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LEAGUE OF NATIONS

EUROPEAN
HEALTH CONFERENCE

held at

Warsaw from March 20th to 28th, 1922



LEAGUE OF NATIONS

GENEVA, April 3rd, 1922.

EUROPEAN HEALTH CONFERENCE

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TABLE OF CONTENTS

- I. General Report.
- II. List of Delegates.
- III. Summary of Reports presented by different States, and by Dr. Haigh, Member of the Epidemic Commission of the League of Nations, and Dr. Muehlens, Head of the German Red Cross Mission at Moscow.
- IV. Minutes of Plenary Sessions.
- V. Report of the Second Committee.
- VI. Reports of Sub-Committees of the Third Committee.
- VII. Maps.

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LEAGUE OF NATIONS

I.

GENERAL REPORT.

THE EPIDEMIC COMMISSION.

The first instance of an international co-ordinated effort on the part of governmental public health services to fight epidemics in Europe was initiated in March 1920 by the Council of the League of Nations, who asked an international sanitary Conference sitting in London to submit a detailed plan for a campaign against typhus in Poland, in close co-operation with the representatives of the Polish Public Health Service. As a result of this Conference, successive appeals were launched by the Council to all Governments for funds, and an Epidemic Commission was appointed to administer the funds and to be instrumental in bringing material assistance to the public health services concerned.

The Epidemic Commission is not a charitable relief organisation, its funds are derived from subscriptions received from Governments, who have recognised that the extermination of typhus in Eastern Europe is a matter of international concern. It does not undertake independent work, but it acts through the public health administration of the countries concerned. It aims at strengthening the sanitary organisation of the countries as the most effective and lasting means of checking the spread of epidemics. It differs therefore fundamentally from the ordinary relief organisations interested in the immediate alleviation of suffering or in satisfying the immediate needs of the situation, with the result that, when assistance is withdrawn, former conditions again prevail. The Epidemic Commission acted on the principle that a permanent system of sanitary defence should be built up in Eastern Europe on the border zone forming the bridge between Poland and Russia.

The Epidemic Commission was the only health organ of the League until September 1st, 1921, when, after very prolonged negotiations, the Second Assembly set up the Health organisation of the League with the Health Section of the Permanent Secretariat as its executive organ. The Epidemic Commission became one of the working departments of the Health Organisation of the League.

The Health Organisation decided first to obtain accurate information concerning the epidemiological situation and the health conditions of the most affected areas in Europe. Its intimate relations with Poland, Czecho-Slovakia, the Baltic States, etc., did not suffice for the purpose, and at the end of September a special Commission was despatched to Moscow and contact was established with the People's Health Commissariat. Later on, representatives of the Epidemic Commission were sent to Russia and the information obtained regularly transmitted from Russia and lately also from the Ukraine. These reports were presented to the Warsaw Conference in a series of publications of the Health Organisation.

During January 1922, information had accumulated at the Health Section showing that the situation in Eastern Europe was rapidly becoming very serious, both as regards the extension of the famine in Russia and the greatly increased incidence of epidemic diseases, with a resulting fresh temporary breakdown of the sanitary defences in the Eastern provinces of Poland. The Secretariat of the League of Nations consequently circulated a report on the health situation in Eastern Europe to all States Members of the League.

THE CONVENING OF THE WARSAW CONFERENCE.

The Polish Government, having received this report, applied to the President of the Council of the League, requesting the immediate convocation of a technical European Conference to consider the situation and the measures to be taken to prevent the further spread of the disease and the necessity of attacking it at the centres of the epidemics.

The Council invited the Polish Government to convene the Conference themselves, and, inasmuch as the proposed work of the Conference fell within the scope of the activities of the League, the Council placed at the disposal of the Polish Government the services of the technical organisation of the League for the work of the Conference.

The Polish Government invited all European States to meet in Warsaw on March 20th. The following Governments accepted the invitation and were represented at the Conference :

Austria	Great Britain	Roumania
Belgium	Greece	Russia
Bulgaria	Hungary	Serb-Croat-Slovene State
Czecho-Slovakia	Italy	Spain
Danzig	Japan	Sweden
Denmark	Latvia	Switzerland
Esthonia	Lithuania	Turkey
Finland	Netherlands	Ukraine
France	Norway	
Germany	Poland	

THE WORK OF THE CONFERENCE.

The Conference decided to break up into three Committees, in order to study in greater detail the problems before it.

The Bureau of the Conference was constituted as follows :

- Dr. CHODZKO (Poland), President.
- Dr. TERBURGH (Netherlands), Vice-President.
- Dr. CRUVEILHIER (France), Vice-President.
- Dr. GROENLUND (Finland), Vice-President.
- Colonel JAMES (Great Britain), President of the First Committee.
- Dr. FREY (Germany), President of the Second Committee.
- Dr. MESSEA (Italy), President of the Third Committee.
- Prof. CANTACUZÈNE (Roumania), Vice-President of the First Committee.
- Dr. KULHAVY (Czecho-Slovakia), Vice-President of the First Committee.
- Dr. STAMPAR (Serb-Croat-Slovene State), Vice-President of the Second Committee.
- Dr. VAN BOECKEL (Belgium), Vice-President of the Second Committee.
- Dr. KALINA (Russia), Vice-President of the Third Committee.
- Dr. NAESLUND (Sweden), Vice-President of the Third Committee.

The First Committee studied the epidemiological situation on the basis of very detailed reports presented by Esthonia, Latvia, Lithuania, Poland, Roumania, Russia, Turkey, and the Ukraine.

Colonel James acted as rapporteur.

The Second Committee discussed the measures to be taken by countries adjoining Russia and by neighbouring States to ensure the exchange of information concerning the course of the epidemics and to reach agreement as to the means for preventing the further spread of the epidemics.

Dr. Kolinsky acted as rapporteur.

The Third Committee was entrusted with the preparation of a detailed programme of sanitary defence in the frontier zone between the border States and Russia, White Russia and the Ukraine, as well as measures of direct attack on the epidemics at their centres of origin. In view of the magnitude of the work of this Committee, the President, with the consent of the Bureau, appointed a Sub-Committee, under the chairmanship of Dr. Maxa (Czecho-Slovakia), to consider in detail the programme brought forward by the national delegations.

Professor Otto (Germany), Professor Maggiora (Italy), Dr. Haigh, Dr. Syssin and Dr. Kalina (Russia), and Dr. Kholodny (Ukraine) examined the Russian and Ukrainian programme.

Professor Cantacuzène (Roumania) and Colonel Gauthier examined the Polish programme, Professor Otto and Dr. Mutermilch the Lithuanian programme, Dr. Sztolcman (Poland) the Lett and Esthonian programmes, while Professor Cantacuzène placed before the Committee a plan of future action for Roumania.

The proposals made by the various Sub-Committees were considered by all the experts mentioned above, with the help of Colonel James (Great Britain) and Professor Castellani (Italy).

TOUR OF INSPECTION.

Most of the members of the Conference took part in a tour of inspection organised by the Polish Department of Public Health. They visited the great quarantine station at Baranowicze and all its installations for sanitary defence. They then proceeded to Vilna to inspect the epidemic hospitals which have only recently been established for this district. Thence they proceeded to Smorgon, north-east of Vilna, one of the most devastated regions of that district, where the repatriated inhabitants are obliged to live underground in the trenches which the Germans abandoned in 1918.

They then visited Wolkowysk, and inspected an epidemic hospital serving as a base hospital in one of the affected regions, and also reserve hospitals for surplus patients evacuated from the first-line hospitals.

The tour concluded with a visit to Bialystok, which forms the centre of the last line of defence on the Bug.

THE FIRST COMMITTEE.

The First Committee considered the report presented by the Health Section of the League of Nations, the Russian, Polish, Czecho-Slovak, Estonian, Lithuanian, Latvian and Roumanian Delegates' reports, as well as a series of reports presented by Dr. Haigh, who was able to lay before the Committee the results of his tour of inspection in Russia and the Ukraine.

Professor Muehlens, who worked in Russia as Head of the German Red Cross Mission at Moscow and in the famine areas, also furnished the Committee with very full information on the epidemic situation in the interior of Russia.

The Roumanian and Polish Delegates presented detailed information on the progress of epidemic diseases in their countries.

This Committee was the first to formulate a resolution, which was submitted to a plenary meeting of the Conference on March 22nd, and unanimously adopted in the following form :

RESOLUTION PRESENTED BY THE FIRST COMMITTEE ON MARCH 22nd, 1922, AND ADOPTED BY THE CONFERENCE.

The European Health Conference, having heard the report of the Health Section of the League of Nations and the reports of the delegations of the different States, and after having visited the quarantine stations, the hospitals and the other organisations for the anti-epidemic campaign in the Russo-Polish frontier zone, has unanimously reached the following conclusions :

(1) The conditions which arose in Eastern Europe during and after the great war were very favourable to the development of dangerous epidemics, especially of the insect-borne diseases such as typhus and relapsing fever, of food and water-borne diseases such as cholera, typhoid fever and dysentery, and of other communicable diseases such as smallpox. In Russia before the war the average incidence of typhus fever was about 90,000 cases per annum, and of relapsing fever about 30,000; but in 1920 the typhus cases officially notified numbered 3,000,000 and the relapsing fever cases 1,000,000. Poland and other countries of Eastern Europe suffered on a similar scale.

(2) The countries attacked by these epidemics organised and carried out thoroughly all the measures of control and defence that were possible in circumstances of great social and economic difficulty, and their efforts were followed during the first nine months of 1921 by a marked improvement. Cases of typhus fever fell in Poland from 157,000 during 1920 to 48,000 during 1921; in Russia from 3,000,000 to 600,000; in Roumania from 45,855 to 4,834.

(3) But, unfortunately, towards the end of 1921 a new and intense access of adverse conditions associated with famine, migration and repatriation severely overtaxed the anti-epidemic arrangements and led

to a sudden and violent recrudescence of typhus and relapsing fever accompanied by an epidemic of cholera. After hearing the reports of the responsible officers who have just returned from afflicted areas in the Volga district, the Ukraine and the Black Sea littoral, the Conference is convinced that the increasing prevalence and extension of cholera in the Ukraine, and the mass-migration towards the north-west of populations from these and other famine-stricken areas, combine to constitute an immediate danger to the rest of Europe. The adverse conditions, the migration from stricken areas, and the associated epidemic diseases are at present increasing rapidly, and the situation as a whole is becoming more menacing.

(4) Having regard to this information and to the knowledge that the causes of the development and extension of cholera and other dangerous epidemic diseases in Eastern Europe are continuing in an aggravated degree, the Conference is convinced that, unless much greater efforts than have hitherto been possible are made — and that without delay — the present epidemiological situation will cause much more serious suffering and death among the populations of the infected areas, will impede reconstruction, will hamper trade, and will constitute a real and imminent danger to the whole continent of Europe.

(5) The Conference desires also to put on record that the difficulties of dealing with the present situation are accentuated by the lack of medical men and trained personnel, caused in part by diseases and death among those who have so honourably and selflessly devoted their lives to this campaign.

THE SECOND COMMITTEE.

The Second Committee held several meetings every day. Its task was to work out the principles upon which sanitary conventions, to be concluded between different countries, should be based. All the members agreed that there were grounds for modifying in these particular conventions certain of the stipulations of the Paris International Convention, and that it would be advantageous to adopt two or three types of conventions. The measures appropriate for conventions between Russia and the Ukraine and the States bordering those countries differed from those appropriate for conventions between Poland and Germany or Czecho-Slovakia; while the health relations of two countries such as Czecho-Slovakia and Germany required yet another type of convention.

The Committee had before it a draft convention between Poland, Russia, White Russia and the Ukraine, and considered it as a first type of convention. It also examined a draft prepared by the Latvian and Esthonian Delegations, designed to serve as a basis for negotiations between those countries and Poland. Finally, it discussed at length a draft sanitary convention prepared by the Health Section of the League of Nations.

The text of the report submitted by the Second Committee to the Plenary Conference is given in Part V, and the resolutions adopted on pages 9 and 10.

THE THIRD COMMITTEE.

The Third Committee drafted a plan for the campaign against epidemics in the infected regions. After hearing the members of all the Delegations concerned, and after considering the data supplied by the Epidemic Commissioners, the Committee examined in detail the condition of sanitary defence in the countries bordering on Russia, White Russia, and the Ukraine as well as in these countries. The work done by the Sub-Committees appointed by the President of the Third Committee was most detailed and their conclusions were summarised in a final recommendation. The discussions in the First Committee had already shown the danger threatening not only the countries bordering on the regions where the epidemics are raging, but also indirectly the other countries of Europe. It was admitted that the danger of cholera was particularly serious. The Third Committee further considered that the economic reconstruction of Europe was

closely connected with the success of the campaign against epidemics in Eastern Europe. It agreed that a purely defensive policy could not provide sufficient guarantees and that the epidemics should be attacked at their sources. The Committee formulated its conclusions in the following report.

REPORT PRESENTED BY THE THIRD COMMITTEE

ADOPTED BY THE CONFERENCE ON MARCH 28th, 1922.

In regard to the principles upon which action should be based, the Conference has carefully considered the following policies, namely :

(1) A defensive policy of strengthening and supplementing the existing anti-epidemic arrangements within the frontier zone of Russia, White Russia and the Ukraine, and the countries bordering them on the west.

In the opinion of the Conference, the minimum requirements of this policy are :

(a) To improve and supplement existing arrangements at Sebej, Polock, Minsk, Gomel and Shepetowka.

(b) Ditto at South Ukrainian ports, chiefly Odessa, Nicolayewsk, Kherson and Rostov.

(c) Ditto in Finland, Esthonia, Latvia, Lithuania, Poland and Roumania.

(2) A policy which combines the strengthening of the defence within the frontier zone with comprehensive measures in Russia and the Ukraine. The measures would comprise :

(a) *Within the frontier zone*: all the arrangements enumerated in the first policy outlined above.

(b) *In the interior of Russia and the Ukraine*: the reinforcing of health organisations at railway junctions and at various other places of importance from the point of view of epidemics in the interior of Russia, particularly at Smolensk, Kiev, Kharkov, Odessa and also at places in the cholera area of the Ukraine.

