

THE
HEALTH ORGANISATION
OF THE
LEAGUE OF NATIONS

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Information Section,
League of Nations Secretariat,
GENEVA.

NOTE

This pamphlet is one of a short series issued by the Information Section of the Secretariat of the League of Nations on various aspects of League work. It should not be regarded as an official statement engaging the responsibility of the League: for official purposes, reference should be made to the documents and to the official proceedings of the League of Nations.

Other pamphlets deal with the constitution and organisation of the League, the Permanent Court of International Justice, the Austrian reconstruction scheme, political activities, the Upper Silesian settlement, financial and economic work, financial organisation and allocation of expenses, disarmament, mandates, transit, minorities, administration of Danzig and the Saar, intellectual co-operation, and humanitarian activities.

December 1923.

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THE HEALTH ORGANISATION OF THE LEAGUE OF NATIONS

GENERAL

The League of Nations is an association of States that have accepted certain international obligations with the object of preserving peace, and have undertaken to co-operate in matters of international concern by their signature of the Covenant of the League.

The League Health Organisation is a special application in the field of health questions of this whole systematic attempt to organise international relations. In the domain of public health, as elsewhere, the war has lowered standards, relaxed efforts, and at the same time made the need for continuous international action more urgent; and the obligations and machinery brought into existence by the Covenant, here, as in other directions, have been evolved so as to meet real needs in a commonsense way. The scale of the Health Organisation's work is necessarily limited by the amount of money and attention Governments and public opinion can spare for such matters under existing political conditions.

The co-operative effort of which the League is the expression is essentially tentative, and no rigid formulæ have governed its evolution. Nowhere has this been more obvious than in the growth of the Health Organisation, which has been built up step by step as the nature of the work to be done has become clear and pressing.

HISTORY OF THE HEALTH ORGANISATION

The League Council, at its second meeting in February 1920, decided to summon an International Conference of health experts to draw up the constitution of the Health Organisation under Article 23, paragraph (f), of the Covenant, which declares that the Members of the League shall "take steps in matters of international concern for the prevention and control of disease." When the Conference met in April 1920 it was faced with the menace of the typhus and relapsing fever epidemics in Eastern Europe, which, originating in Russia, had spread into the eastern marches of Poland. To meet this menace it recommended the appointment of a temporary Epidemic Commission of three members to work with the Health Administrations in East Europe. This recommendation was carried out by the Council at its Rome meeting in May 1920.

The Conference also drew up a draft constitution for the Health Organisation, which was accepted by the First Assembly in November 1920. This draft would have made the already existing Office international d'hygiène publique the basis of the new League Health Organisation. The Office international, which is independent of the League, has a membership of 33 States. Its seat is in Paris.

The First Assembly wished to model the Health Organisation on the general plan of the League itself, that is, with a conference (corresponding to the Assembly; in this case the conference would have been the Office international, but with enlarged membership and wider powers), an executive committee (corresponding to the Council) elected by the conference, and a secretariat, which would form a section of the Secretariat-General. But the United States, which is a member of the Office international, opposed this solution, with the result that the constitution of the Health Organisation was postponed for a time.

Meanwhile in June 1921, the League Council had appointed a provisional Health Committee, many of whose members were on the Committee of the Office international d'hygiène publique. This enabled the League Health Committee to co-operate with the Office international, the latter body to some extent fulfilling the functions of a general conference.

A further step in the development of the Health Organisation was taken by the Third Assembly (September 1922), which passed a resolution declaring its desire to see the League Health Organisation put upon a permanent basis with a constitution that would prevent overlapping with other institutions created for similar purposes. Thereupon the Council, at its meeting in January 1923, decided to invite the members of the Health Committee and the Office international d'hygiène publique to form a Mixed Committee, in order to prepare for the Fourth Assembly a draft constitution for the Health Organisation designed to satisfy the requirements of the Third Assembly. The Committee met at Paris in May 1923, and drew up a report which was subsequently adopted by the Fourth Assembly and by the Office international.

PRESENT CONSTITUTION AND AFFILIATIONS OF THE HEALTH ORGANISATION

The present constitution of the permanent Health Organisation of the League is therefore as follows :

- (1) An Advisory Council;
- (2) A Health Committee;
- (3) A Health Section, forming part of the Secretariat of the League of Nations.

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I. THE ADVISORY COUNCIL.

The Committee of the Office international d'hygiène publique acts as the Advisory Council, for which it is specially fitted by its constitution and functions, as it is a body of government representatives meeting twice a year and empowered to discuss and propose international conventions. The Advisory Council deals with any matter submitted to it by the Health Committee. It initiates and transmits to the Health Committee any question it considers may be advanced by such a procedure. The Advisory Council and the Health Section of the League Secretariat exchange copies of all the documents relating to their work, and despatch copies of these documents to the members of the Health Committee.

2. THE HEALTH COMMITTEE.

The Health Committee is composed of 16 members, namely, the Chairman of the Committee of the Office international, nine members chosen by that Committee and six members appointed by the Council of the League after consultation with the Health Committee. The League Council, in addition, may appoint four extra health assessors, who would sit for a period of three years in the same way as the other members of the Committee. The Health Committee, like the Provisional Health Committee before it, acts as an advisory organ of the Council and Assembly on all health matters, and its work is subject to the approval of these bodies on the same basis as that of the other League technical organisations. It directs the health work of the League, by the Transit Committee and Financial and Economic sections, which direct their respective branches of the League's activities. The Committee carries out enquiries, investigations and undertakes preliminary work on

which the final deliberations of the Advisory Council may subsequently be based. It may for these purposes appoint special sub-committees and attach to them any qualified person whose assistance it desires. The Health Committee communicates an annual report to the Chairman of the Advisory Council on the work of the entire Health Organisation during the preceding year. This report also contains the questions with which the Committee proposes to deal, subject to the limits of its competence as defined by the Council and Assembly of the League. The Health Committee is responsible for the policy on technical questions of the Health Section of the League Secretariat.

