HEALTH WORK OF THE LEAGUE OF NATIONS[1]

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THE August (1934) session of the Council of the League of Nations is about to open. The President calls the meeting to order and asks the Representative of Denmark to present his report of the work of the Health Organisation. This as a rule occasions little debate, for the importance of international cooperation in health work is now generally recognised by the States—Members of the League. The report of the Danish Representative is adopted and the Council passes on to other subjects.

A little later on in the year the Second Committee of the 1934 Assembly meets in another room of the same building. The Honourable Mr. Bennet, Prime Minister of Canada, is in the chair and the Committee is about to discuss the health work of the League. Delegates of a dozen Governments take part, commenting on the progress achieved since the last Assembly, proposing new tasks for the Health Organisation, occasionally voicing mild criticism, and sometimes offering special facilities in their own countries for some type of international health work. When the list of speakers is exhausted a delegate previously selected for the purpose sums up the debate and is requested to present the report of the Committee to the Assembly in plenary session.

In the Fourth Committee of the Assembly, Count Carton de Wiart of Belgium is in the chair. The Committee, which deals with the finances of the League, has arrived at the health chapter of the 1935 budget. This is made up of three parts: the first concerns the funds which the League itself devotes to the Health Organisation; the second is a distribution of the Rockefeller Foundation grant, and this year it also includes a grant from the Milbank Memorial Fund. The third part is the budget of

[1]From the office of the Health Section of the League of Nations.

the League's Eastern Health Bureau at Singapore, made up of grants from the League's budget and special contributions from a number of Far-Eastern Governments. No voice is raised when the Chairman asks for comments and in this case silence denotes approval. In previous years, during the worst periods of the economic depression, the health budget was reduced by the Assembly in common with the budgets of other League organisations.

I have given some indication of the Health Organisation's relationship to the Assembly and Council, two of the three important organs of the League. The Health Section, or Secretariat, of the Health Organisation (which has also a Health Committee and an Advisory Council) is an integral part of the third, the general Secretariat, being one of the latter's three technical sections. The other sections are concerned with economic and financial questions and with matters affecting international transport and communication.

There is another intergovernmental organisation at Geneva which is also concerned with health. The International Labour Office, of which the United States of America is now a member, has sections devoted to social insurance, housing, and industrial hygiene, all of which have to do with the health and welfare of labour. The League stands for cooperation between the Governments and it is natural to look for close cooperation between the health work of the League and that of the Labour Office. That such cooperation does in reality exist is proved by the work of joint committees set up by the two bodies to deal with subjects of mutual concern.

Another intergovernmental health organisation exists at Paris, The International Office of Public Health. Its main concern is the application and periodic revision of the International Sanitary Convention, an instrument which sets out the measures to be applied to shipping (a chapter on air-navigation has been added recently) in the interests of disease prevention. Close

cooperation between this Office and the Health Organisation has been established. On subjects of interest to both, agreement is worked out in advance on the steps which each will take.

It is a far cry from 1851 when after arduous efforts the first international sanitary conference met to seek agreement on measures to prevent the spread of epidemics between States, and the present year of grace when numerous international committees meet regularly to decide on important questions of widely varying character, with the assurance that their labours will not be in vain. For although the deliberations of that first Conference lasted many months not a single Government ratified its decisions!

After this glance into the past and present it may be of interest to study the program of the Health Organisation to see what lies before it in the immediate future. A cursory examination of its past reveals that from the beginning its work has been characterised by continuity. A plan or program does not spring full-fledged into being. Rather is it a matter of gradual growth. An idea born in the mind of one man spreads to others and is shaped and moulded by the circumstances in which it is born and lives. An idea is usually the expression of a need. So it is not surprising to find that many of the items in the present program of the Health Organisation were foreshadowed by delegates to some of the early sanitary conferences. They were speaking of international health needs and these needs have continued to exist to this day. When the League took up health work in 1920, ideas which had been homeless and without opportunity to develop found a home and an opportunity at Geneva.