(c) Strengthening of the public health service in Russia and the Ukraine essential for the prosecution of the epidemic campaign.

In coming to a decision as to which policy to recommend, the Conference as fully realised the magnitude and cost of the arrangement proposed merely for countries bordering on Russia, but it is convinced that a campaign confined to those countries or to the frontier area would be ineffective. The Conference is convinced not only that the reconstruction of Russia is impossible so long as the present epidemics continue, but also that the continual menace of these diseases is seriously impeding reconstruction in neighbouring countries.

In view of the fact that an epidemic of cholera has recently begun to spread rapidly in the Ukraine and in Russia in addition to the epidemics of typhus and relapsing fever, no scheme for the economic reconstruction of these countries can be carried out until there is an improvement in health conditions. Should these deplorable conditions continue, they will seriously hinder any attempt to resume commercial relations and will paralyse any real economic activity. The Conference fully appreciates the great work done by the health services of the Soviets under the most difficult conditions, but it is deeply impressed by the amount of suffering and mortality in Russia. It considers that the health defence of adjoining countries, and particularly that of Poland, is now organized on a sound basis and that their health services have proved their competence.

In view of these facts, the Conference has decided to adopt the plan of a combined campaign against epidemics by defence on the frontiers and by simultaneous action in the interior of Russia.

The Committee also adopted a series of individual reports giving details of the material and expenses required for the various health measures to be taken in the countries of Eastern Europe. These details furnish a basis for a final estimate of the expenses involved in the execution of the programme.

The Committee considered the necessity of increasing the medical and sanitary staff of the Anti-Epidemic Services in the countries concerned, and recommended that courses of instruction should be organised in the proper centres.

The Resolution adopted reads as follows :

RESOLUTION PROPOSED BY PROFESSOR ALDO CASTELLANI,

ADOPTED BY THE CONFERENCE ON MARCH 27th, 1922.

Having regard to the necessity of refilling the ranks of the medical and sanitary staff engaged in the campaign against epidemics in Eastern Europe, and believing that the fight can be waged successfully only by the staff of the interested Public Health Services, the Conference recommends that training courses for all grades of medical and sanitary staff should be organised at two or three centres for example, Warsaw, Kharkov and Moscow. Experts drawn from Public Health Services of all nations should be invited to join the teaching staff.

At the same centres permanent museums should be established consisting of the most appropriate apparatus, etc., for the fight against infection, as well as all other useful means of combating epidemic diseases.

The Conference requests that the technical organisation which is entrusted with the execution of these resolutions should take early steps to realise this recommendation.

The Committee considered that it was not expedient to present a technical report without indicating the means whereby the plan proposed could be put into execution. It therefore recommended certain main lines of action, pointed out the conditions essential to success, and settled upon the organisation to be entrusted with this great international work.

As the Delegates to the Conference were not authorised to commit their Governments to any financial responsibility, the following report presented by the Sub-Committee (presided over by M. Maxa, Czecho-Slovakia) was adopted by the Third Committee as a recommendation.

RECOMMENDATION PRESENTED BY THE THIRD COMMITTEE

AND ADOPTED BY THE CONFERENCE ON MARCH 28th, 1922.

(1) Whereas the health situation in Europe is in grave danger, the Conference is of opinion that the campaign against epidemics requires very serious efforts, which cannot be made solely by the countries chiefly concerned.

(2) All European countries agree to take an active part in the campaign against the epidemics prevalent in Eastern Europe.

(3) The allocation of expenses in the case of States Members of the League shall be made in accordance with the scale adopted by the Second Assembly.

(4) All other States shall be asked to contribute their share of the expenses on a similar basis.

(5) States conducting the campaign in their own country at their own expense shall be allowed to deduct from their quota the expenditure incurred for that purpose in their own territory.

(6) Contributions may be made in money, in supplies or in personnel.

(7) The execution of work or of the measures adopted shall be exclusively directed by the Health Services of the Governments concerned.

(8) The Health Organisation of the League of Nations is entrusted with the execution of the decisions of the European Health Conference at Warsaw.

Should European States furnish financial or other assistance to one of the States concerned through the intermediary of the Epidemic Commission of the League of Nations, the Epidemic Commission of the League shall have the right to control the use to which money or supplies are put.

The Conference desires to lay stress upon the necessity that States not Members of the League of Nations should have representatives on this Organisation.

The first seven paragraphs of the resolution were unanimously adopted. The eighth, after a vote by roll-call, was adopted by all except the Russian and Ukrainian Delegations, which submitted the following amendment :

(8) The execution of the decisions arrived at by the International Health Conference at Warsaw, together with such measures as may in future appear necessary, shall be handed over to a special International Committee. All countries shall be represented on this Committee and shall enjoy equal rights.

The International Committee shall have the right to control the use of funds and material provided through its agency.

The Committee decided to regard this amendment as a minority resolution and to attach it as such to the report.

The Russian and Ukrainian Delegates further abstained from voting on the third resolution regarding the allocation of expenses in conformity with the scale adopted by the League of Nations.

LAST PLENARY MEETING.

The Conference held its last plenary meeting on the morning of March 28th. After a short account had been given of the findings of the Credentials Committee by its President, M. Anckarsvärd, the following telegram from the President of the Council of the League of Nations, addressed to the Prime Minister of Poland, was read :

[*Translation.*]

“ I have the honour, in the name of the Council of the League of Nations, to acknowledge the receipt of your telegram forwarding me the observations of the Polish Government on the Health Conference now sitting at Warsaw. The Council asks me to assure Your Excellency that it fully realises the gravity of the situation which the Conference is studying. The Council further asks me to inform you that it has authorised me, as President of the Council, to take all the necessary steps to draw the attention of the Governments at the Genoa Conference to the report of the Warsaw Conference.

“ HYMANS. ”

Dr. Frey (Germany) then presented the resolutions of the Second Committee, which had been agreed to by that Committee on the previous day. These resolutions dealt with health conventions to be concluded between different countries, with exchange of information on epidemics, mutual recognition of certificates, exchange of medical men, etc.

M. Maxa (Czecho-Slovakia) submitted a proposal to entrust the Health Section of the League of Nations, or a special Committee of that Section, with the settlement of any differences which might arise in the interpretation of the health conventions, without prejudice to the right of any State to have recourse to a different procedure. This proposal was at once accepted by the Second Committee, and the resolution of the Second Committee was adopted unanimously in the following form :

RESOLUTIONS PRESENTED BY THE SECOND COMMITTEE,
ADOPTED BY THE CONFERENCE ON MARCH 28th, 1922.

Resolution I.

The Conference adopts the following recommendations, which have been framed in accordance with the attached report, more particularly in view of the serious epidemiological conditions at present existing in the East :

(1) International regulations dealing with infectious diseases should be extended to cover other diseases besides those named in the Paris Convention.

(2) Compulsory notification by Governments of infectious diseases should be extended to cover other diseases not named in the Paris Convention, and the machinery of notification should be organised in a more appropriate manner.

(3) Comprehensive measures should be introduced to deal with infectious diseases, especially the diseases now raging in the East. These measures should, in addition to general provisions, contain special provisions dealing with :

- (a) frontier traffic (including local frontier traffic) ;
- (b) traffic by water.

(4) For the execution of (1), (2) and (3), the States concerned and directly threatened should, as soon as possible, take steps to conclude special health agreements, the clauses of which will naturally differ according to the special conditions in the various States, but which will conform to the principles enunciated in the attached report.

Resolution II.

Mutual recognition of certificates for protective vaccination, disinfection and delousing, given by medical men authorised by the State, would greatly facilitate traffic between the Contracting States.

Resolution III.

The Conference expresses the hope that other health questions, such as social hygiene (tuberculosis, sexual diseases, diseases due to some particular employment, and others), exchange of medical men, etc., will be included in the agenda of one of the next International Health Conferences in order to produce close co-operation between all States in matters of public health. The Conference believes, however, that, without the support of public opinion, efforts to improve public health will not attain their object, and that, therefore, systematic instruction and education of the people is absolutely necessary.

Resolution IV.

It appears that several Health Conventions will be concluded between different States. It seems advisable, therefore, that if an organ of conciliation or mediation has to be constituted to settle in a friendly manner the questions in dispute, the Health Section of the League of Nations, or possibly a special commission of that Section, should be entrusted with this duty, without prejudice to the right of any State to have recourse to a different procedure.

The report of the Second Committee, given in Part V, was also adopted.

M. Messea (Italy) presented the general report of the Third Committee and the reports of its Sub-Committees, which were adopted unanimously¹.

Professor Otto (Germany) emphasised the necessity for a campaign against the famine in Russia and the Ukraine, which was one of the chief causes of the epidemics. He submitted the following motion, which was adopted unanimously :

“ The European Health Conference at Warsaw lays special stress on the necessity of supporting health measures to be undertaken in Russia and the Ukraine by a campaign against the famine, which is one of the chief causes of the epidemics, and invites all nations to take part in this campaign, without which efficient measures against the epidemics are impossible.”

¹ The terms of the general report of the Third Committee and of the recommendation dealing with expenses have already been given on pages 7 and 8. The detailed reports of the Sub-Committees, on which the report of the Third Committee was based, are given in Part VI.

The Conference then adopted the recommendation¹ of the Third Committee dealing with participation in the expenses, and took note of the reservations presented by the Russian and Ukrainian Delegations. It agreed to present their resolutions as a minority resolution.

SUMMARY OF THE WORK OF THE CONFERENCE.

Dr. Rajchman, on the invitation of the President, summarised the results achieved by the Conference. He reminded the delegates that on March 22nd the Plenary Meeting had passed a general resolution based on the reports presented by members of the Health Section and by the national Delegations of Poland, Russia, the Ukraine, Esthonia, Latvia and Lithuania. The Conference had analysed these reports in detail and listened to very remarkable statements made by Professor Muehlens and Dr. Haigh before the First and the Third Committees. They as impartial eye-witnesses had given illustrations of the general conditions in Russia. The Conference had resolved to place on record that the epidemic situation in Eastern Europe had reached its most critical stage by 1920, and that, thanks to the efforts of the Public Health Services of those countries in 1921, the first nine months of last year had shown a very marked improvement. But the famine and the consequent movements of population had created by November a sudden increase in all the epidemics. Cholera had appeared in the Ukraine in December, and it was continuing to spread westwards in an alarming manner. The Conference had very rightly pointed out the imminence of the danger and the necessity of taking immediate action. The first instinctive action to be taken was that of defence — in other words, the prevention of the further spread of the epidemics.

The Second Committee had examined the question of how far the provisions of the Paris Convention of 1912 were applicable to both modern notions of etiology and epidemiology and to the unusual health conditions in Eastern Europe.

They had decided that the main principles of the Paris Convention should be adhered to, but they had suggested a number of modifications to be introduced in any agreements negotiated between individual States. Those modifications had been laid down in a series of statements which it was hoped might guide the negotiating Governments.

All the Delegations present had mutually agreed to exchange full and frank information of the health conditions in their respective countries. This alone marked a great advance. The Delegations to the Conference, however, had done more than this. Wishing to emphasise their anxiety to start immediate practical work, they had expressed their willingness to begin negotiations at once. The Polish and Czecho-Slovakian delegates had opened negotiations on the previous day. The Latvian and the Polish, the Roumanian and the Polish Governments would start negotiations immediately. Dr. Rajchman understood that the Russian Delegation was ready to open without delay conversations with Latvia, Esthonia and Finland regarding sanitary conventions, in full agreement with the Delegations of those countries. He was authorised to state that the Czecho-Slovakian Delegation was prepared to open negotiations with the German Delegation and that Poland was equally ready to begin conversations with the German Delegation. He had been asked by both parties to say that the negotiations between Poland and the Russian, White Russian and Ukrainian Delegations had only been interrupted temporarily owing to the additional work of the Warsaw Conference. These negotiations would now be resumed, with, he hoped, final success.

The Conference had unanimously resolved that means should be provided for mediation in case of differences arising as to the interpretation and application of these conventions, and had recommended that this work should be entrusted to the Health Organisation of the League.

The Conference had analysed the epidemic situation; it had suggested measures to prevent the further spread of these diseases, and had also studied the most difficult problem of attacking the epidemics at their source. This work had been done by the Third Committee and its Sub-Committees, which had studied in detail the proposals brought forward by a number of national Delegations.

Up to the present, this problem had always been discussed from the point of view of the defence of the rest of Europe against the danger of epidemics spreading from their usual centres in Eastern Europe. But, however grave and immediate

¹ The recommendations dealing with expenses have already been given on pages 8 and 9.

this danger might be, the Conference had recognised that it was not equally threatening to all European nations. It had become apparent to everybody, and the Conference had stated it over and over again, that no scheme of economic reconstruction of the Eastern European countries, and consequently of the whole of Europe, was possible until effective measures against the epidemics had been taken. The Delegates had decided to impress upon their respective governments the only possible view, *viz.* that the problem of the economic recovery of Europe affected every European nation, and that consequently every European State was of necessity interested in remedying the present epidemic situation.

What was this remedy to be ?

The Third Committee had examined very carefully the state of sanitary defence both in Russia and the Ukraine and also in the countries bordering on those States. Each national report had been analysed by a small Sub-Committee, consisting of experts whose authority was universally recognised. Members of the respective national Delegations had given full statements of their needs, and of their strong and their weak points.

The expression "sanitary defence" required definition. For the last few years this term had been made to apply to the defence of the Eastern frontiers of Poland, Roumania, Latvia, Esthonia, etc., against the epidemics from Russia. The Conference had now extended its meaning to include Russia proper; it had stated that the vital parts of Russian territory must be guarded against infection coming from epidemic areas, and that special attention should be paid to health measures on the railway and waterway communications as the most important lines along which the diseases spread.

The Italian and the German Delegations had insisted upon the importance of doing away with the expressions "sanitary cordon" and "quarantine." They had pointed out with justice that a quarantine was never complete scientifically unless accompanied by bacteriological examinations, a procedure impracticable in the countries affected, and that "sanitary cordon" was a meaningless expression because it was neither practicable nor possible to establish a rigid line along hundreds of kilometres of the frontier. In all the recommendations and reports, therefore, presented and approved by the Conference, the expression "sanitary zone" had been substituted for "sanitary cordon" and "stations of exchange or observation" for "quarantine stations."