3. SECRETARIAT.

The executive organ of the League Health Organisation is its technical secretariat, which forms the Health Section of the Secretariat-General, and whose medical director is Dr. Ludwik Rajchman. The Health Section forms an integral part of the Secretariat-General and as such is administratively subject to the Secretary-General and bound by the rules laid down at the Second Assembly for all League technical organisations.

4. THE EPIDEMIC COMMISSION.

The members of the temporary Epidemic Commission were attached to the Health Section so soon as it was formed. The budget of the Commission was made up from voluntary contributions of the States Members of the League. In 1922 the Third Assembly voted a credit of 50,000 francs to cover expenses that were closely associated with the regular work of the Health Organisation.

The object of the Commission was to strengthen the health administration of the chain of countries in Eastern

Europe which were combating the epidemics from Russia. The Commission was not, therefore, intended to appoint its own agents and act directly, but to assist through the existing national health administrations, to which it furnished such material aid as it could provide in the shape of stores, money, etc., for the purpose of building up a permanent system of sanitary defence in Eastern Europe along the whole western frontier of Russia. This, of course, serves to distinguish the inter-governmental work of the Epidemic Commission from the private and charitable aid of the Red Cross and similar bodies, which work directly on the spot, through their own organisations, to relieve specific emergencies.

5. OTHER FORMS OF CO-OPERATION.

In addition, by an arrangement concluded with the Soviet Russian delegation at the Genoa Conference, the Members of the Health Committee, together with a delegate from the Central Health Authorities of Soviet Russia, constitute a special international commission for discussing the anti-epidemic campaign as it affects Russia.

Lastly, the International Labour Office, the Pan-American Sanitary Bureau, and the League of Red Cross Societies are represented on the Health Committee, and the League Health Organisation collaborates with other parts of the League machinery such as the Opium, Mandates and Transit Committees.

THE WORK OF THE HEALTH ORGANISATION

Inter-governmental health work cannot encroach on the activities of national health administrations, nor can it embark on purely theoretical enterprises leading to no practical action. Within these fairly wide limits the object of the Health Organisation is to advise the Council and

Assembly of the League in all international questions of public health, to establish closer relations between the health services of different countries, to act as a clearing-house for information on public health questions, and finally, to help bring about the agreement necessary for all international action in public health matters. The whole purpose of this work is practical usefulness in the field of international relations.

I. INTELLIGENCE WORK; ADMINISTRATIVE CO-ORDINATION.

In pursuing this object, the work of the Health Organisation can be developed mainly in four directions. The first of these aims at making the Health Organisation a clearing-house for epidemiological intelligence and a central agency for collecting information on special health questions of international concern—both activities which obviously, in view of their worldwide scope, no national Health Administration can undertake—as well as co-ordinating national health activities of an administrative nature.

(a) *Epidemiological Intelligence.* — The epidemiological intelligence and public health statistics collected and distributed through the Health Section of the League Secretariat are examples of this effort. Early in 1923 it became possible to extend the work of epidemiological intelligence on a larger scale owing to an agreement concluded with the International Health Board of the Rockefeller Foundation, by which the latter contributes a sum of \$ 32,840 a year for five years toward the maintenance of the Health Organisation's Epidemiological Intelligence Service. Under the agreement the work to be undertaken includes:

(a) Study of the simplest and most reliable methods of obtaining information regarding the incidence of disease and the progress of epidemics.

(b) Comparative study of public health statistics of different countries.

(c) Study of the world distribution of particular diseases.

(d) Comparative study of the incidence of particular diseases in different countries and their public health statistics, with a view to determining the nature and practical significance of observed differences between them.

(e) Study of the periodicity of epidemics and the factors which cause or influence such periodicity.

(f) Organising, with the concurrence of the public health administrations of the countries affected, missions of enquiry regarding the development of epidemics, or for other purposes referred to in the preceding paragraphs.

(g) The publication and distribution of special reports and periodical bulletins.

(h) A review of the public health of the principal countries of the world, with a view to the issue, if circumstances permit, of reports on the subject as a whole.

(i) Organising a rapid interchange of information in regard to particular diseases in cases in which immediate action appears to be necessary.

(j) The employment at headquarters or elsewhere of experts provided with requisite assistance and technical equipment.

As in all other branches of the Health Organisation's work, the Epidemiological Intelligence Service is directed to the severely practical end of providing national Health Administrations with the information most helpful

to them in their work. A small body of experts at headquarters checks and collates the results of studies and enquiries, and publishes general bulletins, while the actual investigations are undertaken mainly by experts in their respective countries, by existing national medical institutes, and other technical agencies. At present the Health Section issues reports on the epidemiological situation of various countries at regular and short intervals, and in order to complete the information thus sent out, an *Epidemiological Intelligence Bulletin* is also issued monthly. This Bulletin contains current statistics and charts on the incidence all over the world of Asiatic cholera, typhus, relapsing fever, dysentery, smallpox, anthrax, scurvy, etc. The information thus gained is analysed and certain general conclusions are drawn. Special reports are also prepared from time to time, as for example, the report on the sanitary condition of Russia issued in September, 1921, which was the result of investigation on the spot.

(b) *Information about Vital Statistics and the Organisation of Health Administrations.* — The Health Section has begun to collect information from the national Health Administrations on the methods by which vital and public health statistics are compiled and the actual health administration organised. The object is to obtain information that may be digested into reports for circulation to the Health Administrations, thereby enabling them to gauge more accurately the significance of information received from other countries, and to organise more effectively co-ordination between the Administrations in such matters as notification of diseases, preparation of international conventions, enquiries or other collaboration on specific points, etc.

(c) *Collaboration of Vital Statisticians.* — In order to follow up this system of analysing and collating national

health statistics for purposes of comparison between one country and another, the International Health Board of the Rockefeller Foundation, in May 1923, made a further grant of \$ 10,500 for the last six months of 1923, and \$ 21,000 for the year 1924, to be used in enlisting the co-operation of health statisticians. The men who actually compile health statistics in their respective countries are being brought into closer relations with each other and with the Health Section of the League Secretariat, particularly its service of Epidemiological Intelligence and Public Health Statistics. This in turn makes it possible to study various important differences between countries with respect to vital statistics and epidemiological records and to secure a measure of uniformity in such matters.