A new organisation working in a new field must explore the possibilities and experiment with ideas and combinations of ideas until at last it finds the right road and carries on with assurance. The Health Organisation's periodic reports show that its program has developed in exactly that way. There is evident some groping about in the early reports but during recent years

a note of confidence has crept in. These reports also show that the relationship between the health services of Governments and the Health Organisation of the League has become more real. At first the delegates to the Assembly spoke of the League's health work as of something ideal but remote. At present the note of evangelical fervor is absent and the debate has taken on a note of reality.

The work of the Health Organisation falls naturally into two divisions. First come those activities which have survived the test of years, which were started when the League's health work was first organised or soon after, and which have been influenced and moulded by changing conditions and experience. This, the permanent work of the Health Organisation, is described in succeeding paragraphs.

1. COLLECTION, ANALYSIS, AND DISSEMINATION OF INFORMATION ON HEALTH MATTERS

This refers mainly to the Service of Epidemiological Intelligence and Public Health Statistics, with headquarters at Geneva and Singapore. At Geneva current information on the prevalence and movement of infectious diseases is collected from all the Government health services. It is classified, analysed, and published in weekly, bi-monthly, and yearly bulletins as well as in multigraphed sheets appearing several times a week. The *Weekly Record* also contains the official reports of the major epidemic diseases which are received, under the terms of the International Sanitary Convention, by the International Public Health Office at Paris.

At Singapore, this service is adjusted to the greater urgency of the infectious disease situation in the Far East. There cholera, plague, smallpox, and typhus and yellow fevers constitute problems of immediate importance. If their spread from one port to another is to be prevented by the health authorities, information concerning them must be recent and exact. The health services

submit this information to Singapore at weekly or more frequent intervals, utilising the cable as a rule. The Bureau at Singapore broadcasts it by wireless in code and in clear, using for this purpose the powerful stations which Far-Eastern Governments have placed at its disposal. Some of these stations broadcast the message daily, others weekly. It is picked up regularly by the national and port health authorities and by ships at sea.

Naturally the accuracy of the data received at Geneva and Singapore depends on the efficiency of the national health services. But the very fact that this information is submitted to an international body and published for all the World to see tends to bring about improvement, and during the last twelve years it has become much more complete and exact. Moreover, in marked contrast to the position when this work was begun, there are now few places on the civilised globe from which some such information is not available.

It is impossible to appraise the value of infectious disease reports from a given country without knowing something of its social and sanitary conditions. For this reason the Health Organisation has collected the necessary information and published reports on the health services, statistical methods, and medical organisation of a series of countries.[2]

But to insure that returns of sickness and deaths from the different countries are comparable, something more is needed. It is essential that the definitions of sicknesses and causes of death shall be identical and that similar methods of classification be employed. The Health Organisation has been working for years to obtain greater international comparability of medical statistics and this work is only at its beginning. It must be carried on persistently if some day the world-wide notification of disease and of causes of death is to be relatively perfect, and

[2]A list of these and of all other publications of the Health Organization may be obtained from the League at Geneva or the World Peace Foundation, 40 Mount Vernon Street, Boston, Massachusetts.

we are to obtain some common measure of the effectiveness of public health work.

II. WORK OF THE PERMANENT TECHNICAL COMMITTEES

The most important of these are three in number, the Commission on Biological Standardisation, the Malaria Commission, and the Opium Commission.

Biological Standardisation. The Commission on Biological Standardisation seeks to obtain international agreement on the standards and units for antitoxins, sera, vitamins, serological reactions, organic extracts (thyroid, sex-hormones, et cetera), and other preparations used in medicine which are tested and standardised by biological methods. The Commission proper consists of six members but it utilises the services of experts in the different subjects with which it deals. Thus a conference of experts in vitamins met this year in London under its auspices, and adopted standards and units for vitamins A, B, C, and D. Two experts from the United States of America were present. The Standards Commission itself met in Copenhagen last August and reached agreement on standards for a number of biologicals.[3]

The international standard preparations are conserved in selected laboratories (e.g., the National Institute of Medical Research at Hampstead and the State Serum Institute at Copenhagen, et cetera) on behalf of the Health Organisation, and samples are shipped on request to national health services which in turn furnish them to the institutes concerned in their production. Or samples may be shipped to these central laboratories for comparison with the international standards. This has become a routine and has led to a higher level of therapeutic efficiency as well as to greater facility in the interpretation abroad of the results of medical treatment.

