

United Nations

Nations Unies RESTRICTED

**ECONOMIC
AND
SOCIAL COUNCIL**

**CONSEIL
ECONOMIQUE
ET SOCIAL**

E/H/REL/W.4
26 June 1946

ORIGINAL: ENGLISH

INTERNATIONAL HEALTH CONFERENCE

COMMITTEE NO. 3 ON RELATIONSHIPS WITH THE UNITED NATIONS AND OTHER ORGANIZATIONS

The annexed note by Dr. Frank G. Boudreau on "International Health Work" with particular reference to the League of Nations Health Organization is circulated to the Members of the Conference for information,

The original appeared in 1944 as a part of the book "Pioneers in World Order", Columbia University Press, New York, 1945.

INTERNATIONAL HEALTH WORK*

By Frank G. Boudreau, M.D.

In total war, disease and health of soldier and civilian alike are potent weapons which may turn the balance to victory or defeat. Hence, the prevalence of infectious diseases; the rise and fall of epidemics; the kinds and amounts of food available; the state of nutrition of the people; the conditions of housing; the adequacy of clothing; the scarcity or abundance of drugs, serums, and vaccines, of antiseptics and disinfectants, of soap and insect powder - information on each of these subjects is restricted by countries at war and just as eagerly collected by every military intelligence service. Disease and health of civilians and armed forces have always been great assets or liabilities but in modern war they have become more potent than ever, because the speed and volume of transportation have multiplied the possibilities of spreading disease, and modern science has given us new means of controlling epidemics and of promoting health. Typhus fever is the classic example of an infectious disease which rises to its greatest heights in the conditions of scarcity and confusion occasioned by war. "It is hardly debatable," states Zinsser, "that the power of Napoleon was broken by disease (mainly typhus) more effectively than by military opposition or even by Trafalgar."¹

The Crusaders found in disease a much more powerful enemy than in the Saracens, and scurvy was as potent as the infections. However, it is not necessary to go back to the Crusades or to Napoleon to find grim evidence of the destructiveness of typhus fever and scurvy, for both operated on the military and civilian fronts during the last war and could we but lift the veil of censorship, both would be found among armed forces and civilians alike in the

* Reprinted from Harriet E. Davis, Editor, Pioneers in World Order, Copyright 1944 by Columbia University Press, New York.

¹ Hans Zinsser, Rats, Lice and History (London, Rutledge, 1935), p. 164.

present war, ready to take full advantage of the disorder and confusion occasioned by defeat.

Post-War Health Conditions

Infectious and deficiency diseases will be the most immediate and acute post-war problems in the European and Far Eastern countries which have been occupied by the enemy. The stage has been set for epidemics of typhus fever, dysentery, cholera, and many other infections, such as bubonic plague, smallpox, relapsing fever, diphtheria, and typhoid fever, may at any time assume epidemic proportions. In the Mediterranean and Pacific areas malaria is already recognized as a powerful enemy of our armed forces and may in the long run become one of the most serious post-war disease problems.

Nutritional deficiency diseases will be second in immediate concern only to epidemics of infectious diseases, and their ultimate consequences may be of even greater significance.

Housing and clothing will be of immediate and pressing importance. Overcrowded, poorly heated, unsanitary housing predisposes to disease; insufficient or unsuitable clothing fails to protect the body from exposure to heat and cold or to maintain cleanliness and to prevent the lousiness which is the handmaiden of typhus and relapsing fevers.

Populations of countries liberated from the enemy will suffer from the lack of medical care. There will be a scarcity of doctors and nurses, of food and drugs, of hospital accommodations, of dressings and soap, and of antiseptics.

All this we know from history. We have but to look back to the last war and its aftermath to appreciate the character of the problems which will face the liberated countries and the United Nations Relief and Rehabilitation Administration when the Axis forces have been driven out. But history gives us no yardstick with which to forecast the dimensions of these problems. After the last war, in proportion to the magnitude of the disruption and destruction, epidemics were greater than ever before. One might therefore expect disease prevalence and epidemics to be as much greater after this war as this war has been vaster and more destructive than the first World War.