Dr. Rajchman then explained the definite plan of campaign. He reminded the Conference that it had recognised that the defensive policy of strengthening the system of sanitary organisation established on the Western frontiers of Russia by her neighbours was not sufficient. The alternative plan of simply extending this organisation to the Russian side of the border, and of thus establishing a double system of sanitary barriers on both sides of the frontiers, had also been considered inadequate, and the Conference had proposed that, in addition to these defensive measures, a concerted attack should be carried out on the epidemics at their source. It had, however, been thought impracticable to draw up a plan of action covering the whole of Russia and the Ukraine. It would require gigantic funds, and could not be carried out with the sanitary staff available in those countries.

The Conference had decided, therefore, that the offensive part of the programme should be confined to railways and waterways and to a selected area within Russia, which was of vital importance for the economic life of Russia and the Ukraine. In the annexes to the report of the Third Committee (given in Part VI) it had been proposed tentatively that the Donetz Basin should be dealt with in this way, for the following reasons :

1. The coal and iron-ore mines of Russia were concentrated there.
2. It was an epidemic centre of typhus and cholera.
3. It was a famine area and was easy of access through several Black Sea ports.

The annexes to the report contained estimates as to the probable expenditure involved in the execution of the programme. They served as illustrations for the various items of the programme, but it would not be right to arrive at a general figure by merely adding up these separate estimates. In the view of the experts who had prepared the reports, if a sum of £1,500,000 sterling were provided, really valuable work could be accomplished, and an effective control obtained over the situation.

The Conference had not only recommended a technical programme of action but had also suggested to the Governments principles on which this action should be based. Eight proposals had been adopted, which emphasised the necessity for

the participation of all the European Governments ; a definite scale for apportioning the expenses had been laid down ; the Conference had decided what control should be provided, and had suggested the organisation to which the execution of its recommendations should be entrusted, while insisting on the necessity of the action itself being left in the hands of the Public Health Services of the countries concerned.

It had been at this stage that the only differences of opinion in the Conference had arisen. He emphasised the fact that the technical report, *i.e.*, the constructive part of the proposals, had been accepted unanimously by all the Delegations without any exception whatever. The question of what international body should be entrusted with the supervision of the work had raised a difference of opinion, but it was very characteristic of the spirit of conciliation and mutual understanding, which had been so prominent a feature of the Conference, that the two Delegations who had found themselves in the minority had framed a resolution in an extremely conciliatory spirit, and that the Conference as a whole had immediately agreed to present the views of these two Delegations as a minority resolution, together with the proposals of the twenty-five remaining national Delegations.

The final conclusions of the Conference would be presented, together with the report of the proceedings, to the Genoa Conference, through the intermediary of the Council of the League of Nations.

He had no doubt that the Delegates would use their influence with their Governments in order to persuade them to adopt these recommendations when these Governments met, in two or three weeks' time, to give the final sanction to the work of the Warsaw Conference.

CLOSE OF THE CONFERENCE.

The Conference closed with an announcement by the President that news had just been received of a great increase of cholera in Volhynia, which had necessitated exceptional measures at Rovno, including compulsory inoculation of the inhabitants of the district and of all those arriving from Russia and a cholera observation of five days for the latter.

In reply to the President's thanks to the Delegates, for the great assistance which they had all given to him at the Conference, extremely cordial speeches were made by Colonel James (Great Britain), Dr. Frey (Germany), M. Maxa (Czecho-Slovakia), M. Lorenc (Russia), and Dr. Schroetter (Austria).

II.

LIST OF DELEGATES.

<i>Austria</i>	...	...	...	...	Dr. Hermann SCHROETTER.
<i>Belgium</i>	...	...	...	...	Dr. VAN BOECKEL.
<i>Bulgaria</i>	...	...	...	...	Dr. Daniel BATCHVAROFF. Dr. Dimo TIANEFF.
<i>Czecho-Slovakia...</i>	...	...	...	...	Dr. MAXA. Dr. KULHAVÝ. Dr. Antonin KOLINSKÝ. Dr. HRDLICZKA.
<i>Danzig</i>	...	...	...	...	Dr. STADE (Expert).
<i>Denmark</i>	...	...	...	...	M. EICKHOF.
<i>Esthonia</i>	...	...	...	...	Dr. LOSSMANN. Dr. RAMMUL. Dr. MOETTUS.
<i>Finland</i>	...	...	...	...	M. Gustaf GROENLUND. Colonel Conrad ERNST.
<i>France</i>	...	...	...	...	Dr. CRUVEILHIER. Dr. BARON.
<i>Germany</i>	...	...	...	...	Dr. FREY. Prof. OTTO. Prof. MUEHLENS.
<i>Great Britain</i>	...	...	...	...	Colonel Sydney Price JAMES.
<i>Greece...</i>	...	...	...	...	M. S. GALANOS.
<i>Hungary</i>	...	...	...	...	Prof. Hugo PREISZ.
<i>Italy</i>	...	...	...	...	Dr. Alessandro MESSEA. Prof. Arnaldo MAGGIORA. Dr. Aldo CASTELLANI.
<i>Japan</i>	...	...	...	...	Prof. K. MIYAJIMA. M. KUSAMO.
<i>Latvia...</i>	...	...	...	...	Dr. BARONS. Dr. REINHARDS. Dr. FERMAN (Expert).
<i>Lithuania</i>	...	...	...	...	Dr. Rokas SLIUPAS. M. Jules ABRAITIS.
<i>Netherlands</i>	...	...	...	...	Baron VAN ASBECK. Dr. TERBURGH.
<i>Norway</i>	...	...	...	...	M. YTTÉBORG.
<i>Poland</i>	...	...	...	...	Dr. CHODZKO. Dr. TRENKNER. Dr. SZTOLCMAN. Dr. I. SWIETOCHOWSKI. Dr. KARP-ROTTERMUND. Prof. E. GODLEWSKI.
<i>Roumania</i>	...	...	...	...	Dr. Jean CANTACUZÈNE.
<i>Russia</i>	...	...	...	...	M. I. L. LORENC. Dr. J. P. KALINA. Dr. A. N. SYSSIN. Dr. FREYBURG (Expert).
<i>Serb-Croat-Slovene State</i>					Dr. Andrea STAMPAR. Dr. Boryslaw BORCIC.
<i>Spain</i>	...	...	...	...	M. Gonzalo DEL RIO.
<i>Sweden</i>	...	...	...	...	M. ANCKARSVÄRD. Dr. Carl NAESLUND.
<i>Switzerland</i>	...	...	...	...	M. de PFYFFER.
<i>Turkey</i>	...	...	...	...	ZEKKI BEY.
<i>Ukraine</i>	...	...	...	...	Dr. Jean SIAK. Dr. Jules KHOLODNY.

III

**SUMMARY OF INFORMATION RECEIVED
FROM DELEGATIONS OF STATES REPRESENTED
AT THE CONFERENCE**

RUSSIAN FEDERATION AND THE UKRAINE.

Of all countries in Eastern Europe, Russia has suffered most from epidemics during the last four years, during which time about 7 million cases of typhus and relapsing fever were officially notified without counting the figures for the Red army. The culminating point was reached in 1919 and 1920, when 4,917,000 cases of typhus and 1,259,500 of relapsing fever were officially recorded. The official figures, however, do not represent the total incidence, and must be multiplied by at least $2\frac{1}{2}$ in order to obtain an approximate picture of the situation¹. During the first ten months of 1921 these epidemics were declining (a total of 675,338 cases of typhus and 888,598 of relapsing fever were reported in 1921, of which 129,751 cases of typhus and 260,399 of relapsing fever occurred in the Ukraine), but since November, as a result of the situation in the famine areas, a considerable recrudescence of these diseases has been apparent, as is shown by the following official figures :

	<i>Typhus</i>	<i>Relapsing Fever</i>
October	14,578	29,258
November	29,513	45,537
December	40,836	58,560
January	87,742	89,535

During these four years the epidemics have raged without interruption in Russia, the resistance of the population has been considerably diminished, and the Russian Health Organisation has been severely taxed.

The fresh increase of the epidemics, of typhus and relapsing fever threatens to be extremely severe.

These epidemics are extending over the whole of eastern and southern Russia, and throughout the country they are following the lines of the railways ; all the districts traversed by the railways are affected. The exceptional movement of travellers explains the rapidity with which these diseases are spreading, and in the various Governments in which the famine is raging, the inhabitants, weakened by famine, fall an easy prey. In trying to escape from the double scourge these people are infecting fresh districts.

The cholera epidemic, which broke out in 1921, when 176,885 cases were officially notified, has proved the most deadly visitation for many years. In 1922, cholera reappeared, in spite of the severity of the winter, in twenty-one different districts in the Ukraine (418 cases were reported between January 1st and March 7th), and in Soviet Russia — Rostov, Voronege, Samara, the governments of Penza and Tamboff being centres of infection — as well as in the Republic of Kirghiz and the distant cities of Tashkent in Turkestan and Novo-Alexandrovsk in Siberia.

The People's Health Commissariat, in whose hands the entire work of combating epidemics is concentrated, is at the head of the sanitary organisation of the Russian and Ukrainian Republics.

The number of beds for epidemic diseases is 35,000 in the territory of Soviet Russia and 30,350 in the territory of the Ukraine.

In 1921, the number of bathing establishments amounted to 260, 39 of which are mobile. Disinfecting establishments numbered 230 in 1921, 98 of these being mobile.

¹ The same remark applies to all other countries in Eastern Europe. The reports of Dr. Haigh show the difficulty of obtaining full and complete returns.

Isolation centres have been set up in all the principal railway stations in Soviet Russia. The number of special slip coaches (*wagons volants*) equipped with sanitary staff is 100. There are about 25 special disinfection trains with baths and laundries. The isolation and sanitary control stations in the Ukraine number 31 ; they are equipped with 1,775 beds and 25 mobile disinfection sections.

ESTHONIA.

In 1921 there were 345 cases of typhus and 119 cases of relapsing fever ; in January and February 1922, 48 cases of typhus and 33 cases of relapsing fever ; these cases occurred almost exclusively amongst persons returned from Russia.

Communication between Russia and Esthonia takes place either by railway through the town of Narva — where four quarantine stations, accommodating 1,000 persons, have been established — or by the port of Reval. At the latter there is a large maritime quarantine station.

At Narva there is also a quarantine station belonging to the International Red Cross.

LATVIA.

The reason why the typhus epidemic has not been stamped out in Latvia is the return of repatriated Latvians from Russia (2,952 cases of the three kinds of typhus were reported in 1920-21) and the passage of refugees and prisoners of war from other countries across Latvia. These numbered 102,933 in 1920 and 180,451 in 1921.

In January and February 1922, the coefficient of morbidity was more than doubled, and it is relapsing fever which holds the greatest sway.

Sick repatriated persons are isolated at Rositten or Riga.

LITHUANIA.

3,064 cases of typhus were reported in 1921 (as compared with 5,302 in 1920). At the time when the quarantine station of Obeliai on the Russian frontier was full of repatriated persons, a violent epidemic of typhoid fever broke out ; 600 cases were registered in December 1921. The epidemic has now been checked. Cholera broke out at the beginning of 1921, and 35 cases (9 mortal) were reported.

At the beginning of 1922 there were 37 hospitals, with 1,750 beds in Lithuania.

All repatriated (67,000 in 1921) return through the quarantine station of Obeliai, which can accommodate 1,200 persons. A hospital containing 100 beds is annexed to this station.

POLAND.

The health situation in Poland, and especially on its eastern borders (Novogrodek, Pinsk, Bialystok, Volhynia), became more serious during the winter of 1921-22, as a result of repatriation which was carried out under the most unfavourable conditions.

468,000 repatriated persons returned to Poland in 1921, 90 per cent of whom have settled in the eastern districts. In spite of the quarantine stations which have been set up on the Russian frontier by the Polish Government, these persons bring back from Russia germs of contagious diseases picked up on their journey ; this is due in the first place to the inadequate equipment of these stations, the insufficiency of their number, and to the fact that a very large number of repatriated persons traverse the frontier through woods and marshes and thus escape any sanitary control.

As a result, the typhus epidemic, which had been declining since 1920 (the culminating point was reached in 1919, when 231,148 cases were notified, as against about 49,000 reported in 1921), has made alarming progress, as proved by the following table : September 1921, 860 cases ; December 1921, more than 3,000 ; January 1922, 8,600 cases. Relapsing fever, which has been steadily on the increase during recent years (about 14,000 cases notified in 1921), has shown a very marked recrudescence during the winter of 1921-22. The cases notified numbered 680 in September 1921, and 8,100 in January 1922.

The entire anti-epidemic campaign in Poland is under the control of the Chief Epidemic Commissariat. The Commission has 122 hospitals with 11,730 beds, and a reserve of 1,850 beds in the Red Cross Military Hospitals, *i.e.*, a total of 13,580 beds.

The Commission has organised a mobile section of 10 beds in each hospital, and is at present organising on the eastern borders 60 mobile columns provided with disinfecting equipment and baths.

There are two quarantine stations on the railway lines to Baranowicze and Rovno, with branches at Bialystok and Dorohusk, and five on the main roads. At all these stations repatriated persons are cleansed, deloused, supplied with linen and vaccinated.

ROUMANIA.

The health situation in Roumania—one of the countries which suffered seriously from epidemic diseases during the War—is highly satisfactory at present. Typhus has disappeared almost entirely from the former territories of the Kingdom. Relapsing fever and cholera have not been reported since 1916. Scarlatina, which was the most widespread disease before the War and which completely disappeared during the epidemic of typhus, is the only epidemic which is once more on the increase. In Bessarabia, which occupies a special position from the sanitary point of view, epidemics of typhus and relapsing fever are declining, as a result of the establishment in 1920 on the new frontier of an effective barrier preventing the free movement of refugees, which continually fed the Bessarabian centres of infection (38,313 cases of typhus were reported in 1920 and 3,941 cases in 1921). 40,605 cases of relapsing fever were notified in 1921, as against 20,306 cases in 1920. The smallpox epidemic has not yet been stamped out: 2,114 cases were notified in 1921.