The work of the Standards Commission has won general

[3]See the printed reports of the Commission and memoranda of Professors E. Knafflenz and C. Prausnitz, C.H.734 and C.H.832 respectively.

approval and such biological standardisation will continue to be in the future as in the past one of the most important activities of the Health Organisation.

The Malaria Commission. The work of the Malaria Commission is perhaps the most varied and has the most universal appeal of all the Health Organisation's activities. International courses on malaria were held this year under its auspices at Rome and Singapore. They were attended by medical officers in charge of anti-malaria work in their own countries, eighteen at Rome and twenty-seven at Singapore. In each case there was a laboratory and theoretical course lasting about a month, and the teachers included distinguished anti-malaria workers from several countries. These were followed by periods of practical work in the field. Medical officers who attended the course at Singapore carried out this work in the Netherlands, East Indies, French Indo-China, and the Malay Straits. In Europe, field work has been carried out as a rule in Spain, Yugoslavia, and Italy, but this year it was restricted to the latter. The organisation of these courses was begun by the Malaria Commission in 1925 to answer the need for better trained staff to cope with this most prevalent and important of all infectious diseases.

Malaria is a protean disease, varying in its epidemiology with the country and sometimes even the district in which it occurs, so that the organisation of such international courses provides an opportunity for the student to acquire a wider knowledge of its manifestations and methods of prevention than would be otherwise possible. Moreover, only a few countries have schools of tropical medicine in which such training is available.

When the Commission first met there were many differences among its members as to the epidemiology of malaria and the best methods of prevention, based for the most part on the comparative restriction of their own experience. But in the course of visits to a number of countries where malaria prevailed

under widely varying conditions, and the study of specific problems carried out in common, these differences disappeared, and the Commission adopted a report setting out the principles which in any malarious country should govern the campaign. I do not mean that the application of the same methods in any country will give good results. The Commission's report describes how to set about organising the anti-malaria campaign, no matter what the conditions, in a scientific way so that the facts about the disease will be discovered and preventive measures applied on that basis.

Some idea of the Commission's work may be gained from the titles of certain of its recent publications: "The Therapeutics of Malaria"; "Housing and Malaria" and "Malaria in the Deltas," all to be found in the *Quarterly Bulletin* of the Health Organisation.

The Commission is carrying out an important inquiry into the world requirements for quinine. It is studying the therapeutic efficiency of the synthetic remedies (atebrin, plasmoquine, et cetera) which give promise some day of supplanting quinine, and it acts as a centre for the coordination of research into important malaria problems. On the invitation of Governments the Commission has visited, studied, and reported on the prevention of malaria in a number of countries.

The Commission itself consists of many of the leading anti-malaria workers and teachers in the world and it has an associate or corresponding membership which includes almost every worker of importance in this field.

In view of the prevalence of malaria over wide stretches of the globe and the mortality and human debility to which it gives rise, anti-malaria work will continue for some time to come to absorb a large part of the resources and personnel of the Health Organisation.

The Opium Commission. The Opium Commission carries out technical work entrusted to the League by the provisions of the

several international opium conventions. The Convention signed at Geneva in 1925, for example, entrusted to the Health Committee the duty of deciding whether given preparations containing narcotics should be brought under control or excluded from the scope of the Convention. The Commission is now engaged in working out standard methods of determining the morphine content of raw opium and the content in cocaine of coca leaves. This work has been entrusted to a group of pharmacologists who have already recommended provisionally a standard method for opium.

