, stated that the Reporting Committee had based its work on the results of the enquiries into infant mortality, and on the extensive information elsewhere available. It had tried to trace the general outlines of a plan for combating maternal and infant mortality and had laid down the major principles of an organisation which could be adapted to special conditions.

In the case of infant mortality, there were three main dangers to be combated — those due to obstetric and developmental causes, including still-births, the dangers of nutrition and of respiratory diseases. The first occurred in almost identical proportions in all countries and the mortality remained almost stationary. The second was comparatively infrequent in countries where the mortality was low, and the same was true to a less extent of respiratory diseases. The Reporting Committee recommended concentrating special attention on the first group. It stressed the close connection between maternal mortality and the morbidity of expectant mothers and women in child-birth, and had investigated the connections between early infant mortality and maternal morbidity.

The Committee had, further, studied the question of the health of children of pre-school age — that is, from 2 to 6 years. In many countries, such children were not under special supervision, and could hardly be systematically supervised, as there was no control, such as

that furnished by infant welfare centres or school medical inspections. The Committee had been fortunate in having the assistance of Dr. Woringer in this connection.

The report was divided into three chapters — maternal welfare, infant hygiene, and hygiene of children of pre-school age.

Special study had been devoted to maternal welfare in various countries, but less attention had been directed to it than to infant mortality. It was found that the risks were almost identical in all countries — viz., the risk of puerperal infection, the obstetric risk and the various diseases arising during pregnancy.

Economic and social conditions bearing on maternal mortality were fatigue, insanitary accommodation and inadequate hygiene. The campaign for maternal welfare would entail a number of legislative measures guaranteeing relief and rest for the mother before and during confinement. The draft Washington Convention might serve as an example of such legislation. Some countries paid a nursing allowance to mothers breast-feeding their infants and arranged medical examinations for expectant mothers and assistance to women in child-birth. Pregnant women should be given facilities for obtaining medical advice and treatment. Pre-natal supervision should be in the hands of doctors and midwives. It had, however, been realised how difficult it was in all countries to persuade women to take advantage of the opportunities afforded them for obtaining such medical assistance, or to consult doctors or to submit to special supervision before confinement. It was a question of educating public opinion as well as midwives and doctors as to the need for maternal welfare. The latter should be encouraged to give their advice voluntary and to persuade expectant mothers to accept it. One secret of preventing maternal mortality lay in organising pre-natal supervision, thus preventing many cases of toxæmia, eclampsia, and all the difficulties arising out of the disproportion between the size of the fœtus and that of the maternal pelvis. Provision should therefore be made for a sufficient number of hospitals, maternity homes and qualified midwives, and for social relief to expectant mothers. Attention would also have to be devoted to welfare work on behalf of unmarried mothers and steps taken to re-educate public opinion on this subject. The chapter concluded with a reference to the questions of abortion and birth control.

Chapter 2 dealt with infant hygiene. An exhaustive study had already been made of the question of infant mortality. The danger due to obstetric causes had been studied in conjunction with still-birth and early infant mortality. This study had gone hand in hand with that of infant welfare during the first year of life. The congenital risk was mainly obstetric in origin and closely connected with the morbidity of the mother. The remedies were therefore the same as those advocated for the mother.

The welfare of children of pre-school age was entirely fresh ground, and some suggested solutions were controversial. Several countries had initiated some welfare work for children of pre-school age. The period under examination was much longer than that which had hitherto been investigated, as it extended from the age of 1 year up to 5 or 6. The period was one of rapid growth, during which the child was exposed to all the diseases peculiar to childhood, particularly infectious diseases and those caused by unsatisfactory living conditions. The problem was thus one both of mortality and morbidity. The latter might be solved by general health measures, which again meant the training of the mother in child management, together with a physical upbringing of the child favourable to his physiological development. The mortality of children of pre-school age was mainly due to medical causes, the greatest number of deaths being from infectious diseases, followed by affections of the respiratory organs, tuberculosis, accidents, gastric complaints and, to a small degree, other troubles. There could be no hope of abolishing infectious diseases during childhood, but an attempt might be made to postpone their incidence, as it had been found that the death rate decreased as the child grew older.

The report dealt with the mental as well as the physical health of the child. This was a sphere in which comparatively little action had been taken, and rather more space therefore was devoted to this problem, as opinion was still divided on what should be done. An attempt, however, had been made to define the ideal treatment, not only for abnormal, but also for normal children.

A scheme of reform on the lines laid down in the report would involve rather heavy expenditure. But definite results could be obtained at much less cost by extending the infant welfare organisation. The chief measures included regular supervision by health visitors, medical supervision at welfare centres, also the organisation of nursery schools and kindergartens and homes for children living in bad hygienic conditions.

The Committee had also considered the training of nurses and midwives, and had urged that obstetrics and pediatrics should be given a larger place in the curriculum of medical schools. As regards health visitors, the Committee found that much of the success of the campaign against infant mortality depended on their capacity, and considered that visiting nurses should hold a general diploma which implied a good all-round training in public health work.

In conclusion, the report stressed the close relations between the organisation of maternal and child welfare and the other branches of modern public health with which it formed a single service. In organising a health service, whether central or local, account should, therefore, be taken of the need for close collaboration between these various branches. Such co-ordination was simple enough in urban centres, but might be difficult in the country. Accordingly, the scheme advocated by the Conference on Rural Hygiene seemed to be the best which could be put into practice at present.

The Committee's report was to a large extent a preliminary report. The study of many questions had been postponed until favourable circumstances presented themselves.

Sir George BUCHANAN drew attention to some conclusions of the report which he had already mentioned to Dame Janet Campbell. The expression of opinion about the methods by which infectious diseases should be dealt with, especially those on page 10, would in many cases be difficult to accept administratively, and it was not desirable that a report of this kind should lay down what countries ought to do in this respect by legislation. He did not think the Committee would be well advised, in speaking of notification, disinfection, vaccination, and other prophylactic measures, to insist too strongly on legislative compulsion or even to represent it as theoretically the best method of securing the results desired.

Professor PITTALUGA announced that maternity insurance had been introduced into Spain. The Special National Institute had asked the National School of Health, of which he was in charge, to select two inspectors who would be attached to this Maternity Insurance Department. That, he thought, was a welcome attempt to connect social insurance with health services.

Dr. JADASSOHN was gratified to note that, in the part of the report dealing with syphilis, the great importance of this disease had been duly appreciated. Fresh congenital syphilis was much rarer than it had been some years ago, and had decreased in many countries where fresh acquired syphilis had also become less frequent. Latent syphilis in women, which was the principal source of congenital syphilis, was more difficult to trace, and the only practical method was to make a serological test before child-birth or at the moment of confinement. This was frequently done in clinics and hospitals, but should be resorted to more often. The question had been discussed a year ago at the "Reichsgesundheitsamt" and the suggestion made that all pregnant women should be compulsorily examined. Such general action was, he thought, unnecessary, but the test should certainly be made much more frequently. It was easier to diagnose the disease at the moment of birth by testing the blood of the placenta, which was very suitable for this purpose.

