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The Genealogy of WHO and UNICEF and the Intersecting Careers of
Melville Mackenzie (1889-1972) and Ludwik Rajchman (1881-1965)

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A thesis submitted to the University of Glasgow for the degree of Doctor of Medicine

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Summary

This thesis traces the antecedents of the World Health Organization (WHO) back to 1920, when a new type of international health organization emerged following the establishment of the League of Nations, one that was based on collective action by nation-states. The 1946 Constitution of WHO specifies two prime functions for the Organization – technical assistance to countries and cooperation with governments to strengthen national health services. The thesis analyses how international health work in the interwar years moved towards these tasks and shows how country-centred aspects of international health work developed, by studying the intersecting careers of Melville Mackenzie and Ludwik Rajchman. They succeeded in expanding international health work beyond measures to control contagious diseases when they initiated ambitious cooperative programmes to tackle over-all health problems on a wide front and on a long-term basis through the creation of health services.

Classical texts on the history of public health note that in the 1920s and 1930s the League of Nations' Health Organisation (LNHO) assisted countries to develop national health services. Only one historian, however, has given an account of such work by LNHO within individual countries. The present analysis builds on this research of Iris Borowy and explores how relations between international health organizations and individual nation-states evolved. The argument of the thesis is that post-World War Two action to advance global health and protect the world's children was shaped by the cooperation that developed in the 1920s and 1930s between international health organizations and nation-states. The analysis begins with relief and reconstruction in Russia in 1921-1923, extends to technical assistance to Greece and Bolivia in 1928-1930 and concludes with technical cooperation with China over the period 1930 to 1941.

Rajchman was virtually unknown until Marta Balińska published a biography in 1995. Mackenzie, likewise, was unknown until Zoe Sprigings published a biographical essay in 2008. Sprigings observed that interpersonal relations played a role in the development of international health collaboration and described Mackenzie's relationship with Rajchman as one of antipathy. In the present analysis, evidence of a more complex relationship emerges.

The thesis provides an observer's account of how the practices, policies and structures of global health emerged in the first half of the Twentieth Century. The observer was Mackenzie and the main

source of the research is a family archive of correspondence, reports and unpublished documents that the author located in 2010. Mackenzie's son lodged these with the Wellcome Library, which posted an on-line catalogue in December 2013. Archives of the League of Nations and of the *Institut Pasteur* were consulted in Geneva and Paris, respectively, in order to provide a broader context to the events that Mackenzie recorded.

The viewpoint of the thesis is that of international staff working within the borders of sovereign states. The thesis shows that the first formal permission to allow international personnel to work within a nation-state was an agreement made by Lenin's Russia in 1921. The first mutually-conceived programme of technical cooperation between an international health organization and a nation-state is shown to have been established with China in 1930.

Dorothy Porter observed that 'the health of the citizen of Planet Earth' began to be placed on the agenda of international politics when WHO emerged from the United Nations after the end of World War Two. The present analysis shows that concern for the wellbeing of humanity surfaced earlier in the century and led to a view, expressed at LNHO in 1943, that the prime objective of an international health organization is 'the promoting of health for all'. The thesis also shows that the Constitution of WHO, including its frequently-quoted definition of health, originated from LNHO policy documents drafted between 1943 and 1945.

Competing concepts for establishing an international public health organization were put forward by Mackenzie and Rajchman during World War Two. Rajchman's proposal for a United Nations' Health Service was considered radical and he was excluded from preparatory events leading to the establishment of WHO, thus denying him a platform to argue for alternative funding arrangements for the Organization. Mackenzie presented the WHO Constitution for approval to delegates attending the 1946 International Health Conference in New York and signed it on behalf of the United Kingdom, with authority that was unprecedented for a physician. It is shown, further, that an intervention by Mackenzie in the course of the Conference, concerning the regional organization for the Americas, contributed to WHO becoming a body that incorporates six geographic regions. The question is addressed as to whether a regional structure provides a competitive advantage to the Organization in terms of its support to nation-states.

Rajchman channeled his energy into establishing UNICEF. The thesis uses a genealogical metaphor to explore the origins of UNICEF and WHO. This shows the lineage of the former going back to generously funded agencies which supplied countries with health resources and resident international personnel. WHO, which originated from agencies that received scaled contributions from governments, lacked funds to engage, significantly, in technical cooperation with individual countries in the immediate postwar period. The analysis shows that it was UNICEF that had the resources to bring the benefits of wartime scientific advances to countries. When UNICEF began to cooperate with nation-states in the health field, it was perceived to have strayed into the domain of WHO. The thesis shows that, in 1948, an enduring and effective cooperation was established between UNICEF and WHO as a consequence of the rivalry, and that Mackenzie and Rajchman were at the heart of this.

As each agency grew, pathways set in their beginnings predominated. A 2011 review of international agencies by the United Kingdom Government praised UNICEF for its 'results at country level' and ranked WHO less favourably in this domain. The perceived difference between the agencies is shown to be rooted in the first steps that they took in the aftermath of World War Two. The thesis suggests that a way to improve performance at the country level is to study the interwar experiences of LNHO, particularly those initiated in Greece by Mackenzie and in China by Rajchman.

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Acknowledgements

I am much indebted to Dr. Andrew Mackenzie for his generous support of the work described here. Between January and December 2011, he produced digitised copies of an extensive family archive relating to his father Melville, covering his career from 1917 as a British Army medical officer in Mesopotamia until his 1960 assignment for the World Health Organization at the time of the Agadir earthquake. In April 2012, Andrew brought the entire hard copy archive from Canada to London and lodged these with the Library of the Wellcome Trust, where it is being catalogued. I am also most grateful to Andrew's sister, Mary May, for providing a copy of Jock Haswell's unpublished biography of her father. In 2010, she and Professor Anne Hardy helped me to contact the author of a 2008 biographical essay on Mackenzie, Zoe Sprigings, who kindly provided me with a copy of her 2007 MA Thesis *LNHO to WHO: From the Last of the League to the First of the United Nations 1939-1946*. It was the suggestion of Professor Hardy that I should contact Professor Malcolm Nicolson of the University of Glasgow concerning my interest in reconstructing the genesis of global health from Mackenzie's letters and documents. I am most grateful to Professor Nicolson for supporting my research on this topic at the Centre for the History of Medicine, where I enrolled as a postgraduate research student in 2011/2012. During this and two subsequent academic years, I received an extraordinary degree of encouragement from my thesis supervisors, Professor of Social & Medical History Marguerite Dupree and Emeritus Professor of Child Health Lawrence Weaver. They deserve more than this brief mention for the consideration they showed to a student attempting to tackle the slopes of Parnassus many decades after his prime. They also showed great patience as I struggled with the long discontinuity from my first postgraduate degree.

I was greatly assisted by a Wellcome Trust travel grant, which allowed me to visit the League of Nations' Archives in Geneva and the Archives of the *Institut Pasteur*, Paris, where librarians Jacques Oberson and Daniel Demellier, were exceedingly helpful. I also received support from the Wellcome Trust to attend a Conference on the History of International Health Organizations at the University of Shanghai. Catherine Davies guided me through the League of Nations' Collection of the National Library of Scotland. Other librarians who helped provide access to resources were David Blake at the Library of the Religious Society of Friends in Britain, London and Magda Robertson, Digital Resources Librarian at Chatham House, London. Archivists Elena Carter and Christopher Hilton helped me to access the Mackenzie Personal Papers (PP/MDM) held in the

Wellcome Library Western Manuscripts and Archives. Through correspondence, I was provided with documentation by Sergei Nikitin, formerly of Friends' House, Moscow; by Joanna Clark of the Library of the Religious Society of Friends in Britain and by Upasana Young of UNICEF's Information Knowledge Management Unit. Biographical material on Berislav Borčić was provided by Lovela Machala Poplašen of the Library of the Andrija Štampar School of Public Health, Zagreb and kindly translated by Estela Dukan of the Library of the Royal College of Physicians of Edinburgh. Biographical material on Marcelino Pascua Martinez was provided by Professors Josep Bernabeu and Jesus Vioque of the Universidad Miguel Hernandez, Alicante and by Francisco Javier Martinez of Université Paris-Diderot. Socrates Litsios, a former WHO colleague, directed me to Rockefeller Foundation references and provided personal reprints relating to China. Documents and a publication relating to Henri Maux's work for the League of Nations in China were generously provided by his daughter, Antoinette Maux-Robert. I benefitted greatly from meeting Dr. Iris Borowy and from interchanges with participants at the International Conference on International Health Organizations and the History of Health and Medicine held in Shanghai in October 2013. I am most grateful to Professors Zhang Yong-an of the University of Shanghai and James Mills of the University of Strathclyde for facilitating my attendance.

There is an asymmetry in the documents used in this thesis relating to Mackenzie and Rajchman. It is predominantly through the eyes of Mackenzie that the reader witnesses the formative events of international health. I was constantly aware that I was trespassing on exchanges between a son and mother and between husband and wife as I accessed his letters. Mackenzie sent lively descriptions of the historic events in which he was participating to his mother, Emma, his brother Kenneth and later to Faith Mackay, whom he married. I greatly admire the family's decision to make this valuable record of past events accessible to the wider world. In studying these letters over the past three years, I have developed immense respect for what Melville Mackenzie achieved and for the pains he took to keep his family informed. The decision taken by the family is one that Mackenzie himself would have wished, for he said 'history ordains a time when all documents that hold a record of historical events receive a call to render an account of their stewardship, in order that the dependence of later events upon earlier may be estimated and the bearing of earlier upon the later'. Practices that he conscientiously recorded remain relevant to those working, or wishing to work, for global health – notably 'shoe-leather' epidemiology, a focus on country-level work and the use of epidemiological intelligence as the basis for health interventions.

The glimpse that the thesis gives of Ludwik Rajchman shows how his political nous and qualities of

idealism, intelligence and energy led him to create international institutions. One of these was a system of International Schools. Those who work furth of their national borders, as I did, are indebted to Rajchman and his co-founders. The existence of these Schools allowed our children, Angus and Morag, to accompany my wife Patrica and myself on my assignment to various countries around the globe. I am indebted to many people who helped me on the career path that I had the good fortune to follow.

Author's Declaration

I declare that, except where explicit reference is made to the contribution of others, that this thesis is the result of my own work and has not been submitted for any other degree at the University of Glasgow or any other institution.

Signature

Name:

Abbreviations

| | |
|-----------|---|
| ARA | American Relief Administration |
| AFSC | American Friends Service |
| IRRC/CISR | International Russian Relief Committee |
| CIRC | International Committee of the Red Cross |
| ECOSOC | Economic and Social Council of the United Nations |
| IHD | International Health Division of Rockefeller Foundation |
| JCHP | UNICEF/WHO Joint Committee on Health Policy |
| LN-EC | Epidemic Commission of the League of Nations |
| LNHO | League of Nations Health Organisation |
| LRCS | League of Red Cross Societies |
| OIHP | <i>L'Office International d'Hygiène Publique</i> |
| PASB | Pan American Sanitary Bureau |
| RSC | Refugee Settlement Commission (Greece) |
| RF | Rockefeller Foundation |
| SCF | Save the Children |
| SSI | Danish Statens Serum Institut |
| UN | United Nations |
| UNRRA | United Nations Relief and Rehabilitation Administration |
| UNICEF | United Nations Children's Fund |
| USPHS | United States Public Health Service |
| WHO | World Health Organization |
| WHO-IC | World Health Organization Interim Commission |

Footnote Abbreviations

| | |
|-------------|---|
| AIP | Archives of Institut Pasteur |
| FHA | Friends House Archives |
| NLS | National Library of Scotland |
| SDN | Archives of the League of Nations |
| TNA | The National Archive |
| Wellcome L. | Wellcome Library Western Manuscripts and Archives |
| WHO L. | Library of World Health Organization, Geneva. |

Definitions

The thesis focusses on the institutions, policies and programmes of international health, defined as follows:

International health

Collective action by nations to improve the wellbeing of populations.¹

Policy of technical cooperation

Action of an organization with its member states, which is mutually conceived and/or mutually agreed upon, to increase their capability to carry out programmes that benefit their people.²

Horizontal and vertical programmes

There are two apparently conflicting approaches ... the first, generally known as the 'horizontal approach', seeks to tackle the over-all health problems on a wide front and on a long-term basis through the creation of a system of permanent institutions commonly known as 'general health services'. The second, or 'vertical approach' calls for solution of a given health problems by means of single-purpose machinery. For the latter type of programme the term 'mass campaign' has become widely accepted.³

1 After Dorothy Porter, 'The History of Public Health: Current Themes and Approaches: Changing Definitions of the History of Public Health', *Hygiea Internationalis* 1 (2000), p. 13: see Introduction.

2 World Health Organization, 'Technical Cooperation' (WHO Regional Committee for the Western Pacific, 1976), WPR/RC27.R1.

3 C. L. Gonzalez, 'Mass Campaigns and General Health Services', *Public Health Papers* 29 (World Health Organization, 1965), p. 9; quoted by Anne Mills, 'Mass Campaigns Versus General Health Services: What Have We Learned in 40 Years About Vertical Versus Horizontal Approaches', *Bulletin of the World Health Organization* 83 (2005) p. 315.

Timeline of key events, 1920-1953⁴

The narrative of the thesis spans the events listed below:

1920 Treaty of Versailles comes into force, and the League of Nations established, January

1920 International Health Conference, London, April

1920 Norman White appointed Commissioner of League of Nations Epidemic Commission (LN-EC), charged with protecting countries lying to the west of Russia from typhus, July

1920 Establishment of Permanent League Health Organisation discussed, August

1921 Ludwik Rajchman appointed Director of League of Nations Health Organisation (LNHO)

1922 Twenty-seven countries attend Warsaw International Health Conference

1922 Melville Mackenzie appointed by Friends Emergency & War Victims Relief Committee and assigned to work under Nansen's International Russian Relief Committee (IRRC)

1922 Nansen receives Nobel Peace Prize, which recognises his famine relief work in Russia

1923 W. E. Haigh and Aimé Gauthier lead cholera vaccination of Greek refugees, for LN-EC

1923 First official League of Nations visit to China made by Norman White, for LN-EC

1924 White attends Seventh Pan American Sanitary Conference in Havana on behalf of LNHO

1925 Ludwik Rajchman's first visit to China

1927 Rajchman, visiting Argentina, Brazil and Uruguay, finds pan-Americanism unpopular

1928 Mackenzie appointed to LNHO: Helps Greece to stem a serious epidemic of dengue and elicits request to League of Nations for help in organizing Hellenic health services

1929 Rajchman's second visit to China: elicits request for technical cooperation in health

1929 League of Nations' Commission helps Greece to plan a national health service

1930 Mackenzie and Marcelino Pascua visit Bolivia to develop plans to reorganise health services

1930 Revolution in Bolivia overthrows government of Hernando Siles Reyes

1930 Berislav Borčić arrives in China for long-term health assignment

1931 Japan's aggression towards China begins to unfold after the Mukden incident

1931 Soong Tzu-wen sets up a National Economic Council in China

1932 Andrija Štampar makes first of three lengthy visits to China for work on rural health services

1933 League of Nations sets up a Council Committee on Technical Collaboration with China

1933 Rajchman assigned to China for one year as Technical Agent to National Economic Council

1933 Twelve League staff from nine countries at work on the national reconstruction programme

1935 Robert Haas, League of Nations Director of Communications, makes a three-month visit

4 Detailed chronologies relating to Russia and China are given in Appendices 3 and 6

- 1937 Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, Bandoeng**
- 1937 Sino-Japanese War begins**
- 1937 League of Nations allocates 2 million Swiss francs for anti-epidemic work in China
- 1937 Mackenzie appointed to Purchasing Committee; Rajchman sidelined in intrigue by League Secretary-General Joseph Avenol
- 1938 German, English and French-speaking LNHO anti-epidemic Units assigned to north, central & south China
- 1938 Borčić leaves China
- 1939 Rajchman resigns from LNHO
- 1939 Mackenzie visits China: nominates Pierre Drolle as Secretary-General's Representative
- 1939 Hitler invades Poland**
- 1940 Mackenzie returns to UK Ministry of Health
- 1940 Rajchman appointed representative in Washington of the Polish Government-in-Exile
- 1942 League of Nations Health Organisation presence in China ends**
- 1942 Mackenzie publishes ideas for re-establishing an international health organization
- 1943 Rajchman publishes 'Why Not?', a radical proposal for a United Nations Health Service
- 1943 Yves Biraud and Raymond Gautier, at LNHO, produce first of several policy documents for an international health organization
- 1943 Mackenzie attends founding meetings of UNRRA in Washington and Atlantic City
- 1944 USA, Soviet Union, UK and China decide at Dumbarton Oaks to convene a United Nations Conference on International Organization**
- 1945 Rajchman appointed by the Moscow-dominated Government of Poland as their national delegate to UNRRA
- 1945 Szeming Sze and Geraldo de Paula Souza attend **San Francisco Conference on International Organization**
- 1946 Štampar appointed Vice-Chair of **United Nations Economic and Social Council**, which passes an enabling resolution to convene an International Health Conference
- 1946 Technical Preparatory Committee, Paris**
- 1946 International Health Conference, New York**
- 1946 WHO Interim Commission established**
- 1946 UNICEF established**
- 1947 Rajchman secures residual funds for UNICEF when UNRRA ceases operations
- 1947 Rajchman launches Joint Enterprise, a UNICEF-supported BCG vaccination campaign
- 1948 WHO becomes operational when the twenty-fourth nation signs the Constitution**

- 1948 Mackenzie chairs Committee on Relations of First World Health Assembly
- 1948 UNICEF/WHO Joint Committee on Health Policy (JCHP) established**
- 1950 Rajchman resigns from UNICEF when the Government of the People's Republic fails to secure the seat of China at the United Nations
- 1951 Rajchman's last letter to Mackenzie is unanswered
- 1953 Mackenzie elected Chairman of WHO Executive Board

Introduction

Background, purpose and methods

Members of the League ... will endeavour to take steps in matters of international concern for the prevention and control of disease.

Covenant of the League of Nations, 1919: Article 23 (f)

Thus the Epidemic Commission of the League of Nations came into being [in May 1920]. It was an event of some significance. It was the first occasion on which States undertook to accept financial responsibility for epidemic control measures in times of peace, in countries other than their own.

F. Norman White, 1953⁵

The World Health Organization (WHO) came into existence as the health agency of the United Nations (UN) in July 1946. A UN Children's Fund, UNICEF, was established in December of the same year. This thesis sets out to show that these agencies, which aimed to advance global health and protect the world's children, were shaped by work in international health that Melville Mackenzie, Ludwik Rajchman and their colleagues initiated in the interwar years. International health is defined as 'collective action by nations to advance the wellbeing of populations'. This definition is derived from an analysis of public health history by Dorothy Porter, who states that 'what constitutes public health has been redefined beyond the predominantly nineteenth-century concept used by Sand, Rosen and their contemporaries and now concentrates on the history of collective action in relation to the health of populations'.⁶

Early histories of international health organizations give no recognition to the role of Mackenzie in relation to the conception and birth of WHO. His work for antecedent bodies *does* receive slight mention: Neville Goodman refers to his first-hand experience in relief to Russia after World War One and to his work during World War Two with the United Nations Relief and Rehabilitation Administration (UNRRA);⁷ Norman Howard-Jones lists him as one of the staff of the League of

⁵ F. N. White, 'Retrospect', *Transactions of Royal Society of Tropical Medicine and Hygiene* 47 (1953), p. 443.

⁶ Porter, 'The History of Public Health', p. 13.

⁷ N. M. Goodman, *International Health Organizations and Their Work* (Edinburgh: Churchill Livingstone, 1971), pp. 139 & 149.

Nations Health Organisation (LNHO) in the interwar period.⁸ It is only recently that his contribution to the shaping of international health became recognised. Zoe Sprigings considers him to have been a 'key figure in creating a powerful and autonomous WHO' and judges that 'in his quiet way, [Mackenzie] shaped the course of inter-war and post-war international health'.⁹ She describes how Mackenzie's philosophy of international health emerged from his experience within countries – in Mesopotamia during World War One, in Russia during the famine of the 1920s, in Liberia in the early 1930s and during a period of senior responsibility for China in the late 1930s. His work in the field, she observes, placed him far from policy makers and she cites this as a reason for his being overlooked by historians.¹⁰ The title of her biographical essay, *Feed the People and Prevent Disease and Be Damned to Their Politics*, derives from a letter that Mackenzie wrote while developing a programme of relief and medical reconstruction in Russia in 1922-1923, under the umbrella of Fridtjof Nansen's International Russian Relief Committee (IRRC).

Sprigings found a 'total absence of secondary literature' on Mackenzie, but found correspondence and reports relating to him at the Friends' House Library, London relating to Russia, and at the School of Oriental and African Studies in London in relation to Liberia. She also identified a small exchange of letters with Lord Lugard that are housed in the Rhodes Library, Oxford and 'a slim government file' at the UK National Archive.¹¹

Mackenzie kept letters and personal records relating to his eventful career and, after his death, his wife Faith commissioned a family friend, Jock Haswell, to write a biography that was entitled (but never published) 'The Doctor who Stopped a War: the Adventures and Achievements of Dr. Melville Mackenzie CMG'.¹² This unpublished manuscript describes Mackenzie's work within various countries, particularly Bolivia and diplomatic missions to Liberia in 1931 to 1933. Haswell drew on a family archive in drafting his narrative and Sprigings reported that 'Mackenzie's papers were then destroyed'.¹³ In 2010, however, the writer located these in Canada. Between January and December 2011, Melville Mackenzie's son, Dr. Andrew Mackenzie, provided digitised copies of an extensive archive of letters and other documents, covering his father's career from 1917 as a British Army

8 Norman Howard-Jones, *International Public Health Between the Two World Wars – the Organizational Problems* (Geneva: History of International Public Health, 1978), p. 62.

9 Zoe Sprigings, 'Feed the People and Prevent Disease, and Be Damned to Their Politics', in *Of Medicine and Men: Biographies and Ideas in European Social Medicine Between the World Wars*, ed. I. Borowy and A. Hardy (Frankfurt am Main: Peter Lang, 2008), p. 121.

10 Sprigings, 'Feed the People', p. 109.

11 Sprigings, 'Feed the People', p. 104.

12 C. J. D. Haswell, *The Doctor Who Stopped A War: the Adventures and Achievements of Dr. Melville Mackenzie CMG* (Unpublished family manuscript).

