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UNIVERSITY OF LOUISVILLE

HEALTH AND RELIEF FUNCTIONS OF THE LEAGUE OF NATIONS

A Dissertation
Submitted to the Faculty
Of the Graduate School
Of the University of Louisville
In Partial Fulfillment of the
Requirements for the Degree
Of Master of Arts

Department of History

By

Louise Meyer Barth

1932

HEALTH AND RELIEF FUNCTIONS

OF THE

LEAGUE OF NATIONS

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CHAPTER I

INTRODUCTION

The aims, organization, and workings of the Health Organization of the League of Nations as they are today could never have come into being without a League of Nations. The chief aim of the League is to bring about better understanding and cooperation among nations. How the Health Organization is attempting to further this aim will be brought out in the discussion which follows. First, however, it may be pertinent to indicate the origin and structure of the League of Nations, since it is from this body that the Health Organization draws its powers.

We have become so accustomed to thinking of the League of Nations as a product of Woodrow Wilson's presidency that it may be well for us to remember that the idea that peace could be attained by some sort of an international organization was not a new one. The idea of organizing an international group that would prevent wars and bring about international understanding was first held by Emeric Cruce in 1623.¹

Other plans, somewhat similar, were set forth by the Duc de Sully in 1634;² by William Penn in 1693;³ by the Abbe' Saint-Pierre in 1729;⁴ by Jean Jacques Rousseau in 1769;⁵ and by Kant in 1795.

¹Hershey: Essentials of International Public Law, Page 67

²Mower: International Government, Page 362

³Duggan: The League of Nations, Page 212

⁴Mower: International Government, Page 176

⁵Marburg: League of Nations, Page 23

In 1899 the first Hague Conference was held. This was the first genuine move to be made by Europeans to bring about international cooperation among the nations. However, international organization had not become strong enough to cope with the strong feeling of nationalism which came to a crisis just before the World War of 1914.

The record as given above is proof enough that the idea of a League was not a sudden thought by a brilliant statesman but one that had been developing for years. The progress that was made was instructive and without it our present League in its final form could not have been made. However, our contemporary statesmen did make this one big achievement--they brought international organization down from the clouds and made it into a feasible and practicable organization.

Preceding the outbreak of the war, statesmen had begun in earnest to work on a plan that was no longer theoretical but practical. Theodore Roosevelt was the first great modern statesman to favor a League of Nations. He did this in 1910 when he took the Nobel Peace Prize and selected as the subject of his

address, "A League of Nations." When the World War broke out in 1914, he returned to the subject and, in a series of four articles, syndicated in the New York Times and other Sunday newspapers, advocated "A League of Nations for the Peace of Righteousness" to follow the World War. He said: "It would be a derelict of duty if, after this war, we failed to create such an agency to prevent future world wars."¹ After America entered the war in 1917, Roosevelt again turned to the subject and continued to advocate such a league in articles in The Independent, The Outlook, and in his book, America and the War.

William Taft, also, was an ardent supporter of the idea of a league. The plan of a League of Nations by the statesmen of the United States is said to have had its origin in the League to Enforce Peace, a body formally organized in Independence Hall in June 1915 with Mr. Taft as its president.² President Wilson first expressed his views concerning a permanent world peace organization in an address given on May 27, 1916 to the League to Enforce Peace.

¹ Fisher: America's Interest in World Peace, page 78

² Haworth: The United States in Our Own Times, page 485

In his address, Mr. Wilson expressed the hope that the belligerents (the United States had not yet become a party to the war) and the United States would join an association of nations which should be made after the close of the war. While the United States had men such as Roosevelt, Taft, and Wilson working out plans for a League of Nations, the other nations were not idle. Robert Cecil of England and General Smuts of South Africa were at work.

The Covenant as it now exists was prepared by a commission appointed by a conference of which President Wilson was chairman, although he did not write the covenant. The commission was made up of a group of experienced men of whom the most outstanding were: Lord Cecil of Great Britain, General Smuts of South Africa, and Leon Bourgeois of France.¹ These men worked over carefully all the drafts submitted by the various nations. The commission worked for ten sessions--from February third to February thirteenth. They worked out a project during this time and presented it in a report to a plenary session of the Preliminary Peace Conference. On February fourteenth, this draft was published to the world for suggestions. On March twentieth and twenty-first, a committee of

¹Temperley: History of the Peace Conference, Vol. II, Page 371

the commission heard representatives of neutral states respecting changes which they desired. On the following days, March twenty-second, twenty-third, and twenty-fourth, three sessions were held by the commission, and the draft revised to care for the suggestions offered to them. Finally, on April tenth and eleventh, the commission gave the Covenant of the League its final form. The text was formally adopted at a session of the Preliminary Peace Conference on April twenty-eighth, nineteen hundred nineteen. In editing the results of the Preliminary Peace Conference, the Covenant was made to constitute Part One of the Treaty of Peace.¹ The work of this commission was difficult, as its members were not in complete harmony. Some gave little thought to the work at hand, as they were more interested in drafting what they considered the important issue of the day, the Peace Treaty. Some of the members thought it a futile attempt because of the other attempts and failures at world peace. And still others were so anxious to have a League that they would not quibble over details. Wilson was of this group. In consequence, the Covenant was prepared in an academic way and adopted by the Peace Conference without very

¹Temperley: History of the Peace Conference, Vol. II, Page 375

serious consideration.

Wilson is often spoken of as the "Founder of the League of Nations," but this title is only true in part. Wilson was the person who insisted that a League must be created, and it was he who forced the "Big Four" (England, France, Italy, and the United States) to put the League in the Peace Treaty made with Austria, Germany, Hungary, and Bulgaria. Without the pressure and insistence of President Wilson, the League as it exists today would not have come into being. Wilson's work with the commission was effective and constant but not dominant.

The commission of men who drafted our present League were not inspired to create a league by the ideals of a league as held by the pioneer workers in this field, but they were inspired by their passionate hatred for war. Out of the war came some very definite ideas that had to be realized if our present civilization were to survive. The only way for these aims to be realized was to create a league of nations. These reasons for the existence of a League are best expressed in a summary of the practical causes of International Affairs in A History of the Peace Conference, from which the following are quoted.¹

¹Temperley: History of the Peace Conference, Vol. II, page 402

1. "The causes of negotiations in the twelve days preceding the outbreak of the war drew attention to the need for some settled Council of the Nations responsible for the maintenance of peace."
2. "Violation of Belgium demonstrated the need for a more comprehensive guarantee of the safety of small nations than could be furnished by small treaties between a group of powers."
3. "Increased exhaustion of allied resources during the last stages of the war forced upon the Allies a cooperation not merely in the formation of broad policies but in the detailed administration and execution of such policies."

Out of the first set of considerations the Assembly and the Council of the League were created, and the powers designated to them were as outlined in Articles 11 to 15. The second factor was cared for in the League in Article 10, in which article is set down the guarantee of territorial integrity. Article 16 obligates all members of the League to enforce peace. Out of the third factor developed the Secretariat of the League which was suggested to the composers of the League from the practical experience of international administration that developed during the latter stages of the war. The Secretariat was established in Article 6; Articles 22, 23, and 24 give the functions and powers of this body. These

articles mentioned are the most important found in the Covenant. It is in Article 23 that the Health Body of the League was formed as a permanent part of the Secretariat.

CHAPTER II

THE STRUCTURE OF THE LEAGUE OF NATIONS

The League of Nations provides for the following:

1. The destruction of autocratic powers
2. The discussion and arbitration of the problems between nations
3. The peace of the world under constant international oversight
4. Disarmament
5. The rehabilitation of oppressed people
6. No more annexation of territory
7. The abolishing of enforced labor
8. The publishing of all treaties made between nations
9. High standards of labor, such as exist in the United States, extended to all men
10. Cooperation of all Red Cross societies
11. All humane instrumentalities (like the conventions against the opium trade) under the direction and control of the League

The three bodies which attempt to carry out these provisions are the Assembly, the Council, and the Secretariat. The Assembly meets once a year at Geneva and acts as the legislative body. It is so constituted that every self-governing state that is a member of the League is represented. Not only the self-governing independent states but the self-governing colonies and dominions, such as Canada, New Zealand, Australia, India, and South Africa, are

represented. Each member of the League has three representatives in the Assembly, though each state has but one vote. The Assembly does its work through standing committees, of which the most important are: the Budget Committee, the Committee that assists in the admission of new states to the League of Nations, the Committee that selects the judges that serve in the World Court, and the Committee that selects the non-permanent members of the Council. The Assembly was chiefly created by the men who drafted the League to give all nations an equal chance to expose any irregularity or plan of another nation against the offended nation. The Assembly is a debating body, a court of the public opinion of the world. The real power of the Assembly, other than moral, is two-fold. Its chief constituted power is that it has a chance to decide a question brought to it by the Council. The question must, however, get a majority vote and this vote must include all the representatives of the nations who have a vote in the Council. The other power of the Assembly comes if the nations want to amend the League. Such amendments must first be unanimously accepted by the Council and then passed by a majority vote in the Assembly.

The Council meets three times a year and has fourteen members. A delegate is chosen from each of the member states, five of which are permanent members and nine, non-permanent members whose term of office is three years. The permanent member states are: Great Britain, France, Italy, Germany, and Japan. The non-permanent members change from term to term. The chief functions of the Council are to make plans for reduction of armaments, to mediate in foreign disputes, and to receive reports from mandatory powers. The Council is the executive organ of the League and all decisions made by the Council must be by a unanimous vote of all of its members. Nothing in the form of an active measure, no policy, no recommendation with regard to the action of the governments composing the League, can proceed without a unanimous vote. The Council is a more important body than the Assembly.