He had the impression also that insufficient importance had been attached to syphilis acquired at school. School doctors' attention should be drawn to the necessity of making a serological test of suspected children, particularly as this might lead to the discovery of a whole family needing treatment for syphilis.

Professor von Hahn, of Berlin, had suggested an international enquiry, and he wondered whether this should now be undertaken.

He noted the reference to the keen controversies regarding the effect of syphilis on mental diseases of children. A meeting might perhaps be held on this question, and here again serological tests of expectant mothers would prevent the most frequent cases.

The objection that pre-natal treatment was ineffective was, he thought, a mistake. He advocated widespread publicity being given to the prophylactic value of this treatment, and that stress should be laid on the fact that congenital syphilis was a disease which could easily be avoided.

The PRESIDENT announced that he had conducted a similar enquiry in Denmark, by means of the register of venereal diseases, with excellent results, as he had been able to follow up 90 per cent of the cases.

Dr. LUTRARIO, referring to the paragraph on page 51 dealing with physical education, reading: "The question of physical education should be of extreme interest to all doctors and nurses responsible for the rearing of children of pre-school age", said that, in Italy, radical steps had been taken to promote maternal and child welfare. A great national institution had just started work and was already giving very valuable results. He intended to draw up a note on the subject for the Committee's use. He was glad to see that this paragraph laid down the fundamental principle that physical exercise should aim, among other things, at developing the breathing capacity of children. He agreed with the Danish expert, Captain Müller, that an increased breathing capacity helps to develop a child's intellectual faculties. He also drew attention to the sentence warning persons responsible for the physical training of children against overtiring their pupils. There was a tendency sometimes to overdo the exercises which children had to perform, thus inducing enlargement of the heart and predisposing them to cardiac troubles. It had been remarked that a 100-metre race raised the pulse to 70, a 200-metre race to 190, and a 400-metre race to 200. It had also

been observed that teachers of physical education had usually rather stereotyped views, and had not received an adequate professional education. Italy was therefore trying to remedy this defect by opening special courses for them. Some thousand teachers of physical training had already taken these courses.

The PRESIDENT said that the choice of physical exercises to increase the breathing capacity had given rise to acute controversy, and he would advocate modifying the relevant phrase in the report until the authorities were unanimous on the point.

Professor CANTACUZÈNE, with reference to the paragraph on page 44 dealing with tuberculosis, was sorry to see no mention made of the incontestable results which had been secured by the use of anti-tuberculosis vaccine in the countries where such vaccination was practised on a large scale. There was no need to recommend a special method for compulsory application, but attention should be drawn to the results obtained on which there was universal agreement. The effect of Calmette's BCG on mortality, from whatever cause, during early childhood was obvious. The mortality of children from sundry causes was two, three or four times greater in the case of unvaccinated than in the case of vaccinated patients, and the decreased mortality from tuberculosis among vaccinated children was considerable. In Roumania, where the mortality in infected families was 25 per cent, the mortality of vaccinated children had fallen to 1.4 or 2 per cent. Personally, he believed that the problem of vaccination against tuberculosis was solved since BCG vaccination entailed a considerable decrease in general mortality as well as in tuberculosis mortality in infected families.

Professor JITTA thought that insufficient reference had been made in the report to smallpox. He would like attention to be drawn to the great advantage of vaccination in the two first years, especially as infants supported vaccination much more easily than others.

Sir George BUCHANAN considered that the following sentence on page 55 should be deleted: "The very rare cases of post-vaccinal encephalitis constitute an infinitely smaller risk than a smallpox epidemic", seeing that there had been a rather large number of cases of post-vaccinal encephalitis. He would prefer the wording: "Post-vaccinal encephalitis hardly ever occurs in cases of infant vaccination".

In the chapter dealing with diphtheria (page 51), he would prefer, instead of mentioning Ramon's anatoxin, to say that "an anatoxin formed a completely harmless vaccine, etc."

Similarly, on page 52, it would be better to say nothing about compulsory vaccination before admission to day nurseries, kindergartens, etc., but merely to state that active propaganda should be conducted in favour of more extensive vaccination, etc.

On page 54, also, too much stress, he thought, was laid in the paragraph on whooping-cough on the isolation of patients suffering from this disease, as it was frequently rather difficult to arrange for such isolation.

The PRESIDENT also agreed that it would not be easy to prove the proportion of 98 per cent immunity said to have been positively obtained by the Ramon anatoxin. It was unfortunate, also, that nothing more definite could be said of the results obtained by vaccination against whooping-cough, as these results were still very controversial.

Professor PITALUGA thought that, as regards the Calmette (BCG) vaccine, Professor Cantacuzène would be satisfied with the paragraph "Campaign against Tuberculosis", on page 36 of the report. He might mention, in this connection, that experiments had been made at Barcelona, and it had been found that vaccination with BCG gave incontestable results, both as regards general mortality and the specific mortality of children living in an infected environment.

Professor BORDET mentioned that, in Belgium, vaccination with BCG, very carefully applied, had given satisfactory results. He thought the occurrences at Lubeck were due to extraneous causes and should not perplex experimenters. Medical men were becoming more and more favourable to BCG vaccination, although no propaganda had been made. He trusted that experiments would also be made in England, as he thought those responsible for the national health would feel extremely sorry if it were proved later that this vaccine was effective and would have been the means of saving human lives.

Sir George BUCHANAN mentioned that he had lately contributed some observations to the Permanent Committee of the Office international d'Hygiene publique on the observations made in England regarding BCG vaccine and the present English attitude in regard to it, which was very far from being indifferent. He would be glad to send a copy to Professor Bordet.

Dame Janet CAMPBELL thanked the members of the Committee for their remarks on the report, and said it would be quite easy to make allowance for them in the final publication.

The Committee adopted the following draft resolution :

“ The Health Committee,

“ Having examined the draft report of the Reporting Committee on Maternal Welfare and the Hygiene of Infants and Children of Pre-School Age :

“ Considers that this report embodies fundamental principles by which health administrations may usefully be guided in their efforts to prevent maternal and infant mortality ;

“ And adopts the report.”

The PRESIDENT, on behalf of the Committee, thanked Dame Janet Campbell and the Committee of Experts for their remarkable work.

14. Report on Health Questions arising out of the League of Nations Mission to Liberia.

*Meeting of
October 13th, 1931
(morning)* Dr. MACKENZIE explained some of the medical aspects of the recent League of Nations mission to Liberia. The medical and health questions would form a part of a general report which the mission would present to the Council in January.

The principal health reforms required in Liberia were the creation of hospitals and a public health service, the establishment of measures for the control of yellow fever particularly, and other infectious diseases, the appointment of a medical officer of health for the city of Monrovia and the organisation of medical work in the interior.

Professor PITTALUGA observed that the situation in Liberia appeared to have changed little since he visited it some twenty years ago. The harbour of Monrovia, fortunately, was closed by a bar, which prevented vessels from coming alongside, but it was quite possible for a plague-infected rat to be conveyed to land in a native canoe.

