International Public Health between the Two World Wars – The Organizational Problems

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WORLD HEALTH ORGANIZATION
GENEVA
1978
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AUTHOR'S PREFACE

International public health between the two World Wars was complicated by the simultaneous existence in Europe of two entirely independent international health organizations: the Office international d'Hygiène publique (OIHP) and the Health Organization of the League of Nations.

The former, rooted in nineteenth century concepts of international health cooperation, was mainly concerned with protecting Europe and North America from cholera, plague, and yellow fever, with minimal inconvenience to international trade. It was not until 1926 that smallpox—as also typhus—were added to its list of "pestilential" diseases. For the whole of the interwar period, the OIHP obstinately and repeatedly resisted the attempts of the League of Nations to achieve a more rational organization of international health work.

The Health Organization of the League of Nations, on the other hand, laid the foundations of international health cooperation as we understand it today, both by establishing international standards and by direct technical cooperation with Member States. Moreover, the establishment in 1925 of the Eastern Bureau of the League's Health Section represented an early recognition of the need for regionalization of international health work.

On the political plane, it was impossible that the League of Nations could succeed when three of the major world Powers, two of whom had permanent seats on the Council of the League, were bent on war and conquest. But it is generally conceded that the health work of the League was an outstanding achievement. That this was so was in very large measure due to the genius and energy of the Medical Director of the League's Health Section, Ludwik Rajchman, and to his ability to obtain the enthusiastic collaboration of many eminent medical scientists, educators, and administrators.

In this account of international public health in the interwar years, there are approximately a hundred personal names, some of which recur often. An Annotated Name Index, pages 85-90, gives the countries of origin and international affiliations of almost all the persons named.

This historical study is based entirely on primary sources available in three libraries in Geneva, Switzerland: that of the World Health Organization, which inherited the library of the Office international d'Hygiène publique and its archives, as also the publications and other documents of the Health Section of the League of Nations; that of the European Office of the United Nations in the Palais des Nations, which inherited the magnificent library of the League of Nations, including all the League's publications and archives; and the library of the League of Red Cross Societies. I am grateful to all these libraries for the facilities so willingly made available.
Introduction

To consider in perspective the organizational problems of international health work during the period 1918–1939, it is necessary to recall briefly what had been done before. The first International Sanitary Conference, convened by the French Government in Paris in 1851, represented the first attempt to reach agreement between governments on international quarantine regulations. This, and subsequent international sanitary conferences held in 1859, 1866, 1874, 1881, and 1885, founded on lack of scientific knowledge of the epidemic diseases under discussion, and no international regulations resulted. But by the seventh International Sanitary Conference in 1892 there was widespread—if not universal—agreement on the etiology of one of these diseases, cholera, and the first International Sanitary Convention was adopted. The eighth and ninth of these conferences in 1893 and 1894 adopted further international conventions relating only, as with the 1892 convention, to cholera. In 1897, by which time the etiology of plague had been partially unravelled, the tenth conference adopted an international convention referring solely to this disease.

Creation of the Office international d’Hygiène publique (OIHP)

At the eleventh conference in 1903 these four international sanitary conventions were revised and consolidated into a single convention dealing with cholera and plague—with a bare mention of yellow fever. The most important provision of the convention was that there should be established “an international health office at Paris”, and four years later the Rome Arrangement of 1907 led to the foundation of the Office international d’Hygiène publique (OIHP). The American republics had already joined in 1902 to establish a purely regional international health office—the International Sanitary Bureau (which, as from 1923, became the Pan American Sanitary Bureau). In 1911–1912 the twelfth of the international sanitary conferences, for which the OIHP did the preparatory work, was held, and this resulted in the International Sanitary Convention of 1912, which superseded that of 1903.

The OIHP consisted of a “Permanent Committee” (Comité permanent), a very small permanent staff, and “provisional” headquarters that it was to occupy until its demise four decades later. The Permanent Committee was not, as its name might imply, a subordinate organ of some higher body, but was composed of delegates of all Member States. It held its last prewar session in April–May 1914, and from then until the war ended the OIHP was in a state of suspended animation except for the continued publication of its Bulletin mensuel.

Such was the pattern of international health cooperation as it existed up to the outbreak of war. The International Sanitary Convention of 1912—which was not to enter into force until 1920—had dealt only with plague, cholera, and yellow fever. It was with these three “pestilential diseases” and the international quarantine measures against them prescribed by the convention that the OIHP was particularly concerned, although through its biannual meetings and its monthly Bulletin it served as a medium for the exchange of information between the national health administrations of its member countries on a much wider range of subjects.

New perspectives

With the adoption on 28 April 1919 of the Covenant of the League of Nations entirely new perspectives were opened up. The League was for the first time in history to provide a mechanism for peaceful multilateral consultations between all the nations of the world, not only in respect of political disputes but also for fruitful exchanges in various technical fields, including “the prevention and control of disease”. Typically, the “technical organizations” 2 of the League—as they were often called—were to have a tripartite structure, with a general conference meeting annually, a much smaller executive committee meeting more often, and a

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2 The official spelling of the League of Nations was “organisation” with an “s” but in this article, in accordance with modern usage, the word is spelled throughout with an “s” for the sake of uniformity.
secretariat. It was, thus, the much-maligned League that established the pattern of international organizations that has remained valid to this day. Pre-existing international bureaux established by international treaties were to be placed under the direction of the League—with the consent of the parties to the treaties that had brought them into being.

The pre-existing international bureau in the field of health was the OIHP, and it was assumed that it would eventually become, in modified and enlarged form, the general conference of the League's health organization. At first it seemed that this assumption would become a reality, but the repudiation of the League of Nations by the United States of America—which was a member of the OIHP—constituted an insuperable obstacle to a rational organization of international cooperation for health protection and promotion.

Thus, for the two decades of the interwar period there were two entirely independent international health organizations—one in Paris and the other in Geneva. Various face-saving compromises were adopted at different periods, but the OIHP and the Health Organization of the League remained essentially distinct and independent organisms. While it had seemed, in 1920, that the OIHP would soon cease to exist as an independent international health bureau, it was not until January 1952 that the Executive Board of the World Health Organization was able to place on record in resolution EB9.R6 that the Rome Arrangement of 1907 had been denounced by the last three of its signatories.

In the years 1919–1923, this confused picture was still further confounded by the unexpected emergence of the League of Red Cross Societies as a putative international health organization that would be a rallying point on a worldwide basis for all efforts—governmental or voluntary—to prevent disease and promote health.

In the following pages an attempt is made to present the story of international health cooperation in the interwar years in terms as simple as possible. But to oversimplify an inherently complex situation would be to falsify it, and the facts—untidy as they are—must be allowed to speak for themselves.
The first initiatives

Paradoxically enough, the first initiative for the creation of a postwar international health organization was taken not by the governments that had emerged from the war as the victors, but by a private individual who had been Chairman of the War Council of the American Red Cross, Henry Pomeroy Davison.

Mindful of the achievements of national Red Cross Societies during the war in mobilizing funds and voluntary effort on a gigantic scale, Davison visualized the continuing exploitation of this seemingly inexhaustible fund of charity and goodwill in combating disease throughout the world. As he recounted to participants at the Cannes conference that is described below, he had discussed this vision with President Woodrow Wilson and received the President’s enthusiastic endorsement. Fortified by Wilson’s blessing, he visited London early in 1919 for discussions with the British Red Cross and then went to Paris to discuss his plan with representatives of the equivalent French and Italian organizations. Having had a warm reception for his ideas, Davison then conferred again with President Wilson because he “appreciated that if this work was to be a world work it should have the unqualified endorsement of the governments.” As a result of this consultation, according to Davison, the Prime Minister of each of the Big Five of the First World War notified his national Red Cross organization “that he regarded this movement as one of very great importance.” The Big Five were, of course, Britain, France, Italy, Japan, and the USA.

Davison’s next move was to convene a meeting of representatives of the Red Cross Societies of these five countries in Cannes, where they agreed to constitute themselves collectively as the “Committee of Red Cross Societies” and to organize in that town a Medical Conference. This conference, at which there were sixty participants, was duly held from 1 to 11 April 1919 and, as Davison stated in his opening address, “I am told by one whose opinion I respect that never before has there been gathered such an aggregation of talent as is present in this room at this moment.” Davison was not exaggerating. There can have been few, if any, other international meetings in which so many eminent medical scientists, administrators, and educators were gathered together for almost two weeks. Three Nobel laureates were there: Camillo Golgi, who in 1906 had shared the Nobel prize with Santiago Ramón y Cajal for his work in neurophysiology, and who had also done fundamental work on malaria; Alphonse Laveran, who obtained the same prize a year later for his discovery of the malaria parasite; and Sir Ronald Ross, whose Nobel prize in 1902 was awarded for his elucidation of the chain of malaria transmission. Another distinguished malarialogist, Ettore Marchiafava, also participated. Others whose names are now milestones in the history of medical science and public health were Sir Arthur Newsholme; Sir Robert W. Philip; Léon Bernard, a name indelibly associated with international public health; Albert Calmette, whose fame is perpetuated in the acronym BCG; Emile Roux, one of the founders of medical bacteriology and at the time Director of the Institut Pasteur; Fernand Widal, to whom we owe the serological diagnosis of typhoid; Aldo Castellani, who made pioneer observations on parasitic diseases of Africa; Augusto Ducrey, who gave his name to a bacillus; Hermann M. Biggs, Commissioner of Health of New York State and member of the International Health Board of the Rockefeller Foundation; Hugh S. Cumming, then Assistant Surgeon-General of the US Public Health Service; Richard P. Strong, Professor of Tropical Medicine at Harvard Medical School; and the great William H. Welch, then Director of the School of Hygiene and Public Health of The Johns Hopkins University and President of the Board of Scientific Direc-

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3 Proceedings of the medical conference held at the invitation of the Committee of Red Cross Societies, Cannes, France, April 1 to 11, 1919. Geneva, League of Red Cross Societies, 1919, pp. 18–19.

4 Presumably it was the President who was responsible for this notification in the case of the United States. Davison probably intended to say the other four of the Big Five.

5 See note 3.
The Medical Conference, Cannes, April 1919: some members of the Executive Council. The two central figures in the front are Emile Roux (bowler hat and overcoat), President of the Conference, and William H. Welch, Chairman of its Executive Council. Between them is Giuseppe Bastianelli. On Roux's right are Hermann M. Biggs, Ettore Marchiafava, Fernand Widal, and L. Emmett Holt (Secretary of the Conference). On Welch's left are S. Lyle Cummins, Edouard Rist, Sir Arthur Newsholme, Aldo Castellani, and Richard P. Strong. Other members of the Executive Council not included in this photograph were Albert Calmette, T. Kabeshima, K. Nawa, Sir Robert Philip, and Sir Ronald Ross.

The conference added that the “potential usefulness” of the Red Cross in such activities was “unlimited”, and that the programme proposed was “the logical development of its previous activities in the extension of temporary relief in times of war and disaster.”

The conference had appointed an Executive Council under the Chairmanship of William H. Welch. At the first meeting of this Council—on the opening day of the conference—Emile Roux, as spokesman for the French delegation, struck an inharmonious note in what was otherwise a euphoric meeting. The French physicians present, he said, were grateful for the honour of cooperating

Note 3, p. 12. (The term “racial” is here evidently used, correctly, in the sense of the human race.)
Henry Pomeroy Davison (1867–1922), a well-known United States financier, was elected Chairman of the War Council of the American Red Cross in the year (1917) in which the USA entered the First World War. After the signature of the Armistice, he became imbued with the idea that the immense popular support that the Red Cross had enjoyed in wartime might in peacetime be diverted to a worldwide campaign for better health. After consultations with the Red Cross organizations of the four other major powers—Britain, France, Italy, and Japan—and with the full approval of President Woodrow Wilson, he organized the Medical Conference of Cannes of April 1919 to discuss his proposals. At this conference many of the most eminent medical personalities of the time participated, and they unanimously and unre­servedly endorsed Davison’s plan to extend the activities of the Red Cross “for the prevention of disease and the betterment of the health and general welfare of the people in all countries”. It was with this objective that the League of Red Cross Societies was founded. For the first four postwar years the League had a staff of health experts quantitatively and qualitatively much more impressive than that of the Health Section of the League of Nations. But the funds that were so willingly and lavishly contributed by the public during the war were not forthcoming in peacetime, and the Health Section of the League of Nations was soon to assume partially the role that Davison had visualized for the League of Red Cross Societies. Davison’s imaginative idea of the Red Cross as a mechanism for a worldwide coordination of governmental and voluntary efforts to improve public health never materialized.

“in this humanitarian endeavour”, but they felt bound to declare that their participation could in no way be interpreted as meaning that the French medical profession is prepared to take up relations of any kind with the representatives of the nations which have fought against us.7

On the same day, Professor (Colonel) Strong spoke in plenary session of “the new problems created by peace”.8 The solution, he stated, was to establish, “in connection with the League of Nations”, an “International Bureau of Hygiene and Public Health”, which would be responsible to a Council consisting of delegates from “each inter­ested country”.9 There would be an Executive Committee of the Council composed of representa­tives from each of the Big Five countries. An organizational chart presented by Strong showed a

“Central Bureau of Hygiene and Public Health”, with as governing bodies the “Executive Commit­tee” and an “International Council of Hygiene and Public Health”. Under the Director and two Assistant Directors, there were to be Divisions of Sanitation, Miscellaneous Communicable Diseases, Vital Statistics, Tuberculosis, Industrial Hygiene, Venereal Diseases, Nursing, Child Welfare, Demonstration Laboratory, Publications, Library, Museum, and Information. Special emphasis was given to “Sanitation”, which had subdivisions for “water supply”, “food”, “housing”, “sewage and refuse disposal”, and “disinfection”. The total number of posts specified by job-title in the

7 Note 3, p. 167.
8 Ibid., p. 27.
9 Ibid., p. 31.
chart was 84, but in 3 cases only the names of the organizational units were given.

Here was, for the time, an extraordinarily imaginative—and realistic—anticipation of the sort of international health organization that was not to materialize until more than a quarter of a century later, and after another world war, as the World Health Organization. The conference approved without dissent the creation of such a bureau, “in connection with an Association or League of National Red Cross Societies” and responsible to an Advisory Council.

At the seventh meeting of the Executive Council of the conference there was a discussion of the name to be given to the new bureau.10 Some objected to “International Health Bureau”, Calmette stating that the name should be such as to avoid any confusion with the Office international d’Higiène publique. He suggested instead Association internationale des Croix-Rouges pour la lutte contre les Maladies contagieuses. But apart from the inherent inconveniences of such a lengthy name, it implied that the functions of the new bureau should be confined to the control of communicable diseases—which was very far from being the case. Welch suggested “Bureau of Health of League of Red Cross Societies”, but it was finally decided that “Bureau of Health” should be used provisionally in the recommendations of the conference. It should be noted that although a “Bureau of Health” did materialize, it never was given this title but became the “General Medical Department” of the League of Red Cross Societies.

Among the specific recommendations expressed in the form of resolutions were: that the promotion of child welfare should be “the first important constructive activity”; that wise public health legislation and efficient public health administration should be encouraged; that accurate vital statistics should “be urged as forming the fundamental basis for definite and permanent improvement of health conditions” ; that there should be international standardization of vital statistics; that the bureau should encourage scientific investigations in hygiene and sanitary science; that public health laboratories should be established; and that the training of more public health nurses and health visitors should be promoted. Special emphasis was placed on the importance of health education of the public, especially of schoolchildren.11 Introducing the resolutions, William H. Welch stressed that important fields such as “mental hygiene”, industrial hygiene, and nutrition had not been mentioned but had been reserved for consideration after the establishment of the bureau.

At the same meeting, Davison read a telegram from the Red Cross headquarters in Paris describing the alarming spread of typhus in Central Europe.12

What better example [commented Welch] could we have of the need of such an organization as we are devising here—the creation of a central organization which will take up just such matters as this and bring about that cooperation which is lacking so often in such matters? This may be a tragedy of world-wide significance, because, if not handled properly, a terrible epidemic in Europe might result.

On Welch’s proposal, it was agreed that there should be a special meeting of the Executive Council to discuss this matter at which would also assist any other participants who had not already left Cannes. This meeting, called an “Informal Session of the Conference”, was duly held on 11 April, and a telegram, signed by H. P. Davison as Chairman of the “Committee of Red Cross Societies” and incorporating the text of a long memorandum drafted by Hermann M. Biggs, was sent to the leading participants in the Paris Peace Conference—Georges Clemenceau, David Lloyd George, Vittorio Orlando, and Woodrow Wilson. The telegram referred to the “wide and very rapid extension” of typhus “from the Baltic to the Black Sea, and to the Adriatic”, estimating that 275,000 cases now existed, and added:

The Committee of Red Cross Societies of the Allied Nations is, in our opinion, the natural and, at present, only agency available to undertake this work if the required resources are placed at its disposal, and if it is invested with proper powers.

As William H. Welch had indicated on the second day of the Cannes conference, the Red Cross had hitherto been concerned with calamities such as floods, famine, and earthquakes. But, “in combating disease”, he said, “we have one continuous calamity, though one working more slowly.”13 The conference now appealed to the Allied Governments to make available to the Red Cross “the necessary resources to carry on this work”, and advised that a Red Cross “commission of experts” should be sent immediately to the afflicted areas, adding that the services of Richard P. Strong of the USA and Aldo Castellani of Italy were available, both of them “having taken a leading part in stopping the epidemic of typhus in Serbia in 1915”.14

The Peace Conference was devoting much time to agreeing on the text of the Covenant of the

10 Ibid., pp. 12-14.
11 Ibid., p. 161.
12 Ibid., p. 40.
13 Ibid., pp. 162-164.
League of Nations, and on 7 April—now celebrated by WHO and its Member countries as World Health Day—Davison announced to the conference that he had received an "official but confidential communication" to the effect that "a new article, Article 25" had been added to the Covenant of the League of Nations. This article reads as follows: 16

The members of the League agree to encourage and promote the establishment and co-operation of duly authorized voluntary national Red Cross associations having as purposes the improvement of health, the prevention of disease and the mitigation of suffering throughout the world.

It was Davison himself who had lobbied to get this article written into the Covenant. 17 He had thus succeeded not only in getting his dream endorsed by President Woodrow Wilson and the Prime Ministers of the other four big powers, but in seeing it enshrined in the articles of the first attempt at a world parliament—the Covenant of the League of Nations.

Henry Pomeroy Davison was an idealist, and his ideals were in no way influenced by considerations of personal gain. Not only was he an idealist but he was very efficient in promoting his ideals at the highest levels. As will be seen later, his dream was realized—but only for a very short period. Davison’s plans were based on the assumption that the massive popular support that there had been for the Red Cross during the war would continue during the peace. While this assumption was not realized, the accumulated funds of the American Red Cross nevertheless made possible a most ambitious start of the new international health organization that owed its existence to Davison, who died on 6 May 1922. 18

Davison is one of the unsung pioneers of international public health. He was the first to conceive and actively promote a world organization to combat disease in all countries. His vision, his ideals, and his practical contributions have been forgotten, and other generations have arisen to repeat—without realizing it—his ideas. Nevertheless, this early attempt at a world health organization was recalled at the Technical Preparatory Committee for the International Health Conference in March–April 1946, when Hugh S. Cumming, formerly Surgeon-General of the USA and then Director of the Pan American Sanitary Bureau, referred specifically to the Cannes conference of 1919 as illustrating the difficulty of creating a new international health organization. 19 “The difficulties”, he said, “had proved to be too great; hence the efforts to set up a single organization had failed.”

Foundation of the League of Red Cross Societies (LRCS); first postwar session of the Office international d’Hygiène publique (OIHP)

Less than a month after the conclusion of the Cannes conference, the “Committee of Red Cross Societies” agreed on 5 May 1919 on the establishment of the League of Red Cross Societies, its declared purpose being “to associate the Red Cross Societies of the world in a systematic effort to anticipate, diminish, and relieve the misery produced by disease and calamity.” It was stated that the founders had been “in constant communication” with the International Red Cross Committee and that “the time is confidently expected when the condition of the world will permit an organic union between the two organizations.” 20

The Board of Governors of the LRCS consisted at first of representatives of the founders—that is, the Red Cross Societies of the Big Five—with Henry P. Davison (USA) as Chairman, the other members being Sir Arthur Stanley (Britain), Count Jean de Kergolay (France), Count Giuseppe Frascara (Italy), and Professor Arata Ninagawa (Japan). The Board authorized “immediate steps” for “putting into practical effect the recommendations of the medical experts recently convened at Cannes to consider and devise a world health program.” The expression a world health program is an eloquent indication of the importance of the health role of the Red Cross visualized at the time.

While plans were being actively pursued for the establishment in Geneva of the headquarters of the LRCS and its bureau of health, the first postwar meeting of the Permanent Committee of the Office international d’Hygiène publique took place in Paris from 3 to 13 June. 21 Its retiring President, Professor Rocco Santoliquido, opened the proceedings by calling for a complete change of orientation in international health affairs by the abandonment of the “quarantine concept” in favour of an attack on the sources of epidemic diseases. A few days later Santoliquido received from Professor Richard P. Strong, representing the “Committee of Red

16 Because the WHO Constitution entered into force on 7 April 1948.
17 Bulletin of the League of Red Cross Societies, 1920, 2: 65. In subsequent references to this periodical its title will be given as Bull. LRCS.
18 The World’s Health, 1922, 3: 201.
20 Bull. LRCS, 1919, 1, No. 1, p. 1.
21 Office international d’Hygiène publique. Session extraordinaire de juin 1919 du Comité Permanent de l’Office international de l’Hygiène publique. Procès-verbaux des séances. Paris, Imprimerie Nationale, 1919. It is to be noted that “session extraordinaire” had no particular significance. For the whole duration of its existence, every spring session of the Permanent Committee was called “extraordinary” and every autumn session “ordinary”, although the character of each appeared to be identical.
Cross societies”, a letter dated 5 June with which he enclosed the articles of association of the LRCS. In the letter, Strong said that he could not yet indicate exactly when the Geneva headquarters of the LRCS would open. He nevertheless expressed the hope that it would enjoy the collaboration of the OIHP, and that the LRCS would be able to enjoy the personal collaboration of Santoliquido in developing medical projects. 22

Mr Oscar Velghe of Belgium, the newly elected President of the OIHP, read to the Permanent Committee a French translation of Strong’s letter, ruling that the OIHP could not have a formal link with a private organization, but urging Santoliquido to accept the offer to participate in the work of the LRCS. 23 There was another problem of coordination of international health activities to consider. On the same day that Strong’s letter was written, Dr G. S. Buchanan of the newly constituted British Ministry of Health, Dr Edward J. Steegman, the delegate of Canada, and Dr Alexander Granville, representing Egypt, had jointly submitted a memorandum requesting that the Committee should, “in view of the fact that questions of public health form part of the responsibilities of the League of Nations,” study the question of the future of the OIHP and of its relations with the League. 24

Two days later the question was discussed. It was evident, said Velghe, that the League of Nations would need the advice of a technical body on health questions. “Obviously, none of us would have the idea of proposing that our Office could present itself and offer its services for this purpose.” But, he said, it was evident that the OIHP existed and that it corresponded in all respects with the views of the authors of the Covenant of the League of Nations. Perhaps its activities should be extended, but this would be a question of personnel and

The report of the first meeting convened to consider the implications of Article 23 (f) of the Covenant of the League of Nations, which provided that the League should “endeavour to take steps in matters of international concern for the prevention and control of disease”. Britain, France, the USA, the League of Red Cross Societies, and the Office international d’Hygiène publique were represented, and it was agreed, inter alia, that an official international health organization could not concern itself with such matters as “stimulating nursing standards and medical training in backward countries”. On 13 February 1920 the Council of the League of Nations invited those who had participated in this informal conference to constitute an International Health Conference, with the addition of “a small number” of international health experts and “with an official of the League as secretary”. For this most important office of secretary of the Conference that was to advise the League on its future health activities, the Secretary-General, Sir Eric Drummond, nominated a woman—Dame Rachel Crowdy. This nomination showed Drummond to be a man of vision, for it was only 8 years later that British women won equal voting rights with men. The International Health Conference was held in London from 13 to 17 April 1920, and its most important recommendation was that “a permanent International Health Organization be established as part of the organization of the League of Nations”. It made a separate report to the Council of the League of Nations on measures required to control the typhus epidemic in Poland.

Note 21, p. 70.

Note 21, p. 32. Granville was the President of the Egyptian Quarantine Board at Alexandria, the official title of which was Conseil Sanitaire, Maritime et Quarantenaire d’Egypte. In the early postwar meetings of the OIHP, the League of Nations was repeatedly referred to as “Ligue des Nations” in French, although its French name was always “Société des Nations.”
corresponding funds—a “question of detail”! Should the League of Nations consider it necessary to establish a technical bureau for public health, and if it turned for this purpose to the OIHP, “it seems that no solution could be more favourable”. If, on the other hand, the League of Nations wished to create another advisory body for health matters, there would necessarily be duplication of effort. Velghe’s analysis of the situation met with applause and unanimous agreement.25

The concern of the OIHP delegates was prompted by two Articles of the Covenant of the League of Nations: Article 23(f) stated that members of the League “will endeavour to take steps in matters of international concern for the prevention and control of disease”; Article 24 provided inter alia that “there shall be placed under the direction of the League all international bureaux already established by general treaties if the parties to such treaties consent”. However, the Covenant would not become operative until the Treaty of Versailles entered into force on 10 January 1920, and although Sir Eric Drummond had been appointed Secretary-General of the League of Nations in April 1919 and had secured a grant of £100,000 for a small staff, the work to be done was essentially to make general preparations.26

Meanwhile, the League of Red Cross Societies was forging ahead. A former Lieutenant-General of the British Army, Sir David Henderson, had been appointed Director-General. Professor William E. Rappard of Geneva had become Secretary-General, Professor Strong “General Medical Director”, and Rocco Santoliquido “Counsellor in International Public Health”. By the summer of 1919 there was a total staff of 14, and 26 national Red Cross Societies had adhered to the League.27

The Informal London Conference, July 1919

Towards the end of July 1919 there was a new development: Dr Christopher Addison, the first incumbent of the new office of British Minister of Health, convened in London a two-day “Informal Conference on International Public Health”. In the absence of Dr Addison on Cabinet business, the chair was taken by the Hon. Waldorf Astor, M.P., Parliamentary Secretary of the Ministry of Health, which was also represented by Sir Robert Morant, Secretary; Sir George Newman, Chief Medical Officer; and Dr G. S. Buchanan and Dr E. J. Steegman, Medical Officers. The French Ministry of the Interior sent a Mr Brisac, and the US Public Health Service was represented by Hugh S. Cumming. Sir David Henderson and Professor R. P. Strong participated on behalf of the LRCS and Mr O. Velghe, President of the Permanent Committee, and Dr H. Pottevin, Secretary, on behalf of the OIHP.28

Astor opened the meeting by stating that its purpose was to discuss “how the League of Nations could carry out its duties and responsibilities in connection with international public health”. Velghe briefly summarized the work of the OIHP which, he said, “had been found of great value in many directions.” Henderson then described progress made in the establishment of the central bureau of health of the LRCS. There were already departments of child welfare, tuberculosis, venereal diseases, malaria, preventive medicine, nursing education, and publications. Other departments would be added, each under an expert head. It was proposed to have a scientific laboratory for demonstration purposes rather than original research.

Brisac thought that work relating to epidemic diseases should remain the province of the OIHP but that the “fight against tuberculosis, venereal diseases, and infantile mortality” could be left to the Red Cross. Cumming said that in his experience official information was not always reliable for purposes of international quarantine. This “created possibilities” for the LRCS. Most of the further discussion was on the future of the OIHP, Velghe stating that while he personally and also his government favoured its absorption by the League of Nations, this would not be possible without the agreement of all the original and subsequent signatories of the Rome Arrangement of 1907. It had been agreed that the purpose of the conference was exploratory, and on this rather inconclusive note it came to an end. During the discussions Henderson had mentioned that the Polish Minister of Health had approached the LRCS for assistance in dealing with the epidemic of typhus raging in Poland.