Last but not least, comes the Secretariat of the League. This body is a permanent one. It has its headquarters at Geneva. The executive body of the Secretariat is composed of a Secretary from Great Britain, a Deputy from France, and three under-secretaries--one from Japan, one from Italy, and one

from Germany. The body of the Secretariat is composed of eleven sections. The complete personnel is about five hundred men and women. The purpose of the Secretariat is to act in the capacity of a civil service. Its work is in the field of politics, legal, economic, and financial information, mandates, disarmament, social problems, and international societies. Article 23 gave the Secretariat its birth and power. This Article gives the League supervision over the execution of agreements with regard to the traffic in women and children, and over the traffic in opium and other dangerous drugs. It authorizes the League to try to maintain freedom of communication and transit and equitable treatment for the commerce of all the member nations of the League. Efforts to prevent and control disease are also made when international action is necessary. Under this Article, the League is pledged "to secure and maintain fair and humane conditions of labor" in all countries. Because of the many powers given to the Secretariat as set down in Article 23, a number of subsidiary organizations had to be created. The work is carried on under two main committees, the Advisory Committee and the Technical Committee. These Com-

mittees in turn have established six permanent standing committees. The Technical Committee has its work divided into the following heads: financial and economic efforts; transit and communications; intellectual cooperation, and international health. It is with this last division that this paper will be most concerned.

Through the three bodies as outlined above, the League of Nations attempts to develop a wide international cooperation by bringing the world closer together in many of its ideals and establishing solidarity in matters of common interest--health, social and moral disease, and common economic progress. If the League of Nations accomplishes this, its creators and supporters have accomplished a worthwhile and lasting achievement. Even if the League could not prevent another world war, it would have served a noble purpose in attempting and, in many cases, accomplishing the stamping out of disease, the traffic in opium, and the traffic in women and children.

CHAPTER III

THE ROOTS OF THE HEALTH ORGANIZATION OF THE LEAGUE

The necessity of preventing and stamping out disease has always been a serious problem to people of all nations. The seriousness of the situation particularly concerns them when they read such statistics as that out of about two billion people, seventy million are sick all of the time and of these twenty-eight million are needlessly sick.¹ Disease is usually considered a matter for doctors rather than for diplomats, but epidemics, starting in a far-away country, may spread throughout the world. An influenza wave began in Spain and brought death to thousands of people in America. A case of small-pox in Canada gave rise to a virulent epidemic in Minnesota and Michigan. Typhus fever and leprosy entered the United States from Mexico. Trachoma was introduced into our large cities from European cities. In the nineteenth century alone, six cholera plagues left their marks in European countries.²

These facts are sufficient answer to the question as to why the League of Nations should concern

¹Tobely: "For the Health of the World"--Current History, November 1922

²Manson and Manson: Tropical Diseases, Page 345

itself with matters of public health and social welfare, when presumably its purpose is wholly and solely to prevent wars. The primary aim of the League of Nations is generally understood to be the promotion of international peace. This, of course, is true, but its activities are by no means confined to this work alone. The preamble of the League states its purpose "to promote international cooperation and to achieve international peace and security," by certain principles set down in the Covenant. This sentence alone shows that the framers of the League had international cooperation in mind as the most important work of the League. They realized that international peace is effectively promoted by whatever unites the nations in efforts to bring about their common interests. The League is now carrying on many activities only remotely or not at all related to war, and as time goes on it will assume more of this work. The fact is that modern life is rapidly overflowing national boundary lines. Governments are finding themselves confronted more and more with situations which no nation acting single-handed can meet. These conditions have come about mainly through the rapidity and volume of our present-day

transportation and communication. As our nations have become less isolated and more dependent because of modern facilities, disease has become an international problem.

In spite of the work done individually by each civilized nation, disease could not be stamped out. Under this system each nation acted alone and passed its own regulations. Disease was still rampant mainly because it was impossible to force the backward countries to apply the tested and well-known sanitary regulations which have proved of inestimable value in preserving the health of all the nations who practiced them. Enlightened nations have been very successful within their own countries in stamping out yellow fever epidemics and cholera, whereas in the backward countries these diseases are still ravaging the natives, because their only combating weapon against disease is a mixture of superstition, charm, and witchcraft.

For many years nations attempted to stamp out and prevent disease individually. When news of an epidemic reached a nation, that nation would adopt a rigid quarantine policy in which commerce from the infected states would be denied and in which

people and ships suspected of infection would be interned for an inconvenient length of time. These measures usually came too late, for in many instances ships with their passengers and cargo would have entered ports of nations not infected by the disease before news of the existing epidemic had been received.

Between 1851 and 1907 six international sanitation conferences were held in Europe for the purpose of discussion of measures to be taken against epidemics. In 1893, 1894, 1897, 1903, 1907, 1909, and 1912, agreements were signed.¹ The most important accomplishment of the conferences held before 1907 was that a Superior Health Council was established at Constantinople and a Sanitary Maritime and Quarantine Council of Egypt was established in Alexandria. The reason for the existence of these two organizations was that most of the epidemics which swept the world came out of the oriental and far-eastern countries. The work of these two councils was begun with special measures and precautions to be taken with regard to the Suez Canal, Egyptian ports, the Red Sea, and the Persian Gulf.

¹Buell: International Relations, Page 291

In 1907 an International Office of Public Health, better known as the Office International d'Hygiene Publique, was established. Its office was located at Paris and its principal occupation was to collect information concerning public health and especially infectious disease. The states participating in the office were divided into six classes, and each state bore the expenses according to its classification. This office was under the supervision of a committee of delegates, one delegate from each state. Each state was allowed a number of votes in the committee universally proportionate to the number of the class to which it belonged. In 1920, thirty-seven countries participated in the work of this office.¹

In 1907 six colonial powers held a conference at London. The conference was called because the native tribes of Africa were being ravaged and thousands of deaths were resulting from tropical diseases, the most important of which was sleeping sickness. This germ is carried by the tsetse fly. The

¹Beer: African Questions at the Paris Peace Conference, Pages 242-248

conference made certain resolutions about these conditions. In the following year, 1908, another conference was held to carry out these resolutions, but it failed because Italy and France objected to having a central bureau established in London.¹

In 1908 and in 1911, England and Germany signed agreements to exchange all information as to sleeping sickness and to prevent diseased natives from crossing the colonial frontiers. They also agreed to kill off a certain species of crocodile that was suspected of carrying the disease.

Even though the United States had attended the international conferences held in Europe, representatives also attended the Pan American conferences held during 1902 and 1927. The first sanitary conference held in 1902 authorized the organization of a Pan American Sanitary Bureau at Washington. Its duty was to collect all data relative to the protection of health. In 1905 a convention was held to confer and pass measures to prevent the spread of cholera and yellow fever. The conference laid down

¹Treaties of the United States, Volume II, Page 214

provisions that all American states must notify all countries of an infection. Defensive measures were also taken by the conference. Out of these conferences developed what is regarded as one of the most successful international health agreements ever negotiated. The agreement was signed by the American states on November 14, 1924 and was designated "The Pan American Sanitary Code."¹

These attempts clearly show that nations were aware of the growing menace of disease. Just as the many conferences that were held by the nations previous to 1921 paved the way for a League of Nations, so did these health conferences lay the foundation for the creation of the Health Division of the League as it exists today.

¹Treaties of the United States, Number 715, Vol. II

CHAPTER IV

THE CONSTITUTION OF THE HEALTH ORGANIZATION OF THE LEAGUE

In the early months of 1919 an epidemic of typhus was sweeping Russia and Poland as a result of the World War. It involved an extensive region, inhabited by millions of people. The Russian and Polish governments had broken down, consequently no sanitary measures were being enforced. Both Russia and Poland were still at war and the refugees and moving armies were spreading the infection. This condition was becoming a serious menace to all the surrounding European countries. The League of Red Cross Societies drew the attention of its constituent societies to the serious epidemic conditions in eastern Europe, and a commission examined the situation. This commission, of which Dr. Hough S. Cumming, Surgeon General of the United States, was a member, reported that the task was beyond the means and resources of Red Cross administration and of private voluntary organizations. As a result of this study, the Council of the League of Nations, on April 13, 1920, requested the London Health Conference, under the chairmanship of Viscount Astor, the British Minister of Health, to draft a scheme of organization for the health activities of the League. The first recommendation of the conference was that a temporary epidemic commission

be established to cope with the serious problem at hand. This conference also drew up the following provisions which the members felt should be a part of the work of the Health Organization when it came into being.¹

1. To advise the League of Nations in matters affecting health
2. To bring administrative health authorities in different countries into closer relationship with each other
3. To organize means of more rapid interchange of information on matters where immediate precautions against disease might be required, and to collect information as to their fulfilment
4. To promote the conclusion of international agreements necessary for administrative action in matters of health, and their revision when required, and to collect information as to their fulfilment
5. To cooperate with the International Labor Office in matters affecting labor and health
6. To confer and cooperate with Red Cross and other similar societies
7. To advise, when requested, other voluntary organizations in health matters of international concern

In addition to recommending the epidemic commission and making the above suggestions, the London

¹Myers: Handbook of the League of Nations, 1922,
Page 282

Conference suggested that the Paris office, established by the Universal Sanitary Convention signed at Rome, December 9, 1907, be maintained and that its delegates be members of the League's general committee. The Office International d'Hygiene Publique on April 25, 1921 decided that it could not be a member of the general committee, because the United States was a member of the Office International and at this time the United States would have nothing to do with a League of Nations; in fact, strongly disapproved of it.

