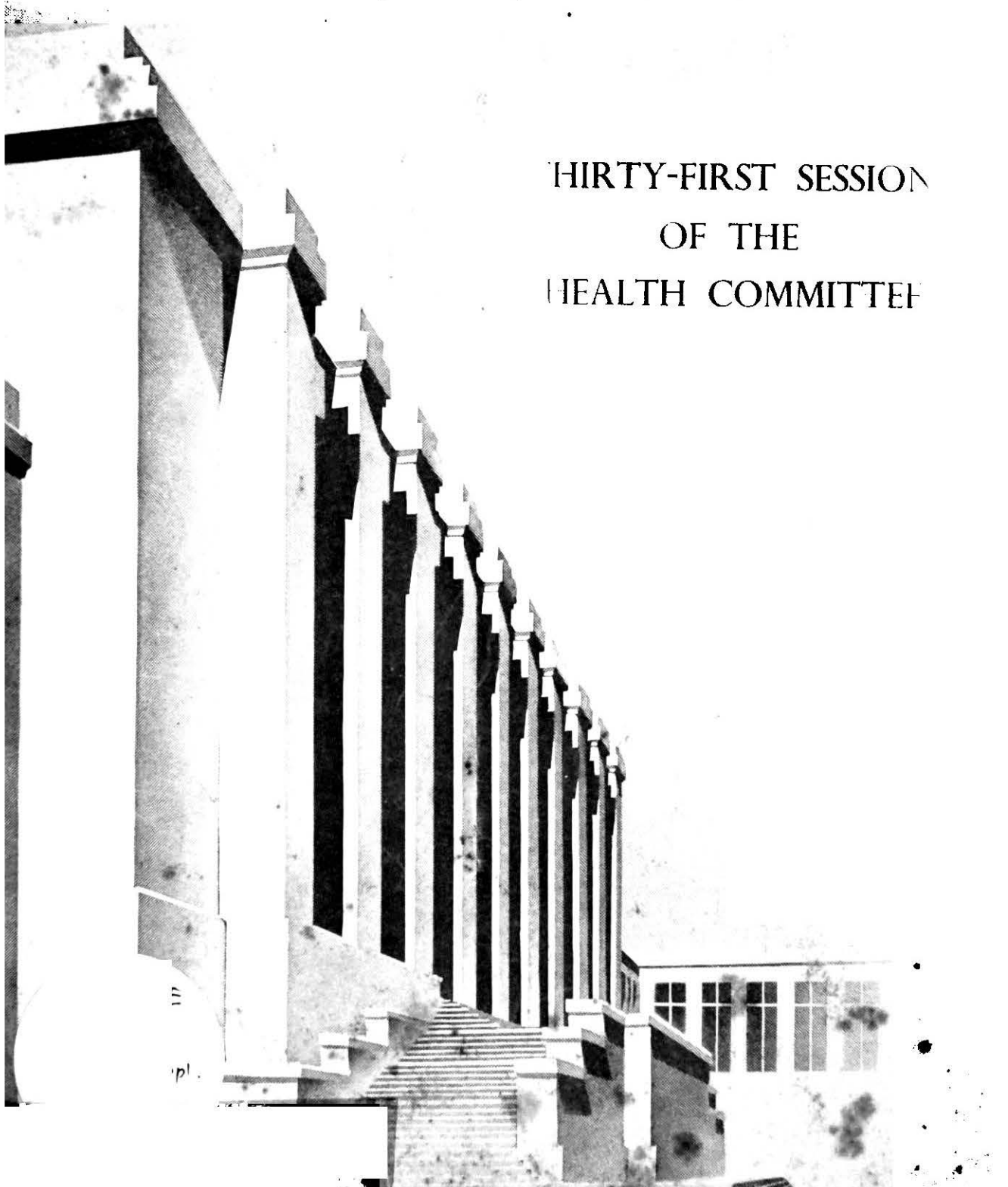


THE HEALTH WORK
OF THE
LEAGUE OF NATIONS

THIRTY-FIRST SESSION
OF THE
HEALTH COMMITTEE



SPECIAL SUPPLEMENT
to the
Yearly of the League of Nations

JANUARY 1940

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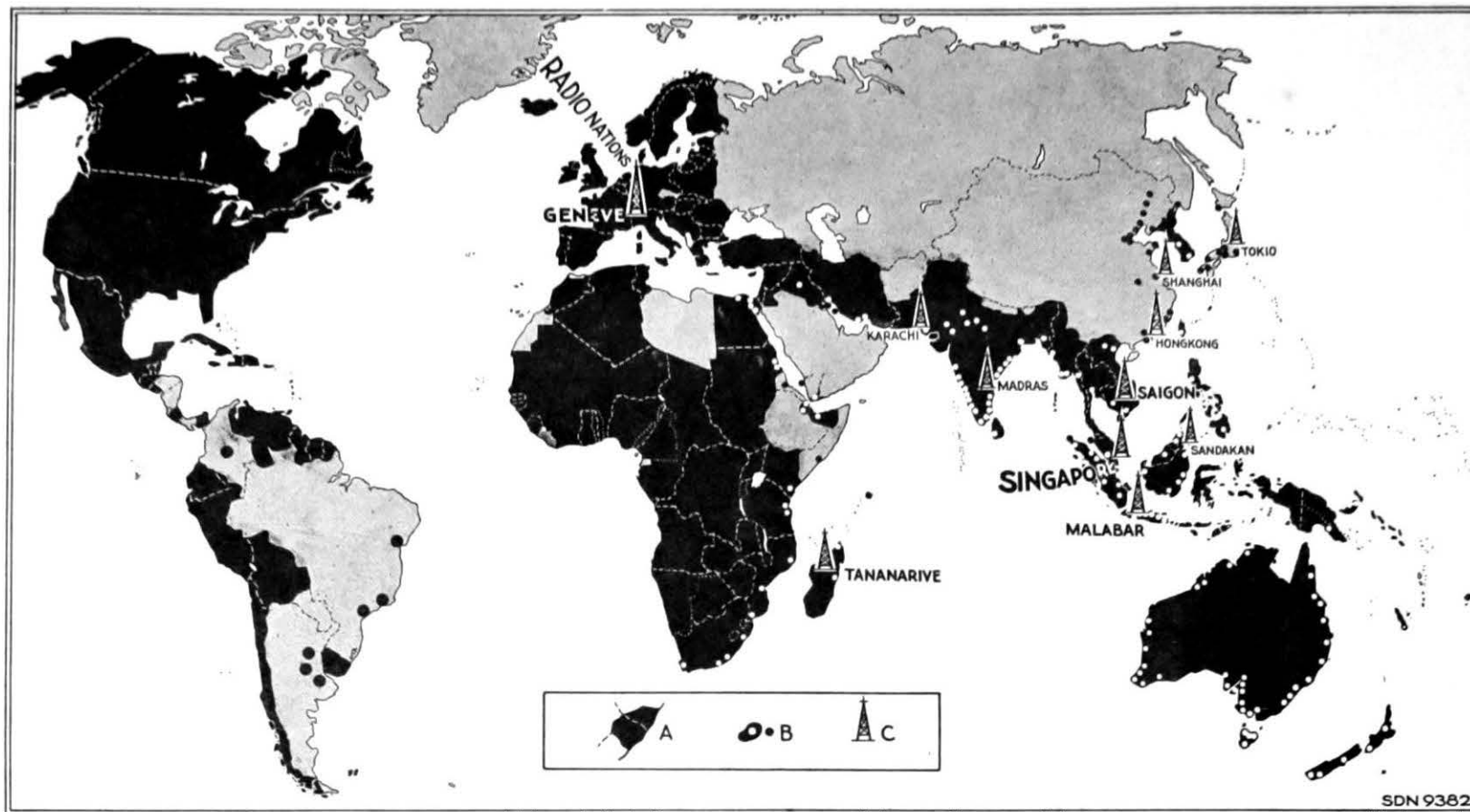
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EPIDEMIOLOGICAL INTELLIGENCE SERVICE AND THE EASTERN BUREAU AT SINGAPORE

- A.** The majority of countries and territories which possess a suitable medical and statistical organisation send weekly, monthly and annual reports to the Epidemiological Intelligence Service at Geneva. On this map, these countries are marked in black. The *Annual Epidemiological Report*, published at Geneva, contains data for 1,960 million inhabitants, or about 93% of the total world population. The data relating to mortality cover 397 large cities, with a population of 155 millions.
- B.** The Singapore Bureau is in constant contact with 180 ports in East Africa, Asia and Australasia.
- C.** An *Epidemiological Bulletin* for the health administrations is published by the Singapore Bureau, broadcast first of all by the high-power stations at Saigon, Bandoeng and Singapore, and subsequently retransmitted over a network of secondary stations.

INTRODUCTION

By

Professor JACQUES PARISOT,

President of the Health Committee of the League of Nations

Before the beginning of the present war, the Health Committee had on many occasions received evidence of the approval extended to its work by all the States Members, and even by non-members, of the League of Nations.

Many of these countries themselves approached the Committee—some to ask for technical help and advice, others to point out the desirability of certain new studies or investigations which would be of immediate benefit to the various national health administrations. When the Committee, in order to provide for the development and to ensure the utility of its increasing activities, had to appeal to an ever-greater extent for international co-operation on the part of technical committees and services, specialised institutions and individual experts, its appeal received at all times and from all quarters the warmest welcome, however heavy the burden imposed by such collaboration.