To attain these objects :

(1) A series of "interchanges" or group conferences are being instituted at Geneva (possibly later at one or two other convenient points), in which vital statisticians and epidemiologists occupying administrative positions in their respective Governments participate for periods of two to three months.

(2) A series of conferences with medical statisticians are being held in connection with certain phases of the work of the Service of Epidemiological Intelligence and Public Health Statistics, and on the study of specific statistical procedures in which uniformity and comparability are most important.

(3) The opportunity is provided for a limited number of officers—selected by the various Governments from their public health services—to study the application of statistical methods and practices at selected institutions and Public Record Offices.

* The first group conference began at Geneva on October 1st, 1923. The programme, which was necessarily experi-

mental and tentative, consisted first of six weeks of conferences and joint investigations, at Geneva, in which a general survey of the statistical organisation and procedure of a number of countries was made; special points in vital statistics studied; lectures by medical statisticians and others delivered; and the work of the Health Section and particularly its Service of Epidemiological Intelligence and Public Health Statistics explained. This was followed by a three-weeks period of observation (from November 15th to December 8th 1923) during which the participants proceeded to England, France, Holland and Switzerland, to observe at first hand certain aspects of the procedure and organisation for statistical and epidemiological intelligence of these countries. Finally, there was a concluding conference of ten days at Geneva.

(d) *Interchanges of Public Health Personnel and Individual Fellowships.* — The clearest instance of how the Health Organisation can be instrumental in bringing about mutual understanding between national Health Administrations is afforded by the system of interchanges of Public Health personnel that was started in October 1922. It has been possible to undertake this work largely owing to the generosity of the International Health Board of the Rockefeller Foundation, which contributes \$ 60,080 a year for three years to the League funds for the purpose. With the help of these funds, which supplement a modest appropriation for this purpose in the League's budget, the Health Committee has organised a system of visits, including addresses, observation and practical work for Medical Officers of Health who are commissioned by their Sanitary Administrations to study the way health problems are dealt with in foreign countries.

The first interchange of Public Health staff was organised in Belgium and Italy for a selected number of

officials during a period of two months (October 9th to December 17th), followed by a stay of a few days at Geneva. In both Belgium and Italy the Public Health officials were given a series of lectures in the respective capitals by the heads of the health services, and this was supplemented by visits to hospitals, asylums, *crèches*, reservoirs, aqueducts, drainage and sewage systems, bacteriological laboratories, local and central administrations—in a word, a first-hand view of all the machinery for preserving health and combating disease in a modern State. The introductory period of study and observation was followed by a period of actual apprenticeship to the health services of the countries concerned, and for this purpose, the foreign officials were given an opportunity of following during several weeks the daily routine of their colleagues in the countries visited.

Thus these twenty-one officials—two from Austria, two from Belgium, one from Bulgaria, two from Czechoslovakia, four from Italy, five from Poland, five from Soviet Russia and the Ukraine and two from the Kingdom of the Serbs, Croats and Slovenes—gained a pretty good working knowledge of the sanitary administration of two West European countries, and forged a number of enduring personal links, both with each other and with important members of the health services of the countries they visited. During the last few days of the course they assembled at Geneva, where they all presented reports, gave their individual views, and engaged in discussion on what they had seen and what practical bearing their experiences might have on the organisation of future courses. They were also given a series of lectures on the organisation and work of the League, with special reference to the Health Organisation, its history, constitution and achievements, and its relations to Governments and national health services.

On February 25th 1923 a second interchange was started in England and lasted seven weeks in that country, followed by five weeks in Austria. The thirty medical officers participating in this interchange were drawn from the Health Administrations of Austria, Belgium, Czechoslovakia, Denmark, Finland, France, Great Britain, Hungary, Italy, Japan, Norway, Poland, Roumania, Russia, Kingdom of the Serbs, Croats and Slovenes, Sweden and the United States. This interchange took place under the auspices of the Ministry of Health and was organised by the Society of Medical Officers of Health. After a week of general lectures given in London, the participants in the interchange were scattered in groups of four in several of the most important centres in the provinces for a period of practical apprenticeship and observation with the local Health Authorities. This stage lasted four weeks, after which the participants reassembled in London for a study of the sanitary organisation of the Port of London and an exchange of observations on the experience gained, as well as a final conference under the guidance of the leaders of the British Public Health Service. The second half of the interchange in Austria followed the same lines, except that a tour of the country for a visit to all the most important health centres took the place of the practical work. On the completion of the interchange, the medical officers were again assembled at Geneva, where they were made generally familiar with the working of the League's machinery, particularly the Health Organisation.

The third interchange took place in Italy, May 23rd-June 12th, and was confined to specialists in malaria. As this disease is endemic in Italy, the Italian Health Service has developed methods of fighting it to a very high state of perfection. The interchange consisted of a general exposition, followed by visits and practical demonstrations of how malaria is fought in Italy. The countries taking part were

Albania, Bulgaria, Germany, Greece, Holland, Poland, Portugal, Russia, Kingdom of the Serbs, Croats and Slovenes, Spain and the United States. Russia, Greece and Albania were particularly interested, since the fighting of malaria is a serious problem in those countries.

The fourth interchange, which took place in September 1923, was for bacteriologists and laboratory assistants engaged in laboratory work on medical subjects. It consisted of exchanges in the true sense of the word, a worker from the Institute of Tropical Medicine in London, for instance, being sent to the Institute of Tropical Medicine in Holland and *vice versa*. The Laboratories and Bacteriological Institutes taking part were representative of eight countries, namely, Belgium, Denmark, Germany, Great Britain, Italy, Poland, Kingdom of the Serbs, Croats and Slovenes and the United States.