On June 22, 1921, the second Council of the League decided that in view of the fact that the Office International could not participate, a Provisional Technical Committee should be composed. There should be chosen fourteen members to serve on this committee, twelve of whom should be individually invited to sit on it. The persons chosen should be selected on the strength of their technical qualifications and not because of their nationality. Also, a representative of the International Labor Office and a representative nominated by the League of Red Cross Societies should be members of this Technical Committee.

While these resolutions of the conference were being worked out, the temporary epidemic commission, which had been established by the Council, was working all the time under the direction of Dr. Norman White. This commission coordinated the efforts made to deal with the epidemics in Poland, Russia, and the Baltic states. It assisted the national authorities by placing at their disposal specialists, hospital and medical supplies, and, in some cases, clothing and food. The work of this commission was very gratifying. The cases of typhus fever in the various countries in 1920-21 decreased as follows: in Poland, from 157,000 to 45,000; in Russia, from 3,000,000 to 600,000; in Rumania, from 45,555 to 4,834.¹

In the early part of 1922, at the request of Poland, an International Health Conference met at Warsaw under the auspices of the League. Twenty-seven European countries attended, and although funds were not sufficient for the full program to be carried out, closer cooperation resulted between

¹ Rose: "Epidemic Control in Europe"--Review of Reviews, July 1922, Vol. 66, No. 1

the Russian and Polish authorities. Also, special courses were organized for the training of the personnel engaged in the anti-epidemic campaign. And, more important than these steps, there were the sanitary conventions drawn up between the countries of Eastern Europe, which collaborated the work of the health administration of the various countries.

The second Assembly and the Council of the League accomplished other steps in promoting a health organization within the League besides establishing the Technical Committee. They made permanent the epidemic commission which had been temporary. They sent a commission to Greece to fight cholera, typhoid fever, and small-pox, a very necessary step because these diseases were raging in Greece at this time. This condition arose from the fact that thousands of refugees, about 750,000 in number, had crowded into the country from Asia Minor upon the advance of the Turkish troops. A vaccination campaign was organized by this commission with the help of eight Greek doctors and health inspectors. As a result of their work, 500,000 refugees

were treated and the infection was greatly lessened.¹

A mixed committee, made up of an equal number from the Health Committee of the League and the Office International d'Hygiene Publique, met in Paris for four days, from May 27 to June 2, 1923, and worked out the plan of health organization for the League. On July 7, 1923, the Council and the Assembly approved and adopted the permanent health organization plan as worked out by this joint committee.

¹Seckeland: Ten Years of Cooperation by the League of Health, page 236

The health activities of the League of Nations are due to Articles 23, 24, and 25 of the Covenant, and from those Articles the following excerpts are taken.

Article 23: Subject to and in accordance with the provisions of international conventions existing or hereafter to be agreed upon, the members of the League:

- a. will endeavor to secure and maintain fair and humane labor conditions for men, women, and children, both in their own countries and in all countries to which their commercial and industrial relations extend, and for that purpose will establish and maintain the necessary international organizations;
- b. will undertake to secure just treatment of the native inhabitants of territories under their control;
- c. will entrust the League with the general supervision over the execution of agreements with regard to the traffic in women and children, and the traffic in opium and other dangerous drugs;
- d. will entrust the League with the general supervision of the trade in arms and ammunition with the countries in which the control of this traffic is necessary to the common interest;
- e. will make provision to secure and maintain freedom of communications and of transit

and equitable treatment for the commerce of all members of the League. In this connection, the special necessities of the regions devastated during the war of 1914-1918 shall be borne in mind;

- f. will endeavor to take steps in matters of international concern for the prevention and control of disease.

- Article 24:**
1. There shall be placed under the direction of the League all international bureaus already established by general treaties if the parties to such treaties consent. All such international bureaus and all commissions for the regulation of matters of international interest hereafter constituted shall be placed under the direction of the League.
 2. In all matters of international interest which are regulated by general conventions but which are not placed under the control of international bureaus or commissions, the Secretariat of the League shall, subject to the consent of the Council and if desired by the parties, collect and distribute all relevant information and shall render any other assistance which may be necessary or desirable.
 3. The Council may include as part of the expenses of the Secretariat the expenses of any bureau or commission which is placed under the direction of the League.

- Article 25:** The members of the League agree to encourage and promote the establishment and cooperation of duly

authorized voluntary national Red Cross organizations having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world.

From these Articles the Council of the League received its powers to create a Health Organization, and in 1923 the following organization was adopted: a General Advisory Health Council; a Standing Health Committee; and a Health Section of the Secretariat of the League of Nations.

The Committee of the Office International d'Hygiene Publique acts as the General Advisory Health Council. The Office International made no changes in its constitution or its functions and retained its Paris organization. Its main duties are: to consider, discuss, and advise or report on questions which may be submitted to it by the Standing Health Committee of the League of Nations; to initiate and transmit to the Standing Health Committee any question which it may consider will be advanced by such procedure; to keep in close touch with the Health Section of the Secretariat of the League; and to exchange all documents relating to its work. The connection between the League Health Organization and the Paris International Office has one big

practical advantage, namely, that the Committee of the Paris Office is a body of governmental representatives from many countries, who by reason of their official character naturally form connecting links between the Health Committee of the League and the governments of the member states which they represent.

The Health Committee of the League is made up of twenty members. The president of the Permanent Committee of the Paris Office acts as head. Nine of the other members are appointed individually for three years by a committee of the Office International in such a way that each state which is a permanent member of the Council of the League of Nations is represented on the Standing Health Committee. The remaining members are chosen by the Council of the League, after consultation with the Health Committee. These members also are appointed for three years. This committee may be supplemented by the addition of not more than four public health experts as assessors, these assessors being appointed by the Council of the League of Nations on the nomination of the Standing Health Committee and considered fully effective members.¹

¹World Peace Foundation, Publication of 1925, Page 496

All the members of the Health Committee are medical specialists or officials in charge of public health services. They are selected for their technical qualifications and they belong to various countries in Europe, Latin America, and the Far East. These men do not represent their respective countries. Because of this arrangement their scientific discussions are not hampered by any political consideration. Some of the men serving on the Committee belong to nations that are not even members of the League. One of the members of the Committee now serving is a citizen of the United States and is at the head of the Federal Health Service of the United States. The Health Committee and the Health Organization are non-political bodies. The duties of the Health Committee are: to direct the health work of the League of Nations and through a Medical Director to direct the work of the Health Section of the Secretariat; to consider and report to the Council of the League any public health question concerning the League which may be submitted to it or initiated by the Standing Health Committee; to appoint special committees to consider any inquiry, research, or other public health matter and to add to such special sub-committees

any outside person whose qualifications it may consider will further the purpose aimed at; to forward to the President of the Committee of the Office International d'Hygiene Publique a yearly report relating to the work carried out by the Health Organization of the League of Nations during the preceding year. This report also sets out the questions with which the Standing Health Committee proposes to deal to the extent of its competence as defined by the Council and the Assembly of the League of Nations.

The decisions of the Health Committee take the form of printed resolutions which are transmitted to the Advisory Council for its consideration. These resolutions do not become effective until they have been submitted to and supported by the League Council. The Council does not act upon them until advisory opinions have been obtained from the Advisory Council. Thus, while the final decision on policies of the Health Organization depends upon the Council of the League, the Health Committee really shapes its policies and program. This Committee meets twice a year.

The Health Section is the executive organ and is an integral part of the League Secretariat. The Health Section is made up of fifteen public health

specialists, epidemiologists, and statisticians of various nationalities. It acts under the Medical Director. The functions and duties of the Health Section are those laid down by the Standing Health Committee subject to approval by the Secretary-General of the League of Nations. The main work of the Health Section consists in collecting the information required by the different committees, in making preparation for conferences and study tours, and, by correspondence and publications, in forming a connecting link between all who are engaged in research work on the same problems.

The Health Section is also becoming generally recognized as the suitable mediatory body for the solution of international differences that arise over sanitary measures. A typical example of this is a sanitary convention that was made between Poland and Rumania on December 20, 1922, which included the following article: "If any dispute arising out of the application of this convention cannot be settled by the contracting states through diplomatic channels, these states shall undertake by mutual agreement to resort to the mediation of the Health Section of the League of Nations."