Bearing in mind the fact that the stegomya mosquito occurs all along the Mediterranean coast, the lack of control of yellow fever in Liberia and the possible introduction of plague constituted an international danger. The Health Committee should therefore emphasise the conclusions of Dr. Mackenzie's report and urge the Council to keep the Health Organisation acquainted with the proposed medical work in Liberia with a view to subsequent action.

Dr. BOUDREAU pointed out that Dr. Mackenzie's statement explained the health recommendations which would be in the report of the mission to the Council. The Health Organisation of the League would be asked to help if the Council decided to adopt the experts' recommendations. He proposed the following draft resolution :

“ The Health Committee,

“ Having heard the statement of Dr. Mackenzie, the health expert sent to Liberia by the Council Committee to enquire into the measures necessary for the improvement of the health services :

“ Approves the recommendations made by him and places its services at the Council's disposal for any assistance which the Council may require in connection with the execution of these recommendations.”

The draft resolution was adopted.

15. Cancer.

*Meeting of
October 13th, 1931
(morning)* Sir George BUCHANAN (Rapporteur) said that, while he had been in communication with members of the former Cancer Commission and of its Sub-Commissions, the time had not yet seemed ripe for getting together a special meeting of a Reporting Committee on the subject. He took the occasion to refer to the necessity of maintaining interest in the international system of collecting data regarding the results of radium treatment of cancer of the uterus. This he hoped would be stimulated by some expert visits which were being arranged by the Secretariat to some of the principal Institutes in Europe. He trusted that members of the Health Committee would give any assistance possible in the matter.

Sir George added that he had been asked to act as Rapporteur on the question of rheumatism, but had suggested that Professor Jitta should do this instead. He trusted Professor Jitta would be able to do so.

Professor JITTA said that he was still quite prepared to act as Rapporteur on the question of rheumatism. He had discussed the subject already with the Medical Director, who was to make suggestions regarding a plan of action.

16. Leprosy : Communication of Dr. Tsurumi.

*Meeting of
October 13th, 1931
(morning)*

Dr. TSURUMI pointed out that, at the Committee's last session, he had announced the formation in Japan of an association for the prevention of leprosy. This body had now been functioning for some time and its programme of work for the year was as follows : (1) propaganda ; (2) enquiries and researches ; (3) protection ; (4) relief ; (5) creation of centres.

The appropriations for this work amounted to 41,680 yen (\$20,840). For propaganda purposes, films had already been made depicting the Tokio and Aomori leprosaria as they at present existed, and it was intended to make films of four other leper establishments.

The association had also, on August 20th last, sent a questionnaire to the leprosaria, medical faculties, schools of medicine and prefects. The question put to the medical faculties and schools of medicine was : " Are there any bodies or individuals engaged in leprosy research ? " If so, the association asked for information on the subjects of the researches and the theses dealing with the question, the names of persons carrying out the researches and the approximate cost of such work, to which the association proposed to contribute.

The question put to prefects was : " Are there any children in a leper family who need to be reared away from their family ? " Information was desired as to the names of such children, the date of birth and the reasons why they should be segregated. It also asked for the name of the person responsible for the welfare of such children, as the association was prepared to make an annual payment of 120 yen per person.

The association further aimed at setting up leper centres in leprosaria for persons suspected of being lepers and for lepers who, for special reasons, could not be treated at home, or admitted to leprosaria for lack of beds.

The enquiry would cost 8,000 yen (\$4,000). Half of this amount was for general research and the other for special research on the subject of chaulmoogra oil. An amount of 5,580 yen (\$2,790) was allocated for the creation of centres.

17. Administrative Questions.

(a) APPOINTMENT OF VICE-PRESIDENTS FOR 1932.

*Meeting of
October 13th, 1931
(morning)*

Professor CANTACUZÈNE, on Dame Janet Campbell's and his own behalf, thanked the Committee for the confidence shown in electing them Vice-Presidents. As the Bureau, however, during the coming year would have heavier duties than in the previous year, it was important that the Vice-Presidents should be able to meet easily. Accordingly, he proposed the appointment of Professor Léon BERNARD, Dr. HAMEL and Dr. TSURUMI.

This proposal was adopted.

(b) SESSIONS OF THE COMMITTEE AND BUDGET OF THE HEALTH ORGANISATION FOR 1932.

*Meeting of
October 12th, 1931
(morning)*

The PRESIDENT explained that reasons of economy had led the Secretary-General to ask for the session to be considerably shortened, and emphasised that this decision was in no way due to lack of appreciation for the work done by the Health Organisation. The speeches made by several delegates at the last Assembly had, on the contrary, shown that the results achieved were highly appreciated.

For the same reasons, the budget had been seriously reduced.

Dr. BOUDREAU observed that, at its last session, the Health Committee had, on the proposal of the Supervisory Commission, agreed to the cancellation of one of its annual meetings in 1932, owing to the rather special circumstances created by the convening of the Disarmament Conference. In such exceptional circumstances, the Committee had agreed, but it had been clearly specified that it should not be taken as a precedent for the future.

When the twelfth Assembly considered the financial position of the League it found that a number of countries had been unable to pay their contributions for the current year, and the League was thus, for the first time in its history, threatened with a deficit. The Assembly therefore asked the Council and the Governing Body of the International Labour Office to cancel or adjourn the meetings proposed during the latter months of 1931. The Health Organisation had been asked whether this session of the Health Committee could be cancelled, and, as this had proved impossible, the strictest economy was required in its conduct. When the Supervisory Commission was examining the Health Organisation's budget for 1932, the Secretary-General had stressed the importance of the rôle played by the Health Committee.

The League budget for 1932 was swollen by the appropriations made for the Disarmament Conference. As compared with 31½ million francs in 1931, the 1932 budget amounted to 35½ million francs. Several countries felt they might be unable to pay the larger contributions involved, in view of the current economic and financial crisis. It was felt that, when national Governments were reducing their expenditure, that of the League should not be increased. Furthermore, it would be difficult to carry on the regular work of the League during the Disarmament Conference. There would be a shortage of space and personnel at Geneva, and secretarial staff, interpreters and précis-writers would not be available for work outside Geneva. The Assembly had therefore decided to make as large a total reduction in the League budget as possible, while admitting that for normal times the budget was perfectly appropriate, and could not be regarded as at all excessive.

As the staff was engaged on a contractual basis, the Assembly could not reduce salaries, so that, in the case of sections whose budgets consisted mainly of staff salaries, no serious reductions could be made. All sections had had their budgets reduced more or less proportionately, allowing for what had just been said regarding salaries. A cut of 277,930 francs had been made in the Health Organisation's budget. In the circumstances, it would be seen that the Health Organisation's budget had not been affected more seriously than that of the other organisations.

The PRESIDENT thought the Committee were agreed that the cut made in the Health Organisation's budget should be regarded as purely temporary.