The Commission also furnishes technical advice to the several international organs concerned with the control of narcotics: The Advisory Committee on Traffic in Opium, the Central Opium Board, and the Supervisory Body. It is obvious that as long as traffic in narcotics remains an international problem, so long will a technical advisory organ like the Opium Commission be required.[4]

III. SYSTEM OF INTERCHANGES AND INDIVIDUAL MISSIONS

This, the third division of the Health Organisation's permanent work, came into being late in 1922. At that time the public health services, like other departments of Government, were suffering from the isolation bred of war. There was little contact between the health officers of different countries, practically no continuous exchange of information and experience, and the new Governments which were faced with the task of organising public health services were not in a position to profit from the large experience acquired in older countries. In these circumstances the Health Committee decided to organise collective study tours of health officials, inviting one or more from each of a number of countries and sending them in a group under competent direction to one or two selected countries where care-

[4]For further information on the work of the Opium Commission the reader is referred to an article on the subject in the *Quarterly Bulletin* of the Health Organization, iii, No. 1, March, 1934.

ful preparations had been made, to carry out a study of the organisation and functioning of the health services. The good results of this method became at once apparent, and it has been continued, with successive improvements in the technique, ever since.

At about the same time the system of individual missions was started. Public health authorities who desired to begin some new work or to train a medical officer for a new post applied to the Health Organisation for assistance. The latter would arrange to send that medical officer to countries where particularly good work in that field was being carried on, for varying periods of study. The requirement that every such medical officer should submit a report to the Health Organisation as well as to his health administration meant that a technical documentation of constantly increasing value was being built up at Geneva. When later on Governments began turning to the League for assistance in the organisation or reorganisation of their health services, this method of training proved particularly useful. Chinese medical officers selected for the new quarantine service were given the opportunity to spend months studying in the chief ports of the leading maritime countries. Bacteriologists who were appointed to posts for the control of biological products were enabled to study in the leading national laboratories abroad. The method is so flexible that it may be readily adapted to a variety of purposes, and it has led the Health Organisation into many new fields of work.

The aims of this system were defined as follows in 1922:

> To bring the health services of different countries into closer relationship with each other.
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> To make comparative studies of the organisation and health legislation in different countries.
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> To obtain the cooperation of the public health services for the purpose of obtaining agreement upon a uniform standard of public health and uniform health regulations.

Since the system was inaugurated, the Health Organisation has organised thirty-five collective study tours which involved visits to thirty-one countries by 587 health officials from sixty-one countries. One hundred and seventy-five health officials have benefited from the system of individual missions so that altogether 762 have taken part in the League's interchange system.

The international malaria courses described above were an offshoot of this system, which also gave rise to the Health Organisation's work in the field of rural hygiene. This culminated in the European Conference on Rural Hygiene at which agreement was reached on the most suitable methods of providing health protection for rural districts in Europe.

Preparations are now going forward looking towards a similar conference in the Far East where of course the problems are vastly different. Following the European Conference in 1930, the Health Organisation was entrusted with the task of coordinating the work in this field of nine institutes of hygiene in as many European countries, which undertook to carry out certain studies recommended by the Conference.

The system of interchanges lends itself readily to other branches of international health work. At present the Health Organisation is cooperating with the British and Irish health services which are engaged in a study of hospital organisation and administration with a view to the extension and improvement of their hospital systems.[5] A small group of British hospital experts is now engaged in a study of selected hospitals on the continent under the auspices of the Health Organisation. A similar group of Irish experts is at present studying in the Highlands and Islands of Scotland where a system well adapted to the special conditions obtaining there has been established. The group will proceed later to Denmark and finally to Nancy (France).

[5]See the article on the recent tendencies in the development of general hospitals in England. *Quarterly Bulletin* of the Health Organisation, iii, No. 2, June, 1934.

In the space at my disposal I can give only a summary idea of the interchange system, but I have said enough to show that it is one of the most useful instruments at the disposal of the Health Organisation. Its continuance leaves no room for doubt.

THE NON-PERMANENT ACTIVITIES OF THE HEALTH ORGANISATION

So much for the permanent activities of the Health Organisation. Some of its non-permanent work is not of lesser importance. There is, for example, the assistance sought by Governments in the organisation or reorganisation of their health services. Governments have recourse to such assistance because, through the League, they may obtain the advice and help of health experts from the most advanced countries.