There is, however, a new factor to be considered - the recent rapid advances in medicine and public health, which make it possible to prevent and treat many of the most important infectious and deficiency diseases far more effectively than in 1920. The almost miraculous results of the sulphonamides and penicillin are known to everyone who reads a newspaper. Lousiness, the plague of the trenches and military fronts, can be more readily controlled than ever before by new agents and methods which may ultimately mean the death blow to typhus fever; and great advances have been made in the individual prophylaxis and treatment of the disease itself.

Granted an effective civil administration to control movements of population and to provide for basic human needs, science may reduce the peril of post-war epidemics to a shadow of its former dimensions. But it is possible that military collapse of the Axis may throw occupied and enemy countries into such confusion that there will be little chance to use such advances effectively.

All will agree that in the light of history and the absence of positive knowledge concerning the future, plans must be made to deal promptly and effectively with infectious diseases likely to become epidemic, to provide food and nutrients for those suffering from nutritional deficiencies, to restore and purify water supplies, and to re-establish national and local health administrations as rapidly as possible. Many other health problems must be solved, but these are the most pressing and the most acute.

Needed Post-War Health Measures

In order to solve these problems effectively the following measures are necessary:

1. National health administrations must be prepared to act together just as closely as the Allied armies in North Africa and Sicily. There must be combined chiefs of health just as there are combined chiefs of army staffs. Epidemics are not limited by political frontiers, and without closely co-ordinated action by the different health administrations the danger of a "break through" is great.

2. There must be a complete and effective system of epidemiological intelligence, receiving from the different countries accurate reports on the prevalence of disease and warning all health forces of the size, direction of march, and position of the enemy. Such a system must work accurately and rapidly, for failure to recognize a focus of typhus or to warn of its presence in time may lead to disaster. Specialists in diagnosis should be available, the most rapid means of transport must be used to hospitalize patients, and wireless, cable, and telegraph employed to warn of impending danger. Rapid and complete means of communication are just as essential to the health services in epidemic prevention as the Signal Corps is to the Army.

3. Epidemics cannot be prevented unless doctors, hospitals, and laboratories are available in the right places at the proper time. In the confusion following collapse and defeat, doctors, hospitals, and laboratories may not be sufficiently numerous in areas where the health problems are likely to be most acute. Hence reserves of doctors, mobile hospitals, and laboratories must be kept on call.

4. Drugs, serums, vaccines, antiseptics, disinfectants, and means of destroying lice on human bodies and in clothing and bedding must be stock-piled. Drugs must be labeled in terms which doctors from the different countries will understand. Units and dosage of serums and vaccines must be standardized internationally so that differences in notation and unitage in products from different countries may not lead to confusion.

5. Nutritional deficiency diseases, malnutrition, and hunger cannot be overcome effectively merely by providing supplies of food. Deficiency diseases and malnutrition, like infections, must be sought out, their exact nature identified and appropriate treatment (in this case nutrients in food or more concentrated form) provided. In order to restore the hungry to health it is

necessary to give them a balanced diet, and to do so requires a study of the foods locally available as well as prevailing food habits. There must be some agreement as to dietary standards for different age groups and occupations. Measures of this kind cannot be improvised; they must rest on organization, study, and experience.

6. Vast numbers of war prisoners and of civilians in enemy industrial plants or concentration camps, as well as millions who have been evacuated from their homes, will require relief and repatriation. The problems of transport, shelter, and clothing will have to be solved rapidly, economically, and with due regard to the health and welfare of these displaced persons.

7. In order to cope with these and many other health problems, effective health services national, state, and local - must be reconstituted or established anew. In certain Far Eastern countries or regions emergency health services must be improvised, while in some European countries existing health services need only appropriate assistance and support to permit them to take up anew the responsibility of disease prevention and health promotion.

Experience Accumulated by the Health Organization
of the League of Nations

The Health Organization of the League of Nations has accumulated a vast experience in dealing with health problems like those described above, and it has built up a great co-ordinated system of epidemiological intelligence, which, before the war, stretched around the world and to every quarter of the globe. The pathways still remain although the traffic has greatly diminished, and it will be much easier to renew the traffic along established paths than to hew out new pathways. This applies equally to almost every activity of the League's Health Organization, which represents the result of years of hard work and difficult pioneering endeavour.

Certain activities and experiences of the Health Organization bear with particular force upon situations which are expected to arise when hostilities cease:

Epidemic Disease Control. The following is a description of epidemic conditions immediately after the first World War.