Sir George BUCHANAN said that those members of the Committee who, like himself, had followed the proceedings of the Second Committee of the Assembly would all be glad to testify to the great interest which had there been taken in the work of the Health Organisation. The diminution made in the budget was part of general League policy affecting all the technical organisations, and not directed with any special severity on the Health Organisation. The circumstance need not be taken too tragically, seeing that the cut had merely brought the allocation to the Health Organisation back to the million Swiss francs at which it was stabilised until recently. Moreover, additional funds were available for such special purposes as the work in China, and the money put at the disposal of the Health Organisation by the Rockefeller Foundation remained intact. No one could have done more than Dr. Boudreau to make clear the value and scope of the health work of the League and the importance of its receiving the fullest possible financial support.

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M. VELGHE submitted the budget as adjusted by the bureau. Members would recollect that an all-round reduction had already been made in the budget of the Health Organisation as compared with the previous year. The bureau had distributed the economies made in accordance with the needs of the Organisation's work. Commenting on the separate budget items, he pointed out that the bureau had tried to arrange things so that there would be as little curtailment as possible of the Health Organisation's activities, either as regards its sub-committees or the investigations undertaken. There would be sufficient funds for the Singapore Bureau, providing rigid economy was practised, so that the Committee might be assured that 1932 would be a year of at least normal activity for the Health Organisation.

Professor CANTACUZÈNE, while agreeing that the Health Organisation's budget had not been more heavily cut than that of other organisations, thought stress should be laid on the desirability in future of the Health Organisation's work being carried out as far as possible in its entirety. He therefore submitted the following motion :

“ The Health Committee,

“ Finding that the 1932 budget of the Health Organisation has been considerably reduced by the Assembly :

“ Takes note of the fact that this reduction is due to exceptional circumstances, but considers it of the highest importance to the work of the Health Organisation that the credits allotted in future should be sufficient to enable the Committee to carry out the work entrusted to it by the Council and Assembly of the League.”

M. VELGHE assured the Committee that the bureau, the Medical Director and several Members of the Assembly had all done their best to keep the budget at its original level and had failed only because there was no hope of getting the Assembly to adopt such a course. He agreed with Professor Cantacuzène that, when such severe cuts had been made in their budget, the logical procedure was to draw attention to the special importance of the Health Organisation's work. In Parliamentary debates, health budgets were commonly considered as an extravagance which could be cut down at will. It should, therefore, be emphasised that health expenditure was not so much a form of public relief as an insurance premium, and that the economic depression was no justification for surrendering the insurance.

Professor Cantacuzène's proposal was adopted.

(c) CONTINUATION OF WORK IN THE INTERVAL BETWEEN THE TWO SESSIONS
OF THE COMMITTEE.

*Meeting of
October 13th, 1931
(morning)* The PRESIDENT observed that a year would elapse before the Committee's next session. Such an interruption might seriously affect the Health Organisation's work. The bureau must, therefore, have rather wider powers to enable it to keep in touch with members and take the decisions necessary for the successful completion of investigations still pending in the long interval which must elapse between the two sessions. In submitting the following resolution, therefore, it was understood that the Secretariat would keep Members of the Committee informed of the bureau's meetings and send them the agenda of, and decisions taken at, such meetings :

“ The Health Committee,

“ In view of the fact that it is contemplated that a period of approximately one year will elapse before the next session :

“ Authorises its bureau to take any action which may be required to carry on the study of questions which are now under investigation in pursuance of resolutions already adopted by the Committee, or which may hereafter be communicated to the Health Committee by decisions of the Council of the League of Nations.”

Dr. JITTA, in supporting the proposal, urged that members of the Committee should be given sufficiently long notice of any specially important question.

Sir George BUCHANAN said that, according to the Constitution, in the interval between sessions the President was responsible for carrying on the Committee's work in consultation with the bureau and any members to whom he saw fit to apply. He considered that this provision should be enough to meet the present circumstances, but would not oppose the present resolution, seeing that it had been worked out between the Medical Director and the bureau before the departure of the former, and that the temporary additional authority given to the bureau was considered advantageous. He trusted that, when the bureau met in ordinary circumstances under the terms of this resolution, the members of the Health Committee would have been informed of the fact in advance, and so have had the opportunity of directing attention to any work of the Health Organisation which they thought required attention. He would like to be assured also that the resolution did not interfere with the preparation and distribution of the annual report at the normal time. He also pointed out that Article 3 of the Rules of Procedure regarding cases of emergency authorised the convening of the Health Committee at the request of seven of its members. Although this article had never been put into effect, it should be understood that it is not abrogated by the resolution now submitted.

The resolution was adopted.

(d) PUBLICATION OF THE TECHNICAL REPORTS OF THE HEALTH ORGANISATION.

*Meeting of
October 12th, 1931
(afternoon)* Sir George BUCHANAN said that he had already been asked whether the report on immunisation against scarlet fever and diphtheria could be regarded as available for public use, and whether periodicals could quote from it.

The PRESIDENT thought the question was important. It might be inadvisable to wait for all the reports to be submitted to the Committee before publishing. There was no objection to publishing documents of a strictly technical nature, but a report on administrative questions such as that now being discussed was an entirely different matter. Did the Committee agree that technical reports might be published before they were approved by the Health Committee, seeing that such approval was usually purely formal ?

M. VELGHE thought that, when the Health Committee asked experts to investigate a technical question, it was embarrassing for it approve their report, since the technical qualifications of members of the Committee might be questioned. Generally speaking, therefore, the Committee should merely take note of scientific reports, and in the present case publication need not be held up until the report had been submitted to the Committee. In his view, not merely was there no objection to publication, but it was even a duty. It would be a pity to keep their light under a bushel. When important scientific work had been done it was the duty of the Health Organisation to publish it on the responsibility of the scientists concerned. It was for the general public, whether men of science or administrators, to draw their own conclusions from such report. The Health Committee was in no way committed so long as it had not drawn any conclusions itself, particularly as regards whether administrations should give effect to a particular measure. The Committee, for instance, took note of the report on diphtheria, but did not decide whether populations should be invited



to submit to anti-diphtheria vaccination. The position would be different if there was a resolution of the Health Committee containing a recommendation to Governments. In such case there would have to be a discussion followed by a vote.

Professor BORDET concurred. In this connection he wished to comment on the way in which documents on the work of the Health Organisation were published. These publications were very numerous, and he felt the selection should be more drastic, so as to make the volume less cumbersome. Could the Health Committee not arrange to issue a short bulletin describing its work ?

Sir George BUCHANAN thought that there were often circumstances in which it would be desirable to publish an expert report without waiting for its formal submission to the Health Committee. There was, however, the difficulty that experts had a habit of giving their views on administrative or other questions outside their particular expert province. It was, moreover, often difficult to dissociate the scientific from the administrative aspect of their studies. The case might be met by publishing the report clearly as a signed report of the experts to the Health Committee, adding a note or preface in a standard form to the effect that the Health Committee had not yet examined the report.