Professor Jacques Parisot

In a speech made on May 2nd, 1939, at the opening of the League Pavilion at the New York World's Fair, the Surgeon-General of the United States Public Health Services, in speaking of the Health

Organisation, quoted the following opinion of the Secretary of State of that great American Republic :

The growing complexity of the modern world has for many years made increasingly clear the need for intelligent co-ordination of various activities and the pooling of information and experience in many fields. The League has been responsible for the development of mutual exchange and discussion of ideas and methods in many fields of humanitarian and scientific endeavour. The United States Government is keenly aware of the value of this type of general interchange and desires to see it extended.

That was the position yesterday. Has it been changed by present events ? Naturally it has ; but, far from being weakened, our position has rather been strengthened—both morally and practically. It has been adapted to the new conditions created by the war, so that the Organisation may take action and render even better service. The Health Committee has, in fact, just held its first meeting since the outbreak of hostilities, and, though some people feared that the meeting was inopportune, they had to admit that these fears were groundless. The generally favourable attitude towards the work of the Health Organisation is unchanged ; with the exception of two, all the members of the Health Committee were present for the session, although some of them had to make long and difficult, and even dangerous, journeys. They accomplished their work with enthusiasm and spontaneity, in that same spirit of international co-operation which has always been a characteristic of the Committee's discussions. The atmosphere of the meetings was particularly pleasant ; there was an impression of activity, and lively evidence of interest, both in the work which was already in progress and had to be continued and in the new object to be sought.