13 Sprigings, 'Feed the People', p. 104.

medical officer in Mesopotamia until his 1960 assignment for WHO at the time of the Agadir earthquake. In April 2012, Andrew Mackenzie lodged the entire hard copy archive with the Library of the Wellcome Trust and in December 2013 the Library published an on-line catalogue of the archive in its Western Manuscripts and Archives.¹⁴

The Mackenzie archive provides the perspective of international staff working within the borders of nation-states, with viewpoints from within Lenin's Russia in 1922 to 1923, within Greece and Bolivia in 1928 to 1930 and within China in 1939. Mackenzie worked within other countries. These four are selected for study for two reasons. First, the Mackenzie archive shows how relations between the international health organization and the nation-state developed, beginning with medical reconstruction in Russia and evolving to technical cooperation with China. A second reason for focussing on collaboration with these countries is because it marked an historic shift in the nature of international health work: it was the point in time when the control of contagious diseases ceased to be 'the alpha and omega' of the work of international health organizations. The present analysis contends that after the Treaty of Versailles a new type of international organization emerged, one in which nation-states began to act collectively to advance the wellbeing of populations. Kelley Lee previously observed that 'something like a worldwide institutional structure for international cooperation began to emerge' after the creation of the League of Nations.¹⁵

After his experiences in Russia, Mackenzie reached a fork in his career and ultimately chose a less-travelled path, opting for the international arena over a position with the British Ministry of Health. The extent of the suffering that he had seen in Russia was a factor in making the choice and Sprigings records that what convinced him was 'the professional satisfaction in countering epidemics, and the excitement of a grand humanitarian mission'.¹⁶ At this time, scarcely any doctor – other than a missionary – elected to pursue a career beyond the borders of his or her own country. It was a decision that required strong conviction. The detailed descriptions in his letters suggest that Mackenzie had an insight as to the pioneering nature of the career that he was pursuing. The thesis will show, through the evidence of the letters, how the work that he carried out within countries in the interwar years helped to define the nature of work that international health personnel carry out today.

WHO and UNICEF had antecedents. The sequence or 'genealogy' of international health

14 Wellcome Library Western Manuscripts and Archives, PP/MDM (Cataloguing is ongoing, February 2014).

15 Kelley Lee, *The World Health Organization* (Oxford: Routledge, 2008), p. xii.

16 Sprigings, 'Feed the People', p. 118.

organizations that evolved over the first half of the Twentieth Century is viewed through the career of Mackenzie and of a second protagonist, Ludwik Rajchman. He was a charismatic Pole who entered the world stage in 1920 as a Commissioner of the League of Nations Epidemic Commission (LN-EC). In 1921, he was appointed medical director of LNHO. His career intersected with Mackenzie's and Sprigings describes the latter's relations with Rajchman as one of antipathy.¹⁷ The Mackenzie archive provides a source for analysing the dynamics of their interpersonal relations. A biography of Rajchman by his great-granddaughter, Marta Balińska, describes the cooperation that he initiated in China in 1929.¹⁸ This was passionately sustained until he was forced by intrigue to leave LNHO in 1939. The Mackenzie archive uncovers the nature of this intrigue and the thesis analyses its consequences for international health.

When the WHO Constitution came to be drafted, technical assistance to countries and cooperation with governments to strengthen national health services were specified as prime functions.¹⁹ The thesis analyses how international health organizations came to move towards the wider task of helping countries to develop their national health services.

During World War Two, Mackenzie and Rajchman put forward contrasting concepts of a postwar international health organization, which are compared in the thesis. The concepts of Rajchman were considered 'radical' and he was excluded from the discussions to establish WHO. He therefore re-directed his energies to the formation of UNICEF. Balińska quotes the view of a colleague who asserted that if a place had been found for Rajchman at WHO, UNICEF might never have been created.²⁰ The thesis shows that when UNICEF began to cooperate with nation-states in the field of health, a rivalry emerged with WHO. Rajchman and Mackenzie were at the heart of this. The rivalry was contained in 1948 by putting the two bodies, WHO and UNICEF, into harness through a Joint Committee (JCHP). The roles of Mackenzie and Rajchman in the establishment and functioning of this Committee are described in the thesis. The enduring influence of this formal collaboration between WHO and UNICEF is studied, particularly from the viewpoint of cooperation between the agencies and nation-states to reduce health inequalities.

The analysis builds on two recent publications of Iris Borowy. The first provides a brief description

17 Sprigings, 'Feed the People', p. 116.

18 Marta Aleksandra Balińska, *For The Good of Humanity: Ludwik Rajchman, Medical Statesman* (Budapest: Central European University Press, 1998), pp. 81-123.

19 World Health Organization, *Official Records of the World Health Organization 2*, 'Summary Report on Proceedings and Final Acts of the International Health Conference held in New York from 19 June to 22 July, 1946 (Geneva, 1946), p. 100, Article 2 (c) and (d).

20 Balińska, *For The Good of Humanity*, p. 218.

of the 'revolutionary' efforts by the LNHO to help Greece, Bolivia and China to establish health services; the second gives a more detailed description of LNHO support to China to reform its health system.²¹

The thesis focusses on three aspects of international health: its structures, policies and practices. Different types of international health organization are described; the efficacy of two policies of collaboration ('assistance' versus 'cooperation') are compared; and the merits of two major practices analysed, namely, those that target single diseases ('vertical' programmes) and those that provide a broad range of health development activities ('horizontal' programmes). The research is centred on the intersection of Mackenzie's career with that of Rajchman, paths that led them to different UN bodies.

The thesis addresses questions of contemporary relevance for global health institutions, namely: How was the practice of technical cooperation, as opposed to technical *assistance*, established? How were *horizontal* programmes initiated and sustained? What was the place for *vertical* programmes? How were successful practices transferred to other countries and how did these experiences inform global policy? What competitive advantages did a regionalised organization confer? Was the right balance achieved between *country-specific* functions and *common global* functions? Did joint policy making between global organizations benefit the countries they served?

The research draws on three main sources: the archive conserved by the Mackenzie family and now lodged and catalogued at the Wellcome Library (see Appendix 1); primary sources in the Archives of the League of Nations in Geneva and of the *Institut Pasteur* in Paris that were consulted in 2012-2013 with support from a Wellcome Travel Grant (see Appendix 2); and a bibliographic database established in academic years 2011-2013. Mackenzie, Rajchman and their colleagues were *public men*, as much as *public health* men, and reported their international work to the general public through newspapers and weeklies, as well as to fellow professionals through professional journals. These sources have also been used.²²

21 Iris Borowy, *Coming to Terms with World Health: the League of Nations Health Organisation 1921-1946* (Frankfurt am Main: Peter Lang, 2009), pp. 305-323; Iris Borowy, 'Thinking Big – League of Nations Efforts towards a Reformed Health System in China' in *Uneasy Encounters: The Politics of Medicine and Health in China 1900-1937*, ed. Iris Borowy (Frankfurt am Main: Peter Lang, 2009), pp. 205-228.

22 For example, Melville Mackenzie, 'League of Nations Health Work', *Listener* (1934), pp. 658-660; Ludwik Rajchman, 'Every Man's Health', *Listener* (1936), pp. 1089-1090.

Historiography of International Health Organizations

The first history of international organizations appeared six years after WHO came into existence.²³ Neville Goodman's 1952 book 'is the basic text for all students of international health work and its history'. These are the words of a second British historian of international health, Norman Howard-Jones, writing 26 years later. Like Goodman, he was an 'insider'. Both worked within WHO. Howard-Jones, who directed the editorial services of the Organization, recognised the wider experience of his colleague, who was 'active in international work in several different capacities at different times'.²⁴ Between 1938 to 1949 Goodman served as British delegate to *L'Office International d'Hygiène Publique* (OIHP), on the Health Committee of the League of Nations, in the Health Division of UNRRA, with the Field Services of the Interim Commission of WHO (WHO-IC) and with WHO itself, as Assistant Director-General. The principal sources used by the two authors were the products of the bodies in which they served – their official records and reports. Official documents were also the basis of Yves Beigbeder's more recent account of the historical origins of WHO and of the evolution of its structure, policies and practices.²⁵

Goodman was the first to use a genealogical metaphor in global health history, saying that UNRRA resembled the mule – 'a useful animal but with no pride of ancestry or hope of posterity'.²⁶ The procession of organizations in which he served belies this, and he himself asserted that UNICEF was UNRRA's favourite heir and residual legatee.²⁷

Decades passed before the historian Maggie Black published her account of the evolution of UNICEF which, she said, grew out of programmes which began in Europe post World War Two, 'some – malaria control, campaigns against treponemal disease – with links tracing back to UNRRA programmes'.²⁸ So UNRRA was an immediate antecedent of UNICEF, at least in terms of the agency's programmes, although the genealogy is likely to have been lengthier.

WHO was early in the field in publishing official histories, the first of which appeared in 1958.²⁹

23 Neville M. Goodman, *International Health Organizations and Their Work* (Philadelphia: Blakiston, 1952).

24 Howard-Jones, *International Public Health*, p. 77.

25 Y. Beigbeder, M. Nashat, M.-A. Orsini & J. F. Tiercy, *The World Health Organization* (Dordrecht: Martinus Nijhoff, 1998).

26 Goodman, *International Health Organizations*, p. 147.

27 Goodman, *International Health Organizations*, p. 148.

28 Maggie Black, *The Children and the Nations: the Story of UNICEF* (unicef.org, 1986), p. 9.
<http://www.unicef.org/about/history/index_childrenandnations.html> [accessed 3 April 2013]

29 Anonymous, *The First Ten Years of the World Health Organization* (Geneva: World Health Organization, 1958).

One of a series of four, it covered the Organization's first decade and described how WHO 'put in motion machinery ... to continue without interruption the health work of such bodies as UNRRA and the Office International d'Hygiène Publique, which had already been taken over by the Interim Commission [of WHO]: all this before framing its policy for future work'.³⁰

The history of WHO's Third Decade (1968-1977) appeared only in 2008, as the first publication of an initiative to record Global Health Histories. This third volume, unlike the previous, had a named author, Socrates Litsios, another insider. His perspective was framed by the political, social and economic environment of the 1970s and he described *primary health care* as a 'code word describing the international and national cry for social equality and justice'.³¹ In an Epilogue, Litsios outlined the process that led to UNICEF becoming a co-sponsor of the landmark 1978 Conference in Primary Health Care in Alma Ata.³² The present thesis reveals that formal cooperation between these two UN agencies was rooted in the interrelationship between Mackenzie and Rajchman. The sixtieth anniversary of WHO was marked by Kelley Lee with a non-official volume that includes a history of international cooperation.³³

Recent scholarly studies, led by Paul Weindling and Iris Borowy, provide historical accounts of the widening geographic reach and functions of international health organizations in the interwar years.³⁴ 'One of the first instances of modern disaster relief with efforts to coordinate the work of relief teams', stated Weindling, was the international response to the Russian famine in 1921 by Nansen's organization, the IRRC.³⁵ The LNHO began operations in the same year, under Rajchman's leadership. Its role expanded, said Borowy, through the gradual accumulation of functions, a process of 'defining by doing'. The activities of LNHO were developed, she observed, from a set of questions: 'should it aim at recording public health or improving it? Should it merely collect the results of ongoing research, or should it initiate, direct and coordinate new research? Should its work be primarily descriptive or prescriptive i.e. should it ... guide governmental responsibilities or evaluate their policies?'³⁶ Rajchman took the more active option in cooperating with countries. In 1928, he recruited Mackenzie. Sprigings observed that Mackenzie 'cannot have

30 Ibid., p. 72.

31 S. Litsios, *The Third Ten Years of the World Health Organization, 1968-1977* (Geneva: World Health Organization, 2008), p. 302.

32 Ibid., p. 295.

33 Kelley Lee, *The World Health Organization* (Oxford: Routledge, 2008), pp. 1-10.

34 Paul Weindling, *International Health Organisations and Movements, 1918-1939* (Cambridge: Cambridge University Press, 2009); Iris Borowy, *Coming to Terms*.

35 Weindling, *International Health Organisations*, p. 4.

36 Borowy, *Coming to Terms*, pp. 31-32.

found Rajchman's activism in this field so unpalatable and ... shared his ambitious goals for LNHO'.³⁷

Classical texts on the history of public health mention the assistance given to countries by LNHO to develop their health services, but Borowy was the first to give an historical account of the work of LNHO within individual countries, Greece, Bolivia and China.³⁸ She described the Organisation's cooperation with China as 'a singular experiment: providing large-scale international assistance for the comprehensive reorganisation of the health system'.³⁹ She observed that 'in the turbulent years after 1919 the impact of personalities was more pronounced than in more established times' and that the activities launched by these personalities shaped the Organisation.⁴⁰ This is exemplified in the thesis by two assignments of Mackenzie in Greece in 1928 and 1929. Rajchman sent Mackenzie to Athens to advise on measures to control a serious epidemic of dengue fever.⁴¹ The success of this initiative led the Greek Government to request technical assistance from LNHO to plan and implement a Hellenic Health Service. Theodorou and Karakatsani, who accessed Greek sources, revealed the prominent role that Mackenzie played in this.⁴²

China fascinated Rajchman. His many missions to the country in the 1920s and 1930s are covered in Balińska's biography. She describes his separation from involvement in the country and gives a poignant account of his resignation from LNHO in 1939.⁴³

Frances Walters, the historian of the League of Nations, asserted that an important event in the history of international politics was the Secretary-General Eric Drummond's creation (in 1920) of a League of Nations Secretariat that was international in structure, spirit, and personnel.⁴⁴ Drummond deserves credit, said Balińska, for having chosen first class associates, and creating a broad and lasting spirit of loyalty amongst them.⁴⁵

International staff of the League of Nations began to visit China in the 1920s and, in 1929,

37 Sprigings, 'Feed the People', p. 118.

38 George Rosen, *A History of Public Health* (Baltimore: Johns Hopkins, 1993), pp. 458-459; René Sand, *The Advance to Social Medicine* (London: Staples, 1952), p. 284; Borowy, *Coming to Terms*, pp. 301-324.

39 Borowy, 'Thinking Big', p. 205.

40 Borowy, *Coming to Terms*, p. 31.

41 Borowy, *Coming to Terms*, p. 301.

42 Vassiliki Theodorou and Despina Karakatsani, 'Health Policy in Interwar Greece: the Intervention by the League of Nations Health Organisation', *Dynamis* 28 (2008), p. 62.

43 Balińska, *For The Good of Humanity*, p. 117 and pp. 122-123.

44 F.P. Walters, *A History of the League of Nations* (New York: Oxford University Press, 1967), p. 77.

45 Balińska, *For The Good of Humanity*, p. 64.

Rajchman secured a request from the Government for technical cooperation. When he returned to China in 1933, twelve representatives of the League from nine different countries were working on the national reconstruction programme.⁴⁶ Between 1929 and 1941, over 30 officials and experts of the League of Nations assisted the Chinese authorities in their efforts towards economic and social reconstruction.⁴⁷ The historian Meienberger attributed the League's successes in China to the initiatives of a few individuals within the Secretariat.⁴⁸ Martin Dubin also praised the Secretariat, describing LNHO staff as 'a worldwide biomedical/public health episteme that recently had acquired confidence in its ability to alleviate human suffering'.⁴⁹

The system of rural health care developed in China had an influence on the world at large. Theodore Brown and Elizabeth Fee contend that the Bandoeng Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, which Rajchman organised, was 'a milestone event [that] in several ways foreshadowed the World Health Organization's famous Alma Ata Conference and Declaration of September 1978'.⁵⁰ The present thesis will show that the former Conference was a showcase for the Chinese system of rural health, which LNHO helped to develop.

Borowy attributed great importance to the cooperative efforts of LNHO to establish health systems in Greece, Bolivia and China.⁵¹ The present thesis enlarges upon her accounts and argues that the work in these countries, and earlier in Russia, made a significant contribution to global health development. Evidence is presented to support the argument that the development of cooperation between international health organizations and nation-states in the 1920s and 1930s helped to shape the structure and policies of the two postwar bodies, WHO and UNICEF.

A starting point of the analysis is the assignment of international personnel to work within the borders of sovereign nations. The action of global health institutions within countries has received little attention from historians, other than Borowy. The present thesis focusses, therefore, on the work of international health staff within Russia, Greece, Bolivia and China.

46 Anonymous, 'Memorandum on International Cooperation on China's Public Health', *Institute of Pacific Relations, American Council 2*, (1933), p. 1.

47 Norbert Meienberger, 'China and the League of Nations: Proceedings of the Symposium Organised by the UN Library and the Graduate Institute of International Studies, Geneva, 6-9 November 1980', in *The League of Nations in Retrospect* (Berlin: Walter de Gruyter, 1983), p. 318.

48 Ibid.

49 Martin Dubin, 'League of Nations Health Organisation', in *International Health Organisations and Movements, 1918-1939*, ed. Paul Weindling (Cambridge: Cambridge University Press, 1995), p. 56.

50 Theodore M. Brown and Elizabeth Fee, 'The Bandoeng Conference of 1937: a Milestone in Health and Development', *American Journal of Public Health* 98 (2008), p. 40.

51 Borowy, *Coming to Terms*, p. 324.

Sprigings wrote on the role played by interpersonal relations in maintaining international health collaboration prior to, during and in the aftermath of World War Two.⁵² In her biographical essay, she analyses Mackenzie's relationship with Rajchman.⁵³ The thesis pursues this further, showing that personal relations between these two pioneers had an enduring influence on the structures that were put in place after World War Two to advance global health and the wellbeing of children. Sunil Amrith and Glenda Sluga argued, with regard to the United Nations, that the personal narratives of individuals whose lives intersected 'can shed light on large historical questions about governance, sovereignty, identity, and the nature of progress'.⁵⁴

52 Zoe C. Sprigings, *LNHO to WHO: From the Last of the League to the First of the United Nations 1939-1946*, (unpublished MA Thesis, University of Oxford, 2007), pp. 18-19.

53 Sprigings, 'Feed the People', p. 118.

54 Sunil Amrith and Glenda Sluga, 'New Histories of the United Nations', *Journal of World History* 19 (2008), p. 271.

The Protagonists, Melville Mackenzie and Ludwik Rajchman

Melville Mackenzie



Melville Mackenzie, c.1946: Courtesy of Andrew Mackenzie

Although his family origins were in St. Andrews in Scotland, Melville Mackenzie was born in England in 1889. His father, Frederick Lumsden Mackenzie, an Edinburgh medical graduate, worked as a general practitioner in Huddersfield until his death in 1918.⁵⁵ Throughout his international career, Melville Mackenzie maintained regular correspondence with his mother, Emma Beaumont Mackenzie, as he did with his brother Kenneth and with Faith Mackay, whom he married in 1934.

The foundations of Mackenzie's medical career were Epsom College and Saint Bartholomew's Hospital in London, from which he qualified in Medicine in 1911.⁵⁶ In 1912, at the age of 23, he took over his father's practice in an industrial town in Yorkshire, from which he entered military

⁵⁵ Haswell, *The Doctor*, pp. 3-6.

⁵⁶ University of London, SOAS, Archive Catalogue, MS 380483.

service. In mid-1917, as a Lieutenant in the Royal Army Medical Corps, he was posted to Mesopotamia where he was responsible for infectious disease control at a base hospital. In August 1918, he established a Mobile Disinfecting Train Service – a system for using the steam of the engine to rid clothing of lice, the vector of typhus, a disease that carried a very high mortality. The talents of the young Lieutenant Mackenzie were spotted by his superior, Colonel Francis Freemantle (1872-1943). Writing to Mackenzie in Mesopotamia, Freemantle said 'when you finish here, come and see me in London and I will get you whatever you want in Public Health or in children's work. You are a born sanitarian and would lower the death rate of any town. We must not let you leave preventive medicine'.⁵⁷

Mackenzie sold his medical practice and pursued postgraduate studies in public health at the London School of Hygiene and Tropical Medicine and at King's College Hospital, London. He obtained a doctorate from the University of London in 1920 for a Thesis on *The Prevention of Typhus and relapsing fever in Mesopotamia during the War*, and received the Diploma of Public Health from Durham University in 1921. When his postgraduate work ended, he was appointed in July 1921 to the Port Health Authority of Liverpool as Assistant Medical Officer.⁵⁸ His employer refused to release him when he applied for a post to assist with famine relief in Russia. He resigned and took up the appointment offered by the Friends' Emergency & War Victims Relief Committee, which recruited him to protect their relief staff, several of whom had died from typhus (Mackenzie was not religious, but had profound respect for the Quakers⁵⁹). After bureaucratic delays, he began his journey to Russia in April 1922, and, after visiting Poland *en route*, began his work under the umbrella of Nansen's IRRC in Buzuluk in the Volga valley. He remained in Russia until July 1923, when he returned to Britain seriously ill from relapsing fever and falciparum malaria.⁶⁰

In 1926 Mackenzie joined the British Ministry of Health and in 1928 was recruited to LNHO by Rajchman.⁶¹ Sprigings comments on his 'dislike for Rajchman'.⁶² She describes Mackenzie's aversion to 'social ideology' and his 'studiously neutral exterior'.⁶³ Haswell also stated 'that Melville had very little time for his superior in the health section, a Dr. Rajchman'. The sole evidence offered

57 Haswell, *The Doctor*' p. 39.

58 Wellcome L., PP/MDM, 'Historical Background'.

59 Andrew Mackenzie, Personal Communication, 20 January 2013.

60 Haswell, *The Doctor*, pp. 42-44; p. 112.

61 Wellcome L., PP/MDM, 'Historical Background'.

62 Sprigings, 'Feed the People', pp. 117-118.

63 Sprigings, 'Feed the People', pp. 120-121.

by Haswell for this assertion is a comment by Mackenzie that Rajchman was 'always involved in intrigues and very Bolshevist in tendencies and sympathies'.⁶⁴ Evidence of a more complex relationship emerges from Mackenzie's correspondence.

A major part of Sprigings' biographical essay relates to China. She gives prominence to his role in China for two reasons: it coincided with moves by the League Secretary-General to separate Rajchman from China; and it was a period that brought Mackenzie his most prestigious LNHO assignment, that of the Secretary-General's Representative in China.⁶⁵ The family records show that Mackenzie's presence in the country (in 1939) was brief, but that he was given a high level of authority for China at the onset of the Sino-Japanese war in 1937.

Save for an entry in a Historical Dictionary, WHO histories ignore the man who played a major role in bringing it into existence.⁶⁶ Mackenzie's contemporaries recognised the significance of his international health achievements, particularly within countries. His *Times* obituary of 1972 describes a 'unique career' with many adventures and experiences, some terrible. In 1922, he 'threw up' a post in Liverpool to join a Friends' Unit in the Volga Valley as Senior Medical Officer to Nansen's IRRC. It goes on to say that:

in 1928, he was invited to join the Health Organisation of the League of Nations where his most spectacular work was in advisory missions to Greece (dengue fever and refugees from Asia Minor); Bulgaria (congenital syphilis); Czechoslovakia and Rumania (health services); Spain (malaria); Bolivia (health services); Liberia (general health survey and a second mission as Special Commissioner of the League to pacify and disarm native tribes), and many more ... in 1939, [he] returned to the Far East as Special Commissioner for the Secretary General of the League to coordinate the technical assistance given to China ... later in 1946 [he] was United Kingdom Delegate, with Plenipotentiary Powers, to the World Health Conference in New York ... he was UK Chief Delegate to the first six Assemblies of the World Health Organization (WHO) and Chairman of its Executive Board in 1953/54.⁶⁷

An obituary in the *Lancet* concluded with this fulsome tribute by Goodman:

Melville Mackenzie combined an idealistic and adventurous outlook with hard, practical

64 Haswell, *The Doctor*, p. 250.

65 Sprigings, 'Feed the People', p. 119.

66 Jennifer Fang and Kelley Lee, *Historical Dictionary of the World Health Organization: Second Edition* (Lanham: Scarecrow Press, 2013).