Professor CANTACUZÈNE supported Professor Bordet's remarks. Some of the investigations made under the auspices of the Health Committee led to results which generally remained unknown, and yet it would be extremely valuable if they were made accessible to the medical world generally, if only to provoke discussion. In addition, therefore, to the selection which Professor Bordet suggested, steps should be taken to make the reports more widely known to the medical world generally.

Sir George BUCHANAN recalled in this connection the suggestion made at the preceding meeting by Dr. Boudreau regarding the publication of reports in medical periodicals. This would ensure the publicity desired by Professor Bordet and Professor Cantacuzène and cost nothing.

Dr. BOUDREAU remarked that, at the Committee's last session, the Medical Director had read a note on the publication of a quarterly bulletin, and had hoped at this session to make definite proposals on the point. From enquiries made in the medical world it had been found that the ordinary medical practitioner found it very difficult to keep abreast of the work done by the Health Committee. Very often he could not get the Committee's publications, the cost of which was sometimes rather high, so that the idea had been mooted of publishing certain committees' reports in scientific journals with the statement that these experts had met under the auspices of the League of Nations. The advantage of the suggestion was that it did not involve any extra cost.

The PRESIDENT noted that the Committee were agreed on the form of publication suggested for work done under the Health Committee's auspices. The experts themselves would bear entire responsibility for the scientific work done; and the Health Committee would only be committed where it had passed a formal resolution.

(e) INVITATIONS TO THE HEALTH COMMITTEE.

Dr. BOUDREAU said the following invitations had been received by the Health Committee :

Meeting of
October 13th, 1931
(morning)

The International Association for the Prevention of Blindness asked that a delegate of the Health Organisation should attend its General Assembly to be held in Paris on November 14th.

The International Congress for Urban Hygiene and Sanitary Engineering, to be held at Lyons on March 7th, 1932, wished to have a member of the Health Committee on its Committee of Honour.

The International Congress for Mediterranean Health, to be held at Marseilles on September 20th, 1932, wished to have the patronage of the Health Organisation.

The Executive Committee of the Second International Congress on Tropical Medicine announced that it would meet at Amsterdam in September 1932.

He proposed that the Committee should leave it to the President to decide how it would be represented at these meetings.

The proposal was adopted.

ANNEX I.

AGENDA

1. Decisions of the Assembly and Council.
 2. Report on Health Questions arising out of the League of Nations Mission to Liberia.
 3. Questions resulting from the European Conference on Rural Hygiene.
 4. Report of the Opium Commission of the Health Organisation.
 5. Report of the Permanent Commission on Biological Standardisation (Meeting held in London, June 1931).
 6. Report of the Experts on Immunisation against Scarlet Fever and Diphtheria (Meeting held in London, June 1931).
 7. Draft Memorandum of the Reporting Committee on Maternal Welfare, Infant Hygiene and Hygiene of the Child of Pre-School Age.
 8. Elections of Officers for 1932 and Nominations. Proposals of the Bureau.
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ANNEX II.

APPLICATION OF ARTICLES 8 AND 10 OF THE 1925 INTERNATIONAL OPIUM CONVENTION.

REPORT OF THE OPIUM COMMITTEE TO THE EIGHTEENTH SESSION OF THE HEALTH COMMITTEE.

The Health Committee is in possession of two reports adopted by the Permanent Committee of the Office international d'Hygiène publique at its sessions in May and October 1931 (see document C.H.1067, Annexes, or Minutes of the Office international d'Hygiène publique of May and October 1931), and has to give a final decision regarding the following questions :

1. Should the preparations proposed by the Estonian Government be exempt from the operation of the Convention ?
2. Should ipecopan compressed tablets and ampoules be exempt from the operation of the Convention, as the Swiss Government proposes ?
3. Should the provisions of the Convention not be applicable to the anti-opium pills appearing on the exemption list prepared by the Siamese Government, or to the sterilised solutions of eucodal and atropine, or morphine and atropine, which the German Government asks should be given the benefit of Article 8 of the Convention ?
4. Should the French Government's proposal regarding a modification of the procedure instituted by Article 8 of the Convention be adopted ?
5. What effect should the Health Committee give to the resolution in which the Conference for the Limitation of the Manufacture of Narcotic Drugs expressed the hope that any of the narcotic substances enumerated in Article 1, paragraph 2, group I, of the Convention framed by it, which were not already covered by the 1925 International Opium Convention, would be brought under the provisions of the latter Convention by means of the procedure laid down in Article 10 thereof ?
6. Should perkaine be brought under the provisions of the 1925 Opium Convention, as the Government of India proposes ?

Question No. 1.

The list of preparations which the Estonian Government¹ proposed to exempt from the operation of the Convention was referred to the Permanent Committee of the Office international d'Hygiène publique in accordance with the procedure laid down by Article 8 of the 1925 International Opium Convention, and examined by the Permanent Committee at its session in May 1930. The Permanent Committee of the Office found that none of these preparations actually comes under the terms of the Convention, the morphine content being in all cases less than 0.2%, the limit below which the provisions of the Convention do not apply.

Your Opium Committee agrees with this conclusion and proposes that you should adopt it.

Question No. 2.

In January 1930, the Swiss Government proposed that ipecopan compressed tablets and ampoules² should be exempt from the operation of the Convention.

The Committee of Experts and the Permanent Committee of the Office international d'Hygiène publique examined these two preparations on several occasions and, at its session in October 1931, the Permanent Committee expressed the view that the experimental work so far carried out on emetin is insufficient and that, in the present state of our knowledge, the emetic dose of emetin cannot be determined with sufficient certainty.

The Committee consequently proposes not to give these two preparations the benefit of Article 8, and the Opium Committee agrees with this proposal.

Question No. 3.

Members of the Health Committee will doubtless remember that three preparations proposed respectively by the German³ and Siamese⁴ Governments were exempted from the provisions of the Convention by the Health Committee at its sixteenth session (October 1930).

¹ This list includes the following preparations :

(1) <i>Gullæ Thielemanni:</i>	
Tincturæ Nucis vomicæ	1
Tincturæ Opii crocatæ	2
Vini Ipecacuanhæ	1
Tincturæ Menthæ piperitæ	4
Tincturæ Valerianæ æthereæ	8
(2) <i>Gullæ Inosemzovi:</i>	
Tincturæ Rhei amaræ spirituosæ	360
Tincturæ Valerianæ æthereæ	180
Liquor Hoffmanni	180
Tincturæ Opii simplicis	90
Olei Menthæ piperitæ	3.75
Extracti Nucis vomicæ spirituosi	0.72
Tincturæ Castorei Sibirici	15
(3) <i>Tinctura Opii Benzoica:</i>	
Opii pulverati	1
Olei Anisi	1
Camphoræ	2
Acidi Benzoici	4
Spiritus Vini 70%	192
(4) <i>Gullæ anticholericæ Hermann:</i>	
Tincturæ Nucum vomicarum	2
Tincturæ Opii simplicis	3
Tincturæ Nucis Moschatæ	4
Tincturæ Valerianæ æthereæ	10
Olei Menthæ piperitæ	1
(5) <i>Gullæ anticholericæ Pirogovi:</i>	
Tincturæ Valerianæ æthereæ	12
Tincturæ Nucum vomicarum	6
Tincturæ Opii crocatæ	6
Ætheris aceticæ	6
Tincturæ Veratri albi	3
Olei Menthæ piperitæ	2
(6) <i>Gullæ Beljaevi:</i>	
Tincturæ Absinthii compositæ	8
Essentiæ Menthæ piperitæ	2
Tincturæ Opii simplicis	2
(7) <i>Unguentum opiatum:</i>	
Extracti Opii	1
Glycerini	1
Adipis suilli eloti	18