A further collective interchange began in the United States on September 10th, 1923, at the invitation of the United States Public Health Service, and lasted a little over three months. Twenty-four medical officers from eighteen countries participated, namely one each from Brazil, Canada, Germany, Greece, Holland, Mexico, Norway, Poland, San Salvador, Kingdom of the Serbs, Croats and Slovenes, Spain and Switzerland, two each from Belgium, Chile, France, Great Britain and Italy, and three from Soviet Russia.

The participants were received at Washington by the Assistant Secretary of the Treasury and the heads of the Public Health Services. The latter described the various branches of their work, after which the party was taken over some of the leading hospitals and health institutes at Washington. The medical officers were afterwards divided into small groups for practical observation and service with the sanitary administrations of the various States. These groups first visited three Southern States,

namely, Virginia, North Carolina and Alabama, where, after a period spent in observing State health control in the various State capitals, they were sent out to the countryside, in order to observe the work of the county Health Authorities. Three Northern States and three Western States were subsequently visited in order to give the foreign medical officers an idea of the chief regional differences in the United States.

At the end of the interchange the participants reassembled at Washington for a further series of lectures based on their experiences, after which those from Europe returned to Geneva, where they studied the work of the League Health Organisation on the spot before dispersing to their homes.

For the year 1924 the Health Organisation has already planned four collective interchanges, one to take place in Great Britain, a second in the Netherlands and Denmark, a third in Switzerland, and a fourth to be organised particularly for the countries of the Far East. Profiting by the experience of the first three interchanges, which were regarded as largely experimental, it has been decided that in future a detailed programme will be communicated to the Health Administrations concerned from four to six months in advance, accompanied so far as possible by the documents to be studied during the interchange. Health administrations will also be asked to make their nominations four to six months in advance in order to permit direct communication with the officials chosen so as to give each of them a clear idea of the scope and nature of the programme. It was also recognised that a group taking part in a period of practical service should not consist of more than two or three officers. Moreover, in order to obtain the maximum benefit, it was recognised that the period of each exchange should be extended to about three

months and, except in special cases, should be confined to one country.

It has likewise been decided to organise in 1924 two special interchanges for a limited number of experts either in tuberculosis or in school hygiene. In addition, the Health Committee has organised a system of individual fellowships by which one or two medical officers of health, commissioned by their Sanitary Administration to study some practical problem in the prevention of disease or general sanitary work, can, on complying with the conditions laid down by the Health Committee and with their approval, visit any given country to study the subject and draw a certain stipendium from the Health Organisation for the purpose. It is expected that these individual fellowships will be particularly useful to Far Eastern countries, which obviously cannot avail themselves so extensively of the collective interchanges.

The purpose of all this work is not only the direct practical value to the participants of gaining technical knowledge on their subjects, but largely also to help build up an *esprit de corps* and habits of co-operation and mutual confidence between all the national Health Administrations, which in view of the growing interdependence of the modern world are bound to work together more and more frequently and more and more closely.

3. CO-ORDINATION OF SCIENTIFIC RESEARCHES.

The second group of activities conducted through the Health Organisation may be defined as applied research work, that is, the initiation of laboratory investigations conducted simultaneously and on the basis of a common plan by leading institutes all over the world, and directed to securing the practical application of the results of this

research. The Health Organisation cannot finance pure research work; it confines itself to facilitating the application of the discoveries already made.

(2) *Sera and Serological Tests.* — One set of modern discoveries of great and increasing importance i.e. modern therapeutics are the great discoveries in the domain of immunisation, that is the production of therapeutic and preventive sera and the sero-diagnosis of syphilis. In order to utilise fully these discoveries in both curative and prophylactic medicine, the need for international agreement on various methods for measuring and testing the potency of anti-toxins has long been realised. Hitherto these methods have varied not only in different countries but sometimes even in different laboratories in the same country, and the differences have been on fundamental principles, as well as on points of mere detail. Consequently it has often been impossible to check the accuracy of contradictory information about the efficacy of some serum, because it was not possible to compare the units employed in each case. The same confusion and difficulties were met with in the sero-diagnosis of syphilis, whose value does not consist solely in the fact that it facilitates the discovery of infection, but also in that it increases the curative possibilities of salvarsan taken in time and sheds light on the success of the treatment. Here, too, the great variations in method have brought about differences in results that interfere with diagnosis and make the fight against this scourge more difficult.

For all these reasons some way of standardising internationally the units and methods employed had long been considered desirable, and many attempts were made before the war to achieve this end. But these efforts had always been hampered by the difficulty of securing sufficiently close and prolonged co-operation between a sufficient

number of laboratories and research institutions. After the war the difficulties appeared even greater, but it was found possible to overcome them through the agency of the League Health Organisation.

In December 1921 the Health Organisation held a Conference in London on the standardisation of sera and serological tests, as the starting-point of a general enquiry undertaken conjointly with the Office international. The State Health and Serological Institutes of Austria, Belgium, France, Germany, Great Britain, Italy, Japan, Poland, Switzerland, and the United States took part in the preliminary conference, which drew up a programme of enquiry and research to be carried out by different laboratories and centralised in the Copenhagen Institute, acting as a clearing-house for all the work.

On September 25th to 27th, 1922, a meeting of the Subcommittee on anti-tetanus and anti-diphtheria sera was held at Geneva, attended by representatives of the State Epidemiological Laboratories of Denmark, France, Germany, Great Britain, Italy, Japan, Soviet Russia and the United States, at which the anti-toxic unit for diphtheria was re-established and an international unit proposed for antitetanus serum.

Before the war the Ehrlich unit was internationally recognised as the standard, and sample doses sent from the Ehrlich laboratories in Frankfurt to all the big anti-toxic laboratories of the world. During the war this was, of course, impossible and the result was that the various laboratories, after running out of their supplies of Ehrlich serum, had no method of testing their own products by reference to a standard unit. By 1922, when contact was re-established through the League Health Organisation, the units used by the various laboratories, although all based on the Ehrlich unit, really varied slightly.