Cooperation with Greece. In 1928, the Greek Government requested the League's assistance in the reorganisation of its health services. After a group of health experts appointed by the League had joined with Greek officials in a survey of the health needs and conditions of Greece, a plan of reorganisation was adopted by the Government and its application begun in 1929 with the help of the Health Organisation. Today when the cooperation with the League in this field is drawing to a close, Greece has a modern school of hygiene, some sixty of her health officers have received modern training in public health, and the Greek Government has recently enacted a law providing for the establishment of modern health centres throughout the country. Thanks to the Rockefeller Foundation, a considerable amount of valuable scientific work in the field of malaria has been done at the school of hygiene, and the Foundation has also made itself responsible for the School's Division of Sanitary Engineering.

Cooperation with China. In 1930, the Government of the Republic of China addressed a similar request to the League, asking for advice and assistance as regards port quarantine, the organisation of health services, medical education[6], hospitals,

[6]I make no further mention of medical education for consideration of it would

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and the campaign against smallpox and cholera in the Shanghai area. Now China is operating effectively her own system of port quarantine, health centres of modern type are being organised as rapidly as circumstances permit, there is a splendid New First National Hospital at Nanking, and cholera has practically disappeared, for the time being at least, from the Shanghai area. Best of all, a central health institute has been organised at Nanking for research into health problems in China and for training the staff so urgently needed to man the newly-organised health departments and centres. During the last two years the institute has been almost overwhelmed by demands for assistance from the cities and provinces. The League's share in the organisation of this institute has been to obtain expert advice in drafting its program, to enable its Chinese staff to obtain suitable training abroad, to place at its disposal the services of experts from the Health Organisation's technical commissions, and to give its staff the benefit of the constant advice and council of a representative of the Health Section with long experience in the organisation and administration of similar institutes, who has spent the last three years at Nanking.

Health work in China must be adapted to rural conditions as China is essentially an agricultural country. The staff of the central health institute must seek to develop suitable methods of rural health administration. Hence the great significance of the pioneer health work which is being carried out at Ting Hsien with the help of the Milbank Memorial Fund.

Similar assistance has been sought by other Governments but these two examples suffice to illustrate a type of work which must remain permanently on the program of the Health Organisation, while its duration as regards any given country is of necessity only temporary.

carry me too far for the purposes of the present article, but the reader may obtain several publications on the subject, especially a report prepared by Professor Knud Faber, Dean of the School of Medicine at Copenhagen, on medical training in China.

Health and the Depression. Of the Health Organisation's temporary activities, those which have to do with the effects on health of the depression are classic examples. This subject is of real concern to many Governments which have been forced to provide food, shelter, and medical care to increasing numbers of unemployed. In 1932, the Health Organisation adopted a program calling for studies on the nutrition of the unemployed, the housing of the unemployed or partially employed in settlements on the outskirts of cities (subsistence homesteads), and the methods of providing adequate medical care and health protection to the classes suffering most from the depression. An important task was to consider how the responsibilities of the public health services might be safeguarded while their resources were being reduced. A group of experts, convened by the Health Organisation in 1933, produced a report on this subject which has been largely utilised by health administrations.[7]

In the immediate future the Health Organisation will in all probability devote its attention largely to three of the subjects which have been taken up in this connection, and these will remain on its program even after the depression is over.

Public Nutrition. The first of these is public nutrition. The facts revealed by the examination of school children and recruits, and the fear that lowered standards of living resulting from the depression will reduce human stamina, coupled with the great recent advances in our knowledge of the science of nutrition, make the subject one of extreme current interest.