67 Anonymous, 'Obituary, Dr Melville Mackenzie', *The Times* (8 December 1972), p. 21.

administrative ability ... Whether crouching under a table for days in a Bogota hotel⁶⁸ while a revolution raged around him or taking pioneer flights over the Andes; discovering that a mysterious disease in rural Bulgaria was congenital syphilis handed down from convalescent soldiers in the Crimean war; sailing on a British warship littered with Fanti boys and their boats, with a Scottish sergeant as his assistant, to 'stop a civil war' in Liberia because the tribes had asked for 'the white British doctor' they knew; or rounding a hut in a 'deserted' native village to find the square crammed with hundreds of totally silent, squatting natives; or discussing with Wilson Jameson, Brock Chisholm, or Tom Parran the post-war future of international health; signing the documents with plenipotentiary powers which created WHO (a very rare distinction for a doctor); or presiding over a stormy meeting of WHO's Executive Board, Melville was always the courteous, kindly, practical Scot who will be remembered as a good friend, a marvellous yet modest raconteur, and a pioneer of international health.⁶⁹

An appreciation by another contemporary, appended to the *British Medical Journal* obituary, referred to Mackenzie as a 'devoted Scot and Yorkshireman'.⁷⁰

* * *

68 Mackenzie experienced this in La Paz; he was never in Bogotá.

69 Anonymous, 'Obituary: Melville Douglas Mackenzie', *Lancet* (9 December 1972), p. 1266.

70 Anonymous, 'Obituary: Melville Douglas Mackenzie', *British Medical Journal* (6 January 1973), p. 54.

Ludwik Rajchman



Rajchman, 1930s. Source: League of Nations Photo Archive

*Drive my dead thoughts over the universe, Like wither'd leaves, to quicken a new birth;
And, by the incantation of this verse, Scatter, as from an unextinguish'd hearth
Ashes and sparks, my words among mankind! Be through my lips to unawaken'd earth
The trumpet of a prophecy! O Wind, If Winter comes, can Spring be far behind?*

Ode to the West Wind, Percy Bysshe Shelley⁷¹

Rajchman's 'intellectual brilliance' was recognised in a brief profile by Howard-Jones.⁷² His name, however, was virtually unknown until Marta Balińska published a biography in French in 1995, in English in 1998 and in Polish in 2012.⁷³ The biography describes Rajchman's early life and career. He was born in 1881 into a Jewish family belonging to the Warsaw bourgeoisie. While a medical student in Cracow, he joined the Polish Socialist Party. After graduating, he undertook

⁷¹ Percy Bysshe Shelley, 'Ode to the West Wind', in *The Oxford Book of English Verse*, ed. Arthur Quiller-Couch (Oxford: Oxford University Press, 1919).

⁷² Howard-Jones, *International Public Health*, p. 43.

⁷³ Marta Aleksandra Balińska, *Une Vie Pour L'Humanitaire: Ludwik Rajchman, 1881-1965* (Paris: La Decouverte, 1995); Balińska, *For the Good of Humanity*; Marta Aleksandra Balińska, *Ludwik Rajchman: życie w służbie ludzkości* (Wydawn Studio EMKA, 2012).

bacteriological research both at the Paris *Institut Pasteur* and at the Royal Institute of Public Health, London. He continued his medical work in London during World War One and served the community of Polish exiles as an administrator of a National Committee that was advocating freedom for his country.⁷⁴ On his return to Warsaw, he created the National Institute of Hygiene (*Panstowy Zaklad Higieny*) in 1919.⁷⁵ He was recruited in Poland by the League of Nations in 1920, first to join its Epidemic Commission (LN-EC) and then to direct its Health Organisation (LNHO). Rajchman was obsessed by China, identified with her people and committed himself totally to advancing their wellbeing. Borowy suggest that this fascination with China was motivated by Rajchman's efforts toward a better world at large.⁷⁶ His anti-colonialism, support for the Spanish republicans and his opposition to appeasement made him unpopular with the League Secretary-General, Joseph Avenol, who 'was influenced by fascist sympathies'.⁷⁷ Balińska suggests that Avenol's intrigue against Rajchman began shortly after he was appointed Secretary-General of the League of Nations in 1933, and that Avenol found American, British and French allies on the League Health Committee – the body that governed LNHO.⁷⁸ Balińska also details the racial prejudice that Rajchman endured, citing the writings of the antisemitic LNHO staff member, Louis Destouches (Celine).⁷⁹ The intrigue of Avenol to separate Rajchman from China after a decade of successful cooperation must have been deeply wounding. At the moment of departing from LNHO, he quoted a line from the poem of Shelley that appears above.

During World War Two, Rajchman lobbied the Americans for aid to China.⁸⁰ He conceived the idea of establishing a special agency for children during the War, but what spurred him to create UNICEF was a disappointing turn of events related to the establishment of WHO.⁸¹

According to the Irish nutritionist Wallace Aykroyd, Rajchman was sometimes likened to Trotsky, having the same inhuman energy and tenacity, the same organising capacity and prodigious memory and the same capacity for making enemies.⁸² Howard-Jones, in his profile of Rajchman, quotes the assessment that 'the speed and elusiveness of ... his extraordinary mind often made it as hard for his more plodding colleagues to grasp as to pick up a pellet of quicksilver'.⁸³

74 Balińska, *For the Good of Humanity*, pp. 36-37.

75 Balińska, *For the Good of Humanity*, p. 44.

76 Borowy, 'Thinking Big', pp. 219-220.

77 Sprigings, 'Feed the People', pp. 116-117.

78 Balińska, *For the Good of Humanity*, pp. 112-113.

79 Balińska, *For the Good of Humanity*, pp. 106-110.

80 Balińska, *For the Good of Humanity*, p. xvi.

81 Balińska, *For the Good of Humanity*, p. 203.

82 Balińska, *For the Good of Humanity*, p. 103.

83 Howard-Jones, *International Public Health*, p. 43.

The 1965 Times Obituary for Rajchman describes him as:

a scientist of brilliant intelligence, imagination and administrative ability ... The Health Organisation of the League of Nations – by common consent one of his most notable successes – was to a large extent his creation. He fought for and won the support and collaboration of the chief health ministries, including the British Ministry of Health. Thus firmly based, he was able by various means – such as special contributions, the generosity of the Rockefeller Foundation – to overcome the handicaps of official penuriousness and diplomatic indifference ...

his second major achievement was in building up a strong connexion between the League Secretariat and the Kuomintang Government in China ... In building up an efficient national health system in the country, he saw how League institutions – disinterested and not painful to China's amour-propre – could help in the creation of other needed services.⁸⁴

In his dignified resignation letter to Avenol, Rajchman described himself as 'an isolated man'. He viewed himself as an emigré – a Pole always on international assignment.⁸⁵ Mackenzie was *not* isolated: he enjoyed the backing of the British Government from 1940, the year of his return to the Ministry of Health, until 1959, the year of his retirement.⁸⁶

Global Health: advancing the wellbeing of humanity

The century which will come out of this war – can be and must be the century of the common man ... Those who write the peace must think of the whole world.

US Vice-President Henry Wallace, 1942.⁸⁷

Rajchman shared Vice-President Wallace's idealism in championing the common man and referred to his 1942 speech in his advocacy for a postwar United Nations' Health Service.⁸⁸ During the previous decade, he had spoken and written on 'the wellbeing of people' and on 'every man's

84 Anonymous, 'Obituary: Dr. Ludwik Rajchman', *The Times* (24 July 1965), p. 8.

85 Balińska, *For the Good of Humanity*, pp. 241 & 245.

86 Haswell, *The Doctor*, p. 290.

87 Henry Wallace, 'The Price of Free World Victory', May 8, 1942.

88 Ludwik Rajchman, 'Why Not? a United Nations Health Service', *Free World* (1943), p.1.

health'.⁸⁹ His biographer portrays his life's work as being 'for the good of humanity'.⁹⁰ Mackenzie considered that the relief and reconstruction work after World War One dramatically demonstrated the essential part that international health was bound to play in social progress.⁹¹

It was in the aftermath of World War One that expressions of concern for the wellbeing of humanity began to appear: Articles of association of the League of Red Cross Societies, formed in 1919, included the objective of promoting 'the welfare of mankind'.⁹² Over the course of the Century, the world came to be seen as a single space. Christopher Keane identifies this as an image of 'globality' entering into our consciousness.⁹³

From the viewpoint of the present century, the Twentieth Century was the century of the *survival* of the 'common man'. In 1998, the World Health Organization, which had published life expectancy values for individual countries since its earliest days, published the first survival figures for all of humanity.⁹⁴ Many men and women were shown to be living out a full life span: life expectancy at birth for the global population rose to 65 years at the end of the Century, compared to 48 years in mid-Century.⁹⁵ This WHO focus on the population of the globe stemmed from its 1946 Constitution and from a 1977 global 'Health for All' strategy, which aspired to achieve *for all citizens of the world* a level of health that would 'permit them to lead a socially and economically productive life'.⁹⁶ The thesis examines the origins of the 'Health for All' concept and of the WHO Constitution.

A key date for the conception of global health was 10 January 1920. On that day, the Treaty of Versailles came into effect. The first international health body established post-Versailles was the League of Nations' Epidemic Commission (LN-EC). This operated in five countries only – Poland, Soviet Russia and Ukraine, Latvia and Greece – and existed for just a few years. Balińska states that LN-EC was considered at the time of its creation, in 1920, to be the first essay in international health cooperation, since it derived its funds from national governments rather than from a

89 AIP, RAJ BLK 2, 'L'Organisation de l'Hygiène et le Bien-être des Peuples', *La Nouvelle École de la Paix à l'Europe Nouvelle, Quai d'Orsay Paris, Année 1930-31 Vingt et unième Leçon*, p. 1; Ludwik Rajchman, 'Every Man's Health', *Listener* (1936), pp. 1089-1090.

90 Balińska, *For the Good of Humanity*.

91 Melville D. Mackenzie, *Medical Relief in Europe: Questions for Immediate Study* (London: Royal Institute for International Affairs, 1942), pp. 64-65.

92 H. Davison, *The American Red Cross in the Great War* <<http://www.ourstory.info/library/2-ww1/Davison/rc8.html>> Chapter XXI [accessed 15 Nov 2011].

93 Christopher Keane, 'Globality and Constructions of World Health', *Medical Anthropology Quarterly* 12 (1998), pp. 235-236.

94 World Health Organization, *World Health Report 1998* (Geneva: World Health Organization, 1998), pp. 39 & 40.

95 Ibid.

96 World Health Organization, *Global Strategy for Health for All by the Year 2000* (Geneva: World Health Organization, 1981).

charitable public.⁹⁷ She records that it ceased operations in 1923. Rajchman took his first step in global health with the LN-EC.

The idealism of Rajchman is described in Balińska's biography. Soon after his appointment as Director of LNHO in August 1921, Rajchman articulated a vision for the Organisation that included 'missions in connection with matters of health with concurrence of the countries affected'.⁹⁸ The process for obtaining the concurrence of countries had just been established. In 1921, Maurice Pate and a medical colleague Herschel Walker, both serving with the American Relief Administration (ARA), crossed into Russia from Poland.⁹⁹ Pravda reported 'today [23 August 1921] the representative of the RSFSR, Comrade Litvinov, signed an agreement [in Riga] with an American relief organization on rendering help to starving Russia. This organization is headed by the American Secretary of Commerce, Hoover'.¹⁰⁰ A few days later (on 27 August 1921), Russian Foreign Minister Georgy Vasilyevich Chicherin signed a similar agreement with the Norwegian diplomat Fridtjof Nansen, according the International Russian Relief Committee (IRRC) the same facilities in order to bring relief to the famine-stricken areas of the Volga.¹⁰¹ These initial agreements were the basis of all later cooperative arrangements between sovereign states and global agencies.

Help to Soviet Russia from the ARA was mediated through resident United States nationals, including 30 physicians.¹⁰² This bilateral model of 'independent internationalism' succeeded in delivering effective aid on a very large scale.¹⁰³ When the ARA announced that their presence in Russia was to end, British and American Quaker relief teams united 'to extend their efforts into a reconstruction phase'. Mackenzie and the American Quaker physician Elfie Graff expanded their work with the help of Russian professionals.¹⁰⁴ Their combination of reconstruction with relief

97 Marta Aleksandra Balińska, 'Assistance and Not Mere Relief: the Epidemic Commission of the League of Nations', in *International Health Organisations and Movements, 1918-1939*, ed. P. Weindling (Cambridge: Cambridge University Press, 1995), p. 81.

98 Theodore Brown, *International Health Before WHO*, Presentation made at Forum 10, Cairo, 29 October - 2 November, 2006, p. 14.

99 B.M. Weissman, *Herbert Hoover and Famine Relief to Soviet Russia, 1921-1923* (New York: Hoover Institution Press, 1974), p. 38.

100 Weissman, *Hoover*, p. 69.

101 Anonymous, 'Agreements with Relief Organizations', *Soviet Russia: Official Organ of the Friends of Soviet Russia VI* (1922), p. 22. <<http://www.archive.org/stream/SovietRussiaVol6and7/22-SovietRussia>> [accessed 23 January, 2012].

102 H. Beeuwkes, *American Medical and Sanitary Relief in the Russian Famine, 1921-1923* (New York: American Relief Administration, 1926), p. 85. <<http://www.archive.org/details/cu31924003454117>> [accessed 3 November, 2011].

103 J. Hoff, *Herbert Hoover; Forgotten Progressive* (Boston: Little Brown, 1975), p. 64 and Jessica Reinisch, 'Internationalism in Relief: The Birth (and Death) of UNRRA', *Past and Present* 210 (2011), Supplement 6, p. 266.

104 D. W. McFadden, C. Gorfinkel, and S. Nikitin, *Constructive Spirit: Quakers in Revolutionary Russia* (Pasadena: Intentional Productions, 2004), p. 121.

involved not only constructing hospitals, clinics and public health facilities, but aid in weaving, spinning and clothing manufacture and in the provision of horses for ploughing and transport.¹⁰⁵ Writing in 1942, Mackenzie declared that relief and reconstruction work in the 1920s gave birth to international medicine.¹⁰⁶

Global health agencies operate today within sovereign borders just as these early organizations did, by working with national authorities and other agencies under a formal agreement with the government. This remains a core – but not exclusive – element of global health action, the efficacy of which is assessed in terms of the success that the agencies achieve within countries. A recent review of the performance of such agencies by the United Kingdom Government concluded that WHO 'needs to improve its strategic focus and delivery at country level'.¹⁰⁷ UNICEF, on the other hand, is 'strong on delivery, particularly in fragile contexts' and 'demonstrates results on the ground'.¹⁰⁸ This assessment of the comparative strengths of the two agencies is long established. Kelley Lee and her colleagues observed in 1996 that:

WHO's recognised strength lies in its biomedical knowledge, its scientific knowledge base, its surveillance and normative regulations, and its data collection. Most of these activities are carried out at the global level. There is no other organisation that produces such a range of scientific information and knowledge and which also has the potential to disseminate it worldwide. Its perceived weakness lies in its limited ability to apply this knowledge at country level.¹⁰⁹

The present thesis explores the historical origins of these differentials in performance 'at country level'.

Structure of the thesis

The thesis is presented in five sections. Sections One, Two and Three explores the relationship between international health organizations and individual nation-states, beginning with relief and reconstruction in Russia in 1921-1923, extending to technical assistance to Greece and Bolivia in 1928-1930 and concluding in Section Three with technical cooperation with China from 1930 to

105 McFadden, Gorfinkel and Nikitin, *Constructive Spirit*, p. 77.

106 Sprigings, 'Feed the People', p. 109; Mackenzie, *Medical Relief*, pp. 64-65.

107 Department for International Development (DFID), *Multilateral Aid Review: Ensuring Maximum Value for Money for UK Aid Through Multilateral Organisations* (London, 2011), p. 102.

108 *Ibid.*, p. 99.

109 K. Lee, S. Collinson, L. Gilson & G. Walt, 'Who Should Be Doing What in International Health: A Confusion of Mandates in The United Nations?' *British Medical Journal* (3 February 1996), p. 302.

1941. Section Four investigates the policy contentions and interpersonal conflicts that arose during World War Two, when Mackenzie and Rajchman pursued their advocacies for a postwar international health organization and, in the aftermath of the War, when Rajchman led the new international children's agency, UNICEF, into the health field. Section Five concludes the thesis with an analysis of the inheritance conferred on today's global health bodies by antecedent organizations.

Section One: Relief and reconstruction in Russia, 1921-1923

This Section describes how a formal international presence was first established in 1921 within Bolshevik Russia. Chapter 1 reviews the literature on international support for famine relief and disease prevention in Russia at that time. Chapter 2 describes the transition from relief to reconstruction through work that Mackenzie carried out in these years, based on contemporary records that show how an intervention, which set out to provide humanitarian relief, evolved into a medical reconstruction programme implemented with the cooperation of Russian authorities. A chronology of key events relating to relief and reconstruction in Russia is listed in Appendix 3.

1: Origins of medical reconstruction, 1921-1923

Everything has been plundered, betrayed or sold; the black wings of death flicker over us. The pain of starvation gobbles everything. So why is it now so bright?

MCMXXI, *Anno Domini*, Anna Akhmetova¹¹⁰

Russia, birthplace of global health

Famine affected some 30 million Russians in the winter of 1921-1922 with scenes unparalleled since the Black Death a commonplace of daily life.¹¹¹ Some 2.5 million Russians died from typhus following the Revolution and Civil War of 1917-1921 and the resulting population movements.¹¹² The historiography of international support during the famine is described in this initial chapter, including that relating to the work of Melville Mackenzie under the umbrella of IRRC and of Ludwik Rajchman in LN-EC.

Rajchman felt that the initiatives of volunteer organisations, which characterised relief operations until this time, provided governments with an easy way to escape their obligations. He felt that it was the duty of governments to bring 'assistance and not mere relief'.¹¹³ The focus of much early research on international support to relieve famine and disease in Russia was on the contribution of ARA. This is understandable: its work was carefully documented and was initiated by Herbert Hoover, the United States Secretary for Commerce (and later President), and was funded – most

110 Translation by Elaine Feinstein in *Anna of All the Russias* (London: Weidenfield & Nicholson, 2005), p. 89.

111 Michael Asquith, *Famine: Quaker Work in Russia 1921-1923* (London: Oxford University Press, 1943), p. 23.

112 K. David Patterson, 'Typhus and Its Control in Russia, 1870-1940', *Medical History* 37 (1993), pp. 378-379.

113 Balińska, 'Assistance and Not Mere Relief', p. 94.

remarkably – by the US Congress. The humanitarian relief provided by ARA dwarfed the contributions of IRRC and of LN-EC, which have been relatively neglected by historians. This chapter draws on published sources to provide an account of international support to famine and disease in Russia during these years. The chapter explores the shift from relief to reconstruction and how it took place.

The roles of Mackenzie and Rajchman

Zoe Sprigings and Marta Balińska reported, respectively, on the work of Mackenzie and Rajchman in Russia. Sprigings noted that Balińska made no mention of Mackenzie although, for a (very brief) time, he headed the Health Section of IRRC in Russia, to which the British Friends' Emergency & War Victims Relief Committee (his British employer) was affiliated.

After putting measures in place to control the spread of cholera, typhus and malaria within the area of Russia for which the Quakers had responsibility (Buzuluk), Mackenzie set about establishing structures that would continue independent of him. This was his 'chief ambition'.¹¹⁴ When he encountered the LN-EC in Russia, Sprigings quotes him as commenting that 'there is something very fine in the united effort of nations to help the Russians ... it is a wonderful spirit that coordinates all those other countries to help the stricken one'.¹¹⁵ The LN-EC recognised his qualities and wished to recruit him. Sprigings observed that staff who engaged in Russian relief work became influential in the LNHO and beyond, with Mackenzie being a key example.¹¹⁶

The section of Sprigings' biographic essay relating to Russia is headed *Mackenzie's reaction against politics*.¹¹⁷ She judged that his experience in Soviet Russia had a fundamental influence on his belief system – the deaths of children, invasive government surveillance and the outlawing of religion convincing him that Communism was inhuman. He tried to maintain a 'bifurcation' between politics and health care and opposed the politicisation of medicine – the doctor's goal was to remain politically neutral and simply cure the sick and prevent disease.¹¹⁸ She observed that Mackenzie kept his strong feelings to himself about the causes of the problems he addressed in Russia.

Marta Balińska's account of the life of Rajchman is brief in relation to the famine. It was after a visit

114 Sprigings, 'Feed the People', p. 108.

115 Sprigings, 'Feed the People', pp. 109.

116 Sprigings, 'Feed the People', pp. 109.

117 Sprigings, 'Feed the People', pp. 108-110.

118 Sprigings, 'Feed the People', p. 103.

to Russia that he moved to Geneva in 1921 to head the LNHO (a position that he was to occupy for the next 17 years).¹¹⁹ At the time of his appointment, he was serving in the LN-EC (the Typhus Commission), together with British epidemiologist Norman White. Balińska noted that it was not the League of Nations, but Herbert Hoover who was the first to react to the Russian famine by sending some 200 Americans to Russia to distribute supplies through the ARA in 1921.¹²⁰ The focus of the LN-EC was 'to assist the States bordering upon Russia to combat a possible invasion of epidemics'.¹²¹ Nicolai Semashko, the People's Commissar of Health, agreed to meet Rajchman and White during a six-day visit, because they (as Commissioners of LN-EC) were 'dealing with humanitarian and not political questions'.¹²² The outcome was that Semashko agreed to enter into negotiations on bilateral sanitary conventions, particularly with Poland. In return, he asked that aid provided to Russia be material and not just technical.¹²³ Rajchman's report on his mission was even-handed, for a man who was soon to be labelled 'pro-soviet'. He praised Russian health staff, while criticising Soviet medical training.¹²⁴

Cause of the famine

Tikhon, the Patriarch of All Russia, appealed for help in the *New York Times* of 31 July 1921, stating 'there is famine in Russia. A great part of her population is doomed to hunger death ... The famine breeds epidemics. Most generous aid is needed immediately. All other considerations must be cast aside ... send immediately bread and medicines'. The causes of the famine were disputed at the time and since: Bolsheviks put the blame on the Western boycott of Russia, anti-revolutionary White forces and foreign-supported invasions, which exposed the Volga basin and other parts of the country to the devastations of civil war. The view of Golder and Hutchinson was that 'the boycott may probably be eliminated as an important cause ... A full explanation of the decline must include the effects of the economic policy introduced by the Bolsheviks, a policy which even the Soviet leaders themselves long ago recognised to have been disastrous'.¹²⁵ On top of these human causes of food shortage, a severe drought depleted the harvest.¹²⁶

119 Balińska, *For the Good of Humanity*, pp. 49-50.

120 Balińska, *For the Good of Humanity*, p. 50.

121 Balińska, *For the Good of Humanity*, p. 51.

122 Balińska, *For the Good of Humanity*, p. 51.

123 Balińska, *For the Good of Humanity*, p. 51.

124 Balińska, *For the Good of Humanity*, pp. 51-52.

125 Frank Alfred Golder and Lincoln Hutchinson, *On the Trail of the Russian Famine* (Stanford: Stanford University Press, 1927), p. 5.