Conventions of this type have been made between Poland and Rumania at Warsaw, December 20, 1922; between Germany and Poland at Dresden, December 18, 1922; between Latvia and Poland at Warsaw, July 7, 1922; between Latvia and the Russian Soviet Republics, and the Soviet Republics of the Ukraine and White Russia at Tartu, June 24, 1922; between Esthonia and Latvia at Tartu, June 24, 1922; between Poland and the Russian Soviet Republics, and the Soviet Republics of the Ukraine and White Russia at Warsaw, February 17, 1923; between Czeckoslovakia and Poland at Warsaw, 1922; between Esthonia and the Russian Soviet Republics, and the Soviet Republics of the Ukraine and White Russia at Tartu, 1922; and between Bulgaria and the Serb-Croat-Slovene State in April, 1923.¹

¹League of Nations Treaty Series, Number XVIII, Vol. 2, Page 119

CHAPTER V

THE ORGANIZATION AND METHODS OF THE HEALTH ORGANIZATION

The League of Nations through the Health Organization is achieving work of great importance and lasting usefulness in the field of international hygiene. The Health Section of the Secretariat is established and has become an indispensable link between nation and nation. The accomplishment of the work of the Health Organization up to this time reflects a great deal of credit upon those men who worked it out. From the beginning those in charge have recognized that its scope of action is limited, even though it claims to work in the world-wide field of health. They realize it is no different from any other organization in the eyes of the nations and that they must proceed with care in order to remain above suspicion or criticism from the nations involved. Even in matters of health, a country does not want an organization to project its policies upon that country without getting proper authority from the existing government. For these reasons the Health Organization has not sought to interfere in any country or to exercise any kind of superior control. Its object has been to supply all countries with information which no country could easily obtain for itself and to advise every country of dangers threatening in

neighboring or even in far-distant states. A further object has been the study of those conditions which exert an influence on health in all parts of the world. In the Health Organization's attempt to carry out these aims it has established and perfected a vast intelligence system. Throughout the world men trained to observe the slightest indication of a coming disease epidemic are placed in countries where such epidemics are likely to occur, and these men report any development to the Health Section at frequent intervals. Their work is not only in the field of epidemic control in such diseases as typhoid, cholera, and malaria but also in keeping constant watch for any manifestation of disease or those conditions which are conducive to the breeding and dissemination of disease germs. Today every Health Department in each nation in the world knows in advance what dangers they must be prepared to face. They know which of the ships about to come into their ports are infested with disease, and they know also the germ-laden areas from which their supplies come. The captains and officials of ships also are kept informed of the hygienic conditions of the ports to which they are sailing. In this manner the Health Organization acts as a central nervous

system, and its commissions and workers act in the capacity of neurones. Information is sent back to the central organization with the same relative rapidity and accuracy by these workers as a sensation of the sensory nerves in our bodies is transmitted to our central nervous system.

With this system under way it is obvious that disease epidemics will be less likely to bring about suffering to hundreds of people because under this plan there is no time for the development of the germs. Almost immediately upon the outbreak of a disease every country is warned and immediately begins to take steps of precaution. The Health Organization believes in the old adage, "forewarned is forearmed." Today every health department recognizes that it is its brother's keeper. The tendency to wait until such scourges as cholera and the plague have crossed the frontiers is giving place to the determination to meet them and defeat them before they have time to spread. The Health Organization is not concerned only with diseases as they occur in epidemics, but it is interested in world health. It coordinates and institutes the necessary statistics to get a real grasp of the world's health. It follows

scientific research concerning public health and circulates its discoveries; it coordinates and assists the action of organizations such as the Red Cross Societies, the International Bureau of Public Health, and other similar institutions. It not only organizes periodical and international conferences of scholars and experts but it calls conferences similar to the international labor conferences. Finally, by systematic propaganda it impresses on public opinion the necessity of individual and collective rules and habits of health.

The work of the Health Organization is guided in the main by the two following principles:

1. The Organization confines itself to work of a practical nature and does not undertake any purely speculative research
2. It does not itself deal with practical health problems unless they are international in character, by reason either of the nature and extent of the investigations required or of the measures necessary to combat epidemics

The Health Organization does not depart from these principles unless a government asks for its technical advice or assistance; in such an event, it naturally does not stop to consider whether what it is asked to do accords absolutely with the rest of its work.

The Health Organization carries on its detailed work by means of commissions. These subsidiary organs are commissions of experts appointed by the Health Section. Some of these committees undertake research along the lines of what is being published on all matters pertaining to health, others coordinate the laboratory work carried out by the various institutes, and still others pursue epidemiological inquiries by means of study tours or missions. There are also committees of government representatives who deal

chiefly with matters that require the direct cooperation of the administrative health service. The Organization also arranges from time to time international conferences for the exhaustive investigation of certain technical questions.

The method most commonly used in coordinating the work of scientific problems is to summon a committee of experts to draw up a program. The investigations are then distributed among a number of competent scientific institutions whose directors meet at regular intervals and, if necessary, vary the program. When they have completed their task, a final meeting is held at which a joint report is prepared embodying their findings. Some committees carry out inquiries on the spot and go from country to country to compare the methods of applying certain specific health measures. As a rule, however, the Health Organization appoints a single investigator, or one of its members is attached to a scientific mission already constituted by the country concerned.

The work of the Health Division is divided into three main sections: Epidemiological Intelligence Service, the Educational Work of the Health Organization, and the Technical Work of the Health Organization

in the various fields of preventive medicine.¹

The Temporary Epidemic Commission, established in 1920 by the Council of the League of Nations to fight the epidemic raging in Poland and Russia before the present Health Organization was formed, made to the Health Authorities two leading suggestions: first, that there should be established an intelligence service sufficiently complete and comprehensive to keep in constant touch with conditions in all parts of the geographical areas likely to give rise to, or be affected by, epidemic diseases; and, secondly, that this service should be such that information as to conditions anywhere might be communicated to the central organization almost instantly. These suggestions were made by the Commission when they realized that the efficiency of prophylactic measures taken along the Russo-Polish Sanitary Cordon was mainly dependent on the receipt of prompt and full information on the outbreak and causes of epidemics on both sides of the frontier. Something had to be done about these facts if the work of the Commission was to be successful. As a result, the Council of the League of Nations in 1921 established the Epidemiological Intelligence Service. Its first task, after the one

¹ Secretariat of the League of Nations: Ten Years of World Cooperation, Page 233

mentioned above, was that of collecting and tabulating all available information in regard to the prevalence of certain epidemic diseases in Eastern Europe, with special reference to typhus, relapsing fever, and cholera, in Russia and Poland. It also made a retrospective survey of the health situation in Russia with the aid of the Soviet authorities. This information was published in several volumes covering the years 1921-1922. In 1922 the Rockefeller Foundation granted the Health Committee financial aid in developing its epidemiological intelligence service. This appropriation of an annual grant of \$32,840 from the International Health Board of the Rockefeller Foundation enabled the Committee in July 1923 to issue the Monthly Epidemiological Report.¹ This Foundation has since increased its appropriation to \$100,000 annually, beginning with the year 1925, for the interchange of public health personnel.

Since the first Monthly Epidemiological Report of the Health Section, the service has been gradually improved so that it is now possible for the service to obtain and publish the latest information each

¹World Peace Foundation Pamphlet, 1925, Page 376

month. The Report has become an invaluable aid to all health authorities. In 1923 the first annual report was published on what are called "notifiable diseases," and the first monthly report on the occurrence and prevalence of such diseases was issued in July 1923. The Annual Report is made up of the Monthly Reports which are checked and supplemented. The material for these Reports is furnished voluntarily by the public health services of the various countries and cities wherein such information is available.

Originally, the main object of the Epidemiological service was to supply prompt information to the authorities of each country on the health situation in neighboring countries. In a very short time, however, the experts working on this service realized that this information could be put to even a greater use if it were coordinated. Coordination of this work would enable investigations to be made into the geographical and seasonal distribution of disease and the influence of climatic conditions. When this coordination began, the workers were confronted with a serious difficulty--that of comparing information from a country with an adequate statistical service with that from a country that had no adequate statistical service.

As a result, the Epidemiological Service was forced to make a study of the statistical records of each country so that the data published by the various countries could be intelligently used. This work done by the Epidemiological Intelligence Service has been invaluable in making national statistics more efficient and useful.

Beside the Epidemiological Service located at Geneva, there is the Eastern Epidemiological Intelligence Center located at Singapore.¹ This Center is more often referred to as the Far Eastern Bureau. It owes its origin to the Japanese member of the Health Committee in 1922. He realized the usefulness and success of the Service in Geneva and therefore suggested that a similar one be established in the Far East. A member of the Epidemic Commission was immediately sent to study conditions. His findings were reported to the Health Committee which then recommended the establishment of the Bureau in the Far East to the League Council. In 1925 this Bureau was established at Singapore. The central position of this port is exceptionally favorable, as it is a port of call for practically the whole of the maritime trade between China and Japan and the Near East, Africa, and Europe.

¹ Secretariat of the League of Nations: International Health Year Book, 1925, Page 619

The main function of this Bureau originally was to keep in constant touch with the different health administrations in the Far East, gathering from them epidemiological information and disseminating it in a weekly code despatch, by cable or wireless, to these administrations and to Geneva. In Europe, plague and cholera are rare diseases, and they only gained an entrance into Russia as a result of war and revolution, but they are very prevalent in the eastern countries, particularly in India and China. Consequently, these regions are dangerous sources of infection to their neighboring countries. Outbreaks of these diseases in Japan and Java where they are not prevalent brought to the attention of all Eastern countries the necessity for quarantine measures. They began, therefore, to cooperate immediately with the Bureau when it was established by giving financial aid and rapid transmission of information desired by the Bureau.