At this Conference, however, the Ehrlich unit was re-established, and it was decided to preserve uniformity in the future, by stipulating that the Sero-therapeutic State Institute, of Denmark should be used as a central laboratory, which will periodically receive specimens of the standard anti-toxin, will thus always be in a position to send samples of the standard to other State institutes, and will examine the sera used as standards by the various States, at least once a year. Should any variations be detected, it will be suggested to the institute concerned that comparative tests be carried out. It is further understood that any institute shall be free to send to Copenhagen samples of its standard serum at any time with a request that they should be tested against the international standard.

Results of the work on anti-pneumococcus and anti-dysentery sera, as well as the sero-diagnosis of syphilis were examined and a further programme of research work adopted at a second General Conference held at the Pasteur Institute in Paris from November 20th to 26th. This conference not only marked a fresh and successful stage in the long cumulative process which all research work entails, but showed how the basis of this work is widening as it proceeds, for at this second Conference, State Health Institutes from Austria, Belgium, Denmark, France, Germany, Great Britain, Japan, Poland, Roumania, Russia, Switzerland, and the United States were represented. The Fourth Assembly asked the Health Committee to consider the proposal of the Czechoslovak delegate, M. Dvoracek, that the Governments should be asked to co-operate in giving practical effect to the results obtained by the Health Committee in this field of applied research.

Between November 19th and December 1st, 1923, a meeting was held at Copenhagen of representatives from the various State Serological Institutes that had been engaged on this work from the beginning. These representatives, accom-

panied by their assistants, worked side by side for two weeks in the same laboratory (the Danish State Serum Institute), on the same plan, comparing results in frequent conferences, and finally agreed on a common method for the sero-diagnosis of syphilis, to be used as a sort of auxiliary international standard. This means that each laboratory will continue to use its own methods as heretofore, but will in addition check its findings by the "standard" method. Consequently, it will be possible for the different laboratories to compare the results of their researches. By thus doubling the international conferences for the working out of a common theory of the subject, such as those held in Paris and London, by meetings of the men actually doing the work in the various institutes, it is hoped to achieve practical results in the work of standardising, or, at least, of making mutually comparable the units and tests employed in different countries in serum production and sero-diagnosis.

(b) *Biological Products.* — In connection with this work, a proposal was discussed at the fifth meeting of the Health Committee held in January 1923, to apply the same methods of co-ordinate international research to the standardisation of certain biological products used as very powerful drugs, such as digitalis, pituitary and thyroid extracts, insulin (the anti-diabetic hormone of the pancreas), etc. These products are variable and unstable chemically and their therapeutic properties bear no constant relation to their chemical composition. It is therefore generally necessary to standardise these preparations physiologically, that is, by the effect on a particular animal of a dose of standard size, or some similar method. Here again the methods in use in different countries vary widely and international agreement on some form of testing and standardising these drugs would be desirable. This would be of peculiar importance in the case of insulin, for this

drug has clearly a very important medical future, while the recent date of its discovery means that as yet no "vested interest" in any particular form of standardising unit doses has yet arisen that would make the achievement of international agreement more difficult.

A fully representative technical conference on this subject, in which experts from Austria, Belgium, Canada, Denmark, France, Germany, Great Britain, Holland, and the United States took part, was held under the auspices of the Health Committee in July 1923 at the offices of the Scottish Board of Health in Edinburgh. After a detailed discussion the Conference adopted a programme of research into the best methods of testing the various drugs and selected a certain number of laboratories where these methods could be investigated and the results compared. The National Institute of Medical Research of Great Britain will be used as a clearing-house for the investigations and the correspondence they entail. The result of the investigations will be examined at a later conference with a view to reaching final agreement for submission to the different Governments.

3. SECURING JOINT ACTION IN THE COMBATING OF EPIDEMIC DISEASE.

The third group of activities conducted through the Health Organisation is directed toward making that Organisation the agent for developing mutual understanding between the Health Administrations of different countries, initiating bilateral or general agreements between those Administrations for specific purposes, and executing the common policies decided on by the national Administrations at inter-Governmental conferences.

(a) *Work of Epidemic Commission.* — The first example of this kind of work, and one of the first health problems

with which the League had to grapple, was the question of epidemics in Eastern Europe. In order to meet it, the Epidemic Commission, as has already been shown, was set up as a temporary organisation by the Council in May 1920. The task of the Commission was to prevent the spread of epidemics in Eastern Europe, and it was decided that this should be carried out on the lines recommended by the Health Conference summoned by the Council in London, April 14th to 17th, 1920. The chief measures suggested by the Conference comprised :

- (a) the organisation of quarantine stations;
- (b) the equipment of hospitals;
- (c) measures for cleansing and disinfecting;
- (d) supply of food, clothing, soap, motor transport, and similar necessities.

The work of the Commission, which still continues, represents a first experiment in international sanitary co-operation on a large scale. The funds for the work were derived from contributions received from Governments in reply to appeals made by the Council and by the First, Second and Third Assemblies. Certain donations have also been made by the League of Red Cross Societies. Hitherto £ 205,000 have been raised.

The Commission first went to work in Poland, which, owing to its central position, the length of its Eastern frontier, and the great numbers of refugees coming home from Russia, was the key-point of the sanitary defence of Central Europe. Later the Commission extended its activities to Latvia and Russia, where offices were opened in Moscow and Kharkov. In May 1922, an agreement facilitating the work of the Commission in Russia was drawn up between the Epidemic Commission and the Soviet authorities, by which the members of the Epidemic Commission were

officially recognised and granted diplomatic privileges and immunities in Russia, and close co-operation was established between them and the Soviet health authorities. The funds at the disposal of the Commission were never more than a fraction of the monies expended by the health authorities of the countries concerned, but nevertheless, by rigid economy, it was possible to render very considerable help. The Commission bought and delivered to the national health authorities the materials most difficult to obtain at the outset of the campaign, such as clothes, soap, drugs, vaccines, hospital stores, motor transport, food and fuel. In Poland it was able to supply complete hospital equipment for 50 hospitals of 50 beds each. It aided in the establishment and maintenance of disinfecting, cleansing and observation stations on the main routes by which infection was being brought from Russia westward into the border States, particularly into Poland, and it was instrumental in improving the condition of internment camps, establishments for repatriates and refugees, hospitals for infectious diseases, etc. The Commission was able to furnish expert advice and to co-ordinate the action required in the different countries concerned. With more than two years' continuous experience of the work, the Commissioners acquired a unique position of expert authority and were able to exercise an influence which was recognised on all sides as most beneficial. They strengthened and supported the efforts of the Public Health Services of the different countries concerned, including that of Soviet Russia, and they were able to indicate at critical times the weak points of local organisation and to strengthen them by the supply and judicious distribution of essential material (including drugs and vaccines), which could not be obtained otherwise.