126 Vernon Kellogg, 'The Russian Famine Region', *Annals of the American Academy of Political and Social Science* 100 (1922), pp. 106-107.

International response, 1921

By August 1921, European governments were aware of the famine and of its severity, Britain being informed through several sources.¹²⁷ That month, Maurice Pate and Herschel Walker, both serving with the ARA, entered Russia.¹²⁸ The role of private volunteer organizations in providing aid to distressed populations had grown in the immediate aftermath of World War I. The ARA European Children's Fund, which had been specifically created by the parent governmental organization to give it a non-governmental status, was the most prominent charitable organization in the field.¹²⁹ Pate and Walker (plus a third US national W. S. Johnson) were in charge of the ARA European Children's Fund in Poland, which had been operating there since 1921.¹³⁰

On 23 August 1921, *Pravda* reported that:

the representative of the RSFSR, Comrade Litvinov, signed an agreement with an American relief organization on rendering help to starving Russia. This organization is headed by the American Secretary of Commerce, Hoover.¹³¹

The *Pravda* article, which referred to the agreement that the ARA had signed at a public ceremony in Riga on 20 August, was 'spun' by the diplomatically-isolated Bolshevik Government to identify Hoover's organisation with the US Government, whereas the ARA took pains to emphasise its technical and non-official status.¹³² The lack of economic and diplomatic relations with capitalist countries was adversely affecting the Russian economy.

Collective international response, Geneva, August 1921

The historian Patenaude gives an account of the collective international response to the famine:

While the Riga negotiations were underway [with ARA], a joint committee representing the International Red Cross [CICR] and the League of Red Cross Societies called a meeting of the various national relief associations for August 15 at Geneva, where over a hundred delegates

127 TNA, CAB/24/127, Russian Famine, 5 August 1921; CAB/24/155, Foreign Countries Report, Russia, 10 August 1921; CAB/24/127, The Famine in Russia, 27 August 1921.

128 Weissman, *Herbert Hoover*, p. 38.

129 Archives Center, National Museum of American History, NMAH.AC.1199 'Guide to the American Relief Administration, European Children's Fund Collection', <<http://americanhistory.si.edu/archives/AC1199.html>> [accessed 19 September 2012].

130 Matthew Lloyd Adams, 'Herbert Hoover and the Organization of the American Relief Effort in Poland (1919-1923)', *European Journal of American Studies* (2009), para. 21.

131 Weissman, *Herbert Hoover*, p. 69.

132 B. M. Patenaude, *The Big Show in Bololand: the American Relief Expedition to Soviet Russia in the Famine of 1921* (Stanford: Stanford University Press, 2002), pp. 45-46.

representing twenty-two countries and thirty organisations met to discuss Russian relief ... There was supposed to be two High Commissioners, but Hoover, true to this principle of avoiding all unnecessary European entanglements, turned down the nomination.¹³³

A collective international effort to provide support to Russia was launched by *Le Comité international de secours à la Russie* – the International Russian Relief Committee (IRRC), which emerged from the 15 August Conference of the Joint Council of Red Cross Societies (*La Commission Mixte*). The beginnings of IRRC are chronicled by its Secretary, Georges Vaucher.¹³⁴ Hoover declined the offer to serve as joint High Commissioner of the IRRC together with Fridtjof Nansen, because US President Harding had put him in charge of organising American relief. Nansen *did* accept the post of High Commissioner but, at the time of the Conference, was travelling to Riga with Edouard Frick, who had served as delegate of the International Committee of the Red Cross (CICR) in Russia. They arrived in the city on the day (20 August) on which the historic agreement was signed by Russia with the ARA. Nansen and Frick then proceeded to Moscow where Foreign Minister Chicherin signed a similar agreement with IRRC, which specified that:

in order effectively to supervise the distribution both of gifts furnished by voluntary organizations and of any supplies furnished against governmental relief credits, the Russian Government undertakes to allow Dr. Nansen, with the approval of the Russian Soviet Government, to send into Russia such personnel as he finds necessary for the relief work, and the Russian Government guarantees them full liberty and protection while in Russia.¹³⁵

Article (f) of the Agreement required international staff to observe political neutrality. Frick sent the text of the Agreement to the *Commission Mixte*, which approved it.¹³⁶ Nansen's negotiation with the Soviet authorities was noted in the *Times* of 25 August 1921, which also reported that he had despatched an urgent appeal to Save The Children (SCF) for immediate help for Russia's starving children.¹³⁷ (The British Save The Children Fund had recently been founded by the sisters Dorothy Buxton and Eglantyne Jebb to support starving children in Austria and Germany.)¹³⁸ The rapidity of action in delivering Western aid was impressive. The *Times* article announced that the first trains

133 Patenaude, *The Big Show*, p. 46.

134 Georges Vaucher, 'Le Comité International De Secours À La Russie Et Son Haut Commissariat', *Revue Internationale de la Croix-Rouge et Bulletin International des Sociétés de la Croix-Rouge* 4 (1922), pp. 1-13.

135 Anonymous, The Nansen Agreement, Soviet Russia: Official Organ of the Friends of Soviet Russia, VI (1922) <<http://www.archive.org/stream/SovietRussiaVol6and7/22-SovietRussia>> [accessed 26 September 2012]

136 Vaucher, 'Le Comité International', pp. 2-3.

137 Anonymous, 'Facts About the Famine', *The Times*, 25 August 1921, p. 7.

138 Linda Mahood and Vic Satzewich, 'The Save the Children Fund and the Russian Famine of 1921-23: Claims and Counter-Claims About Feeding "Bolshevik" Children', *Journal of Historical Sociology* 22 (2009), p. 56.

containing food supplies from foreign countries had arrived on 21 August carrying 230 tons of cod liver oil and 130 tons of cocoa intended for the children of Samara in the Volga valley.¹³⁹

British and American Quakers had gone to Russia during the early years of the Bolshevik revolution to help people displaced as a result of the Treaty of Brest-Litovsk. Arthur Watts had been working there for 15 months with the British Friends' Emergency & War Victims Relief Committee. In the same issue of the *Times*, he outlined relief plans, quoting an official report in a Russian newspaper that '14 million people are said to be unable to exist over the coming winter without Government or foreign aid' and describing initiatives taken by the Russians. An All Russia Committee had been formed comprising some 50 representative Russian citizens, the majority non-communists, whose functions were to organise feeding stations and raise funds for the purchase of food. A dozen members of the Committee (including Professor Lev Tarasevich) were preparing to visit foreign countries to raise funds. Watts, an experienced relief worker, spelled out concisely for *Times'* readers the priority needs and informed them that Anna Haines, an American relief worker in Russia, was setting off for Samara and perhaps Buzuluk taking a small supply of cocoa, cod liver oil, soap and children's clothing.¹⁴⁰

The Governments of Britain, Belgium, France, Italy, Japan and the United States conferred in Paris at the end of August 1921. The view of Governments participating in the Paris meeting was that the organ of collective action, the League of Nations, should confine its activity to the territory of States bordering upon Russia. A request by Nansen for credits for Russia was opposed in all quarters. While the Governments were meeting, the news arrived that the non-Bolshevik members of the All-Russian Committee had been arrested. The response of Western Governments to Nansen's initiative in Russia was to encourage charitable donations and voluntary action through national Red Cross societies and non-governmental organizations, rather than to provide collective governmental support.¹⁴¹

The gravity of the famine was undoubted and it was also an undoubted fact that speedy action was required to prevent millions of human beings from dying of hunger. These views on the Russian famine, recorded at the end of September 1921, emanated from the Second Assembly of the League

139 Anonymous, 'Facts About the Famine', *The Times*, 25 August 1921, p. 7.

140 Ibid.

141 TNA, CAB/24/127, Report of International Commission on the Russian Famine, 3 September 1921.

of Nations.¹⁴² The League of Nations echoed decisions made in Paris and resolved to urge governments to support national organizations and to offer gifts in kind from the liquidation of war stocks.¹⁴³

Nansen's proposal to extend credit to Bolshevik Russia, which was specified in the Agreement with Chicherin, was considered in Brussels in October 1921, but European countries hesitated from pledging funds, fearing that this might be taken as a sign of recognition of the Soviet regime.¹⁴⁴ The British Government, however, did agree to provide surplus war stocks of medical material to the value of £100,000.¹⁴⁵

SCF, the Quakers, national Red Cross Societies and other non-governmental organizations provided immediate aid, but the relief they were able to deliver failed to address the huge problem – the task of feeding millions of people was simply beyond the capability of these voluntary organizations. On 1 September 1921, the first ship carrying ARA supplies docked at Petrograd with 700 tons of rations that had been in storage for postwar European relief.¹⁴⁶

The role of IRRC Members, which included the British Quaker Ruth Fry, was to mobilise support in their own countries for Russian famine relief and coordinate any relief efforts through Nansen. Sites of operation within Russia were coordinated – SCF in Saratov, the Quakers in Buzuluk, the Swedish Red Cross in Samara and the German Red Cross in Moscow (with a bacteriology laboratory) and in Kazan.¹⁴⁷

Arrival of American Relief Administration, September 1921

The ARA effort in Russia began in September 1921. Colonel William Haskell, whom Hoover had selected to lead, arrived with a team that included several other US Army officers, including the Director of the ARA Medical Unit, Henry Beeuwkes.¹⁴⁸ Preliminary ARA surveys of the famine areas indicated that greatly increased resources, both as regards food and medical supplies, were imperative if deaths from starvation and disease were to be averted. Hoover, together with former

142 TNA, CAB/24/128, Second Assembly of the League of Nations. Relief Work in Russia, 1 October 1921.

143 SDN, A.175/1921, Russian Relief, 1 October 1921.

144 Francis Haller, 'Secours en Temps De Paix – La Famine en Russie', *Le Temps* (Geneva, 12 August 2003), p. 2.

145 SDN, R824, 12B17220/15255, Nansen to Drummond, 27 October 1921.

146 WGBH/PBS Transcript *The Great Famine. American Experience*

<http://www.pbs.org/wgbh/americanexperience/features/transcript/famine-transcript/> [accessed 28 September 2012].

147 Vaucher, 'Le Comité International', pp. 3-5.

148 Beeuwkes, *American Medical and Sanitary Relief*, p. v; Patenaude, *The Big Show*, pp. 61-63.

Governor of Indiana James P. Goodrich, presented these facts to the American people with the result that:

Congress immediately donated \$20,000,000 for food and seed grains and \$4,000,000 worth of army surplus medical supplies. This gift, together with resources later made available by charitable organizations and individuals, finally provided a grand total of almost \$60,000,000 for food relief and approximately \$8,000,000 for medical relief. These gifts enabled America to rush food over seas and land to feed 11,000,000 starving Russian famine sufferers.¹⁴⁹

Relief to the Russian people during the famine was provided, mostly, through the ARA. The major role played by Hoover in organising famine relief to Russia is described by Benjamin Weissman, who describes ARA's competitive advantage thus:

As a private philanthropy, the new ARA was immune from the 'frictions, indecisions, and delays' imposed by formal official procedures. Yet it was able to inherit the name, the prestige, and a substantial amount of the power of the government agency it superseded. Indirectly endowed with a Congressional appropriation, the new ARA could and did undertake humanitarian tasks that were far beyond the capabilities of other welfare organisations.¹⁵⁰

Fisher observed that the ARA medical programme, although it did not restore medical practice and health organisation in Russia to its prewar standard, did however stop the process of deterioration and saved Russian institutions from being overwhelmed by the diseases that followed in the wake of war and famine.¹⁵¹ The American Friends Service (AFSC) at first worked in coordination with this American national body and had a representative, Murray Kenworthy, on Haskell's staff, an arrangement that continued until the AFSC made a separate agreement with the Soviet Government, as a part of the international Quaker relief organization.¹⁵² Anna Haines, a Russian-speaking nurse serving with AFSC, accompanied a group of Russian doctors and foreign newspaper correspondents on the first tour of inspection of the famine area and concluded that 'no scheme the Quakers could undertake would be able to touch more than a fringe of this enormous problem'.¹⁵³ Vernon Kellogg gave figures for the annual production of grain: in the *gubernia* of Samara on the Volga river, pre-war production of grain (wheat, rye, oats and barley) was about 120 million *poods* (a pood is 36 pounds); in 1920 it was 18 million and in 1921, three million. He estimated that the 1921

149 Beeuwkes, *American Medical and Sanitary Relief*, p. v.

150 Weissman, *Herbert Hoover*, p. 35.

151 H. H. Fisher, *The Famine in Soviet Russia 1919-1923 The Operations of the American Relief Administration*, 1927, (New York: Macmillan, 1927), p. 444.

152 Fisher, 'The Famine in Soviet Russia', p. 458.

153 Anna J. Haines, *Health Work in Soviet Russia* (New York: Vanguard Press, 1928), p. 4; Asquith, *Famine*, p. 15.

production was enough to feed the people of this province for one-and-a-half months. Under such conditions there was bound to be famine, unless food came from outside. He went on to describe the special care that people were taking of children:

they have set up children's homes in towns along the Volga. Children are picked up on the streets, orphans in fact or orphaned in effect by being deserted by parents unable to feed them, or they are brought to the homes by the despairing parents. The parents are not killing their children and eating them, as has been reported in some newspaper stories, but they are giving them up. And the children are collected in these homes – bare, heatless buildings – with very little food but all that the few brave women who are trying to take care of them can get.¹⁵⁴

ARA operations, generously funded by the United States' Congress, dwarfed the efforts of the Quakers and of European agencies:¹⁵⁵

By August 1922 the ARA was feeding 10.5 million Russians, with 18,073 kitchens, and supplying food, linen and medical supplies to 5,000 institutions, including 1,837 hospitals, and to the Soviet Railway Sanitary Service. Rations amounting to 1,000 calories per day were supplied to an estimated quarter of those in hospital beds until August 1923. There were medical experts like Vernon Kellogg, a physiologist and nutritionist and Hoover's special adviser on infant feeding, and the bacteriologist, Hans Zinsser. But the emphasis of its military director, Colonel Haskell, was on the distribution of food. The American agencies provided corn, milk, cocoa, wheat seed, soap, clothing, medicines like quinine, vaccines, mobile laboratories, and disinfection apparatus. However, the American approach to Hygiene was based primarily on food and soap (to combat typhus) and hair clippers, whereas the Germans deployed bacteriology, chemotherapy and sera ... Melville Mackenzie was the only British doctor and a bacteriological laboratory was only a secondary priority.¹⁵⁶

Of the total relief supplies delivered to Russia, one-tenth was for medicine, hospital supplies and clothing.¹⁵⁷ A contemporary account of the work of the ARA Medical Unit was given by Beeuwkes, the US Army doctor who directed the Unit. The ARA was the first humanitarian agency to use anthropometry to assess the nutritional status of the childhood population, using weight and height

154 Kellogg, 'The Russian Famine Region', p. 106.

155 Fisher, *The Famine in Soviet Russia*, Table 1, p. 553

156 Paul Weindling 'From Sentiment to Science: Children's Relief Organisations and the Problem of Malnutrition in Inter-War Europe' in 'Children and Childhood in Emergency Policy and Practice 1919-1994: A Special Issue to Mark the 75th Anniversary of Save the Children (UK)', *Journal of Disaster Studies and Management* 18 (1994), pp. 206-207.

157 William Horsley Gantt, 'A Review of Medical Education in Soviet Russia', *British Medical Journal* (14 June 1924), p. 1055.

measurements to determine the outcome of its feeding programmes. Beeuwkes and his US and Russian colleagues employed a formula based on weight and sitting height (the Pelidisi Index) that Von Pirquet had developed in a postwar programme of child feeding in Austria.¹⁵⁸ This is analogous to measurements, such as Body Mass Index, that are used by today's humanitarian agencies to monitor nutritional status in food-deprived populations.

Among the ARA personnel who recorded eye-witness accounts of famine relief was Rives Childs, who related how the relief was organised locally, at the *ooeyzd* level, by a five-person ARA Committee comprising a representative of local government, a representative of public education, a representative of the cooperatives, a representative of the Russian Relief Committee and a doctor.¹⁵⁹

Relief work of IRRC, November/December 1921

Roland Huntford, biographer of Nansen, records that he received a telegram on 13 July 1921 from Maxim Gorky addressed to 'all honest people'. It read 'Southeast Russia corn growing steppes smitten by cropfailure by drought. This calamity menaces hunger death to millions of Russian population'. Lenin was behind these words says Huntford and he sketches the political context.¹⁶⁰ The Bolshevik regime had crushed, with horrifying butchery, a group of Kronstad sailors who had rebelled 'against the yoke of the Communists'. Agricultural disaffection was worse. Requisition of grain from the peasants caused resentment and famine, threatening the foundation of the regime.

Gorky's appeal elicited a response from Nansen saying only the Americans could help, and urged the Soviet government to release Americans that they were holding in prison. The Russians were taken by surprise when Gorky received a response from Hoover, offering aid through the ARA.¹⁶¹

Nansen tried to outbid Hoover's organization in Riga by claiming that he could raise £10 million in credits. He went with his companions Edouard Frick of the Joint Council of Red Cross Societies and John Gorvin of the International Committee on Relief Credits to Moscow, where Chicherin signed an agreement according the IRRC similar facilities to those of ARA.¹⁶² This however required him to submit to Russian authority.¹⁶³ McFadden reported that the precedent for the Riga

158 Beeuwkes, *American Medical and Sanitary Relief*, pp. 58-59.

159 J.R Childs and J.H. Cockfield, *Black Lebeda: The Russian Famine Diary of ARA Kazan District Supervisor J. Rives Childs, 1921-1923* (Macon: Mercer University Press, 2006), pp. 38-40.

160 R. Huntford, *Nansen* (London: Abacus, 2001), p. 613.

161 Huntford, *Nansen*, p. 616.

162 Anonymus, 'Agreements with Relief Organizations', p. 22.

163 Huntford, *Nansen*, p. 618.

agreement was a prior accord between the Quakers and the Bolshevik Government for the distribution of relief.¹⁶⁴

With Western aid secured, Lenin instructed Stalin to dissolve the Russia Famine Relief Committee.¹⁶⁵ Travelling to London, Nansen found scant support for raising credits, a Foreign Office official recording that the Bolsheviks 'had thrown dust in his eyes'.¹⁶⁶ He moved on to Geneva to try to influence the governments attending the (Second) Assembly of the League of Nations. The view in Geneva was that only charitable organisations could usefully direct the kind of undertaking envisaged.¹⁶⁷ Western governments refused to grant credit to Russia at an intergovernmental meeting in Brussels. The only option left to Nansen was to appeal for private charity. He decided to visit the famine regions, beginning in the Volga. The misery he found on reaching Saratov on 28 November led to the first of a spate of grim, moving, descriptive telegrams.¹⁶⁸

He set up an organization in Russia that served as an umbrella for other charities, not all of which were favourably impressed. Erik Einar Ekstrand of the Swedish Red Cross reported that Nansen's senior staff were 'incapable of dealing with the Russian authorities' and British famine expert Sir Benjamin Robertson held strong views on the Nansen operation.¹⁶⁹ Huntford is judgmental on Nansen's efforts to organise famine relief, claiming (unjustly) that he became a 'mouthpiece for the Soviet regime', a 'Russia-fancier' who was awarded the 1922 Nobel Peace prize 'as a high-minded world-improver'.¹⁷⁰

In December 1921, Nansen stated in a telegram, after visiting Saratov on the Volga, that 'hundreds of people are dying daily. People are lying helpless in their houses without food ... We can still save millions of lives if only time left be used to utmost advantage'.¹⁷¹ His first meeting with the IRRC, as High Commissioner, was in January 1922. The audience included Rajchman, Norman White and Philip Noel-Baker, representing the League of Nations. Nansen reported the grim fact that '19 million people were condemned to die' if no help were given.¹⁷² Favourable comments were made on the operations of the Nansen Organization and its effective cooperation with other agencies

164 McFadden, Gorfinkel and Nikitin, *Constructive Spirit*, p. 61.

165 The All Russia Public Committee to Aid the Hungry – POMGOL, see Orlando Figes, *A People's Tragedy: The Russian Revolution 1891-1924* (London: Pimlico, 1996), p. 779.

166 Huntford, *Nansen*, p. 619.

167 Huntford, *Nansen*, p. 620.

168 Huntford, *Nansen*, p. 621.

169 Huntford, *Nansen*, p. 624.

170 Huntford, *Nansen*, pp. 627-628.

171 Huntford, *Nansen*, p. 621.

172 Anonymous, 'Comité International De Secours À La Russie', *International Review of the Red Cross* 4 (1922), p.

137: 'le nombre de ceux qui sont certainement condamnés atteindra 19 millions si nous n'apportons aucun secours'.

delivering relief. The Organization, however, had limited freedom of action, since it was mandated to work in close cooperation with the Russian Government and Russian voluntary organisations.¹⁷³

The body in which Mackenzie served – the British Friends' Emergency & War Victims Relief Committee – operated under the Nansen Organization (IRRC) in the district of Buzuluk.¹⁷⁴ A letter written from there in November 1921 by the Quaker Tom Copeman stated:

the sacrifice of child life is appalling. I visited a Home here with 654 children in six fair sized rooms ... just heaps of unwashed starving, nearly naked children ... They go around every morning and take out the dead from the living – latest figures from this home are THIRTY a day.¹⁷⁵

The Quakers made the initial mistake of confining their early feeding to institutions, with the result that the Homes were immediately flooded by children brought in from the rural areas. The local authorities also decided to concentrate children in a former military hospital, conveniently situated on a railway line. 'The news spread like wildfire, and the Home was flooded to many times its capacity with abandoned children who rapidly exhausted its scanty supplies. Six weeks later, in October 1921, the Quakers learned of this and despatched 10 tons of food, which arrived too late to avert disaster. By this time six hundred children were dead and in January they were still carting bodies away. The final figures attesting this catastrophic venture were: Admitted 1,300; Died 731; Fled 99, Evacuated 460; Unaccounted for, 10'.¹⁷⁶

The health measures that Mackenzie initiated on arrival in Buzuluk in May 1922 were focussed on epidemic control and included a cleaning-up campaign, supported by the issue of soap, cresol, disinfectants, and washing equipment; sanitary control of trains coming to the Volga regions; issue of rations to the personnel of hospitals to assist these to keep open; equipping hospitals; and vaccinating against cholera.¹⁷⁷

Nikitin recently identified six voluminous folders in the Samara archives containing English and (later) Russian-language reports of the goods delivered and distributed by Quakers, plus correspondence between Friends working in Buzuluk and the Soviet authorities in charge of the

173 Anonymous, 'Famine in Russia: an International Conference', *Lancet* (3 September 1921), pp. 520–521.

174 McFadden, Gorfinkel and Nikitin, *Constructive Spirit*, p. 134.

175 J. W. C. Chadkirk, *Revolution and Relief: an Investigation Into Quaker Famine Relief in the Samara Province of Russia 1916-1923* (University of North London, 1 April 1991), p. 34.