This object is at once simple and serves a high humanitarian purpose. It consists in helping Governments in the solution of those problems of hygiene, nutrition and health protection which cannot fail to arise as a result of the upheavals of the war. The movement of troops and population and the destruction of warfare involve the danger of epidemics and will indubitably lead to a lowering of the general standard of living and of public health. The administrations represented on the Committee decided to collaborate together under the auspices of the League, in order to try to meet all possible dangers ; the necessary steps have been taken so that the Health Organisation might be ready to place its experience and machinery at their disposal.

An impartial observer present at the session would have been able to conclude in all sincerity that the Health Organisation, in spite of the war, is still very much alive, that Governments are relying on it and that, faithful to its mission, it will continue to be inspired by that spirit of industry and devotion to the public cause in which its strength lies, and will to-morrow give still further proof of its utility.



(Photo Marquis)

Panels illustrating the League's work (New York World's Fair).

REPORT TO THE COUNCIL ON THE WORK OF THE THIRTY-FIRST SESSION OF THE HEALTH COMMITTEE

(Geneva, November 20th–24th, 1939)

The President, Professor J. Parisot, opened the session with a tribute to the memory of Professor Ricardo Jorge, a former member of the Health Committee, who died on July 31st, 1939; he recalled his distinguished career and his eminent services to the Health Organisation. The President also paid a tribute to the memory of Professor E. Zunz, a member of the Commission on Pharmacopœiæ.

In welcoming Dr. Babecki, who replaced Dr. Szulc, the President paid a moving tribute to all Polish collaborators in the work of the Health Organisation of whom no news had been received, particularly Dr. W. Chodzko and Dr. G. Szulc. He requested Dr. Babecki to convey to the Polish Government his wishes for their safety.

The Health Committee associated itself unanimously with the words of its President.

I. ADAPTATION OF THE WORK OF THE HEALTH ORGANISATION TO THE CIRCUMSTANCES CREATED BY THE WAR

1. As usual, the Committee reviewed the progress made in the work of the Health Organisation before deciding on the lines on which it should be carried out in future.

In the first place, it noted that, since September 1st, 1939, the work had been affected only indirectly by the repercussions of the war. It received assurances that health administrations wish its essential work to go on and are ready, like the majority of its collaborators, to continue their support. The wish has even been expressed that it might assume new responsibilities as circumstances demand, a case in point being the telegram from the Roumanian Minister of Public Health, of September 14th, 1939, calling attention to the possible risk of epidemics arising from war conditions on the Roumanian frontier and asking whether the Health Organisation would contemplate the organisation of joint anti-epidemic action by the countries present.

The Committee is itself convinced that, at a time when war, the movement of populations and evacuation directly threaten health in various ways, the Health Organisation has important duties to perform.

In present circumstances, it is necessary to be prepared, and this should be the main concern of the Committee and of the Health Section. All the facilities and resources at its command must be mobilised forthwith ; its usual peace-time work must be limited to essentials ; and past experience and available documentary material must be turned to full account ; in a word, the Organisation must plan ahead in order that it may be in a position to give information, to make suggestions and to take prompt and practical action when required.

2. At this point, one preliminary consideration arises. There will doubtless be very serious difficulties in calling a full meeting of the Committee at short notice. The Committee therefore wishes that, in an emergency, the Secretariat be empowered to take immediate action, after consulting the President whenever possible, all the members of the Committee being advised of the action taken. Should occasion arise, another procedure could be brought into operation : the calling together of an *emergency sub-committee* of the Health Committee which would have power to act as a permanent section of the plenary Committee and which could, according to the nature of the action required, co-opt other members of the Health Committee and/or a limited number of experts. This emergency sub-committee would be composed as follows : Professor J. Parisot (Chairman), Professor J. Balteanu, Dr. N. M. Goodman, Dr. B. Johan and Dr. R. Sand.

3. *Continuation of Former Work.*—This work should be carried on to the fullest extent, so far as this can be done without placing too heavy a burden on the resources of the Health Organisation.

In the first place, the permanent services built up by persistent efforts must not be interrupted, since their reconstruction would be exceedingly difficult. This applies to the Epidemiological Intelligence Service, the Singapore Bureau and Biological Standardisation ; their utility is universally acknowledged. Moreover, the Epidemiological Intelligence Service performs some of its work under the International Sanitary Convention of 1926 and under the agreements concluded in 1927 with the Office international d'Hygiène publique. The biological standards are held and distributed in conformity with a three-year contract concluded in 1939 with the Danish and United Kingdom Governments.

On the same grounds, it would be desirable to continue certain studies on which a considerable amount of work has already been expended—work which would have been done in vain if it were discontinued at this stage. This applies to : the enquiry into the

radiological treatment of cancer of the *cervix uteri*, the preparation of the unification of the various national pharmacopœiæ, the studies undertaken by the Malaria Commission on malaria immunity and the biology of certain strains of plasmodium, the co-ordination of investigations into nutrition in the East entrusted to the Coonoor laboratories (India), and the analysis of the annual statistics of rabies. In this last connection, the Committee wishes the Health Section to extend the scope of its enquiry to include the anti-rabic vaccination of dogs.

Secondly, the Committee is of the opinion that national committees and national institutes should be urged to continue their work on nutrition, physical fitness and housing. The Health Section will ensure the necessary liaison and co-ordination, but it will be understood that there can be no question of convening the Commissions concerned unless the Health Committee makes a formal recommendation to that effect. For the moment, the only meeting which the Committee has in view for 1940 is that of the Commission on Pharmacopœiæ.