The Civilian Health Board, which is dependent on the Ministry of the Interior, is responsible for the sanitary organisation. This Board possesses 374 hospitals, with 25,284 beds.

The sanitary protection of the Roumanian frontier is entrusted to the army, which possesses full powers throughout a zone 25 kilometres deep along the right bank of the Dniester. The Russo-Roumanian frontier may be regarded therefore as completely impervious to disease.

TURKEY.

The health conditions in Turkey are fairly satisfactory in spite of the emigrants entering the country. The number of cases of contagious disease reported in 1921 was as follows:

14 cases of plague.
114 cases of relapsing fever.
232 cases of typhus.
350 cases of typhoid fever.

DANZIG.

Three cases of typhus have been reported in 1922 among the immigrants coming from Poland.

GERMANY.

The health situation in Germany, which, until a very short time ago, was perfectly satisfactory, is now menaced by the arrival of German colonists returning to Germany from the Volga districts. Germany, at present, possesses large observation camps at Eidkuhnen, Hammersteinen and Frankfort-on-the-Oder, and, in addition to these, Swinemünde, for refugees coming by sea, and Bechfeld in Bavaria, for those returning by the Central European route.

CZECHO-SLOVAK REPUBLIC.

In order to reduce to a minimum the danger arising from the return of prisoners of war and repatriated persons, the Government established six quarantine

stations. Of these there only remain at the present time the station of Pardubice, accommodating 1,000 persons, and the transit station at Bohumin. The others have become superfluous owing to the decreased numbers of repatriated persons.

SERB-CROAT-SLOVENE STATE.

1,139 cases of typhus were reported in 1921, as compared with 1,426 in 1920. The greatest number of these cases occurred during the winter of 1920-21, at the time of the extensive Russian immigration from South Russia (40,000 persons). At the present time there are only a few sporadic cases of typhus in the provinces of Macedonia and Bosnia.

REPORTS BY DR. HAIGH, MEMBER OF THE EPIDEMICS COMMISSION OF THE LEAGUE OF NATIONS, ON CONDITIONS IN MINSK, SMOLENSK, VITEBSK, ETC., AND ON CHOLERA AND OTHER EPIDEMICS IN THE UKRAINE.

February 27th, 1922.

MINSK.

Minsk is the capital of the White Russian Soviet Republic. It is continually infected by epidemics, as no means has been found to prevent the uncontrolled movement of refugees.

Echelons do not mix with the ordinary refugees. Each echelon varies in condition; sickness and death rate have been heavy in December and January; relapsing fever is more prevalent than typhus. It is very doubtful if the echelons coming from Moscow are deloused there. Those from Petrograd or the northern route via Vitebsk are well cared for. Those entrained at Gomel are sent off in fairly good condition. Those coming via Riasan-Orel-Smolensk or via Sisran-Kaluga-Viasma come direct from the Volga and are always heavily infected, and get no cleansing en route.

A further danger comes from the people who have taken refuge in the woods, which extend along the whole of the White Russian frontier. They are under nobody's control, they are without medical help, and no information is obtainable of their numbers, diseases or deaths. The Polish frontier is their objective.

The White Russian Soviet Republic is doing all it can to handle this grave problem, and needs immediate help in money, drugs, disinfectants and hospital inventory from Government Missions and the Epidemic Commission. The hospital accommodation in Minsk consists of 1,820 epidemic beds. In addition to this, there are 760 beds in the territory of the Republic. For the better conveyance of sick, two heavy motor ambulances should be provided.

The railway hospital should be put in order and fitted up as soon as possible.

If not already available, a laboratory for bacteriological diagnosis should be established.

The feeding situation is becoming more acute as the cost of living increases, and the withdrawal of the Quaker work in the near future would be a catastrophe.

Sanitary arrangements for controlling enteric diseases, and the supply of drinking water, are everywhere inadequate and in some places non-existent. The chief offenders are the railways, who have the greatest responsibility.

Means should be devised to exercise police control and registration of refugees on arrival, and no refugees should be permitted to pass into the towns or into clean houses unless they possess certificates stating that they have been bathed and that all their kit has been disinfected.

Further supplies of underclothing, some outer clothing and socks should be furnished periodically to echelons in Minsk. The best way to handle this would be by cooperation between the Quaker Mission and the other organisations concerned. The Polish Government could greatly help to relieve the food shortage by sending supplies regularly, which could be controlled by the Quakers, who are neutral and have the full confidence of the White Russian Government.

I do not wish in any way to detract from the admirable work which has been and is still being accomplished by the administrative officers of the various evacuation establishments: the work of the doctors and staffs of the Isolation points, of the temporary or permanent Infectious Diseases Hospitals, the sanitary

staff of the railway and the local Health Departments, work which is carried on with very limited resources in cash and kind, in the face of a sudden epidemic brought into their midst by an uncontrolled swarm of refugees fleeing from famine. Their devotion to duty is splendid, and has resulted in a heavy casualty list of victims to typhus and relapsing fever.

Failure to localise the epidemic and to keep it within their own frontiers is due in varying degree to :

- (1) Lack of means, of medical and sanitary supplies.
- (2) Impossibility of control of the movement of refugees by the central Government.
- (3) Failure of Moscow thoroughly to delouse passing echelons.
- (4) The non-existence of any barrier between the Volga and Minsk to arrest and clean those echelons which do not pass through Moscow.
- (5) No direct and local inspection by the officials of Government Departments and the Central Evacuation Organisation to inform themselves of the realities. Our inspection was the *first* and was months too late.
- (6) Indirectly, lack of food, and the disorganisation of all life by the reintroduction of free trade, with a perpetual lack of fuel in a country of forests!

Local administrations have failed because :

- (1) There is no police control of refugees for sanitary purposes
- (2) They have been unable to separate the unclean.
- (3) Where such has been attempted it has failed through lack of wood, sulphur, soap, etc.

If any measures against the present or any future epidemics are to be efficient, the outside world must help ; with few resources much has been accomplished, with abundant supplies the workers would be enheartened and the resources of the country no longer diverted from that most pressing of all present-day problems, the widening famine area, with its ever-increasing numbers of victims, of orphans, and abandonment of hundreds of square miles, which are reverting to a state of wilderness.

SMOLENSK.

February 22nd, 1922.

The important position of Smolensk at three converging routes, two of which are almost unprotected, and the third, via Moscow, not safe, demands the speediest provision of a control.

For the time being, there is absolutely no provision for baths in Smolensk. Heavily infected echelons pass on to the next post uncleansed (apart from cases which should be placed in local hospitals). For temporary protection a large bathing train of 1,000 daily capacity should be provided, and proper means should be taken to disinfect railway wagons at the same time. The hospital accommodation for infectious diseases is about 725 beds. A special children's hospital is urgently needed, as none exists in the whole province, and every children's institution is overcrowded and infected with all kinds of disease, and no means of segregation exist.

A further problem would arise if, for any cause, the movement through Orsha and Minsk were arrested and diverted from Smolensk via Vitebsk and Polock ; this might occur in the case of an outbreak of cholera.

Nothing could then stop the accumulation of echelons in movement and some such deviation would have to be contemplated.

The immediate requirements of Smolensk, provided no arrangement can be made with the military authorities for further buildings, are :

Barracks to house 1,500 refugees ; emergency isolation accommodation for 800 ; mobilisation of delousing apparatus ; bathing train of 1,000 daily capacity with delousing camera attached ; necessary hospital and sanitary staff ; supplies of soap and disinfectants.

Further provision of wash-down closets ought to be considered.

KALODNIA.

Kalodnia is the station before Smolensk at the junction of the Moscow and Riasan lines. It is a feeding point of the district organisation, where up to 3,000 portions can be given per day. Here echelons may wait for days and then pass

rapidly through Smolensk. It is therefore important to consider whether a bathing train would not be better placed here. The difficulty is that the supply of wood could not be guaranteed.

The alternative would be the provision of a hospital train for 100 beds, to be worked by the district evacuation organisation.

VITEBSK.

February 24th, 1922.

The railway junction at Vitebsk is situated on the direct line between Petrograd, Kiev and Odessa. Railway traffic is to-day carried on with the greatest difficulty owing to the shortage of wood, and some trains can only proceed two or three times a week. For the same reason the water boilers at the station have not been used for a month. Hospitals have to buy wood.

Vitebsk is a very important point in the transport of echelons from Petrograd as well as other northern lines, and from accounts received, as well as from personal observation, the echelons arrive in better condition and are better handled than elsewhere. There has been shortage of food, and at one time repatriés only received $\frac{1}{4}$ lb. of bread; to-day the Central Organisation can give half a pound and some meat soup.

A considerable number of refugees from the famine area have reached as far north-west as Vitebsk, and have infected this and other parts with typhus and relapsing fever. The cases recorded for January were over 3,000, and 40 of the railway staff were sent to hospitals in the same month.

Clean echelons during long stops at certain points, such as Orsha, have become infected owing to refugees mixing with them and begging from them. This constitutes one of the main sources of infection.

The Central Government organisation is quite efficient and is doing good work with the means at its disposal. A doctor is on duty at the railway feeding station and the ambulatorium receives all cases of sickness from the trains. Echelons are inspected and sick transferred to the Isolation, a house in the town arranged for 75 beds. This was extremely well organised. No infection ought to pass this barrier, and there was a clean bath for patients. Diagnosis if doubtful is completed by blood examination, specimens being sent to the laboratory and reported on the next day. Cases are removed to hospital as vacancies occur.

The barracks and offices are close to the line and from here food is distributed to the trains. There is an excellent laundry. At the moment bread is short, but they can feed 1,500 per day and have reserves for 6,000 meals. There is a large sulphur chamber, which can be used by the town if necessary. One hydropult is in order.

The barracks hold 500 in winter, there are 400 at present.

There is a bath here capable of washing 800 in the day, with large formalin camera for delousing up to 150 per hour. This needs repairs.

In summer other barracks are available at Markovtsi to lodge over 4,000, with a bath capable of washing 1,000 per day, and one Helios in working order.

It is easier to handle people in echelons than in small numbers, as the latter, always the more dangerous, cannot be deloused in small groups on account of fuel expense.

The town authorities are in the same position, for, whilst baths are available — they have seven with Helios attached — these are in the hands of private persons, who cannot run them without payment.

During January, 14 echelons passed and 40,000 meals were given. The last to pass had only two patients for hospital out of a total of 820.

Vaccination has been obligatory and they have also injected di-vaccine voluntarily in the past. There is a laboratory which makes vaccine for the Department.

Hospitals.— 1,600 beds are at present in use in the district, of which 600 are for infectious diseases; viz., Vitebsk 375, Orsha 125, and others in small places. A military hospital of 200 beds would be also available if they had money to carry it on; or the beds could be transferred to Orsha (where an epidemic is severe) if funds were supplied.

The railway has its own hospital of 70 beds, which has now been made into an epidemic hospital for their workmen.

Disinfecting plant is better in this district than elsewhere, but some machines need repair; for this a credit exists.

Soap is scarce and hydropults are few ; the railway has two.

A large barrack in the station, which was formerly a military evacuating centre, has been demanded for the use of refugees, but has been refused.

Children.— The transfer of children from the famine zone has become a very difficult problem and there are now 9,000 housed in the district, many suffering from enteritis. Infectious cases are not excessive. They need every form of help, and cannot be fed properly owing to lack of funds. Food, clothing, cod-liver oil, etc., are essential.

During the cholera epidemic 4 positive cases were detected and immediate precautions taken and there was no spread. This speaks well for the sanitary authorities ; the impression I received was that they are capable, and are handling a difficult problem very efficiently.

This route will be much safer in the summer than the service of repatriation through Smolensk, and it would seem advisable to send all echelons from Siberia in such a way as to avoid Moscow.

ORSHA.

February 24th, 1922.

The service of the Central Organisation gave an impression of thoroughness and good organisation. The post could retain and isolate one echelon in warm weather in case of a stoppage at Minsk, but in order to make such isolation safe, the bath must be put in order.

It would be possible to divert one or two groups to Gomel, as the plant there is reported to be very good ; this latter post is really arranged as a collecting station, from which clean and deloused echelons can be despatched.

Any improvement in the sanitary conditions of repatriés which can be made at Moscow or at Smolensk will react immediately on conditions at Orsha, and the battle ground must be transferred farther east.

For safety from enteric diseases, measures for cleansing the line are urgently required. If it is not kept clean, flies will become a plague and a further source of infection.

It is most important to provide proper closets and enforce their use.

VIASMA.

March 2nd, 1922.

Viasma is the railway junction of the lines from Sizran via Kaluga and the Moscow-Minsk route, and an important point in the movement of echelons and refugees.

The station buildings generally contain a fair number of refugees, some of whom lodge in a neighbouring small barracks. It is difficult to clean the waiting rooms, which are generally full.

Infectious diseases began to appear in the neighbourhood in December, and have infected the railway staff, who have no hospital of their own.

The chief infection is relapsing fever, with relatively few cases of typhus.

There has been the most acute shortage of fuel, which has severely handicapped the local hospital service ; this continues, and makes it very difficult to heat the buildings and to give proper bathing and disinfection.

Railway Sanitary Service. There seemed to be a good provision of materials and labour ; excrement is collected and disposed of by flat trucks, and the dead collected from the lines and trains. 360 bodies were found in January. The water boiler is working. All hydropults are useless. Sick are collected from the station and taken to a feeding station near by, which is worked by the Central Organisation.

There is a good building, well organised and clean, with proper receiving room and four baths ; capable of holding 75 beds, with 50 in use.

Cases are well fed, and removed from here to the Epidemic Hospitals after diagnosis. The sick are removed from echelons to the same place.

The railway has a disinfecting machine close to the station and a bath.

Hospitals. — The town two versts distant has a surgical hospital, also an epidemic unit from the Peoples Health Commissariat of 220 beds in a school



with a good Helios. Near the station is another hospital in a barracks, with 180 beds. This receives from the isolation hospital and takes in all cases.

It feeds the larger barracks in the town, where convalescents are kept as long as they have room. They have a common laundry, and their kitchen supplies the feeding station and staff.