Of the many difficult problems which confronted the newly established League.....none was more difficult than this problem of disease. The war had destroyed or disorganized the machinery of prevention in many countries. New countries with new frontiers had been established. The movements of refugees and troops, carrying with them the seeds of epidemics, sowed a crop of pestilence in many hitherto immune countries. The harvest was not long in coming, and soon Europe found itself overrun with epidemics of typhus and relapsing fever, cholera, and smallpox; which not only ravaged Eastern Europe but threatened also to overwhelm the West.

Immediate action was forced upon the League. There was no time to set up elaborate machinery. The defences of the new countries must be strengthened immediately if Western Europe was to be saved from the ravages of disease. So an Epidemic Commission was organized, consisting of a few experienced public health officers. At the suggestion of the League the Government of Poland called the now historic conference of Warsaw (1922) to secure united action by the various health administrations against the common enemy. New principles of international co-operation were established; new freedom of communication between national health services became the accepted order. A number of

bilateral sanitary conventions were negotiated, most of them containing a clause providing for recourse to the Health Organization of the League in case of differences arising in regard to their interpretation or application. ¹²

Shortly afterwards the Epidemic Commission, forerunner of the League's Health Organization, was called upon to deal with epidemics of smallpox, cholera, and typhoid which had been introduced into Greece by hordes of refugees from Asia Minor after the conclusion of the war with Turkey in 1922. The Epidemic Commission organized columns of physicians, nurses, and students who brought these diseases quickly under control by vaccinating more than half a million refugees against them.

Here we have the combined chiefs of health services, and the mobile reserves of doctors, nurses, and students. In Poland and elsewhere on the Eastern border of Europe, mobile hospitals were used and other facilities improvised to isolate and treat the sick. A most important means of prevention was a sanitary barrier (cordon sanitaire) through which refugees were obliged to pass to get to their homes. This enabled medical inspectors to locate and treat those who were ill and to disinfect (destroy lice on) the bodies, clothing, and bedding of the refugees.

But it was also necessary to set up a system of epidemiological intelligence whereby all persons with certain diseases would be reported, and all health agencies in nearby areas notified of their existence. The Warsaw Conference in 1922 opened the way by making possible the communication of such information directly between the national health services and between these services and the Health Organization of the League. Before that time all such communications had passed through the respective foreign offices with delays that may be imagined. This result of the Warsaw Conference helped to make possible the development of the world-wide system of epidemiological intelligence which was established by the League. Begun soon after the first World War, it grew steadily until it

¹² F. G. Boudreau, "International Health Work," Proceedings of the Academy of Political Science, XII (1926), 381-82.

covered areas holding 80 per cent of the world's population, and was adapted to the special needs of regions like the Far East. The Health Organization of the League and its eastern bureau at Singapore were written into the International Sanitary Convention (1926) and were thus legally authorized by international law to perform the duties of collecting reports of certain diseases and of making the appropriate notifications. Before Japan took over Malaya the Singapore bureau was receiving from more than 180 ports in the Far East daily and weekly reports on the occurrence and spread of the chief epidemic diseases. These reports came in by cable, wireless, and the mails. Summaries of the reports were broadcast daily and weekly by twelve wireless stations, so that port health officers, national health services, ships at sea, and planes in flight could pick them up. An equally effective but less rapid system was established in other parts of the world where in peacetime the need was less urgent. In addition Geneva was in close touch with the Pan American Sanitary Bureau, the regional health bureau at Alexandria, and the Austral-Pacific Bureau in Melbourne, the latter an off-shoot of the Singapore bureau. That bureau is no longer functioning, and many governments are withholding their reports from Geneva because of the war. But the routes have become established so that it will be easier to start traffic rolling over them again than to build new routes:

Biological Standardization. Serums, vaccines, and certain vitamins and drugs cannot be measured merely by weight owing to variations in their composition (that is, the potency of similar amounts). To ensure their proper use, it is necessary to measure their effect on laboratory animals and this effect is expressed in units. Such units are apt to differ markedly from country to country, so that a doctor using diphtheria antitoxin manufactured in another country may be misled. Such instances actually happened after the last war, and this led the Health Organization to embark on the international standardization of such biologicals. When war broke out some twenty-seven of the biological preparations commonly used in medicine had been standardized by groups of scientists from different countries working under the auspices of the League. ^{/3} After agreement