Thirdly, the Committee considers that certain comparatively new studies must be relegated to the background for the time being. These are : the training of visiting health nurses, museums of hygiene, clothing, and the preparation of international lists of diseases. There can be no question of abandoning these studies altogether ; for the moment, however, work will have to be limited to the collection of documentary material in co-operation with the international institutions and voluntary organisations concerned. As regards a study recently proposed by the Argentine Government—that of the campaign against cancer from the angle of social medicine—it is suggested that an expert be asked to present a general report by way of preparation for the work of a Commission which the Health Committee might propose to set up at a later stage, when the consent of the competent League authorities had been obtained.

Lastly, the Health Committee understands that, in the opinion of the United Kingdom Government, the impending Pan-African Health Conference must be adjourned until the end of the war. Whilst agreeing with this view, the Committee remains ready to give this Conference its fullest support when the time comes. The other conferences contemplated (*e.g.*, Anti-malarial Drug Conference and the Rabies Conference) have been similarly adjourned.

4. *Fresh Activities.*—Past experience has shown that the present conflict will have repercussions on public health. Populations will be exposed to the danger of epidemics or of an increased incidence of infectious disease through troop movements and migrations. The

nature and course of ordinary epidemics may change ; certain diseases may be imported into regions hitherto free ; the possible contamination of drinking-water and lower standards of living and hygiene will undoubtedly produce conditions favourable to the spread of infectious disease.

The Health Committee feels that, in order to assist health administrations in case of need, it must devote attention to these questions. It is a matter for congratulation that it should have been possible to respond promptly to the appeal made by the Roumanian Minister of Public Health on September 14th, 1939. Experience gained in the past, the measures taken to give technical assistance to China, Spain, Greece, Poland and other countries and the documentary material collected by the Health Section on the incidence, prevention, diagnosis and treatment of infectious diseases have made it possible for the Organisation to undertake useful international action. The Committee therefore authorises its Emergency Sub-Committee and the Health Section to take such action as circumstances require. The latter should at once take stock of the armoury of preventive and curative weapons made available by modern epidemiology, chemotherapy and sero-therapy and should define the principles to be followed in the control of those epidemic diseases which must be regarded as most important in present circumstances.

For example, the question of immunisation against diphtheria and scarlet fever acquires particular importance in connection with movements of population. The Copenhagen Institute is prepared to continue research on the standardisation of diphtheria vaccine. The Committee takes due note of this and instructs the Section to assist in the work.

5. A number of belligerent and neutral countries have already evacuated threatened populations from war zones. Other types of population movements are also taking place. These migrations give rise to serious medico-social problems, not only from the epidemiological point of view but also as regards the systematic organisation of medical care and of health services. These problems include questions of environmental hygiene among evacuated persons living in the reception areas. They also include the individual standards of hygiene of such persons. Sanitary engineering problems will frequently occur—*e.g.*, the lay-out of camps, disinfection, and provision for baths, showers, a drinking-water supply and sewage disposal.

Public authorities are also faced with the mobilisation of economic resources and with problems of food supply calling for the application of the rules of modern dietetics in the use of foodstuffs and in collective

and individual dietaries for the general public and for evacuated populations, particularly children and refugees.

The Health Organisation can undoubtedly assist responsible authorities by supplying documentary material and technical advice. The task before it is to some extent similar to that which it carried out from 1932 to 1934, when it investigated the effects of the economic depression on public health, but in this case immediate practical action may be necessary. Here, again, the Health Committee authorises its Emergency Sub-Committee to undertake the necessary investigations with the aid of experts, and to reply to any question submitted.

6. This plan of work can be carried out with limited budgetary resources, whilst still leaving a margin for practical intervention on the spot in an emergency. Since, in these circumstances, the Health Section will have to assume a considerably increased volume of work with which it cannot fully cope as at present constituted, the Committee wishes to draw the Secretary-General's attention to the desirability of making some increase in the staff, at least temporarily.

7. During a period in which the sessions of the Council and the Assembly have been adjourned, it is important that facilities for speedy practical action should be available. The Health Committee, which has been made acquainted unofficially with the report of the Committee appointed to study methods of developing the technical work of the League of Nations,¹ hopes that the *Central Committee on Economic and Social Questions*, which is to control the technical Commissions, may be constituted without undue delay. The Committee would add that, for this body to be able to deal adequately with questions of health, a reasonable proportion of its members should have technical qualifications in this field.

II. BIOLOGICAL STANDARDISATION

1. The Health Committee heard with satisfaction that the distribution of international standards by the Copenhagen and Hampstead Institutes had continued normally and that the number of institutes using these standards was increasing.

2. As regards tuberculins, the Committee has been informed that the Copenhagen Institute has undertaken the preparation of the purified tuberculin standard which the Permanent Commission on Biological Standardisation decided to establish. Desirous of giving effect to the proposal put forward at the meeting of the General Advisory Health Council in May 1939, the Committee is of opinion

¹ See Special Supplement to the *Monthly Summary*, August 1939.

that, in order to establish the extent of the tuberculation of populations, research work should be carried out on parallel lines in a number of countries, using the same tuberculins and identical methods. The Committee understands that it can already rely on the support of the Ankara, Bucharest, Budapest, Copenhagen, Jassy and Washington Institutes in this research work, and hopes that other institutes will also give their assistance.