In the autumn of 1922, following upon the war in Asia Minor, a great stream of refugees began pouring into Greece.

The number quickly reached one-fifth of the total population of Greece, and continued to increase. Most of the refugees came over in a state of destitution and in conditions permitting of no sort of sanitary control whatever. The Council, acting on an urgent resolution of the Assembly, which was then in session, appointed Dr. Nansen as its High Commissioner for Refugees, and appeals were issued by the Third Assembly to which some of the Governments there represented responded almost immediately by offers of money. Of these monies Dr. Nansen, at the request of the Greek Government, assigned £5,000 for sanitary purposes. The Greek Government thereupon requested the help of the Epidemic Commission, two of whose members were sent to Greece. One of these members has since acted as technical adviser to the Greek Government, and has inspected all the refugee camps on the mainland and among the islands. A second member of the Epidemic Commission, acting again at the request of the Greek Government and in collaboration with an epidemic committee set up by the Greek Health Ministry, organised a preventive vaccination campaign among the refugees, using for the purpose the £5,000 assigned for medical purposes by Dr. Nansen, as well as some of the remaining funds of the Epidemic Commission. Some eighty Greek doctors, medical students and inspectors of hygiene were recruited, divided into ten vaccination columns and distributed among the refugee camps, which for administrative purposes are divided into two zones, with centres respectively at Athens and Salonica. Altogether, some 550,000 refugees were vaccinated against smallpox, cholera and enteric fever. This, however, was only some 60 % of the total number of refugees, and new refugees are ceaselessly pouring in from Constantinople and Asia Minor.

Besides the task of grappling with the emergency created by the influx of refugees, there is the permanent problem

of stamping out malaria (which is endemic in Greece and finds very fertile soil in the refugee population) and of organising an effective public health system. This again is part of the general problem of assimilating the vast and destitute refugee population, a tremendous problem that the Greek Government is now facing and for which it requires financial aid. With the help of the League Council and Financial Committee, an international loan of several million pounds is being raised, and a scheme drawn up for absorbing and settling the refugee population (1). As part of this scheme an attempt will be made to solve the two principal public health problems that confront Greece today, namely eradication of malaria and organisation of the Public Health Service.

(b) *Warsaw Health Conference.* — During the first nine months of 1921 the epidemic situation in Eastern Europe became somewhat easier, but by the autumn the Russian famine was setting up new waves of migration that spread disease far and wide and lowered the resisting powers of whole populations. Russia had been ravaged by disease during four or five years as a result of the mass movements of troops and refugees and the laying waste of whole provinces caused by the war, followed by the breakdown of administrative machinery and economic collapse during the revolution and the ensuing civil wars. The diseases most rife were typhus, relapsing fever and cholera. Of these the first two might be said to have become pandemic in Russia and had increased more than thirtyfold as compared with their prevalence before the war. This situation put a heavy strain on the States that had been formed partly out of what were the western marches of Russia,

(1) For a full account of the scheme and its working, see the pamphlet in this series that deals with the Financial and Economic Organisation of the League.

especially as millions of the population of these States had been forcibly evacuated into Central Russia and even Siberia in 1915-16 by the Imperial Russian armies, and were now returning to their homes. The Border States, especially the Baltic States and Poland, were therefore faced, just as they were getting on their feet and trying to consolidate the life of the State, by the double task of filtering these masses of re-emigrants through an efficient network of quarantine stations and of finding work and homes for them.

This task had proved such a crushing burden to the Border States and was so obviously a matter affecting the whole of Europe that the Polish Government in January 1922 approached the President of the League Council, requesting him to summon a European Health Conference as a matter of urgency, in order to examine the situation and concert measures for meeting the menace. The Council considered it preferable that the Polish Government should itself summon this Conference, and pointed out that Article 21 of the League Covenant, as interpreted at the second meeting of the Assembly, made it possible for States Members of the League to summon special conferences designed to carry out their obligations under the Covenant, and to avail themselves when doing so of the machinery and facilities afforded by the League. Consequently, the Council put the services of the Secretariat and the League Health Organisation at the disposal of the Polish Government for the proposed conference.

The Warsaw Health Conference was accordingly summoned by the Polish Government and met on March 20th, 1922. The States attending the Conference were Austria, Belgium, Bulgaria, Czechoslovakia, Denmark, Estonia, Finland, France, Germany, Great Britain, Greece, Holland, Hungary, Italy, Japan, Latvia, Lithuania, Norway, Poland, Roumania, Russia, the Kingdom of the Serbs, Croats

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and Slovenes, Spain, Sweden, Switzerland, Turkey, and the Ukraine. The Free City of Danzig was also represented. The Council of the League had put the services of the League Health Organisation and Secretariat at the disposal of the Conference.

The Conference examined reports submitted to it by the national delegations (who were all experts from their respective Health Administrations), as well as reports on the epidemic situation of Russia submitted by members of the League Health Organisation. On the basis of this information, an exhaustive and authoritative report was drawn up on the whole situation and the conclusion drawn that there could be no economic reconstruction in Eastern Europe until the menace of epidemics had definitely been disposed of, just as the Panama Canal could not be constructed until yellow fever had been eliminated. To this report was attached a comprehensive plan—the first proposal of the Conference—for a health campaign to include not only the strengthening of the sanitary defences of the Border States, but a vigorous effort to stamp out epidemics at their source in Russia. To bring the task within practicable dimensions it was proposed that an attempt should first be made to establish sanitary centres at some of the most important railway junctions and to “clean up” some of the big towns. The plan also provided for an anti-epidemic campaign in the Donetz basin, which is vitally important for the economic life of Russia owing to its iron and coal deposits and which, at the same time, was a typhus and cholera centre, a famine area, and easily accessible from several Black Sea ports.