25 Note 21 pp. 42-43.
27 Informal conference on international public health, convened by the Rt Hon. Christopher Addison, M.P., Minister of Health, held at the Ministry, Whitehall, on July 29th and 30th, 1919. This undated 9-page report (see photograph) was “Printed under the authority of His Majesty’s Stationery Office”. At the right of the top of the cover are printed the words “For office use only.”
CHAPTER II

Three International Health Organizations

The Polish Health Minister, Dr Tomasz Janiszewski, had in fact proposed a most ambitious role of the LRCS by which it “should take over the management of two lines of sanitary cordon, permanent and mobile, on the eastern frontier of Poland”, organizing quarantine stations at 12 specified points, and suggesting that it should obtain the necessary US Army sanitary and hospital supplies and personnel for this work. The LRCS immediately arranged through the US government for “large amounts” of supplies and “the desired suitable sanitary personnel” to be made available, but, after discussion with the OIHP, the Interallied Sanitary Commission, and the British Ministry of Health, decided that “it was clearly not the function of the League to establish a sanitary cordon”. However, in agreement with the bodies mentioned above, it decided to send to Poland an Interallied Commission of experts consisting of Cumming of the USA as Chairman, Buchanan of Britain, Castellani of Italy, and Dr Fernand Visbecq of the Service de Sante of the French Army.29

Various members of the Commission left Paris by train on 14 and 15 August, arriving in Warsaw respectively on the 17th and 18th. The Polish Health Minister had designated Dr Ludwik Rajchman—then general director of the National Institute of Health, Warsaw, and shortly afterwards to become the dynamic and imaginative Medical Director of the Health Section of the League of Nations—to accompany the Commission to the interior. The whole of the October 1919 issue of the Bulletin of the LRCS was occupied by a 19-page “Report of Medical Commission to Poland”. This was chiefly descriptive of a disastrous situation due to breakdown of normal conditions, including a massive migration of hungry and dirty victims of the aftermath of war.30 In spite of all national and international efforts, including those of the LRCS, this situation was to become worse before it got better. The League of Nations had as yet no legal existence, and had neither the funds nor the authority to intervene. The OIHP had not been conceived as anything but a deliberative and regulatory organ. The LRCS was therefore the only international health organization that had the means to intercede in the dreadful consequences of war and political upheavals in eastern Europe, and its health bureau in Geneva was growing. In its Bulletin of November 1919 it announced that 6 more senior appointments had been made—2 sanitary engineers, 3 physicians, and a chief nurse.31

The OIHP considers its future, October—November 1919

On 27 October 1919 the second postwar session of the Permanent Committee of the OIHP opened, and it closed on 5 November. The President, Velghe, read a letter from his predecessor, Santoliquido, who was already happily ensconced in the LRCS: “Here I am at Geneva, where I take possession of my office as Counsellor in International Public Health”. Santoliquido continued by expressing the fervent desire to establish and consolidate links between the OIHP and the LRCS. Velghe then recounted what had happened at the informal conference in London in July. On the “serious question”, he said, of the future of the OIHP, only the signatory governments of the Rome Arrangement could pronounce themselves. The veteran Camille Barrère, French Ambassador at Rome, who had participated at all the International Sanitary Conferences since that of 1892 and who was to continue for many years later, endorsed Velghe’s stand. The OIHP must have relations with the League of Nations and with the LRCS, but must preserve its independence and autonomy. Cumming, the US delegate to the Permanent Com-

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29 Bull. LRCS, 1919, 1, No. 3, p. 2.
30 Bull. LRCS, 1919, 1, No. 4, pp. 1-19.
31 Bull. LRCS, 1919, 1, No. 5, p. 10.
On 30 October Velghe sent a letter to Santoliquido agreeing to forward to the LRCS publications of the OIHP and to reply to requests for technical information, but avoiding any reference to a more formal link. The truth about the OIHP was that, in spite of Santoliquido's declaration at its first postwar session, it was firmly rooted in ideas of the past. Fundamentally, it was a club of senior public health administrators, mostly European, whose main preoccupation was to protect their countries from the importation of exotic diseases without imposing too drastic restrictions on international commerce.

The League of Nations enters the health field, February 1920; consolidation of the LRCS Bureau of Health

On 16 January 1920, only 6 days after the entry into force of the Treaty of Versailles, the Council of the League of Nations held a one-day meeting in Paris. The next meeting of the Council was in London from 11 to 13 February. At this meeting, Mr Gastão da Cunha, Brazilian Ambassador at Paris, submitted a "Report on the Creation of an International Health Bureau within the League of Nations". He proposed that there should be an International Health Conference to suggest what should be the format of a permanent body to advise the Council on the action that should be taken in respect of Articles 23 (f) and 25 of the Covenant of the League. By a resolution of 13 February 1920 the Council endorsed this proposal and invited the participants in the informal London conference of July 1919 "to constitute a Conference by adding to its members a small number of International Health experts, with an official of the League as..."
At its 3rd session on 13 March 1920 the Council adopted a resolution inviting this conference—which was to meet in April—to submit plans for emergency action to combat typhus in Poland. Shortly before, the President of the Council, Arthur James Balfour, had sent a letter dated 24 February to the President of the LRCS appealing for Red Cross aid in the Polish situation. Balfour had done this on his own initiative, but the Council subsequently passed a resolution endorsing his action.

By this time the LRCS had become firmly established as an international health organization. Henderson and Rappard were still respectively Director-General and Secretary-General, but there were also an Assistant Secretary-General, a Treasurer-General, two Business Managers, a Comptroller, and a Director and Secretary of a Department of Organization.

On the technical side, Strong was still General Medical Director, assisted by a General Medical Secretary, and there were a Chief and Assistant Chief of a Department of Medical Information and Departments of Child Welfare (one physician), Tuberculosis (two physicians), Communicable Diseases (two physicians), Sanitation (Professor George C. Whipple of Harvard as Chief, and an Associate Chief), Public Health Laboratories (two physicians), Statistics (one statistician), and Nursing (two nurses). There was a vacant post of Chief of the Department of Social Hygiene but an Assistant Chief had already been appointed. Departments of Malaria and of Industrial Hygiene had been created but were not yet staffed. There were also a Medical Liaison Officer, a Hygienic Museum, and a Library. Santoliquido was Counselor in International Public Health. Hugh S. Cumming was listed as "Adviser in Public Health", but this was an honorary appointment.

On 2–8 March was held in Geneva the First General Council of the League of Red Cross Societies, 27 out of the 30 member Red Cross organizations sending delegates. At this meeting Strong announced that a Medical Advisory Board had been constituted. This was a de facto precursor of WHO's present Advisory Committee on Medical Research. Its members were Giuseppe Bastianelli of Rome; Léon Bernard; Hermann Biggs; Jules Bordet, who had been awarded the Nobel Prize the previous year for his pioneer work in immunology; Albert Calmette; Aldo Castellani; Carlos Chagas; S. Lyle Cummins, Professor of Pathology of the Royal Army Medical College; Sir William Fletcher, the first to be appointed Secretary of the British Medical Research Council; Simon Flexner, Director of the Rockefeller Institute for Medical Research; Thorvald Madsen of the Statens Serum-institut, Copenhagen; K. Miura of Tokyo; Sir George Newman; Emile Roux; and William H. Welch. The Medical Advisory Board was to hold its first meeting in Geneva on 5–8 July.

The International Health Conference, London, April 1920

The "International Health Conference" was duly held in London from 13 to 17 April 1920 at the British Ministry of Health. Astor—by then Viscount Astor—presided, and the participants represented each of the Big Five, the LRCS, and the OIHP. Seven of the 16 participants had been members of the informal conference of the previous year. Brisac was assisted by three other French delegates, including Léon Bernard; Newman, Buchanan, and Steegman constituted the British delegation; the USA was represented by Surgeon-General Rupert Blue, the LRCS by Henderson and Strong, and the OIHP solely by Pottevin. Italy had sent three, and Japan two, medical delegates, and the Secretary from the League of Nations was Dame Rachel Crowdy. Belgium and Brazil had also been invited to participate but did not attend. The Polish Vice-Minister of Health, W. Chodzko, and Ludwik Rajchman were present for the discussion of typhus in Poland.

Proposal for an International Health Organization of the League of Nations

The fundamental recommendation of the conference was that the Council of the League of Nations should propose to the First Assembly the adoption of a resolution

"That a permanent International Health Organization be established as part of the organization of the League of Nations."

The functions proposed for the health organization were: to advise the League on health matters; to promote relations between national health administrations; to organize rapid interchange of information, especially on epidemics; to provide a machinery for securing or revising international agreements on health questions; to cooperate with the International Labour Office in the health

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81 OJ, LON, 1920, [1:] 62.
82 Ibid., p. 68.
83 The League of Red Cross Societies. A brief account of its origin, organisation and purposes. Issued by the Department of Publicity and Information. March 1, 1920.
85 Bull. LRCS, 1920, I, No. 12, p. 20.
Dame Rachel Crowdy was one of the earliest senior officials of the Secretariat of the League of Nations, starting her international career on 10 October 1919. During the First World War she had been Principal Commandant of the Voluntary Aid Detachment of the British Red Cross Society from 1914 to 1919, serving in France and Belgium. For more than two years before Ludwik Rajchman became its Medical Director she was a Member of the Health Section of the League, and in April 1921 she visited Poland as the League of Nations member of the five-person Advisory Board of the Epidemic Commission, reporting on this mission to the Council of the League. The other members of the Board were Thorvald Madsen, representing the OIHP; C.-E. A. Winslow, representing the League of Red Cross Societies; and two medical representatives of the International Red Cross Committee. In August 1922 Dame Rachel became Chief of the League's Section on Social Questions and the Opium Traffic. She was appointed Commander of the Order of Polonia Restituta in 1922 and in 1926 became an Honorary Doctor of Laws of Smith College, USA. On leaving the League of Nations in 1931 she continued to be active in public life, attending many international conferences as a delegate—among them the International Red Cross Conference at Tokyo in 1934. She died on 10 October 1964, exactly 45 years after her nomination to the Secretariat of the League.

Report on the typhus epidemic in Poland

The printed report of the International Health Conference contained no mention of the disastrous epidemic of typhus in Poland. But a "Report to the Council of the League of Nations on the Measures to be taken against the further spread of typhus in Poland", signed by Astor and dated 16 April 1920, was submitted separately. The gist of this report was that "invaluable aid" had been given by some governments, by the LRCS, and by some national Red Cross Societies. But, the report

42 At that time it could not have been foreseen that the League of Nations, which owed so much to Woodrow Wilson, would be repudiated by the United States.
43 See note 36.
44 OJ, LON, 1920, [1:] 88 et seq.
added, the demands of the present situation far surpassed “the resources of voluntary effort”, a judgment that was shared by both the LRCS and the OIHP. The conference concluded that the League of Nations was “the sole organization sufficiently strong and authoritative to secure that the measures required are taken.” These measures were to be: a chain of quarantine stations for disinfection and observation; numerous hospitals, fixed and mobile; facilities for cleansing and destruction of lice; food, fuel, and transport; and efficient direction and control. These were doubtless good textbook instructions, but in the meantime millions of east Europeans were dying, or going to die, of typhus, starvation, or cholera.

The Permanent Committee of the OIHP met from 26 April to 5 May, and Velghe reported that he had had a meeting with Santoliquido and Strong of the LRCS. It had been agreed that each organization should regularly keep itself informed of the work of the other, and that this would be done by exchange of publications and by 3 or 4 meetings each year between the President of the Permanent Committee and representatives of the LRCS. The Committee later considered French translations of the printed report of the International Health Conference and also of the separate report made to the Council of the League of Nations on the typhus epidemic in Poland. The latter—but not the former—was approved with applause.

Appointment of the League’s Epidemic Commission

In the meantime Balfour, the President of the Council of the League of Nations, had had a reply to his appeal to the LRCS to assist in the Polish crisis, which he reported to the 5th session of the Council. This was to the effect that the LRCS was ready to extend its relief activities if the League of Nations would provide food, clothing, and transportation. But the Assembly of the League of Nations had not yet held even its first session and the Council did not dispose of more than a modest budget for its interim—and provisional—activities. The Secretary-General therefore replied to the LRCS saying that the League could not provide supplies. He summarized the governmental and voluntary aid already given to Poland, and requested that through the Red Cross an appeal should be made for further voluntary contributions. He also took the initiative of addressing on 23 June 1920 a letter to governments, referring to the typhus emergency in Poland, appealing for donations, and estimating the sum immediately required as £2,000,000. At its 5th session on 14–19 June 1920 the Council did, however, decide to appoint an “Epidemic Commission”, with Mr Kenyon Vaughan-Morgan as Chief Commissioner and Dr Norman White, who was very soon to replace Vaughan-Morgan as Chief Commissioner, as Medical Commissioner. The Secretary-General was empowered to appoint additional members on the advice of a “Temporary Commission of Experts”, but it was decided that Ludwik Rajchman should immediately be appointed as a member. The expenses of the Epidemic Commission were to be met not from the League’s regular budget but from the funds voluntarily donated by governments. The Commission was to study and advise on the situation in Poland and report “from time to time” to the Council.

42 Ibid., p. 185.
43 OJ, LON, 1920, [1:] 121.
44 OJ, LON, 1920, [1:] 255–256. At the time this sum would have been equivalent to about 50 million Swiss francs.
45 OJ, LON, 1920, [1:] 130. In French, the name of the Commission was “Commission des Epidémies”, a far more logical title.
CHAPTER III

Proposals for a Health Organization of the League of Nations

The 8th session of the Council of the League of Nations was held in San Sebastian from 30 July to 5 August 1920. Da Cunha, Brazilian Ambassador at Paris, presented a report on the proposals for a permanent international health organization that had been made in April by the International Health Conference in London. These proposals, it will be remembered, called for the new organization to be composed of an Executive Committee, an International Health Bureau, and a General Committee consisting of delegates appointed by members of the League with in addition delegates appointed by nonmembers of the League that belonged to the OIHP. At Da Cunha’s suggestion, the Council agreed that these proposals should be submitted to the First Assembly of the League.

Shortly after the 8th session, on 21 August, Balfour, the President of the Council, sent to governments further information on the typhus epidemic in Poland obtained from the OIHP, the League’s own Medical Commissioner, and the commission of the League of Red Cross Societies (LRCS). The epidemic was worsening and now extended also to the Soviet Union.

At the fourth postwar session of the OIHP held on 18–27 October 1920 the President, Velghe, reported that the Secretary-General of the League had officially communicated to him the text of the plan for an international health organization adopted by the Council—which was that, with a few minor changes, proposed by the London conference. Velghe also announced that the International Sanitary Convention of 1912 “had at last been ratified” on 7 October 1920. It is to be noted, parenthetically, that the entry into force of the convention did not lead to an appreciable diminution of the reluctance of some signatory countries to declare outbreaks of plague, cholera, or yellow fever—the three “pestilential diseases” that the convention embraced.

Later in the session the Swiss delegate, Carrière, asked for clarification of the plan adopted by the Council of the League. What was not clear was the composition of the General Committee. If the League’s plan were to be interpreted literally, it could result in a General Committee “constituted quite differently from our present international committee”. The autonomy of the Permanent Committee of the OIHP could therefore be “seriously compromised”. It is quite evident that there was ample ground for the concern expressed by Carrière, and Steegman, who had by then been temporarily seconded to the Secretariat of the League, said that if the committee so wished he would report Carrière’s observations to the Secretary-General on his return to Geneva. After some discussion it was agreed that Steegman should be asked to convey to the Secretary-General a request from the OIHP to the effect that the proposed General Committee should be composed of all of the 39 delegates who constituted the Permanent Committee of the OIHP and, in addition, delegates of member countries of the League who did not belong to the OIHP.

The Peruvian delegate raised another objection. The proposed constitution of the General Committee implied that a country that might never become a member of the League would nevertheless be obliged to cooperate in its work. Velghe replied that there was no doubt that this difficulty existed, “but it is not for us to resolve it.”

Camille Barrère, the French delegate, then spoke at length, concluding by stressing the importance

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19 OJ, LON, 1920, 1 : 311.
22 Ibid., p. 10.
23 Ibid., p. 119.
24 Ibid., p. 121.
25 Ibid., p. 121.
of safeguarding the position of the OIHP, “which has rendered such signal services to the public health of the world”, and of the “great principle... consecrated by the 1912 Convention: minimum hindrances to commerce compatible with the protection of public health.” Barrère’s conception of the role of an international health organization had evidently not changed since he represented France at the International Sanitary Conference of 1892. That such a conception should have prevailed as late as 1920 gives cause for wonder. There could hardly be a greater contrast between Barrère’s “great principle” and Davison’s dream of mobilizing through the Red Cross voluntary efforts for the improvement of the health of the world.

The 11th session of the Council of the League of Nations opened on 14 November. The Secretary-General presented a list of the voluntary contributions received from 10 countries for combating typhus in Poland, the total amounting to only a small fraction of the £2 million requested. The largest contribution was £50,000 from Britain and the smallest—from an East European country—was £27! Japan came midway with the equivalent of £5316.84. No contribution had yet been made by France, Italy, or the United States.57

The First Assembly of the League decides to establish a Health Organization, December 1920

On 15 November the first session of the Assembly of the League of Nations opened in Geneva. On 10 December, a week before the closing session, the 18th plenary meeting adopted a report on “Establishment of a Health Organization under the Supervision of the League”, which included the following resolution:

That in accordance with the provisions of Article 24 of the Covenant, the Assembly approves of the Office International d’Hygiène Publique being placed under the direction of the League of Nations, and that an International Health Organization as hereinafter provided (of which the Office International d’Hygiène Publique shall be the foundation) shall carry out the provisions of the International Agreement signed at Rome, December 9th 1919, and also advise the League of Nations on all questions arising out of Articles 23(f) and 25 of the Covenant of the League.

Subject to the agreement of the 39 signatories of the Rome Arrangement, a modified OIHP was to “form the foundation of the International Health Organization”. The Organization’s General Committee would consist, as the OIHP had requested, of all OIHP delegates with additional members appointed by countries that were members of the League but not of the OIHP. Both the name and the composition of the “Executive Committee” proposed by the London conference were changed: now called the “Standing Committee”, 4 of its 9 members were to be from countries permanently represented on the Council of the League while the remaining 5 were to be chosen by the General Committee. The secretariat was to be headed by a “Medical Secretary”, who would be appointed by the Standing Committee in consultation with the Secretary-General, to whom he would have direct access. The functions of the Health Organization were those laid down by the London conference except that it would cooperate not with the LRCS alone but with “international Red Cross Societies”, and that it was to organize missions not at the request of “any country Member” but “with the concurrence of the countries affected.” 58

The problem of the co-existence of two international Red Cross organizations

In the meantime, there had been changes in the League of Red Cross Societies. Strong and Whipple had returned to their academic posts at Harvard, the former being temporarily replaced by Hermann Biggs. The November issue of the Bulletin of the LRCS recorded that it had “provisionally recalled its mission to Poland.” Shortly afterwards, Biggs returned to the United States and was succeeded by Professor C.-E. A. Winslow of Yale University as “Director General of the Medical Department”.

While the First Assembly of the League of Nations was still in session, the Bulletin of the LRCS published an article by its Director-General, Henderson, on “The International Red Cross Committee and the League of Red Cross Societies”. The LRCS had, he wrote, come into being as an organization to make a “sustained effort to reduce the disease and consequent misery which afflict mankind”. The question had often been asked: “Why did not the founders of the League utilise the services of the Comité International...?” The answer was that the International Committee was “international only in its work, its membership is purely Genevese”. It was “resolutely neutral” and therefore had to deal

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57 Note 52, p. 124.
58 OJ, LON, 2nd year, p. 99. This periodical had no volume numbers, but from the second year the ordinal numbers of the years of publication were given and will in subsequent references be represented by a numeral in bold print.
60 Bull. LRCS, 1920, 2: 27.
62 Bull. LRCS, 1920, 2: 141.
Charles-Edward Amory Winslow, born in 1877, was Professor of Public Health at Yale University from 1915 to 1945, and was for some years President of the American Public Health Association. Although not a physician, he was widely recognized as being a pioneer of public health, and in 1921 he was given leave of absence from Yale to become Director of the Medical Department of the League of Red Cross Societies from April to September of that year. His best-known publication is *The conquest of epidemic diseases. A chapter in the history of ideas*. In 1952 Winslow became the third recipient of the Léon Bernard Medal and Prize (see photograph caption, page 30), and the photograph here shows him making his speech of acknowledgement before the Fifth World Health Assembly in the Palais des Nations, Geneva. Behind him is Dr Brock Chisholm, first Director-General of the World Health Organization. In the same year Winslow was co-author of *The history of American epidemiology*. He died in 1957, widely respected in and outside his own country for his contributions to the philosophy of public health.

with all Red Cross Societies on an equal footing. The Allied Red Cross Societies, on the other hand, could not yet be expected to enter into association with the corresponding societies of the Central Powers. To wait until universal participation was possible was to run the risk that “the Red Cross Societies might sink back into their pre-war apathy, and the great advantage of the war enthusiasm for the Red Cross might be lost”.

From 21 February to 3 March 1921 the Council of the League of Nations held its 12th session, at which the Secretary-General communicated a memorandum from the Chief Commissioner of the Epidemic Commission, Norman White, on the typhus situation in Poland. The Assembly had already approved the actions taken by the Council in respect of typhus. It was now proposed that an Advisory Board of representatives of the OIHP, the International Red Cross Committee, and the LRCS should be constituted to coordinate efforts

*WHO photo*

*Bull. LRCS, 1920, 2: 105-111*.
The Council of the League of Nations proposes a compromise, March 1921

On the day before the closure of its 12th session the Council adopted a report by its French member, Léon Bourgeois, on the "Health Organization of the League". In this report it was stated that the resolutions of the First Assembly should lead to "the establishment of a General Commission [General Committee] which would to some extent be an offshoot of the Office International d’Hygiène Publique after its transformation." A technical committee would also be established and a Medical Secretary appointed, these three elements constituting the Health Organization. To put this plan into effect, Steegman had been appointed to take charge of preliminary work. But, said Bourgeois, here we are confronted with the first practical difficulty:

The General Commission, contemplated by the Assembly, should result from the transformation of the Office International d’Hygiène Publique, to which will be added delegates from the States not at present represented on the Office, but who belong to the League of Nations.

But this transformation would require the consent of all 39 signatories of the Rome Arrangement of 1907. The French Government had agreed to take the initiative of consulting all signatory States, and it was important that results should be obtained as speedily as possible for the proposed organization could not seriously start work until the General Committee had been established. "Unfortunately", continued Bourgeois, "it is to be feared that this consultation will take a long time and may be delayed by the fact that some States who are not Members of the League of Nations belong to the Office International d’Hygiène Publique". It was nevertheless essential that the League should be able to undertake the task entrusted to it by the Assembly, and for this not only a Medical Secretary but also a technical committee would be necessary. Bourgeois therefore proposed that a provisional technical committee should be established as soon as possible, to act during the long period that might elapse before all signatories of the Rome Arrangement had given their replies. The provisional committee would include delegates of the States permanently represented on the Council, one representative of the LRCS and one of the International Labour Organisation (ILO), and five members appointed by the President of the Permanent Committee of the OIHP "in a semi-official capacity". Once the provisional technical committee had been set up, it would be advisable "to proceed to the provisional appointment of the Medical Secretary". The Council adopted the Bourgeois report on 2 March, without any attempt to indicate exactly what it meant by a "semi-official capacity".

Tensions between the two international Red Cross organizations

Meanwhile, serious differences had developed between the two international Red Cross organizations in Geneva. On 14 February the Chairman of the International Red Cross Committee, Gustave Ador, had sent a letter to Henderson repudiating the statement of the respective responsibilities of the two organizations that Henderson had published in the Bulletin of the LRCS. Since 1869, wrote Ador, "the capacity of the International Red Cross Committee as intermediary between the Red Cross Societies and as co-ordinator of inter-

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64 OJ, LON, 1921, 2: 157-158.
65 OJ, LON, 1921, 2: 179-180. At the time, terminology was fluid, and "committee" and "commission" were used interchangeably.
national activities, has been confirmed by Red Cross Conferences and by tradition.” Since the armistice the International Committee had continued “its work of information and assistance in the European States ravaged by famine, epidemics and disease”. In January 1919 it had issued an appeal in favour of Poland, a direct result of which was the decision of the American Red Cross in the following February to send a mission to that country. It had been one of the first to promote—in February 1919—the antityphus campaign in Poland. Henderson’s answer to this was that as the activities to which Ador referred had been undertaken before the signature of peace he had regarded them as wartime activities. However, on 17 March a notice was given to the press announcing that negotiations between Ador and Henderson had resulted in the drawing up of “a satisfactory agreement” defining the respective spheres of action of the two organizations. This was to be submitted to the International Committee and to the Board of Governors of the LRCS. At about the same time an unsigned memorandum circulated by the LRCS to all its member societies stated that its main purpose was to assist national societies to carry out their programme by “providing the machinery for a genuine international co-ordination of health activities”. During the past twenty years, “greater progress has been achieved by medical science...than ever before. Many diseases could be entirely eradicated if available knowledge were systematically applied, and many others deprived of their terror.” This memorandum also stated, *inter alia*, that: “Each national Red Cross Society should seek to become a League of all organised public health activities in its country”, and concluded: “A successful Red Cross means better health for all!” [italics original].

On 1 April 1921 an agreement was signed by Ador as Chairman of the International Red Cross Committee and Dr Livingston Farrand, acting Chairman of the Board of Governors of the LRCS. It provided that a Joint Council should be formed for the purpose of exchanging information and coordinating programmes. The most significant provision of the agreement was that while the International Committee would be responsible for the observance of international conventions and for dealing with national societies and governments on “general questions”, these would not include questions of public health, “which come exclusively within the province of the League in all countries in which the national Red Cross Societies are associated with the League.”

This was a small step towards a more rational organization of international health activities but, two years after the delegates at the Peace Conference had adopted the Covenant of the League of Nations on 28 April 1919, the pattern of international health cooperation was little short of being chaotic.

In Paris the OIHP, firmly rooted in 19th-century conceptions of international health work, was still housed in its “provisional headquarters” at 195 Boulevard Saint-Germain, and had taken no steps to broaden its activities to bring them into line with postwar conditions and aspirations. On the contrary it was jealous of its autonomy, suspicious—not without justification—of the intentions of the League of Nations, and determined to resist any departure from the letter of the Rome Arrangement.

In Geneva, the League of Red Cross Societies had gone from strength to strength. Its Medical Advisory Board, composed almost entirely of top-level medical scientists, had unquestionable authority, and the members of its Board of Governors and Advisory Committee were distinguished representatives of national Red Cross Societies. Its secretariat dwarfed, quantitatively and qualitatively, that of the OIHP and was publishing not only its monthly *Bulletin* but also a bimonthly *International Journal of Public Health*. According to a statement of income and expenditure for the first financial year since the foundation of the LRCS (5 May 1919 to 30 April 1920) published in the *Bulletin*, the American Red Cross had contributed US$ 100 000 for “investigation and research” and other national Red Cross Societies had contributed a total of 3 269 204.75 Swiss francs for relief. For the “General Fund”, from which the headquarters activities were financed, the only income was $ 500 000 representing at the time 2 668 975.00 Swiss francs, provided by the American Red Cross. This had been increased to Fr. s. 2 716 106.65 by interest. In all, therefore, the income for the first year had been over 6 million Swiss francs. 

The League of Nations, also in Geneva, had as yet been able to do nothing in the field of health except to appoint its Epidemic Commission and to improvise plans for the interim period that would elapse before the obstacle that the OIHP constituted could be surmounted. Another small step towards some semblance of coordination of activities was the formation of an Advisory Board of the Epidemic Commission, consisting of Winslow representing the LRCS, Dr Frick and Dr Ferrière representing the International Red Cross Commit-
The International Journal of Public Health was published bimonthly under the responsibility of the "General Medical Department" of the League of Red Cross Societies (LRCS), and its first number appeared in July 1920. In an introduction, its editor announced that the journal was to be the "official scientific organ" of the LRCS. It was published in complete versions in English, French, Italian, and Spanish, and its editor commented: "this, we believe, is an undertaking never before attempted on such a large scale". The first article in the first number was by a most eminent author—Albert Calmette—and his subject was "The Protection of Mankind against Tuberculosis". In this article, which is now of some historical interest, Calmette foretold the development of active immunization against tuberculosis, saying that "scientifically established facts show that we may regard it as possible by a process of active vaccination to assure the protection of man against bacillary infection". It was not until 1924 that Calmette published, with C. Guérin and B. Weill-Hallé, the first results of his trials with BCG, an attenuated mutant of the bovine tubercle bacillus, obtained after 13 years of successive culturing. Articles on tuberculosis and other communicable diseases were prominent during the short life of the journal, but various aspects of social medicine and nursing were also treated. By 1921 the journal was in financial difficulties and its last number was published at the end of that year. In May 1922 the Provisional Health Committee of the League of Nations decided that, while recognizing the "great services" that the journal had rendered, it could not provide financial assistance for its resumption. Nevertheless, it confided to the Medical Director of the Health Section, Ludwik Rajchman, the impossible task of studying "by what practical means it might collaborate with the League of Red Cross Societies in this matter". But even Rajchman was unequal to the task of providing practical help without money. The LRCS also published a monthly journal—the Bulletin of the League of Red Cross Societies—which was described as its "official lay publication". In 1922 both these periodicals were superseded by The World's Health.

Fortified by the veto of the USA, the OIHP becomes recalcitrant, April–May 1921

A few days later, on 25 April, the Permanent Committee of the OIHP began its spring session. A long discussion ensued of the proposal of the League of Nations for a provisional technical committee to advise the League on questions of health.72 This proposal had been communicated to the OIHP in a letter of 11 March from the Secretary-General of the League, and in introducing it to the Permanent Committee Velghe commented that it constituted a recognition of the existence of the OIHP. It was much in the interest of the OIHP, he added, that it should be involved in the creation of the provisional technical committee.

The veteran Barrère of France took a different view. While it was useful, and even necessary, to have relations with the League, these relations should not be such as to result in the absorption of the OIHP or its transformation into a secondary organization. And then Barrère produced his bombshell: the US Government had informed the French Ambassador at Washington that it could not accept the attachment of the OIHP to the League of Nations. In view of the US veto, Barrère

71 OJ, LON, 1921, 2: 352-353.
moved that the debate be adjourned until the views of all 39OIHP members had been obtained. Velghe reminded the committee, “to avoid any misunderstanding”, that only a provisional technical committee was under discussion. Buchanan, the British delegate, then intervened. While he fully agreed that theOIHP should not be reduced to servitude, members of the committee were hygienists, and should wish exclusively for the progress of international hygiene. It was in the name of this indispensable progress that the request had been made to appoint a provisional technical organism without awaiting the results of lengthy diplomatic negotiations, and in his opinion the committee could reply affirmatively. To reject the League’s proposal would be to miss the opportunity, perhaps unique, to develop the services of theOIHP. But a large majority of delegates who participated in the discussion supported Barrère. Buchanan again intervened to point out that it was not a question of an adjournment of the debate but of a “definitive and categorical rejection” of the proposal of the Council of the League that, pending diplomatic consultations with all members of theOIHP, a provisional technical committee should be appointed. Such a rejection would imply the simultaneous existence of two international health organizations. Velghe then summed up. The majority had pronounced itself in favour of “adjournment” (Buchanan’s completely logical objection to this term was disregarded). Did Buchanan accept this decision? To this Buchanan replied: “I accept it from respect for the general opinion of this committee.” (Unanimous applause.)

Thus for the second time were the League’s proposals, this time very conciliatory, to make a start with the health activities to which it was committed by the Covenant thwarted by the opposition of theOIHP. From a strictly legal point of view the position of theOIHP was unassailable. But had its delegates been unanimous in accepting the League’s proposals, it seems unlikely that their governments—except, perhaps, that of the USA—would have repudiated their decision. Moreover, it was anomalous that while in Geneva it was Bourgeois, the French delegate to the Council of the League, who—as rapporteur—had put forward the proposal for a provisional technical committee on health withOIHP participation, in Paris it was Barrère, the French delegate to theOIHP, who was successful in suppressing it.