In the early days of the Bureau, it kept in communication with thirty-five ports; at the present time it communicates with one hundred fifty ports. They are scattered throughout the Indian and Pacific Oceans, from Alexandria and Cape Town on the West to the Panama Canal Zone on the East. In fact, it is in constant

communication with all Eastern ports of any importance. These ports inform the Bureau by telegraph at least once a week and oftener, when necessary, the number of cases and deaths caused by epidemics. Reports are also made of quarantines set or lifted by the various countries and of the departure and course of infected vessels. The Bureau then informs all ports of the approaching infested vessel and in this way the countries are able to take the necessary precautions of quarantine before they become infected. In 1927 the Bureau had an agreement with thirty-five Far-Eastern Health Administrations by which it was immediately notified of the arrival of infected ships in any of their ports. The number of ships notified during the first eleven months as having infectious diseases on board was one hundred sixty-two. This information was at once transmitted to the health administrations concerned. The value of this service is best illustrated by the following occurrence. In 1927 the Bureau was informed by the Sanitary, Maritime and Quarantine Council at Alexandria in regard to the Hedjaz pilgrimage. At the disbandment of these pilgrims, an outbreak of small-pox occurred at Jeddah. As a result, eighteen pilgrim ships were reported to the

Eastern Bureau as being infected with small-pox on their arrival at various ports.¹

The Eastern Bureau also telegraphs by code a weekly Bulletin to Geneva and to the Eastern Health Authorities concerning the information sent in by these various countries. The code message is supplemented weekly by more detailed and additional reports by mail. The substance of these reports increases in value as a wider range of information becomes available through steady improvement in the system of reporting and transmission of these messages. These Bulletins are disseminated over a wide area by means of the radio. The weekly broadcasting of epidemiological information issued by the Eastern Bureau is now insured by ten stations, and one station broadcasts it daily. The authorities in Indo-China, Japan, and Germany have been good enough to place their stations at the disposal of the Bureau for this purpose.²

While the Eastern Bureau of the Epidemiological Intelligence Service concerns itself for the most part

¹Mower: International Government, Page 421

²Secretariat of the League of Nations: Ten Years of World Cooperation, Page 237

with the spreading of information concerning infected ports and ships, its work to be effective has had to consist also of knowing the best methods of disinfection and quarantine. To do this it collects and distributes information on the health equipment of ports. It acts as an intermediary between the health administrations of the countries to which its sphere of action extends. The Health Administrations send representatives each year to the sessions of the Advisory Council. These meetings have been held at Singapore, New Delhi, and Java. At these meetings the delegates are given an opportunity of exchanging views on the subject. As a result of one of these meetings, the Eastern Bureau was asked to make an investigation into the efficiency of oral vaccination against cholera and dysentery. Research work was widely done in India and Siam, and the findings approved most beneficial--the conclusion arrived at being that oral vaccination against cholera is almost as effective as vaccination by subcutaneous injection. This is only one example of how the Eastern Bureau acts as a coordinating center for scientific investigations. The Bureau also acts as an intermediary between a large number of laboratories in the East and Far East

for the exchange of experimental animals, bacterial stains, and vaccines.

After starting merely as an office for the exchange of epidemiological intelligence, the Bureau has now become not only a connecting link between health authorities in the Eastern parts of the world, but also a center for the coordination of scientific research. The Bureau is controlled by an Advisory Council consisting of delegates representing health administrations of the Far East. Up to the present time it has been largely financed by the Rockefeller Foundation which granted it one hundred twenty-five thousand dollars for a period of five years beginning at the time of its origin. Health Administrations from various countries have also contributed to its support, and it is hoped that eventually it will be supported altogether by contributions from many governments.¹

The Epidemiological Service at Geneva has done other important things beside setting up the Bureau at Singapore. One of its most outstanding services is that of standardizing the Morbidity and Mortality Statistics. In February 1924 the Health Committee set up several committees of specialists to study the

¹Myers: Nine Years of the League of Nations--1920-1928, Page 200

conditions. The main points on which the committees succeeded in obtaining the standardization of statistics were on still-births and rules for the uniform determination of the causes of deaths in cases of several concomitant diseases. All governments have now adopted the same definition of the term "still-birth," and a few common rules for the compilation of statistics relating to still-births. This agreement makes it possible to compare the figures furnished by those countries on the birth rate, fertility, and infant mortality, the rates being now calculated in relation to the number of live births and not to the number of total births. To illustrate how the committee's work on causes of death cleared up statistical tables on this subject, the following incident is given. The Committee found that in some countries where a death occurred from tuberculosis following whooping cough, it was included in the tuberculosis statistics while in other countries it was compiled as one of the deaths resulting from whooping cough.

The committees working out the standardization of statistics held meetings in 1923 and 1924 and included all the directors of the demographic services in the principal European countries. Study tours were held in

Switzerland, France, The Netherlands, and in the three Scandinavian countries. At a meeting in 1925 a number of common rules were drawn up relating to the registration of the causes of deaths, and special emphasis was laid on the necessity for keeping the particulars entered in the civil register separate from the medical data given in the death certificates. This regulation was made to safeguard professional secrecy and hence have the certificates reliable. The work of the Committee of Experts under the Epidemiological Intelligence Service has been slow, but it has achieved very remarkable results. The slow progress in many cases has been due to the fact that in a number of countries the accepting of any new regulations involved changes in legislation and in custom. Also, the only material available for them to work with was documents compiled during the last fifty years. However, the Committee has now proposed and published a manual for each country giving the guiding principles followed in collecting and presenting demographic data. This manual has made it possible to interpret correctly the statistics of some twenty countries without the necessity for lengthy research in libraries.

The Epidemiological Intelligence Service has also

made many epidemiological investigations, which included inquiries into the health conditions in the Ukraine, into the epidemiology of cholera in British India, into cerebro-spinal meningitis in Prussia, into the morbidity and mortality due to scarlet fever, and into health conditions in certain islands of the Southern Pacific. Since 1929 the Monthly Report of the Epidemiological Service has included results of these inquiries and a bibliography relating to the most important infectious diseases and those which are most important at the time of publication. These surveys have covered work in diphtheria, small-pox, typhus, scarlet fever, and infantile paralysis.

Next in importance after the work in the epidemiological field, comes the Educational Work of the Health Organization.¹ One of the duties specified for the Health Section is to establish closer relations between the administrative health authorities in the different countries. The Health Section performs this duty by establishing collective Study Tours and Individual Missions, by offering International Courses in Hygiene, and by establishing a Commission on Education in Hygiene. In addition, it publishes the International Health Year Book.

¹ Secretariat of the League of Nations: International Health Year Book, 1925, Page 605

The Health Section realized at the outset of its work that hygiene is primarily a matter of education, and that this principle applies not only to the general public but to health officials as well. The Health Committee realized the immediate necessity of improving the training of the technicians of the various countries. The first thing done in this direction by the Committee was to publish pamphlets on the organization and working of the public health service in various European countries. These publications contain data on the administrative regulations, health legislation, and principal health problems of those countries and supply information on the cooperation of private associations with the public health authorities.

As the Health Section realized that hygiene is a living and growing science and that the publishing of the pamphlets just described above was not enough to keep the authorities informed of the progress being made, it devised a plan by which this service could go on in a more permanent way through the publication of the International Year Book. By studying the mortality table and new health measures introduced, one may find in this book a record of the progress made each

Year in fighting the principal diseases. In 1925 the first Health Year Book was published. It covers reports from twenty-seven countries, treating such subjects as birth and death rates, infant mortality, public health budgets, developments in health administration and legislation, campaigns against the so-called social diseases, curative medicine, water supply, sewage, hygiene of dwellings and schools, and physical culture.

Since it was decided by the Health Section that hygiene is primarily a matter of education, those in charge realized that it was necessary for the technicians to learn the practical application of hygiene as well as to do the book work and laboratory research on the matter. The authorities believed that this education could be given best by having study tours. The object of the study tours is to afford the officials in charge of the national public health services an opportunity of meeting one another, of freely exchanging views on technical questions, and of profiting by each other's experiences. The organization of these study tours began in October 1922. They were made possible because of the close relations of the League Secretariat with the various health authorities.

The necessary financial aid was again forthcoming from the International Health Board of the Rockefeller Foundation which granted sums varying from \$50,000 to \$75,000 annually for these tours.¹

The tours have been organized in various ways, some for public health officials, others for specialists in tuberculosis, infant hygiene, school hygiene, the health administration of ports, demographic statistics, and many others. By 1930 six hundred officials belonging to states which were members of the League, and also to certain non-member states, such as the United States of America, and Mexico, had participated in these interchanges of health personnel.² Nearly all countries in Europe, as well as Latin America, the United States, West Africa, India, and Japan have been visited and have sent officials to the study tours. These collective interchanges began in October 1922. After a study tour is over, the members close with a conference and series of lectures at Geneva. During 1927 these interchanges were altered so as to become less in the nature of a study tour and

¹ Myers: Nine Years of the League of Nations, Page 207

² Secretariat of the League of Nations: Ten Years of World Cooperation, Page 238

more in the nature of international courses of advanced training in public health and hygiene. For example, an interchange of specialists in industrial hygiene has now begun. The men who participate in this study tour are usually labor inspectors. The last conference was attended by men who represented Russia, Belgium, France, Great Britain, Japan, Holland, Czechoslovakia, Poland, the Serb-Croat-Slovene State, and the United States. The meetings were held at Geneva at the League Secretariat and at the International Labor Office. The field of study was methods of hygiene used in the various industries in the several countries represented.¹

From 1922 through 1928 a total of thirty-one interchanges was held. Such interchanges were held in all parts of the world. From 1922 to 1924 one hundred seventy-six persons of one hundred twenty-six nationalities participated in them.

There have also been individual missions organized by the Health Organization to enable health officials to study those services in other countries for which the national authorities felt the need of

¹World Peace Foundation, Pamphlet Series, 1926, Page 307

a specialist. These missions may be for the purpose of either scientific or laboratory research and are sent out by the Health Section. A program of instruction is drawn up by the Health Section which takes into account the health and social conditions prevailing in the officials' own country. These missions began in 1926 and have been successful in strengthening the scientific ties between Europe and distant countries like Japan, India, and South America. Japanese scientists have been able to come and work in Europe and describe the results of their investigations, and Western scientists have had similar opportunities in Japanese institutes.

With a similar object in view, namely, that of strengthening the ties of coordination in health work, the Health Organization began in 1927 to offer two international courses of higher instruction in hygiene on technical questions. These courses are held in Paris and in London. The lecturers come from all parts of the world, and the medical officers who attend the courses belong to twenty different nationalities. These theoretical courses are always completed by a practical study tour through a large number of European countries.