3. The Health Committee believes it to be its duty once more to draw the attention of all concerned to the recommendation adopted by the Permanent Commission on Biological Standardisation in 1928 concerning the nomenclature to be adopted in the designation of blood groups.¹ It is of opinion that, especially in present circumstances, the use of a uniform nomenclature will obviate mistakes which might entail serious consequences.

III. HOUSING

The Housing Commission and several of its groups of experts met at Geneva from June 26th to July 1st, 1939, to examine its programme of work and to discuss the following questions :²

- (1) The hygiene of the planning of space ;
- (2) The abatement of smoke, dust and toxic gases ;
- (3) Water supply ;
- (4) Sewage treatment ;
- (5) The collection and treatment of domestic refuse.

The Health Committee has taken note of the Commission's report and fully appreciates its technical value. It decides to communicate this report to Governments, health administrations and the institutions concerned, and urges once more upon the competent authorities and persons the importance of setting up national housing committees in all countries with a view to their collaboration in the work of the Commission created by the Health Organisation.

In the first part of this report, the Health Committee has recorded its desire that the work of the national committees shall be continued.

¹ This Commission recommended that, in the classification of blood groups, the following nomenclature should be adopted for international use :

O A B AB

It also recommended the following method of designating test sera :

Test-serum A (anti-B) ;

Test-serum B (anti-A).

Test-serum A (anti-B) should be placed in containers of white glass, test-serum B (anti-A) in containers of brown glass.

² See *Monthly Summary*, Volume XIX, No. 6, page 248.

IV. PHYSICAL FITNESS

The Health Committee is of opinion that, in view of the considerable development of the physical education of women, it would be advisable for its Reporting Committee to include a woman member able to give the Committee the benefit of her experience of physical education of this nature. It therefore proposes to add to its Reporting Committee Miss Phyllis Spafford, Secretary of the Ling Physical Education Association in Great Britain.

V. SINGAPORE EASTERN BUREAU

The Health Committee notes that, of the two seats vacant on the Advisory Council of the Eastern Bureau, one has been offered to the Health Administration of Burma.

It recommends that, in accordance with the Council's Statute, the other seat should be allotted to the Health Administration of the Philippine Islands, which has always given tangible proof of its interest in the work of the Bureau.

VI. CO-ORDINATION BETWEEN THE ADVISORY COMMITTEE ON SOCIAL QUESTIONS AND THE HEALTH COMMITTEE

The Health Committee has unofficially noted the report of the Special Committee on co-ordination between the Advisory Committee on Social Questions and the Health Committee,¹ a report which it has not yet been possible to submit to the Council.

Bearing in mind that its President, Professor J. Parisot, already acts as liaison officer to the Advisory Committee, the Committee appointed Dr. N. M. Goodman and Dr. B. Johan to serve with him on the proposed committee of co-ordination.

¹ See *Monthly Summary*, Volume XIX, No. 6, page 268.

ANCIENT DISEASES — MODERN DEFENCES

THE WORK OF THE HEALTH ORGANISATION OF THE LEAGUE OF NATIONS

By

FRANK G. BOUDREAU, M.D.

Executive Director, Milbank Memorial Fund; for twelve years an official of the League's Health Organisation

Disease has been the final victor in almost every war. Hans Zinsser, author of *Rats, Lice and History*, states that typhus fever "has at least as just a reason to claim that it 'won the (world) war' as any of the contending nations." For a typhus epidemic raging in the Serbian army was so much dreaded by the Austrians that they held up their advance in front of Belgrade for six months during the most critical period of the war.

After the termination of the world and Russo-Polish wars, typhus and relapsing fevers, and even cholera, sweeping westward from the great plains of Russia and Poland, threatened to overwhelm all Western Europe. Fortunately, Government delegates meeting at the new League headquarters quickly improvised an Epidemic Commission, which convinced the health services of the countries bordering on Russia that their only safety lay in uniting their efforts and co-operated with them in establishing hospitals, delousing stations and other necessary measures of prevention. So terrible was the emergency that even Soviet Russia (not then a member of the League) co-operated with its neighbours and with the League Commission.

After the close of the Greco-Turkish war, the influx to Greece of refugees from Asia Minor resulted in terrible epidemics of cholera, dysentery and typhoid fever. Again the League's Epidemic Commission rendered yeoman service; half a million refugees were vaccinated against these three diseases and the epidemics were checked. It was in these circumstances that the Health Organisation of the League of Nations was born—the first world health service in history.

The pestilential diseases—bubonic plague, Asiatic cholera, yellow fever, dysentery and typhus fever—are ancient diseases; they have afflicted mankind for centuries. Terrible enough when the pace of travel was slow and few people travelled much or far, they ranged more widely as the speed and volume of travel increased. The use

of steam as the motive power of ships and railways gave them their real opportunity, and they made good use of it. Epidemics of cholera, plague and typhus fever devastated Europe. Countries bordering on the Mediterranean suffered acutely.

As these epidemics swept across national frontiers, each country blamed its neighbours for the diseases which appeared to come from them. An example of this tendency is said to have occurred when syphilis swept northward from Spain to Scotland, for the French called it the Spanish disease, the English called it the French disease, and the Scots spoke of it as the English disease. We have become so much wiser that nothing of the kind could happen now ; but has anyone heard of Spanish influenza ?

POLITICAL ISOLATION NO HELP AGAINST DISEASE

The idea of a League of Nations did not spring full-fledged in the mind of President Wilson but had roots deep in the past. This was also true of the League's Health Organisation. As far back as 1851, European Governments became convinced that political isolation was not a practical policy in the fight against epidemics which completely ignored such man-made obstacles as national frontiers.