The Temporary Health Committee of the League, May 1921

It had been agreed that the session of the provisional technical committee should open in Paris on 5 May, the day after the closure of theOIHP session. The six members appointed by the League—Buchanan (Britain), Bernard (France), Lutrario (Italy), Saito (Japan), Carozzi (ILO), and Winslow (LRCS)—duly appeared in Paris, with Dame Rachel Crowley and Steegman of the League of Nations constituting the secretariat, and met on the appointed day under the different title of the “Temporary Health Committee of the League of Nations.” In a letter of 27 April Velghe had conveyed to the Secretary-General of the League the refusal of theOIHP to participate. Here, in effect, was a ball at which the only participants were wallflowers waiting for partners who failed to appear! The six members appointed by the League were there, but theOIHP had refused to recognize their existence.

The session of this emasculated “Temporary Committee” lasted for only two days, for a total duration of 3 hours and 25 minutes. Léon Bernard was elected Chairman, and on his request the interpreter read a translation of a very comprehensive but concise report by Steegman on the events that had led to the meeting. In this report Steegman had used the term “amalgamation” of theOIHP with the League, and Bernard asked that this should be replaced by “combined action” in English and “rattachement” in French. This change was duly made in the printed text but such a change was illogical because it implied that it was not “amalgamation” to which the United States had objected but “combined action”. Bernard then explained that he had not been appointed by the French Government as a member of the Temporary Committee and that he was “only present at the Committee in a national capacity”. This apparently contradictory statement was received without comment, and a discussion followed on what the incomplete committee should or could do. Lutrario questioned the legality of the committee in its present form and proposed that it should adjourn sine die. Buchanan, while not contesting the dubious status of the committee, thought that it should have an “unofficial discussion” and make “unofficial proposals” to the League of Nations. Winslow agreed, and thought that they could propose, as had been requested by the Secretary-General

73 League of Nations. Temporary Health Committee of the League of Nations. Minutes of the first and second meetings of the Committee held in Paris on May 5th and 6th, 1921 [no date or place of publication.] In French the committee was called “Comité Provisoire”, which was also the French-language title of the subsequent “Provisional Health Committee” of the League. Curiously enough, the report of the Temporary Committee has been omitted from the otherwise exhaustive “Bibliography of the technical work of the Health Organization” which was issued as volume 11 (1945) of the Bulletin of the Health Organization, League of Nations.

74 Ibid., pp. 10-11.

75 Ibid., p. 3.
The proceedings of the abortive "Temporary Health Committee" of the League of Nations. The first "Health Committee" ever convened by the League of Nations turned out to be a fiasco. For the whole of its existence the Health Organization of the League was faced with the problem of how to reconcile the health responsibilities assigned to it under Article 23 (f) of the Covenant with the pre-existence of another intergovernmental health organization—the Office international d'Hygiène publique (OIHP). It adopted the eminently sensible solution that this problem should be discussed by a joint provisional (in the event, called "temporary") health committee, whose members were to be nominated in equal proportions by the League and the OIHP. This committee was to meet in Paris on 5 May 1921 immediately after a session of the Permanent Committee of the OIHP. The members nominated by the League duly met in Paris on the appointed day—only to learn that the OIHP had decided that it would be inconsistent with its constitution (the Rome Arrangement of 1907) for some of its delegates even to discuss the future direction of international health work. In the two decades after the First World War the OIHP repeatedly rebuffed all efforts by the League of Nations to rationalize the organization of international public health and to bring it into line with more modern, and more liberal, conceptions. The OIHP was constantly harking back to the Rome Arrangement of 1907, which reflected the priorities of another world.

of the League of Nations, names of persons to fill the five vacant places on the committee. However, Lutrario pointed out that if this were done the seats reserved for delegates of the OIHP would be occupied.

In the event, the only action taken was the adoption of the following resolution:

The Members present, before adjourning, recommend to the Council of the League of Nations to ask Dr Steegman, pending the appointment of a Medical Secretary, to continue to act in the Secretariat as Technical Adviser on health questions, as he has done for some time; before the close of the meeting, they wish to congratulate Dr Steegman upon the work which he has accomplished for some time.85

Thus, over a year after the International Health Conference, no progress whatsoever had been made in resolving the problem of the coordination of international health work—the deadlock continued.

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85 Note 73, p. 6.
CHAPTER IV

The troubled relations between the Office international d’Hygiène publique and the provisional Health Committee of the League of Nations

On 21 June 1921 the Council of the League adopted at its 13th session a report by Gabriel Hanotaux of France (who had replaced Bourgeois as rapporteur) on a “Provisional Health Organization”. This was to comprise a “Provisional Health Committee” and a secretariat, the committee consisting of 12 members invited by the Council “on the strength of their technical qualifications and not of their nationality”. The committee was also to include one representative of the ILO and one of the LRCS, for a total of 14 members. Members of the Committee were to express their personal opinions and not the views of their governments. Here was an absolutely fundamental departure in international health work, which came about not for reasons of policy but as a means of circumventing a stalemate. It was, in fact, an ingenious stratagem for dodging the tiresome exigencies of the Rome Arrangement, for, as the Provisional Health Committee was first constituted, 10 of its 14 members were also members of the Permanent Committee of the OIHP—but invited in their personal capacities. Moreover, this solution opened up the possibility of securing the collaboration of experts from the USA. The Secretary-General was requested to maintain contact with the OIHP—the 10 OIHP delegates who were members of the committee having presumably forgotten their affiliation with that body—in order to avoid duplication of effort, and also to offer it representation on the new committee if it so desired!

This was the third formula proposed by the League of Nations for its Health Organization, and it was one that the OIHP had no power to obstruct. It was to last for 3 years and be replaced by a fourth formula, which, in its turn, was to be replaced by a fifth some 12 years later. The fifth formula was to last for 3 years before the League—but not the OIHP!—collapsed.

The first session of the Provisional Health Committee was held in Geneva from 25 to 29 August 1921. Three of the 14 appointed as members were unable to attend, and 7 of the remaining 11 were also OIHP delegates. Winslow represented the LRCS and Carozzi the ILO. The initial meeting was opened by the Secretary-General of the League, Sir Eric Drummond, who summarized the events that had led to the appointment of the committee. He recalled that according to the Assembly resolution of 10 December 1920 the Medical Secretary was to be appointed by the Council in conjunction with the Secretary-General. However, the Council had since decided that the Secretary-General should make this appointment on his own responsibility. The “appointment had been dictated by considerations of nationality and the choice had fallen on Dr Rajchman, one of the Commissioners of the Epidemic Commission”, who would take up his duties before the beginning of November.

On the proposal of Léon Bernard, the committee then elected Thorvald Madsen of Denmark as President. There followed a discussion of what were to be the duties and the future of the Provisional Health Committee. Velghe, in a comment that was surely not an overstatement, said that the position

17 OJ, LON, 1921, 2: 709.
Leon Bernard, born in 1872, was Professor of Clinical Tuberculosis at the Faculty of Medicine, Paris, President of the Conseil supérieur d’Hygiène of the French Ministry of Health, and Secretary-General of the International Union against Tuberculosis. His close association with international health work started in April 1919 when he was a delegate to the Medical Conference in Cannes. In the following year he was appointed member of the Medical Advisory Board of the League of Red Cross Societies (LRCS). He was one of four French delegates to the International Health Conference convened by the League of Nations in London in April 1920. In 1921 Bernard was one of the members appointed by the League to the “Temporary Health Committee” that was supposed to comprise an equal number of members appointed by the League and the Office international d’Hygiène publique (OIHP). He was elected President of this committee, but as the OIHP refused to cooperate, the committee met only to conclude that it had nothing to do. Bernard was a member of the Provisional Health Committee of the League, which lasted from 1921 to 1923, and then of the permanent Health Committee that was established in 1924. Until his death in 1934, he participated in all the 21 meetings of the permanent committee that had been held, except the 9th and the 18th. At its 22nd meeting in October 1935, the Health Committee paid tribute to the lasting contribution that Bernard had made to its work. On 25 January 1937 the Council of the League of Nations authorized the Secretary-General to establish the Léon Bernard Foundation, and from the interest on this endowment the Léon Bernard medal and a modest monetary prize are awarded at irregular intervals to those who have made an outstanding contribution to public health. Only one such award was made by the League of Nations— in 1939. In 1948 the First World Health Assembly decided to assume the sponsorship of this Foundation.

adopted by the OIHP “ had brought about a certain vagueness of ideas. It was therefore important that there should be no ambiguity “. He wished to know whether the present committee was the Technical Committee for which the Assembly resolution had provided, or was it a provisional committee “ pending the final organization of the Technical Committee “? Steegman, as Acting Medical Secretary, replied that “ this Committee was neither the General Committee nor the Technical Committee “. The committee “ had, in fact, greater powers than the Technical Committee, as it represented both that Committee and the General Committee “. This explanation appeared to satisfy all committee members, and they then embarked on an inconclusive discussion of the respective roles of the committee and the OIHP. At one point Lutrario, one of the majority of members who were also OIHP delegates, pointed out that 39 countries had signed the Rome Arrangement, to which Steegman retali­ated that the League had 48 members, 21 of which were not members of the OIHP.

At its next meeting the committee heard reports delivered personally by White and Rajchman on the work of the Epidemic Commission. The situation in Poland had improved, “ but a new danger was caused by epidemics now raging in Russia “. The Epidemic Commission had not hitherto been considered as forming part of the projected Health Organization of the League, and reported directly to the Council, but Léon Bernard now proposed a resolution, which was adopted, that the Commission “ should be amalgamated with the Health Section of the League “.

Discussion of the respective roles of the committee and the OIHP was later resumed. Velghe suggested that “ the difference between the two organizations would not lie in their functions but in their methods ”. Léon Bernard deprecated any attempt to arrive at a precise specification of respective functions. “ He considered that there would be some drawbacks in making the existence of two International Health Organizations too plain to the Assembly. ” The danger threatening the Health Organization, he continued, no longer came from the attitude of the Office, but from the possible attitude of the Assembly, which might cavil at the creation of a new Health Organization, in view of the existence of the Office international. It was, therefore, advisable not to go into details, but no demonstrate in a general fashion the difference, rather than the similarity between the functions of the two organizations.

The hour was by then late, and there was no comment on this rather Machiavellian approach. As is usual when there are wide divergencies of
opinion in committee, the whole question was referred to a subcommittee.

**Action by the Council and the Assembly of the League, September 1921**

The report of the Provisional Health Committee, dated 29 August 1921, was presented on 2 September at the 14th session of the Council by Léon Bourgeois, who summarized its main recommendations, recalled the terms of the Assembly resolution of 10 December 1920, and explained that the OIHP had declined to be assimilated. Nevertheless, while the OIHP would remain “autonomous and independent” the Provisional Health Committee proposed to consult it “whenever circumstances require”, which would mean that the OIHP would perform in a *de facto* capacity the functions that had been envisaged for a General Committee. Bourgeois supported this proposal of the committee—which was very far removed from the scheme that the Assembly had adopted—as well as its recommendations that the Epidemic Commission should be attached to the Health Organization and that it should visit the Soviet Union to investigate health conditions there. However, he made the reservation that the Health Organization should remain provisional “for some time yet . . . so that we shall be in a position to gauge the results of this organization’s work before giving it permanent status”. His report was adopted by the Council and, three weeks later, by the Second Assembly.

The Council also heard a statement by Norman White, Chief Commissioner of the Epidemic Commission, on voluntary contributions received from governments in response to the Secretary-General’s appeal 14 months previously for £2,000,000. During this period, 17 countries had subscribed a total of £126,397—slightly more than 6% of the amount requested—and, among the Big Five, only Britain and Japan had responded. White then summarized the supplies and building construction that had been possible with available funds, and warned that reports of a cholera epidemic in the Soviet Union were a cause for alarm.

On 6 October 1921 the Presidents of the Assembly and of the Council jointly addressed a letter of appeal to all Member Governments, pointing out that: “To the horrors of typhus has been added the danger of cholera. The Russian famine is driving across the Polish frontier thousands of refugees, many of whom are carrying infection.”

**The OIHP victoriously independent, October 1921**

The Permanent Committee of the OIHP held its sixth postwar session in Paris from 10 to 19 October 1921. Early in the session, Velghe gave a long account of the first meeting of the Provisional Health Committee and of the acceptance by the Council and the Assembly of its proposals. Delegates would have noted with satisfaction, he said, that the OIHP was strongly represented on the provisional committee, while maintaining its entire independence. The original proposal for a tripartite structure of the Health Organization of the League had been reduced to an organization consisting of a Health Committee and a Health Section. He was proud to state that this result was due to the authority that the OIHP enjoyed. This was the most precious of encouragements, and constituted “for the Office that is so dear to us the most certain guarantee of the future. (Lively applause).”

At a later meeting, Pulido of Spain spoke at great length, largely repeating in more emotional terms what Velghe had already said. Steegman, he revealed, had at one point in the discussions of the provisional committee made the “cordial and happy gesture” of tearing up the document containing the resolution of the First Assembly of the League on the creation of the Health Organization. From that moment, the debate assumed such a cordial, even affectionate, character—so inspired by the desire to find the structure most suitable both to the requirements of the League and those of the OIHP—that all was quickly and perfectly resolved.

Pulido concluded by rendering homage to Camille Barrère, “the great protector of our institution. (Applause.)”. He was followed by Jorge of Portugal, who had not been one of the OIHP members of the provisional committee. Speaking of those who had, he said that their conduct had been “irreproachable, and in certain respects meritorious”, notably Velghe, “our noble President, noble by your intelligence and fineness of spirit, noble by your character and loyalty of heart. (Lively applause).” These fulsome compliments were the prelude to some very critical comments on the outcome of the “irreproachable” conduct of the OIHP members of the provisional committee. “It is bizarre to say that the members appointed *act in a personal capacity*. Nevertheless, one still speaks of geographical representation.” Jorge then stated that at the Assembly the delegate of [British] India had said that the proposed new Health Organization constituted the “usurpation of an oligarchy”.

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80 OJ, LON, 1921, 2: 1082.
81 OJ, LON, 1921, 2: 1250-1251.
83 Ibid., p. 112.
International health would be represented by two bodies—the OIHP as a consultative organ, and the Health Committee as the organ for action. What would be the sphere of action of the “Genevese committee”? Who would make the decisions—sometimes of incalculable importance? 84

There was much more in the same vein. At the first postwar meeting of the Permanent Committee in June 1919, Jorge had declared that for him, “personally and by temperament”, the serenity and calm of the OIHP were one of its great attractions. 85 It did not try to get itself talked about, and was the enemy of noisy and disorderly publicity. It pursued its work of applied science and the practice of hygiene without bothering to let the vulgar know about it. Now, over two years later, Jorge was to express a different view. “Perhaps the Office is too content to be modest.” Every centre of action needed “waves of propagation”, a little of the special noise for which the public asked.

Barrère then expressed his satisfaction that the integrity of the Office had been preserved, but with some reservations at the fact that “the two organizations will often be concerned with the same matters”. He was much honoured by having been described as the “protector” of the OIHP, which would continue to have his entire devotion. In fact, that Barrère should have had any influence at all in planning international health work was grossly anomalous. He was neither a health expert nor a health administrator, but a fulltime professional diplomat. At the time of the meeting that resulted in the Rome Arrangement of 1907, at which he presided, and for many years after, he was the French delegate in his capacity as French Ambassador at Rome. He had also presided at the inaugu-

82 p. 112-117.
eral meeting of the Permanent Committee of the OIHP in Paris in November 1908, at which he had declared that the Rome Arrangement was the symbolic expression of “the marriage of diplomacy and medicine”—surely unusual bedfellows!

Barrère was followed by Madsen, who assured his colleagues that the members of the Provisional Health Committee had had no say in either its membership or its constitution. “We found ourselves in Geneva before a fait accompli.” Velghe then summed up by saying that what had been decided in Geneva might not be an ideal solution. But it had safeguarded the independence of the OIHP. He concluded by hailing Barrère as the “high protector” of “the institution that he has founded”.

At the next two sessions of the Permanent Committee of the OIHP, in May and October–November 1922, exchanges of a few routine communications with the League of Nations were reported but any real collaboration of the two international health bodies remained entirely theoretical.
CHAPTER V

Famine and pestilence in Eastern Europe

From mid-1921 significant changes began to occur in the League of Red Cross Societies (LRCS). The Director-General, Sir David Henderson, died in Geneva on 17 August 1921 and was succeeded by Sir Claude Hill. On 29 August René Sand of Belgium became Secretary-General in place of Rappard. Sand was to become, a quarter of a century later, the Chairman of the Technical Preparatory Committee for the International Health Conference, which was held in Paris in March-April 1946. Winslow, having spent the months of April to September 1921 with the LRCS, returned to Yale, and Santoliquido became the LRCS representative on the Provisional Health Committee of the League of Nations. Meanwhile, the health situation in the USSR had become appalling, and in its October-November issue the Bulletin of the LRCS stated: “The famine in Russia continues to be the main preoccupation of the Joint Council of the International Committee of the Red Cross and the League of Red Cross Societies.”

Unfortunately, the high hopes for the LRCS, which had so quickly appeared to be well on the way to realization, had become dimmed. The conception of the LRCS and its constituent national organizations as a vast worldwide movement to promote world health through the stimulation of medical research, the practical application of existing scientific knowledge, and a massive campaign of health education, was receding into the distance. The fervent public enthusiasm for the voluntary support of Red Cross activities that had been awakened by the stimulus of war had not survived three years of peace. One of the first activities to be sacrificed was the International Journal of Public Health, which had been published since July 1920 in separate English, French, Italian, and Spanish editions. The fate of this journal was to be discussed at the third session of the Provisional Health Committee in May 1922, when Rajchman said that it was one matter “in which it might be possible for the Health Committee to assist without delay the League of Red Cross Societies.” The LRCS had been obliged to discontinue publication of the journal at the end of 1921 “for lack of funds.” The Health Committee could not finance this journal, but it might, Rajchman suggested, “adopt a general resolution inviting the Health Section [i.e. Rajchman, its Medical Director] to enquire whether some useful means of assistance might be found.” What, if anything, Rajchman had in mind it is impossible to guess, for all that was lacking was money. Nevertheless, the Health Committee adopted a resolution in which it recognized “the great services” that the “International Health Review [sic]” had rendered, and invited the Health Section “to study by what practical means it might collaborate with the League of Red Cross Societies in the matter.” The always astute Rajchman had, in reality, decided that the best way of dealing with this awkward question was to draft an anodyne resolution inviting himself to find a “practical” solution to a financial deficit without providing any money. It need hardly be added that such a solution did not materialize. But for the LRCS the collapse of the International Journal of Public Health was the beginning of the end of Davison’s visionary conception, fully endorsed by the eminent medical scientists at the Cannes conference of 1919, of a dynamic and worldwide international health organization.

* Bull. LRCS, 1921, 2: 391, 427.
* Bull. LRCS, 1921, 2: 473.
* Bull. LRCS, 1921, 2: 522.
Provisional Health Committee of the League, second and third sessions, October 1921 and May 1922

The second session of the Provisional Health Committee was held in Paris on 20–22 October 1921, with Steegman still as the Acting Medical Secretary. In his report he stated that the Council of the League of Nations had approved a budget of 400,000 gold Swiss francs for the Health Organization in 1922 but that the Assembly had reduced this to Sw.fr. 392,125—then the equivalent of £18,825. This budget provided for a Medical Director (earlier referred to as Medical Secretary), 2 Assistant Medical Officers, 1 Assistant Technical Officer, and an unspecified number of technical assistants, technical clerks, craftsmen, and secretaries—a truly humble beginning compared with that of the bureau of health of the LRCS. Steegman also reported that the Assembly had resolved that the Epidemic Commission should form part of the Health Organization, and that Rajchman was to assume office as Medical Director on 1 November.

In the discussion, Steegman expressed the view that “the incorporation of the Epidemic budget in that of the Health Organization offered advantages and disadvantages. Such an incorporation could only be carried out in 1923.” This was, presumably, because the Health Organization’s 1922 budget had already been voted and, according to Steegman, the Assembly “had not accorded any special funds” for the Epidemic Commission out of its regular budget. During the session, Steegman announced that Knud Stouman, the statistician of the LRCS, had been given a temporary appointment of 3 months to the staff of the Health Section. Rajchman attended the session, and at the closing meeting the Chairman welcomed him as the new Medical Director.

The Assembly had agreed that the Medical Director should be empowered to communicate directly with the health authorities of Member governments. Accordingly, on 5 December 1921 Rajchman wrote to national health administrations informing them that the Health Section intended to
organize an epidemiological intelligence service and inviting them to send regularly to the League their official returns, bulletins, and reports relating to diseases and causes of death.\(^*\) 

At the 16th session of the Council in Geneva on 10–14 January 1922 Rajchman was present to answer questions on his report on the work of the second session of the Provisional Health Committee.\(^{\text{94}}\) Most of this report referred to the report of the Epidemic Commission, which it annexed. The Commission estimated that in 1919–1920 there had been in the Soviet Union 20 million cases of typhus. The cholera epidemic had subsided, but the Commission emphasized particularly the importance of the role that carriers had played in its transmission. Rajchman and White, the Chief Commissioner, had spent 6 days in Moscow in discussion with Nikolai Semashko, People’s Commissar for Public Health, and other Soviet authorities. Health and economic conditions in Moscow were so bad as to defy the imagination. Hospital nurses were paid a salary of 5000 roubles a month—but the price of a cake of soap was 8500 roubles!—and they were given food every other day. Later in the year Fridtjof Nansen—who in the same year was awarded the Nobel Peace Prize—was to report to a plenary meeting of the Third Assembly that conditions outside Moscow were even worse. To say that 2 million had died of starvation would be an underestimate. “In the richest granary of Europe”, Nansen stated, “salted human flesh had been sold in the market places.” On 14 January the Council resolved “that the Epidemic Commission be placed under the control of the Provisional Health Organization of the League, and particularly under the direction of the Medical Director”. In the same resolution the Council made “a pressing appeal” to governments to make financial contributions to the Commission.\(^{\text{95}}\)

Rajchman’s report referred to another important development: the Health Committee had decided to “begin experimental inquiries on the standardization of sera and the sero-diagnosis of syphilis”. This decision was to lead to one of the greatest achievements of the Health Organization of the League—the development of international biological standards for therapeutic, prophylactic, and diagnostic substances that could not be calibrated by their chemical or physical characteristics. The 19th session of the Council was held in London on 17–24 July 1922. One of the items of the agenda was the report of the third session of the Provisional Health Committee, which had been held in Paris on 11–16 May 1922.\(^{\text{96}}\) Lord Balfour and H. A. L. Fisher, delegates of “The British Empire”, stressed the importance of making arrangements for the revision of the International Sanitary Convention of 1912, advocated by both the Provisional Health Committee and the Office international d’Hygiène publique (OIHP). Accordingly, the Council adopted a resolution requesting the French Government to convene an “International Health Conference” for this purpose. The Council authorized the Secretary-General to place at the disposal of the French Government and the conference the services of the “technical organizations” of the League, and expressed the hope that by this means cooperation between the OIHP and the Provisional Health Committee would be strengthened.

The report of the Provisional Health Committee covered a wide range of subjects, including: epidemiological and statistical intelligence; the standardization of diphtheria and tetanus antitoxins; plans for a conference on tropical diseases in Africa; the exchange of public health personnel; and epidemic diseases in the Near East. As regards the last of these subjects, the Health Committee had sent a commission, consisting of its Chairman (Madsen), Buchanan, N. M. J. Jitta of the Netherlands, R. Jorge of Portugal, and H. Violle of France, to study measures for the control of epidemics in the Eastern Mediterranean and Black Sea areas and also in those affected by the Mecca pilgrimage. In their report they had made a number of detailed recommendations for changes to relevant articles of the International Sanitary Convention of 1912.\(^{\text{97}}\) The committee had also adopted a budget for 1923 of 740 500 Swiss francs.

**Continuing activities of the LRCS**

The last issue of the 1921 volume of the *International Journal of Public Health* contained an announcement that it was, after an existence of 18 months, to discontinue publication, but that the *Bulletin* of the LRCS, which had completed two annual volumes, was to continue. In the event, and without any explanation, both periodicals were superseded by *The World’s Health*, which began publication with volume 3.

In spite of the suspension of its scientific journal, the LRCS continued to be active in other directions. The second session of its General Council, held from 28 to 31 March 1922, was attended by delegates of 35 Red Cross Societies.\(^{\text{98}}\) The League of

\(^{\text{93}}\) O. J., LON, 1922, 3: 62.

\(^{\text{94}}\) O. J., LON, 1922, 3: 177-184.

\(^{\text{95}}\) O. J., LON, 1922, 3: 110.

\(^{\text{96}}\) O. J., LON, 1922, 3: 810-812.

\(^{\text{97}}\) O. J., LON, 1922, 3: 938-978.

\(^{\text{98}}\) The *World’s Health*, 1922, 3: 153.
Nations representatives were Rajchman, Dame Rachel Crowdy, and Philip Noel-Baker, who was to be awarded, in 1959, the Nobel Peace Prize. In his opening address, the new Director-General, Sir Claude Hill, stressed that the "main and primary purpose of the League and national Red Cross Societies at the present time should be to awaken the hygienic conscience of the world". Hill then went on to state that a misunderstanding existed as to the coexistence of two independent international Red Cross organizations. Fusion of the two bodies would, he said, never be possible. The International Red Cross Committee must always be neutral, especially in time of war. All its members were not only Swiss but also citizens of Geneva—the most neutral canton of neutral Switzerland. The LRCS, on the other hand, represented only its member Red Cross Societies. Six months later, however, the Board of Governors of the LRCS was to affirm that "reorganization of the two international Red Cross bodies upon a basis of complete organic unity is urgently necessary".99

The second General Council did not address itself to the question of International Committee/LRCS relationships, but it did recommend "that the co-operation between the League of Nations, the Office International d'Hygiène Publique and the League of Red Cross Societies should be constantly strengthened".100 In the course of the session, Dr Ross Hill of the American Red Cross praised the work of the LRCS during its first two years. The American Red Cross, he added, "begs the privilege of guaranteeing the budget of the League for the next two years."101

On 1 April 1922, the day following the close of the General Council session, there was a meeting of the Board of Governors, and Henry Pomeroy Davison announced his resignation as Chairman. On 6 May 1922, only 7 weeks later, he died.102 Davison had fought gallantly and with the utmost tenacity to promote his ideal that the League of Red Cross Societies should be the core of a worldwide movement for promoting health.

International Classification of Diseases

One of the most remarkable and successful initiatives of the LRCS during Davison's lifetime had been to propose to the French Government in 1920 that it should convene in Paris the third decennial conference for the revision of the International Classification of Diseases and Causes of Death.103 The conference, for which the LRCS paid the expenses, opened on 14 October 1920. According to the opening address of the French Foreign Minister, 43 countries were represented.104 However, in a revised version of the classification published in 1923, only 23 countries are listed as having signed immediately the convention adopting the classification, 15 others signing later.105 The Secretary-General of the conference was Jacques Bertillon, the real author of the classification. He had served in the same capacity at the first (1900) and second (1909) conferences. The LRCS was represented by Knud Stouman. Not only had it financed the conference, but it subsidized the two publications that were the outcome of it (notes 104 and 105).

The International Classification was discussed by the Provisional Health Committee at its third session in Paris in May 1922. Buchanan—then Sir George—asked when the definitive version of the classification would become available.106 He recalled that the LRCS had "paid the expenses" of the revision conference and that it had published in the International Journal of Public Health a short version of the classification, which had been adopted by the British Government for its 1921 statistics. However, continued Sir George, the British statistical authorities were concerned at not having received from the French Government the final text. "The preparation of this text had been left to the Red Cross Societies. If the delay had been due to financial difficulties, the Health Committee might perhaps desire to finance the work which had still to be done."

Rajchman then intervened, saying that there were three questions to be considered. The first was whether the Health Organization of the League of Nations could properly intervene in this matter. "This was a delicate question. The Conference had been convened by the League of Red Cross Societies and the French Government had acted as the executive of the Conference. It was therefore hardly possible for the Health Section to intervene on its own initiative. In any case, the position of the French Government must be ascertained." Rajch-

100 The World's Health, 1922, 3: 182.
102 The World's Health, 1922, 3: 201.
Nikolai Aleksandrovich Semashko was the first People’s Commissar for Health of the Russian Soviet Federated Socialist Republic. In the time of the Tsars he was imprisoned and exiled several times for his political activities, the first time in 1895 in Moscow, while he was still a medical student. Forbidden to return to Moscow, he completed his medical studies at Kazan University. He was last arrested in 1905 and spent some months in prison. Released on bail, he fled to Geneva, Switzerland. There he met for the first time Lenin, with whom he subsequently had a long and close relationship. It was not before September 1917 that he returned to Moscow, where he participated in the October revolution. In the grim postwar years of civil war, foreign armed interventions, epidemics, and famine, Semashko was instrumental in laying the theoretical and organizational foundations of the Soviet public health system. Before coming to Geneva, Semashko had worked as a rural district physician under the most discouraging conditions. The district was vast, the nearest medical colleague was over 40 km away, the peasants were poverty-stricken, there were no cultural amenities, and there was constant police surveillance. This experience, and his previous social convictions, caused him to realize the importance of health education of the public, and he is credited with saying: “The health of the working masses must be in the hands of the working man.” In 1920 Dr L. Haden Guest, who visited the USSR as member of a delegation of the British Labour Party, described Semashko as “a man of trained scientific mind, a mind which tries to see the facts as they are; he does not wish to exaggerate or to conceal facts. He spoke to me and my friends with an admirable directness and precision.” In 1922 Ludwik Rajchman, Medical Director of the Health Section of the League of Nations, and Norman White, its Chief Epidemic Commissioner, spent six days in Moscow for discussions with Semashko, and in January 1923 Semashko visited Geneva to present to the Provisional Health Committee of the League a very frank account of health conditions in his country. At that time the USSR did not recognize the League of Nations but, as Semashko explained, he met with the members of the Health Committee because they were “dealing with humanitarian and not with political questions”. Semashko promoted the foundation of the Institute of Public Health and the History of Medicine, in Moscow, that now bears his name.

man’s formulation was inexact, for the formal position was that the French Government had convened the conference. Nevertheless, his statement provides an eloquent indication of the prestige that the LRCS enjoyed in its early years. Rajchman’s next two questions begged the first: the second was whether the work should be a charge to the budget of the Health Organization of the League, and the third was whether Knud Stouman, by then statistician of the Health Section, should be asked to undertake it. The committee decided to appoint a subcommittee to consider these questions.