The Health Section has concerned itself not only with direct action in regard to education but it has done a great deal in the way of coordinating the work of all educators on hygiene. This work was begun as early as 1923. On January 11 of that year, the Health Committee asked the Medical Director to collect information from the universities of America, Europe, and Japan regarding the study of medical and social hygiene. On February 20, 1924, the committee appointed a commission to examine the information collected, to continue the inquiry, and to make recommendations as to the courses of study which in its opinion would be most likely to yield the highest value in public education both from the scientific and practical points of view. The commission worked out a complete program with reference to courses of instruction. Through this commission on Education in Hygiene, a bond of cooperation has been set up between such national institutions as offer this instruction to doctors. The idea of this coordination is not to set up a uniform program for Institutes of Hygiene, for, after all, national conditions relating to medical practice and social medicine must be the primary consideration. The idea is to give the directors of the various

national institutes an opportunity of meeting and exchanging experiences.

The first meeting of this commission on Education in Hygiene and Preventive Medicine occurred in 1927, when sessions which took the form of conferences between the directors of schools of public health were held. This first meeting was held in connection with the inauguration of the new Institutes of Budapest and Zagreb. The directors of the Prague, Warsaw, Rio de Janeiro, and Sao Paulo Institutes took part, as well as specialists from Berlin, London, Paris, and Bologna. The meeting was also attended by representatives of the Rockefeller Foundation and by the founder of the first public health faculty at Johns Hopkins University in Baltimore. The questions most discussed by this group were the establishment of a special curriculum for instruction in hygiene, and the importance of the teaching of preventive medicine. Arrangements were also made at this conference for technical cooperation on such questions as the supply of drinking water in villages, oral vaccination against typhoid fever, and the prevention and treatment of scarlet fever.

The educational work of the Health Section cannot be too highly praised, as the benefits arising from

these missions, study tours, and conferences are not confined to the participants--their students, the universities in which they teach, and the medical world of the countries in which they live all profit by them. The benefits of the educational work are also shared by the health officials of countries visited.

The third grouping under which the Health Organization carries out its work is in the technical field of Preventive Medicine. As the work of this nature grew, the Health Committee found it necessary to distribute the work among its members and, in certain cases, it was forced to turn to specialists. The Committee carries out this technical work through commissions which it appoints. A member of the Committee is appointed as the head of each of these commissions. The result of the work of the commission is turned over to the Health Committee. One of the doctors in the Health Section of the Secretariat acts as secretary of each commission.¹

There have been many of these commissions set up since the health work has been carried on by the League, and they continue to grow in number each year. It would be impossible to trace the work of each of

¹ Secretariat of the League of Nations: Ten Years of World Cooperation, page 257

the commissions, but the work of a few of the most important ones will be discussed. Among the most important commissions appointed to carry out the technical work of the Health Organization are: the Malaria Commission, the Commissions on Sleeping Sickness, Tuberculosis, Cancer, Small Pox and Vaccination, Leprosy, Rabies, Infant Mortality and Child Welfare, Protection of the Blind, Trachoma, and the Standardization of Sera.

The Provisional Health Committee appointed a malaria sub-committee in January 1923, which became the Malaria Commission in 1924.¹ It was one of the first to be set up on the technical work. It was set up to carry out an inquiry in the principal centers of the disease. The reason for this inquiry was that malaria was fast spreading in Russia, in the Balkan countries, in Poland, and even in Italy, due to migrations of populations, poverty, privations of all kinds, and disorganization of the medical services. The Malaria Commission visited Yugoslavia, Greece, Bulgaria, Rumania, Russia, and Italy and was accompanied in each country by a local specialist. After this first inquiry, the commission came to the following conclusions: that all persons having the

¹ Secretariat of the League of Nations: International Health Year Book, 1929, Page 1470

disease must be thoroughly treated for a prolonged period of time; that all cases should be traced down; and that the population of all infected countries should be instructed on the means of prevention.

After this inquiry, however, the Commission did not consider that it had sufficient knowledge to give an opinion on various other anti-malaria measures, such as those relating to the destruction of mosquitoes and the carriers of the disease. It was therefore decided to visit Syria and Palestine to find out the effect of the measures applied in those countries.

In August and September, Spain was investigated. After these extensive studies, the commission drew up a report in which it set down its views as to the best methods of fighting malaria in Europe. In this report it emphasized the fact that the treatment of patients, even from the standpoint of prevention, is of primary importance. Due to the high price of quinine, which has been found to be the most effective remedy, the treatment is very expensive. This was a serious problem for the commission to face as it realized that quinine was the best remedy in cases of malaria and that the disease spread in very poor districts, for the most part, where the people found

it impossible to get enough money for this costly medicine. The commission did not stop merely with its findings but immediately began studies and experiments on the extraction and treatment of other materials in order to find a less expensive substitute for quinine. Quinine comes from the bark of the anchovia tree which grows very slowly and has to have a special soil and climatic conditions in which to thrive. This is a slow process, and the commission realized there could be little done to speed it up; experiments were therefore begun on certain secondary alkaloids of anchovia bark which had not hitherto been used. These could be obtained at much lower prices. Experiments were carried out under strict conditions in hospitals in Italy, Rumania, Spain, and Yugoslavia to determine the effect of certain mixtures of alkaloids (Quinetum). These experiments were conducted over a period of several years and as a result it was found that certain alkaloids have curative values equal to that of quinine. As a direct result of these studies made by the commission, these cheap products can now be used extensively by clinics, thus somewhat compensating for the insufficient output of quinine for medical requirements.

During the tour in Eastern Europe and the Balkans, the commission was shocked and astonished by the scarcity of doctors available with an adequate knowledge of anti-malaria measures. To overcome this difficulty the commission in 1926 began the organization in Hamburg, London, and Paris, of a theoretical course in malariology. This lecture course was followed by practical instruction at the anti-malaria stations and centers in Italy, Spain, and Yugoslavia. In 1928 a School of Malariology was opened in Rome. In addition to medical instruction, courses are also given here for engineers and agriculturists pertaining to the study of drainage and the reclaiming of marsh lands. Since the beginning of these courses, two hundred fifty students have attended them through scholarships granted by health organizations, the Rockefeller Foundation, and the various governments. The Health Organization grants fourteen scholarships annually to these courses.¹

The Malaria Commission was originally appointed to carry out inquiries into the incidence of malaria, into its epidemiology, into the world's requirements

¹ Secretariat of the League of Nations: Ten Years of World Cooperation, Page 248

for quinine, and into the problems connected with its manufacture, production, and distribution. The investigation, however, grew to much larger proportions. It took in the relationship of river deltas to endemic malaria, the influence of rice fields in Europe, the role of animals, the result of drainage measures, the result of measures directed against adult mosquitoes, the value of the secondary alkaloids of anchovia as a substitute for quinine, and the establishment of courses to instruct the doctors in the causes and care of malaria.

The Malaria Commission began its work with a few outstanding problems, but as it carried on its investigations, its work grew to gigantic proportions. It has been thoroughly successful in stamping out and in finding a less expensive cure for the malady.

Another commission that was appointed in the early days of the Health Organization was the Commission on Sleeping Sickness. This commission was appointed as soon as the Health Organization came into existence for the purpose of studying sleeping sickness in Equatorial Africa. The commission first gathered all the statistics and documents relating

to the disease. Next, a conference was held in London, and all the colonial ministers of the countries concerned met and agreed that certain measures be adopted by all the countries holding possessions in Africa. These measures included the following: that every native must have a passport to pass from one colony into another; and that all countries having African colonies should adopt a standardized method of registering the cases and deaths occurring from sleeping sickness. This conference also sent a commission into Africa to study the causes, symptoms, and developments of the disease.

In 1926 and 1927, an international group of specialists, paid with money raised from the countries which had colonies in Africa, started work at Entebbe on Lake Victoria. As a result of this work and the work of the conference, the commission was successful in collecting important information. It made recommendations that an international agreement should be drawn up as to the supervision of the movement of natives, as to the treatment of the disease, and as to preventive measures, such as clearing of bushes and draining of swamps.

In 1928 a conference of government representatives was held in Paris to consider these recommendations. Not only were the recommendations accepted, but the conference recommended further that the African laboratories work in coordination with the investigation of the Health Organization of the League.

Work on the administering and manufacturing of small-pox vaccine has also been cared for through the technical work of the Health Organization. A commission was appointed to investigate this subject when it was found that in many countries public opinion was against the vaccination of children. This situation developed when it was reported that cases of nervous lesions had occurred in children after the vaccine had been administered. This situation, of course, was a very serious one, because the small-pox vaccine had been very successful in stamping out the disease and if this condition was allowed to continue without an investigation it was feared by the health authorities that the small-pox vaccine would not be administered and the disease would gain the upper hand again.

The Commission began its work by obtaining all detailed information possible from the countries in

which the accidents occurred. An investigation was made by the commission on the methods used by the manufacturers in preparing, testing, distributing, and applying the vaccine. The potency of the vaccines was tested and statistics were kept. The findings of this commission were very gratifying. After careful examination, they came to the conclusion that the method of preparation and the potency of the vaccine had no relation with the fact that children developed such nervous lesions as had been reported. The Commission also pointed out the rare number of cases of encephalitis in proportion to the total number of children inoculated. A suggestion was made that to avoid encephalitis in children they be vaccinated before they became a year old; this would prevent their having had time to acquire a latent infection which might lead to a vaccinal accident.