176 Asquith, *Famine*, p. 22.

177 Anonymous, 'Medical Work in Russia', *Lancet* (1 July 1922), p. 53.

foreign relief workers.¹⁷⁸

Support from the League of Nations Epidemic Commission, September 1921

Balińska stated that Fridtjof Nansen 'recognised in Rajchman a man who shared his opinion concerning the dangers for Europe if nothing was done to halt the famine and epidemics'.¹⁷⁹ British epidemiologist Norman White recalled that, thanks to Nansen's intervention, he and Rajchman were able to visit Russia for a week in September 1921. He stated that a Committee of all parties had been formed to take charge of national famine relief but members of the Committee were arrested. They succeeded in locating Professor Lev Tarasevich, the acknowledged leader of medical research in Russia who 'enjoyed the opportunity of learning something at first hand of events and medical affairs in the outside world from which he had been so completely cut off'. White had a high regard for Tarasevich, stating:

he was and is the prototype of those of our Russian colleagues who in spite of every discouragement and incredible hardship stuck to their posts and did everything possible to relieve the sufferings of their people during those years of dire misfortune. I met several such men. Of their political or ideological affiliations I knew little or nothing but they excited my deep admiration.¹⁸⁰

A 1921 Leader in the *Lancet* on the Russian famine regretted that 'the full power of international cooperation is wanting'.¹⁸¹ The League of Nations declined to engage in Russian famine relief.¹⁸² It did act, however, on its responsibility under the Versailles Treaty, to deal with epidemic disease.¹⁸³ The Rockefeller Foundation declined even this limited support. Weindling recounts that the Foundation rejected Sir George Newman's solicitation for support to the LN-EC. The Foundation did not wish to limit international health programmes to anti-epidemic measures requiring restriction of population movements, disinfection and quarantine stations.¹⁸⁴

When Nansen requested LN-EC assistance in managing the public health side of his famine relief organisation, it was arranged that a representative of the Commission would proceed to Russia to

178 Sergei Nikitin, 'Quakers and the Great Russian Famine', *Quaker Life* 1 (January 1998), p. 2.

179 Balińska, *For the Good of Humanity*, p. 52.

180 White, 'Retrospect', p. 445. Note: Tarasevitch died in Germany in 1927, see William Bulloch, *The History of Bacteriology* (London: Oxford University Press, 1938), p. 399.

181 Anonymous, 'Leader: the Famine in Russia: an International Menace', *Lancet* (20 August 1921), p. 401.

182 Huntford, *Nansen*, p. 621.

183 Anonymous, 'Epidemic Situation in Soviet Russia', *Lancet* (5 November 1921), p. 970.

184 Paul Weindling, 'Public Health and Political Stabilisation: the Rockefeller Foundation in Central and Eastern Europe Between the Two World Wars', *Minerva* 31 (1993), p. 254.

serve under him. Dr. Reginald Farrar, a British epidemiologist, who had recently retired from the Ministry of Health, readily consented to represent LN-EC there and travelled with Nansen to Russia.¹⁸⁵ The British and American Friends Relief Organizations were looking to Farrar to tackle a typhus epidemic that had taken the lives of several of their workers, but he himself fell victim. His last letter of 19 December 1921 included a draft memorandum to instruct workers in the famine area how they might lessen the risk of infection. He died ten days later.¹⁸⁶

In a chapter entitled *Assistance and Not Mere Relief* that appears within a major work on international health organisations, Balińska contrasts the large scale of the problem in Russia with the relatively small scale of the assistance from the League of Nations Epidemic Commission. Between October 1921 and June 1922 approximately five million people are thought to have died of the famine, the Volga region being the worse hit. According to LN-EC accounts, a sum of £8528 was spent on direct supplies to Russia (exclusive of supplies channeled through LN-EC by the international community), compared to £142,797 to Poland.¹⁸⁷

Launch of a reconstruction programme in Buzuluk, July 1922

When the ARA announced, in July 1922, that its presence in Russia was to end, the UK and US Friends joined forces to launch a reconstruction programme, the aim of which was to extend the work of the two Friends Units and create improvements in the wellbeing of children and adults that would survive the Quakers' departure. British Quaker Ruth Fry identified the moment in 1922 when famine relief efforts there were broadened to encompass reconstruction, and she linked Mackenzie to this initiative. She wrote that the work of Friends over the period 1921-23 changed as conditions in Russia improved, feeding being diminished, whilst medical and child-welfare work increased under Mackenzie's guidance.¹⁸⁸ More recently, David McFadden and his American and Russian colleagues elaborated on this development: teams of British and American Quakers, who were delivering food relief in the Volga valley in Buzuluk and Sorochinskoye, united in 1922 'to extend their efforts into a reconstruction phase'. With the help of Russian professionals, Mackenzie and the American physician Elfie Graff implemented a programme that combined relief and reconstruction.¹⁸⁹ A report of September 1922 describes Mackenzie being engaged in *Medical*

185 Anonymous, 'Obituary: Robert Anstruther Farrar', *Lancet* (7 January 1922), pp. 51–52.

186 Anonymous, 'Obituary: Farrar', p. 52.

187 Balińska, 'Assistance and Not Mere Relief', pp. 96-99.

188 Ruth Fry, *A Quaker Adventure; The Story of Nine Years Relief and Reconstruction Work* (New York: Frank-Maurice, 1927), pp. 190-191.

189 McFadden, Gorfinkel and Nikitin, *Constructive Spirit*, p. 121.

Reconstruction as 'senior medical officer of the British and American Friends Russian Relief Unit'.¹⁹⁰ While his priority concern remained the prevention of typhus (by means of quarantine, delousing, bathing arrangements and the establishment of a sanitary guard at Buzuluk station), aid was now extended to include food and equipment for hospitals to enable them to function satisfactorily; ambulance arrangements (carts and sledges); responsibility for an epidemic hospital; a dispensary which issued drugs, instruments and vaccines to Russian institutions; a bacteriological laboratory; and preparation of a house for a children's home.¹⁹¹ The continuing presence of the Friends in 1923 for the purpose of reconstruction was welcomed by the Russian authorities. The outcome, assessed by Ruth Fry three years after the end of the famine, was that:

something approaching normal life had returned, despite repeated poor harvests; the children looked happy and well, although some, no doubt, have not outgrown the effects of their sufferings, and the medical services, thanks to the support given by the Quakers, is considerably above the average of Russian provinces. All gives cause for believing that the long-continued efforts to help this much-tried district have made a very real difference to the condition of the majority of the population.¹⁹²

Relief combined with reconstruction was established only in a single county (*ooyezd*) of the famine area. Over the whole territory of Soviet Russia, however, some two million people were fed through IRRC-coordinated efforts. The *ooyezd* of Buzuluk was situated in the *Gubernia* of Samara and approximated, in area, to the size of Massachusetts and Connecticut. A contemporary account by American Quakers gives a profile of the *ooyezd*:

The County has a normal population of about 600,000, mostly peasants living in mud huts. Only the wealthy peasants have wooden houses. The two main towns are Buzuluk with a normal population of 15,000 surrounded by an agricultural territory, and Sorochinskoye, forty miles to the east, a town of 8,000 inhabitants. It was formerly a grain and wool center. By an agreement with the American Relief Administration, the English and American Friends accepted the responsibility for famine relief in this *ooyezd* or county, one of the worst in the famine area. The English had charge of the western part of the county with headquarters at Buzuluk (town) and the Americans used Sorochinskoye as a center for their work in the eastern half of the county.¹⁹³

190 Anonymous, 'Medical Reconstruction in Russia', *Lancet* (2 December 1922), p. 1203.

191 Anonymous, 'Medical Reconstruction in Russia', *Lancet* (2 December 1922), pp. 1203-1204.

192 Fry, *A Quaker Adventure*, p. 192.

193 Lester Jones and Rufus Jones, *Quakers In Action: Recent Humanitarian and Reform Activities of the American Quakers* (New York: Macmillan, 1929), p 145.

Special problems of a winter famine

The coincidence of winter with famine, as occurred in Russia in 1921-1923, was recognised by Shelley:

*Day after day, when the year wanes, the frosts
Strip its green crown of leaves, till all is bare;
So on those strange and congregated hosts
Came Famine.*¹⁹⁴

In the 1941 *blokada Leningrada*, mortality also rose precipitously with the onset of winter.¹⁹⁵ In Arctic conditions, daily caloric intake is greater than in temperate climates.¹⁹⁶ The onset of mass deaths from famine in the winter of 1921 was strikingly depicted by international observers. Photographs in the Nansen Archive, taken in Buzuluk in December 1921, show a pile of 70 to 80 human corpses, mostly children, who were found dead in the course of a two-day period.¹⁹⁷ Nevertheless, Russian émigrés and sections of the British Press, most notably the *Daily Express*, contested the size, scale and causes of the famine and criticised charitable aid given to economic and political enemies by SCF at a time when British adults and children were also in economic distress.¹⁹⁸

Quantification of food intake and mortality

The Bolshevik government maintained food consumption statistics that were introduced for war-time rationing. Historian Stephen Wheatcroft analysed these food intake data, which were obtained in rural areas from thrice a year surveys. His tabulations on Rural Food Consumption in the *Gubernia* of Samara (in the region of the Volga) shows an intake, after the harvest, of 3577 kcal per adult per day in October 1922. Levels were a fraction of this earlier – only 40% of the post harvest total in February 1922 (1420 kcal) and 55% in June 1922 (1960 kcal).¹⁹⁹

Death registration remained intact in Saratov, the largest city in the Volga. Wheatcroft's analysis of

194 Percy Bysshe Shelley, *The Revolt of Islam*, Canto X, XVII quoted by Michael Asquith, *Famine: Quaker Work in Russia 1921-1923* (London: Oxford University Press, 1943), p. 2.

195 Anna Reid, *Leningrad: Tragedy of a City Under Siege, 1941-1944* (London: Bloomsbury, 2011), p. 419.

196 A. Keys, J. Brozek, and A. Henschel, *The Biology of Human Starvation* (Minneapolis: University of Minnesota Press, 1950), pp. 351 & 366.

197 The Norwegian Library's database services, *A Photographic Archive of Fridtjof Nansen's Life and Work*, 6a030; Huntford, *Nansen*, p. 621.

198 Mahood and Satzewich, 'The Save the Children Fund', p. 72.

199 Stephen G. Wheatcroft, 'Soviet Statistics of Nutrition and Mortality During Times of Famine, 1917-1922 and 1931-1933', *Cahiers du Monde Russe* 38, No. 4, *Statistique Démographique et Sociale (Russie-URSS): Politiques, Administrateurs et Société* (Oct. - Dec., 1997), p. 550, Table A4.

the Saratov data show crude mortality in the city peaked in February 1922 (annual equivalent crude monthly rate of 147/1000) and still exceeded an annual equivalent crude rate of 100/1000 in May 1922. The next four months were characterised by very high, but falling death rates.²⁰⁰

Strengthening Russian health services to deal with epidemic disease and famine

Years of war, revolution and civil war left the Russian health services ill-equipped to deal with these health problems, and health care providers suffered the same privations and life-threatening diseases as the population they were serving. Anna Haines's observations on the difficult working conditions of Soviet nurses were recently revisited by Elizabeth Murray, who gives an account of how nurse training evolved. After the Revolution, the nurse was educated to work with a *political*, rather than a *religious or philanthropic* motivation, and the Tsarist title of 'sister' was abolished (in 1926) in favour of the term *medsestra*, translated as 'nurse'. At the time Haines was in Russia, a basic education (literacy) was the requirement for entry to all nursing courses.²⁰¹ Equipment needed for effective health work had been destroyed, stolen or worn out and there were no funds to replace them.²⁰²

A huge medical supply operation was mounted by ARA to rectify conditions that Beeuwkes and his team observed – poor sanitation; patients without clothing; beds with few blankets and no sheets; operating rooms with scanty dressings; pharmacies without essential medicines.²⁰³ The supply operation was complemented by the placement of US personnel in practically all medical relief districts, including one or two ARA doctors.²⁰⁴

The work of the Medical Unit of the ARA Russian Unit is well documented. It was in operation from November 1921 to June 1923 helping equip hospitals, ambulatory care centres and dispensaries (ARA was a major supplier of quinine, needed for treatment of malaria). The ARA medical staff also carried out disease prevention measures through sanitation and immunisation.²⁰⁵ A total of 47 US nationals, including 30 physicians served with the Medical Unit.

200 Wheatcroft, 'Soviet Statistics', Appendix, Table A1, p. 546.

201 Elizabeth Murray, 'Russian Nurses: From the Tsarist Sister of Mercy to the Soviet Comrade Nurse: a Case Study of Absence of Migration of Nursing Knowledge and Skills', *Nursing Inquiry* 11 (2004), p. 135.

202 Beeuwkes, *American Medical and Sanitary Relief*, pp. 6-7.

203 Beeuwkes, *American Medical and Sanitary Relief*, p. 118.

204 Beeuwkes, *American Medical and Sanitary Relief*, p. 85.

205 Anonymous, *American Medical and Sanitary Relief in the Russian Famine, 1919-1923* (Stanford: Stanford University Press, 1927), p. 427.

Horsley Gantt, medical chief of the Petrograd unit of the ARA, wrote a series of articles on Russian medical research and medical services which were published in the *British Medical Journal* between 1924 and 1927.²⁰⁶ Although Bolshevik officials took great pride in their scientific institutions, Gantt considered the biologicals, pharmaceuticals and medical equipment produced in Russia inferior to those produced in the West.²⁰⁷

The state of scientific knowledge on preventing disease transmission in the 1920s

The winter famine was accompanied by typhus and malaria, two epidemics that were fuelled by the displacement of populations. Epidemic disease claimed the lives, not only of resident populations, but of attending medical and nursing staff, as well as international workers who were delivering food relief. At the time the large international presence was being established in Russia, the scientific understanding of how these diseases were transmitted from person to person was well-understood and the technology of preventing their transmission underpinned these first essays in international health

Typhus

Typhus, which had engulfed the entire country in 1920, returned in 1922 with the famine, especially in the Volga provinces.²⁰⁸ Patterson summarised a much-quoted report on the epidemic presented by the Russian epidemiologist Professor Lev Tarasevich to the League of Nations. Tarasevich used three approaches to derive accurate estimates of typhus mortality. First, he sent questionnaires to doctors around the country seeking their estimates of cases and deaths and seeing how these corresponded to official data. Second, he attempted to evaluate official returns against the availability of health care centres, with corrections for regions beyond government control. Third, he extrapolated rates from cities and provinces which seemed to have the best data to other regions. All three methods produced estimates falling within the range of 20 to 30 million cases, some 20 to 25 per cent of the population. Allowing for a conservative average case mortality rate of 10 percent, this indicated some 2.5 million deaths from typhus in the years 1918 to 1921. Health staff were particularly vulnerable. Patterson records that in 1919-1920, some 4,000 public health physicians fell victim to the disease and 20 percent died. From 1918 to 1920, 1183 of 3500 Red Army doctors got typhus, of whom 20 percent died.²⁰⁹

206 William Horsley Gantt, *A Medical Review of Soviet Russia* (London: British Medical Association, 1928).

207 William Horsley Gantt, 'A Medical Review of Soviet Russia: III Scientific Work', *British Medical Journal* (20 September 1924), p. 533.

208 Patterson, 'Typhus', p. 373.

209 Patterson, 'Typhus', p. 379.

When the ARA arrived in Russia in the fall of 1921, great waves of refugees were sweeping the country, the great majority of them destined for Poland.²¹⁰ Mackenzie published a retrospective account of the louse control practices that he observed on the Polish-Russian frontier where:

we were for a long time disinfecting each day 10,000 refugees returning to Poland from Russia. The method of disinfestation varied according to the country and the apparatus available. In Poland, steam and cyanide were both used, the latter being employed on an extensive scale on the frontiers. At Baranowice, where the refugees arrived chiefly by train, a tunnel was built, into which hydrocyanic gas could be introduced. On the arrival of each train, all the passengers were given a blanket and told to strip, leaving their garments and all their belongings on the train. Each person was then bathed in hot water with soft soap and paraffin, while the train was backed into the tunnel, the engine uncoupled, and cyanide gas liberated in the tunnel. When the bathing of the refugees was completed, the train was pulled out of the tunnel by means of a rope attached to a locomotive and was allowed to air. In due course the passengers dressed, gave up their blankets, and continued on their journey.²¹¹

In March 1922, the Polish Government hosted a European Health Conference in Warsaw. Rajchman was anxious that the ARA and IRRC should *not* be represented, since he believed that the epidemic situation should be dealt with, collectively, by governments.²¹² Rajchman gave an overview of the typhus epidemic, emphasising the risks of a prolonged health crisis for the postwar reconstruction of the continent (the topic that was shortly to be discussed at a summit meeting in Genoa). Implementation of the resolutions of the Warsaw Conference was entrusted to the LNHO.²¹³

The state of knowledge of the cause and transmission of typhus around this time is given in a review of world-wide literature by Muriel Robertson, an early researcher on the disease.²¹⁴ She 'synopsized' the work on typhus fever at a time (1917) when 'authors were still at that stirring stage in research when they contradict each other cheerfully upon matters of fact'.²¹⁵ 'It was clear', she stated, 'when Nicolle was able to produce typhus reaction in monkeys by the injection of blood from

210 Beeuwkes, *American Medical and Sanitary Relief*, p. 28.

211 Melville D. Mackenzie, 'Some Practical Considerations in the Control of Louse-borne Typhus Fever in Great Britain in the Light of Experience in Russia, Poland, Rumania and China', *Proceedings of the Royal Society of Medicine* 35 (London: 1942), p. 152.

212 Balińska, 'Assistance and Not Mere Relief', pp. 93-94.

213 Balińska, 'Assistance and Not Mere Relief', p. 95.

214 Jean Lindenmann, 'Women Scientists in Typhus Research During the First Half of the Twentieth Century', *Gesnerus* 62 (2005), pp. 260-261.

215 Muriel Robertson, 'Recent Researches Into the Etiology of Typhus', *Proceedings of the Royal Society of Medicine* 10 (1917), p. 99.

a patient suffering from the disease that the virus was present in the peripheral blood'. 'All the authorities are agreed,' said Robertson, 'that one attack of typhus in an experimental animal confers a solid immunity against subsequent attacks'.²¹⁶ She went on to consider the work of people who thought they could either see the infective agent, or grow it:

Rocha-Lima, in 1916, found in 95 per cent. of lice from patients in a prison epidemic in 1914, large numbers of bodies which took on a red colour with Giemsa's stain. He thought they rather resembled bacteria ... Prowazek examined these bodies and considered them to be the same as those found by him in the blood of patients ... In handling the lice both Prowazek and Rocha-Lima contracted the disease, of which Prowazek died.

...

Rocha-Lima ... took lice which were presumably normal and let a certain number of them feed on typhus patients, the rest he fed on normal people under similar conditions. Those fed on the typhus patients developed the bodies described above, the other group did not show them. The author now names these bodies *Rickettsia prowazekii* ... The parasites are located in the cells of the gastro-intestinal tract of the lice.²¹⁷

Charles Nicolle was awarded the Nobel Prize (in 1928) for a discovery that stemmed from a simple observation: spread of the disease from person to person occurred among patients in the hospital waiting-room and amongst those who took charge of their clothing, but not within the hospital wards. Those suffering from the disease were not infectious after they had been bathed and dressed in hospital clothes. From this observation, Nicolle concluded that the causative agent could only be a parasite living on the patient's body and clothing – the body louse. In September 1909, he and his collaborators demonstrated that lice that had previously bitten contaminated monkeys transmitted the infection to healthy animals simply by biting them, thus establishing the body louse as a transmission agent. Typhus research carried great risks and took the lives of many scientists.²¹⁸

Henrique da Rocha-Lima named the causative organism *Rickettsia prowazekii* in memory of Howard Ricketts (1871–1910) and Stanislaus Joseph Matthias von Prowazek (1875–1915), both of whom died of typhus contracted during their scientific investigations.²¹⁹ A commercially-produced vaccine of satisfactory potency did not become available until 1940.²²⁰

216 Robertson, 'Recent Researches', p. 102.

217 Robertson, 'Recent Researches', pp. 108-109.

218 Werner Köhler, 'Killed in Action: Microbiologists and Clinicians as Victims of Their Occupation: Part 1: Typhus', *International Journal of Medical Microbiology* 295 (2005), pp. 133-140.

219 Myron G. Schultz and David M. Morens, 'Charles-Jules-Henri Nicolle', *Emerging Infectious Diseases* 15 (2009), p. 1521.

220 Joseph M. Conlon, 'The Historical Impact of Epidemic Typhus', <entomology.montana.edu/historybug/Typhus-Conlon>, (2006), p. 3. [Accessed 3 September 2013].

Nicolle's findings were put to use on a mass scale in World War One, when armies and civilian populations were affected by typhus. The disease made its appearance early in the war among Russian and Serbian prisoners in German and Austrian prison camps, and amongst civilian populations – especially in the Balkan Peninsula. The officer, V. Soubbotitch, described the practical difficulties of ridding the Serb Army of lice. One factor responsible for the spread of the 1914-15 epidemic was failure of some of the men to understand the part played by lice in the propagation of typhus. One louse control practice employed by the Serbs was, however, attended with obvious success:

Trains were formed of cars designed as steam disinfecting stoves, shower bath and bath cars. These trains were run along the railway, and the troops were taken to the stations, where the soldiers were able to take baths while their clothing was disinfected.²²¹

Another effective measure for delousing clothes was the Serbian barrel. A barrel, with its bottom removed, was placed on a water tank of the same size and shape. A grate was placed at the bottom of the barrel, which rested on a ring of canvas filled with sand, to prevent the steam from escaping. This simple method directed the steam from the tank to the interior of the cask, where it reached a degree of heat and pressure sufficient to kill both lice and eggs. When the pressure became too great, the steam lifted the cover like a safety valve.²²²

Malaria

Bolshevik Russia also faced the greatest malaria epidemic in Europe of modern times in 1922-1923. Bruce-Chwatt explained its origins in a review of Soviet achievements in malariology:

In the middle Volga basin there had been an almost complete lack of rain for two successive years. The crops suffered the first year and in the second year they were destroyed. All the domestic animals died, either from lack of food or because they were sacrificed to the hunger of the population. Great masses of people emigrated to more fortunate regions, where they became infected with new kinds of malaria, and in the meanwhile the immunity of those who stayed at home fell to a low level. The following year a great flood of the Volga ... turned all the depressions in the steppes into marshes which persisted through the breeding season. On this physically reduced population, destitute of any biological defence either of domestic animals or

221 V. Soubbotitch, 'A Pandemic of Typhus in Serbia in 1914 and 1915', *Proceedings of the Royal Society of Medicine* 11 (1918), p. 34.