² The formula of these two preparations is as follows :

(a) Compressed tablets of ipecopan :	
Morphine hydrochloride	0.0025
Hydrochloride of other opium alkaloids	0.0025
Emetin hydrobromide	0.0010
Sugar of milk, q.s. for	0.05
Each compressed tablet contains 0.006 gr. of ipecopan.	
(b) Ampoules of ipecopan :	
Morphine hydrochloride	0.005
Hydrochloride of other opium alkaloids	0.005
Emetin hydrobromide	0.002
Aq. dest., q.s. for	1 c.c.
Each ampoule contains 0.012 gr. of ipecopan.	

³ Sterilised solutions of morphine and atropine having a maximum content of 2 per cent of morphine salts and a minimum content of 0.05 per cent of atropine salts, ampoules of 1.1 c.c.

Sterilised solutions of eucodal and atropine having a maximum content of 2 per cent of eucodal salts and a minimum content of 0.05 per cent of atropine salts, in ampoules of 1.1 c.c.

⁴ <i>Anti-Opium tablets:</i>	
Eucodal	1 gramme
Pulvis gentian	35 grammes
Pulvis ipecac.	20 grammes
Quinine sulphate	20 grammes
Caffeine	5 grammes
Sugar of milk	25 grammes

Mix up and make up 5-grain tablets.

The Health Committee's decision was, however, conditional in this sense, that the two preparations proposed by the German Government were admitted on condition that they should be only supplied in 1.1 c.c. ampoules, and that the preparation proposed by the Siamese Government should not be exempted from the provisions of the Convention unless the appellation "anti-opium" were suppressed.

The British Government having expressed doubts as to whether such conditional exemptions were legally permissible, the Legal Adviser to the Secretariat of the League of Nations was asked to give an opinion on the subject, and, at its session in May 1931, the Health Committee decided, in consideration of this opinion, to refer the question back to the Permanent Committee of the Office for a further opinion and report.

According to the League Legal Adviser's opinion (see document C.H.976) the Health Committee's decisions should be based exclusively on the composition of the preparations considered regardless of the name or of the form in which they are put up. Article 8 only allows preparations containing narcotics to be exempted from the provisions of the Convention if they "cannot give rise to the drug habit on account of the medicaments with which the said drugs are compounded and which in practice preclude the recovery of the said drugs", and the Legal Adviser expressed the view that these two properties — namely, (1) that of not giving rise to the drug habit; (2) that of not lending themselves in practice to the recovery of the drug — depend solely upon the composition of the preparation concerned.

After further consideration of this matter, the Permanent Committee of the Office thought it necessary to distinguish between solutions of eucodal and those of morphine, combined in each case with atropine.

As regards the former, it was agreed that they might be unconditionally exempted from the provisions of the Convention, since it did not appear possible, in practice, to recover the eucodal they contained, and the Opium Committee proposes that you should adopt this opinion.

As for solutions of morphine and atropine, the Permanent Committee of the Office considers that recovery of the morphine is very easy. The condition laid down by the Permanent Committee when it recommended exemption of this solution from the operation of the Convention — namely, that the solution should only be supplied to the trade in 1.1 c.c. ampoules — was designed to "preclude in practice" the recovery of morphine. The Permanent Committee is of opinion that the practical possibilities of recovery depend to some extent on the form in which the preparation is put up.

The price of the preparations in question depends, in fact, on the container rather than on its contents and this is what in practice precludes recovery. The Permanent Committee of the Office therefore adheres to its view; nevertheless, if the condition stipulated — *i.e.*, the putting up of the preparation into 1.1 c.c. ampoules — should not be recognised as legal, it recommends that this preparation should not be given the benefit of Article 8.

The Opium Committee considers that sterilised solutions of morphine and atropine in ampoules of 1.1 c.c., as proposed by the German Government, should be exempt from the operation of the Convention, as the cost of the ampoule would in practice preclude the recovery of the drug.

So far as concerns the anti-opium pills appearing on the Siamese Government's list, the Permanent Committee proposes to exempt these from the operation of the Convention and expresses the hope that the name "anti-opium" will be dropped, and the Opium Committee proposes that you should adopt this view.

Question No. 4.

In a letter dated March 18th, 1931, the French Government asked that, when a preparation had been given the benefit of Article 8 of the 1925 International Opium Convention on the ground that it contained another substance (*dénaturant*) in given proportions, all preparations containing the same narcotic and the same substance in the same proportions should, *ipso facto*, be exempted from the provisions of the Convention, no matter what other (non-narcotic) substances entered into their composition.

The Permanent Committee rejected this proposal for several reasons (see document C.H.1067, Annex II, and Minutes of the Office, session October 1931), of which we will merely quote the first two, which will doubtless be regarded as conclusive :

(1) It would be possible to introduce into the composition of these preparations, in addition to the *dénaturant*, other substances which would counteract the latter, thereby destroying its effect.

(2) To gauge the exact possibilities of recovering a narcotic it is essential to have full information as to the composition of the preparation into which it enters.

The Opium Committee accordingly considers that you should reject this proposal.

Question No. 5.

The Conference for the Limitation of the Manufacture of Narcotic Drugs expressed the hope, in a special resolution, that any of the narcotic substances enumerated in Article 1, paragraph 2, group I, of the Convention which it framed, which were not already covered by the 1925 International Opium Convention, would be brought under the provisions of the latter convention by means of the procedure laid down in Article 10 thereof.

When this resolution was submitted to the President of the Health Committee, he referred it to the Office international d'Hygiène publique for an opinion and a report, in accordance with the expeditious procedure adopted by the Health Committee in matters relating to Article 10.

The Permanent Committee of the Office has expressed the opinion that all the substances in question should be brought under the provisions of the 1925 Convention, and the Opium Committee proposes that you should adopt this view.

Question No. 6.

At the proposal of the Government of India, the Office internationale d'Hygiène publique has been asked to give its opinion as to the expediency of bringing perikaine (hydrochloride of the di-ethyl-ethylene-diamide of a-butyl-oxy-cinchoninic acid) under the 1925 Opium Convention.

In the view of the Permanent Committee of the Office, this substance is a local analgesic wholly unrelated to cocaine and engendering neither habituation nor addiction. The Opium Committee is therefore of opinion that there is no reason why it should be brought under the provisions of the Convention.

ANNEX III.

REPORT OF THE HEALTH COMMITTEE ON THE WORK OF
ITS EIGHTEENTH SESSION.