There was talk of a Suez Canal, which would bring the East nearer to the West, and everyone knew that the most terrible epidemics came from the East. Moreover, these diseases were serious obstacles to world trade and to freedom of travel. Ships arriving from countries where such diseases were believed to prevail were burned to the water-line or detained in quarantine, which meant at that time detention for forty days. Passengers were often harried from port to port, being refused permission to land.

This state of affairs became so intolerable that Governments convened sanitary conferences to try to agree on measures of prevention. One conference succeeded another ; but forty-two years had gone by (1851-1893) and twelve such conferences held before any real measure of agreement was reached. Such an agreement needed international machinery to make it work, but none was devised until 1907, and Governments never really succeeded in co-operating in the prevention of disease until the Health Organisation of the League of Nations began to function in the early nineteen-twenties.

PREVENTION OF EPIDEMICS FROM CHINA AND SPAIN

Plague, cholera, yellow fever, dysentery, smallpox and typhus fever still occur. They are now in retreat, but the retreat is not a rout. The relaxation of precautionary measures which follows the disorganisation caused by war would be the instant signal for their

advance. It is still possible that typhus fever or some other epidemic disease may be the final victor in the next war.

There is some reason to believe that the international health machinery existing at Geneva may have prevented the spread of epidemics from China and Spain to other countries. Typhus fever occurs in Spain, and the glowing embers may be fanned into flame at any moment. It was to prevent this catastrophe that the Health Organisation sent into Spain, in January 1937, an international commission of experts in typhus fever to look into the situation and to devise preventive measures.

Three League commissions, manned by English, Swiss and French, together with Chinese, doctors, have been working with the Chinese Government in remote parts of China to stamp out plague, typhus fever and smallpox before they gain too great momentum. In 1938, the Chinese found themselves handicapped in their fight against cholera because they could not produce sufficient amounts of anti-cholera vaccine. The League sent out a call for millions of doses, and the response was immediate and generous; the United States alone contributing (through the American Red Cross) three million of the more than eight million doses required. It is one of to-day's paradoxes that the world which is destroying international co-operation by every means in its power is being saved from possibly devastating epidemics by international co-operation in health matters.

SINGAPORE: THE WORLD'S ALARM SYSTEM

These epidemic commissions in China and Spain, useful as they have proved to be, are but temporary measures to meet emergency conditions. The League has created permanent machinery to enable the Governments to combat the spread of disease. At Singapore, the cross-roads of the East, there is an outpost of the League known as the Singapore or Eastern Bureau. This corresponds to a central fire-station in a municipal system of fire prevention, except that the area it covers is vastly greater than that of any city, for that area is bounded on the east by Panama, on the west by Suez and on the north by Vladivostok. Within this area, there are more than 180 ports from which come weekly or more frequently cable messages concerning the occurrence of epidemic disease in the ports and hinterlands.

All this information pouring into the Bureau at Singapore is analysed and broadcast by ten wireless stations, so that every health officer in the whole area, every ship's captain and every aeroplane pilot may know when, where and to what extent disease prevails in the ports, cities and countries of that area.

The truth shall make men free, said the prophet, and to know the truth about disease means freedom for passenger and freight traffic ; freedom from disease and freedom from unnecessary restrictions. For when the truth is known, precautions may be concentrated on the few infected areas and vessels ; there need be no such general interference with all traffic as occurs when nothing is known but all is suspected.

A similar service of information about the occurrence of disease exists at Geneva, but, as epidemic diseases are at present far less common in Europe than in the East, the service is not organised to operate so rapidly.

Those who travel to distant countries, or even to the less travelled parts of Europe, will do well to consult the weekly publications of the League's Health Organisation, where they will find accurate information concerning the diseases they are apt to encounter.

STANDARDISING MEDICAL PREPARATIONS

The League's effort to combat these traditional enemies of mankind goes deeper than this worldwide information service. Medicine has developed many drugs, serums, vaccines, gland extracts and other preparations for the prevention and treatment of particular diseases.

The therapeutic value of many of these preparations cannot be based on their weight and volume alone, as in the case of ordinary drugs. They are tested by noting the effects they produce in laboratory animals, and their strength is given in arbitrary units which used to differ from country to country ; for example, thirty-three units of German tetanus antitoxin were equal to a hundred units of the American product. Certain countries do not produce some of these preparations, and when they are imported from different countries, the units in which their potency is recorded may differ, to the confusion of the doctor and perhaps the sorrow of the patient.

The League's Health Organisation has brought order out of this chaos. Experts from the principal countries have studied these preparations and agreed on standards and units for each. Standard preparations are preserved in two national laboratories—those at Copenhagen, Denmark, and Hampstead, England—which act as central laboratories for the League's Health Organisation. Samples are sent periodically to laboratories in different countries for comparison with national products. Samples of the national standards are also sent to the two central laboratories for checking against the international standards. This double system of control is an assurance to the doctor and patient that the preparations used in prophylaxis and treatment are safe and effective.

Insulin, which has saved the lives of so many children and prolonged the lives of so many adults, is safe and effective, not only in Toronto, where it was first developed, but all over the world, because it has been standardised by the Health Organisation.

When salvarsan and its derivatives were first introduced for the treatment of syphilis, serious accidents occasionally occurred, and sometimes the treatment was not effective. Now six different preparations or derivatives of salvarsan have been standardised by the Health Organisation, thus ensuring the safety and efficacy of the remedies used in modern antisyphilitic treatment.