There is an old bath, for about 15 to 25 at a time, which is used by the railway men. One Helios, very old, is almost useless and I have arranged to replace it by a Japanese camera for formalin. Supplies are not very short; there are three sets of linen per bed.

They have no Neosalvarsan.

Another barracks is empty, needing repairs, which could be done for a few pounds should the situation demand the extra 60 beds.

There is a small laboratory for rapid diagnosis; Widal's and other reactions are sent to a good laboratory in a neighbouring town.

The Central Organisation feeds echelons at a point beyond the station and can supply 2,000. They give the usual $\frac{1}{2}$ pound of bread and some soup, but no meat. Small groups of repatriated are occasionally made up here for two or three trucks, and added to other echelons; the bathing plant is adequate for this.

Bathing Establishment. — A large bath, disinfector and laundry is little more than one-third completed, and no money will be forthcoming this year to finish the work.

THE PRESENT POSITION AS REGARDS THE PREVAILING EPIDEMICS IN THE UKRAINE.

March 22nd, 1922.

No exact figures can be obtained, as the returns of the central bureau at Kharkov are not complete even for December 1921, but from the information received it can be stated in general terms that January was everywhere worse than December, and that February will give at least as many recorded cases. It is not usually realised that absolute famine, or conditions approaching famine, are now involving 8,000,000 of the inhabitants in the South, and that there is so far no provision made to provide food from abroad, and that the local resources are nearing an end.

Under these conditions, in wide areas hospitals are closed; in others, they are overwhelmed with patients who cannot be separated, so that hunger diseases and infectious maladies are placed together, often in the same beds.

The verified reports of eye witnesses as to the conditions prevailing in the famine area and the complete lack of material and drugs, shortage of food and fuel, are terribly pathetic, and it cannot be expected that such returns as exist do more than give an approximation of the truth.

Typhoid returns were last completed in October 1921, a total of 20,276, the heaviest infections being in the governments of Kharkov and Donetz, and the annual returns correspond for these two areas.

In January 1922, incomplete records give 6,506 cases, but such as exist for February show a steady decline.

Relapsing Fever. — In general this malady is more prevalent than typhus, the rise having begun in November.

For January 1922, incomplete records give 17,334, the Donetz industrial area being the worst infected.

Typhus has rapidly increased; the incomplete returns for three months are as follows:

November 1921	4,340
December 1921	6,996
January 1922	11,575

General impressions obtained from different areas intimate that both these diseases are now declining, as there is relatively little migration in the famine area, due to the cold and the poor circulation of trains. In this connection such returns as exist show a marked difference in the West, where movements are restricted to one train per week.

The railway sanitary service returns as to infections amongst their own personnel and passengers removed from stations to isolation hospitals are similar to the general statistics, but give some idea of the importance of this service.

In the two months January and February, the service of five railways has hospitalised

5,237	cases of typhus,
3,040	» » relapsing fever,
1,327	» » typhoid.

The conditions under which refugees crowd into stations for shelter, and to await trains, often for days, produce a sanitary problem of the first importance, and are well illustrated by the South Station at Kharkov, frequented mainly by those in flight from the Volga ; the waiting-rooms at night are just a mass of sleeping bundles, with no room for passage and a steady source of infection for passengers in and out, and for the city.

No cleansing is possible under these conditions, and it is stated that homeless students also sleep there, with the inevitable result of lice-borne disease.

CHOLERA IN THE UKRAINE.

March 25th, 1922.

There were 418 cases of cholera reported between January 1st and March 7th in the Ukraine. The cases were reported from twenty-one different localities. Of the 418 cases, 159 were reported in January, 173 in February and 86 in the first week of March. Twenty of the cases occurred among railway employees, 13 of which were reported by the South-West Railway, which serves the Kiev, Volhynia and Podolia areas and parts of Odessa and Nicholajef.

There have been cases in Kharkov each month since April 1921, and this city remains infected to-day because it is the centre of all movements in the country.

The Kiev and Poltava Governments had a marked increase in December, which has continued into the present year, with weekly return for Poltava up to date.

The outbreaks at Zitomir and Levkovo in Volhynia had a heavy death-rate. The reports demonstrate the widespread nature of the outbreak and the importance of railway traffic in spreading infection. No cases have as yet been reported from villages remote from main lines of communication. The movements of famine refugees are primarily responsible for the outbreak, and adequate sanitary control at important railway junctions is urgently necessary.

The latest outbreak of which information has been received was reported on March 1st from Elizabetgrad, an important town on the Poltava—Odessa railway line. Forty-one cases were notified during the first week of this outbreak.

CHOLERA IN RUSSIA.

According to the official returns of the Russian People's Health Commissariat for the period January 1st to February 18th, 1922, a total of 299 cases of cholera were notified : 7 cases of cholera in Voronege, 29 cases in Rostoff on the Don during the same period, 9 cases in the Don area, 10 cases in the Penza government, 3 in the town of Samara, 3 in the Tamboff government, 48 in the Kirghiz area, 7 in the town of Tashkent, 4 cases on the railways and 174 among the Red Army.

The reappearance of the disease so early in the year in so many widely separated localities is the most disquieting feature of recent epidemiological reports.

OBSERVATIONS BY PROFESSOR MUEHLENS (GERMANY)
SUBMITTED DURING THE DISCUSSION IN THE FIRST
COMMITTEE ON MARCH 22ND, 1922.

I have been asked to come direct from the heart of the famine and pestilence area in Russia (Kazen and Saratow) to advise this Conference, and I am anxious to emphasise the terrible danger which threatens us. I am unable to share the opinion that the risk of disease spreading to countries bordering on Russia and Poland is diminishing. Even if it could be proved by statistical returns that there was a falling off in the number of cases of various infectious diseases in Russia and Poland, this improvement in the infected country must be ascribed, not merely to preventive measures, but to some extent to the fact that the population is gradually becoming immune to disease. Nevertheless, the risk of infection to persons entering the infected areas still remains serious. Emigrants to other countries from these centres of disease are also dangerous carriers of infection. Persons who are apparently healthy may actually be carriers of infected lice, as well as of germs of cholera and of other diseases. Under certain circumstances they may be even more dangerous than sick persons themselves, for the latter, confined as they are to sick-beds, are, after the usual measures of disinfecting and delousing have been taken, less likely to be the means of spreading disease. The imminent exodus of the population from the famine areas to neighbouring countries is a special source of danger. The risk which has existed hitherto, that disease would be carried by repatriated persons, has been reduced as a result of the falling off in the number of persons repatriated, but the danger in the next few months of the introduction of disease by refugees from the famine areas on the Volga and in the Ukraine appears to me greater than ever. The disaster which is already absolute and complete in the Volga areas is also beginning to overtake the Ukraine. From refugees from that region and from the Volga comes the menace above all of cholera, the spread of which along the great routes, the by-roads, railways and waterways must be anticipated. Cases of cholera have already been reported this year in various places, such as Kieff, Rostov-on-the-Don, Tambov, Koslov, etc., but the disease has so far nowhere assumed very serious proportions. However, with the advent of warmer weather, a large increase in the number of cases is to be expected.

I am, therefore, of opinion that still greater emphasis ought to be laid on paragraph 3 of the resolution on the great danger of the present famine and the pestilences following in its wake. Any unjustifiable optimism will bring its own nemesis.

IV.

MINUTES OF PLENARY SESSIONS.

FIRST MEETING (PUBLIC)

HELD ON MARCH 20TH, 1922, AT 11 A.M.

The European Health Conference held its opening meeting on Monday, March 20th, 1922, at 11.30 a.m., under the Presidency of M. SKIRMUNT, Polish Minister for Foreign Affairs.

In his opening speech, M. SKIRMUNT reminded the Delegates of the origin of the Conference : of the report on the gravity of the epidemic situation in Eastern Europe, which had been communicated to all the Members of the League of Nations ; and of the initiative taken by the Polish Government in asking the Council of the League to convene a Health Conference at the earliest possible moment.

The Polish Government considered that the economic reconstruction of Europe, with which the Genoa Conference would deal, was impossible unless a general effort were made by the States to stop the march of the epidemics.

Dr. NITOBÉ, Under Secretary-General of the League of Nations, who was replacing the Secretary-General owing to the latter's illness, spoke of the efforts already made by the Polish Government in their struggle against epidemics. He reminded the Conference that the Epidemic Commission of the League had assisted the work of the Polish Government, and that the Council of the League, in order to help the Epidemic Commission, had appealed to the generosity of the Governments, about twenty of which had sent contributions. The League of Nations had been for the past eighteen months the organ of international cooperation in the fight against epidemics.

On the proposal of Dr. MESSEA, Italian Delegate; Dr. CHODZKO, Polish Minister of Health, was elected President of the Conference.

Dr. CHODZKO explained the difficulties of the work accomplished by Poland and expressed the strong desire of his country to help in the reconstruction of Central and Eastern Europe. For this reconstruction, the re-establishment of economic relations was essential ; this would only be possible when an improvement in health conditions had been effected. These conditions were of concern to all States, including the United States, which was interested in the problem of immigration.

Dr. KALINA, Russian Delegate, expressed the respect and good wishes of the Republics of Russia and the Ukraine towards the Conference, and congratulated the Polish Government on the initiative it had taken. He said that the Governments of Russia and the Ukraine would follow the work of the Conference with the greatest interest. He hoped that the experience which his country had acquired of the terrible epidemics would be of assistance to the work of the Conference. He had the highest hopes for the success of the meeting in its task for the good of mankind.

Dr. CHODZKO asked the Conference to approve its Rules of Procedure and the constitution of three Committees :—
the First Committee to study the epidemic conditions in Eastern Europe ;
the Second Committee to consider the means to prevent the extension of the epidemics ;
the Third Committee to study a plan for health action in the centres of the epidemics.

The LATVIAN DELEGATION stated its preference for a single Committee.

The Conference adopted the President's proposal.

On the proposal of Colonel JAMES, British Delegate, the PRESIDENT submitted to the Conference the names of the Chairman and members of the Committee to consider the credentials of Delegates.

The Conference approved the names proposed.

On the motion of M. PFYFFER, Swiss Delegate, the names of the Vice-Chairmen of the Conference and those of the President and Vice-Presidents of the three Committees were approved. (See general report page 4.)

SECOND MEETING (PUBLIC)

HELD ON MONDAY, MARCH 20TH, 1922, AT 3.30 P.M.

DR. RAJCHMAN, Director of the Health Section of the Secretariat of the League of Nations, and Secretary-General of the Conference, presented his report on the health conditions in Eastern Europe. He then explained the work to be done by each of the three Committees of the Conference.

The First Committee, after making a detailed study of the situation, would no doubt wish to summarise its conclusions in a general report.

The Second Committee would consider in what way the extension of the present epidemics could be stopped.

An International Sanitary Convention, which had been signed in 1912, but only ratified in 1920, was out of date in certain points. Its revision, which had already been begun, would take twelve months, but, apart from this International Convention, he believed that it would be possible to conclude three types of agreement :

- (1) An agreement between Russia, the Ukraine and the countries bordering those States. (The Conference was aware that within the last ten days the Russian and Polish Delegates had been negotiating a Convention at Warsaw.)
- (2) An agreement between Germany, Poland, Czecho-Slovakia, etc.
- (3) An agreement between the countries farther removed from the epidemic centres.

The Third Committee would study a plan of action in the epidemic centres themselves Poland, Russia, the Ukraine, etc.

This Committee would utilise the reports presented by the National Delegations and from these draw up a statement of the work already done. It would then enquire whether the States affected by the epidemics could continue the campaign unaided, or whether the Conference were not faced with a problem which affected the whole of Europe.

He said that Dr. Messea, Chairman of the Third Committee, intended to appoint a sub-Committee who would draw up a programme of work to be done. Some Delegations had already expressed their intention of communicating the programme to their Governments as soon as possible, in order that these Governments might state at the earliest possible moment how far they were prepared to contribute to the execution of this plan.

Dr. Rajchman said that the Conference would no doubt desire that its work should be continued by an international organisation. Such an organisation already existed in the Epidemic Commission of the League of Nations.

This Epidemic Commission worked on certain principles. It was not in a position to take independent action ; it therefore seconded the work of national administrations ; it held the view that the national health services should themselves organise the epidemic campaign, and it was against the policy of despatching into any country health missions composed of foreign members. It asked only for the right to visit the health institutions to which it had supplied material, in order that it might report to the League of Nations on the use to which this material had been put.

THIRD AND LAST PLENARY MEETING (PUBLIC)

HELD ON MARCH 28TH, 1922, AT 11 A.M.

M. ANCKARSVÄRD, Chairman of the Credentials Committee, gave a short account of the findings of that Committee.

Dr. RAJCHMAN read the following telegram, dated March 27th, 1922, from the President of the Council of the League of Nations, addressed to the Prime Minister of Poland :

“ I have the honour, in the name of the Council of the League of Nations, to acknowledge the receipt of your telegram forwarding me the observations of the Polish Government on the Health Conference now sitting at Warsaw. The Council asks me to assure Your Excellency that it fully realises the gravity of the situation which the Conference is studying. The Council further asks me to inform you that it has authorised me, as President of the Council, to take all the necessary steps to draw the attention of the Governments at the Genoa Conference to the report of the Warsaw Conference.

HYMANS.”

Dr. FREY (Germany), President of the Second Committee presented the resolutions adopted by that Committee. These resolutions dealt with the health conventions to be concluded between different countries, the exchange of information on epidemics, the transport of sick, mutual recognition of certificates, exchange of medical men. (These resolutions are given in the General Report on pages 9 and 10.)

M. MAXA (Czecho-Slovakia) submitted a proposal to entrust the Health Section of the League of Nations, or possibly a special Committee of that Section, with the settlement of any questions in dispute arising from health conventions, without prejudice to the right of any State to have recourse to a different procedure (see General Report, page 10. Resolution IV).

The resolutions of the Second Committee and the proposal of M. Maxa were adopted unanimously by the Conference.