I. LIBERIAN GOVERNMENT'S REQUEST FOR THE COLLABORATION OF THE LEAGUE OF NATIONS.

The Committee set up by the Council at its sixty-second session to consider the request for assistance presented by the Liberian Government decided, in February 1931, to dispatch to Liberia experts in administration, finance and hygiene to study the local situation and to present a report on the form which this assistance might take. The expert in hygiene, Dr. Mackenzie, was nominated by the Health Committee in May 1931 (document C.280.M.131, 1931.III). The experts visited Liberia from June 13th to July 26th, 1931. In regard to the report which the experts were asked to prepare, the Committee of the Council decided that "it will no doubt be necessary to consult the Financial Committee and the Health Committee respectively in regard to those parts of their report or reports which refer to those subjects" (document C.363.1931.VII, Annex I).

In view of the fact that the Committee of the Council would not meet to consider the report of the experts until after the present session of the Health Committee, and that the next session of the Health Committee would not be held until October 1932, the expert in hygiene was invited to present a statement to the present session describing the recommendations on health matters which would be included in the report of the experts to the Committee of the Council.

After hearing this statement, the following resolution was adopted :

" The Health Committee,

" Having heard the statement of Dr. Mackenzie, the health expert sent to Liberia by the Council Committee to enquire into the measures necessary for the improvement of the health services :

" Approves the recommendations made by him and places its services at the Council's disposal for any assistance which the Council may require in connection with the execution of these recommendations."

II. CO-ORDINATION OF THE ANTI-EPIDEMIC CAMPAIGN IN THE FLOODED REGIONS OF CHINA.

Resolutions were adopted by the Assembly at its twelfth ordinary session inviting Governments to comply as fully as possible with all requests for assistance for the flooded regions in China, and asking them to take all possible measures for relief in collaboration with the League of Nations (documents A.42.1931 and A.60.1931.III).

The Council, on September 30th, at its sixty-fifth session, adopted two resolutions on the same subject (document C.624.1931.III). The second resolution invited the Health Organisation to comply with the request of the National Health Administration of China to co-ordinate the efforts to combat epidemics in the flooded regions and called the attention of Governments and the public to the need for contributions in money as well as for medical staff and supplies. The Secretary-General was authorised to receive such money contributions and to transmit them to the co-ordinating authority.

The following resolution was adopted :

" In view of the resolution of the Council inviting the Health Organisation to comply with the request of the National Health Administration of China to co-ordinate the

efforts made to combat epidemics which threaten to follow the floods in the Yangtze Valley,

“ The Health Committee,

“ (1) Decides to comply with the Council's request ;

“ (2) Instructs the Medical Director to take the necessary measures and requests him to keep the members of the Committee regularly informed of the established necessities of the case as well as of action taken.

“ (3) Should the funds allocated to the Health Organisation for the purpose of this co-ordination prove inadequate, the Health Committee authorises its bureau to make suitable representations to the Council and Assembly of the League with a view to securing supplementary provision.”

III. PERMANENT COMMISSION ON BIOLOGICAL STANDARDISATION.

The Permanent Commission on Biological Standardisation met in London from June 17th to 23rd, 1931. On the basis of reports submitted by its sub-committee, the Commission adopted a new series of international standards for anti-gas-gangrene serum, tuberculin and vitamins. A programme of subsequent work was also adopted (document C.H.1056(1)).

Having taken note of this report, the Health Committee adopted the following resolution :

“ The Health Committee,

“ Adopts the report on the meeting of the Permanent Commission on Biological Standardisation held in London in June 1931 ;

“ Tenders its thanks to the experts who took part in the work and to the London School of Hygiene and Tropical Medicine for the facilities so generously afforded to the Commission.”

IV. IMMUNISATION AGAINST SCARLET FEVER AND DIPHTHERIA.

During its fourteenth session, the Health Committee decided to enquire into the efficacy of active immunisation against scarlet fever and diphtheria. A first consultation of experts took place in Paris on July 4th, 1929, when a common plan of work was adopted. The results of the subsequent enquiries in various countries were presented to a group of experts which met in London from June 17th to 19th, 1931.

After taking note of the reports submitted by these experts (documents C.H.1057 and 1059), the Health Committee adopted the following resolution :

“ The Health Committee,

“ Approves the reports of the experts on immunisation against scarlet fever and diphtheria (documents C.H.1057 and 1059) ;

“ Desires to express its appreciation to the experts who took part in the work and its gratitude to the London School of Hygiene and Tropical Medicine for the facilities so generously afforded to the Conference.”

V. OPIUM COMMISSION.

A. *Decisions of the Health Committee in view of Article 8 of the 1925 International Opium Convention of Geneva.*

In accordance with the procedure laid down in Article 8 of the International Opium Convention signed at Geneva in 1925, lists of preparations which the Estonian, Swiss, German and Siamese Governments respectively proposed should be exempted from the operation of the Convention were referred by the Health Committee to the Permanent Committee of the Office international d'Hygiène publique for opinion and report.

The Health Committee also referred to the Permanent Committee of the Office international d'Hygiène publique the proposal of the French Government that, when a preparation has been exempted under Article 8 from the operation of the 1925 Convention on the ground that it contains another substance (*dénaturant*) in given proportions, all preparations containing the same narcotic and the same substance in the same proportions should, *ipso facto*, be exempted from the provisions of the Convention, no matter what other non-narcotic substances entered into the composition of such preparations.

After considering the opinion and report of the Permanent Committee of the Office international d'Hygiène publique (document C.H.1067, Annex I) and on the proposal of its Opium Commission the Health Committee adopted the following resolutions :

The Health Committee,

“ 1. Notes that none of the preparations which the Estonian Government proposed to exempt from the provisions of the Convention comes, by virtue of its composition, under the control of the Convention.”

" 2. Decides to postpone any decision on the two preparations having a basis of opium alkaloids and alkaloids of ipecacuanha which the Swiss Government proposed to exempt from the provisions of the Convention, until it has more complete information on the emetic properties of emetin."

" 3. Decides that the ' anti-opium ' pills appearing in the list submitted by the Siamese Government should be exempted from the provisions of the Convention. It expresses the hope that this preparation will not be presented to the public under the name of ' anti-opium pills ' ; such an appellation, suggesting as it does a property which this preparation does not in fact possess, is calculated to increase its consumption."

" 4. Decides that the sterilised solutions of eucodal and atropine proposed by the German Government should be exempted from the operation of the Convention."

" 5. Decides that the sterilised solutions of morphine and atropine in 1.1 c.c. ampoules proposed by the German Government should be exempted from the provisions of the Convention since, in practice, the putting up of the solution into ampoules, precludes recovery of the narcotic drug, owing to the resultant increase of price and especially to the complications which would be entailed in the process of recovery."