This finding of the commission was very valuable because the statistics of the Epidemiological Service proved very definitely that countries which do not compel their citizens to be vaccinated have a very high rate of occurrence of the disease. It is essential that every caution should be taken by the Health Organization to prove to all backward countries

the necessity of preventing disease by vaccines. This could not be done unless they were convinced that the vaccine was not more harmful than the chance of having the disease.

A Commission on Leprosy was also created by the Health Committee.¹ Leprosy as a disease in Europe and the United States is of little importance because there are but a few isolated cases; however, in South America and the various Eastern countries it is a real plague. It is said that in British India alone there are one million lepers. The old way of segregating the lepers or imprisoning them for life in a colony is still practiced in many countries. Because of this drastic treatment, the unfortunate individuals who have the disease conceal it as long as possible. In this way they infect many others before they are finally forced to seek medical aid and then in most cases it is too late for medical science to be of much help to them.

The Commission suggested that a more humane treatment be given and that dispensaries be set up to give treatment to beginning cases. The Commission also suggested that a campaign be held in all countries infested with the disease to inform the people of prophylactic measures to be used in the prevention of the disease.

¹ Secretariat of the League of Nations: International Health Year Book, 1929, Page 1469

In 1929 the Commission sent its secretary on a study tour of those countries where leprosy is chiefly prevalent in Europe, British India, South America, the Phillipines, and Japan. He collected information as to the means of communication of the disease and the best treatment to combat it. As he traveled through these various countries, he explained to the local experts the views held by the commission. There are no statistics available at present as to the success of the work of the Commission, but they will undoubtedly be forthcoming at a later date.

The technical work of the Health Organization does not concern itself alone with infectious diseases but appoints committees to study infant mortality and child welfare. There has been a great deal of study and time put on these problems by the individual nations, but the statistics gathered by the Health Organization on infant mortality indicated so serious a situation that it was felt necessary to make an investigation. The statistics showed that infant mortality (children under one year of age) accounted for one-tenth of the total number of deaths.¹

¹ Secretariat of the League of Nations: Ten Years of World Cooperation, Page 245

In 1926 the Health Organization appointed a committee of experts to investigate the causes of infant mortality in certain selected parts of the world. This inquiry was necessary in order to probe deeply into the causes. Each country issues yearly a mortality table, but the Health Organization felt that a more uniform and accurate picture could be obtained if a group of experts all used the same guiding principles. The investigation of the committee was carried on in Germany, Italy, Norway, and the Netherlands. In each of these countries two urban communities, one with a high mortality rate and the other low, and two rural communities were chosen as laboratories for the work. The results of this study were very enlightening. It showed that the majority of deaths were due to still-births and premature births for two principal reasons--either that the proper pre-natal care had not been given or that the obstetrical treatment was faulty. The next important cause of child mortality was found to be diseases of the respiratory tract and intestinal tract. After the committee made these findings, it turned its attention to the study of immunization against the infectious diseases that later cause respiratory trouble. The diseases that

give rise to this trouble are diphtheria, scarlet fever, whooping cough, and measles. In each country the committee collected all experiences that were to be had on the immunization process. The commission also dealt with the question of training all medical people and nurses in the pre-natal and post-natal care of children.

After the extensive work of the commission, it compiled and turned over its statistics to the European health authorities. This piece of work was so valuable that the South American authorities asked that an investigation be carried out in their country. In 1927 a conference of South American experts was held at Montevideo. Investigations were carried on by the plan used in Europe. The investigation was held in Brazil, Chile, Argentina, and Uruguay. In 1930 another conference was held with the hope that another study extending to other South American republics could be made.

In addition to the very valuable work of these commissions along the line of technical investigations, the close cooperative ties that have been formed between the experts of the various countries is of great importance to the League's continued existence.

The Health Organization in 1921 appointed a Permanent Standards Commission. This was necessary because all countries were using serums and anti-toxins for various diseases but the standards of the serums used were widely different in the various countries. This caused a serious condition to arise, for serums obtained from one country were used by the doctors of another. To illustrate--a doctor who was accustomed to administering one thousand German units of a certain standard would get very poor results if he used one thousand American units, as the American units were found to be one-third the size of the German unit. The commission immediately set to work to define and adopt standard units in the preparation of certain medical serums. The commission, since it is a permanent one, is constantly carrying out its work as new serums and new anti-toxins are discovered. A certain standard for a particular serum is agreed upon and then submitted to reliable private research laboratories. The results of the research are then carefully studied by a group of experts. When these experts arrive at a standard unit, based on pre-determined methods of comparison, they turn it over to one of the large public laboratories such as the Pasteur

Institute of Paris or the Hygienic Laboratory of Washington and make that particular laboratory responsible for the preservation of the standard. The laboratory which receives this information acts as the distributing agent for the Health Organization. It distributes the standard units to the scientific laboratories, both governmental and commercial, so that they may make up their grades in international units rather than in the unit of a certain country. All governments now require that serums be measured in international units.

This commission of the Health Organization has also made research studies in the matter of sera, with a view to the standardization of out-diphtheretic serum and diphtheretic anti-toxin. Research has also been carried out regarding the use of insulin, the preparation used in cases of diabetes; digitalis, the tonic used for heart disease; and obstetrical drugs.

Beside the statistical, epidemiological, educational, and technical work of the Health Organization, it has begun work with the social insurance organizations and the public health services. During the past five years a growing number of states has adopted social insurance. This has brought the attention of

the various governments to the fact that great handicaps, both social and financial, are placed on their citizens by preventable diseases. The public health departments of each of the countries care for this work, but due to the increasing cost of further education and hygienic control, the insurance companies have had to help bear the cost of expense. In 1927 a mixed commission was formed to study the best methods of cooperation. The committee consisted of representatives of insurance organizations appointed by the International Labor Office and of medical officers appointed by the Health Organization. Smaller commissions were also set up to deal with the separate branches of the work. One sub-committee, for example, worked on the prevention of tuberculosis, another on the prevention of venereal diseases. A study tour of Germany and Austria was held to discover the practical results of various forms of cooperation. The value of the work of these committees is in the expansion of public health work and in bringing about the contact between curative and preventive medicine.

The Health Organization also worked with the International Labor Office when a research was made in connection with pustule in cases of anthrax.¹ The

¹ Secretariat of the League of Nations: International Health Year Book, 1926, Page 1125

disease is often contracted by workers handling hides and infected skins. This work was carried on through study tours by a mixed commission made up of medical and industrial experts.

The Health Organization prides itself on the fact that in the ten years of its existence it has cooperated with the following organizations of the League: the Advisory Commission for the Protection and Welfare of Children and Young People, the Transit Organization (sanitary conventions), the Economic Organization (veterinary questions), the High Commissioner's Office for the Settlement of Bulgarian Refugees (campaign against malaria and syphilis among Bulgarian refugees), and the Health Committee in its work in giving technical advice to the Opium Commission.

The public health authorities of all countries have gained materially from the work done by the Epidemiological Service of the Health Organization and from the technical services rendered by the Organization. The public authorities have the privilege of asking for experts to carry out certain matters of research in their own country and several of the countries have taken advantage of this opportunity. China, Bolivia, and Greece have asked for

such help.¹ In some cases, notably in the case of China, the Health Organization has helped countries reorganize their whole public health administration.

In 1922 and 1923, on the advice of the Health Committee, a member of the Health Section made a study tour of the health organization and the prevalence of epidemic disease in the ports of the Far East, including Canton, Shanghai, and New Chang.² His study also included the sanitary administration existing at that time in Peking. In 1925 the Medical Director of the Health Organization visited Peking and reported to the Health Committee the results of his discussions with the Minister of the Interior, with other State officials, with public health and medical experts. This group of officials and experts was called upon in October 1928 to organize the Ministry of Health of the National Government of the Republic of China at Nanking. It decided to avail itself of the experience of the Health Organization of the League. On September 14, 1929, the Secretary-

¹ Secretariat of the League of Nations: International Health Year Book, 1927, Page 314

² Secretariat of the League of Nations: International Health Year Book, 1929, Page 1478

General of the League of Nations received a request from the Foreign Minister of China for a sanitary mission from the Health Organization of the League to make a survey on port health and maritime quarantine.

As soon as the Council had approved the cooperation of the Health Organization to aid China in this service, the Medical Director and a member of the Health Section went to China. These men arrived in China on November 9, 1929, and on the proposal of the Chinese Minister of Health, began a preliminary study on quarantine arrangements at certain ports and steps necessary to the establishment of a national quarantine service, and on the organization and working of medical and sanitary institutions in various cities and administrative divisions with special reference to medical education, the training of sanitary personnel, provincial health organizations, the work of the National Epidemic Prevention Bureau, and the control of cholera and small-pox in the Shanghai area.¹

These subjects were studied in various sections of China which were suggested by the Chinese Minister of Health. The sections of China visited were:

¹ Secretariat of the League of Nations: International Health Year Book, 1929, Page 1480

Shanghai, Nanking, Peking, Canton, Tientsin, Tangtoo, Hangchow, Anung, Ancoy, and Wusch. While these officials were making the above inquiries, the Minister of Education and the Minister of Public Health, in the name of the Republic of China, sent a proposal to the League of Nations. The proposal asked that the League collaborate with China in the following ways during the period of reconstruction of her Health Department.¹

1. The Transfer and Reorganization of Quarantine Services

The Health Organization would study, in conjunction with the Transit Organization of the League, measures for the transfer of the present quarantine services from the Ministry of Finance to the Ministry of Health, and their reorganization and technical improvement.

2. The Creation of a Central Field Health Station

The Health Organization would collaborate in the preparation of a detailed plan for a Central Field Station, to which the technical headquarters staff of the Ministry would be assigned, to become the nucleus of the future national field health service.