M. MESSEA (Italy) presented the resolutions of the Third Committee (see General Report, pages 7, 8 and 9).

Professor OTTO (Germany) presented the following motion, which was adopted unanimously :

“ The European Health Conference lays special stress on the necessity for supporting health measures to be undertaken in Russia and the Ukraine by a campaign against the famine, which is one of the chief causes of the epidemics, and invites all nations to take part in this campaign, without which efficient measures against the epidemics are impossible.”

The Conference then adopted in full the report of the Third Committee and the reports of its Sub-Committees, and took note of the reservations presented by the Russian and Ukrainian Delegations regarding participation in the expenses entailed by the assistance given, and agreed to present their resolution as a minority resolution.

Dr. REINHARDS (Latvia) made the following declaration :

“ The Latvian Delegation demands that mention should be made in the Minutes of the fact that the report presented by the Lithuanian Red Cross (C.I.E. 22) contains incorrect information as to the manner in which Lithuanian refugees are treated in Latvia.

“ Owing to the departure of the Lithuanian Red Cross Delegate, the Latvian Delegation will make its request for the rectification of this report through its Government.”

Dr. RAJCHMAN then gave a summary of the work accomplished by the Conference (see General Report, page 11).

The PRESIDENT informed the Conference that news had just been received that, owing to the great increase of cholera in Volhynia, exceptional measures had been taken at Rovno, including the enforcing of inoculation for the inhabitants of the districts and the refugees, cholera observation of five days for the latter. He thanked all the Delegates for the great assistance which they had given to him at the Conference.

After speeches in reply had been made by Colonel JAMES (Great Britain), Dr. FREY (Germany), M. MAXA (Czecho-Slovakia), M. LORENC (Russia), and Dr. SCHROETTER (Austria), the Conference closed.

V.

**REPORT OF THE SECOND COMMITTEE OF THE WARSAW
EUROPEAN HEALTH CONFERENCE.**

The discussions of the Second Committee have been based on the Paris International Convention of 1912, the draft of a Russo-Polish agreement, a proposal presented by the Latvian Delegates, and the preliminary draft of the Health Section of the League of Nations.

In view of the differences between the public health organisations and the epidemiological and other conditions in individual countries in Europe, the Committee considers that it is impossible to lay down a model type of agreement for all Contracting States. The Committee therefore abandons any such attempt, but submits to the Plenary Conference the following general lines and principles, which, in the opinion of the Committee, should be kept in mind in any health agreement between countries.

The Paris Convention of 1912 with regard to cholera, plague and yellow fever is still recognised as a basis for health agreements. Since, however, the States which have ratified this Convention are entitled by mutual agreement to go further than the provisions therein laid down, those States which have not adhered to this Convention have with greater reason the right to conclude mutual agreements adapted to the present needs and to modern methods of fighting epidemics.

As a result of these considerations the Second Committee recommends :

(a) That those countries which have not yet adhered to the Paris Convention or have not yet ratified it, should immediately adhere to this Convention, even should it be shortly subject to a revision.

(b) That special Health Agreements between neighbouring countries should as far as possible conform to uniform principles.

In the conclusion of such agreements, the following points of view should be borne in mind :

I.

To the diseases mentioned in the Paris Convention (cholera, plague, yellow fever) typhus and relapsing fever should be added. The agreements should also provide for the possibility of the Convention being extended by diplomatic means to include other infectious diseases, particularly smallpox.

II. APPLICATION OF COMPULSORY NOTIFICATIONS.

The Second Committee considers that, in principle, all countries should carry on a regular and frank exchange of information regarding all infectious diseases. It is, however, absolutely necessary that the obligation to notify must include :

(a) The first proved cases of cholera, plague and yellow fever in accordance with the Paris Convention, and also the outbreak of plague in rats.

(b) An epidemic extension of proved cases of typhus and relapsing fever (and of smallpox)¹.

(c) The appearance of epidemic diseases which have not been common in a district, at least in epidemic form (for instance, meningitis epidemica, polioencephalitis acuta, malignant influenza, etc.).

¹ In this report smallpox is not definitely included in the list of additional infectious diseases, as the objection was made that application of the necessary measures would not be equally justifiable in certain cases of agreements between two countries usually affected by the disease.

Furthermore, direct notifications should be exchanged between the central health authorities of different countries, in addition to the existing international exchange of information through diplomatic channels provided for by Articles I to VI of the Paris Convention. Should any difficulties exist in individual countries at the moment when such agreements are being concluded, such a regulation should be enacted as soon as possible.

It is recommended that it should be provided in the agreements that notifications should be given simultaneously to the Health Section of the League of Nations.

In cases of (a) notification must be made immediately by telegram; in cases of (b) and (c) once a week. In order to obtain a general idea of the mortality, it is necessary that the figures given in the supplementary or special reports provided for in Article II of the Paris Convention, and in the Weekly Returns, should include the figures of certified deaths.

Diseases must be classified under the clerical Latin names recognised in science. In the Weekly Returns, in the case of cholera, the number and origin of the vibrio carriers in the neighbourhood must be shown. Covering reports on (b) and (c) are necessary; they must conform to Article II of the Paris Convention.

Should one of two contracting States receive reliable information as to the appearance of one of the infectious diseases included under headings (a), (b) and (c), in a district in the territory of a neighbouring country, and should it take defensive measures resulting therefrom, it is bound to inform the other contracting State of the defensive measures and of the information on which they have been based.

III. MEASURES AGAINST INFECTIOUS DISEASES.

A. General.

The Second Committee firmly adheres to the fundamental principle laid down by the Paris Convention that the campaign against infectious diseases should interfere as little as possible with traffic and trade both in the interior and with neighbouring countries. The Committee relies upon all countries to take energetic measures to improve their public health services. The Committee trusts that as soon as possible exchange of scientific publications concerning public health will be resumed between the individual central health authorities.

The general regulations must apply to definite administrative units; it is therefore recommended that the lowest administrative State unit should be taken (Ujesd, Powiat, Kreis, Arrondissement, etc.), or a large town. Such a State administrative unit or large town can be declared by the other contracting party as infected:

- (a) when, in the case of *cholera*, a cholera centre has developed;
- (b) when, in the case of *plague*, one or more cases not coming from other countries have been discovered;
- (c) when, in the case of *typhus*, *relapsing fever* (and *smallpox*), when the disease has assumed epidemic extension;

The State administrative unit or large town should be declared as free from infection:

- (a) when, in case of *cholera* and *plague*, no new cases have appeared within five days after the death or isolation of the last case;
- (b) when, in the case of *typhus*, *relapsing fever* (and *smallpox*), the decrease in the number of cases and the incidence and nature of individual cases show that the disease has lost its epidemic character.

Notification must be made to the other contracting countries when a subordinate State administrative unit or large town be declared infected or free from infection, or when protective measures are decreed.

B. Frontier Measures.

(a) Medical examination by medical men authorised by the State; if necessary, stringent personal examination, which can be combined with diagnostic bacteriological investigations in cases where there is reasonable ground to suspect cholera and plague. Stringent personal examination may be allowed in case of certain groups of persons, such as nomads, emigrants, repatriated persons, refugees, seasonal labourers, pilgrims and the like.

(b) Isolation of sick and suspects. Suspects should be subjected to medical observation on arrival at their destination, such observation should last eight days in the case of relapsing fever, and in the case of typhus (and smallpox) not less than fourteen days. In the case of cholera and plague, the provisions of the Paris Convention apply.

(c) Railway and medical staff and officially accredited representatives of the Government of the country shall only be subject to the health regulations at the frontier should they contract one of the diseases here referred to.

(d) Personal luggage shall only be subject to disinfection and delousing should an examining medical officer authorised by the State consider such a process to be necessary.

(e) In the case of the categories of persons enumerated under (a), should a medical officer appointed by the State consider it necessary, such persons shall be deloused (and if necessary have their hair cut) and their property shall be disinfected and deloused.

(f) Agreements in accordance with paragraphs 10 to 20 of the Paris Convention shall be concluded with regard to the handling of merchandise. The process of delousing of merchandise should not take place unless the presence of lice is proved.

(g) Protective vaccination may be carried out at the frontier as protection against cholera (and smallpox).

(h) The nature of infectious diseases and the measures to be taken against them should be explained to railway staff, sailors and the populations in the frontier areas. Railway staff should receive practical instruction in carrying out such measures.

(i) The strictest attention should be given to sanitary conditions of trains going to the frontier, particularly with regard to vermin, the condition of lavatories, etc. Attention should also be given to the water supply in stations and the hygienic condition of raw food-stuffs kept there for sale and to the cleanliness of stations and tracks.

(j) Should a person be found in one of the arriving trains suffering from one of the diseases in question, or should there be reasonable grounds for suspecting such a person of suffering from such a disease, the wagon or compartment in question may be disinfected and the wagon removed from the train. Passengers who have come in contact with the sick person should be examined by a duly authorised medical officer; if given a clean bill of health, they may continue their journey (b), but their baggage may be disinfected and deloused.

(k) The provisions of an agreement based on the above principles shall cover water and air traffic.

(l) In order to carry out these general regulations the establishment of *health control posts* should be insisted upon at the frontier on railways and land and river routes. These control posts should possess adequate space and plant for medical examination, isolation of sick and suspects, disinfection and delousing. Their capacity should be determined by their average traffic.

(m) The points at which such control posts are to be established should be decided by agreement between the central health authorities on both sides. The contracting States reserve the right, in cases of development of dangerous epidemics, temporarily to prohibit the passage of travellers and wagons from the territory or part of the territory of the other country at points on the frontier where it is actually difficult for the moment to establish control posts. Eight days, due notice of such a step should be given to the other contracting party. The contracting States, however, bind themselves mutually to ensure free passage at other points in the vicinity.

IV. TRAFFIC BY SEA.

(a) The protective measures provided for in paragraphs 10 to 20 of the Paris Convention should also apply to typhus, relapsing fever (and smallpox).

(b) In the case of the persons enumerated under section III, B, a, the persons themselves, their dirty linen, their clothes, their bedding, etc., shall be deloused within the last 24 hours before they go on board ship.

(c) For handling of goods in the case of typhus and relapsing fever and, possibly, smallpox, see Section III, B, f.

(d) A ship shall be regarded as *infected* if there are one or more cases of potted fever, relapsing fever (or smallpox) on board, or if one or more cases of

relapsing fever have occurred on board during the last 8 days, or of typhus (or smallpox) during the last 14 days.

A ship is to be regarded as suspect if one or more cases of relapsing fever have occurred on board previous to the last 8 days or of typhus (and smallpox) previous to the last 14 days.

A ship is to be regarded as *clean* if—although coming from an infected port—it has not had on board, either before departure, during the voyage, or at the time of its arrival, any cases of sickness or death from typhus or relapsing fever (and smallpox).

(e) In the case of typhus or relapsing fever (or smallpox) infected ships shall be subject to the following measures :—

- (1) Examination by the port medical officer of accommodation on board and of passengers and crew.
- (2) Sick persons and suspects shall be immediately landed in a suitable port, and, in the case of typhus and relapsing fever shall be deloused and isolated in rooms free from vermin.
- (3) Suspects shall be deloused in the case of typhus and relapsing fever, and vaccinated in the case of smallpox ; they shall be kept under observation at their destination—in the case of relapsing fever for at least 8 days, and in the case of typhus (and smallpox) for at least 14 days.
- (4) Dirty linen, clothing and beds, etc., shall be deloused in cases of (2) and (3). The accommodation on board which has been used by sick persons must be deloused before handling of cargo and in the case of ships in ballast before loading. Should delousing not be possible before unloading, every measure should be taken to protect the crew, in unloading, against vermin. In the case of smallpox, similar disinfection must take place.
- (5) Ships suspected of typhus, relapsing fever (and smallpox) should be dealt with in accordance with points (3) and (4).
- (6) The proper authorities in the port of arrival may at any time up to the moment of sailing demand an affidavit on oath from the ship's doctor, or, failing him, from the captain or his representative, to the effect that no cases of spotted fever, relapsing fever (and smallpox) have occurred on the ship.
- (7) The provisions of Article 42 of the Paris Convention likewise apply in the case of typhus, relapsing fever (and smallpox).
- (8) The Committee emphasises the particular importance of paragraph 26 of the Paris Convention dealing with the periodical extermination of rats.

V. ALLOCATION OF EXPENSES.

Since the Committee considers it desirable that, in the interests of a thorough campaign against infectious diseases, the expenditure thereby involved should be wholly met out of public funds, the Committee is all the more convinced that the expenses arising out of these measures should, for similar reasons, be covered by public funds.

VI. REGULATIONS FOR THE FRONTIER ZONE.

(a) Those state administrative districts shall be regarded as belonging to the frontier zone which adjoin the frontier, or which are not more than 5 kilometres from it.

(b) Health authorities in the frontier zone, on both sides, must keep up a regular, if possible a weekly, exchange of information with regard to notifiable infectious diseases ; in the case of cholera, plague, yellow fever, smallpox, typhus and relapsing fever, suspected cases need not be notified.

(c) In the interests of a complete understanding of the health situation, it is important that health officials in the State administrative districts adjoining the frontier should seek information on the spot, particularly in the case of malignant epidemics. The despatch to the spot of health experts may take place by mutual agreement between the Governments of the States.

VII. LOCAL FRONTIER TRAFFIC.

The general principles of the above regulations framed to prevent and combat epidemics should also apply to local frontier traffic, but the contracting States should bind themselves to give as many facilities as possible, particularly for workmen, market supplies, etc.

It seems justifiable during cholera epidemics to prohibit the import of food stuffs intended for raw consumption from frontier districts infected with cholera.

VIII. IMMEDIATE CONCLUSION AND APPLICATION OF SPECIAL AGREEMENTS.

In view of the imminent danger of epidemics, it is imperative that these agreements should be concluded with the utmost despatch by those countries which are the first to be threatened by the present epidemic situation. If differences arise as to the application of the agreements, the contracting countries are recommended to call in experts for the purpose of arbitration and mediation.

On the submission of this Report to the Plenary Conference, the following resolution was adopted unanimously :

“ It appears that several Health Conventions will be concluded between different States. It seems advisable, therefore, that, if an organ of conciliation or mediation has to be constituted to settle in a friendly manner questions in dispute, the Health Section of the League of Nations, or possibly a special Commission of that Section, should be entrusted with this duty, without prejudice to the right of any State to have recourse to a different procedure.”