It was estimated that the execution of this plan would cost about £1,500,000. The Health Committee was designated by the Conference as the executive organ for carrying out the whole scheme, with the proviso that it must include representatives of all the States interested. (By this was

meant German and Russian delegates. Since then, a German member has been added to the Health Committee and the arrangement previously mentioned concluded with Soviet Russia.) The report, the conclusions, and the plan were then submitted to the Genoa Conference, which at that time was engaged in discussing the economic reconstruction of Europe. The Genoa Conference approved the findings of the Warsaw Conference and its members undertook to solicit from their respective parliaments the necessary funds. Hitherto, however, the funds have not been forthcoming and it would appear that the interdependence of economic reconstruction and a large-scale health campaign is being interpreted to mean that both must wait for political agreement between the countries concerned.

On the other hand, the second and third proposals of the Warsaw Conference bore immediate practical fruit. The first of these proposals was to strengthen the medical personnel of Russia and the Border States by organising courses in Warsaw, Moscow, and Kharkov for the training of public health officials in combating epidemics. The money for this undertaking was provided by a donation of £5,000 from the League of Red Cross Societies. The first course, which was started in November 1922, was completed three months later and fresh courses organised forthwith. The teaching staff at these courses is mostly composed of local doctors of distinction, but in addition eminent foreign specialists, including one French, one British and two German doctors, have been engaged as lecturers. There are also exchanges between the Polish and Russian lecturers. It is planned to continue the general courses during the year 1924 and also to give four special courses in malariology. The need for trained personnel in Eastern Europe, particularly in Russia, has been very keenly felt in view of the prevalence of disease and the unsettled conditions which have for several years inter-

ferred with the training of doctors. As a sort of material basis for these courses, public health museums have been set up in the three centres of instruction, with specimens and models illustrating the various phases of anti-epidemic work.

The third proposal of the Warsaw Conference, which was also immediately put into effect, was that a series of conventions should be concluded between the various Border States themselves and between the Border States and Germany, Czechoslovakia, Hungary, Austria, the Kingdom of the Serbs, Croats and Slovenes, Bulgaria, etc. A number of such Conventions have already been concluded and others are being negotiated. These Conventions are designed to strengthen the sanitary defences and to promote closer collaboration between the respective Health Administrations. The Conventions deal with the exchange of information about the incidence of disease, prompt notification, exchange of publications, etc.; define what constitutes infected districts and what measures should be taken to prevent the spread of disease; define the measures to be taken respectively, on land and water frontiers, as regards persons, baggage, goods, train, road and boat transport; measures such as inspection, disinsecting, surveillance, observation, quarantine stations and other special measures in frontier zones, etc. The Conventions include three new departures: the first is that the Health Administrations notify each other directly of ascertained or suspected cases, instead of as formerly through diplomatic channels. Copies of the information thus sent are, however, communicated to the diplomatic representative of the State receiving it, to the Foreign Office of the State sending it, and generally also to the Health Section of the League Secretariat (which constitutes the second new departure). The third new departure is that most of these Conventions contain a provision, that, in case of differences, regarding the

interpretation or application of the Conventions, the contracting Powers, if unable to arrive at a direct agreement, shall resort to the Health Organisation of the League as mediator.

(c) *Enquiry in the Eastern Mediterranean.* — Another scheme, started on the initiative of the Health Committee and belonging to this same group of its activities, was the despatch of a Commission to the Eastern Mediterranean and to Black Sea ports, to enquire into international arrangements regarding the prevention of epidemic diseases in the Near East. The war has broken up an area which was formerly under one Health Administration and has greatly disorganised some of the Health Administrations themselves. Moreover, conditions have changed greatly in matters of first importance from the point of view of health work. For instance, the annual pilgrimages to the Moslem Holy Places in Palestine and the Hedjaz used to be undertaken largely by water, but are now more and more being conducted overland by rail and road. The result is the urgent necessity of revising the International Sanitary Convention concluded at Paris in 1912, in order to bring it into conformity with the altered conditions.

A revised draft of the first part of this Convention has already been prepared by the Office international d'hygiène publique, with the object of including typhus and relapsing fever in the Convention and of providing more thoroughly for the application of sanitary measures to land traffic. The Commission of Enquiry, which was sent out in full agreement and after preliminary understanding with the Office international d'hygiène publique, made a thorough investigation of the whole position and drew up a report to the Council, suggesting a revised text for Parts II, III and IV of the Paris Convention, as well as a number of special measures designed to unify and to improve health control

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in the areas of (1) Egypt and the Suez Canal; (2) The Arabian Peninsula, Palestine and Syria; (3) Constantinople and the Black Sea ports. The report also emphasised the need for an International Sanitary Committee under the auspices of the League Council, to co-ordinate the work of the Public Health Authorities throughout the Near East.

(d) *Diseases in Tropical Africa Enquiry.* — A further enquiry undertaken by the Health Committee concerned the incidence of sleeping-sickness and tuberculosis in Equatorial Africa, where the war gave rise to an increase of disease and a relaxation of control. The Health Committee appointed a Committee of Experts from the three countries—Belgium, France, Great Britain—that have colonial interests in Tropical Africa. The findings of this Committee, which sat in London, have been embodied in a report, and will serve as the basis for the action recommended by the Health Committee on the subject.

(e) *Enquiry in Far-Eastern Ports.* — On November 3rd, 1922, the Health Committee, at the suggestion of its Japanese member and with the approval of the Governments concerned, sent a small mission on a six-months journey of investigation to the chief ports in the Far East, for the purpose of studying the different methods in force for sanitary, anti-epidemic and quarantine regulations, with particular attention to the necessity for preventing the spread of diseases by sea-borne traffic. The object of collecting this information is partly that it is useful in itself and partly that it may serve as the basis for a conference between the Powers concerned for co-ordinating and tightening up sanitary and anti-epidemic measures throughout the Far East. This is important for, although temporarily overshadowed by the fresh giant source of land-borne infection from Russia, sea-borne diseases coming from the Far East have been the main enemy of Sanitary Authorities all over the world.