In this connection it may be of interest to see how the work of the Health Organisation hangs together, how related activities carried on at different periods lead finally to a rounded program of work in one field. The first step was the publication of a report, THE FOOD OF JAPAN, by the late Professor Egerton Grey who spent some months in the Institute of Nutrition at Tokio

[7]Safe-guarding the Public Health during the Depression. *Quarterly Bulletin* of the Health Organisation, ii, No. 2, June, 1933.

under the auspices of the Health Organisation. Professor Saiki, the director of that Institute, later visited certain South-American countries, including Chile, in the course of an individual mission granted him by the Health Organisation. His visit and lectures aroused interest in public nutrition which later culminated in a request for assistance in the study of the nutrition of its people by the Chilean Government. The League is now arranging to send a mission to Chile, consisting of economists and experts in nutrition, to cooperate with the Chilean authorities. In 1933, a conference of experts was convened in Rome to recommend standard methods of carrying out dietary enquiries, while late in 1932 another had been convened in Berlin to report on the most suitable method of detecting early indications of malnutrition among the unemployed. The report of the latter has been utilised in several countries for the conduct of enquiries, and one of the most interesting and significant of these was carried on in America by the United States Public Health Service in cooperation with the Milbank Memorial Fund. The studies, undertaken by the Health Organisation to determine the influence on health of the economic depression, have been concerned in part with the level of nutrition among the unemployed, the relation between diet and size of income, and the best use to be made of a reduced food budget. The Health Organisation has also cooperated with the Government of Roumania in a study of pellagra in certain Roumanian villages. Now the next logical step is being taken, the preparation, after suitable studies, of a report, analytic and comparative in character, which will show what is being done for public nutrition in the most advanced countries in relation to our present knowledge of the subject.

Good Housing. Housing is the second of these subjects. Taken up in connection with suburban settlements of the unemployed, interest has broadened to include good housing in general as one of the most important factors contributing to human welfare. A glance at the proceedings of parliament in almost any country

reveals the importance given to housing in the debates on public health. At present the Health Organisation's program in this field is being worked out slowly and cautiously. That there is a real demand for international action, or at least for that more modest collection, analysis, and exchange of experience on an international scale which characterises the exploratory work of the Health Organisation, is shown clearly by the debate in the Second Committee during the 1934 session of the Assembly.

The Public Health and Medical Services. Finally, long after the present depression is over, the Health Organisation will continue to study and report on the rational organisation of the public health and medical services. The recommendations of the European Conference on Rural Hygiene constituted a first step in this direction. This was followed by studies on the cost of various forms of health organisation carried on by several institutes of hygiene in Europe under the auspices of the Health Organisation. A valuable form of cooperation has been set up with the International Labour Office in the study of certain health aspects of health insurance which seeks to provide relief and adequate medical care to the socially weaker classes in the community. The rational organisation of health and medical services, including hospitals, is a subject which no intergovernmental health organisation with a general mandate could neglect even if it would.

Space does not permit me to deal adequately with the remaining subjects on the League's program of health work,[8] which I am forced to dismiss with only brief mention.

The Health Organisation has had a Commission on Leprosy which has published detailed reports on its treatment and prevention. An international centre for the study of leprosy, placed at the disposal of the League by the Brazilian Government, was inaugurated at Rio de Janeiro in April last.

[8]The program in detail as adopted by the Health Committee in May, 1934, may be found in document C.233, M.97, 1934, iii.

A report on the welfare of the blind, containing information on the measures taken for the relief of the blind in the most advanced countries was published several years ago. The Government of the Union of South Africa has asked the League to prepare a similar report on the welfare of the deaf.

After long study the Health Organisation adopted and published a general report[9] on the principles underlying the prevention of tuberculosis. A conference on BCG was convened in Paris some years ago. The Health Committee is resolved to continue its work on tuberculosis as circumstances permit.

A few years ago intensive studies of infant mortality in selected districts of seven European and four Latin-American countries were carried out under the auspices of the League by methods recommended by a group of experts convened by the Health Organisation. At present, a comparative report on infant mortality in the principal countries is in course of preparation.

A series of reports on the development and present status of school hygiene is being prepared by national authorities, and in course of time these will be followed by an international report, analytic and comparative in character. A similar method was followed as regards medical education. The wide interest in this subject, based on the desire to adapt the training in medicine to the demands which modern society imposes on the doctor, led the Health Organisation to publish first a series of authoritative national reports, and later to the preparation, adoption, and distribution of an international report which defined clearly the basic training necessary for the doctor of today. This report[10] aroused much interest and was utilised by national committees concerned with the reorganisation of medical training.