A description of each of the twenty-seven preparations which have been standardised by the Health Organisation would more than fill this pamphlet. But the reader should remember that this work is going on day after day for his protection and the more efficacious prevention and treatment of disease. He will find tangible evidence of this work when he sees in a drug store certain packages of vitamin preparations marked in international—that is, League of Nations—units.

STRENGTHENING PREVENTION

One of the best ways to keep the major epidemic diseases at bay, and to promote better health, is to help the less well-developed countries to organise efficient health departments. It is said that no one can be healthy unless all are healthy, and, while that may be an exaggeration, there is some truth in it. No matter how well we safeguard the health of our children, they may contract tuberculosis from coming into contact with persons who live in slums and who work in our homes, our shops and our restaurants.

This also applies to countries where contagious diseases rage unchecked, for travel has grown to such proportions and the world has shrunk so much in size that a case of smallpox in the Chaco may mean an outbreak in New Orleans. Or a plague-infected rat aboard a ship in China or India may infect the rats in an American port. Despite effective Federal, State and local health departments to deal with such emergencies, accidents occasionally occur. Obviously, the most sensible course is to deal with the sources of disease: in China and India, the Chaco, and elsewhere.

The Health Organisation of the League was established for that very purpose—to provide the Governments of all countries with an instrument for dealing with disease at its source. It is still a comparatively new instrument, and perhaps Governments have not yet learned how to handle it most effectively, but it has been used to good purpose in Eastern Europe, Greece, China, Liberia and elsewhere.

THE GREEK HEALTH SERVICES

In 1928, a very severe epidemic of dengue (a disease of warm countries, somewhat resembling influenza) swept through Athens, crippling the public services. Prime Minister Venizelos appealed to the League for assistance, which was promptly sent in the person of a medical officer from the Health Organisation of the League, who helped Greek doctors to organise the anti-epidemic campaign. As was natural, this officer discussed with the competent authorities methods of improving the Greek public health services, which had not proved equal to their task.

The result was that the Greek Government formally requested the League's co-operation in the reorganisation of her State and local health services. The Council of the League promptly accepted the request, and sent a commission of experts (including two Americans, an Englishman, a Frenchman, a Croat and others) to make a survey of public health and medicine in Greece. A plan for the reorganisation of the health and medical services was drawn up on the basis of the survey findings, and when the plan was accepted by the Greek Government, the Health Organisation offered to assist in carrying it out.

The essence of the plan was the division of Greece into health-centre districts (such as we now have in New York City and elsewhere in America) manned by well-trained health officers and nurses. A School of Hygiene was established, with the generous aid of the Rockefeller Foundation, a model health district organised in its vicinity to provide the necessary field training, and a law enacted requiring every health officer to hold a certificate of public health from the School or evidence of equivalent training.

Before the collaboration between the Health Organisation and the League ended in 1934, some seventy-five health officers had taken courses in the School, more public health nurses than ever before were available for service, medical education had improved, hospital administration had greatly advanced, and the entire health organisation of Greece had been placed on a more modern and efficient basis.

CHINA'S HEALTH AND MEDICAL SERVICES

Late in 1929, the League's Health Organisation engaged in a more ambitious programme in China. The new Government of the Republic was slowly shaking off the chains which for centuries had bound her to the past. Young Chinese who had absorbed some of the culture of the West were anxious to modernise her institutions and equip her for a place in the world of to-day. The new Government asked the League for help in organising new health services, in establishing

a system of port quarantine, in planning a hospital system, and in adapting medical education to the real needs of China and greatly expanding it.

The League welcomed the request, for China had long been a danger spot on the map of the Singapore Bureau. Disease was rife in Chinese ports, but there was little actual information available concerning its prevalence at any given time or place. Medical officers in the service of the League joined with Chinese doctors in a survey of the ports. An experienced Danish physician studied the few medical schools and the conditions of practice which faced their graduates. Experts in other fields such as malaria were sent to China to gather information on which to base a plan of action. Finally, a plan was worked out and adopted by the Chinese Government which asked for the continued support of the League in applying it.

The Chinese officials were so pleased with the results of this first attempt at collaboration with the League that they decided to ask for assistance in other fields, and to this end set up a National Economic Council entrusted with the reconstruction and modernisation of China. At the request of the Government, the League selected leading experts from different countries to assist the National Economic Council. At one time, as many as thirty-five experts of various nationalities were available in China for technical work and the consultation of Chinese officials. At the same time, Chinese selected for service with the National Economic Council were provided with opportunities for special training abroad.

Here, for perhaps the first time in history, was an example of unselfish international collaboration for the economic and social reconstruction of a country which was backward from the point of view of modern technology. But the work of the National Economic Council in China goes far beyond the scope of this booklet, and it will suffice to summarise some of the results achieved in the field of hygiene.

The port health services, which had been administered by foreign commissioners of Customs, were reorganised and taken over by the Chinese Government. A Central Field Health Station was created, which became the nucleus of the national health services, carrying on training, research activities and administration. The first National Hospital was established in Nanking, and dozens of Chinese medical officers were sent for training under League auspices to the institutes and schools of hygiene in the United States and Europe. Finally, the League's representatives succeeded in bringing together the health authorities of the three parts of Greater Shanghai, in a joint campaign against cholera and smallpox, the scourges of that metropolis. The

marked reduction in the incidence of these diseases which followed is the best of evidence that international collaboration in hygiene pays high dividends.