VI.

REPORTS OF SUB-COMMITTEES OF THE THIRD COMMITTEE

REPORT ON AND ESTIMATED COST OF MEASURES
REQUIRED :

1. *To strengthen the existing defence against epidemics in the countries bordering Russia on the west ;*
2. *To strengthen the campaign against epidemics in Russia and the Ukraine.*

EXPLANATORY NOTE.

1. The presence of famine and the consequent westward movement of masses of population from famine and infected areas in Russia has severely overtaxed the defensive system of the countries bordering Russia, and will continue to endanger this defence, unless it is strengthened by measures beyond the present financial capacity of these countries.

Statements of the requirements for strengthening the sanitary defence of Roumania, Poland, Esthonia, Latvia and Lithuania are annexed. Finland is providing for her own repatriated citizens and has presented no demands. No special measures are therefore considered necessary in her case.

2. Merely defensive measures, which do not attack the sources of the disease, cannot solve the problem. This report therefore includes :

(a) A statement of the principles upon which health action in Russia and the Ukraine might be based ;

(b) An estimate of the needs of Russia as a whole for the epidemic campaign ;

(c) A statement of the needs of the western area of Russia ;

(d) A statement of the needs of one region in the famine area. The Donetz area is taken as an example.

(e) Plan for preventing the spread of epidemics from the famine area.

(f) Statement of the expenditure required to strengthen the sanitary service on railways and waterways in Russia and the Ukraine.

REPORT ON AND ESTIMATED COST OF MEASURES REQUIRED
TO STRENGTHEN THE EXISTING DEFENCE AGAINST
EPIDEMICS IN COUNTRIES BORDERING RUSSIA ON THE
WEST.

THE NEEDS OF ESTHONIA.

PROPOSAL OF THE SUB-COMMITTEE.

The report presented by the Esthonian Delegation shows that the health conditions in Esthonia are very satisfactory. Esthonia being in a state to meet all her present needs will not make any appeal for help to the League of Nations, unless fresh epidemics coming from Russia break out in Esthonia.

THE NEEDS OF LATVIA.

REPORT OF THE SUB-COMMITTEE.

Having made a careful study of the epidemic situation in Latvia and the risk of importation of infection across her frontiers, the Sub-Committee recommends :

(1) The establishment and equipment of a control station at Dunabourg with a 150-bed hospital, bathing and disinfecting establishment and plant for the disinsectisation of railway wagons, etc. Taking advantage of existing buildings, such a station could be built and equipped for an approximate sum of £20,000. It would be capable of dealing with all the refugees and re-immigrant traffic across the Russian frontier and could give adequate supervision to the river traffic also. If Dunabourg be equipped in the manner described, the existing quarantine station at Rositten, the buildings of which are in a bad state of repair and unsuitable for the purpose, could be closed.

(2) The establishment of a maritime quarantine station at Libau, at a cost not exceeding £7,000.

Should it be possible to reinforce the praiseworthy efforts that have been and are being made in Latvia to control the spread of epidemic disease in the manner described above, the Sub-Committee considers that the Latvian Health Organisation should be in a position to deal with any emergency that is likely to arise.

THE NEEDS OF LITHUANIA.

PROPOSAL OF THE SUB-COMMITTEE.

The Sub-Committee, having examined the report of the Lithuanian Red Cross, has concluded that up to the present Lithuania has found it possible to combat epidemics in her territory. These diseases have been chiefly brought in from other countries. The importation of diseases is to a large extent to be attributed to the insufficient accommodation of the quarantine station at Obeliai. There were also difficulties which, according to the Lithuanian report the Soviet Authorities placed in the way of the regular working of repatriation traffic. Difficulties between Lithuania and Latvia about the passage of repatriated persons through Latvia have also caused a certain amount of dis-organisation, in spite of the fact that an agreement with regard to this matter has been concluded between Latvia and Lithuania.

The Sub-Committee is of opinion that these difficulties and differences should be obviated by means of further agreements between the States in question.

The insufficient accommodation of the quarantine station at Obeliai is due to the fact that the establishment is too small, so that it would seem from the report that only a part of the repatriated prisoners can be disinfected. It is absolutely necessary that this station should be enlarged or that new accommodation should be provided, so that it may be possible to deal with the number of 1,500 repatriated persons which was fixed in the agreement with Latvia. The Lithuanian report also acknowledges this, but states that the Lithuanian Government, through lack of means, is not in a position to undertake the construction of the new stations which are urgently necessary.

The Sub-Committee proposes that the necessary means for the upkeep of this station and for the care and support of refugees should be placed at the disposal of Lithuania.

As the Lithuanian report does not contain detailed requests either with regard to the quarantine station in Obeliai, or with regard to the cost of supporting the refugees, etc., the Sub-Committee can make no exact estimate of the expenditure involved by the carrying out of their proposal. The Lithuanian Government should be asked to submit a detailed estimate of costs with regard to the above proposal to the Epidemic Commission at Geneva.

THE NEEDS OF POLAND.

REPORT OF THE SUB-COMMITTEE.

The Sub-Committee has drawn up an estimate of the approximate expenditure involved by the requests of the Polish Health authorities.

This expenditure may be classified under three heads, namely :

(1) Initial outlay, say in pounds, at the rate of 18,000 Polish marks to the £... ..	£ 708,677	Polish Marks. 12,752,200,000
(2) Cost of upkeep for a year, say in £	87,461	1,574,300,000
(3) Supplementary expenditure specially required for campaign against trachomasay in £	19,945	359,013,500
Total	£ 816,083	14,685,513,500

After examining the programme drawn up by the Polish Health authorities, the members of the Sub-Committee are of opinion that this programme is reasonable and necessary, if health conditions in the Eastern part of Poland are to be made satisfactory and the protection of the Russo-Polish frontier from a health point of view is to be improved. The present system of epidemic hospitals is absolutely insufficient.

It remains to be seen how far the Polish State, in view of its financial difficulties and of the work of general utility which it is doing in preventing the spread of epidemics to European nations as a whole is qualified to receive collective assistance.

An examination of the sums ear-marked during 1921 and the first three months of 1922 under the two headings of "Public Health" and "Relief to prisoners and civilian repatriated refugees" shows that these sums amount to :

	1921 Polish Marks.	1922 Polish Marks.
Ministry of Public Health	6,700,000,000	9,100,000,000
Office for repatriation of prisoners and refugees	5,300,000,000	5,300,000,000
Total in Polish Marks	12,000,000,000	14,400,000,000
Say in pounds sterling (at the present rate of about 18,000 Polish marks to the £)	£ 670,000	£ 800,000

This figure is relatively moderate. The Sub-Committee therefore considers that the Polish State would be able to provide for the expenditure and upkeep of all the health establishments and quarantine stations, and the expenditure involved by the campaign against trachoma, which is essentially an internal matter.

Therefore, the total subsidy which could eventually be granted to Poland out of the funds of the Epidemic Commission of the League of Nations might be reduced to the original outlay expenditure involved in the setting up of the anti-epidemic health units which have been recognised as indispensable. This expenditure is estimated at Polish marks 12,752,200,000, or 710,000 pounds sterling.

A detailed statement of the Polish requests is attached.

DETAILED STATEMENT OF THE POLISH REQUEST.

I. *Expenditure on original outlay.*

	Polish Marks.
50 hospitals of 50 beds—new buildings, cost per bed 1,500,000	3,750,000,000
Furnishing, etc. 50 hospitals, cost per hospital 10,000,000... ..	500,000,000
Purchase of 30 mobile hospitals of 20 beds each—Danish type of bed Costing 500,000	300,000,000
Purchase of furniture for these 30 mobile hospitals	120,000,000
50 mobile delousing and shower bath units, price of a complete outfit 1,500,000	75,000,000
Carried forward	4,745,000,000

	Polish Marks
Brought forward	4,745,000,000
90 mobile delousing units, price of complete outfit, 1,500,000	135,000,000
Purchase of 280 horses for hospitals and units, price per horse 200,000	560,000,000
Purchase of 140 vehicles at 200,000 each	28,000,000
Purchase of 140 sets of harness at 150,000 each	21,000,000
5 bacteriological laboratories at 5,000,000 each	25,000,000
30,000 kgs. of cyanide of salts	19,200,000
Reserves of linen for repatriated persons, 300,000 sets at say 4,000 marks a set	1,200,000,000
20,000 pairs of shoes at 5,000 marks per pair	100,000,000
60 bath establishments at say 50,000,000 each	3,000,000,000
Building of 100 large wooden hutments for isolation of refugees during the quarantine period... ..	1,500,000,000
Establishment of a quarantine station at Luninice for 1,000 refugees	534,000,000
Increasing the capacity of the bath establishments at Baranowicze <i>idem.</i> at Rovno... ..	150,000,000 100,000,000
Establishment of 7 hospitals of 50 beds each at arrival points for emigrants	280,000,000
Equipping these hospitals	70,000,000
Setting up 7 bath establishments in these hospitals	210,000,000
Purchase of 100 Narsen wells and 500 boilers	75,000,000
	12,752,200,000
Say in £ at the rate of 18,000	£708,677

THE NEEDS OF ROUMANIA.

REPORT BY DR. J. CANTACUZÈNE, ROUMANIAN DELEGATE.

The protection of Roumania against epidemics coming from Russia is easily provided for so long as the military cordon on the Russian frontier is maintained, but Roumania will require quarantine establishments of some size as soon as her frontiers by land and sea are re-opened to trade.

Until this occurs, Roumania believes her own resources to be sufficient, but as a result of the difficulties due to her financial position she will probably be unable to undertake the expenditure necessary for setting up a complete chain of health stations after her eastern frontier has been re-opened.

She will therefore then be obliged to appeal to the Epidemic Commission of the League of Nations in the hope of obtaining a subsidy which would allow her to set up five stations at suitable points selected on her sea and land frontiers, one of them on the Black Sea (Costanza), another on the Lower Danube (Galatz) and the other three along the Dniester.

The total cost of these establishments must be estimated at a minimum of £200,000 sterling.

A certain amount of time will be required for the building of these stations ; it will therefore be necessary, in order to be ready for any eventuality, that work should begin before long.

A detailed memorandum on the work required will very shortly be submitted to the Epidemic Commission at Geneva by the Roumanian Government.

II.

REPORT ON AND ESTIMATED COST OF MEASURES REQUIRED TO STRENGTHEN THE CAMPAIGN AGAINST EPIDEMICS IN RUSSIA AND THE UKRAINE.

(A) PRINCIPLES UPON WHICH HEALTH ACTION IN RUSSIA AND THE UKRAINE MIGHT BE BASED.

*Report of requirements of Russia and the Ukraine for intensification of
the anti-epidemic campaign.*

(a) The provision of control at all exits by rail, road, river or sea in the western frontier districts, including certain Black Sea ports.

(b) The establishment of new, and the strengthening of existing, sanitary services for railways and waterways, to deal with all movements of famine refugees, and repatriation.

These railways may be divided into the following groups :

- (1) Lines converging on Moscow.
- (2) Direct lines westwards from the famine zone, not passing through Moscow.
- (3) Lines converging on Minsk, Smolensk and Vitebsk.
- (4) Lines passing through the Ukraine.
- (5) Lines from the Ukraine famine area.
- (6) Boat service on the Volga and other rivers.

(c) The organisation of a campaign against epidemics in the famine zones of :
The Volga and bordering territory, and
Southern Ukraine.

As this is an immense programme, for which resources will not be available, concentration on one area in the famine zone is suggested. This should be an area of the greatest importance in the future reconstruction of Russia.

The needs of every area are similar and may be summarised as :

- Baths and soap ;
- Disinfecting apparatus and materials ;
- Increased hospital accommodation ; food for patients ; clothing for refugees ;
- Refurnishing of existing laboratories, and provision of mobile laboratories ;
- Provision of necessary materials for a wide vaccination campaign ;
- Drugs and hospital supplies.

(d) The provision of reserve material :

- (1) to strengthen the epidemics service of the State hospitals, the railway sanitary service, the evacuation organisation ;
- (2) to meet local needs in any areas where refugees may concentrate ;
- (3) to combat widespread epidemics amongst children, for whom little separate provision is made, and of whom a large proportion are infected with trachoma.

B. ESTIMATE OF THE NEEDS OF RUSSIA AS A WHOLE FOR THE EPIDEMIC CAMPAIGN.

The following estimate is based on the lowest official returns for typhus, relapsing fever and cholera in Russia for the last four years, — namely, the figures for 1921. The number of cases officially notified in 1921 was 2,000,000.

To deal with this number of cases, we estimate that the total number of fully equipped hospital beds required is 125,000

According to official Russian figures, the number of epidemic beds available in the summer of 1921 was 70,000

The additional number required is therefore 55,000

For convenience, this figure may be divided into units of 100 beds each.

We estimate that the cost of a unit of 100 beds is 1,600	£
This gives a total cost of	880,000

We consider that each hospital should also serve as a base for 2 mobile units for disinfection, delousing, etc.

We estimate the cost of 1 mobile unit, with its transport at 200	
On this basis, 1,100 mobile units will be required, costing	220,000

Giving a total cost of £ 1,100,000

The provision of epidemic beds and mobile units is merely a basis for a comprehensive campaign against epidemics.

The following items are essential :

- (1) Disinfectants and soap ;
- (2) Transport ;

The Donetz area has a population which was estimated at 3,100,000 in 1914. Large repatriation movements have taken place, and as the area is suffering from famine, it is certain that this figure will be further reduced by death and by flight. From all statistics this area has been the most heavily involved in all epidemics which have decimated the general population of all the Governments forming the Ukraine. The number of cases of epidemic diseases notified in 1921 was over 115,000, and on general principles we know that many more cases existed. This gives at least a morbidity of 1 in every 20 of the population. The territory has been seriously involved in war activities, its material resources greatly reduced and many buildings burned. Its hospital supplies were taken by the armies and little has been replaced, for the Ukrainian Government has little or no resources. The existing accommodation in hospitals of all kinds in the Ukraine is 20,000 beds, and except in large towns, no special provision is made for epidemic beds. All are treated in the general hospitals. It is certain that not more than 2,500 beds exist in the Donetz government, and in many villages the existing hospitals are closed.