^{/3} In 1943 the list included 15 curative or protective sera, 9 hormones, 5 vitamins and 5 other drugs, a total of 24 preparations commonly used in

had been reached by the scientists concerned on the definition of a standard unit and on the means of assaying it, the safe-keeping of the international standard was entrusted to a national laboratory, acting on behalf of the League of Nations. The various governments would then send samples of their national standards to the designated laboratory, where the sample was compared with the international standard, and they would also receive samples of the international standard for comparison in their own laboratories with the national standard preparations. The three national laboratories commonly entrusted by the League with this work were the Serum Institute in Copenhagen, the Medical Research Institute in Hampstead (England), and the National Health Institute in Washington, D.C., each specializing in particular preparations. Many of these international standards have been written into the United States Pharmacopeia. The importance of such standardization is illustrated by the case of a man with diabetes who is obliged to travel from country to country. Because of the League's work in this field he can be assured that the insulin he needs will be equally effective wherever he goes, and his doctors know that the dosage he is supposed to use will not differ from one country to another.

This work of biological standardization has been slowed down but not brought to a stop by the war. The moment the enemy is defeated, the system will be ready to operate normally again.

Nutrition. When the outbreak of war brought many of its activities to a halt, the League had developed a system of national nutrition committees covering twenty-two of the most advanced countries and twenty-six British dependencies. These committees were concerned with the formulation of national nutritional policies based on dietary studies and the appraisal of the state of nutrition. One of the principal recommendations of the United Nations Conference on Food and Agriculture at Hot Springs was that such National Nutritional Organizations should be set up in every country, and the projected Permanent Organization for Food and Agriculture was advised to make use of the national nutrition committees which already exist. In addition the League had set up a table of dietary standards through a committee of physiologists, physicians, and biochemists which met under its auspices. These dietary standards were widely accepted: they provided for

the first time in history an internationally recognized frame of reference for dietary studies and requirements. Building on this work of the League of Nations, the Food and Nutrition Board of the National Research Council in this country has adopted new dietary standards or allowances which take account of advances in the science of nutrition since the League standards were formulated in 1936. The League and International Labour Office have published many other studies on the subject of nutrition; among them, Workers' Nutrition and Social Policy,⁴ Guiding Principles for Studies on the Nutrition of Populations,⁵ Food Consumption and Dietary Surveys in the Americas,⁶ and, most notable of all, the Final Report of the Mixed Committee of the League of Nations on the Relation of Nutrition to Health, Agriculture, and Economic Policy.⁷ It is readily apparent that the work of the League in the field of nutrition, together with its widespread system of national nutrition committees, can be of the greatest value to the United Nations Relief and Rehabilitation Administration and the projected United Nations Permanent Organization for Food and Agriculture.

⁴ International Labour Office. Workers' Nutrition and Social Policy. Studies and Reports, Series B (Social and Economic Conditions), No. 23. Geneva 1936.

⁵ E. J. Bigwood, Guiding Principles for Studies on the Nutrition of Populations. Health Committee, Technical Commission on Nutrition. League of Nations Publication (1939, III.1).

⁶ Robert Morse Woodbury, Food Consumption and Dietary Surveys in the Americas; Results, Methods. Report presented by the International Labour Office to the Eleventh Pan American Sanitary Conference held in Rio de Janeiro, 7-18 September, 1942. Montreal, International Labour Office, 1942.

⁷ League of Nations, Final Report of the Mixed Committee of the League of Nations on the Relation of Nutrition to Health, Agriculture, and Economic Policy. League of Nations Publication (1937, II.A.10).

Technical Committees. The League had also set up many international committees of experts in different fields of health and medicine. The Committee on the Hygiene of Housing brought together the latest information on economical and effective methods of constructing healthful housing. Under League stimulation similar committees were set up in different countries. The studies and reports of the American Committee which works under the auspices of the American Public Health Association have been freely used and greatly appreciated by our national and local housing agencies. When United Nations Relief and Rehabilitation Administration confronts the problem of providing shelter for refugees and other displaced persons; it can with profit utilize the experience of the League and the advice and co-operation of League and national housing committees.