Later Buchanan announced that he had understood from Léon Bernard—both of them having been members of the subcommittee—that the delay in producing the definitive version of the classification was due to the ill-health of Bertillon and to a “misunderstanding of the position”. The text of the classification was now fully established and in the possession of Knud Stouman in Geneva. The committee, now reassured, adopted a resolution informing the Council of the League of a proposal to invite all Member governments to adopt the classification approved by the Paris conference of 1920. The committee had not in fact even seen the definitive text of this classification but, nevertheless, in its resolution “begs” the Council “to take any practical measures to accelerate the carrying out of this resolution, by aiding the publication of the official List of the Causes of Death or otherwise.” In other words, Member countries were invited to adopt a classification that was in the custody of Knud Stouman in Geneva but had not yet been published.

Note 106, p. 68.
Provisional Health Committee of the League, fourth session, August 1922: the Russian famine

From 14 to 21 August 1922 the Provisional Health Committee held its fourth session in Geneva, but in the published record of this session the word “Provisional” was dropped. As if the history of international health work were not sufficiently complicated in these postwar years, there were published reports of the fourth, fifth, and sixth sessions of the “Health Committee” in 1923, followed by a first session of the “Health Committee” in 1924. At its fourth session, the former committee reluctantly bowed to a decision of the Assembly that its membership should be increased to 16. This number, it declared, could not be exceeded without modifying the character of the committee as an executive body. If more members were appointed there would be complaints from countries not represented, and this would “overthrow the established principle that members of the Committee do not represent their Governments.”

The committee had before it a detailed report of the Chief Epidemic Commissioner, White, on the work of the Commission in Eastern Europe, the main points of which were summarized in a report by Rajchman. White had signed an agreement with “Messrs Litvinov and Rakowsky, representing the Soviet Governments of Russia and the Ukraine”, enabling the Epidemic Commission to extend its work from Poland to the Soviet Union and guaranteeing appropriate privileges and immunities to its members and their agents. As the Soviet Union did not recognize the League of Nations, the formal position of the Epidemic Commission in that country was that it was the executive organ of an International Commission consisting of the Provisional Health Committee (whose members, it should be recalled, were appointed in a personal capacity) and a representative of the People’s Commissariat for Public Health. The People’s Commissariat had made available to the Health Section “facilities for collecting epidemiological intelligence, and all kinds of publications are being supplied regularly.” The health situation continued to be very grave. In the first 5 months of the year, at least 2 million cases of typhus and relapsing fever had been reported. “New centres of cholera are being discovered every day, 70 provinces now being involved.” The disease had spread mainly along railway lines, largely by railway employees and refugees.

In his report Rajchman posed the question whether there had been any real improvement in the health situation and then proceeded to answer it himself. There was undoubted improvement, he wrote, in regard to professional medical activities. “The extent and seriousness of scientific work, both laboratory research and clinical observation, carried out in Russia under most trying circumstances, are increasing every day.” The health services in the provinces—“the actual health workers, not the bureaucrats”—were doing good work. However, “strange as it may seem”, the opportunities for this work were decreasing every month if not every week. “Russia is reverting now to capitalist practice in State finance and in internal administration.”

Previously, all health services were financed centrally, transport was free, food was obtained on requisition orders, and the staff “received the necessary supplies to enable them to live their precarious existence.” But in accordance with the New Economic Policy, provincial health offices had to be practically self-supporting. Hospital patients, including those with communicable diseases, had to pay 1–3 million roubles per day for their maintenance, and were often refused admission if they could not pay. Credits for transport had been drastically cut and free tickets for peasants repatriated from the East had been abolished. These changes inevitably led to a “protracted period of administrative friction and increased chaos”. Hospitals were being closed and staff dismissed, and sanitary stations were becoming dilapidated. The consequences of the prolonged famine are being increasingly felt by the whole population.” In the Ukraine the situation was “really catastrophic”, and there was not a single family that had not been bereaved by starvation or typhus. Official returns for the Soviet Union were of 2 million cases of typhus up to the end of May 1922, but according to the coefficient of error postulated by the Soviet bacteriologist Professor L. Tarassevitch the real incidence would be 10–12 million. It appeared, wrote Rajchman, as if in the worst affected regions there was “a permanent source of typhus and relapsing fever as the delta of the Ganges is for cholera.” Unfortunately the Epidemic Commission did not have the funds for quick action to improve the situation, owing to the failure of the European governments to respond adequately to the appeal for voluntary contributions. The American Relief Administration, on the other hand, had “introduced into Russia sanitary supplies to the value of $750000, and were it not for these supplies and the ubiquitous nature of the [US] activities, the sanitary line established on the boundaries of Russia might have been broken beyond repair.” These supplies, however, were “being distributed apart from the govern-

109 Ibid., pp. 46–49.
In the early years of the Soviet Union, war, civil strife, armed foreign intervention, and the virtual absence of any public health infrastructure had left a disastrous heritage. Millions died from typhus, cholera, smallpox, and—most important—famine. Hundreds of thousands of displaced persons led a nomadic existence trying to regain their homeland, living off whatever they could find to eat, including dogs, cats, rats, horses, roots, berries, and dung, and spreading epidemic diseases. Cannibalism was not uncommon. In this catastrophic situation the Soviet health authorities inaugurated a massive health education campaign against epidemic diseases. Posters such as the two shown here, produced in 1920, were to be found in the smallest villages, and they included simple texts explaining how diseases were transmitted and how to avoid them. The poster on the left shows how cholera infection is acquired. The other shows the aftereffects of nonfatal smallpox and urges all citizens to become vaccinated.
mental machine of Russia”. This was not the case of the Epidemic Commission, which worked through the health administration of the country. One of the functions that the Commission could usefully perform was to coordinate and control all voluntary effort in the Soviet Union.

Rajchman also announced that the second part of a report to the committee by Tarassevitch on “Epidemics in Russia since 1914” was in press. This was dated 28 July 1922 but did not appear in print until October.¹¹⁰ It described a state of affairs so catastrophic that, as Tarassevitch wrote, it would “require the pen of a Dante, of a Byron, or of a Tolstoi to add anything more or to produce anything adequate to the situation”. The epidemics of communicable diseases were as nothing compared to “the horrors of the famine”. It was “beyond our power to describe these horrors”. All of the regions east of the Volga had been stricken by famine, but there were also famine centres in the whole of the Union except in the north and the west. In the south, the same conditions had now reached the four southern governments. In one of them, Zaporozhye, 80% of the population of more than a million inhabitants was suffering from famine by 7 March 1922, and Tarassevitch estimated that by May of the same year the proportion would rise to 90%. In the Crimea the mortality was increasing day by day: in Sebastopol the price of a pound of bread was 250 000 roubles. Wherever there was famine there were the consequential horrors of the “use of dead bodies for food, cannibalism, and death everywhere”.¹¹¹ Profiteering was a very widespread epidemic sui generis, and extended to the trade in human flesh.

From 1922 to 1923 the Chief of the Medical Division of the American Relief Administration, Leningrad Unit, was Dr W. Horsley Gantt, who subsequently chose to spend the years 1925–1929 doing neurophysiological research in the Soviet Union under the direction of the great Ivan Petrovich Pavlov. Gantt, from his firsthand experience of the worst postwar period of epidemics and famine that had offered an almost insuperable challenge to the young Soviet health administration, published some years later a most valuable history of Russian medicine—which he dedicated to Pavlov and Adolf Meyer—and in which he describes this terrible period.

Against this very black picture of famine and epidemic, war and revolution [he wrote], we see that of a completely regenerated Russia arising from the ruins of the old. This most amazing spectacle loses some of its mystery when we consider that the Revolution had been brewing for several generations and that there was much potential energy and thought, kept under suppression by an antiquated, blind government, which became kinetic only after the Revolution.¹¹²

The members of the Provisional Health Committee had not yet had the opportunity of seeing the Tarassevitch report, but the report of the Epidemic Commission and Rajchman’s summary of it had made quite clear the extent of the disastrous and tragic health situation in the Soviet Union. It was evident that a small committee sitting in Geneva could do little but take note of the dimensions of such a disaster. The other subjects with which it dealt at this fourth session—such as exchange of public health personnel, a subcommittee on tropical diseases, and the third revision of the International Classification (then called Nomenclature) of Diseases and Causes of Death—must have seemed trivial by comparison, but at least it was possible to do something about them. The work of finalizing the classification had been left to the LRCS, but, as already indicated, Stouman had in the meantime joined the secretariat of the Health Section of the League of Nations. Rajchman reassured the Health Committee that: “No responsibility, however, devolved on the Health Section in respect of this work”. Stouman had visited London and, with him, Buchanan and the Registrar-General had “gone to very considerable trouble” to tidy up the classification, “many errors” having been found in the draft adopted by the revision conference. The committee agreed that its secretariat should take up the question of publication with the French Government.

¹¹⁰ Tarassevitch, L. Epidemics in Russia since 1914. Report to the Health Committee of the League of Nations. Epidemiological Intelligence (League of Nations, Health Section), No. 5, October 1922, pp. 5–55.

¹¹¹ Tarassevitch is presumably distinguishing here between the use for food of the flesh of bodies already dead and murder for gastronomic ends.

CHAPTER VI

The Assembly of the League of Nations decides that its Health Organization should continue

From 31 August to 4 October 1922 the 20th, 21st, and 22nd sessions of the Council of the League of Nations were held concurrently, the first having on its agenda only discussion of arrangements for the Holy Places under the British Mandate for Palestine. It met only on the opening and closing days of the concurrent sessions. Why this odd formula of concurrent sessions was adopted is not explained (or else I have not found the explanation in the Official Journal of the League.) But it was the 21st session that included in its agenda the report of the fourth session of the Provisional Health Committee, which had recommended that the Council should add 125,000 gold Swiss francs to the budget for 1923 of the Health Organization to cover the general administrative expenses consequent upon the absorption of the Epidemic Commission. The Council accepted this recommendation on 2 September with the strange proviso that the Epidemic Commission should continue to be responsible for the administration of funds voluntarily donated for medical relief work by governments. Thus, the commissioners, while becoming staff members of the Health Organization, had complete discretion in deciding how to spend voluntary contributions from governments! The Provisional Health Committee had also reported that the total of roughly £200,000 received from governments for the work of the Epidemic Commission—then equivalent to 4,700,000 gold Swiss francs, and only one-tenth of the sum originally requested—was almost exhausted, and that further funds were urgently required.

According to the committee’s report, negotiations were in progress with the Rockefeller Foundation for financial support for the development of the epidemiological intelligence service and the programme for the exchange of public health administrators. The committee had also submitted a proposal, which the Council approved, for a “Commission of Enquiry to be sent to the Far East” at an estimated cost of 30,000 Swiss francs.

At the Third Assembly of the League, which was held from 4 to 30 September 1922, Rajchman testified before its second committee—which was concerned with the League’s “technical organizations”—as to the activities of the Provisional Health Committee, and described how the Epidemic Commission had used the credits available for its work in Eastern Europe.

The Health Committee had proposed that the time had come for the League to establish a permanent Health Organization, but several members of the second committee feared that this would entail an unwelcome increase in the budget. They questioned whether the projected organization would not duplicate the work of the Office international d’Hygiène publique at Paris, and if the final result would not be to create a kind of super-State administration which, in its turn, would necessitate further organizations.

Rajchman and the Director of the OIHP then reminded the committee that the present situation had been brought about “by the inability, during the two preceding years” of the Council and the Assembly to create a single organization out of the OIHP and the Health Committee, “and by the manner in which these two organizations had collaborated”. This explanation amounted to a discreet admission that the two organizations had not collaborated at all!

115 OJ, LON, 1922, 3: 1147 et seq.
117 Journal of the Third Assembly of the League of Nations, 1922, p. 43.
118 Ibid., p. 61.
Ludwik Rajchman was born in 1881 in Warsaw, then within the borders of the Russian Empire, and studied medicine at the University of Cracow. From 1907 to 1909 he was a bacteriologist at the Institut Pasteur, Paris, returning to Cracow to teach bacteriology. From 1910 to 1914 he was chief bacteriologist to the Royal Institute of Public Health, London, and from 1914 to 1917 was a research fellow of the Medical Research Council in the same city. In 1919 he was appointed Director of the National Institute of Health, Warsaw, and in 1920 became a member of the Epidemic Commission of the League of Nations. On 1 November 1921 he took up his duties as Medical Director of the Health Section of the League, from which he resigned early in 1939. After spending a few years as an adviser to the Chinese Government, he became a member of the Council of the United Nations Relief and Rehabilitation Administration (UNRRA). He was largely responsible for the founding of UNICEF, and was the first Chairman of its Executive Board. Later he helped to found the International Children’s Centre in Paris. Rajchman was not universally liked, but all who were professionally associated with him were awed by his intellectual brilliance. He died in 1965, and the author of an obituary notice in the Lancet wrote: “The speed and elusiveness of... his extraordinary mind often made it as hard for his more plodding colleagues to grasp its workings as to pick up a pellet of quicksilver.” According to this author, it was Dame Rachel Crowdy, who had met Rajchman in Poland in 1921, who was instrumental in securing his appointment to the League. W. R. Aykroyd, who was one of Rajchman’s medical staff, recalled in the same journal a discussion that he had had with Sir Edward Mellanby, then Secretary of the Medical Research Council. “Mellanby once said that, while Rajchman’s methods of attaining his objectives were sometimes difficult to defend, the objectives themselves were nearly always admirable and he had the good of humanity at heart. We agreed that Rajchman was perhaps the most remarkable human being we had either of us met.” Despite Rajchman’s unique experience and gifts, he was excluded from all discussions of international health organization after the Second World War.

It has already been noted that the League had from the beginning adopted a tripartite structure for all its “technical organizations” consisting of a general conference, usually meeting annually, an executive committee, meeting more often, and a special section of the League Secretariat. Supposedly the OIHSP was acting as a de facto general conference of the Health Organization without having been formally appointed as such. But this was a polite fiction.

The delegates then discussed whether it would be necessary “to summon an international conference on the model of the Transit Conference” in order to establish a Permanent Health Organization. The whole question was referred to a subcommittee but, in the event, it was decided that an international conference was not necessary.

At the ninth plenary meeting the Assembly considered the report of the second committee on the work of the Health Organization, noting with satisfaction (as Assemblies still “note with satisfac-

117 As of May 1923, the technical organizations were the Provisional Health Organization, the Provisional Economic and Financial Organization, the Communications and Transit Organization, the Advisory Committee on the Traffic in Women and Children, and the Advisory Committee on Traffic in Opium. (League of Nations. Health Committee. Minutes of the Sixth Session held at Paris from May 26th to June 6th, 1923, p. 72).

118 Note 115, pp. 121-123.
task of permanent utility” and that it was “indispensable that it should continue its activities”. The Assembly considered that it might be possible for the constitution of a permanent Health Organization to be prepared for consideration at its next session.

Passing to the situation in Eastern Europe, the Assembly expressed the opinion that the persistence of epidemics “still constitutes a serious danger to the world”, but said nothing of famine—presumably because starvation was not communicable! It noted that the British Government had offered to contribute £100 000 to the Epidemic Commission on condition that other governments provided a total of not less than £200 000. As for the “Temporary Epidemic Commission”, funded entirely by voluntary contributions, the Assembly recognized that it had undertaken “a series of epidemiological enquiries” that had been “made use of by the Health Organization for its own requirements”. It did not seem “equitable” that the cost of this work of interest to all States should be borne by only some of them.

Both the Health Committee and the Council of the League had agreed that 125 000 Swiss francs per annum would be a reasonable estimate of the value of the services of general interest rendered by the Epidemic Commission, and that this would therefore be a fair additional charge to the budget of the Health Organization. The second committee of the Assembly endorsed this principle, but not the amount proposed. Instead, it submitted for adoption by the Assembly a draft resolution deciding “that a sum of frs ........ shall be included in the budget of the Health Organization as a contribution to the Temporary Epidemic Commission”. This resolution was considered by the Assembly in plenary session, but the Assembly temporized by referring it to the fourth committee, which was concerned with financial matters. At its fourteenth meeting, the fourth committee drastically slashed the estimate of the Health Committee—endorsed by the Council—from 125 000 Swiss francs to 50 000. This was the figure that was finally accepted.

Dealing with other health questions, the Assembly singled out for special mention the “co-operation effected by the Health Organization in experimental research concerning the standardisation of sera and serological tests”. A conference of representatives of 7 national bacteriological institutes, which had just been convened by the Health Organization on 25–27 September, had agreed upon the adoption of uniform international standards and nomenclature for testing and measuring tetanus and diphtheria anti-toxins... The unit for diphtheria anti-toxin has been precisely defined... An intermediate unit for tetanus anti-toxin has been adopted for use in all countries, as hitherto the standard has varied so widely that one German unit corresponded roughly to 67 American or 2500 French units.

Despite its provisional and even irregular constitutional status and its tiny secretariat, the Health Organization already had notable accomplishments to its credit. It is indicative of its purely technical approach that 3 of the 7 bacteriological laboratories represented at the standardization conference were located in countries that were not members of the League—Germany, the Soviet Union, and the USA. Only this entirely non-political approach could have brought together in fruitful cooperation scientists from countries who at the time recognized neither the League nor each other.

As for the budget of the “International Health Organization” for 1923, the Assembly decided that it should be 700 500 gold Swiss francs—an increase of 56% over the budget of the previous year.120

The LRCS changes its orientation

While the Provisional Health Organization was gaining momentum, the bureau of health of the LRCS was losing it. Although 18 national Red Cross Societies were contributing to its budget, the American Red Cross was still providing the greater part of its funds. Towards the end of August 1922 the LRCS transferred its seat to Paris, and this transfer was said to have made possible “more intimate contact” with the OIHP, the Institut Pasteur, and the Rockefeller Foundation. Santo-liquido was still Counsellor on International Public Health as well as the LRCS representative on the Provisional Health Committee. At the time of the transfer the staff included Directors of Divisions of Child Welfare, Tuberculosis, Venereal Diseases, and Nursing. However, an editorial statement in January 1923 in the monthly journal of the LRCS marked a complete renunciation of Davison’s conception, which had been endorsed by the Medical Conference of Cannes, of a bureau of health with functions such as those now assumed by the World Health Organization:

The Red Cross Societies of the World are more keenly alive than ever to the fact that their essential raison d’être lies in the assistance that they can render to the sick, wounded

Note 115, p. 241.
10 OJ, LON, 1923, 4: 27. At this time the value of a Swiss franc in circulation was exactly 1 gold Swiss franc.
111 The World’s Health, 1923, 4: 2-4.
and prisoners of armies and navies in wartime. Their peacetime activities are calculated not to replace this primordial function, but to render Red Cross Societies stronger and better fitted to fulfill it. 122

Henceforth, the primary role of the League of Red Cross Societies was to coordinate and inspire the valuable relief and health educational activities traditionally associated with a movement that has commanded universal admiration since its inception. This change of orientation did not remedy—and perhaps even aggravated—the lack of a clear differentiation between the functions of the two international Red Cross organizations, despite the agreement that had been reached in 1921; and in 1924 Sir Claude Hill, Director-General of the LRCS, complained:

The 1921 agreement does not secure a delimitation of the functions of the two organizations such as to eliminate in practice all duplication of effort. Such duplication has occurred, and has given rise to considerable inconvenience to the League [of Red Cross Societies] Secretariat and probably also to national Societies. 122

Together with Dr Thorvald Madsen, Sir Henry Hallet Dale laid the foundations for international biological standardization as it exists today. Each was a Director of a national research institute—in Dale’s case the National Institute for Medical Research, London, and in Madsen’s the Statens Serum Institut, Copenhagen—insti-tutes which, under the auspices of the Health Committee of the League of Nations, served, and still serve today under the auspices of WHO, as international reference centres for the elaboration of standard preparations and their distribution to national centres. As early as December 1922 Dale addressed a memorandum to the Health Committee pointing out the necessity for international biological standards, not only for immunotherapeutic and immunoprophylactic agents but also for various drugs used for heart disease, ergot, the arsphenamines, and hormones—including insulin, which was “an important case in that the preparation has not yet passed into general use”. He proposed that an international conference should be held in Edinburgh in July 1923, to coincide with the International Physiological Congress, with a view to considering the standardization of “remedial agents, other than immune sera and bacterial products, needing control or standardization by biological methods”. This proposal was adopted, and 19 months later Dale made a progress report to the Health Committee. The USA was not a member of the League of Nations, but Dale had insisted on the importance of US participation in the Edinburgh Conference, as “the biological standardization of drugs originated in the United States and has been more systematically studied and advocated there than in other countries”. Dale was a member of the League’s Permanent Commission on Biological Standardization. In 1936 he was awarded, jointly with Otto Loewi of Austria, the Nobel Prize for physiology and medicine. Born in 1875, he died in 1968 at the age of 93, having received over 70 awards, honorary degrees, or memberships from more than 20 different countries.

Provisional Health Committee of the League, fifth session, January 1923

At the fifth session of the Provisional Health Committee, held from 8 to 13 January 1923, Rajchman reported that the Assembly had approved a budget for the current year of 700 500 gold Swiss francs, an insignificant reduction of the committee’s requested 740 500 francs. This sum did not include the grant from the Rockefeller Foundation of the equivalent of 481 326 francs, which served inter alia to pay the salaries of the staff that manned the epidemiological intelligence service. The staff charged to the regular budget of the Provisional Health Organization included, in addition to Rajchman as Medical Director, 1 Assistant Medical Director, 1 Member of Section (Class A), 1 Technical Officer, a secretary and 2 assistant secretary-stenographers. In addition there was a

122 The World’s Health, 1923, 4: 5.
"Temporary staff" consisting of 4 Members of Section, a draftsman, and an unspecified number of "technical clerks". Contrary to conditions that prevail today, the professional staff was greatly outnumbered by the legislative body to which it was responsible. It was this flimsy staff that was available, almost 4 years after the adoption of the Covenant of the League of Nations, to execute the League’s decisions in respect of its health responsibilities under Article 23 of the Covenant. Among other expenditures for which the budget provided were the costs of meetings and publications, and 50,000 francs for the general expenses of the Epide mic Commission. 124

At this session the committee had before it a most comprehensive memorandum, dated December 1922, by Dr (later Sir) Henry Hallett Dale—who was to become the first Director of the National Institute for Medical Research, London—on “The Possibility of establishing International Standards for Remedies, other than Sera and Bacteriological Products, the Activity and Safety of which can only be controlled by Biological Methods”. This memorandum was to prove to be the cornerstone of one of the most important health activities of the League, which has been continued and expanded by WHO.

Dale pointed out that the idea of biological standardization had originated with immunotherapeutic and immunoprophylactic agents, but that there were other remedies (some of which are seldom or never used today) whose potency could not be calibrated chemically or physically. He cited digitalis, strophanthus, and squill; ergot; cannabis indica, which had not “a large use in therapeutics”; extracts of the posterior lobe of the pituitary gland; adrenaline; thyroid gland preparations; “insulin”, which was then such a novelty that Dale put the name between inverted commas, saying that this was “an important case in that the preparation has not yet passed into general use”; and the “Salvarsan group of remedies [the arsphenamines]”. Dale suggested that an international conference should be convened to study the question, and insisted on the importance of participation by the USA. This suggestion was adopted, and resulted in the convening of the Technical Conference for Consideration of Certain Methods of Biological Standardisation in Edinburgh on 19 July 1923. As proposed by Dale, the conference was held at this date and place to coincide with the International Physiological Congress. 125

The long-term result of Dale’s memorandum was the appointment of the Permanent Commission on Biological Standardisation of the Health Organization, of which Dale became a leading member. Some years later he was to share the Nobel Prize for physiology and medicine with Otto Loewi, and also to become the President of the Royal Society of London.

The “International Commission” for the Soviet Union

It has previously been mentioned that while the Soviet Government did not recognize the League of Nations, it accepted that the Provisional Health Committee was nonpolitical and agreed to the formula that the health committee and a representative of the People’s Commissariat for Public Health should constitute an “International Commission” for the discussion of the health situation in the USSR. During the fifth session of the health committee Rajchman announced that Nikolai Semashko, the People’s Commissar for Public Health, was in a hotel in Geneva and would personally report to the committee on the present health situation of his country.

Buchanan then raised a procedural objection. Was this creating the precedent that whenever a Health Minister happened to be in Geneva he would have the right to attend meetings of the committee? In view of the dramatic health situation of the Soviet Union and much of the rest of Eastern Europe, Buchanan’s objection was too pedantic to receive support. However, the solution reached, which satisfied honour on both sides, was that the three meetings in which Semashko participated on 9, 10, and 13 January 1923 were not of the Provisional Health Committee but of the “International Commission”. 126

At the first of these meetings Semashko, introduced by Madsen, began by explaining that his presence did not, as some newspapers had suggested, change in any way the attitude of the Government of the Soviets towards the League of Nations. The Health Committee was dealing with humanitarian and not with political questions, and contained representatives of countries which were not Members of the League of Nations.

Thus, the appointment of members of the Health Committee in a personal capacity instead of as national delegates, a tactic originally adopted to circumvent the incorrigible obduracy of the OIHP, was already proving to have fortuitous advantages. Semashko went on to give a summary of health

Note 124, pp. 31-35.


conditions in the USSR that was remarkable for its objectivity and candour. The situation as regards epidemics “had generally improved”. Since the middle of 1922 there had been a progressive decrease in typhus and relapsing fever. Cholera had also decreased, and smallpox, scarlatina, and diphtheria “were not widespread”. But nearly a million cases of malaria had been notified in 1922, and even as far north as the province of Archangel there had been 6000 cases as compared with 400 in 1913. Tarassevitch had made “too optimistic” an estimate that almost half the population had become immune to typhus. “Typhus was always a menace, and the population was far from becoming immune. To get a true idea of the real position, it was necessary to multiply by 2.5 the official statistics of cases registered.”

Nevertheless, said Semashko, the general health situation was “very serious”, largely due to famine, which had struck a third of the population and which was now appearing anew in certain districts of the Ukraine, the Caucasus, the Crimea, and Armenia. “Russia still remained a centre of epidemics which might spread to neighbouring countries”. Semashko then gave statistics, admittedly very incomplete, on venereal diseases, tuberculosis, infant mortality, and the care of abandoned children. He concluded modestly by saying that the Commissariat of Public Health, “which was only a central administrative body, hoped to succeed in its task with the assistance of the health institutions of other countries acting for the welfare of Russia and of humanity.”

Several members of the committee then asked questions of detail, all of which were answered frankly by Semashko. A particularly interesting point that he made was that “extra-genital syphilis was more widespread than other forms, above all among the peasants”, although it was clear from his statement that the ancient and dishonourable profession of prostitution had survived the postwar holocaust. Nonvenereal syphilis exists only where living conditions are most squalid, and the fact that, in spite of the continued existence of prostitution, it was more prevalent than the sexually transmitted form provides an eloquent indication of the dimensions of the legacy of misery that the young Soviet health administration had inherited.
CHAPTER VII

The confirmation of incoordination

From 29 January to 3 February 1923 the Council of the League of Nations held its 23rd session in Paris. René Viviani, then rapporteur to the Council on health affairs, presented the report of the fifth session of the Provisional Health Committee. The committee had resolved that it “was prepared, on the invitation of the Council, to undertake the preparation of the constitution of the Permanent Health Organization”.

Viviani, feeling that it would not be feasible for the Provisional Health Committee to prepare such a constitution without consulting the OIHP, put forward an alternative plan. The Council, he suggested, should instruct the Secretary-General to negotiate with the Permanent Committee of the OIHP “with a view to forming a special mixed committee composed of an equal number of members of the Health Committee of the League and of the Office International”. The Mixed Committee, presided over by the President of the Permanent Committee of the OIHP, would prepare for the next Assembly of the League “a scheme for the constitution of the Permanent Health Organization”. This scheme, which would first be considered by the Council, would have as its objective to “avoid the overlapping which has hitherto resulted from the existence of several international public health organizations.”

The League proposes a Mixed Committee of its Provisional Health Committee and the OIHP

On 30 January 1923 the Council adopted a resolution accepting Viviani’s plan. The Mixed Committee would prepare its recommendations, which would then be submitted both to the Provisional Health Committee and to the Permanent Committee of the OIHP. Assuming that both these committees agreed to the recommendations, they would be submitted to the Council of the League, which in turn would submit them to the Assembly for final approval. The meeting of the Mixed Committee was accordingly convened for 14 May 1923 in Paris to coincide with the session of the Permanent Committee of the OIHP planned for 14–23 May so that the OIHP’s approval of the Mixed Committee’s recommendations could be obtained.

This arrangement, cumbersome as it was, at least seemed to pave the way to an administrative rationalization of international health work. However, as had happened with monotonous regularity before, there was to be a setback—albeit a minor one—for which for once the OIHP was not responsible. As recalled by the President of the Health Committee at its sixth session, the Mixed Committee had been “summoned” to meet on 14 May but, “owing to the absence of Dr Rajchman”, “this plan had fallen through”, and it had been decided that the committee should not meet until the 28th—5 days after the closure of the session of the Permanent Committee of the OIHP. In the circumstances, said the President, the Mixed Committee should be regarded as “a committee of enquiry which would endeavour to draw up a report to be submitted to the Committee of the Office international at its next session in October”. There is no indication in the published records of why Rajchman was absent at such a critical time. In the event, the date of the meeting of the Mixed Committee was changed to Sunday 27 May.