E. PLAN FOR PREVENTING THE SPREAD OF EPIDEMICS FROM THE FAMINE AREA.

A general survey of the Russian situation points to the development of certain broad lines of support, which would strengthen the existing control of repatriation, and of refugee movement.

Each post of departure from the famine zone of the Volga is a potential source of disease—Kazan, Simbirsk, Samara, Saratov, Tsaritszyn, and others.

It is therefore necessary :

(a) To establish efficient railway health services and to assure that bathing and delousing are done.

(b) To establish a second line of stations, feeding points and ambulances on these railways (many of which may exist as railway posts, or Central Evacuation Office posts), others could be taken over by the Red Cross Organisations.

The protection of Central Russia depends on the above.

(c) To assure the handling of echelons *at least once* for cleaning *en route*. (The control of individual passengers is impossible without surveillance by sanitary police.)

This is already done to some extent at Pirovo, near Moscow ; but in addition to this, the means provided in Moscow stations should be used regularly and without exception.

Smolensk should be fortified so that it becomes an effective filter for all echelons passing to the south of Moscow.

Briansk should be strengthened so as to control movements towards Gomel and Kiev.

(d) The protection of the Ukraine, provided that isolation points of Russia on the southern railways are working, will be made at :

Martsevo to afford protection from infections coming from Rostov, Lichaya, Lugansk, Kupiansk.

Kharkov. — This place, with its bathing establishments, etc., corresponds exactly to Moscow.

(e) The control of movements across the Dnieper is already established at Darnitza, near Kiev, which, like Smolensk, acts as a filter for echelons.

(f) The exits can be guarded by chief points at Sebah, Polock, Minsk, Gomel and Sheptowka, and accessory points at :

Veliki Luki, Vitebsk, Orsha, Kazatin, Zmerinka, Ploskirov, Rasdelnaya and subsidiary points for handling unorganised refugees.

(g) The seaport exits are organised, but need supplies, and are all suffering from famine : Odessa, Nicolaiev, Kherson, Theodosia, Sebastopol, Rostov.

F. STATEMENT OF THE EXPENDITURE REQUIRED TO STRENGTHEN THE SANITARY SERVICE ON THE RAILWAYS AND WATERWAYS.

	£
Increase of hospital beds at certain points of concentration and at Evacuation Department's hospitals (5,000 beds)	80,000
Provision of new railway clearing hospitals at stations and complete furnishing of linen and of supplies (10,000 beds) ...	160,000
Provision of linen and appliances for many existing hospitals (say 10,000 beds)	170,000
Credit for repairs of buildings, disinfectors and baths	10,000
Development of barrier control of refugees at key points, such as Smolensk, Pirovo (near Moscow), Darnitza (near Kiev), Martsevo (near Taganrog), etc.	7,000
Credits for completing baths and disinfecting stations, laundries, etc., at Smolensk	3,500
Provision of barracks (20)	4,000
Provision of cyanide cameras (4)	900
Supply of clothing, protective clothing, etc., for hospital personnel (10,000)	} 16,000
Supply of gloves, rubber boots and protective clothing to railway sanitary workers	
Provision of baths	} about 100,000
» » stationary disinfectors	
» » disinfecting apparatus	
» » soap	
» » drugs	
Credit for repair of bathing and sanitary trains, or for renewing of parts	10,000
Steam pipes for steam disinfection of railway wagons	} 800
Material for laboratories for diagnosis in towns	
Mobile laboratories (20 at £80 each)	1,600
Feeding of 50,000 persons for 6 months	135,000
Provision of 20 Clayton or other apparatus for disinfecting boats	200
500 Primus stoves and 3,000 syringes with accessories for vaccination	1,600
Evacuation points at central departure stations from famine areas in Russia and Ukraine to be fortified in all possible ways	no estimate.
Line of ambulances and hospital points (about 15) to form a second sanitary zone round the famine zone of Volga; and according to the Ukrainian Government plans, on the main railway lines in Ukraine	no estimate.
TOTAL	£700,600

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VII.

MAPS

I

Epidemic situation in Eastern Europe in 1922.



Légende : ■ Typhus exanthématique. ■ Fièvre récurrente.
 Explication: ■ Typhus. ■ Relapsing fever.

Echelle : Nombre de cas, 500 1000 2000 4000 1m² représente 100 cas. ● Localités atteintes par le choléra.
 Scale : Cases. 1m² equal 100 cases. ● Cholera infected localities.

/// Zone de famine. ■ Station de quarantaine. - - - - Lignes de chemins de fer fermées aux voyageurs.
 Famine area. ■ Quarantine station. Railways closed to passenger traffic.

⊞ Pas de données statistiques. — Lignes de chemins de fer.
 No statistical data. Railways.

Map showing Russian Railway Communications.

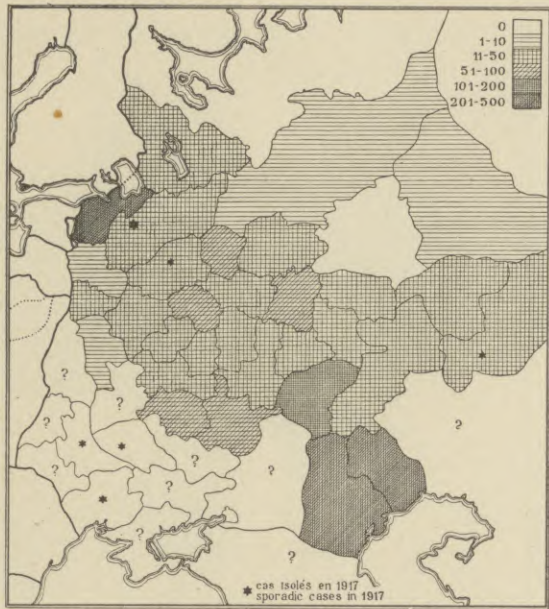
(The shaded portion shows roughly the famine area.)



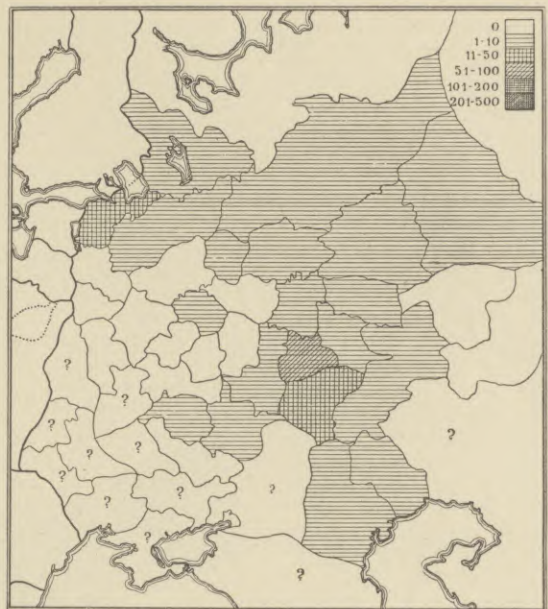
III.

Asiatic Cholera in Russia, 1918-1921.

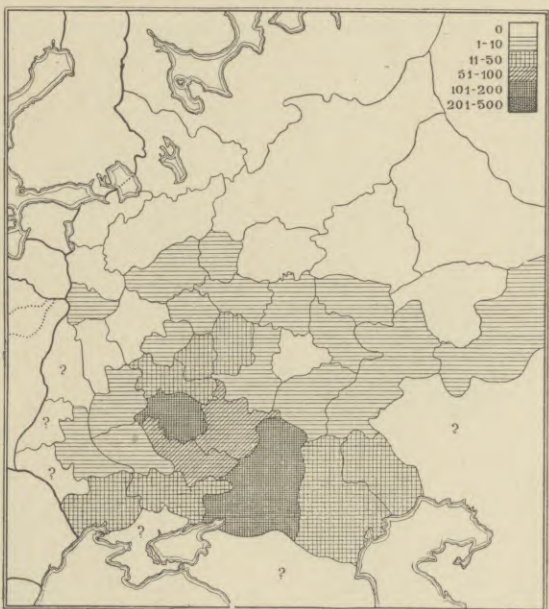
Number of cases notified per 100,000 inhabitants.



1918

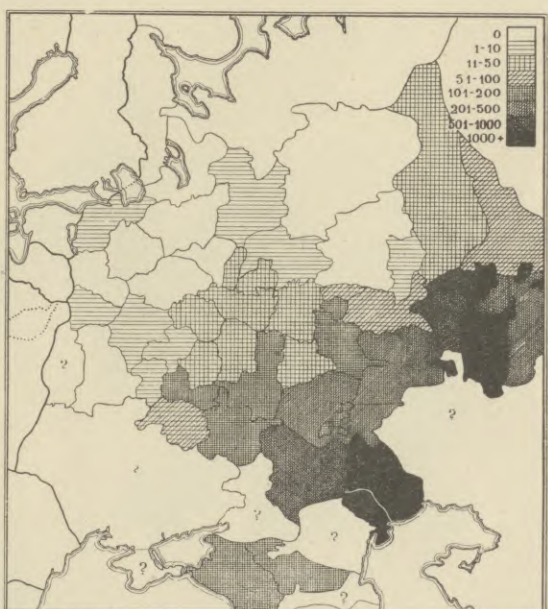


1919



Secrétariat des Nations - Section d'Hygiène
Service des renseignements épidémiologiques

1920



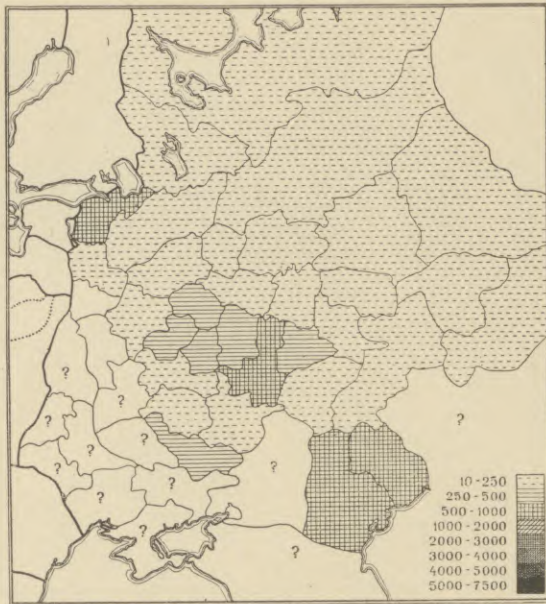
League of Nations - Health Section
Epidemiological Intelligence Service

1921 Jan-Oct.

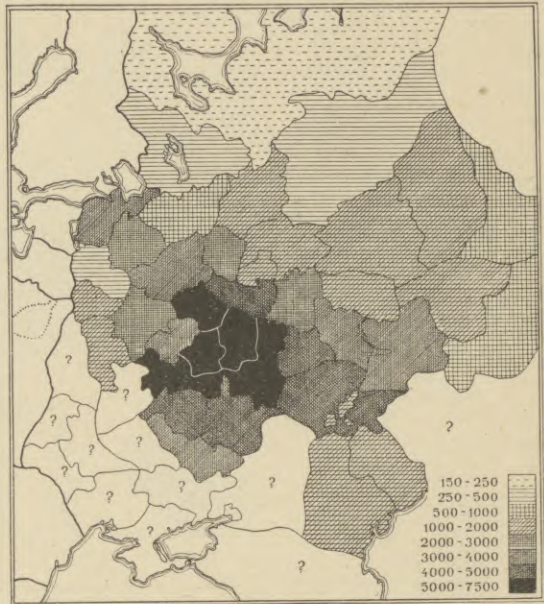
IV.

Typhus in Russia, 1918-1921.

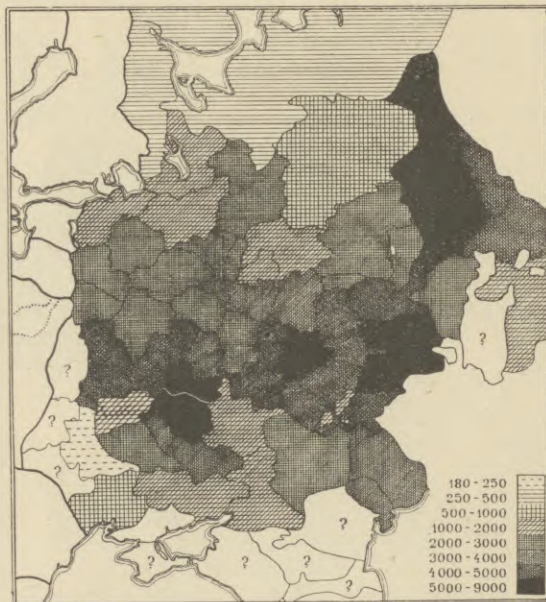
Number of cases notified per 100,000 inhabitants.



1918

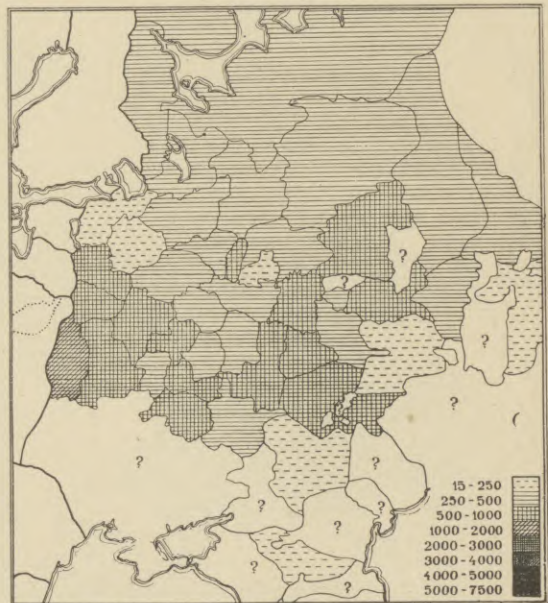


1919



Societe des Nations - Section d'Hygiene
Service des renseignements epidemiologiques.

1920



League of Nations - Health Section
Epidemiological Intelligence Service.

1921 Jan-Oct.

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