Facilities should be provided for study abroad on behalf of

¹ Secretariat of the League of Nations: International Health Year Book, 1929, Page 1481

officers selected for important posts in this station, and an expert from the Health Organization should be associated with this station during its organization and initial development.

3. The Establishment of the First National and Chekiang Hospitals

The Health Organization would assist in planning the first National and Chekiang Hospitals, which will become centers for public health and medical relief. The National Government will collaborate with the Provincial Government of Chekiang in the establishment of the hospital at Hangchow, the provincial capital, and this hospital would be used as a base for the development of a system of provincial health administration.

Facilities should be provided for the senior administrators of these hospitals to study abroad.

Advice would be needed in regard to the extension of the preventive activities of the Chekiang Hospital as well as on the extension of such a system to other areas.

4. Reform of Medical Education

The competent commission of the Health Organization would prepare a memorandum on the reform of medical education in various countries. Facilities for study abroad should be provided for the officer who is to have charge of the post-

graduate medical instruction, and a League expert should be delegated to advise the National Commission on Medical Education set up by the Ministry of Education.

5. The Control of Cholera and Small Pox in the Shanghai Area

The cooperation of the Health Organization of the League, including that of its Eastern Bureau at Singapore was requested in a campaign against cholera and small-pox in the Shanghai area to be carried on jointly by the health authorities of the subdivisions concerned on the initiative of the Ministry of Health.¹

On March 8, 1930, these proposals and the studies made by the League's health officials were presented to the Health Committee. The Health Committee approved the entire report and on May 14, 1930, asked the Medical Director to insure the assistance of the Health Organization in carrying them out.

¹ Secretariat of the League of Nations: International Health Year Book, Page 1483

CHAPTER VI

THE LEAGUE'S EFFORTS IN INTERNATIONAL RELIEF WORK

The first private organization with which the League cooperated was the Red Cross. This was natural inasmuch as the Red Cross was firmly established in all well-organized countries, and it had always stood for offering help to the needy and distressed irrespective of color, creed, or nationality, the same principle upon which the League of Nations was built. As a matter of fact, the Red Cross carried out the work of the Health Division, under the supervision and control of the League Council, before the Health Organization was properly worked out. After the close of the World War, Europe was in a dire position, particularly in Esthonia, Lithuania, Czechoslovakia, the Kingdoms of the Serbs, Croats and Slovenes, Russia, and Poland. Disease and famine were ravaging the people, and immediately upon its organization, the League began action. The first step taken was to ask the President of the International League of Red Cross Societies to deal with the urgent task of wiping out the epidemics raging in Central Europe. The League of Red Cross Societies answered that it could not take up the task alone, because it would be impossible to secure the amount of money and the food and clothing necessary, under its existing

organization. However, it promised to organize plans for work in these parts and also to make an international plea for financial aid through each of its national organizations if the League would promise additional support. The League agreed to give such support after it was successful in getting the International Committee of the Red Cross and the League of Red Cross Societies to form a Joint Council.¹ The Council of the League of Nations felt this was necessary for two reasons: It would prevent overlapping and waste of effort, and the members of the League of Nations would more willingly assist the Red Cross in all of its activities. In 1921, in June, the Council of the League recommended to all governments which were members of the League of Nations to give the Red Cross assistance by:²

- (1) giving free transport and exemption from customs duties of all supplies sent to the Joint Council for Distressed Areas;
- (2) giving opportunity for the local purchase of foodstuffs and primary necessities at the lowest prices;
- (3) giving transport facilities for agents of the Joint Council;

¹ Secretariat of the League of Nations: International Health Year Book, 1925, Page 363

² Secretariat of the League of Nations: Ten Years of World Cooperation, Page 263

- (4) making provision for the Joint Council to use such public buildings as might be available for the housing of children and sick persons.

In addition to the moral support given and the recommendations made, as outlined above, the League immediately began work with the Red Cross Societies by giving financial support. Great Britain, alone, gave to the League for this purpose 120,000 pounds. A Research Committee was sent out by the League to make a study of the etiology of typhus fever in Russia and Poland.¹ This cooperation with the Red Cross Societies, absolutely necessary at the time, was, however, only temporary. The results were so important and satisfactory that an International Relief Union was set up so that the cooperation between the several governments and the Red Cross through the aid of the League of Nations might become permanent and lasting, rather than temporary.

In 1920, Senator Ciraola, President of the Italian Red Cross, proposed that an international Relief Union be set up.² His proposal was that a permanent organization be set up to make the efforts of

¹ Secretariat of the League of Nations: International Health Year Book, 1925, Page 572

² Ibid., Page 575

governments and private organizations prompt and effective in the event of a calamity, such as famine, earthquake, flood, or epidemics. The idea of having all civilized nations come to the assistance of one distressed was not new. Up to this time, such unforeseen calamities had been cared for generously by the Red Cross Societies and by the aid of governments. In many cases such relief, because it had to be so hurriedly brought into being, had not been as prompt nor as effective as it could have been if there had been a skeleton organization already existing with a fund of money and supplies on hand. It was Senator Ciracolo's scheme to have a Relief Union organized so that the whole machinery could be set to work as soon as occasion demanded.¹

At the next conference of the Red Cross Societies, held in 1923, steps were taken to promote the scheme, and it was proposed to offer the plan to the Assembly and the Council of the League of Nations. The Assembly and the Council received the plan favorably and recommended that it be submitted to the member governments. A special committee was appointed to prepare a draft of the statute. In 1927, the Council of the League summoned a conference in which forty-one states took

¹ Secretariat of the League of Nations: International Health Year Book, 1928, Page 1112

part. The League of Red Cross Societies and an International Committee of the Red Cross were represented in an advisory capacity.¹ The convention, which established the International Relief Union, took its powers from the Preamble of the Covenant of the League of Nations which gives as one of its reasons for being, "to promote international cooperation and to achieve international peace and security;" also from Article 23 of the Covenant which states that the League "will endeavor to take steps in matters of international concern for the prevention and control of disease;" and from Article 25 of the Covenant which says, "the members of the League agree to encourage and promote the establishment and cooperation of duly authorized voluntary National Red Cross Organizations having as purposes the improvement of health, the prevention of disease, and the mitigation of suffering throughout the world."

The International Relief Union is open to all states, whether members of the League or not, and it operates within the territory of the members or in any place where the members desire it to operate.

¹ Secretariat of the League of Nations: Ten Years of World Cooperation, Page 281

A member may discontinue its membership in the Union by giving one year's notice. The Union is directed by a General Council, which appoints an Executive Committee made up of delegates from all the member states of the Union. The members of the Union are states, but each state appoints its own delegate. The action of this Relief Union in any country is subject to the consent of that country's government.

The objects of the International Relief Union as stated in its statutes are:

"In the event of a disaster due to force majeure, the exceptional gravity of which exceeds the limits of the power and resources of the stricken people, to furnish to the suffering population first aid and to assemble for this purpose funds, resources, and assistances of all kinds."

"In the event of any public disaster, to coordinate as occasion offers the efforts made by relief organizations and, in a general way, to encourage the study of preventive measures against disasters and to induce all peoples to render mutual international assistance."

The Relief Union has been set up and acts in the capacity that its initiators hoped. It is a skeleton organization having the facilities and money on hand which enable it to spring into action promptly and thus insure the most effective and economical coordination of relief work. The initial fund was

secured by having each member subscribe shares of seven hundred Swiss francs each, the number of shares being determined by the number of units each member of the Union contributed to the budget of the League of Nations. Thus, for instance, a state paying one hundred twenty-five units of the League budget would contribute one hundred twenty-five times seven hundred francs, which would amount to eighty-seven thousand five hundred Swiss francs, to the initial fund of the Union. Beside this initial fund, the resources of the Union consist of voluntary grants made by governments, of private contributions, and of donations and bequests of all kinds. Up to the present time, the Union has been ratified by thirteen nations, though all of the shares have not yet been subscribed.

In founding the International Relief Union, the League of Nations established its emergency and relief work to some extent and put its relations with the Red Cross and other private organizations on a permanent and contractual basis.

CHAPTER VII

CONCLUSION

In the foregoing pages I have endeavored to show how the Health Organization of the League of Nations works in close harmony with the International Bureau of Public Health and with the League of Red Cross Societies. It does not in any way try to replace these bodies; in fact it depends on these agencies and on all the agencies of the individual governments to support its work. In the battle against disease there is a place for all agencies. The Health Organization takes this into consideration in that it invites all nations to join it in wiping out disease. The United States of America and the Union of Socialist Soviet Republics have both accepted the invitation of the League to join in its health program, thus deciding not to subordinate their cooperation in health matters to political considerations.¹ As a result of the joining of these two nations in the health program of the League, a very important union has been formed, the first of its kind in the history of the world. It is a union of all of the important states in the world and most of the small ones, who have marshalled their forces together in the great combat against disease.

¹ Secretariat of the League of Nations: International Health Year Book--1929, Page 1287

This coming together of all of the world powers in a field where each has all to gain and nothing to lose has another advantage beside offering a stronger defense against disease. In their mutual interest in health the nations meet in a kindly and cooperative spirit, and it is hoped that they will here learn how to arbitrate and work out their problems peaceably.

Thus, the Health Organization is serving the world in two ways: in fighting disease more effectively than has ever been done before; and in creating the good will and mutual understanding that is so necessary to world peace among nations.

In all of its work the Health Organization has observed the principle of cooperation between all states. Its work has been with all peoples, irrespective of race, nationality, or creed. Its only guide is wherein its work will most benefit mankind.

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