The League's Malaria Commission performed notable service not only in advising governments on methods of controlling malaria, but in training malariologists (hundreds were trained at special courses and in field work organized under League auspices in London, Paris, Hamburg, Rome, Singapore, Spain, and Yugoslavia), in testing the value of different antimalarial preparations, and in studying and classifying the anopheline vectors of malaria in different regions and countries. These and other technical committees still exist; they are composed of the leading experts in the different countries, accustomed to working together and with an international outlook found among scientific men who have broadened the scope of their work to include problems in countries other than their own.

Organization or Re-establishment of National Health Services. But it will be when the United Nations are confronted with the task of organizing or re-organizing the national health services of one or more countries that they will find the benefit of League experience most rewarding. For it was in this field that the Health Organization achieved its greatest triumphs, and if war had not intervened, it is along this road that the League would have traveled to far greater successes. The beginnings of this work were modest: a request from Yugoslavia for a study of malaria in one of its districts and similar requests in other fields from other countries. But the work grew rapidly, until the Health Organization was requested by the government of Greece in 1928 and the Republic

of China in 1929 to assist in the re-organization of their entire public systems. Full accounts of the results of this co-operation will be found ¹⁸ in official League documents and in many private publications.

It is enough to say here that methods were worked out and techniques perfected which brought to bear on the problems of Greece and China through the League the expert knowledge and long experience of the health services in the most advanced countries. The government of China valued the results of this co-operation so highly that it embarked on a far more ambitious programme of co-operation with the League for the purpose of improving much of its economic and financial structure. Long after Japan invaded China many experts appointed by the League were still working with their Chinese associates.

The lessons learned by the League in this field of work will be most useful not only to United Nations Relief and Rehabilitation Administration but to the Permanent Organization for Food and Agriculture when it undertakes to assist governments in re-organizing the production and distribution of food for the purpose of improving national nutrition; and to the future over-all General International Organization when that agency finds that it must act on behalf of the advanced countries to raise the level of living of the poorer members of the community of nations.

Work of the Health Organization in Wartime. The Health Organization of the League of Nations still exists. Its sadly diminished staff in Geneva is still receiving epidemiological reports from a number of countries; is still publishing the Weekly Epidemiological Report, and undertaking certain studies, such as that on food rationing in various countries. The Serum Institute in Copenhagen and the National Institute of Medical Research in England still

¹⁸ F.G. Boudreau, "Health and World Organization," in World Organization; symposium of the Institute on World Organization. Based on the Proceedings of the Institute's Sessions at American University, September, 1941. (Washington, American Council on Public Affairs, 1942). F.G. Boudreau, "International Aspects of Disease Control," in New York Academy of Medicine, Preventive Medicine in Modern Practice (New York, 1942). F.G. Boudreau, "International Health Organization," Chapter 1-A, Nelson's Encyclopedia, 1941.

preserve the international samples of serums and other biological preparations and still pursue the work of standardizing new preparations. The Health Committee of the League, which last met after war was declared, is still in being, as are many technical committees in the field of health and medicine. Recent information on the work of the Health Organization in wartime may be found in the official reports on the Work of the League submitted by the Acting Secretary-General to the Council and the Members of the League.

In 1943, for example, the Health Organization continued to develop its work on subjects of current interest and importance. Its strategic position in Europe enabled it to keep in touch with national health administrations which felt the need for information on the trends of disease abroad. A series of notes was prepared and published on the prevalence, trend, and probable course of the principal communicable diseases occurring on the continent of Europe: typhus fever, cerebrospinal meningitis, typhoid fever, scarlet fever, smallpox, and acute poliomyelitis. A particularly detailed report on typhus fever was published in the Bulletin of the Health Organization in January, 1943. The Organization is now preparing a comprehensive survey with regard to "the vitality of the European populations, the increased incidence of diseases favoured by malnutrition, and the present prevalence of epidemics and their possible extension."

It is felt that the facts published will serve both to allay exaggerated fears, based on erroneous premises, and to help national health administrations and international organizations dealing with medical relief to concentrate their means to combat those diseases which constitute the most real and most immediate menace to public health. /9

^{/9} League of Nations, Report on the Work of the League of Nations, 1942-1943. League of Nations Publication (C.25.M.25.1943), p. 54.

In addition to its work on epidemic diseases the Health Organization has made a careful study on food scarcity, nutrition, and health on the continent of Europe. Since it receives medical journals and statistical returns from most European countries, it is in a strategic position to study the trend of morbidity and mortality in relation to food shortages. A preliminary study was published in 1942 and a more comprehensive one is now in preparation. This should assist UNRRA to settle conflicting priority claims for food, medicines, and other forms of relief. For this purpose members of the Health Organization have been in touch with OFRRO in Washington, the Allied Postwar Requirements Organization in London, Lend-Lease in Washington, and the International Red Cross in Geneva.