" 6. Having considered the proposal of the French Government that, when a preparation has been given the benefit of Article 8 of the 1925 International Opium Convention on the ground that it contains a denaturant in given proportions all preparations containing the same narcotic and the same substance (*dénaturant*) in the same proportions should *ipso facto* be exempted from the provisions of the Convention, no matter what other (non-narcotic) substances enter into their composition :

" Considers that this proposal cannot be accepted for the following reasons :

" (1) That other substances might be introduced into the composition of such preparations, in addition to the denaturant, which would counteract the latter and consequently destroy its effect ;

" (2) That in order to determine precisely the possibilities of recovering the narcotic, it is essential to possess full information as to the composition of a preparation of which it forms a part."

B. *Decisions of the Health Committee in view of Article 10 of the 1925 International Opium Convention.*

(a) The Conference for the Limitation of the Manufacture of Narcotic Drugs expressed the hope that any of the narcotic substances enumerated in Article I, paragraph 2, group I, of the Convention which it drafted, which were not already covered by the 1925 International Opium Convention, would be brought under the control of the latter convention by means of the procedure laid down in Article 10.

(b) The Government of India proposed that the expediency of bringing perkaine (hydrochloride of the di-ethyl-ethylene-diamide of a-butyl-oxy-cinchonic acid) under the control of the Convention should be examined.

After having referred these questions for opinion and report to the Permanent Committee of the Office international d'Hygiène publique, the Health Committee adopted the following resolutions :

" The Health Committee,

" 1. Recommends that any of the narcotic substances enumerated in Article I, paragraph 2, group I, of the Convention for the Limitation of the Manufacture of Narcotic Drugs, which are not already covered by the 1925 International Opium Convention, be brought under the provisions of that Convention in conformity with the provisions of Article 10 ;

" 2. Considers that perkaine (hydrochloride of the di-ethyl-ethylene-diamide of a-butyl-oxy-cinchonic acid) is not a habit-forming narcotic drug and that hence there is no reason to bring it under the 1925 Convention."

VI. THE EUROPEAN CONFERENCE ON RURAL HYGIENE.

The European Conference on Rural Hygiene was held at Geneva from June 29th to July 7th, 1931. The report of the Conference, including its proposals for the international study of certain subjects under the auspices of the Health Organisation (document C.473.M.202.1931.III) was approved by the Council on September 4th, at its sixty-fourth session, held at Geneva (C/64th Session/P.V.2(1)). The Council expressed its appreciation to the schools of hygiene and similar institutes which had offered to collaborate in this further international study, and approved the suggestion of its Rapporteur that, in due course, a second conference of wider scope might be convened for the consideration of rural hygiene problems throughout the world.

The Council referred to the Health Committee the proposal of the Conference that the Health Organisation should study the programme and methods of training of health visitors and sanitary engineers in the different countries.

After hearing the statement of Professor G. Pittaluga, President of the Conference, on the results of the Conference, the Health Committee adopted the following resolution :

- “ The Health Committee,
- “ Having taken note of the report of the European Conference on Rural Hygiene :
- “ Recognises the technical value of the results obtained by the Conference ;
- “ Tenders its thanks to the directors of schools of hygiene and similar institutions who have agreed to undertake certain enquiries proposed by the Conference under the auspices of the League's Health Organisation ;
- “ Requests the Medical Director to report to the Committee at a later session on the programme of instruction and methods of training of health visitors and sanitary engineers in the different countries.”

VII. MATERNAL WELFARE AND THE HYGIENE OF INFANTS AND CHILDREN OF PRE-SCHOOL AGE.

On the proposal of its President, the Health Committee, at its sixteenth session, (September 29th to October 7th, 1930), decided to set up a number of reporting committees to prepare technical statements which would constitute a declaration of the present state of practice and knowledge in the various field of public health. The statements were to be fully discussed by the Health Committee and, when adopted, would engage the technical authority of the Committee.

The Reporting Committee on National Welfare and Hygiene of Infants and Children of Pre-School Age presented a report on this subject to the Health Committee. After hearing the statement of Dame Janet Campbell, Chairman of the Reporting Committee, and discussing each chapter of the report, the Health Committee adopted the following resolution :

- “ The Health Committee,
- “ Having examined the draft report of the Reporting Committee on Maternal Welfare and the Hygiene of Infants and Children of Pre-school Age :
- “ Considers that this report embodies fundamental principles by which health administrations may usefully be guided in their efforts to prevent maternal and infant mortality, and adopts the report.”

VIII. PHYSICAL EDUCATION.

At its sixteenth session, the Health Committee decided to set up an expert group for the study of physical education under the chairmanship of Professor D. Ottolenghi. The study of physical education had been proposed by the delegation of Czechoslovakia to the seventh ordinary session of the Assembly, and information had been collected by the Health Organisation on the progress of physical education in the different countries.

In January 1931, a consultation of experts was held at Copenhagen under the chairmanship of Professor Ottolenghi. After taking note of the experts' recommendations, the Health Committee, at its seventeenth session, requested the Medical Director to collect information on the question of muscular fatigue in relation to exercise.

The President of the Health Committee, at its present session, explained that it would be possible to carry out such studies in certain laboratories which possessed unusual facilities for this work. Accordingly, the Health Committee adopted the following resolution :

- “ The Health Committee,
- “ On consideration of the recommendations concerning the study of physical education put forward by the experts who met at Copenhagen in January 1931 :
- “ Accepts the proposal presented by its President to undertake, with the assistance of competent experts, laboratory investigations into the physiology and effects of extreme muscular fatigue.”

IX. BUDGET OF THE HEALTH ORGANISATION FOR 1932.

- “ The Health Committee,
- “ Finding that the 1932 budget of the Health Organisation has been considerably reduced by the Assembly :
- “ Takes note of the fact that this reduction is due to exceptional circumstances, but considers it of the highest importance to the work of the Health Organisation that the credits allotted in future should be sufficient to enable the Committee to carry out the work entrusted to it by the Council and Assembly of the League.”

X. NOMINATION OF A NEW MEMBER OF THE HEALTH COMMITTEE.

The Health Committee proposes that Professor HÜSAMETTIN Bey, Under-Secretary of State in the Ministry of Public Health and Social Welfare at Ankara, should be appointed a member of the Committee.

XI. CONSTITUTION OF THE BUREAU OF THE HEALTH COMMITTEE.

The Health Committee elected the following Vice-Presidents for 1932 : Professor Léon BERNARD ; Dr. C. HAMEL ; Dr. M. TSURUMI.

These Vice-Presidents, together with M. O. VELGHE, President of the Permanent Committee of the Office international d'Hygiène publique, who is Vice-President of the Health Committee *ex officio*, will constitute the bureau during 1932.

XII. MANDATE OF THE BUREAU.

“ The Health Committee,

“ In view of the fact that it is contemplated that a period of approximately one year will elapse before the next session :

“ Authorises its bureau to take any action which may be required to carry on the study of questions which are now under investigation in pursuance of resolutions already adopted by the Committee, or which may hereafter be communicated to the Health Committee by decisions of the Council of the League of Nations.”

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ABBREVIATIONS

Cttee. ≡ Committee. Perm. ≡ Permanent.

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