Dr. Norman White, head of the Epidemic Commission, and former Sanitary Commissioner with the Government of India, who was selected for this mission, left Geneva in November 1922 and returned in July 1923. He represented the League Health Organisation during the Far-Eastern Red Cross Conference, the first of its kind; held in Siam, and thence travelled to Singapore, Java, Hong-Kong, Shanghai, visited Japan, Formosa, and Corea; thence through South and North Manchuria as far as Harbin; afterwards to Peking, Newchwang, Dairen, Manila, Tongking, Annam, Cochinchina and Cambodia, the Federated Malay States, Penang, Rangoon, Ceylon, Colombo, Calcutta, Simla, Bombay. Throughout the journey Governments and local authorities gave every assistance in their power, and the mission was consequently able to bring home a mass of information, both on the incidence of epidemic diseases, such as cholera, bubonic plague, pneumonic plague, and small-pox, and on the methods of port health administration, of collection of vital statistics, and of combating epidemics in the various countries.

(f) *Cancer Enquiry.* — An enquiry into the causes of the pronounced difference in certain forms of cancer mortality revealed especially in the vital statistics for England, Wales, Holland and Italy was decided upon by the Health Committee in May 1923, at the instance of the British member. This enquiry was felt to be of great interest to public health, particularly at the present moment, when the problems of cancer are being studied in many countries, as it would

- (1) Reveal to what extent the observed increase is real and how far due to better diagnosis, complete records, etc.
- (2) Make possible comparisons between different countries, and so widen the area available for investigation. A Subcommittee was set up to deal with the matter.

(g) *Combating Malaria.* — At the same session of the Health Committee it was decided to undertake an enquiry

into the most economic and efficient methods of combating malaria. This enquiry was undertaken in view of the fact that, during and since the war, malaria has greatly increased in Eastern Europe and has spread northward and westward from endemic centres to areas in Russia, Albania, Bulgaria, the Kingdom of the Serbs, Croats and Slovenes, and Greece, which were formerly relatively free of this scourge.

In this connection the Albanian Government brought before the Committee a request for expert assistance in drawing up a plan of campaign in that country, where the disease is endemic and of vital importance from both the health and economic points of view. The Albanian Government asked that the training in anti-malaria work now being given to Albanian medical officers through the interchanges held under League auspices should be completed by technical assistance in determining how this training could be turned to practical account in Albania. The request was communicated to a Malaria Sub-Committee to be studied in conjunction with the wider enquiry.

(h) *Port Sanitation.* — At the same session also it was decided to see what practical effect could be given to a proposal of the Dutch Government that the League Health Organisation might assist in grading ports from a sanitary point of view, so that a ship which had been given a clean bill of health at a duly qualified port would be admitted without further ado to ports in other countries, provided it had not touched at an infected port *en route*. This condition obtains already where bilateral conventions to that effect exist between ports of two or three countries. The Dutch proposal would involve expanding and modifying existing conventions so as to include a greater number of countries, and perhaps to provide for periodical international inspection and a preliminary survey of ports under League auspices. The Fourth Assembly approved the decision of the Council authorising the Health Committee to proceed with this matter.

4. COLLABORATION WITH OTHER LEAGUE ORGANISATIONS.

(a) *Collaboration with International Labour Office.* — Finally, the Health Organisation collaborates with other League Organisations in advisory and preparatory work, generally undertaken at the request of the Council.* Thus it has been co-operating with the International Labour Office in the study of anthrax and other diseases of industrial importance.

(b) *Collaboration with Opium Committee.* — It appointed a joint Sub-Committee with the League Opium Committee for conducting an enquiry into the quantities of opium and other dangerous drugs needed for medical and scientific consumption annually in each country (1). In October 1923 the Joint Sub-Committee came to certain conclusions as regards the amounts required and the most effective methods of conducting enquiries. Their report has been referred to the Health and Opium Committees respectively for consideration.

(c) *Collaboration with Transit Committee.* — A third example of this kind of co-operation was the appointment by the Health Committee and the Transit Committee of a Joint Sub-Committee to study the question of establishing certain minimum standards for the Health Administration of Waterways. The war, by setting up many new States and altering frontiers, has multiplied the number of international waterways in Europe. At the same time, the epidemic condition of Russia and general post-war conditions make it doubly necessary that there should be effective

(1) For a fuller description of this work, see the pamphlet in this series dealing with the Humanitarian Activities of the League.

measures against the spread of infectious diseases along waterways. For this purpose the Joint Sub-Committee laid down certain principles regarding the duty of Health Administrations of riparian States to notify promptly and frankly the existence of a disease, to avoid obstructing commerce and circulation by burdensome charges or restrictions, while maintaining a reasonable level of sanitary efficiency, and so forth. It went on to collect information bearing on these points, and finally drew up a draft Convention, which, after a few changes, was approved by both the Health and Transit Committees. The object of this Convention is to facilitate traffic and generally to pay every regard to the interests of commerce, while ensuring effective sanitary defence. A clause in the Convention provides that copies of all notifications of diseases made between the Contracting Parties should simultaneously be transmitted to the League Health Organisation. The Health Administrations of the High Contracting Parties are also to furnish on annual report to the League Health Organisation on the way in which sanitary control of their waterways has been working. The High Contracting Parties, moreover, undertake to submit any disputes arising out of this Convention for an advisory opinion to a mixed committee formed of representatives of the Health Committee and the Transit Committee of the League (1).

The matter has now reached the stage where the draft Convention will be submitted to the Governments for them to take whatever action they see fit. There are two possibilities. Either a special Conference will be held in which a general International Convention will be drawn up on the basis of this draft, or it will be used by various Governments for a series of local agreements between neighbouring countries.

(1) For a fuller summary of the draft Convention, see the pamphlet in this series dealing with the Work of the Transit Organisation.

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