222 Soubbotitch, 'A Pandemic', p. 35.

of acquired immunity, descended the hordes of *anophelines*, and to add to the tragedy returning emigrants, who had heard that the land was again productive, brought their new parasites.²²³

In 1897, the day after he discovered the parasite stages of malaria in the mosquito, Ronald Ross penned the poem:

*'This day relenting God hath placed within my hand a wondrous thing; and God be praised. At His command, seeking His secret deeds with tears and toiling breath I find thy cunning seeds, O million-murdering Death. I know this little thing a myriad men will save.'*²²⁴

Russian contemporaries of Ross laid down the control of malaria in the country on a scientific basis.²²⁵ It was known well before 1922 that the life cycle of the malaria parasite began when a bite by a female *Anopheles* mosquito infected a person with the parasite. In order to replicate Ross's findings on the role of mosquitos in transmitting malaria, the Russian malariologist V. V. Favre infected himself with *falciparum* malaria through the bite of an *anopheles* that was previously fed on an acute case of this disease.²²⁶

The parasite transmitted by the mosquito enters the host liver, where it replicates. The red blood cells of the host become infected when parasites released from the liver enter the blood stream, the presence of parasites within these cells causing illness and death. An anopheline mosquito ingests the parasite in the process of feeding on the blood of a person suffering from malaria. The parasite reproduces in its gut before migrating to the insect's salivary gland. On biting another host, the cycle of reproduction begins anew. Eggs, larvae and pupae stages of the mosquito are aquatic. Emerging adults require a blood meal to reproduce. Biting (of humans or animals) takes place from dusk, throughout the night until just before dawn. Control measures are therefore targeted at sites where the vector breeds and feeds.

The preceding description of malaria is taken from an internationally-used field manual *Control of Communicable Diseases in Man*.²²⁷ The founding editor Haven Emerson carried a copy of the manual with him while serving in France during World War 1 and later worked for LNHO in Greece

223 Leonard Bruce-Chwatt, 'Malaria Research and Eradication in the USSR: a Review of Soviet Achievements in the Field of Malariology', *Bulletin of the World Health Organization* 21 (1959), p. 739.

224 Ronald Ross 'In Exile, Reply – What Ails the Solitude', quoted by L. A. Baton & L. C. Ranford-Cartwright, 'Spreading the seeds of million-murdering death', *Trends in Parasitology* 21 (2005), p. 573.

225 Bruce-Chwatt, 'Malaria Research', pp. 733-734.

226 Bruce-Chwatt, 'Malaria Research', p. 744 fn.

227 American Public Health Association, *Control of Communicable Diseases in Man* (Washington: American Public Health Association, 8th Edition, 1955), p. 8 & pp. 103-106.

(see chapter 3). The manual remained a US national publication until World War Two, when Mackenzie was invited to participate in the preparation of the Sixth Edition.²²⁸

Early in the Soviet era, the registration of malaria patients was made obligatory and, in 1921, a Malaria Control Service was initiated together with an Institute of Malaria, Parasitology and Tropical Medicine under the leadership of Professor E. I. Martzinovsky.²²⁹ The strategy of Soviet control programmes in those years emphasised treating the carrier of the malaria parasite, a strategy that was implemented by Martzinovsky through a network of rural antimalarial stations, eight in 1921 increasing to 139 in 1924.²³⁰ Mackenzie justified the emphasis on quinine treatment to eliminate the parasite because it reduced the human reservoirs of the disease and broke the vicious circle of malaria infection and physical debility. The regimen of treatment that he instituted required the quinine to be swallowed under the direct supervision of the health staff. 'Hydro-technical' efforts he considered impractical, because of the need of water for irrigation and the enormous areas affected.²³¹ An adult showing parasites on microscopic examination of the blood received quinine daily for a week, then twice a week for four weeks. Because of the scarcity of quinine and the danger of profiteering, patients were required to attend some 50 clinics throughout the *ooyezd* for the supervised administration of the drug.²³² Mackenzie identified three types of parasites when he began microscopy in November 1922: He diagnosed over 30 percent as suffering from sub-tertian (*Plasmodium falciparum*) infection, just under 50 percent from benign tertian (*Plasmodium vivax*) and some 15 percent from quartan (*Plasmodium malariae*).²³³ As many as 2,000 passed through the Buzuluk clinic in a day and it became necessary to train staff to make the diagnosis and to administer these treatments throughout the *ooyezd*.²³⁴ He observed that during the intense cold of winter both *larvae* (in the water-butts) and adult *anopheles* (in dark corners) could readily be found in a large proportion of the peasants' houses and that a marked increase in the number of mosquitoes in a house occurred after a bundle of firewood had been brought in from the marshes.²³⁵

The only scientific conference to meet each year after the Revolution was the All-Russia Congress

228 John E. Gordon, 'Control of Communicable Diseases in Man: Golden Anniversary of a Book', *American Journal of Public Health* 55 (1965), p. 6.

229 Elena S. Izmailova, 'The System of Epidemic Control in the USSR: Short Essay on its History', *Médecines et Santé* (ORSTOM 4, 1996), p. 114.

230 Bruce-Chwatt, 'Malaria Research', p. 739.

231 Melville D. Mackenzie, 'Notes on the Epidemiology of Malaria in South-East Russia', *Lancet* (8 December 1923), p. 1225.

232 Jones and Jones, *Quakers in Action*, pp. 149-150.

233 Mackenzie, 'Notes on Malaria', p. 1226.

234 Jones and Jones, *Quakers in Action*, p. 150.

235 Mackenzie, 'Notes on Malaria', p. 1225.

of Bacteriologists and Epidemiologists. Some 400 participated in May 1922 at the Sixth Congress (which included members of the German Sanitary Commission). The Congress expressed concern about the widening area in which malaria was becoming endemic, asked for better statistics and more information about the migration of mosquitos; requested that infected troops and civilians be excluded from districts hitherto immune; called for special antimalarial centres all over the country, under the supervision of the Moscow Tropical Medicine Institute; pressed for schemes for drainage of swamps, and for more information about the winter epidemics of malaria. Assistance for the distressed obtainable within Russia herself was considered insufficient for her needs and the Congress 'begged for help from Western Europe and from America'.²³⁶

Improved implementation of Martzinovsky's programme and a wider spread of public health measures resulted in greatly improved control by 1930.²³⁷ Antimalaria treatment was, however, limited for many years because of a shortage of quinine.²³⁸ The LN-EC, in support of Russian efforts to control malaria, channeled supplies of quinine to Russia that the British Army had provided.²³⁹ The Quakers launched an appeal in 1924 for the purchase of quinine for the malaria clinic in Buzuluk so that the peasants could be kept well for ploughing and sowing.²⁴⁰ Haden-Guest reported a shortfall of 20,000 kg. in 1923. He praised the work of LN-EC Commissioners Haigh and Pantaleone and said, of the Epidemic Commission:

The groundwork for the antimalarial campaign is, however, already laid, as, apart from the general medical service which works efficiently and devotedly, there are 250 doctors who have attended special antimalarial courses organized by the Epidemic Commission of the League of Nations, and in October of this year another 100 will have completed their course. Part of this course is given by Russian doctors, professors of universities, and specialists, and part by medical men from other countries. Representative men from France, Italy, Czecho-Slovakia, and Germany have already taken part in this work.²⁴¹

The tragic consequences of the epidemic of malaria for Russian families is illustrated in a poignant story of Anna Akhmetova, whose lines from the poem *MCMXXI* head this chapter. As she was leaving to read her poems in 1921, she learned that her brother Andrey Gorenko had killed himself

236 Anonymous, 'Russian Epidemiologists in Conference', *Lancet* (20 January 1923), p. 147.

237 Bruce-Chwatt, 'Malaria Research', p. 739.

238 Izmailova, 'The System of Epidemic Control', p. 6.

239 Paul Weindling, 'German Overtures to Russia, 1919-1925', in Susan Gross Solomon, ed., *Doing Medicine Together: Germany and Russia Between the Wars* (Buffalo: University of Toronto Press, 2006), p. 43.

240 Carl Heath, 'Malaria Relief Work in Russia', *Lancet* (23 February 1924), p. 355.

241 L. Haden-Guest, 'Public Health in Soviet Russia', *British Medical Journal* 2 (13 October 1923), p. 678.

because his son had died of malaria.²⁴²

Later careers of relief staff

Pate, the ARA staff member who entered Russia in 1921, only stayed long enough to assess the famine. He travelled to Estonia where he telegraphed a report to Hoover on the very serious food situation, a step that was to lead to the organization of ARA relief to Russia. Pate continued to lead ARA relief in Poland until operations there came to an end in 1922.²⁴³ His companion on the initial ARA visit, Herschel Walker, led Hoover's team in the Petrograd *Gubernia* from November 1921 to October 1922.²⁴⁴

Patenaude observed that 'Tsaritsyn', the site of ARA's life-saving efforts of children, was the site of the great victory of the Russian people in halting the German advance (at Stalingrad) two decades later. The War's end, he said, brought a resurgence in Hoover-inspired relief to war-stricken countries, with key roles for old ARA hands.²⁴⁵ Hoover's biographer, George Nash said that Hoover was in the vanguard in the practice of organizing humanitarian relief.²⁴⁶ At the age of 72, he played a prominent role, with Rajchman, in founding the United Nations Children's Fund (UNICEF). Maurice Pate directed UNICEF during the first eighteen years of its existence.

Summary

Akhmetova's poem concisely describes a year that brought starvation and death to millions of Russians. The Bolshevik authorities were caught by surprise by the prompt response of Hoover to its appeal for assistance in 1921. The US refrained, however, from joining the coordinated action that was organised under Nansen's leadership (the IRRC), choosing rather to provide famine relief through Herbert Hoover's independent organization, the ARA. That year, the Bolshevik government made the first-ever formal agreement permitting international staff to work within the borders of a sovereign state. Western Governments encouraged voluntary action to provide famine relief to Russia, coordinated through Nansen. The collective action of the League of Nations action was focussed on preventing the spread of typhus to neighbouring countries, through LN-EC.

242 Elaine Feinstein, *Anna of All the Russias* (London: Weidenfield & Nicholson, 2005), pp. 87-88.

243 UNICEF, 'Maurice Pate: UNICEF Executive Director, 1947-1965', *UNICEF History Series Monograph X111*, (1999), pp. 18-19.

244 Beeuwkes, *American Medical and Sanitary Relief*, p. 85.

245 Patenaude, *The Big Show*, p. 740.

246 WGBH/PBS, 'Transcript: The Great Famine' <www.pbs.org/wgbh/americanexperience/features/.../famine-transcript/> [Accessed 29 July 2014]

Although the IRRC was accorded facilities similar to those of ARA for delivering relief to the famine-stricken areas, the organisation – unlike the ARA – was required to submit to Russian authority. ARA had therefore a competitive advantage. It enjoyed large-scale funding from the US Congress and was immune to 'fractions, indecisions, and delays'. The IRRC served as an umbrella for charities. The body in which Mackenzie served – the British Friends' Emergency & War Victims Relief Committee – operated under the Nansen Organization.

Rajchman persuaded the Russians to cooperate with the non-political activities of the League of Nations via its Epidemic Commission, the LN-EC. Nansen secured assistance from LN-EC to manage the public health side of the famine relief organisation, the IRRC, initially through British epidemiologist Richard Farrar, who died of typhus in Russia. In July 1922, Mackenzie and the American physician Elfie Graff joined forces to launch a programme in one county of Russia that combined relief with medical reconstruction, the aim being to create improvements to medical services that would survive the Quakers' departure.

In 1918-1921, typhus took an estimated 2.5 million lives, including those of health staff and of international relief workers. Rajchman believed the epidemic required collective action by governments, and Poland hosted an international health conference in March 1922 to tackle a health crisis that he felt was threatening postwar reconstruction. The scientific basis for controlling the spread of the typhus was well-established: effective delousing procedures ranged from exposing clothing to steam heat in a barrel to disinfecting passenger trains.

Bolshevik Russia also faced Europe's greatest malaria epidemic of modern times. Control measures targeted the sites where the mosquito vector bred and fed. Mackenzie considered 'hydro-technical' efforts impractical because of the need of water for crop irrigation and favoured treatment with quinine in order to reduce the human reservoirs of the disease.

Mackenzie believed that international health had its origins in the work of relief and reconstruction undertaken in the 1920s. Later in the thesis (in chapter 11), Rajchman is shown to play a prominent role, with Hoover, in the founding of the United Nations Children's Fund (UNICEF). Pate, the ARA staff member who entered Russia in 1921, went on to direct UNICEF during the first eighteen years of its existence.

2: Contemporary accounts of relief and reconstruction

And he took the mantle of Elijah that fell from him.

King James Bible, 2 Kings 2:14

Having examined the shift from relief to reconstruction described in the secondary literature, this chapter will now explore the perspectives of Mackenzie and Rajchman on this transition. Mackenzie was recruited to protect the health of aid workers. Once in the field, however, he assisted with relief and then organised the reconstruction of medical services. The main source of this chapter are family papers relating to Mackenzie's work in Russia. Mackenzie appreciated, from the outset, the importance of the Russian assignment and was meticulous in keeping records and preserving his reports and letters, duplicating and often despatching these to more than one recipient. He revisited his Russian experience in a monograph for the Royal Institute of International Affairs published during World War Two.²⁴⁷ Around the same time, he wrote an introduction to a documentation of the famine, compiled from reports and records written in 1921 to 1922 by members of the English Quaker Relief group, the team that Mackenzie joined in Buzuluk.²⁴⁸ The family archive also includes an undated retrospective account of his work in Russia, which include longhand revisions in Mackenzie's handwriting.²⁴⁹ The Archives of the League of Nations were also examined for this chapter and copies of documents relating to Russia, used by Marta Balińska for her biography of Rajchman, were accessed in the Archives of the *Institut Pasteur*.

* * *

The mantle of Elijah falls on Elisha

The biblical quote introducing this chapter implies that Mackenzie was the successor of Reginald Farrar, the British epidemiologist who had died from typhus in Russia in December 1921, while serving with LN-EC.²⁵⁰

A League of Nations presence in Russia was secured through the Quaker, Philip Noel-Baker. In August 1921, he telegraphed Nansen asking him to facilitate a visit by Rajchman and Norman

247 M. D. Mackenzie, *Medical Relief in Europe: Questions for Immediate Answer* (Royal Institute for International Affairs, 1942).

248 Asquith, *Famine*.

249 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia'.

250 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', p. 19.

White to Moscow 'to inquire into the extent of the epidemics and the means of assisting Russian authorities to fight them'.²⁵¹ Rajchman returned from Russia on 3 October 1921 with the information desired.²⁵² As described in the previous chapter, the UK Government limited its response to the famine to providing Russia with surplus stores. This created a problem for Nansen and he asked Sir Eric Drummond, Secretary-General of the League, if the LN-EC could assist in controlling the distribution and utilisation of medical stores, citing the *Resolution on Relief for Russia* passed by the League of Nations Assembly the previous month.²⁵³ Noel-Baker sent the following telegram to Norman White at LN-EC at the end of October 1921:

Rajchman agrees immediate appointment of Farrar [to Moscow] on conditions you propose subject to provision that he shall be responsible to your [Epidemic] Commission for distribution of all stores without exception ... Nansen leaves for Moscow in about 10 days. Could Farrar travel with him.²⁵⁴

In November 1921, Rajchman wrote to Litvinov, coordinating his correspondence with Nansen, detailing two functions that he assigned to Farrar – distribution of medical supplies as well as epidemic control. He stressed the urgency of establishing a bilateral convention on quarantine with Poland (which had been agreed on his visit to Russia), in view of the onset of winter and the attending risk of the spread of typhus.²⁵⁵ Rajchman emphasised that his letter was not an official communication from the League (of which Russia was not a member), but from the LN-EC.

On arriving in Russia, Nansen and Farrar witnessed the catastrophic effects of the arrival of the winter and sent a joint telegram from Moscow on 6 December 1921, which stated:

Have visited Saratov district. Conditions very bad and becoming worse every day as all supplies gradually being exhausted but as far as it goes splendid work of Save the Children under Webster's excellent leadership doing marvels and so is work of ARA. In children's and refugees' homes in Saratov town few weeks ago died thirty to forty daily. Now since our kitchens began only two or three in week. In Marxstadt conditions worse as kitchens only worked ten days. In one home alone died forty-two last night and morning. In village visited only eleven hundred left while two thousand died and fled westward. Survivors also threatened with destruction. Waiting immediate help on large scale in near future or prospects whole region very dark. All stations

251 SDN, R 824, 12B/15255/15255, Telegram Baker to Nansen, 30 August 1921.

252 SDN, R 824, 12B/15255/15255, Telegram Rajchman to Drummond, 3 October 1921.

253 SDN, R 824, 12B/17220/15255, Nansen to Drummond, 27 October 1921.

254 SDN, R 824, 12B/15255/15255, Telegram Baker to White, 28 October 1921.

255 SDN, R 824, 12B/17135/15255, Rajchman to Frick & Litvinov, 2 November 1921.

crowded with helpless refugees. Transport of supplies from railway stations still possible with lorries horses and camels but urgent use now. Snow soon preventing lorries and horses dying rapidly. On one day trip counted remains of fourteen horses dropped dead along road. If oats secured immediately sufficient horses can be saved for most necessary transport. Hope buy oats in Finland. Immediate action imperative now going Samara.²⁵⁶

Farrar appended a note addressed to LN-EC, saying 'Accelerate supply of medicines. Need very urgent in famine areas. Can distribute from Moscow'. Vaucher, at the Joint Council of Red Cross Societies, uncertain that this important communication had been received at the League of Nations, sent a copy of the joint telegram to Rajchman with a covering letter.²⁵⁷ Nansen sent a further grim account after visiting Samara a few days later:

Misery worse than darkest imagination/ Buzuluk district where Friends work has 915,000 inhabitants of whom 537,000 have no food left/30,405 died in September, October, November but death rate rapidly increasing and before spring at least two thirds of population will perish if help not promptly forthcoming.²⁵⁸

The politics surrounding Mackenzie's recruitment

Days after Nansen's telegram, an Assistant Port Medical Officer in Liverpool, penned the following letter to the British Friends' Emergency & War Victims Relief Committee:

With reference to your note in last week's *Lancet* asking for doctors for the famine areas of Russia, I wish to submit my name as a candidate ... During my service in Mesopotamia, I was engaged entirely in the treatment and prevention of infectious diseases, especially cholera, typhus, small-pox and plague, and have, since returning, worked especially at these diseases at the London School of Tropical Medicine. In Mesopotamia, I was especially engaged by the Army Authorities in Research Work in louse-destruction during typhus and relapsing fever epidemics and was on special work during the cholera epidemics of 1917 and 1918. I have had extensive experience of relief work among refugees from Baghdad.²⁵⁹

The letter was signed Melville Douglas Mackenzie. The Quakers were anxious to recruit a doctor simply to protect aid workers: their idealist workers did not wish to cut themselves off from the Russians to whom they were bringing famine relief and some had died from typhus.

256 SDN, R 824, 12B/17902/15255, Telegram Nansen to Frick, 6 December 1921 (Redacted)

257 SDN, R 824, 12B/17902/15255, Vaucher to Rajchman, 6 December 1921

258 The Norwegian Library's database services, *A Photographic Archive of Fridtjof Nansen's Life and Work*, 6a030.

259 Wellcome L., PP/MDM/A/2/3, Mackenzie to Secretary Friends Relief Committee, 17 December 1921.

Farrar succumbed to typhus in Moscow in December 1921, the first person to die in the service of the League of Nations.²⁶⁰ The vacancy caused by his death was immediately filled, on a temporary basis, by William Haigh, who directed the 'health section' of Nansen's organization in Moscow as well as the LN-EC work of Farrar.²⁶¹ In April 1922, he set out a lengthy assessment of his experience in performing this double role.

The Nansen organization wanted Haigh to focus on the *famine* regions rather than on *epidemic* areas. He felt that it was untenable to perform both roles and that the 'Senior Epidemic Commissioner should be free from all responsibilities of a restricting character', concluding that 'sooner or later the work of the Commission and the CISR [IRRC] being so widely different in scope, it will be necessary for us to separate entirely'. Haigh saw the need for Nansen to have a medical officer who would care for the personnel, visit the field to assess needs, coordinate Red Cross and other organizations involved in medical work, and address the neglected 'basal' problem of famine feeding.²⁶² Haigh sought to recruit Mackenzie for this task, subject to the Quakers consenting to a temporary dislocation of their plans.²⁶³ The prospect of Mackenzie arriving in Russia offered a timely solution to a problem that confronted Haigh. Rajchman had decided to suspend active cooperation between LN-EC and Nansen's IRRC.²⁶⁴ Haigh announced from Warsaw on 11 April:

Dr. Mackenzie going Russia for Quakers arrived here willing act assistant for me handle drugs if Quaker Committees and Russian head agree ... If plan carries will remove all sources of friction.²⁶⁵

In his telegram to the Quakers, Haigh says he was wiring Watts in Buzuluk for consent and pressing the Soviet government for Mackenzie's visa.²⁶⁶ Haigh's evaluation prompted a modification to the LN-EC relationship with Nansen's organization.²⁶⁷ He was informed that, because the LN-EC field of activities covered a wider area than the famine districts to which Nansen was giving relief, it was necessary that they should be independent, although in close cooperation.²⁶⁸

260 SDN, R 824, 12B/17038/15255, White to Mrs. Farrar, 2 January 1921.

261 SDN, R 825, 12B/26167/15255, White to Semashko, 11 January 1921.

262 SDN, R 824, 12B/26009/15255, Haigh to Rajchman, 22 April 1922.

263 SDN, R 824, 12B/26010/1555, Haigh to White, 11 April 1922

264 Ibid.

265 SDN, R 824, 12B/26010/1555, Haigh to Frick, 11 April 1922.

266 SDN, R 824, 12B/26010/1555, Haigh to Friends Relief Committee, 11 April 1922.

267 SDN, R 824, 12B/26010/1555, White to Haigh 27 May 1922.

268 Ibid.

Obstructions to Mackenzie's recruitment

Earlier, in December 1921, Mackenzie had written to his mother saying: ' I had two letters ... asking me to try to get to London before Saturday morning next, which day Miss [Ruth] Fry leaves for Russia.' The letter continues 'the district they want doctors for, where the cholera and typhus are, is apparently Buzuluk, Andrievka and Saratov north of Transcaucasia, Circassia, the Caspian and Black Seas and east of the Volga.'²⁶⁹

The Friends Emergency & War Victims Relief Committee was anxious to get Mackenzie to Russia as soon as possible, since typhus continued to take the lives of their workers. On 6 January 1922, the *New York Times* reported that 'Miss Mary Patterson of the English Quaker Relief Mission died within the last week of typhus contracted in the famine area'. At the very time Mackenzie was applying to join the Quakers, one of their workers was at Buzuluk railway station, writing from a goods wagon in a siding to say that she had seen 'unthinkable, terrible sights with heaps of bodies pitched liked cabbage stumps onto the grass at the cemetery'.²⁷⁰

Sir George Buchanan of the Ministry of Health, and a Member of the Health Committee of the League of Nations, put Mackenzie in touch with Norman White, who wrote to Mackenzie's employers to help secure his release to go to Russia.²⁷¹ Colonel Freemantle, a Parliamentarian and former colleague in Mesopotamia, also wrote a supporting letter and encouraged Mackenzie to proceed to Russia and devise a system of safeguards against lice such as his friend George Low devised to avoid mosquito bites.²⁷² (Low maintained good health within the malaria-infested Roman Campagna by devising measures to keep himself free from bites by the vector.)²⁷³

Mackenzie himself appealed to his employer on 12 January 1922 stating:

I have received an invitation (supported by Dr. Norman White, of the Ministry of Health as Chief Commissioner to the Epidemiological Section of the League of Nations) to join the Russian Famine Relief Expedition which is at present working under the auspices of the British and American Red Cross, the Epidemiological Section of the League of Nations, the Imperial Russian Relief and the Friends' Relief Committee. The duties for which I am required are those

269 Wellcome L., PP/MDM/A/2/3, Mackenzie to Emma Mackenzie, 27 December 1921.

270 Wellcome L., PP/MDM/A/2/1, *How Our Workers Live*, December 1921. Unattributed report, probably authored by Anna Haines.