The Permanent Committee of the OIHP dooms the task of the Mixed Committee to failure, May 1923

On 17 May 1923 the Permanent Committee discussed the proposal for a Mixed Committee made by the Council of the League. Velghe was absent for health reasons, and Dr Richard Wawrinsky of

Sweden presided in his stead. It was not necessary, he said, to discuss in detail relations between the OIHP and the League of Nations. The only thing to be decided was whether the committee was willing to accede to the wish of the Council of the League that a mixed committee should be appointed.

Madsen, who, it should be recalled, was not only a member of the Permanent Committee of the OIHP but also President of the League’s Health Committee, explained that a predominant preoccupation of the League in planning its health work had been to avoid duplication of effort and expense. There had been some collaboration between the OIHP and the Health Committee, but it was not enough. In fact, this collaboration had been merely personal and voluntary, and was essentially due to the fact that the members of both bodies were to a large extent the same.

Dr Perrin Norris and Dr P. G. Stock, respectively of Australia and South Africa, then made the following declaration in the name of their Governments:

Our Governments cannot comprehend why there exist two international health organizations, separate and acting on the same lines. The additional expense caused by the existence of two health organizations does not seem to be compensated by an increased efficiency of the services rendered. There seems to be an excellent opportunity today to avoid this anomaly.

It was understood, the declaration continued, that the OIHP members of a mixed committee would be mandated to study the question without infringing on the present organization of the OIHP, and that their conclusions would have to be submitted to the Permanent Committee at its next session. The procedure proposed would, it seemed, enhance the importance of the OIHP, and the Australian and South African delegates therefore supported Madsen’s point of view.

Dr P. Mimbela of Peru then asked in virtue of what authority were members of the Permanent Committee called upon to nominate delegates to a (mixed) committee established by the League of Nations? And what exactly would be the powers of this committee? Madsen replied that it was only a question of a “study committee” with a view to arriving at a definitive constitution of the Health Organization of the League of Nations. The OIHP had an interest in this study because the organization visualized was based on the assumption that the OIHP itself would be—evidently not incorporated—but perhaps “co-adapted”.

Dr Thiroux of France, representing Madagascar, observed that the OIHP could not take part in studies that might threaten any kind of modification of its statutes. The Council of the League had proposed a mixed committee with the sole object of eliminating duplication of effort. But what duplication of effort? No harm had ever been done by parallel work on the same subjects by two organizations. However, everything led to suppose that what was in question was the suppression of a dual organization by the foundation of a single one. Would such a fusion—or even co-adaptation—be possible without modifying the OIHP more or less profoundly?

Madsen then said that he could only repeat that the Council’s intention was to obtain the collaboration—or even the co-adaptation—of the OIHP without any threat to its independence.

Mr Péan, of the French Ministry of Foreign Affairs, replacing Barrère, felt that the terms of reference of a mixed committee should be closely defined. It could only be a question of the terms of collaboration in the strict sense of the word. Co-adaptation implied in reality fusion, and this would be incompatible with the Arrangement of 1907. (It is to be noted that while several members had seized upon the happy term “co-adaptation”, none had ventured to explain what was its meaning.)

Carrière of Switzerland then joined in what was becoming a chorus of protest. The terms of reference of the mixed committee were obviously, in the mind of the Council of the League of Nations, to bring about a fusion of the Health Organization of the League and the OIHP into a single organization. The League had established all its (technical) organizations in accordance with a predetermined and well-known tripartite pattern, i.e., a General Assembly, an Executive Committee, and a Secretariat. The League was not consulting the OIHP on the constitution of its Health Organization but rather returning to the original idea that the OIHP should become its “General Assembly”. It was therefore fusion, and not simple collaboration, that was behind the initiative of the Council of the League.

Mr F. Roussel of Monaco supported Thiroux’s view that the coexistence of two similar institutions in a spirit of emulation was not a disadvantage. But if it really was the case, as the delegate of Switzerland had suggested, that the object of the mixed committee would be to prepare a fusion, the OIHP was not empowered to participate in the work of such a committee. If the OIHP should appoint members to the mixed committee, they could not have a mandate to discuss any kind of project that would modify the structure of the OIHP. This was even more the case in that the mixed committee’s report would be submitted in the first place not to the OIHP but to the Council and Assembly.
Members of the Permanent Committee of the Office international d’Hygiène publique (OIHP) at its May 1933 session. Members whose names often recur in these pages are Camille Barrère (25), Sir George Buchanan (32), E. van Campenhout, Ion Cantacuzino (17), H. Carrière (20), W. Chodzko (4), N. M. J. Jitta (9), Ricardo Jorge (13), and Thorvald Madsen (11). Their countries of origin and international affiliations are given in the Annotated Name Index (page 85). The establishment of the OIHP was first agreed upon at the eleventh International Sanitary Conference in 1903, and it came into legal existence as soon as 12 States had signed the Rome Arrangement of 1907. In 1909 it acquired “provisional” headquarters at 195 Boulevard Saint-Germain, Paris, in which it was to remain until its dissolution over 40 years later. The OIHP comprised the Permanent Committee, which consisted of governmental delegates of all its Member countries, and a small secretariat. French was the only language used for both its meetings and its publications. The essential function of the OIHP was to elaborate and administer international quarantine regulations. After the First World War, Article 24 of the Covenant of the League of Nations—which specified that pre-existing international bureaux should come under the direction of the League—seemed to place the OIHP in peril. Article 23 (f) stipulated that the League should concern itself with health questions, and it would have been logical that it should have absorbed the OIHP, as provided by Article 24. However, in 1921 the United States, which did not join the League but was a member of the OIHP, opposed its veto to such a solution. Thus two entirely independent international health organizations coexisted for the whole of the interwar period. The League’s repeated attempts to ensure some organic relationship between the two organizations—in which the League would naturally have had precedence—were always rejected, and the OIHP ceased its legal existence only when the last signatory of the Rome Arrangement denounced it in 1951. In striking contrast, the League of Nations, founded by the Treaty of Versailles, was dissolved on 18 April 1946 by a unanimous vote of its Twenty-first and last Assembly.
Sir George Seaton Buchanan, born in 1869, was appointed medical inspector to the Local Government Board of England and Wales in 1895. In 1919 the Board became the British Ministry of Health and Buchanan one of its senior medical officers. His first contact with international health work had been in 1919, when he was nominated British delegate to the Permanent Committee of the Office international d’Hygiène publique (OIHP). He participated in the Informal Conference on International Public Health that was held in London in July 1919, as also in the International Health Conference in April of the following year in the same city. Buchanan was a member of the abortive Temporary Health Committee of the League of Nations in Paris in May 1921, and later of its Provisional, and then permanent, Health Committee in Geneva until the year of his death in 1936. He was President of the Permanent Committee of the OIHP from 1932 to 1935. If one reads between the lines of obituary notices on him, he appears to have combined an innate conservatism with a certain eccentricity. The distinguished epidemiologist, Dr Major Greenwood, wrote (British Medical Journal, 1936, 2: 879) that “perhaps Buchanan was sometimes over-suspicious of new proposals.” According to an anonymous memorialist in the Lancet (1936, 2: 947-949), he was “not quite so approachable early in the morning as later in the day”. When he was in Paris for the twice-yearly sessions of the OIHP he “preferred to lunch alone in a special corner of his beloved restaurant Prunier”. Anxious to “throw his full weight” into the discussions of the Permanent Committee of the OIHP, Sir George decided rather late in life to take up the study of the French language. But, according to his memorialist, “time was too short for him to learn tense and gender or the finer turn of phrase”. He therefore expressed “literally word for word from English into French the thoughts that were in his mind”. The result “had to be heard to be believed”. Nevertheless, although his French and French-speaking fellow delegates of the Permanent Committee may have suffered from his franglais, they seem to have understood him, as far as can be judged from the minutes of the OIHP sessions. In the counsels of the OIHP, Buchanan was in a minority in always favouring some sort of organic union with the Health Organization of the League of Nations. It was perhaps partly because of his innocence of French grammar that he failed to convince his fellow delegates. In modern times, Buchanan’s praiseworthy linguistic efforts would not be necessary, for a simultaneous interpreter would have rendered his interventions into flawless French as he spoke, thus making this reserved man appear as a paragon of eloquence.

Wellcome Institute for the History of Medicine (by courtesy of the Worshipful Society of Apothecaries of London)

Tages of a duality of institutions had not perhaps taken sufficiently into account budgetary necessities. Everywhere, nowadays, there was an attempt to simplify services and eliminate duplication of effort. Did not the simultaneous existence of two bodies with no link and with no reciprocity of interests and activities carry with it the risk of appearing excessive and thus placing itself in peril? Could not the Permanent Committee of the OIHP become a sort of Grand Council of the League of Nations on health matters, leaving to the League’s organs the responsibility for action? Different ways of envisaging and dealing with questions of international health would make it possible to avoid duplication of effort.

For de Navailles, of the French Ministry of Foreign Affairs and delegate of Tunisia, the conciliatory attitudes of Buchanan and Lutrario amounted to rank heresy. If the mandate of OIHP members of the mixed committee were not limited there would be difficulties. Everyone recognized that the structure and functioning of the OIHP, as laid down by the Rome Arrangement of 1907, could not be called into question. But it would seem, as several delegates had pointed out, that the Council of the League had the intention of adapting the OIHP to its own pattern of technical organizations. Such an adaptation might imply modifications that the Permanent Committee could not accept without exceeding its competence. What would happen if members of the mixed committee having an unlimited mandate—or a majority of them—should adopt a report leading to an organization incompatible with the terms of the 1907 Arrangement? (At this
point, a shudder must have run through all the members of the committee!) De Navailles continued: given the impossibility of modifying the statutes of the OIHP, it seemed that the only possibility was collaboration between the two distinct organizations. Dr Petrovitch of Serbia supported de Navailles' view. It was inadmissible that the mixed committee should evolve a plan which, after having been adopted by the League of Nations, would be presented as a fait accompli to the OIHP.

Buchanan again intervened to express his astonishment at the suspicion that the members of the mixed committee would necessarily exceed their powers. But if these powers should be so limited as to make it impossible for any serious and durable organization to result, even within the framework of the Rome Arrangement, members of the committee would be justified in exceeding their powers. The issue raised by the Council of the League should not be considered only with regard to the present, but should take into account the future and all the possibilities that it opened up.

To this, de Navailles replied that it was not a question of giving precise instructions to delegates but rather of putting them on their guard against any resolution that might later be judged unacceptable by governments. What would happen in several years' time was obviously unknown, and the committee must deal with the present as it was. Any fusion with the League of Nations had been forbidden in the most definite manner by the Government of the United States of America. The British Government's attitude was parallel; and the essence of its reply to an inquiry by the French Government had been:

There can be no modification of the statutes of the Office International without the consent of all the Powers adhering to it. The British Government therefore suspends its decision until the attitude of the Government of the United States in this affair has been explicitly defined.

It was then the turn of Rupert Blue, by then reduced in rank to US Assistant Surgeon-General. While it was doubtless desirable that there should be collaboration, he said, it was difficult for him to discuss its extent as he had had no instructions on this point. The mixed committee might achieve good results by indicating the direction to follow, but questions of interdependence and respective functions must be submitted for the decision of the signatories of the Rome Arrangement.

There was by then no doubt as to the attitude of the majority, and de Navailles accordingly submitted a resolution that was unanimously adopted:

The Committee of the Office International d'Hygiène publique, considering that it is not competent to change its composition or its responsibilities; that only the Governments of the countries adhering to the Office International can modify the Arrangement of Rome of 9 December 1907 and its annexed statutes; considering that the Committee has always declared that it would willingly collaborate, within the limits of its responsibilities, with the League of Nations;

Designates Messrs ................................ and entrusts them with the mandate to study with the Delegates of the Health Committee of the League of Nations the Health Organization of the League, on the understanding that they will not be able to accept any proposal that would involve a modification of the composition or the responsibilities of the Committee of the Office International d'Hygiène publique.

Thus was the task of the mixed committee doomed to failure in advance. The OIHP nominated as its members Barrère, Cantacuzino, Granville, Jitta, Jorge, de Navailles, Raynaud, and Stock, while the Health Committee of the League nominated Buchanan, Calmette, Carrière, Chagas, Chodzko, Cumming, Lutrario, Madsen, and Dr S. Uchino of Japan.

Never was a mixed committee less of a mixture, for of the 9 nominees of the League 6 were also delegates to the Permanent Committee of the OIHP, and 2 more—Cumming and Chagas—were to become so in the following year.

The discussion of the proposed mixed committee had lasted for two and a half hours, and if it has been summarized here in tedious detail it is because one cannot possibly understand the anomalies and frustrations of international health work in the interwar period without a full insight into the attitude adopted by the OIHP. The First World War had changed the world, and the seeds of a new social order had been sown internationally. The League of Nations was the tangible expression of this determination to harness the mighty resources that had been uselessly expended on armed strife for peaceful ends, both political and technical. But for the OIHP nothing had changed.

Recommendations of the Mixed Committee, June 1923

The meeting of the Mixed Committee opened in Paris on Sunday 27 May and closed on 2 June. Velghe, who as President of the Permanent Committee of the OIHP should have presided, was unable for health reasons to attend the meeting. Normally Barrère as the most “senior by age” would have replaced Velghe, but he was detained in Rome, where he was still French Ambassador. (That advanced age alone should have been considered as a qualification for office was a reflection of the outlook of the OIHP. Barrère was then a
This photograph of the Health Committee of the League of Nations is unfortunately not dated, nor is there any identification of the members of the committee. However, it is possible to identify some of these personalities from other photographs. In front of the lady in the background is the President of the Committee, Thorvald Madsen, and on his left is the Medical Director of the Health Section of the League, Ludwik Rajchman. The second figure from the right in the background is Knud Stouman, and the head superimposed on his chest is that of Ricardo Jorge. On Stouman's right is Norman White. The third figure from the extreme left of the photograph is Sir George Buchanan, while the white-bearded figure in the mid-left foreground is Ion Cantacuzino. The original photograph was probably taken in the mid 1920s. Buchanan, Cantacuzino, Jorge, and Madsen have already been seen (page 50) in their other capacities as delegates to the Permanent Committee of the OIHP. As members of the League's Health Committee they served in a personal capacity, but at OIHP meetings they were delegates of their governments.

mere 72, and was to be an active member of the Permanent Committee of the OIHP until his 90th year.) In his absence Granville, who had by then been awarded the title Pasha, was elected Chairman. Cumming had already been appointed OIHP delegate in Barrère's place.\footnote{Note 128, pp. 112-114.}

In explanation of its recommendations, the committee stated in its report that it had realized “that the establishment of a single international organization, much as it is to be desired is not attainable in present circumstances”. However, “to avoid the uncertainty and confusion” arising from the existence of two distinct organizations it was “advisable to establish close relations” between them. The committee therefore unanimously recommended that the Health Organization of the League of Nations should in future consist of (1) a General Advisory Health Council; (2) a Standing Health Committee; and (3) a Health Section of the Secretariat of the League of Nations.

To the reader who has followed the history of the previous four years as recounted in these pages it
will hardly come as a surprise to learn that the General Advisory Health Council was to be none other than the OIHP, which was to "remain autonomous and retain its seat in Paris without any modification in its constitution or functions". It was, under its new pseudonym, to "consider, discuss, advise or report on any question which may be submitted to it by the Standing Health Committee" and to "initiate and transmit" to that committee “any question which it may consider will be advanced by such a procedure”.131 The secretariats of the two organizations were to "keep closely in touch", and there would be an exchange of documents.

A formula more devoid of substance could scarcely have been devised. It left both organizations free to continue in complete independence of each other—which was what they had done before and continued to do. Moreover, the OIHP remained completely outside the League of Nations system, being in no way responsible either to the Council or to the Assembly.

The Standing Health Committee was to consist of the President of the Permanent Committee of the OIHP and 15 other members—all of them appointed for three-year terms. Nine of them would be appointed "individually" by the OIHP, but in such a way that there was one member from each of the countries that were permanent members of the Council of the League. The remaining six members were to be appointed by the Council of the League after consultation with the Health Committee.

It was not required that OIHP appointees should be members of its Permanent Committee, but in the event the OIHP did not find it necessary to look beyond the ranks of its own delegates. The committee might be supplemented by not more than "four public health experts as assessors". These were to be appointed by the Council of the League on the nomination of the Health Committee and considered as "fully effective members". In practice no distinction was made between them.

Thorvald Johannes Marius Madsen was the first President of the Health Committee of the League of Nations, an office that he held from 1921 to 1937. Although succeeded by Jacques Parisot, he was appointed Honorary President and retained his membership of the committee. He was also a member of the Permanent Committee of the Office international d'Hygiène publique. Born in 1870, he became in 1902 the youthful Director of the Statens Serum Institut, Copenhagen, a post from which he did not retire until 1940. Before this he had worked both at the Institut Pasteur, Paris, and with Paul Ehrlich in Frankfurt. Madsen's principal professional interest was in the international biological standardization of immunotherapeutic and immunoprophylactic substances, and thanks to him the Statens Serum Institut became under the auspices first of the League of Nations and later of the World Health Organization one of the two world centres for the production and distribution of samples of internationally agreed standard preparations against which national laboratories could calibrate their own products. Madsen and Sir Henry Dale were the major forces behind the development of the international programme for the biological standardization of therapeutic and prophylactic substances that cannot be calibrated by chemical or physical means. This programme was well advanced under the League of Nations, and has been continued and expanded as a major activity of WHO. After the Second World War, Madsen headed the UNICEF mission to Italy from 1947 until he entered his 80th year in 1950. Neville Goodman relates of him (Lancet, 1957, 1: 891) that in his 80th year he would "run up the stairs to his office in Rome and arrive on the fourth floor in better condition than the relatively young men with him". Madsen died on 15 April 1957, universally recognized as a pioneer of international health work at the highest scientific level.
and other members. The Health Committee was to send to the President of the Permanent Committee of the OIHP an annual report on the work of the Health Organization, indicating also the questions with which it proposed to deal.

Provisional Health Committee, sixth and last session, May–June 1923

The Mixed Committee had met during part of the time that the Provisional Health Committee was in session, and in the same city—Paris. Moreover, it was obvious that the Health Committee would be the first organ of the League to be called upon to comment on the report of the Mixed Committee. Nevertheless, the Mixed Committee at the close of its meeting sent its report not to the Health Committee in Paris but to the Secretary-General of the League in Geneva, who immediately sent it back to Paris to Madsen, the President of the Health Committee. Madsen told the Health Committee that he would have preferred that the report should have been sent first to him for transmission to the Secretary-General, “but such had not been the opinion of the Mixed Committee”.

It was a foregone conclusion that the Health Committee would accept the Mixed Committee’s report and agree to transmit it to the Council of the League, for to reject it would have been simply to emphasize the irreconcilable differences that existed between the League and the OIHP—differences for which the new arrangement was a mere camouflage. The Health Committee adopted the report on 5 June, one day before the close of its session.132

The committee then turned to the work of the Epidemic Commission, whose centres of activity at the time were Poland, the Soviet Union, Greece, and Latvia. Buchanan, speaking warmly of the importance of the Commission’s work, expressed alarm at the diminution of funds available to it and urged that a contingency fund be provided in the regular budget of the League for “emergency epidemic work”.133

Rajchman explained, with his customary self-assurance and mastery of details, current anti-epidemic work in Europe. “The task of the Epidemic Commission”, he said, “was to defend Western Europe against disease coming from Eastern Europe.” In the Soviet Union there was collaboration with the Russian Vaccination Committee in organizing trials of “buccal vaccines” against cholera, typhoid, and dysentery. Sir William Leishman had been nominated by the Health Committee as expert adviser on the trials and had been accepted by the Soviet Government. In the meantime, however, he had been appointed Director of Medical Services of the British Army, and had had to nominate an alternate. Professor Hans Zinsser of Harvard would also be going to the USSR, with the agreement of all concerned, as an Epidemic Commissioner of the League to follow the trials.134

The Russian Vaccination Committee, Rajchman added, was also to make investigations, with the collaboration of Zinsser, into the “endemic breeding ground” of cholera that existed between Odessa and Astrakhan. He stressed the importance of the role of carriers in spreading the disease. As for Poland, the existence in the Soviet Union of cholera and also of “a large epidemic breeding ground for malaria” continued to make protective measures necessary. In the sanitary zone between Warsaw and the Soviet frontier there were 114 hospitals strung out over three lines, some large quarantine stations, and a “complete health organization” including squads for vaccination and disinfection. The budget of this “immense” anti-epidemic organization amounted to 2.5 million gold Swiss francs per year.

Buchanan then again raised the question of a special credit in the League’s budget for epidemic emergencies. The President of the Italian Red Cross, he said, had suggested that all States should contribute to an insurance fund to be used for emergencies and administered by an international committee of the Red Cross. When this proposal had been discussed by the Council of the League divergent views had been expressed, but Lord Balfour had categorically stated:

The British Government did not wish the Red Cross Societies to meddle with questions which were not their business. These organizations were meant to provide relief in time of war, and were taking too much interest in questions affecting public health.

At this point Rajchman intervened to say that the Joint Council of the League of Red Cross Societies and the International Red Cross Committee was about to consider the proposal of the Italian Red Cross. However, only the American and the British Red Cross Societies would be “in a position to meet the expense of any relief organization”. It was not at present possible to draw upon the budget of the League of Nations for relief credits, but the Health Committee might wish to consider the matter at its next session.

132 Note 128, p. 39.
133 Ibid., pp. 44–46.
134 In his autobiography—As I remember him, London, Macmillan, 1940—Zinsser gives a very prejudiced account of his experiences as a commissioner, although he was favourably impressed by Semashko.
Although this is an undated photograph, the number and identity of persons shown dates it almost certainly as of 1923 or shortly after, and it shows what was then the entire Secretariat of the Health Organization. On the extreme right is Ludwik Rajchman, who was appointed Medical Director of the Health Section on 1 November 1921 and occupied this position until his resignation in January 1939. After the war Rajchman became Chairman of the Executive Board of the United Nations International Children’s Emergency Fund (UNICEF), which he represented at the fifth session of the Interim Commission of WHO in January 1948. The second from left at the back is Zygmunt Deutschman, who joined the Health Section in 1923 and remained with it until moving to the Health Division of the United Nations Relief and Rehabilitation Administration (UNRRA) in 1944. With the dissolution of UNRRA, Deutschman joined the Secretariat of WHO, from which he retired in 1963. On his left is Knud Stouman, a statistician, who joined the staff of the League of Red Cross Societies in 1920 but very soon moved to the League of Nations. Originally Danish, he became a naturalized citizen of the USA. As Chief of Information and Research at the Office of International Health Relations of the US Public Health Service, he was a member of the US delegation to the Second, Third, Fourth, Fifth, and Sixth World Health Assemblies in 1949–1953. The foregoing identifications are from the personal recollections of the author.

Later in the session Chodzko gave an account of health conditions in Poland. In 1922 there had been 42,785 cases of typhus, but there was reason to expect that there would not be more than 10,000 by the end of 1923. The incidence of relapsing fever had declined even more dramatically. “Unfortunately, another scourge threatened, namely malaria, an enormous breeding ground for which had been created at Moscow”. In 1922 there had been 1,600,000 cases of malaria in the USSR, and in some districts the mortality was as high as 85%. Chodzko concluded by paying tribute to the work of the Epidemic Commission.

Among the other subjects reported on by Rajchman during the session were epidemiological intelligence and health statistics; the international exchange of medical officers; the teaching of public health; work on tropical diseases; and reports of the subcommittees on opium and on waterways. Special public health courses had been given in Warsaw, Moscow, and Kharkov, “with the generous financial support of the League of Red Cross Societies”.

Council and Assembly of the League, August–September 1923

During its 26th session from 31 August to 29 September 1923 the Council approved the report, presented by Viscount Ishi of Japan, of the sixth session of the Provisional Health Committee. The committee had proposed to the Council that a small fund should be kept at the disposal of the Epidemic Commission to enable it to intervene in exceptional cases where immediate action is necessary to safeguard the public health of the world and for the strengthening of the public health organization of countries which may require immediate assistance.

This proposal was referred for study to the Secretary-General—who later reported that the Epidemic Commission’s funds would be completely exhausted by the end of the year. He added that it was not easy to arrive at an estimate of what would be required. The Council decided to refer the

136 Note 128, p. 50.
137 OJ, LON, 1923, 4: 1271.
138 OJ, LON, 1923, 4: 1465.
matter to the Fourth Assembly, which was in session. On 29 September, the last day of the Council’s session, the Assembly requested it to study what resources should be made available to the Health Organization to enable it to intervene immediately through its Epidemic Commission in the event of sudden outbreaks of epidemic diseases of exceptional importance which might involve political consequences. 138

In the event, the sum of 50 000 Swiss francs was provided. 139 As for the recommendations of the Mixed Committee for the future Permanent Health Organization, these were approved without change by both the Council and the Assembly, and the Council authorized the Secretary-General to communicate them to the OIHP. 140

The entire staff of the Health Section as listed in the League’s Official Journal of October 1923 consisted of Rajchman, Knud Stouman, a Dr Rulot (on probation), 2 clerical assistants, 3 stenographers, and 1 “assistant secretary and stenographer”. In modern terminology, therefore, the section consisted of 3 professional and 6 general service staff members, Norman White—the Chief Epidemic Commissioner—being listed separately as a “temporary appointment”. 141 Such a modest staff was even flimsier than the one that had been provided for in the budget for 1923, but if Rajchman lacked staff he was certainly not lacking in ideas and initiative.

The budget proposed for 1924 provided for 7 professional and 13 general service staff, with an additional 4 professionals and 3 general service staff financed by the Rockefeller Foundation for the epidemiological intelligence service. 142

The OIHP endorses the proposals of the Mixed Committee, October 1923

On 20 September 1923 the Secretary-General of the League had, as authorized by the Council, transmitted to the President of the Permanent Committee of the OIHP the scheme recommended by the Mixed Committee, asking whether the Permanent Committee approved it, and, if so, whether it would proceed to the election of 9 members of the new Health Committee.

But over two months previously—on 12 July—Raymond Poincaré, then French Prime Minister and Minister of Foreign Affairs, had sent a copy of the Mixed Committee’s report to the diplomatic missions of all countries that had signed the Rome Arrangement! 143 In his covering letter Poincaré recalled that two years earlier, on 6 April 1921, the French Ministry of Foreign Affairs had inquired of all Member countries of the OIHP whether they would agree that it should be attached to the League of Nations. “Quite a large number” of countries had replied in the affirmative, but “some others” had refused. This had made it impossible for the OIHP to be attached to the League, but in order to avoid the inconveniences of the coexistence of two health organizations both parties had agreed that a Mixed Committee should propose a new plan, which was now enclosed. This plan, said Poincaré reassuringly, “entirely safeguards the independence and autonomy” of the OIHP, to which the League could—“if it judged appropriate”—entrust the functions of General Advisory Health Council.

In these circumstances, the French Government sees no objection to authorizing the Office to accept this role, which can only increase the prestige that this international organization enjoys in the entire world.

How the “inconveniences resulting from the coexistence of two organizations concerned with health questions” could be overcome by maintaining the independence and autonomy of both Poincaré did not deign to explain. But none of the signatories of the Rome Arrangement saw fit to object to a new formula that was quite clearly new only in name, and at its session held on 22–31 October 1923 the Permanent Committee of the OIHP unanimously accepted the proposals of the Mixed Committee and proceeded to the election of 9 members of the permanent Health Committee.

Veilhe—still the President—pointed out that those elected need not be members of the Permanent Committee, and that they should be chosen in a personal capacity. “We need not concern ourselves with national representation, but must consider solely persons.” However, there must be a member from each country permanently represented on the Council of the League, namely Britain, France, Italy, and Japan. The USA was not a member of the League and therefore did not have a seat on the Council. But if it had been a member of the League, he reasoned, it would—in accordance with the Treaty of Versailles—have been entitled to a permanent seat on the Council. One of the members nominated by the OIHP should therefore be from the USA.

As no member of the committee called into question this curious argument, it then proceeded

128 OJ, LON, 1924, 5: 35.
129 OJ, LON, 1924, 5: 563.
130 OJ, LON, 1923, 4: 1481.
131 OJ, LON, 1924, 4: 1242.
Delegates to the International Conference convened at Singapore from 4 to 13 February 1925 to establish the Eastern Bureau of the Health Organization of the League of Nations. The seated figure in the middle, identifiable from other photographs, is that of Dr Norman White, representing the League of Nations and President of the Conference. From 1920 to 1923 he had been the League's Chief Epidemic Commissioner, concerned principally with the disastrous epidemics in eastern Europe following the First World War. Standing, second on the left of the photograph, and identifiable from personal recollection, is Zygmunt Deutschman, who was to become “statistician” of the Eastern Bureau. The standing figure on Deutschman’s right is almost certainly Dr Gilbert E. Brooke, Secretary of the Conference, who became the Director of the Eastern Bureau. The others have not been identified, but they represented respectively British India, British North Borneo, Sri Lanka (then Ceylon), China, Federated Malay States, French Indo-China, Hong Kong, Japan, Netherlands East Indies, Philippines, Thailand (then Siam), and the Straits Settlements. The main function of the Bureau was to facilitate the exchange of epidemiological intelligence between the countries and territories of the Far East. Members notified the Bureau of cases of cholera, plague, and smallpox in each of their territories, and the Bureau transmitted to all member health administrations by telegram each Wednesday details of the notifications received by midnight on the preceding Saturday. This information was confirmed and amplified by the Weekly Fasciculus, the first number of which reported the epidemiological situation during the week ending 14 March 1925. This commenced by an introduction quaintly entitled “Editorial Causerie.” It was only in the following year that the Geneva headquarters of the Health Organization started to issue the weekly printed epidemiological information bulletin that was later called the Weekly Epidemiological Record. A week before the occupation of Singapore by the Japanese, the Eastern Bureau moved to Canberra on the invitation of the Australian Government. But in the circumstances of the war it had no function, and ceased to operate. It began functioning again in 1946, and on 1 April 1947 it was taken over by the WHO Interim Commission as the Singapore Epidemiological Intelligence Station under the direction of Dr Prince M. Kaul of India, who subsequently became an Assistant Director-General of WHO. In 1960-61 the Station was liquidated, its functions being transferred to WHO headquarters in Geneva. Modern methods of telecommunication, the development of WHO Regional Offices, and improved methods of combating the historic epidemic diseases had rendered the Station obsolete.