THE CAMPAIGN TO IMPROVE NUTRITION

One of the most recent and far-reaching activities of the League is in the field of nutrition. The Health Organisation's first venture in this field was a study of the food of Japan, made at the request of the Japanese Government, by an English expert selected by the League. This was followed by the work of a group of experts who recommended methods of making comparable dietary studies in different countries.

Shortly thereafter, another committee was set up to suggest methods of ascertaining the effects on health of the economic depression. A number of national studies of this type were instituted, one of the best in the United States. In the meantime, the depression was becoming more severe, the volume of international trade was shrinking, agricultural countries had surpluses which they could not sell, and manufactured products were going begging for want of a market. Because of the prevailing political insecurity, countries were arming and attempting to organise their industry and agriculture so as to be self-sufficient in time of war. The effect of these changes was further to aggravate the economic depression, to increase unemployment and to reduce the agricultural and industrial workers already suffering from low wages, high taxes and unemployment to still lower standards of living.

At the International Labour Conference held in Geneva in 1935, the danger of widespread malnutrition or undernutrition was pointed out, and the Conference decided that a study of social policy in its relation to workers' nutrition should be made.

At the Assembly of the League of Nations in the fall of that year, there was a vigorous debate on the question, many delegates pointing out that serious efforts to improve human nutrition would benefit agriculture, improve world trade and bring many other benefits in its train. The Assembly decided to set up a committee of agriculturists, economists, health and other experts to make a report on this subject in all its aspects, and to co-operate in this study with the International Labour Office and the International Institute of Agriculture.

The Health Organisation convened a group of experts who prepared a report on the physiological bases of nutrition, describing the amounts and kinds of food that were necessary to promote optimum health. The group also described the main problems of nutrition and proposed that scientific bodies in the different countries should take them up. In view of the lack of positive evidence concerning

the prevalence of malnutrition in the different countries, the Committee recommended the pursuit of dietary and medical studies and is now publishing a detailed guide for the conduct of such studies.

NATIONAL NUTRITION COMMITTEES

The Committee of agriculturists, economists and health experts published a report in 1937 which was referred to by the *New York Times* in a leading editorial as worthy of being called the book of the year. One of its principal recommendations was that national nutrition committees should be formed to study the problem in all its aspects and to formulate a national nutrition policy. At present, twenty-two countries have created such committees, and their representatives on two occasions have been invited by the League to meet in Geneva. There is no doubt that under- or mal-nutrition is one of the most serious health and social problems now facing the world. There can be no real peace while economic warfare rages ; peace is not to be won by burning or destroying surplus foods while millions suffer for the lack of it. National policies directed towards better nutrition would benefit agriculture, improve world trade, help to quiet social unrest and conduce to peace. No other international movement initiated by the League has greater potentialities for good ; none has so seized the popular imagination.

WORK OF THE LEAGUE AGAINST MALARIA, LEPROSY, SYPHILIS

Malaria is perhaps the most serious of all diseases, because of the vast numbers who suffer and die from it. In this field, League committees have assisted various countries to fight malaria ; " totaquina," a new and cheaper remedy than quinine, has been developed ; courses for training malariologists have been arranged under League auspices and with League help at London, Hamburg, Paris, Rome and Singapore ; new synthetic remedies have been tested and their precise value rapidly determined by studies planned by a League committee and carried out under League auspices in a number of countries, among them Italy, Spain, Algeria, Malaya and the Union of Soviet Socialist Republics.

A League Institute for Leprosy Research has been established in Brazil, while two health conferences have been convened in Africa to consider the problem of the spread of yellow fever by the new air services.

A conference on rural hygiene in the Far East was held in Java in 1937 ; one on rural hygiene in Latin America is to be held in Mexico in the near future ; and a conference on all health and social aspects of rural life will meet in Europe this summer.

The Health Organisation's work on the hygiene of housing has stimulated the setting-up of national committees, of which there is one in the United States.

Studies in the treatment of syphilis have been carried out in Denmark, France, England, Germany and the United States of America to determine the most effective therapeutic methods; blood tests for syphilis have been compared by experts at three laboratory conferences convened by the League to throw light on the most sensitive and specific tests.

A League Commission has studied the epidemiology of sleeping-sickness (trypanosomiasis) at Entebbe on Lake Victoria, in Africa, and another has co-operated with the Roumanian health authorities to reduce the ravages of pellagra in rural villages.

More than 700 health officers from thirty-five countries have taken part in study tours organised by the League, to permit the profitable exchange of national experience in health matters.

The Health Organisation has carried out studies on tuberculosis, cancer, the prevention of blindness, trachoma and other health problems; its publications on some of these subjects are voluminous and important.

The League is attempting to bring about more comparability in national vital statistics, so that greater benefit may result from the free exchange of national experience. From no other source can a better idea be obtained of the health and medical services of the principal countries; these are described in a long series of volumes published by the League.

INTERNATIONAL CO-OPERATION AGAINST DISEASE

A wealth of material in the publications of the League's Health Organisation awaits anyone who is interested in the growth of collective security against disease. Here may be found the history of man's first successful attempt to join with his fellows in other countries in a relentless war against disease—his most ancient and determined enemy. For epidemic disease has taken advantage of every mechanical advance in transportation and of every war or great disaster to spread more widely and to strike a more deadly blow. The fight is still being waged on almost even terms; there is no assurance that typhus fever will not be the victor in the next war. Man's best chance for better health, longer life and greater freedom from disease lies in the kind of international co-operation that is being carried out by the League's Health Organisation. This is the newest and most effective weapon in the war against the ancient diseases.

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