This by no means exhausts the health work being carried on by the League in those war years. A Health Information Service has been maintained at Geneva, which in a little over a year collected and summarized masses of technical documents to meet nearly one hundred requests.

A comprehensive glossary in twenty-four languages bearing on the significance of terms used in connection with communicable diseases was compiled last year for the Red Cross.

International biological standardization was maintained and extended a standard and international unit of heparin (used in war surgery) being set up, and researches undertaken with respect to other new drugs. Preparations for an international pharmacopeia have been carried on, and members of the Malaria Commission have been asked to advise on the possibilities of mass treatment with the synthetic preparations used in place of quinine now that supplies from Java, the main producing country, have been shut off.

Most notable among the current activities of the Health Organization is the establishment in Washington, D.C., on 15 May 1944, of a Research Unit of the League's Health Section to assist and advise UNRRA in its work of disease prevention in the countries now occupied by the enemy. This Unit was set up at the request of UNRRA and is now at work preparing reports and interpretations concerning the march of epidemic disease in occupied Europe.

The International Health Work of the Future:

The logic of events will undoubtedly drive the United and Associated Nations to some form of collaboration in matters of health, beyond that already projected for United Nations Relief and Rehabilitation Administration and the Food Organization. It is to be hoped that existing international and regional health organizations will be merged into a single co-ordinated agency with greater scope and more positive authority than that possessed by any of the former organizations. The knowledge and experience of every existing organization will be needed to cope with immediate post-war health problems. Once conditions have become stabilized, vast new opportunities will open out and vast new fields of work will be - I might have said, have already been - uncovered by the march of science. If suitable international and regional health agencies are thus developed, the work of preventing the spread of the major epidemic diseases will not occupy them long, for in a peaceful, well-organized community of nations, with a rising standard of living, such diseases come quickly under control. The work of the Permanent Organization for Food and Agriculture, if at all successful, will result in a great improvement of the health of the under-privileged throughout the world. How great that improvement may be can be estimated by the remarkable differences in morbidity and mortality existing between the different social and economic classes in a given country. ^{/10} The new international health organization, if a new one be established, will work closely with the Permanent Organization for Food and Agriculture, unless it is to become a mere appendage of the latter. Once the major epidemic diseases are brought under control, such lesser ones as typhoid fever will need to be tackled. Malaria and tuberculosis

^{/10} F. G. Boudreau, New Frontiers of Preventive Medicine. Reprinted from Transactions of the International Society of Medical Health Officers Institute, Kansas City, Mo., 24 October 1939. F. G. Boudreau, Our Nation's Health; an International Problem. Reprint of one section of a Handbook for Discussion Leaders, Carnegie Endowment for International Peace, Division of Intercourse and Education, February, 1940. F. G. Boudreau, Social and Economic Implications of Freedom from Want of Food. Reprinted from Proceedings of the American Philosophical Society, 1943, Vol. 87, No. 2.

will continue to plague mankind for some generations unless the improvement in the world-wide level of living is unexpectedly rapid. Problems of housing and clothing, of climate and disease, of physical education, and bodily and mental fitness, will require new studies and investigations, the development of new methods and novel techniques.

The experience of the Health Organization of the League of Nations provides a foundation on which the international health work of the future may rise to greater heights than ever before. The United Nations Relief and Rehabilitation Administration and the Organization for Food and Agriculture - will powerfully supplement the work of any such organization in the future. The great strength of the Health Organization of the League lies in the fact that it is an integral part of an over-all political, economic, and social international structure. It is plain that no international health organization could function half as effectively on its own. It is equally plain that any future over-all international agency needs a health organization, measuring up to the new opportunities provided by the advance of science and greater national recognition of the need for fuller co-operation among nations in health matters. There is no real reason why the Health Organization of the League, with expanded powers and increased assets and facilities should not be the international health agency of the future. This solution would greatly simplify the task of the statesmen who must provide for the health needs of the postwar world and would also enable the present Health Organization to continue its work and take advantage of the new opportunities without the delays and inconveniences of an unnecessary break with the past.