Before this election the committee’s attention had been drawn to some health implications of the Treaty of Lausanne, signed on 24 July 1923 between, on the one hand, the British Empire, France, Italy, Japan, Greece, and Romania and Serbia, and, on the other, Turkey. Article 114 of this Treaty provided for the suppression of the Constantinople Board of Health.\textsuperscript{144} This body, with a majority of European members, had as its raison d’être the prevention of the spread of epidemics from the Levant to Europe. Under the Treaty of Lausanne,  

\textsuperscript{144} The official title was French—Conseil supérieur de Santé de Constantinople. It was founded on 16 April 1838 by proclamation of Sultan Mahmoud II of the Ottoman Empire. Its history has been well described by F. G. Clemow, a former British delegate to the Board, in the Lancet, 1923, 1: 1074-1076; 1126-1127; 1180-1182.
the Turkish health administration was henceforth to have the responsibility for the sanitary control of its coasts and frontiers. However, for the pilgrimages to Jerusalem and Mecca there was to be constituted a Sanitary Coordination Commission, on which would be represented the Powers whose subjects participated in these pilgrimages as well as Turkey and the Egyptian Quarantine Board. It was provided that the Commission should report both to the League’s Health Committee and to the OIHP.

The permanent Health Committee is constituted, December 1923

From 10 to 20 December 1923 the Council of the League held in Paris its 27th session, at which it thanked the members of the Provisional Health Committee for their work. The Fourth Assembly had on 15 September approved the plan proposed by the Mixed Committee, and the Council, after consultation with the President of the Provisional Health Committee, proceeded on 13 December to the election of 6 members to the permanent Health Committee that was to succeed it (9 members having been elected by the OIHP). By secret ballot the Council elected Léon Bernard (France), Carlos Chagas (Brazil), J. Jitta (Netherlands), Thorwald Madsen (Denmark), Donato Ottolenghi (Italy), and G. Pittaluga (Spain). It agreed that the four “assessors” that it was to appoint on the recommendation of the Health Committee should have the same powers and duties as other members and decided unanimously “to commend Dr Chodzko and Professor Nocht to the favourable consideration of the Health Committee when it came to consider the nomination of the four additional members”.

The permanent Health Committee held its first session in Geneva from 11 to 21 February 1924. Without waiting for the confirmation of the Council of the League it had already appointed Chodzko and Nocht as “assessors”, as also Dr Alice Hamilton, Associate Professor of Industrial Hygiene at Harvard. The fourth assessor was to be nominated later. Chodzko and Nocht participated at the session, but Chagas, Cumming, Granville, and Dr Alice Hamilton did not attend. Madsen was unanimously elected President of the committee and Velghe (ex officio), Buchanan, and Cumming Vice-Presidents. Of this committee of 19 members, therefore, not only the President and the three Vice-Presidents were delegates to the Permanent Committee of the OIHP but also 8 other members, and a ninth was shortly to become one.

It was almost 8 months since the sixth and last session of the Provisional Health Committee, and Rajchman submitted to the new—but so familiar—committee a report on subsequent developments. The Assembly had not accepted the Mixed Committee’s recommendations without discussion, and had “examined a suggestion that the members of the Health Committee should be appointed as representatives of their respective governments and not in their individual capacity”. However, it had agreed that the committee would certainly include a high proportion of officials from public health departments. Moreover, if the committee were to consist entirely of government delegates, there would be a risk that its decisions “might be influenced by considerations other than those of a scientific or technical character”. The Assembly had therefore decided to leave the Health Committee to be appointed in the way proposed by the Mixed Committee, but it clearly had not regarded the proposed permanent health organization as anything but an unsatisfactory compromise. In Rajchman’s words, it had considered the agreement between the OIHP and the League to be “transitional”, and believed that it “should develop in the direction of unification”. It had emphasized that the Health Committee and the Health Section of the Secretariat should continue to be responsible to the Council and the Assembly. The Assembly had also questioned the necessity of convening International Sanitary Conferences for the conclusion or revision of international sanitary conventions, on the ground that this responsibility might more economically be undertaken by the Permanent Committee of the OIHP.

The Assembly and the Council had considered in some detail the work of the Health Organization, stressing the importance of developing the programme on biological standardization, and noting with satisfaction that a liaison had been established with the Pan American Sanitary Bureau.

Rajchman then went on to describe the status of anti-epidemic work. The activities of the Epidemic Commission had come to an end in Poland, and the Chief Epidemic Commissioner was in Warsaw winding up its affairs. The principal feature of the “present epidemic situation” was the “very widespread prevalence of malaria in the territories

146 Again, as pointed out in note 24, the official title was French—Conseil sanitaire, maritime et quarantenaire. This body, founded in 1881, also had a majority of European members. In 1938 it became, by decision of the fourteenth and last International Sanitary Conference, entirely Egyptian.
148 OJ, LON, 1924, 5: 344.
147 Bernard Nocht was Director of the Hamburg Institute for Naval and Tropical Medicine, which was later named after him.
of the Soviet Republics, in Bulgaria, the Kingdom of the Serbs, Croats and Slovenes, Albania and Greece.” In Italy, Poland, Portugal, and Spain also malaria was “a problem of great gravity”. Rajchman was glad, he said, to state that the credit of 50,000 Swiss francs voted by the Assembly for the Epidemic Commission had ensured the continuation of its technical work.

The Health Committee approved a budget for the Health Organization of 1,458,964 gold francs in 1925, of which no less than 590,160—or slightly more than 40%—was provided by grants from the Rockefeller Foundation. Against the League’s regular budget there was provision for the salaries of Rajchman (51,500 francs), and 6 other professional and 7 general service staff. The salaries of 7 staff of the epidemiological intelligence service were charged to the Rockefeller grant. Apart from salaries, among the other objects of expenditure were “special reports and enquiries”, publications, the grant of Sw. fr. 50,000 for the Epidemic Commission, sessions of the Health Committee, “special investigations”, and technical conferences. In the perspective of the 1970s, perhaps the most remarkable item in this budget was a deduction of 11,500 francs for “reduction in salaries according to the fall in the cost of living”. There had been a similar deduction in the budget for 1924.

The committee’s report to the Council of the League was considered at the 28th session of that body, which was held in Geneva on 10-15 March 1924. This report dealt with routine matters such as the interchange of health personnel, the Epidemic Commission, malaria, biological standardization, and opium and its derivatives. New subjects upon which work was to be started were cancer, anthrax (with the International Labour Organization), and education in hygiene and social medicine. The committee recommended that epidemiological intelligence work should be developed by the creation, in a Far Eastern port to be chosen by agreement between the Governments concerned, of a Bureau which would represent, for that portion of the globe, an extension of the Epidemiological Intelligence Service of the Health Section of the League of Nations.

This was the origin of the Eastern Bureau of the Health Organization, which was established at Singapore in the following year.

149 Note 148, p. 131.
150 OJ, LON, 1924, 5: 562-566.
CHAPTER VIII

The search for a rational structure: the League tries again

For rather more than a decade the compromise proposed in 1923 by the Mixed Committee of the League of Nations and the Office international d'Hygiène publique (OIHP) continued unchanged, except that the Health Committee established a Bureau—which in today's terminology would be called in English an Executive Committee. This met more frequently than the full twenty-man committee, which as from 1932 was convened annually. Because of the reduction in the frequency of the meetings of the full committee, the Bureau decided to enlarge its membership from 5 to 6, the members being: Madsen (President), Buchanan (then President of the Permanent Committee of the OIHP), Cumming, Professor Husamettin Bey, Jitta, and Lutrario.

The Bureau reported to the Health Committee, which reported to the Council of the League of Nations, which in turn reported to the Assembly. This structure brought into relief the artificiality of the OIHP's nominal role as the General Advisory Health Council of the Health Organization, for the Permanent Committee of the OIHP had, in fact, no part whatsoever in the decision-making process.

In 1926 the thirteenth International Sanitary Conference, which was held in Paris from 10 May until 21 June, had resulted in the International Sanitary Convention of 1926, which superseded that of 1912. Article 7 of this Convention constituted a frank avowal of the simultaneous existence of two entirely independent international health organizations, and gave cautious endorsement to a very limited collaboration between them. It was worded as follows:

In order to facilitate the fulfilment of its duties under this Convention, and having regard to the benefits derived from the information furnished by the epidemiological intelligence service of the League of Nations, including its Eastern Bureau at Singapore and other analogous bureaux, as well as by the Pan American Sanitary Bureau, the Office International d'Hygiène Publique is empowered to make necessary arrangements with the Health Committee of the League of Nations, as well as with the Pan American Sanitary Bureau and other similar organizations.

It remains understood that the relations established under the above-mentioned arrangements will not involve any derogation of the provisions of the Convention of Rome of the 9th December 1907, and will not have the result of substituting any other sanitary body for the Office International d'Hygiène Publique.

That it should have required an international conference of 65 delegations to "empower" the OIHP to receive epidemiological information from the Health Organization of the League of Nations, on the understanding that there would be no derogation of the sacrosanct provisions of the 1907 Rome Arrangement by "any other sanitary body", is perhaps the most striking example of the grotesquely reactionary attitude manifested by the OIHP for the whole of the interwar period.

As a result of Article 7 of the 1926 Convention, the OIHP collaborated with the Health Section of the League—including the Singapore Bureau, the Pan American Sanitary Bureau, and the Egyptian Quarantine Board as regards routine arrangements for reporting on the "pestilential" diseases, which since the 1926 Convention included smallpox and typhus in addition to cholera, plague, and yellow fever. Documents were exchanged, and reports on the work of the Health Organization and its programme proposals were sent to the OIHP. Apart from these routine arrangements, however, the Health Organization developed its activities quite independently. Formal relations were by correspondence between the Secretary-General of the League and the President of the Permanent Committee of the OIHP.

By 1934 the staff of the Health Section charged to the regular budget of the League consisted of Rajchman as Medical Director, 7 other physicians—
Sir Edward Mellanby was the Chairman of the Technical Commission on Nutrition of the Health Organization of the League of Nations. This, as was the case with other committees of experts of the Health Organization, was a committee of constant membership—unlike the expert committees and similar bodies of WHO, which are constituted on an ad hoc basis with varying degrees of continuity of membership. The Technical Commission on Nutrition was one of the outstanding successes of the Health Organization of the League, and it established for the first time international minimal nutritional standards for health. These standards had important socio-political implications, for they showed that even in the most economically developed countries a substantial segment of the population was undernourished.

Mellanby was himself a pioneer of nutritional research, demonstrating that some foodstuffs contained a fat-soluble substance (vitamin D) that controls the deposition of calcium in bones and can both prevent and cure rickets. From 1934 to 1949 Mellanby was the Secretary of the Medical Research Council of the United Kingdom, and in spite of heavy administrative responsibilities he continued his laboratory investigations during weekends, as also after his retirement from the Medical Research Council. This photograph was taken when Mellanby was escaping to his hobby of medical research while still a full-time Secretary of the Medical Research Council. In 1946 he published his finding that a chemical used for the "improvement" of flour was the cause of so-called "canine hysteria", and in a lecture delivered in 1951 he issued a warning against the possible noxious effects of the chemical manipulation of foodstuffs. His Harveian Oration—"The State and Medical Research"—delivered before the Royal College of Physicians of London on 18 October 1938, is a classic that may still be read with profit. Mellanby, born on 8 April 1884, died suddenly on 30 January 1955.

Y. Biraud, R. Gautier, O. Olsen, T. Ouchi, E. Pampana, C. L. Park, and E. Tomanek—, and 12 general service staff. In addition there was the staff—all of them described as "temporary" and all paid for by funds from the Rockefeller Foundation—of the epidemiological intelligence service. This service was headed by Norman White—then described as "Field Epidemiologist"—and included 5 other physicians: W. R. Aykroyd, F. G. Boudreau, J. Celarek, M. D. Mackenzie, and I. Wasserberg. There was a supporting staff of 3 nonmedical professional staff ("members of section"), including Z. Deutschman (who was to be "temporary" for 17 years), 2 junior assistants, and a clerk.

During this decade of organizational compromise, the technical work of the Health Organization of the League continued to develop and broaden under the leadership of Ludwik Rajchman, while the OIHP remained the bastion of an antediluvian conception of international health work, the core idea of which was to keep epidemic diseases where they belonged: outside Europe and North America!

The energetic efforts of the Soviet and Polish Governments had very soon made the intervention of the Epidemic Commission superfluous, and after a brief period of activity in Greece in 1923 it had been disbanded. However, the Health Organization continued to cooperate in organizing antiepidemic campaigns, particularly in regard to plague in the Far East.

This was a flourishing period in the health work of the League, which branched out into activities that were very far removed from purely defensive international quarantine measures. The activities of the League's Malaria Commission represented an attempt to combat the disease wherever it existed—not merely to prevent its importation into developed countries. Work in such broad fields as nutrition, housing, and rural hygiene were

181 OI, Lon, 1934, 15: 1355.
In 1928 the Health Organization of the League convened in Geneva, from 25 to 29 June, a conference to discuss the work of its Malaria Commission. The participants were members, corresponding members, and experts of the Commission. On the extreme left is Dr Norman White, of the Health Section of the League. It has not been possible to identify the other participants but the published report of the conference, issued under the symbol “C. H. Malaria 121” lists the following: Bulgaria: Markoff; France: Brumpt, Burnet; Germany: Nocht, Schilling; Great Britain: Balfour, Evans, James, Stanton, Wenyon; Greece: Moutoussis; Italy: Ascoli, Bonamico, Labranca, Missiroli, Ottolenghi; Netherlands: Schüffner, Swellengrebel; Palestine: Kligler; Poland: Anigstein; Romania: Ciucu; Kingdom of the Serbs, Croats and Slovenes: Sfarcic; Spain: Buen, Pittaluga; United States of America: Boyd, Collins, Ferrell, Hackett Maxcy, Strode, Taylor. Initials are not given except in the case of the President, Dr A. Lutrario of Italy.

intended to be of universal applicability, in the sense of setting the minimum standards towards which all countries should strive. Similarly, the work of the Health Organization on biological standardization and on the unification of pharmacopoeias knew no frontiers, and it was an accident of history and economic evolution that the developed countries were the main beneficiaries of this work.

While the examples cited are far from being a complete inventory of the health work of the League in this crucial decade, they provide ample evidence that the League laid firm foundations for international health work as it is understood today. It is interesting that for its health work with Member countries the League used the term “technical cooperation”, which WHO has in very recent years adopted in preference to “technical assistance”.

A new attempt at rationalization, 1934–1936

In September 1934 the Assembly of the League invited the Council to study the constitution, practice, and procedures of the League’s committees. These included at the time not only the Health Committee but also other subsidiary technical bodies, variously designated as committees or commissions. The concern of the Assembly was that there seemed to be no logical reason for the differences in the administrative structures of these various bodies. The Health Committee, while being a committee of the League and responsible to the Council and the Assembly, was also notionally responsible in an ill-defined and abstract sense to an entirely different intergovernmental organization—the OIHP.
In order to meet the wishes of the Assembly the Council appointed a Special Committee to study the structure of the League’s technical bodies. This committee met in June 1935 and selected for special consideration the Health Committee, the Economic Commission, the Financial Commission, the Advisory and Technical Committee for Communications and Transport, the Advisory Committee on Traffic in Opium and Other Dangerous Drugs, the Advisory Commission for the Protection and Welfare of Children and Young People, and the International Committee for Intellectual Cooperation. In its report to the Council on the Health Organization the committee stated:

The Health Organization is an especially complex one, because it required to be adjusted to and coordinate with the Office international d’Hygiène publique at Paris, established by Convention prior to the League Covenant.

The Committee will not attempt any full examination of the Organization, but will confine itself to a few reforms which seem desirable.

The Health Committee has so grown that, while still inadequate to serve the purpose of a general conference, it is too large and unwieldy to serve as a consultative committee to the Council in relation to current work. This would still be true even if its original composition were restored. This situation had led the Bureau of the Committee to assume responsibilities for which its existing composition is inadequate.

In these circumstances, it is suggested:

(a) That the Bureau should be abolished.
(b) That the Health Committee should be reconstituted, so as to comprise, within a membership of about ten persons, the varying national and technical experience required to fit it to be an effective consultative body, and that it should as a rule meet before the ordinary sessions of the Council. The heads of the principal national health administrations should be members of this Committee.

As general discussions on a wide basis, for which the existing Health Committee serves to some extent, are highly desirable, the Office international d’Hygiène publique might be asked to arrange for such discussions at the time of the regular meetings (or one of them in the year), provision being made for Members of the League to be represented. Those present would in practically all cases be delegates attending the Office’s regular sessions for its own defined tasks, but would not necessarily include the whole of its Permanent Committee.

These recommendations were considered by the Assembly in September 1935, in the first instance by its Second Committee, which felt that “in view of the radical change which these proposals entail” the OIHP should be consulted before any decision was reached. In the meantime, however, it proposed that “an immediate improvement” should be effected by an “internal change” by which the Bureau of the Health Committee should be transformed in such a manner that the regular work of the Health Organization might be carried by a body possessing official responsibility between the annual sessions of the Committee—i.e.:

(a) That the composition of the Bureau should be enlarged;
(b) That this Bureau, acting between the annual sessions of the Health Committee as its permanent section [sic], should be endowed with all the duties and powers of that Committee as fixed by its Rules of Procedure.

The Assembly approved these proposals, by which the Bureau of the Health Committee was—far from being abolished—to be enlarged. They were communicated to the Health Committee which, at its twenty-second session on 7–14 October 1935, reconstituted its Bureau as follows:

Dr. Madsen, President of the Health Committee (ex officio).
The President of the Office international d’Hygiène publique (ex officio).

Representatives of the four Powers with a permanent seat on the Council:
Professor Parisot (France).
Dr. Morgan (United Kingdom).
Dr. Lutriano (Italy).
Professor Bronner (USSR).

Remaining members:
Surgeon-General Cumming.
Dr. Chodzko.
Professor Pitaluga.
Professor Heng Liu.

It is to be noted that by then Japan had left the League (1933) and the USSR had become a Member (1934). At its 90th session the Council in January 1936 authorized the Secretary-General to consult the OIHP “on the role that it would have to play within the framework of the proposed reforms” put forward by the Special Committee. Rajchman had lost no time in informing the Permanent Committee of the OIHP at its session of 17–26 October 1935 of the enlargement of the Bureau of the Health Committee.

The reaction of the OIHP, May 1936

On 4 March 1936 the Secretary-General of the League—then J. Avenol—addressed a letter to the President of the Permanent Committee of the


Rent!

Sand of Belgium, born in 1877, was a leader of social medicine at both the national and the international levels. In 1912 he founded the Belgian Social Medicine Association, in 1929 the International Hospital Association, and in 1939 the Belgian Institute of Hygiene and Social Medicine. Sand's international work started in 1921 when he was appointed Secretary-General of the League of Red Cross Societies, in which capacity he undertook missions to many countries. Later he became Secretary-General of the Belgian Ministry of Health. From 1934 he was a member of the Health Committee of the League of Nations for the remainder of its existence. When a Chair of Social Medicine was created at the University of Brussels, Sand was its first incumbent, retiring in 1952. He was the President of the Technical Preparatory Committee of 1946 and was also a delegate to the International Health Conference of the same year. In 1951 the Fourth World Health Assembly awarded him the Léon Bernard Medal and Prize, of which he was only the second recipient, the first award having been made by the League of Nations in 1939 to Wilbur A. Sawyer of the USA, Director of the International Health Division of the Rockefeller Foundation. Sand was the author of several major works on occupational and social medicine, social services, and the provision of preventive and curative medical care. He died on 23 August 1953.

OIHP, then N. M. Josephus Jitta, officially transmitting the report of the Special Committee on the League's committees, and requesting the comments of the Permanent Committee in time for them to be considered by the Assembly of the League in the following September.157

At its session in May 1936 the Permanent Committee established its own special committee to consider this problem, the chairman of which was Mr de Navailles of France, the delegate representing Tunisia on the Permanent Committee. In its report, which was adopted unanimously by the Permanent Committee, the OIHP special committee pointed out that the arrangement that had been proposed in 1923 by the Mixed Committee had been in force for 12 years and “had never ceased to give satisfaction to the Office international d'Hygiène publique [italics added].” The OIHP had been created by an international treaty that antedated the Covenant of the League of Nations. The present situation should therefore not be changed fundamentally.

The OIHP special committee insisted that the functions of a General Advisory Health Council, as defined in the report of the Mixed Committee of 1923, should continue to be entrusted to the Permanent Committee of the OIHP, which would maintain its autonomy. There was no objection to the enlarged Bureau of the Health Committee, given that its Vice-President would be the President of the Permanent Committee of the OIHP. As for the suggestion that the OIHP should organize meetings of Members of the League of Nations—"even of those that had no delegates to the Office"—and of most but not all of the members of the Permanent Committee, all that could be said was that it was “not possible to accept this proposal”. The responsibilities of the OIHP had been fixed by the terms of the international Arrangement of 9 December 1907 and they could not be modified. Meetings bringing together participants of States that had not adhered to this Arrangement, while excluding others that had adhered to it, would be unthinkable.

The OIHP then went on to propose the most

incredibly cumbersome and unpractical structure for the Health Organization of the League, according to which there would be:

(a) the Health Section of the Secretariat of the League of Nations, unchanged;

(b) the General Advisory Health Council, which would be the autonomous OIHP;

(c) the Bureau of the Health Committee, consisting of 10–12 members, the President of the Permanent Committee of the OIHP being ex officio Vice-President;

(d) the Health Committee, to comprise 30 or even 40 members, the OIHP appointing its President and 9 others.

This was the response of the OIHP to the recommendation of the Special Committee of the League that the Health Organization should be reformed by reduction of membership of the Health Committee to 10 persons, abolition of its Bureau, and a meeting, probably annually, of a higher body of participants nominated by both the OIHP and the League. Such was the overlapping of the membership of the OIHP and the League that, if the OIHP proposal had been adopted, most participants in the scheme would have had to be alert to remember whether they were sitting as members of the General Advisory Health Council, of the Permanent Committee of the OIHP, or of the Health Committee.

It would seem that even the Permanent Committee recognized that its bizarre proposal had little chance of success, for it stated that it had an alternative to suggest if its preferred solution were, “for major reasons”, to prove unacceptable to the Council and Assembly of the League of Nations.

The alternative proposal of the OIHP was that the Health Organization of the League should consist of:

(a) the Health Section of the Secretariat of the League;

(b) a Health Committee of 10–12 members, consisting of the present Bureau;

(c) an Advisory Council, which would be the Permanent Committee of the OIHP.

The dilemma of the Health Organization of the League

Under the alternative arrangement proposed, the OIHP would preserve “its composition, its autonomy, and its complete independence” in accordance with its responsibilities as laid down in 1907. In fact, this proposal implied abolishing the Health Committee, renaming its Bureau “Health Committee”, and leaving the OIHP as it had been for 3 decades but with a mandate to oversee the health activities of the League. In view of the tenacious inflexibility of the OIHP over a period of 16 years the Health Organization of the League had only two courses open to it: to renounce any attempt to achieve a modus vivendi with its predecessor organization, or to accept the letter if not the spirit of the less objectionable of the OIHP’s proposals. The first course would have been politically impossible, for the Assembly of the League would never have agreed to accept openly that there were two entirely independent intergovernmental health organizations with largely overlapping membership. The League Secretariat therefore adopted the second course, and after numerous consultations with the OIHP it drew up new draft regulations for the Health Organization.

The new regulations were approved by the Council of the League on 26 September 1936 and by the Assembly on the following 10 October, and on 16 October the Secretary-General of the League transmitted them to the President of the Permanent Committee of the OIHP, requesting comments before the end of the year. At the OIHP committee’s session of 19–23 October 1936, de Navailles introduced the draft regulations for the Health Organization, pointing out that they differed in no essential respect from the OIHP proposals. The regulations were adopted unanimously by the Permanent Committee and, as the Council and Assembly of the League had previously endorsed them, they thereby became official.

The regulations provided that the Health Organization would comprise the Health Committee and the General Advisory Health Council. The former would have 12 members, and the President of the Permanent Committee of the OIHP would be its Vice-President ex officio. The 11 other members would be nominated by the Council of the League, and would necessarily include representatives of the “principal national health administrations”. This was a discreet formula to ensure that the Health Committee would always have a member from each of the countries with a permanent seat on the Council of the League—then Britain, France, Italy, and the USSR.

161 Ibid., pp. 33-34.
Jacques Parisot of France, born in 1882, was a pioneer of social medicine. He first became a member of the Health Committee of the League of Nations at its 22nd session in October 1935, succeeding the recently deceased Léon Bernard. In 1937 he succeeded Thorvald Madsen as President of the committee. He had been appointed to the Chair of Hygiene and Social Medicine at the Faculty of Medicine of Nancy in 1927, and in this capacity he devoted his attention particularly to social aspects of tuberculosis, venereal diseases, maternal and child health, and mental health, and to health education. In 1949 Parisot was appointed Dean of the Faculty of Medicine of Nancy. His last contact with the Health Committee of the League was in March 1940, when he presided at the first and only meeting of its Emergency Subcommittee. After the military occupation of France he was deported to Germany. When the war was over he soon resumed his national and international activities, heading the French delegation at the International Health Conference in New York in June-July 1946. He was one of the original signatories of the WHO Constitution. The Seventh World Health Assembly in 1954 awarded him the Léon Bernard Medal and Prize. In his speech of acceptance, Parisot paid tribute to previous Léon Bernard laureates, as also to his "master and friend"—Léon Bernard. Among many other names that he cited as forming part of the history of international health were those of Bastiannelli, Buchanan, Cantacuzino, Chagas, Cumming, Madsen, and Rajchman. Parisot died in 1967. This photograph shows him against the background of the Palais des Nations, Geneva, and vividly conveys a sense of his distinguished personality.

The General Advisory Health Council would be constituted in accordance with the plan approved by the Assembly of the League in 1923. In other words, it would be the Permanent Committee of the OIHP with nominal participation by Members of the League that had not adhered to the OIHP. The Council would meet in Paris immediately after one of the sessions of the Permanent Committee, and would consider a report on the work accomplished by the Health Organization in the previous year as well as its proposed programme for the year to come.

In the negotiations that had taken place between April and October 1936 the League had wrung one important concession. Members of the Health Committee (who, as will be recalled, were appointed in a personal capacity) would have the right to participate in the meetings of the General Advisory Health Council, and the President of the Permanent Committee would invite all countries that were Members of the League but not of the OIHP to be represented.

The new regime

On 28 October 1936 the President of the Permanent Committee had informed the Secretary-General of the League that the OIHP agreed with the new proposals for the Health Organization. The Council of the League held its 96th session in January 1937 and Mr William Joseph Jordan of New Zealand, the member who then acted as rapporteur on health questions, informed the Council of the OIHP's agreement to what had been its own proposal. The Health Committee that had been appointed by the Council on 17 January 1934 for a three-year term had ended its term of office on 31 December 1936. Outstanding achievements during this period had been, according to Jordan, an Intergovernmental Conference on Biological Standardization, a Pan-African Health Conference, and studies on nutrition, housing, and rural hygiene.

The Council was now called upon to appoint a Health Committee in accordance with the new agreement. The Secretary-General and Jordan had jointly drawn up a list of proposed members which aimed, inter alia, at "a certain geographical distribution of the seats to be filled". It was understood that the 4 members appointed as "representatives of the principal national health administrations" would not necessarily be govern-

ment officials “but that the persons appointed should have the full confidence of their respective Governments [italics original]”. The names proposed were:

- Professor G. Bastianelli, Director of the High School of Malaria and Tropical Diseases, Rome
- Professor W. Bronner, Director of the Bureau of Medical Information on Health, Moscow
- Dr H. S. Cumming, no longer US Surgeon-General but still Director of the Pan American Sanitary Bureau
- Dr A. Durig, Professor of Physiology, Vienna
- Professor Husamettin Kural, Under-Secretary of State for Health, Ankara
- Dr Th. Madsen, Director of the Staatens Seruminstitut, Copenhagen
- Dr M. T. Morgan, Medical Officer, Ministry of Health, London
- Professor Jacques Parisot, Professor of Hygiene and Social Medicine, Nancy
- Professor A. Sordelli, Director of the Bacteriological Institute, Buenos Aires.

These 9 nominations were accepted by the Council, and the President of the Permanent Committee of the OIHP was to be a 10th member ex officio. It was proposed, and accepted, that the remaining 2 vacancies should be filled by members from India and Poland, to be appointed later by Jordan in consultation with the Secretary-General.

Jordan then pointed out that the reduction in the membership of the Health Committee to 12 had deprived it of “many highly qualified collaborators”. This might, he suggested, be compensated by recourse to Article 16 of the General Regulations for Committees, which provided that the Council, or a committee with the Council’s authorization, might appoint “associate or correspondent members—and assessors” in special cases. This might provide a solution for “far distant countries” that wished to have a more frequent liaison with the Health Organization than was possible by annual attendance at sessions of the General Advisory Health Council. Such supernumerary participants would have no vote and their attendance would be at the expense of their governments.
The Health Committee, in its newly constituted form, held its twenty-fourth session in Geneva from 5 to 9 February 1937, Madsen continuing as its President. The strength of the committee's work lay in its "technical commissions", whose members freely devoted the resources of their national laboratories or institutes to furthering the technical work of the Health Organization in between their sessions. Madsen was Chairman of the Permanent Commission on Biological Standardization, Bastianelli of the Malaria Commission, Sir Edward Mellanby of the Technical Commission on Nutrition, and Parisot of the Permanent Commission on Housing. There was also a Joint Commission with the International Institute of Statistics on the International Nomenclature of Diseases, a small Advisory Committee of Experts on Cancer, a Group of Experts to study the Unification of Methods of determining the Morphine content of Raw Opium, and an Opium Subcommittee. Reporting to the Council of the League at its 96th session, the Health Committee had proposed that two new technical commissions should be created: a Commission on Physical Fitness and a Permanent Leprosy Commission. The reasons for the differences in the titles of these expert bodies are not apparent. For example, the Permanent Commission on Biological Standardization was certainly no less technical than the Technical Commission on Nutrition which, in its turn, was no less permanent than the Permanent Commission on Biological Standardization. Such curious distinctions in the titles of expert bodies with seemingly exactly analogous compositions and functions have continued to be a cherished feature of international health activities.