271 Wellcome L., PP/MDM/A/2/3, Mackenzie to George Buchanan, January 1922 and Buchanan to Mackenzie, 2 January 1922.

272 Wellcome L., PP/MDM/A/2/3, Freemantle to Mackenzie, 4 January 1922.

273 Philip Manson-Bahr, 'The Malaria Story', *Proceedings of the Royal Society of Medicine* 54 (1961), pp. 98-99.

of organising the medical side of the work in connection with the rapidly spreading epidemics of Cholera and Typhus Fever (diseases which are in some areas causing 500 and 600 deaths daily), and which, as you are aware, are to a very great extent amenable to modern methods of preventive medicine ... my special knowledge would enable me to do extremely valuable work in the application of modern methods for protecting the Unit, the prevention of typhus fever and cholera in the concentration camps and hospitals and the training of personnel in the villages in preventive methods ... The recent death of Dr. Farrar has left the Relief Expedition without a doctor. The appalling state of epidemic disease in Russia which are amenable to preventive methods, combined with the fact of the extremely urgent need for a doctor with the special experience I possess makes me very deeply anxious to accept the invitation on humanitarian grounds.²⁷⁴

His employers were unmoved and refused to release him. On 21 January 1922, the Friends' Relief Committee wrote to Mackenzie saying 'we are most disappointed that your Committee will not let you go to Russia. It came as a great blow to us yesterday'.²⁷⁵ Mackenzie's immediate reaction was to write out advice to protect workers in the field and to brief new recruits to Russia concerning suitable garments, anti-louse precautions and measures to circumvent the most dangerous threats to health. On 2 February 1922, Alice Clark of the Friends' Emergency & War Victims' Relief Committee wrote to express warm thanks when Mackenzie offered to give up his post, but cautioned him on his enthusiasm for undertaking medical relief work, saying:

we see no prospect of that sort of work; we are using all that we can get for bread for the people, and therefore we cannot offer you any prospect of important relief work under our auspices. The urgent necessity is to have a competent doctor as a member of our mission to safeguard the health and lives of our workers as far as possible. I have personally little doubt that for such a doctor an important service would open up in directing sanitary work in the famine areas, but that would be outside the scope of our activities and must depend upon his initiative. It might well be that it would be a great service from our Mission to provide such assistance in medical organisation to the Russian authorities, but you will realise that we cannot in any way guarantee that work ... Dr. Haigh, who was working with our Unit in Poland, is at Moscow ... a Medical Adviser to Dr. Nansen. We are cooperating with the Red Cross and the Famine Relief Fund, but are an independent organisation.²⁷⁶

274 Wellcome L., PP/MDM/A/2/3, Mackenzie to Chairman Port Sanitary and Hospitals Committee, 12 January 1922.

275 Wellcome L., PP/MDM/A/2/3, Friends Relief Committee to Mackenzie, 21 January 1922.

276 Wellcome L., PP/MDM/A/2/3, Acting Secretary, Friends Relief Committee to Mackenzie, 2 February 1922.

This did not deter Mackenzie and, on 11 February 1922, he resigned his Liverpool appointment.

When Isaac Foot was elected to the British parliament that month, the new MP lost no time in attacking the Government for its reluctance to respond to the needs of the unfortunate people in South-East Russia. He argued that 'every child in Russia ... has an equal claim to life and happiness with the children in our own homes'. The concept of the equal right of children to life and happiness represented a new attitude toward the wellbeing of people living beyond national borders.²⁷⁷ He praised America for feeding millions of starving people there and concluded with the prophesy that 'when many other names have passed into oblivion, the name of Hoover, Dr. Nansen, and Dr. Farrar will be remembered because of the part they played'.²⁷⁸

A main obstacle to Mackenzie's immediate departure was the requirement of a visa to enter Russia.

International action to control typhus in Poland, April 1922

The Friends' War Victims Relief Committee, originally set up in 1871, was the vehicle through which British Quakers undertook international work of relief and reconstruction.²⁷⁹ Mackenzie agreed to work with the Friends for six months and, on 15 March 1922, began work in London.²⁸⁰ He wrote to tell his mother that he was gathering together instruments, drugs, equipment, clothing and tents like 'those for the Mount Everest Expedition' (In 1921, Mallory, Bullock and Wheeler had climbed to 7,020 metres on the North Col of Everest). He reassured his mother in the letter saying: apparently none of the workers stay out in Russia more than four months, so that all return within six months for a month's leave in England, as they get knocked up otherwise. So I shall be home in October. Also, apparently the danger is much over estimated as no precautions have hitherto been taken!' He added 'I am lunching next Tuesday with Colonel Fremantle at the House of Commons to meet the under Secretary of the Foreign Office!!!!'²⁸¹

There is a later note that this fact must never be revealed to Soviet Russia.²⁸² In anticipation of his work in Buzuluk, Mackenzie also contacted prominent members of the medical establishment and

²⁷⁷ A statement of children's rights, drafted by Eglantyne Jebb and adopted on 26 September 1924 by the League of Nations states 'The child that is hungry must be fed; the child that is sick must be nursed; the child that is backward must be helped; the delinquent child must be reclaimed; and the orphan and the waif must be sheltered and succoured'. See, League of Nations, *Official Journal* (Special Supplement 21, 1924) at 43.

²⁷⁸ Hansard, HC Deb 17 March 1922, vol. 151, cc 2545-626.

²⁷⁹ Fry, *A Quaker Adventure*, p. 6.

²⁸⁰ FHA, Dateline for Russian Episode: list of dates, 1921-1923, compiled by Shirley Pleydell, 1990.

²⁸¹ Wellcome L., PP/MDM/A/2/3, Mackenzie to Emma Mackenzie, 21 March 1922.

²⁸² Ibid., Note, 28 March 1922.

the *Lancet*. On March 2, 1922 Professor J. W. Stephens from the Liverpool School of Tropical Medicine sent him a list of specimens requesting that these be collected, packed and sent to him.

Despite Nansen's agreement with the Russian government (see chapter 1), there was a prolonged delay in securing Mackenzie's entry to Russia. It was not until the end of March 1922 that he was able to prepare to leave. His mother received a letter on 11 April (by which time Mackenzie was already in Warsaw), which he had written from Berlin stating:

Stackelberg, a German quarter and half Russian Doctor, met me at the station. He has just returned from Buzuluk & says things there are appalling. Apparently the Russian Secret Service is very active at present & this is probably the last time I can write you an uncensored letter. Will you please avoid in your letters to me any reference to any politics, to the War, or to any possible controversial point.²⁸³

Mackenzie's repeated pleas, in this letter, for caution in future correspondence undoubtedly stemmed from his encounter with Traugott von Stackelberg (1891-1970). Stackelberg came from a Hanseatic family and had been recruited by Nansen to work as a physician in Russia.²⁸⁴

A speech by Leon Trotsky to the Moscow Soviet on 12 March 1922 illustrates the reason for the urgency of the Quakers to get Mackenzie to Russia. Trotsky paid generous tribute to ARA and the Nansen and Quaker organizations in the speech, saying of the ARA:

today it is feeding two million, plus 30,000 hospital patients. At the same time we are to receive from America 20 million dollars, to be used to relieve Russia's famine-victims. This means that in two or three weeks' time we shall be able to feed five million adult famine-victims. If you compare the aid contributed by the ARA with that furnished by other, European organisations, you find that all of the latter put together are doing only one-tenth as much. We know that Nansen's heroic efforts were wrecked on the rock of Europe's callousness, and we know, too, that the 'Society of Friends', the Quakers, are feeding 189,000 children, and so on. These organisations have come here with their staffs, and they are doing very difficult work. Of 170 employees of the ARA, fifteen have gone down with typhus. Two members of the Nansen organisation have died of that disease – the British Dr. Farrar and the Italian Guido Pardo. The Swedish Red Cross nurse Karin Lindskog and the German Red Cross worker Dr Gerner have

283 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma Mackenzie, (Received) 11 April 1922.

284 Anonymous, 'Traugott von Stackelberg', Internationales Biographisches Archiv 08/1971, Munzinger [Online].

died, as also have two young Quaker girls, named Pattison and Violet Tillard ... I read a brief obituary of this Anglo-Saxon woman, Violet Tillard; a delicate, frail creature, she worked here, at Buzuluk, under the most frightful conditions, fell at her post, and was buried there ... Probably she was no different from those others who also fell at their posts, serving their fellow human beings ... When the Russian people become a little richer they will erect (we are profoundly sure of this) a great monument to these fallen heroes, the forerunners of a better human morality, for which we, too, are fighting.²⁸⁵

Haigh was in Warsaw to greet Mackenzie when he arrived. The Polish Government, on advice from the Council of the League of Nations, had convened there from 20 to 28 March 1922 a 'technical medical conference' to enquire into the epidemic situation in Eastern Europe and to devise measures to deal with it. Haigh, together with experts from 27 countries attended the Conference (including Mackenzie's future colleagues Berislav Borčić and Andrija Štampar, representing the Kingdom of Serbs, Croats and Slovenes, and Rajchman).²⁸⁶

While waiting in Poland for his Russian visa, Mackenzie visited loci of the typhus epidemic. He wrote on 18 April 1922 informing his mother that he had left for what is known as 'the front line' and arrived at Blüden in White Russia²⁸⁷ on Good Friday morning, spending a night in an old Carthusian Monastery where he saw his first typhus case in Poland – a convalescing member of the Friends Unit. He went on to reflect:

I can see the typhus problem is going to be most difficult, both to protect the staff and to do anything amongst the civilian population, as things are so remote from civilisation and so primitive. You see to visit this outpost I had to go 220 miles by train, then drive and ride to the village and then start work.²⁸⁸

May 5 found him still observing typhus control measures in Poland, making a long night journey to Horodec, an outpost almost on the frontier of White Russia.²⁸⁹ This was a highly malarious district of marshes and pine forest, and the work involved arranging for the protection of the personnel of

285 Leon Trotsky, 'Speech at the Ceremonial Meeting of the Moscow Soviet on the Anniversary of the February Revolution, 12 March 1922 in *The Military Writings of Leon Trotsky*, trans. David Walters (marxists.org, 1922), iv.

286 TNA, CAB/24/136, Lt. Col. S. P. James, *The International Health Conference Held at Warsaw from 20th to 28th March 1922*, 3 April 1922, pp. 4 & 8.

287 Błudzień is situated some 4 miles west of Byaroza, site of the Carthusian monastery, which is a ruin on the list of Belarus's historic architectural heritage, having become in turn a prison and a Russian army barrack.

288 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma Mackenzie, 18 April 1922, p. 5.

289 Probably Horodots'kyi, L'vivs'ka oblast in Ukraine, some 400 km from Warsaw.

the outposts and a very large Polish staff and issuing quinine to the people.²⁹⁰

At Baranowice, on the Polish-Russian frontier,²⁹¹ he observed the process of mass delousing among refugees arriving from Russia and described this retrospectively in 1943 (inaccurately dating the event witnessed in 1922 to 1921).²⁹²

Senior Medical Officer with the IRRC, Moscow, May 1922

By the time Mackenzie arrived in Moscow, on 12 May 1922, he was able to speak Russian. He recorded in a letter two days later that:

I am now acting as Senior Medical Officer in the Nansen Organization and adviser to Nansen's representative ... It involves close cooperation with Semashko, the Russian Minister of Health, and I shall meet him tomorrow. I shall have done a great deal by Wednesday 18 May, the day I leave for Buzuluk and the Volga area. I shall reach Buzuluk on about 21 May and will get stations – relief outposts – established, visit the hospitals in the area, see the state of their equipment and personnel, get out my written precautions against malaria, dysentery and cholera for the Relief Unit, and then visit Samara to inquire into the needs of the Swedish Relief Unit. Probably, I shall go to Saratov, the centre for the work of Save the Children Fund and find out what their epidemic hospitals need. I shall come back to Moscow early in June for a few days to allot and issue £10,000's worth of drugs now coming from the RAMC in England for distribution in Russia. I will return to Buzuluk, where cholera has already appeared and may be extensive.²⁹³

Mackenzie informed his mother that famine and typhus in the Ukraine were as bad as in the Volga valley, citing a careful report from Captain Quisling, Nansen's representative there, stating that 'each day 10,000 die and little help is forthcoming'.²⁹⁴

He said his next letter would be from the famine area, reporting that workers returning to Moscow from the famine areas seem dazed and worn, just like men coming back from the front in France.²⁹⁵

He was waiting for Haigh to return from the Genoa Conference, after which he would revert to his former position as Medical Officer to the Famine Relief Unit and Senior Assistant Medical Officer to Nansen.

290 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma Mackenzie, 5 May 1922, p. 3.

291 Baranovichi [in Polish: Baranowicze], now in Belarus.

292 Mackenzie, 'Some Practical Considerations', p. 152

293 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma & Kenneth Mackenzie, 14 May 1922, p. 2.

294 Ibid, p. 4.

295 Ibid.

Widening the scope of relief work in Buzuluk, July 1922

Mackenzie heard that the Russian Ministry of Health were withdrawing four doctors, who were starving, from the Buzuluk area. He arranged to take them onto his staff, requiring them to send him every fortnight a written report on each day's work, in return for rations and pay.²⁹⁶ This decision and the immediate practical initiatives during his first days in Buzuluk were executed quickly, a style of operation that he perhaps carried to Russia from his wartime military experience in Mesopotamia.

League of Nations sources reveal that the quality and widening scope of Mackenzie's work was recognised. Haigh, the LN-EC representative in Russia, wrote to Rajchman in July 1922 saying:

I have just seen Mackenzie who is doing excellent work for the Quakers, but reports that the Russians are throwing more and more responsibility on them for maintaining hospitals. Also he states that the harvest in their area is negligible, drought, locusts and grain-consuming animals have left the peasants with very little so famine will certainly carry on.²⁹⁷

Again in November, Haigh sent White a report by Mackenzie to show what he was capable of, and suggesting, as he had done before, that the Epidemic Commission could make use of him'.²⁹⁸

Preparing for winter, August 1922

The effective intervention in winter famine is not just food, but warmth. Before the arrival of winter, Mackenzie ordered a large amount of blankets and clothing. In September, 1922, he informed his mother that he was looking after children's homes, pending the return of an Australian nurse and, in October 1922, wrote: 'I have just sent an appeal to London for 30,000 blankets'. He went on to rail against useless donations, in a passage that will strike a chord with humanitarian aid workers today: 'Of course clothing for children and adults is needed, but much of the stuff sent out is useless. We have had all sorts of thin cotton stuff, bowler hats, old ladies' bonnets, even a top hat and a parson's coat. Unwanted junk from a village jumble sale. Some of it might be useful for a

296 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma & Kenneth Mackenzie, 4 June 1922, II.

297 SDN, R 824, 12B/26009/15255, Haigh to Rajchman, 29 July 1922.

298 SDN, R 824, 12B/26010/1555, Haigh to White, 6 November 1922.

fancy dress dance! Good warm clothing, very strong and not too worn is what we want'.²⁹⁹

Medical reconstruction begins, August 1922

A note by Mackenzie that is undated, but probably written in August 1922, carries the title *Concerning Medical Reconstruction* and begins 'It would be well at this stage to get some clear vision of the Medical side of the Buzuluk work, as it exists at present'. The work involved a survey of all medical institutions (including the administration and accounts); consulting local doctors and medical authorities; and selecting staff to assist in the additional work. In September, he made a plea for a stenographer to record the statistics that were coming into this office in connection with medical reconstruction.³⁰⁰

His 'Record of Medical Work' for November/December 1922 reports progress in implementing his Scheme for Medical Reconstruction. The first mentioned is the **Epidemic Hospital** which had an average occupancy of fifty-six patients suffering from typhus, relapsing fever, malaria and dysentery. 'The hospital is my little pet', confessed Mackenzie, in a separate letter 'I run it entirely and it takes all the infectious diseases for Buzuluk ... I have put a lot of work in to it'. The **Bacteriological Laboratory** gets the next mention. He states 'during the first three weeks of work, the lab had made 1161 examinations, the large majority being blood films for malaria. Specimens were sent from the local hospitals, medical practitioners etc ... its value can best be gauged by the number of examinations and from the fact that the work was not generally finished until between 10 and 11 o'clock at night'. The laboratory was constantly in work examining sputum for tubercle bacilli, blood films for malaria & relapsing fever, stools for intestinal parasites, discharges for gonococci, as well as specimens removed at operation. A **School Clinic** treated all children in Buzuluk town. The work included the supervision of the hygiene of schools, treatment of scholars at the clinic and at their homes; vaccination & inoculation and the detection of tuberculosis. A **typhus isolation point and ambulatories**, employing two doctors and four feldshers, completed a month of work with an average of 200 patients presenting daily for treatment. The **Children's homes** were being supplied by blankets and mattresses. An **Invalid Kitchen** provided meals to children and to adults referred by health staff.³⁰¹

Mackenzie produced a film in 1923 demonstrating the work in Buzuluk, including the system of

299 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma & Kenneth Mackenzie, 10 September 1922, p. 6.

300 Wellcome L., PP/MDM/A/2/2, Medical Reconstruction, Undated. [Letters addressed to his mother and brother Kenneth on 1 & 8 October 1922 were in typescript].

301 Wellcome L., PP/MDM/A/2/2, Mackenzie, Records of Medical Work, November-December 1922.

supervised administration of quinine, which is preserved in the Quaker Archives.³⁰² Cooperation with the Soviet authorities was an essential part of his reconstruction initiatives, which included providing 'assistance to medical students in this *ooyezd* and feldshers, whose course has been interrupted by the Revolution, and who are unable to complete their training owing to poverty'.³⁰³

The aim of Mackenzie's scheme of reconstruction was to extend the work of the Friends' Unit beyond simply delivering relief. This was initiated for the purpose of putting in place institutions and practices that would survive his departure.³⁰⁴ The scheme was launched in parallel with agricultural efforts by the Relief Unit to produce local food supplies that could be sustained. Not for the last time in his career, Mackenzie reached beyond his own discipline to join in these reconstruction activities, helping to secure horses for ploughing and providing veterinary care for them. He confessed in a letter home that 'as patients, I like children and horses best'.³⁰⁵

A failed plan for nurse training, September 1922

One part of Mackenzie's medical reconstruction scheme failed, namely a proposed training centre for nurses, which was blocked by the Soviet authorities because he insisted on an experienced international nurse leader, rather than a local Russian. At this time, the British humanitarian, Lady Paget, had launched an initiative to advance the quality of Russian nursing in order to sustain improvements in infant and child survival. She attributed high infant mortality in Russia to malnutrition and a shortage of medical supplies, lack of personnel trained in nursing and mother care, and inadequate children's clinics. To remedy this, she proposed to establish, with the help of British philanthropy, a central hospital for mothers and children, a child welfare centre and a training school. In 1922, she secured an agreement to accomplish this, which was signed by Anatoly Vasilyevich Lunarchsky.³⁰⁶ On 1 September 1922, Muriel Amy Payne, a Quaker nurse working in Buzuluk, secured the agreement of the Government, as Paget's representative, to bring to Russia a training team comprising one British doctor and eight to ten nurses.³⁰⁷ Lady Paget, after being briefed by Payne in Latvia, paid a three-day visit to Moscow where she met members of the Nansen organization and SCF. She reported that officials of the Ministry of Education were 'handicapped by

302 FHA, *Quaker relief - World Wars I and II* [videorecording], Volume 1, 'New Worlds For Old : Quaker Relief in Stricken Europe, 1923', AV/VT/47a.

303 Wellcome L., PP/MDM/A/2/2, Medical Reconstruction, 27 August 1922, p. 2.

304 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', p. 153.

305 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', p. 180.

306 SDN R 845, 12B/27021/15255, Note on Infant Mortality in Russia, 1922.

307 SDN R 845, 12B/27021/15255, Scheme for the Establishment of a Public Health and Child-Welfare Training in Connection with Medical Relief for Russian Children, 1 September 1922.

total lack of executive female personnel through whom to carry out a constructive health programme'.³⁰⁸

The Paget proposal envisaged twin-site training, in Moscow and in the famine areas, of some 60 nurses a year.³⁰⁹ On 20 November 1922, Paget wrote to solicit support from Rajchman for the training programme, commenting that the 'Friends and SCF in Russia suffer from the fact that no trained child welfare specialists are consulted as to the most scientific way of distributing supplies'.³¹⁰ Nansen endorsed the proposal stating 'what is most needed now is reconstructive help i.e. to help the Russians to help themselves and that is even more important than direct relief work in the form of feeding etc'.³¹¹ An anonymous report on medical conditions in Russia, drafted in support of the nurse training proposal, has the language and style of Mackenzie. This states that half of the Russian health staff had died or were incapable of work owing to illness or starvation. Due to economic conditions, thousands of hospital beds had been closed. The Russian doctors, the writer continued, were 'a splendid type of man' and were often responsible for three hospitals, 40 miles apart, with perhaps four feldshers to help. There were practically no trained nurses and the public health nurse was unknown in Russia.³¹² The writer records that he had:

seen comparatively strong boys die simply and solely for want of special treatment and knowledge, on the parts of the nurses, to help them through a period of sickness of sometimes only a few days. In one home where most of the children had dysentery, the Matron put them on a diet of oatmeal, cod liver oil and black bread. The children not yet infected were found to be having their meals in the same room with the sick children. They soon all succumbed.³¹³

The proposal however did not progress. On 26 February 1923 Paget again wrote to Rajchman inviting him to a meeting in London to discuss the structure of a British Medical and Nursing Unit for Russia.³¹⁴ He attended and made the practical suggestion that the training take place in existing Russian hospitals.³¹⁵ A Constitution for the International School of Nursing and Child Welfare for Russia was drawn up, citing Rajchman as 'advisory', and it was sent to him explaining the difficulty

308 SDN R 845, 12B/27021/15255, Report on Visit to Moscow and Need for Child Welfare Programme, 10 October 1922, p. 2.

309 Ibid.

310 SDN R 845, 12B/27021/15255, Paget to Rajchman, 20 November 1922.

311 SDN R 845, 12B/27021/15255, The Need of the Trained Nurse, Nansen to Paget, 20 November 1922.

312 SDN R 845, 12B/27021/15255, Scheme for Sending a Unit of British Nurses to Russia: Report of Medical Conditions in Russia, 1922.