The question of cancer has engaged the attention of the Health Organisation almost from the beginning. Its role in this

[9]General Principles Governing the Prevention of Tuberculosis. *Quarterly Bulletin* of the Health Organisation, i, No. 4, December, 1932.

[10]Medical Education and the Reform of Medical Studies. *Quarterly Bulletin* of the Health Organisation, i, No. 4, December, 1932.

field at present was clearly set out by a group of experts who met at Zurich in July last. It is to obtain from the radiological institutes engaged in the treatment of uterine cancer reports collected by comparable methods on standard record forms, so that the results of treatment by different methods may be more readily accessible and more easily interpreted.

Nor has the prevention of heart diseases escaped attention. At the last session of the Health Committee it was decided to collect and publish information on the methods applied in countries which are attempting to cope with this important health problem, so that more universal interest might be aroused.

The Health Organisation convened an International Rabies Conference at Paris in 1927, and has been publishing ever since periodic analyses of the reports from Pasteur Institutes on the results of anti-rabies treatment.

Such subjects as milk, the fumigation of ships, opium smoking, immunization against scarlet fever and diphtheria, secret remedies and charlatanism, and many others have been taken up, dealt with according to the need of the moment and either dropped or allowed to lie fallow for the time being.

The question of syphilis cannot be dismissed with such brief notice. The Commission on Biological Standardisation has adopted standards for the arsenical preparations used in the treatment of syphilis. It has also held several laboratory conferences to compare and report on the serological tests used in the diagnosis of the disease. The reports of these constitute authoritative statements as to the comparative specificity and sensitivity of each of the tests, statements which are very generally accepted because the authors of the different methods and modifications were present at the conferences and took part in the actual work of testing a series of unknown sera. On the basis of the work of these conferences, a committee of experts drafted and presented to the Health Committee a series of recommendations regarding serological tests which was adopted

and published.[11] In 1928, a group of experts in syphilis was called together at Geneva. Their report to the Health Committee called attention to the fact that in the fight against syphilis, the results obtained have not been such as the almost universally recognised progress of syphilis therapy would give reason to expect. The explanation which came to their minds was that developments in the matter of syphilis diagnosis and therapy are not exploited everywhere in the right way and with the promptness desired, and that a uniform generally recognised method of treatment did not as yet exist. They considered that a statistical compilation of the results of treatment at a number of clinics in several countries would give a better idea of the efficacy of the different methods of treatment used in these clinics. Directors of important clinics in five countries (England, France, Germany, Denmark, and the United States of America) agreed to cooperate and ever since have been working up their cases according to the rules set out by the experts. The uniform records of treatment have been analysed centrally, and the final report is now ready for submission to the group which is expected to meet before the end of the year. I shall not enlarge on the difficulties of dealing with such a large number of records, each one of which had to be considered individually, nor is it within my province to forecast the probable value of the final report, which will speak for itself. My task is to mention the items in the Health Committee's program as regards syphilis, which is to be rounded out by a general survey of the disease, covering its diagnosis, treatment, and prevention. The chapter on diagnosis has been completed, that on treatment will be constituted by the report mentioned above, leaving only the chapter on prevention to be worked up. It is hardly necessary to add that the final chapter will also be the most difficult in view of the lack of agreement on methods of prevention existing within the confines of almost any single country.

[11] *Quarterly Bulletin* of the Health Organisation, i, No. 4, December, 1932.

This is in brief the Health Organisation's program of work. To many it may seem far-reaching and even over-ambitious. But the history of all important new organisations is one of slow development during their early years in comparison with their progress thereafter. I suspect that when our children come to look at the plans that we have plotted out for the future, even as regards international health work, they will laugh to think that our horizon was so limited. For there is every sign about us that we are entering into a new world, and in that new world the barriers which separate countries and peoples must be replaced by ever-thickening ties of international cooperation if civilization is to survive.