At its next session on 26–30 April 1937 the Health Committee was to be confronted with a problem that Jordan had perhaps foreseen in his presentation to the 96th session of the Council: only 5 members attended. But the committee's draft Rules of Procedure, which the Council had not yet confirmed, laid down in Rule 8 that 7 members must be present to constitute a quorum. At its twenty-sixth session on 1–4 November 1937 the committee just reached the quorum of 7 members, and the problem of "numerous abstentions" was discussed. The committee's Rules of Procedure had been confirmed by the Council on 27 May, and Madsen pointed out that "unless a quorum of seven members was present, the committee could not hold a valid discussion". The committee therefore adopted a resolution drawing the attention of the Secretary-General to the situation and proposing that alternate members should be appointed. At this session Jacques Parisot was elected President and M. T. Morgan a Vice-President of the committee. Madsen, who had served as President for over 16 years, remained a member of the committee and was elected its Honorary President.

In January 1938, at the 100th session of the Council, Jordan drew special attention to this difficulty, which had been exacerbated by the resignation of Bastianelli, the Italian member of the Health Committee. In the meantime, however, Japan had, with the Council's approval, appointed an associate member. The Belgian Government had requested that Dr René Sand, Secretary-General to the Belgian Ministry of Public Health, be appointed in the same capacity, and to this request the Council acceded. At its following session from 7 to 9 February 1938 the Health Committee again

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166 OJ, LON, 1938, 19: 104.
The resignation of Rajchman

The resignation of Rajchman

The twenty-ninth session of the committee was held from 12 to 15 October 1938, and on 20–21 January 1939 there was a meeting of the "Bureau" of the committee. This consisted of only 4 members: Parisot as President; Madsen as Honorary President; M. T. Morgan as Vice-President, in virtue of his presidency of the OIHP; and Neville M. Goodman, of the British Ministry of Health, whom Cumming of the USA had asked to act for him.167

The meeting of the Bureau was charged with emotion, for Ludwik Rajchman—after having been the mainspring of the League’s health activities for 19 years—announced his resignation. As will be seen later, the Health Section was soon to disappear as a separate organizational unit. Parisot, as President, “referred to the heavy atmosphere which from the outset had oppressed the present session of the Bureau”, because of rumours that he was contemplating this step. In fact, Rajchman had telephoned Parisot a few weeks before to announce his decision. Parisot then pronounced an elegy of Rajchman that could hardly have failed to gratify him. He was, inter alia, “the personification of the Health Organization”.

Rajchman responded in suitable terms, and then Madsen, the only one who had known Rajchman from the beginning, intervened. He “could not take official leave of his friend Dr Rajchman, with whom he had worked in the League’s services since its earliest days, without voicing his sorrow at his departure”. Rajchman replied briefly, recalling country walks that he had taken with Madsen “when they had planned together the future of the Health Organization”. Rajchman must, as a brilliant and perceptive Polish Jew, have been conscious of the cataclysm that was soon to envelope Europe for he concluded his brief acknowledgement in Shelley’s words: “If Winter comes, can Spring be far behind?”.

The OIHP discusses the new arrangement, May 1937

The final solution for relationships between the OIHP and the Health Organization of the League of Nations was no solution at all, but simply a thinly disguised continuation of the preposterous anomaly of the existence in Western Europe of two entirely independent, and supposedly universal, intergovernmental health organizations. The League had at last won the concession that those of its Members that did not belong to the OIHP could participate in the meetings of the General Advisory Council of the Health Organization, and at its session from 3 to 12 May 1937 the Permanent Committee discussed what were the implications of this revolutionary change.168

Morgan opened the discussion by congratulating the President (Jitta) on the trouble to which he had put himself to bring about the new arrangement. (Applause.) If, said Morgan, he had intervened in the debate, it was only in order to avoid—“if possible”—difficulties in the application of the new dispositions. First, the new General Council would not need to vote. It was an “Advisory Council”, called upon to examine the results obtained and the future activities to be undertaken by the Health Organization of the League. Remarks—even criticisms—could be made, and advice or indications could be given, and all these would be reproduced in the minutes. It would not be appropriate to go further by taking a formal stand on this or that matter. It had been suggested that the International Labour Office (ILO) should be represented at meetings of the General Advisory Council. But the ILO had its own field of activity.


168 Note 159, pp. 20-22.
Proceedings of the third and last session of the General Advisory Council of the Health Organization of the League of Nations, which opened and closed on the same day—1 May 1939. The first and second sessions, respectively in 1937 and 1938, had each lasted for 1 ½ days. The General Advisory Council represented the last of several compromises intended to give some credibility to the gross anomaly of the coexistence in Europe of two supposedly universal (as opposed to regional) intergovernmental health organizations. Its meetings were held in Paris immediately after the spring sessions of the Permanent Committee of the OIHP, under the chairmanship of its President. The participants were the members of the Permanent Committee and representatives of any governments that belonged to the League of Nations but not to the OIHP and wished to attend. It was not necessary to define the status respectively of OIHP and League of Nations participants, as it had been decided that there should be no voting. In fact, in the whole of its brief existence the only decisions ever taken by the General Advisory Council were to close its sessions that had opened on the same or the previous day. The proceedings of the Council were recorded only in French, and those of its last session, shown in this photograph, were not published until 1941.

Later in the session Aldo Castellani—delegate of “the Italian Colonies”—read a very long report on the organization of the medical services of the Italian expeditionary force during the “Ethiopian war”. The President’s congratulations to Castellani on his exposé were followed by a round of applause by the committee.

The General Advisory Council of the League’s Health Organization, 1937–1939

The statutes of the General Advisory Council of the Health Organization of the League of Nations were finally agreed between the Secretary-General of the League and the President of the
Permanent Committee of the OIHP, and comprised 7 Articles containing the following provisions: 169

1. The annual Assembly of the General Advisory Health Council 170 would be held immediately after the spring session of the Permanent Committee of the OIHP under the chairmanship of its President, who would inform the Secretary-General in good time of the expected date on which the Permanent Committee’s session would finish.

2. At least 6 weeks before the date of the annual Assembly the President of the Permanent Committee of the OIHP would send Members of the League that were not also members of the OIHP an invitation to participate. The Secretary-General would each year provide a list of such Members. The OIHP would invite the International Labour Office to be represented in an advisory capacity.

3. The detailed agenda and the duration of the annual Assembly would be determined by agreement between the President of the Permanent Committee of the OIHP and the President of the Health Committee of the League.

4. The annual Assembly would not vote. If there were contrary opinions, they would be recorded in the minutes. If necessary, and on request, the minutes would record the number of government representatives supporting each of the contrary opinions.

5. The Director of the OIHP would provide the Secretariat of the annual Assembly, and would agree with the Medical Director of the Health Section of the League on the documents to be prepared during the session. The minutes would be drawn up by the OIHP and cleared with the President of the Health Committee before being transmitted to the Secretary-General of the League of Nations.

6. If requested by a Member of the League of Nations, interpretations or translations from French into English or vice versa would be provided by interpreters or translators of the League.

7. The annual Assembly could establish subcommittees for the duration of a session. (It may be noted here that as no session lasted for longer than 1½ days, any subcommittee would have had to report with unusual celerity.)

Only three sessions of the General Advisory Council were ever held. The inaugural meeting of the first session opened at 10.30 a.m. on 13 May 1937, while its closing meeting opened 5 minutes later on the following morning. In between, there had been a 3-hour meeting on the afternoon of the 13th. The total duration of the 3 meetings constituted the first session was therefore 6 hours and 40 minutes. 171 After opening speeches by the President of the Permanent Committee of the OIHP, and by Parisot as President of the Health Committee of the League, the participants—31 members of the Permanent Committee, 5 members of the Health Committee, and one representative each from the ILO and the International Health Division of the Rockefeller Foundation—listened to statements on the activities of the Health Organization in biological standardization, leprosy, nutrition, and housing by Raymond Gautier, Etienne Burnet, and Jacques Parisot. As the General Advisory Council had been designed to be a nonworking organ, no decisions were made.

The second session of the Council was held on 19–20 May 1938 and followed similar lines, as did the third session in 1939—except that the last session opened and closed on 1 May and occupied a total of only 5 hours. The cumulative duration of all three sessions was 17 hours and 30 minutes—the time required to satisfy appearances if nothing else. At the session of the Permanent Committee of the OIHP immediately preceding the last session of the General Advisory Council on Monday 1 May 1939, the President remarked that if the committee had not finished its business before the Council’s session opened it could resume its work on the following day. 172 Such was the importance attached to what was nominally the supreme body of the Health Organization of the League! The proceedings of the last session of the General Advisory Council of May 1939 were not published until 1941, and for each of its three sessions they appeared only in French. Almost all other documents and publications of the League of Nations and its technical bodies were issued in both English and French, but it would appear that the records of the meetings of the General Advisory Council, which were all published in French by the OIHP, were not considered by the League to be of sufficient importance to merit their translation into English.

Conclusions and reflections

On four occasions—in 1920, 1921, 1923, and 1936—the OIHP rejected proposals of the League

169 Note 159, pp. 23-26.
170 In the 7 short articles of the statutes the terms “Assembly”, “annual Assembly”, “Assembly of the General Advisory Council”, and “annual assembly of the General Advisory Health Council” are indiscriminately used.
of Nations aimed at rationalizing the organizational structure of international health activities. Why it should have persistently adopted such an intransigent and reactionary attitude is, in retrospect, difficult to understand. The members of the Permanent Committee—largely a sort of club of elderly health bureaucrats—might well have been reluctant to renounce the gastronomic and other delights of a visit each spring and autumn to Paris, but why did their governments support them? There was a very considerable overlap in the membership of the OIHP and the League of Nations, and a majority of member governments of each organization were therefore making specific and concrete proposals in Geneva only to reject them shortly afterwards in Paris.

In the Paris meetings, the Rome Arrangement of 1907 was treated as if it embodied an eternal verity that had been quite untouched by the new order and the new aspirations that had emerged as a result of the World War, even though it had been elaborated by the representatives of only 12 countries two years before Blériot's flight across the English Channel astounded the world. The consequence of this attitude was that for the whole two decades of the interwar period the OIHP was an insuperable obstacle to the realization of the ideal of a single worldwide international health organization.

In spite of this handicap the accomplishments of the Health Organization of the League were quite remarkable, and under the leadership of the Medical Director of the Health Section—Ludwik Rajchman—it won the support and active collaboration of the most eminent medical scientists of its time. In contrast, the orientation and activities of the OIHP were such as to be of no interest to the scientific community.

While the OIHP had no influence on the work of the Health Organization of the League—although nominally in various guises and at various times its higher advisory organ—the same was by no means the case with the Council and the Assembly of the League. In spite of the major political crises in which the League of Nations was involved for the whole of its existence, the Council and the Assembly took an active interest in the work of the Health Organization and recognized its value, sometimes influencing its direction—for example, by encouraging it to extend its activities in nutrition and the hygiene of housing. According to F. P. Walters, formerly a Deputy Secretary-General of the League, the Health Organization "was by general consent the most successful of the auxiliary organizations, although it was the only one whose creation had met with serious difficulties."

Ludwik Rajchman and his small team—quantitatively derisory by today's standards—laid down firm foundations for modern international public health and, as Walters wrote, "the total output of work" of the Health Organization "was quite out of proportion to its financial resources."

Note 26, p. 180.
CHAPTER X

Epilogue: World War II and immediately after

The full Health Committee of the League of Nations held its thirty-first and last session on 20–24 November 1939, in Geneva. By this time Poland had been overrun by the German Third Reich, which had also been officially at war with Britain and France for over 2 months. The committee discussed at length the possible threat of epidemics due to major population movements. Poles were fleeing into Hungary and Romania and Raymond Gautier, the acting Medical Director, had visited both countries for discussions with the health authorities. Dr. J. V. Babecki, a member of the committee and the former Director of the Polish Health Service, stated that two-thirds of the Polish medical profession had been mobilized and were now in Hungary, Romania, or France.

Many members of the League’s Secretariat had already returned to their own countries, and a representative of the Secretary-General, Mr R. Skylstad, informed the committee that “a proposal had been made to coordinate the Health Section and the Opium and Social Questions Section. That proposal had not been carried out because it had not been approved by the Council...” However, before the end of the year the staff list published in the League’s Official Journal showed that the Health Section had disappeared as a separate organizational unit, to become part of a “Department III” of which Skylstad was the acting Director. This department consisted of 40 professional and clerical staff members, including 6 medical officers—Y. Biraud, R. Gautier, M. D. Mackenzie, O. Olsen, C. L. Park, and M. Ciucu (temporary “specialist”).

From 4 to 8 March 1940 a meeting of an “Emergency Sub-committee” of the Health Committee was held in Geneva under the chairmanship of Jacques Parisot, the other members being Neville M. Goodman; René Sand; Dr Béla Johan of the Hungarian Ministry of the Interior; and Dr J. Balteanu, Professor of Hygiene and Clinical Medicine at Iaşi, Romania. By the time of this meeting Ciucu and Olsen had also left the Secretariat and nothing but a bare nucleus of the Health Section remained. Skylstad explained that, “for practical reasons and on the ground of economy”, the sections on Health, Opium, Social Questions, Intellectual Cooperation, and International Bureaux had been merged into a single “Department of Health, Drug Control, and Social and Cultural Questions.” This announcement was not well received, Goodman deploring the “loss in continuity and goodwill which would result”.

Two months later the invasion of the Low Countries was to result in the total suspension of effective international cooperation in health as in other fields.

By June 1940, only two medical officers of the former Health Section remained in Geneva at the League’s headquarters—Raymond Gautier of Switzerland, the acting Medical Director, and Yves Biraud of France, the chief of the epidemiological intelligence service.

The Chronicle of the Health Organisation, which had been started as a monthly periodical in 1939, achieved the fourth number of its second volume in April 1940 and then ceased to appear. “Special numbers” were published in October 1943 and April and December 1945. The formerly bi-monthly Bulletin of the Health Organisation, which had started in 1932 as the Quarterly Bulletin..., achieved only 4 issues of volume 10 in the years 1942–1944, the third of these being a “Polyglot

175 OJ, LON, 1939, 20: 469.
177 Chronicle of the Health Organization, special number, Geneva, December 1945, p. 5.
Raymond Gautier was born in Geneva, Switzerland, on 7 January 1885. He graduated in medicine from the University of Basle in 1918, and was appointed to its Institute of Pathological Anatomy. From there he moved in 1920 to the physiology department of the University of Geneva and in 1923 to its Institute of Hygiene and Bacteriology. In 1924 he joined the staff of the Health Section of the League of Nations, where he was particularly concerned with biological standardization. He had to sever his connexion with this major field of activity in 1926 when he was appointed Director of the Eastern Bureau of the Health Section in Singapore. Returning to Geneva in 1930 he again became responsible for the organization of the programme of biological standardization, and in 1932 started the Bulletin of the Health Organization, which he continued to edit until it was succeeded by the Bulletin of the World Health Organization. In 1946 Gautier became a Counsellor of the Interim Commission of WHO and later Director of its Geneva Office. With the establishment of the permanent organization he was nominated one of the first two Assistant Directors-General of WHO, from which he retired in 1950 after a quarter of a century in the service of international public health. The Executive Board of WHO unanimously expressed “deep appreciation of Dr Gautier’s long and eminent service in international health”. On leaving WHO Gautier became Director of Research at the International Children’s Centre in Paris. He died in 1957.

Glossary of Communicable Diseases” compiled by Yves Biraud at the invitation of the International Red Cross. This was a list of the equivalents of diagnostic terms in 24 languages. The whole of volume 11 was a “Bibliography of the Technical Work of the Health Organization of the League of Nations, 1920–1945”, which is an indispensable aid to any serious study of the health work of the League. The 12th and last volume of the Bulletin was published in the years 1945–1946 and consisted of 4 numbers. The Weekly Epidemiological Record, which had been started in 1926, continued without interruption, but in much attenuated form.

As mentioned previously, the Eastern Bureau of the Health Section was transferred in February 1942 to Canberra at the invitation of the Australian Government. However, it clearly had no useful function to perform and its activities—or lack of them—were suspended in the following November.

In Geneva, as the Chronicle of the Health Organization recounts, “the Health Section [which no longer existed] found itself increasingly compelled to rely on its own resources”—an elegant way of saying that there was very little to do. Jacques Parisot of France, President of the Health Committee, and René Sand of Belgium, associate member, were deported to Germany and not repatriated before the military occupation of that country. As has been indicated earlier, both men were later to render valuable services to the postwar organization of international health work and to receive the Léon Bernard Prize—Sand in 1951 and Parisot in 1954.

In the second quarter of 1943 Gautier, on the invitation of the US Department of State, went to Washington for consultations with the Office of Foreign Relief and Rehabilitation, especially in regard to the League’s activities in nutrition, malaria, and sanitary engineering. A few months later, in October 1943, he was invited to attend the first

178 Note 177, p. 6.
session of the Council of the United Nations Relief and Rehabilitation Administration (UNRRA). Six months later—in March 1944—the Director-General of UNRRA, Governor Herbert H. Lehman, proposed to the Acting Secretary-General of the League that the residue of its former Health Section should cooperate with UNRRA's Health Division to form a "research unit" in Washington. This proposal was approved, and the "unit"—consisting of Yves Biraud and Zygmunt Deutschman (until 1942 the "statistician" of the Singapore Bureau)—started work in Washington on 15 May 1944.

According to the "special issue" of the Chronicle of the Health Organization of December 1945, these two international functionaries provided UNRRA "week by week" with a "critical survey of the health situation in Europe and the parts of Asia of importance from the standpoint of air traffic". They also "prepared a monograph on the health organization of Indo-China". How they were able to do all this while sitting in an office in Washington is not explained, but in view of their "excellent work" they were transferred to the Health Division of UNRRA on 1 January 1945.

Gautier, who had remained at the League's headquarters in Geneva as a sort of one-man Health Section, took the initiative of proposing an International Conference on the Standardization of Penicillin. This was duly held in London in October 1944 under the chairmanship of Sir Henry Dale.

The OIHP during and after the war

Since most delegates were not in a position to leave their own countries to visit Paris, the meeting of the Permanent Committee that would normally have taken place in the autumn of 1939 was not held. Nevertheless, a 25-page report on the activities of the OIHP during 1939 was issued over the signature of its President, M. T. Morgan. This report was not published until 1941. It opens by referring to the difficulties occasioned by the fact that, while the OIHP was "by definition" neutral, it had its seat in a belligerent country. These difficulties were to be much enhanced when Paris, and soon after the whole of France, were under military occupation. Epidemiological notifications had been continued, 181 telegrams and 50 airmail letters having been dispatched during 1939. At the last meeting of the Permanent Committee in the spring of 1939 the bold decision had been taken to send epidemiological notifications by radio, and for this purpose an "OIH" epidemiological code had been drafted in English and French—the first formal recognition by the OIHP that the English language existed. However, with the outbreak of war this new initiative—which was surely not premature!—was stillborn.

The OIHP's activities in 1940 were briefly described in a printed "Note", also published in 1941. As Morgan was unable to exercise his functions as President of an organization whose seat was under enemy occupation, Barrère was asked, as the senior by age (doyen d'âge), to act for him. Barrère's seniority was incontestable, for he was then in his 90th year. However, he declined on health grounds, and Carrière of Switzerland was asked and agreed to accept the acting presidency, the "Note" on 1940 activities appearing over his signature.

Because of the impossibility of holding a normal session of the Permanent Committee, Carrière and Hugh S. Cumming decided, with the agreement of the US Government, that there should be a special regional session in Washington in May 1940, to coincide with the Conference of Directors of Public Health of members of the Pan American Sanitary Organization. This session was attended by the Director of the OIHP, Dr R. Pierret, but not by its President.

In June 1940 the service of epidemiological notifications was transferred to Royat, a suburb of Clermont-Ferrand in the heart of Vichy France. It was only by this move that the OIHP was able to continue to send and receive telegrams, of which 418 were dispatched in 1940. Publication of the Bulletin of the OIHP was continued, but at bi-monthly instead of monthly intervals.

In 1942 the OIHP published a report on its activities of the previous year. An offer of the presidency of the Permanent Committee of the OIHP was becoming a sort of antechamber to the grave, for Barrère, who had been offered but had declined the presidency, died in October 1940. He was followed to man's ultimate destination by Carrière in December 1941. As prescribed by tradition, Carrière was succeeded by the doyen d'âge—Dr E. van Campenhout of the Health Section of the Belgian Ministry of Colonies, supposedly representing the Belgian Congo.

In accordance with the provisions of the International Sanitary Convention of 1926, the OIHP...
had continued during 1941 to send weekly communiques to the League in Geneva for inclusion in its *Weekly Epidemiological Record*. The *Bulletin of the OIHP* was still being published bimonthly, and 291 epidemiological telegrams had been dispatched from the branch at Royat.

In 1942 OIHP activities were still divided between Paris and Royat, and 294 epidemiological telegrams were dispatched.\(^{182}\) In view of the holocaust in which the world was then embroiled it is difficult to imagine for whom these telegrams were of the slightest importance. On 11 November 1942 German troops occupied the “free zone” of the Vichy Government, and in its report on 1943 activities the OIHP lamented that “the events of 1942” had “profoundly and seriously affected the activity of the epidemiological intelligence service of our institution”.\(^{183}\) It had been possible to dispatch only 49 epidemiological telegrams, of which 37 were either to the epidemiological intelligence bureau at Alexandria or to the Pan American Sanitary Bureau in Washington. These had been sent “indirectly and also with the difficulties that are known”. In other words, such telegrams as had been permitted were sent to the League in Geneva for retransmission.

The OIHP had made in vain repeated representations to the “competent authorities” that it should be allowed “to communicate with all participating countries as if it were a diplomatic mission”. The “competent authorities” are to be pardoned for not finding this analogy very convincing, for not only do countries not normally retain diplomatic missions in enemy-occupied territories, but also at this stage of the war a few epidemiological telegrams more or less can hardly have seemed to be a matter of major importance.

The year 1944 was a crucial one for the OIHP. Under the increasing severity of the restrictions imposed by the occupying Power, communications between Paris and Royat became impossible from mid-August to early October, and “excessively precarious” international communications were

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Hugh Smith Cumming, born in 1869, completed his medical education in 1894 and in the same year joined the United States Public Health Service, from which he retired in 1936 as Surgeon-General. His first contact with international health was as a participant, in his capacity of Assistant Surgeon-General, in the Medical Conference convened by the Red Cross in April 1919 at Cannes. In the same year he represented the USA at the Informal Conference in London in July. In the following month he was Chairman of the Interallied Commission of health experts that the League of Red Cross Societies sent to Poland, and he was the US delegate to the session of the Office international d’Hygiène publique (OIHP) of October 1919. In 1920 he was nominated US Surgeon-General and also elected Director of the Pan American Sanitary Bureau (PASB). Until 1947 the PASB was virtually a branch of the US Public Health Service. In 1924 Cumming was appointed as a member of the Health Committee of the League of Nations. Up to April 1935, he represented the USA at only some of the OIHP sessions, but as from October of the same year he participated in all of them. In his later years, Cumming became an extreme reactionary. In 1945, when still Director of the PASB, he wrote to President Truman to advise him that the idea of a single international health organization was both undesirable and impracticable. In the following year he addressed a 70-page typescript memorandum to the Department of State, in which he denounced the plans for WHO. During the International Health Conference, convened in New York in 1946 to frame the constitution of WHO, Cumming invited delegates who were PASB members to a working dinner, at which he solemnly warned them of the danger that the presence at the conference of delegates of certain Eastern European countries represented. The new organization, threatened Cumming, might well become an instrument of communism. This declaration constituted a denial of the fundamental idea that the United Nations system should provide a peaceful forum for the confrontation of differing political ideologies and systems without recourse to the centuries-old solution of mutually destructive wars. News of this extraordinary incident leaked out, and the then Surgeon-General, Thomas Parran, lost no time in firmly assuring his fellow delegates that Cumming’s views were not those of the Government of the USA. Cumming was succeeded as Director of the PASB in February 1947 by Dr Fred Soper, and he died in December 1948 at the age of 79.

possible only with Switzerland and Spain. But by the latter half of September the Paris head office was able to assure the British Ministry of Health, the US Public Health Service, diplomatic missions in France, and the competent French ministries that it was in a position to resume immediately its activities on the same scale as before the war, having retained intact its professional staff (cadres). Jacques Parisot had been deported from France, René Sand from Belgium, and the Health Section of the League had been cannibalized. But the OIHP had, before and throughout the war, continued to demonstrate its extraordinary capacity for survival.

Paradoxically, the impending liberation of France was the signal for a resumption of hostilities between the OIHP and the League of Nations. On 21 April 1944 the acting Secretary-General of the League informed the Director of the OIHP that he had decided to suspend the publication of its communiqués in the Weekly Epidemiological Record, the principal reason given being that the occupation of Singapore in 1942 and the dissolution of the League’s Eastern Bureau in that city had rendered void the agreement between the OIHP and the League resulting from the International Sanitary Convention of 1926. This decision the OIHP denounced in its official report as being “unilateral and unexpected” and the reason given for it as a “pretext”.

The OIHP report for 1944 also contained detailed statistics of the number of epidemiological telegrams dispatched at different periods of the year and of the total number of words contained. An additional item of information was that in December 1944 the OIHP received letters that had been
sent from Moscow in May and June 1940, giving additional addresses of centres in ports at which seafarers might receive free treatment for venereal diseases, as provided in the Brussels Agreement of 1 December 1924. After consultation with the Soviet Embassy in Paris and the competent authorities in Moscow, the OIHP decided not to make use of this information pending confirmation that it was still valid.

The report on activities during 1945 was not published separately but was annexed to the proceedings of the first postwar session of the Permanent Committee of the OIHP, which took place from 25 April to 2 May 1946. In 1945 the acting President, van Campenhout, had resigned because of serious illness and had been temporarily succeeded by the next doyen d’âge—Hugh S. Cumming. Introducing the 1945 report, Cumming paid tribute to 10 deceased members of the committee. He had received the news of Barrère’s death in his 90th year not only with “profound sadness” but also with “astonishment”! After Cumming’s introduction, M. T. Morgan resumed his presidency of the Permanent Committee.

The prelude to the World Health Organization

In 1945 the United Nations Conference at San Francisco had decided upon the establishment of an international health organization, which was to be brought into relationship with the Economic and Social Council, and early in 1946 this Council nominated a Technical Preparatory Committee to make proposals for an International Health Conference that was to be convened not later than 20 June 1946.

The meeting of the Technical Preparatory Committee duly took place from 18 March to 5 April 1946. Hugh S. Cumming, still Director of the Pan American Sanitary Bureau, represented the Pan American Sanitary Organization as an observer. The observers for the League of Nations Health Organization were Jacques Parisot, as President of the Health Committee, and Yves Biraud as a member of the League’s Secretariat. Raymond Gautier, who had succeeded Rajchman as the League’s acting Medical Director, would seem to have been the logical Secretariat representative, but Biraud’s Washington sojourn had apparently enhanced his status and independence. The OIHP was represented by its President, M. T. Morgan, and its Director, Robert Pierret, and the European Regional Office of UNRRA by Dr Andrew Topping, Assistant Director, Relief Services, and Dr Neville M. Goodman, Director of its Health Division.

The committee drafted a constitution of the new international health organization for the consideration of the International Health Conference. It also recommended that the OIHP should be “absorbed” by the new organization, and that States participating in the forthcoming Conference should give plenipotentiary powers to their delegates to sign a protocol agreeing to the dissolution of the OIHP and the assumption of its functions by the new organization. (In the event, only 7 delegates of States who had adhered to the Rome Agreement of 1907 were to sign the protocol without reservations.)

When the International Health Conference opened in New York on 19 June 1946 it was again Biraud—not Gautier—who was its Secretary, with Deutschman as one of two Assistant Secretaries.

The Conference agreed that the new organization should be called the World Health Organization, and established an Interim Commission to act as caretaker pending formal acceptance of its Constitution by 26 Members of the United Nations, as provided by Article 80. There were two candidates for the post of Executive Secretary of the Commission: Dr Brock Chisholm, then Deputy Minister of Public Health of Canada, and Biraud. Chisholm was elected, and made the gesture of appointing Biraud as Deputy Executive Secretary. However, personal relations became difficult, and before the dissolution of the Interim Commission Biraud had become demoted to the rank of Director.

Varying views on the idea of a single international health organization

In the preliminary discussions that led to the Technical Preparatory Committee there were differences of opinion as to whether the new organization should be autonomous or should form part of the United Nations—as the League’s Health Organization had been organizationally a subdivision of the League of Nations. There were even some who vigorously resisted the idea that an entirely new organization should replace both the OIHP and the Health Organization of the League. The most vociferous of these was Hugh S. Cumming. In 1945 he addressed on 9 June a memorandum to Presi-


Participants in the Technical Preparatory Committee for the International Health Conference, Paris, 18 March to 5 April 1946. The Committee was established by a resolution of the Economic and Social Council on 15 February 1946, and the International Health Conference was the first technical conference (see page 165) to be called by the Council. There were 16 members of the Committee, some being accompanied by alternates or advisers. Observers from the Pan American Sanitary Bureau, the League of Nations Health Organization, UNRRA, and the OIHP also attended. From left to right of the photograph are: Seated. Szeming Sze, Senior Technical Expert, National Health Administration of China; Surgeon-General Thomas Parran, United States Public Health Service; Howard B. Calderwood, Secretary of the Committee and an Adviser in the US Department of State; M. Martinez Baez, Representative of Mexico to UNESCO and later to become its Director-General; Rene Saint, Chairman of the Committee and Technical Counsellor of the Belgian Ministry of Health; Hugh S. Cumming, Director of the Pan American Sanitary Bureau; Andre Cavaillon, Secretary-General of the French Ministry of Health; Geraldo H. de Paula Souza, of the University of Sao Paulo, Brazil; G. Brock Chisholm, Deputy Minister of Health, Canada, later to become Executive Secretary of the Interim Commission of WHO and then its first Director-General. Standing. M. T. Morgan, President of the Permanent Committee of the OIHP; Xavier Leclainche, Adviser to Dr Cavaillon; Chandra Mani, Deputy Public Health Commissioner, India, and later to become the first Director of the WHO Regional Office for South-East Asia; Yves M. Biraud, Head of the Epidemiological Intelligence Service of the League of Nations; James A. Doull, Alternate to Dr Parran and Chief of the Office of International Health Relations of the US Public Health Service; Melvile D. Mackenzie, Senior Medical Officer of the British Ministry of Health; Gregorio Bermann of Argentina; Robert Pierret, Director of the OIHP; Karl Evang, Norwegian Director General of Public Health; Andrija Stampar, Rector of the University of Zagreb, Yugoslavia, and later to become Chairman of the Interim Commission of WHO and President of the First World Health Assembly in 1948 (see page 82); Joseph Cancik, Professor of Hygiene, University of Prague; Marcin Kacprzak, President of the National Health Council of Poland; Wasfy Omar, Alternate to A. T. Shousha and Deputy Director-General of the Egyptian Quarantine Administration; Aristides A. Moll, Secretary of the Pan American Sanitary Bureau; Phokion Kopanaris, Director-General of the Greek Ministry of Health; Neville M. Goodman, Director of the Health Division of the European Regional Office of UNRRA and later to become one of the first two Assistant Directors-General of WHO; Aly Tewfik Shousha, Under-Secretary of State of the Egyptian Health Ministry and later to become the first Director of the WHO Regional Office for the Eastern Mediterranean. It was on Stampar's proposal that a definition of health was included in the Preamble to the WHO Constitution. Cumming (see page 78) was uncompromisingly opposed to the idea of a single international health organization, while Parran's main preoccupation was to safeguard the independence of the Pan American Sanitary Bureau. Participants not shown in this photograph are L. M. Gaud (UNRRA), Henry van Zile Hyde (USA), Sir Wilson Jameson (United Kingdom), Chuni Lal Kajal (India), Marcia Maylott (USA), Jacques Parisot (Health Committee of the League), Jean Razis and Charis Stephopoulos (Greece), Andrew Topping (UNRRA), Marcel Vaucel (France), and Gilbert Yates (United Kingdom).

President Truman, with whom he later had an interview, urging that the USA should not support proposals for a single international health organization. The medical advisers of the US Department of State, in written comments on this memorandum, strongly disagreed with all Cumming's arguments.

Early in 1946, shortly before attending the Technical Preparatory Committee, Cumming ad-
dressed a memorandum of 70 typescript pages to the Department of State.\textsuperscript{189} This memorandum is required reading for reactionaries. The plans for a more rational organization of international health cooperation, he argued, were “verbose and somewhat ambiguous” and “overambitious”. They were the product of “an insane desire to destroy existing institutions”. Such plans had been devised by “star-gazers and political and social uplifters” and—worst of all—“advanced internationalists”.

A further indication of Cumming’s attitude is provided by an incident that occurred during the International Health Conference, in which he participated as an observer for the Pan American Sanitary Bureau (PASB). At a working dinner given for delegates from member countries of the Pan American Sanitary Organization he warned his guests that the participation in the conference of delegates from certain East European countries might imply that the new health organization would become a communist instrument (!). News of this curious incident soon spread, and the US Surgeon-General, Thomas Parran, hastened to assure delegates that Cumming’s ill-considered remarks in no way reflected the attitude of the US Government.

In international health affairs of the interwar years, Cumming was a sort of one-man stage army. In 1920, as he modestly states in his 1946 memorandum, he had been elected Director of the PASB “chiefly, if not entirely, I think, because of my position as Surgeon-General of the Public Health Service of this country (USA)”. This paradoxical double role lasted until January 1936, when Cumming retired as Surgeon-General. But he continued as Director of the PASB, as also in his two other roles as a delegate to the Permanent Committee of the OIHP and as a member of the Health Committee of the League of Nations. In these two capacities he visited Paris every spring and autumn during the interwar years, as well as making two or three visits each year to Geneva. The most remarkable argument that he advanced for the organizational status quo ante was that it afforded him a change of environment for part of the year instead of the usual time taken off by officials to go to the seaside or mountains, with the diversions common to such places.

The last meetings of the Permanent Committee of the OIHP

From 23 to 31 October 1946, exactly 3 months after the conclusion of the International Health Conference, the Permanent Committee of the OIHP held its “ordinary” session.\textsuperscript{190} At the inaugural meeting Morgan, the President, outlined the position: Most, if not all, delegates would know of the results of the International Health Conference that had taken place in New York. The aspect of most immediate interest to the OIHP was the protocol providing for its dissolution and the transfer of its functions to WHO. Only a minority of delegates had signed this protocol without reservations. For the protocol to come into force, its ratification by 20 signatories of the Rome Arrangement of 1907 was necessary. But the coming into force of the protocol did not imply the immediate abolition of the OIHP. In theory,

different one dissentient voice will be sufficient to maintain in force the terms of Article 8 of the Rome Agreement [sic], whereby Governments cannot denounce the Agreement until the end of the term at present in force, which expires in November 1950, a year’s notice to denounce being required.\textsuperscript{191}

Morgan added that, in practice, most of the signatories of the 1907 Arrangement would probably ratify the protocol, and would “wish to change their allegiance to the new World Health Organization as soon as possible”. The Permanent Committee held its final session in May 1950, the only real business being to make arrangements for its own funeral.\textsuperscript{192} The Permanent Committee had well justified its name by fending off its inevitable dissolution for three decades.

Survivors of the old regime

Two members of the staff of the OIHP joined the secretariat of the Interim Commission of WHO and later became staff members of the permanent organization—Antoine Zarb (legal adviser) and Georges de Brancion. The latter was so incorrigibly French in accent and manners that he was affectionately dubbed by the US delegation to the Interim Commission “the kid from Brooklyn”. Even as his feet touched for the first time the soil of the New World, when he and Zarb arrived at New

\textsuperscript{189} I owe access to this memorandum and other relevant documents to Mr. Howard B. Calderwood, formerly of the Department of State of the United States of America. Mr. Calderwood was closely involved in the framing of the international health policy of the USA after the Second World War and participated very actively during the formative years of WHO in the meetings of its Interim Commission and later of the WHO Executive Board and the World Health Assembly. In 1977 Mr Calderwood deposited these documents with the National Library of Medicine, Bethesda, MD, USA, requesting that copies should be sent to WHO, where they are preserved in the WHO archives and available for consultation by bona fide students of international public health.


\textsuperscript{191} Article 8 of the Rome Arrangement provided that it should be in force for 7 years, and subsequently for further 7-year periods. Signatory States were required to give notice of their withdrawal one year before the expiry of any 7-year period.

Andrija Štampar was the Chairman of the Interim Commission of WHO and President of the First World Health Assembly. Born in 1888 at Drenovac, Croatia, now a part of Yugoslavia, Štampar completed his medical studies in Vienna. From the beginning he was keenly interested in problems of social medicine, and in 1919, at the early age of 31, he became Director of Public Health in the Ministry of Health, Belgrade, and 9 years later Professor of Hygiene and Social Medicine in the Faculty of Medicine of Zagreb. In a series of lectures delivered in London in 1932 Professor Carl Prausnitz of Breslau stated that the health situation in Yugoslavia after the First World War "required a man possessed of great knowledge and of the gift of organization. This man was forthcoming in the person of Dr Štampar. Owing to his initiative and strenuous and indomitable activity Yugoslavia is now provided with one of the most modern and interesting services of preventive medicine."

(The teaching of preventive medicine in Europe. London, Oxford University Press, 1933, p. 121). From 1924 Štampar served as a member of various committees of the Health Organization of the League of Nations, and from 1930 to 1932 he was a member of its Health Committee. From 1933 to 1936 he was assigned by the League to work in China on the organization of public health services, and in the following year at the League's headquarters in Geneva he served as an adviser on the organization of schools of public health in Europe. At the United Nations Conference in London in 1946 he was elected first Vice-President of the Economic and Social Council, and was also appointed as a member of the Technical Preparatory Committee for the International Health Conference. At the latter, he was one of the original signatories of the WHO Constitution. In 1955 the Eighth World Health Assembly awarded him the Leon Bernard Prize and Medal, of which he was the sixth recipient. Štampar was an outstanding pioneer of international public health, and his impressive appearance and forthright manner earned him the nickname "the bear of the Balkans". He died on 26 June 1958.

York's La Guardia airport in June 1946 to form part of the secretariat of the International Health Conference, de Brancion immediately qualified as a European curiosity. On his passport, his surname was preceded by no less than seven other names. The immigration officer gazed incredulously at it and, handing it back, remarked: "You're not a man! You're a crowd!

Raymond Gautier was nominated as "Counselor" of the Interim Commission and Neville Goodman as Director of Field Services. With the establishment of the definitive World Health Organization on 1 September 1948 they both became the first Assistant Directors-General of WHO. Gautier soon retired, to work for the International Children's Centre in Paris, which Rajchman had founded. Goodman resigned for personal reasons, and returned to the British Ministry of Health. But he did not relinquish his interest in international public health, and in 1952 he published a book that is a bible for all serious students of this subject: International health organizations and their work. A second edition was published in 1971.108

Ludwik Rajchman

The missing link in the chain of events so far related is Ludwik Rajchman—that inventive, dynamic, aggressive man who opened up new horizons for international health work in the interwar years, and this story would be incomplete without some account of what happened to him after he resigned as Medical Director of the Health Organization of the League at the beginning of 1939.

On leaving the League of Nations Rajchman went for 4 years to China as adviser on health

The inaugural session of the International Health Conference, New York, 19 June 1946. From left to right of the photograph are John G. Winant, representative of the United States of America on the Economic and Social Council of the United Nations; Trygve Lie of Norway, the first Secretary-General of the United Nations; Sir Ramaswami Mudaliar of India, President of the Economic and Social Council; Henri Laugier of France, Assistant Secretary-General of the United Nations in charge of Social Affairs; Yves M. Biraud, Head of the Secretariat of the Conference and then in charge of the Health Division of the United Nations. Behind Laugier is the ubiquitous Zygmunt Deutschman, one of two Deputy Heads of the Conference Secretariat. On the following day Thomas Parran, leader of the United States delegation, was unanimously elected President of the Conference, which closed on 22 July. There were 51 States represented by delegates, while 13 others sent observers. The outcome of the Conference was the Constitution of WHO, an Arrangement establishing an Interim Commission of 18 members pending the coming into force of the Constitution, and a Protocol concerning the transfer to WHO of the duties and functions of the OIHP. Article 80 of the Constitution provided that it should come into force when 26 members had either signed it without reservation or deposited instruments of acceptance with the Secretary-General of the United Nations. It had been supposed that this number of ratifications would be received in a very few months, but in the event the 26th ratification did not materialize until 7 April 1948—a date which is now celebrated as World Health Day.

questions to its government. He was no stranger to China, for from July 1933 to August 1934 he had been there for the League as “the Council’s Technical Agent with the Chinese National Economic Council”.

In 1944 he became a member of the Council of UNRRA. Shortly after he was instrumental in founding the United Nations International Emergency Children’s Fund (UNICEF), and was the first Chairman of its Executive Board. In this capacity he attended the 5th session of the Interim Commission of WHO in January 1948.

It may be asked: How was it possible that this man, with his unique experience—the man who was the real author of the broader conceptions of international health work that developed between the two World Wars—was never invited to participate in the consultations that led to the establishment of WHO?

There are two explanations. One is that in the euphoria of the immediate postwar years everything was going to be better. Therefore, everything that had gone before was bad. The architects of the new World Health Organization were determined to reinvent the wheel of international health, and everything had to be new and different. The other explanation is that Rajchman was feared. The new custodians of international health did not wish to have their ideas, often naïve, disturbed or demolished by one who really knew what he was talking about. 194

194 Personal recollections as one of the first three Directors of WHO and previously a senior staff member of its Interim Commission.
For Rajchman this banishment was a painful experience. One of his former staff members, Dr W. R. Aykroyd, who after the Second World War became adviser on human nutrition to the Food and Agriculture Organization of the United Nations (FAO), said that Rajchman had been “bitterly hurt” by his exclusion from consultations leading to the establishment of WHO. Aykroyd recognized, as did others of Rajchman’s small staff, his extraordinary vision and competence. As Aykroyd wrote: “International Health—now a great worldwide movement—owes more to Rajchman than is generally admitted.” When Rajchman died in 1965 Aykroyd wrote a short obituary notice in the Lancet, in which he referred to a conversation that he had had with Sir Edward Mellanby, Chairman of the League’s Technical Commission on Nutrition. Mellanby, said Aykroyd, had until the end of his life retained “a liking and respect” for Rajchman.

Mellanby remarked that while Rajchman’s methods of attaining his objectives were sometimes difficult to defend, the objectives were nearly always admirable, and that he had the good of humanity at heart. We agreed that Rajchman was perhaps the most remarkable human being we had either of us ever met.

Effective international public health activities during the interwar years began and ended with Ludwik Rajchman, and it seems regrettable that no way has yet been found of formally commemorating his name and accomplishments.

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As a postscript to this history of the long cold war between the Office international d’Hygiène publique and the League of Nations it is perhaps of interest to compare the procedures for dissolution of the two organizations.

In the case of the OIHP, the States that had adhered to the Rome Arrangement of 1907 had to denounce it individually. By mid-1951, all but three of them had notified their denunciations. It was not until January 1952 that the Executive Board of WHO was able to take formal note that these last three countries had denounced the Arrangement and that the OIHP therefore no longer had a legal existence.

In the case of the League of Nations, the Twenty-first and last Assembly unanimously voted on 18 April 1946 that it should be dissolved and that its functions should be assumed by the United Nations. Had each of its signatory States been obliged to denounce the Treaty of Versailles individually, by due process of national legislation, the League of Nations might have had a legal existence for many years after the creation of the United Nations and its related agencies—including WHO.

Annotated Name Index

The annotations refer only to associations with international health work of persons named in the text. Persons who are named in the text, but who had only an ephemeral connexion with international health work or are not otherwise internationally notable, are not included. Numerals refer to the pages on which persons are mentioned, those in italics referring to legends of illustrations.

ADDISON, Dr (later Lord) Christopher. UK.
As first British Minister of Health convened an informal Conference in London on 29-30 July 1919 to discuss the implications of Article 23 (f) of the Covenant of the League of Nations, which provided that the League should concern itself with "the prevention and control of disease".

ADOR, Mr Gustave. Switzerland.
Chairman of the International Red Cross Committee, all of whose members were citizens of Geneva, during the First World War and for some years afterwards.

ASTOR, the Hon. (later Viscount) Waldorf. UK.
As Parliamentary Secretary of the British Ministry of Health, was Chairman of the informal London Conference of July 1919 as also of the International Health Conference, London, April 1920.

Balfour, Arthur James (later Lord). UK.
First President of the Council of the League of Nations. As such, appealed in 1920 to Member Governments to contribute funds voluntarily to assist with emergency measures to combat the typhus epidemic in Poland.

BARRÈRE, Mr Camille. France.
President of the Rome Conference of 1907 that created the OIHP, and a professional diplomat, who had started his association with international health as French delegate to the Seventh International Sanitary Conference of 1892. He was still a delegate to the Permanent Committee of the OIHP when he died in 1940 at the age of 90.

Bastianelli, Dr Giuseppi. Italy.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies and of the Health Committee of the League of Nations.

BERNARD, Dr Léon. France.
Participant at the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies and of the Health Committee of the League of Nations. Bernard's name is commemorated by the Léon Bernard Foundation, created by the League of Nations and now administered by WHO.

BERTILLON, Dr Jacques. France.
Secretary-General of the third (as of the first and second) decennial international commission for the revision of the International Classification of Diseases.

BIGGS, Dr Hermann M. USA.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies.

Biaud, Dr Yves M. France.

BLUE, Dr Rupert. USA.
Surgeon-General, then Assistant Surgeon-General, US Public Health Service. Participant at the International Health Conference, London 1920. Delegate to the Permanent Committee of the OIHP.

BORDET, Dr Jules. France.
Member of the Medical Advisory Board of the League of Red Cross Societies.
BRONNER, Professor W. USSR.
Member of the Health Committee of the League of Nations. 64, 68

BOURGOIS, Mr Léon. France.
Member of the Council of the League of Nations. Proposed the establishment of a provisional health committee of the League pending a fusion with the OIHP (which never materialized). As the Council’s rapporteur on health questions, presented to its 14th session the first report of the Provisional Health Committee. 24, 27, 31

BUCHANAN, Sir George S. UK.
Delegate to and then third President (1932-1935) of the Permanent Committee of the OIHP. Member of the Health Committee of the League of Nations. 14, 15, 16, 18, 27, 36, 37, 38, 41, 46, 50, 51, 52, 53, 55, 58, 61

CAMMETTE, Dr Albert. France.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies. 9, 12, 18, 26, 52

CAMPENHOUT, Dr E. van. Belgium.
Delegate to the Permanent Committee of the OIHP, representing the Belgian Congo. Succeeded H. Carrière (q.v.) as acting President of the Committee, 1941-1945. 50, 76, 79

CANTACUZINO, Dr Ion. Romania.
Delegate to the Permanent Committee of the OIHP and member of the Health Committee of the League of Nations. 50, 52, 53

CARRIERE, Dr H. Switzerland.
Delegate to the Permanent Committee of the OIHP and its acting President during 1940-1941. 49, 50, 52, 58, 76

CASTELLANI, Dr Aldo. Italy.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later, delegate to the Permanent Committee of the OIHP, representing "the Italian Colonies". 9, 10, 12, 16, 18, 71

CHAGAS, Dr Carlos. Brazil.
Member of the Medical Advisory Board of the League of Red Cross Societies. Later, a member of the Health Committee of the League of Nations. 52, 59

CHISHOLM, Dr G. Brock. Canada.
Delegate to the International Health Conference, New York 1946, and one of the original signatories of the WHO Constitution. Executive Secretary of the Interim Commission of WHO, 1946-1948, and first WHO Director-General, 1948-1953. 23, 79, 80

CHODZKO, Dr W. Poland.
Participant at the International Health Conference, London 1920. Member of the Health Committee of the League of Nations. 18, 50, 52, 59, 64

CROWDY, Dame Rachel. UK.
Member of the Health Section of the League of Nations, 1919-1922. Member of the Advisory Board of the League’s Epidemic Commission. Chief of the League’s Section on Social Questions and the Opium Traffic, 1922-31. 14, 18, 19, 26, 27, 37, 43

CUMMING, Dr Hugh S. USA.

CUMMINS, Dr S. Lyle. UK.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies. 10, 18

CUNHA, Mr Gastão da. Brazil.
Member of the Council of the League of Nations, to which he submitted in 1920 a “Report on the Creation of an International Health Bureau within the League of Nations.”. 17, 21

DALE, Sir Henry Hallet. UK.
In 1922 proposed that the Health Organization of the League of Nations should concern itself with the standardization of “remedial agents other than immune sera and bacterial products” and presided at an international conference on this subject convened by the League at Edinburg in 1923. Was a member of the League’s Permanent Commission on Biological Standardization. 45, 46, 54, 76

DAVISON, Mr Henry Pomeroy. USA.
Conceived and organized the Medical Conference of Cannes in 1919, which resulted in the foundation of the League of Red Cross Societies, originally intended by Davison to be an international health organization in time of peace. 9, 11, 12, 13, 22, 34, 37, 44

DEUTSCHEIN, Mr Zygmunt. Switzerland.
Member of the staff of the Health Section of the League of Nations from 1923 to 1944, when he joined the Health
Division of UNRRA. Deputy Secretary of the International Health Conference, New York 1946. Staff member of WHO from 1946 to 1963.

DRUMMOND, Sir Eric. UK.
First Secretary-General of the League of Nations. Opened the first session of the League’s Provisional Health Committee on 25 August 1921.

DUCREY, Dr Augusto. Italy.
Participant at the Medical Conference of Cannes, 1919.

DURIG, Professor A. Austria.
Member of the Health Committee of the League of Nations.

FRASCARA, Count Giuseppi. Italy.
Member of the Board of Governors of the League of Red Cross Societies at its foundation.

GAUTIER, Dr Raymond. Switzerland.
Member of the staff of the Health Section of the League of Nations from 1924 and its Acting Director in 1939. Director of the Geneva Office of the Interim Commission of WHO and one of WHO’s first two assistant Directors-General from 1948 to 1950.

GOLGI, Dr Camillo. Italy.
Participant at the Medical Conference of Cannes, 1919.

GOODMAN, Dr Neville M. UK.

GRANVILLE, Dr Alexander. UK.
Delegate to the Permanent Committee of the OIHP, representing Egypt in his capacity as President of the Conseil Sanitaire, Maritime et Quarantenaire d’Egypte.

HAMILTON, Dr Alice. USA.
“Assessor” of the Health Committee of the League of Nations, as such enjoying full rights of membership of the Committee.

HENDERSON, Sir David. UK.
First Director-General of the League of Red Cross Societies.

HILL, Sir Claude. UK.
Succeeded Sir David Henderson as Director-General of the League of Red Cross Societies on Hendersons’ death.

HOLT, Dr L. Emmett. USA.
Secretary of the Medical Conference of Cannes, 1919.

JITTA, Dr N. M. Josephus. Netherlands.
Delegate to and then fourth President (1935-1938) of the Permanent Committee of the OIHP.

JORDAN, Mr William Joseph. New Zealand.
Member of the Council of the League of Nations and as its rapporteur on health questions presented to its 96th to 105th sessions the reports of the 24th to 30th sessions of the Health Committee.

JORGES, Dr Ricardo. Portugal.
Delegate to the Permanent Committee of the OIHP and member of the Health Committee of the League of Nations.

KABESHIMA, Dr T. Japan.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

KERGOLAY, Count Jean de. France.
Member of the Board of Governors of the League of Red Cross Societies at its foundation.

LAVRAN, Dr Alphonse. France.
Participant at the Medical Conference of Cannes, 1919.

LUTRARIO, Dr Alberto. Italy.
Delegate to the Permanent Committee of the OIHP and member of the Health Committee of the League of Nations.

MADSEN, Dr Thorvald. Denmark.
Delegate to the Permanent Committee of the OIHP, President of the Health Committee of the League of Nations (1921-
1939) and Chairman of its Permanent Committee on Biological Standardization.

Marchiafava, Dr Ettore. Italy.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

Mellanby, Sir Edward. UK.
Chairman of the Technical Commission on Nutrition of the League of Nations.

Mimbele, Dr P. Peru.
Delegate to the Permanent Committee of the OIHP.

Morgan, Dr M. T. UK.
Delegate to and then fifth President (1938-1950) of the Permanent Committee of the OIHP. Member of the Health Committee of the League of Nations.

Navailles, Mr de. France.
Delegate to the Permanent Committee of the OIHP, representing Tunisia.

Nawa, Dr K. Japan.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

Newsholme, Sir Arthur. UK.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

Ninagawa, Professor Arata. Japan.
Member of the Board of Governors of the League of Red Cross Societies at its foundation.

Nocht, Professor Bernard. Germany.
"Assessor" of the Health Committee of the League of Nations, as such enjoying full rights of membership of the Committee.

Norris, Dr Perrin. Australia.
Delegate to the Permanent Committee of the OIHP. Declared at its May 1923 session that his government could not understand why two international health organizations should continue their separate existence.

Ottoleghi, Dr Donato. Italy.
Member of the Health Committee of the League of Nations.

Parisot, Professor Jacques. France.
President of the Health Committee of the League of Nations from 1937. Delegate to the International Health Conference, New York 1946, and one of the original signatories of the WHO Constitution. Chairman of the WHO Executive Board in 1951 and 1952, and President of the Ninth World Health Assembly in 1956. Awarded the Léon Bernard Medal and Prize by the Seventh World Health Assembly in 1954.

Petrovitch, Dr -. Serbia.
Delegate to the Permanent Committee of the OIHP.

Philip, Sir Robert. UK.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

Pittaluga, Dr G. Spain.
Member of the Health Committee of the League of Nations.

Pointcaré, Mr Raymond. France.
In 1923, as French Prime Minister and Foreign Minister recommended all Member Governments of OIHP to accept the proposals of a mixed OIHP/League of Nations Committee which changed nothing.

Pottevin, Dr H. France.
First Secretary (1909-1926) of the OIHP and later its Director (1926-1928).

Pulido, Dr. A. Spain.
Delegate to the Permanent Committee of the OIHP.

Raichman, Dr Ludwik. Poland.
Medical Director of the Health Section of the League of Nations from 1921 to 1939. First Chairman of the Executive Board of UNICEF. Co-founder of the International Children’s Centre, Paris.

Rappard, Professor William E. Switzerland.
First Secretary-General of the League of Red Cross Societies.

Raynaud, Dr L. France.
Delegate to the Permanent Committee of the OIHP. Representing Algeria, and member of the Health Committee of the League of Nations.
Rist, Dr Edouard. France.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

Ross, Sir Ronald. UK.
Member of the Executive Committee of the Medical Conference of Cannes, 1919.

Roussel, Mr F. Monaco.
Delegate to the Permanent Committee of the OIHP.

Roux, Dr Emile. France.
President of the Medical Conference of Cannes, 1919. Later a member of the Medical Advisory Board of the League of Red Cross Societies.

Sand, Professor René. Belgium.
In 1921 succeeded William Rappard (q.v.) as Secretary-General of the League of Red Cross Societies. Founded the International Hospital Association in 1929. Member of the Health Committee of the League of Nations and in 1946 Chairman of the Technical Preparatory Committee for the International Health Conference, to which he was a delegate. Awarded the Léon Bernard Medal and Prize by the Fourth Health Assembly in 1951, becoming its second recipient.

Santoliquido, Professor Rocco. Italy.
First President of the Permanent Committee of the OIHP, 1908-1919. Then Counsellor in International Public Health of the League of Red Cross Societies.

Semashko, Dr Nikolai Aleksandrovich. USSR.
In 1922 received Ludwik Rajchman and Norman White in Moscow for discussions of the epidemic situation. Early in the following year visited Geneva for discussions with members of the Health Committee of the League of Nations.

Sordelli, Professor Alberto. Argentina.
Member of the Health Committee of the League of Nations.

Stanley, Sir Arthur. UK.
Member of the Board of Governors of the League of Red Cross Societies at its foundation.

Steegman, Dr Edward J. Canada.
Delegate to the Permanent Committee of the OIHP. Acting Medical Secretary of the Health Section of the League of Nations pending the appointment of Dr Ludwik Rajchman as Medical Director.

Stock, Dr P. G. South Africa.
Delegate to the Permanent Committee of the OIHP. Declared at its May 1923 session that his government could not undervstand why two international health organizations should continue their separate existence. Was Chairman of an UNRRA expert commission on the health of displaced persons, London 1944.

Stouman, Mr Knud. Denmark/USA.
Statistician first of the League of Red Cross Societies and shortly after of the Health Section of the League of Nations. Later, member of the US delegation to several World Health Assemblies.

Strong, Dr Richard P. USA.
Member of the Executive Council of the Medical Conference of Cannes, 1919. Later General Medical Director of the League of Red Cross Societies.

Tarssevitch, Professor L. USSR.
In 1922 reported to the Health Committee of the League of Nations on "Epidemics in Russia since 1914".

Thiroux, Dr -. France.
Delegate to the Permanent Committee of the OIHP, representing Madagascar.

Vaughan-Morgan, Mr Kenyon. UK.
First Chief Commissioner of the Epidemic Commission of the League of Nations, very soon to be succeeded by Dr Norman White (q.v.).

Velghe, Mr Oscar. Belgium.
Delegate to and then second President (1919-1932) of the Permanent Committee of the OIHP.

Viviani, Mr René. France.
Member of the Council of the League of Nations and as its rapporteur on health questions, presented to its 23rd session the fifth report of the Provisional Health Committee, at the same time proposing that the OIHP should be invited to appoint jointly with the Health Committee a Mixed Committee to discuss future international health arrangements.

Wawrinsky, Dr Richard. Sweden.
Delegate to the Permanent Committee of the OIHP. Presided at its May 1923 session in place of Mr O. Velghe.

Welch, Dr William H. USA.
Chairman of the Executive Council of the Medical Conference of Cannes, 1919. Later, member of the Medical Advisory Board of the League of Red Cross Societies.

Whipple, Professor George C. USA.
Seconded from the University of Harvard as Chief of the
Department of Sanitation of the League of Red Cross Societies.

WHITE, Dr Norman. UK.

20, 23, 30, 31, 36, 38, 39, 53, 57, 58, 62

WIDAL, Dr Fernand. France.
Member of the Executive Council of the Medical Conference of Cannes, 1919.

9, 10

WILSON, President Woodrow. USA.
Enthusiastically endorsed the plan of H. P. Davison (q.v.) to develop the Red Cross as an international health organization in time of peace.

9, 12

WINSLOW, Professor C.-E. A. USA.
Director-General of the Medical Department of the League of Red Cross Societies for six months in 1920. Member of the Advisory Board of the Epidemic Commission of the League of Nations. Awarded the Léon Bernard Prize and Medal by the Fifth World Health Assembly in 1952, becoming its third recipient.

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