313 Ibid., p. 2.

314 SDN R 845, 12B/27021/15255, Paget to Rajchman, 23 February 1923

315 SDN R 845, 12B/27021/15255, Muriel Payne to Rajchman, 3 March 1923

in raising funds, 'because of the political difficulties between England and Russia'.³¹⁶ Rajchman objected to the listing of his name on Paget's Organizing Committee and refused to provide a letter of endorsement, although he promised to help in a 'non-official capacity' and offered the assistance of Maffeo Pantaleoni, LN-EC Commissioner in Moscow.³¹⁷ A year later, Muriel Payne reported a change of plan, namely to bring to Britain two or three English-speaking Russian nurses, who would then be part of a Unit that would proceed to Russia 'at a date not too far distant'.³¹⁸ Mackenzie's difficulties in Buzuluk foreshadowed those of Paget's nurse training initiative. His insistence on having a non-Russian leader had the same outcome as Paget's. Neither scheme materialised.

Invigorating medical work through medical practitioner training, December 1922

In his Record of Medical Work for December 1922/January 1923, Mackenzie reported that he had given a series of lectures and demonstrations to all medical practitioners in the town to invigorate medical work in the district. The programme comprised:

the lecture & demonstration, a cup of tea and biscuits, discussion of medical matters for the rest of the evening. The meetings had been greatly valued by the medical men, who had no opportunity of getting in touch with contemporary medicine since 1914. The subjects dealt with had been the ordinary use of a laboratory for diagnosis, special groups of bacteria, outlines of the administration of anti-tuberculosis measure in England etc. A local doctor had been booked to speak on the treatment of typhus and the local surgeon to follow on the surgical complications of typhus. These meetings had been fully reported to England because it was felt that many scientific men there would be glad to help Russia on these lines. Emphasis was laid on the desire for knowledge in those who had been starved of all forms of literature and learning for the past eight or nine years. It was hoped that money might be sent out for the purchase of books, as none of the doctors read English.³¹⁹

From relief to reconstruction in Pugachev, January 1923

In a letter dated 20 January 1923, Mackenzie explained why he decided to stay on in Russia beyond the six months originally envisaged. The job of commanding the Quaker unit in addition to the Medical Reconstruction programme was proving strenuous. He had received repeated appeals for

316 SDN R 845, 12B/27021/15255, Muriel Payne to Rajchman, 4 July 1923.

317 SDN R 845, 12B/27021/15255, Rajchman to Muriel Payne, 10 July, 1923.

318 M.A. Payne, 'Nursing in Russia', *British Journal of Nursing* 72 (1924), p. 67.

319 Wellcome L., PP/MDM/A/2/2, Records of Medical Work, November-December 1922.

help from a neighbouring part of Russia – Pugachev – giving terrible details of the famine there, worse than in Buzuluk. He and an American and two Russians colleagues undertook careful investigations in the district, establishing that there was little or no food in the villages.³²⁰ The outcome of the investigation was that British and American Relief Units fed 20,000 people in Pugachev for a period of three months.³²¹ Mackenzie also extended his Medical Reconstruction Programme there. He returned to England in the spring of 1923, for leave and fundraising, but was back to Buzuluk in May 1923.³²² One of Mackenzie's last letters from Russia, dated 26 June 1923, reported that he was arranging to work in England from 1 September 1923:

As far as I am concerned, all will be finished in another month, but instead of completely closing the mission in August, it has been decided to continue to work on Medical Reconstruction and horse buying, but to stop the feeding and all other work. There will be a small centre of about ten relief workers, including a doctor.³²³

The American doctor, Elfie Graff, continued the work.³²⁴

Return to Britain, August 1923

An aside in a scientific paper that Mackenzie published in the *Lancet* in 1923 states that 'one unit staff who had been in perfect health throughout developed subtertian [i.e. *plasmodium falciparum*] malaria three weeks after leaving Russia, the blood showing a heavy infection with small rings and crescents. This attack of malaria, which was due to a latent infection, was precipitated by an attack of relapsing fever and developed immediately after the latter'.³²⁵ The unfortunate staff member with louse-borne relapsing fever and malaria was probably Mackenzie. He returned to the UK, critically ill with these conditions and was admitted on arrival (on 9 August 1923) to the City Infectious Diseases Hospital in Newcastle-upon-Tyne where he remained for four weeks.³²⁶

320 Wellcome L., PP/MDM/2/8, Mackenzie to Emma & Kenneth Mackenzie, 23 January 1923.

321 'For the famine year 1921-1922, the program of the Friends called for the feeding of adults and children in Buzuluk ...The following year feeding was extended to the Pugachev uyezd, which made a much slower recovery than many other parts of Russia. This year, moreover, the Friends devoted a large portion of their resources to reconstructive relief, notably in the purchase of horses for the peasants and by importation of tractors. The Friends continued their work in Russia after the withdrawal of the ARA, emphasising reconstructive measures'. Harold Henry Fisher, *The Famine in Soviet Russia, 1919-1923* (New York: Macmillan, 1927), pp. 458-459.

322 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', p. 177.

323 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', Mackenzie to Emma Mackenzie, 26 June 1923, p. 175.

324 Anonymus, *Wellesley in the Great War* <<http://www.ourstory.info/library/2-ww1/Wellesley.html>> [Accessed 24 March 2011] '[in] 1923, when the balance of the Wellesley Relief Funds was given to Mabelle C. Phillips and Dr. Graff to help them in their work under the Society of Friends in Russia, at Buzuluk, in the heart of the famine area'.

325 Mackenzie, 'Notes on the Epidemiology of Malaria', p. 1225.

326 Haswell, *The Doctor*, pp. 111-112.

The health situation in Russia at the time of Mackenzie's departure is captured in a report by White to the Assembly of the League of Nations. Epidemics still prevailed, but conditions were less threatening than in the previous year. The widespread prevalence of malaria was a cause for concern, as were the persisting foci of cholera infection – a problem that was engaged by assisting Russian authorities to evaluate the relative efficiency of various methods of cholera vaccination. The LN-EC representative had arranged postgraduate courses for Russian public health officials, arranged interchange of public health personnel, supplied Russian authorities with essential equipment to fight epidemics and collected a large amount of epidemiological information.³²⁷

Mackenzie's account in the Times of the Russian malaria epidemic, 5 November 1923

After his convalescence, Mackenzie drafted an article for the *Times* on the Russian malaria epidemic, which he foresaw as having serious consequences for the development of the country. The Editor, Geoffrey Dawson, asked if he could publish the article under Mackenzie's name.³²⁸ The article appeared under a Mackenzie by-line on 5 November 1923.³²⁹ The newspaper reproduced the article six decades later, in 1988, in its *On This Day* series.³³⁰ The 1988 article was, however, redacted, omitting a concluding paragraph which read:

From a healthy country, inhabited by a virile, energetic peasant and Cossack population, South Russia is changing to a highly malarial centre with a corresponding physical degeneration ... those who love the Russian people, as opposed to the alien race which at present controls Russia, are appalled at the tragedy which threatens them and its future.³³¹

The 1923 article was recycling a myth propagated by the Whites that the Bolshevik leaders (Lenin apart) were Jews, a myth that had gained currency in Western circles.³³² Mackenzie alluded to the myth in a 12-page uncensored letter that he wrote in August 1922 from Helsingfors (Helsinki), where he had taken the ailing Quaker leader Arthur Watts. This is a key letter in the family archive, because of the graphic description it gives of the misery, squalor and political intrusion in the lives of the Russian people and because it sets out the ethos of humanitarian aid – 'feed the people and prevent diseases and be damned to their politics'. In the letter, Mackenzie writes to his mother of his distress at the attacks on religious beliefs and in the renunciation of religion, lamenting that:

327 SDN, R 824, 12B/30750/15002, C.590.1923.III Annex, Report by Dr. F. Norman White, 5 September 1923, pp. 2-3.

328 FHA, MDM 2, Dawson to Mackenzie 10 October 1923.

329 FHA, MDM 2, Day Editor to Mackenzie, 22 October 1923,

330 Melville D. Mackenzie, 'A New Scourge in Russia', *The Times* (5 November 1988), Article 6.

331 Melville D. Mackenzie, 'A New Scourge in Russia: Bane of Malaria. Rapid spread of the disease', *The Times* (5 November 1923), p. 15.

332 Figes, *A People's Tragedy*, pp. 676-677.

Christianity had been completely officially overthrown ... The sadness and misery in Russia today may well be attributed to this renunciation. The Government today consists almost entirely of Jews – comparatively few Russians and almost all the government agents are Jews, idealists in some cases but if so impracticable or else absolute rogues.³³³

Mackenzie's wife, Faith, put this important letter in the public domain when she provided the Russian correspondence to the Friends' House Archive. It is also included in the family archive donated to the Wellcome Library. The family did not withhold this because they knew that Mackenzie held no racial or anti-semitic prejudices. This is evident in letters concerning 'Maria'. Soon after Mackenzie and Faith married in 1934, they engaged a thin down-and-out woman, with no references, as a resident housemaid. A letter of 26 October 1935 states that Maria was called to the Swiss Police and told 'that she must not take work in Switzerland & must be deported back to Germany'.³³⁴ Mackenzie stated that the consequences for her were 'actual starvation here or I should imagine imprisonment there'. Faith 'put up a fight' and got permission for Maria to work for them, getting permission for her to stay 'as a concession to the League Diplomatic Immunity'. The Police allowed Maria to stay with the Mackenzies, but only as long as they employed her: otherwise she would be transported back to Germany. The letters show that Maria was still in their employment in 1937.³³⁵ A photograph taken in Geneva c.1940 shows her caring for the Mackenzie's infant son, Andrew. Her name was Maria Gerstmann and, after the Mackenzie family made their way back to the UK at the time of the fall of Dunkirk, she continued to live in Geneva.³³⁶ It seems likely that Maria was a Jewish refugee.

Mackenzie's occasionally used a language of prejudice in letters, for example in describing travelling companions.³³⁷ His correspondence shows, however, no evidence of an anti-semitic basis for his relationship with Rajchman. In letters from 1928 to the mid-1930s, Mackenzie refers to Rajchman in terms of respect and admiration. Antipathy only emerged after a decade of working with him. It will be shown in chapter 7 that the relationship began to sour at the outset of the Sino-Japanese War. The roots of the antipathy appeared in 1937 and its basis was Rajchman's penchant for intrigue – a trait that offended many people. It will be shown in Section Four that the antipathy was sustained when Rajchman began back-channel advocacy for an international health service that

333 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma Mackenzie, 13 August 1922.

334 Wellcome L., PP/MDM/B/10, Mackenzie to Emma and Kenneth Mackenzie, 26 October 1935.

335 Wellcome L., PP/MDM/B/12, Mackenzie to Emma and Kenneth Mackenzie, 21 September 1937.

336 Andrew Mackenzie, Personal Communication.

337 Wellcome L., PP/MDM/B/1, Mackenzie to Emma Mackenzie, 25 November 1923; PP/MDM/B/11, Mackenzie to Emma Mackenzie 7 September 1937; PP/MDM/B/13, Mackenzie to Faith Mackenzie, 13 March 1939.

diverged widely from the postwar international health organization that Mackenzie was pursuing through official channels.

The path of Mackenzie's career after returning from Russia

Sprigings found no material in the UK National Archive relating to Mackenzie's activities on his return from Russia.³³⁸ In the Family Archive, however, two letters show that he was *en route* to British Columbia in November 1923.³³⁹ The terrible experiences encountered during his lengthy assignment in Buzuluk must surely have affected him. The phenomenon of vital exhaustion or 'burn-out' is now a recognised consequence of severe stress and high ideals experienced in the helping professions.³⁴⁰ Mackenzie coped by going to work in a lumber camp at Revelstoke in British Columbia, where he became a good woodsman, skilled with the axe and with horses.³⁴¹ The recuperation was short. In February 1924, Mackenzie was back in Europe, accompanying Scottish child health specialist, Helen Mackay, on an assignment to Germany for the Friends' British Medical Commission.³⁴² Their visit was at a time of rising unemployment following the collapse of the German currency. In the course of a month, the two physicians visited Berlin, Leipzig, Munich, Mainz, Cologne, Essen, Breslau, Freiberg, Dresden, Nuremberg and small towns of the Ruhr. They sought out quantitative health and nutrition data, a practice that Mackenzie was to follow in his future country visits. The tone of their findings on social conditions, food consumption and the state of health and nutrition of German children was reassuring. Between the lines, there is the hint that the condition of the children they saw in Germany was not too dissimilar to that of children in Britain.

Legacy of international assistance to Russia

An assessment of Mackenzie's qualities, made after his return from Russia by Francis Freemantle, Chair of the Parliamentary Medical Committee, stated that he combined 'professional ability and resource, practical common sense, tact and power of command of men of all rank, races and classes, with vision, zeal and personal charm ... he has as wide a view of the potentialities and ideals of

338 Sprigings, 'Feed the People', pp. 110-111.

339 Wellcome L., PP/MDM/B/1, Mackenzie to Emma and Kenneth Mackenzie, 25 & 26 November, 1923.

340 Anonymous, 'What is Burnout Syndrome?', National Library of Medicine - PubMed Health [Accessed 26 December 2013]

341 Andrew Mackenzie, Personal Communication, 20 January 2013

342 H. M. M. Mackay & M. D. Mackenzie, 'The Present Health of German Children', *Lancet* (24 March 1924), pp. 615-618.

public health as any junior man that I know'.³⁴³ Mackenzie's Russian experiences had reinforced his zest for public health and he had seen that epidemiological skills could provide a wedge to enter into broader realms of medical reconstruction.

As the threats of famine receded, the funds that supported an international presence in Soviet Russia dried up. Rajchman persisted, however, in maintaining an LN-EC presence. In concluding his report on the malaria and cholera situation to the League of Nations Assembly in September 1923, Norman White emphasised that 'these are matters of real international importance'. Hans Zinsser was recruited to help Russian bacteriologists with a proposed large-scale cholera vaccine study.³⁴⁴ White returned to Russia for a malaria conference in January 1924. The visit put the LN-EC relationship with the Soviet health authorities on a still more friendly footing and White concluded that there was still a great deal that an Epidemic Commissioner might do in Russia. He was in Moscow at a momentous time. On 20 January 1924, he wrote to Rajchman saying:

the political situation in Russia just now is very interesting, somewhat obscure and seemingly 'explosive'. Trotsky's (?temporary) downfall is surprising. I had a ticket for the opening meeting for the Soviet on Friday ... but I could not wait.³⁴⁵

At the XIII Party Conference of 16 -18 January 1924, Trotsky was denounced 'for petit bourgeois deviation'. On 21 January Lenin died and Stalin stepped into his shoes, beginning a three-decade era of totalitarian rule.

The LN-EC maintained its presence in what became, in 1924, the Soviet Union. Henri Cazeneuve, who succeeded Pantaleoni as Commissioner, participated in 1925, with Professor Vladimir Aleksandrovich Barykin, in the control of a cholera epidemic in Rostov-on-Don. In 1936 Stalin 'liquidated Mr Kamenev and many others who had operated with the ARA'.³⁴⁶

Mackenzie considered that the relief and reconstruction work after the Great War was the birth of international medicine.³⁴⁷ His reflections in 1942 on humanitarian relief and medical reconstruction were preliminary to thoughts that he expressed on establishing a permanent health organization on the cessation of World War Two. Mackenzie saw 'permanent reconstruction' in a postwar

343 Sprigings, 'Feed the People', p. 110.

344 SDN, 12B/29911/15255, Zinsser to Rajchman, 25 June 1923.

345 SDN, R825, 12B/33605/15255, Norman White to Rajchman, 20 January 1924.

346 AIP, RAJ C. 3, Generalités, Henry C. Wolfe, 'Kruschev didn't Remember' (un-named newspaper clipping), 1970.

347 Mackenzie, *Medical Relief*, pp. 64-65.

international health organization as a continuity from relief work.³⁴⁸ He looked to science to provide lasting health benefits.³⁴⁹

The prerequisites for an international organization achieving and sustaining improvements in health within a country are not just technical. Equally important is the social and cultural context. Mackenzie took pains to learn the Russian language, showed trust in his Russian colleagues and respect for the men, women and children in the *ooyezd*. His political insights however, seem not to have been profound. It was said of Rajchman (in relation to China) that his motives were 'more political than hygienical'.³⁵⁰ With Mackenzie, it was the reverse. The man who went on to achieve considerable success in international health over the subsequent three decades displayed great technical skills in Russia that were well-recognised at the time.

The roles that Mackenzie prescribed for international health workers have a contemporary ring. Writing on the selection of those who would be responsible for the actual carrying out of the work in various countries, he stated that 'in addition to sound technical knowledge, the ability to work as a team with doctors of nationalities other than their own is a primary qualification for the work'.³⁵¹ Those proceeding on country missions should be 'able to appreciate the outlook of the people amongst whom he is called upon to work ... knowledge of the languages, though a valuable asset, is of secondary importance'.³⁵² In respect to their tasks, Mackenzie made a plea to avoid the temptation of embarking on work superficially: 'The standard of all technical work should reach a level that places it beyond criticism' and those involved 'should be chosen only on the grounds of technical proficiency and suitability for the work proposed without consideration of political expediency'.³⁵³ He called for the implementation of technical activities that had borne a full harvest in the past, suggesting that the disciplines be amplified to cover scientific and administrative fields of work.³⁵⁴ He foresaw great enlargement of the successful practice of providing experts to advise governments, drawing on the pooled experience of many countries.³⁵⁵

Experiences of other international staff in Russia influenced the subsequent operations of interwar and postwar health organizations. Rajchman went on to lead the collective action of nations to help

348 Mackenzie, *Medical Relief*, p. 61.

349 Mackenzie, *Medical Relief*, p. 62

350 Sprigings, 'Feed the People', p. 117.

351 Mackenzie, *Medical Relief*, p. 63.

352 Ibid.

353 Mackenzie, *Medical Relief*, p. 65.

354 Mackenzie, *Medical Relief*, pp. 65-66.

355 Mackenzie, *Medical Relief*, p. 66.

China improve the health of its population in the 1930s. Pate's prompt response to the Russian appeal in 1921, on behalf of ARA, was characteristic of his later leadership of UNICEF. He put the agency in the forefront of humanitarian action during the Hungarian uprising of 1956 and at the outbreak of the Congo crisis in 1960, by going personally to Budapest and to Leopoldville.³⁵⁶ The Russian experience influenced post-World War Two policies on nutritional relief, which were to strive to make it possible for a child to remain at home, rather than to uproot it in the hope of providing better conditions elsewhere – the aim of relief measures being to raise the level of nutrition in the whole family.³⁵⁷ These policies were conceived to avoid the type of child care witnessed by Mackenzie and his Quaker colleagues in institutional settings in Russia in the 1920s.

Conclusion of Section One

Support to the starving people of Bolshevik Russia by capitalist countries in North America and Europe was an act of extraordinary benevolence, which would be forgotten, but for the interest of scholars in documenting this early example of coordinated international humanitarian aid. The people of many nations who went to serve in Russia (often at the cost of their lives) were moved by the suffering of the children and deplorable health conditions of the people. This was a moment in history when efforts were mobilised, internationally, to help millions of people in Russia to survive. It was a practical instance of the global concept discussed in the Introduction: that the children, women and men of one country were considered to have an equal right to the health conditions that people enjoyed beyond its national borders.

Mackenzie identified the birth of international health with the medical relief and reconstruction undertaken in the wake of World War One.³⁵⁸ This view receives support from historiography cited in chapter 1. The LN-EC, established in 1920 to control typhus in displaced populations, operated first within Poland, then in Soviet Russia and Ukraine, Latvia and Greece. This Commission, in which Rajchman served, was considered by Norman White to be the 'first essay in international cooperation' in health. Paul Weindling considered that the famine relief measures in Soviet Russia in the 1920s, in which Mackenzie participated, represented 'one of the first instances of modern disaster relief with efforts to coordinate the work of relief teams'.

Further evidence that post-World War One relief initiatives were the genesis of current practices in

356 John Charnow, *Maurice Pate* (UNICEF History Series, Monograph X111, 1989), pp. 13-14.

357 Lord Horder, 'Post-War Nutritional Relief', *Proceedings of the Nutrition Society* 2 (1944), p. 199.

358 Mackenzie, *Medical Relief*, pp. 64-65.

global health is furnished by documentation describing how Lenin's Russia gave formal permission to international personnel to work within its borders – the first nation to do so. The agreement between ARA and the Soviet government and similar agreements with the Quakers, IRRC, LN-EC and others, to establish a presence in the country, were the basis of all later cooperative arrangements between sovereign states and global agencies.

Several practices that international staff brought to Russia are applied today. Although Mackenzie was hired initially only to protect aid workers, he involved the local population in the disease control measures he sought to apply; established a system for administering drugs under direct supervision to microscopically-positive cases of malaria; discouraged inappropriate humanitarian donations; combined relief with reconstruction; and attempted sustainable health improvement as part of a wider programme of economic reconstruction within a defined geographic area. The ARA developed an efficient system of supply logistics and employed anthropometric measurements in child feeding programmes. LN-EC brought the concept of 'assistance and not mere relief' to humanitarian operations, introduced local training in modern methods of public health, planned interventions based on epidemiological intelligence and offered assistance in organising national trials of preventive vaccines.

Section Two: Technical assistance to reform health services in Greece and Bolivia

This Section comprises two chapters. Chapter 3 records the initiatives of Mackenzie in 1928-1929 to extend interventions for the control of dengue fever in Greece into broader areas of technical assistance to help the country to establish a national health service. Chapter 4 is an account of his assignment to Bolivia at the beginning of the 1930s, an era in which LNHO began to collaborate broadly with national health authorities, rather than assisting them narrowly to control one or more diseases. It traces the history of antagonism in the hemisphere of the Americas between the global organisation (LNHO) and the regional health organization (the Pan American Sanitary Bureau) and describes the consequences of the rivalry for the structure of the postwar World Health Organization.

3: Greece, 1928-1929

I am requesting the collaboration of the League of Nations and of those colleagues who have already shown their sympathy for the development of my work ... Dr. Mackenzie, our valuable collaborator, will submit to you our plan for the sanitary reorganisation of the country.

Apostolos Doxiadis, 1928³⁵⁹

Introduction

The previous chapter described how international health staff first came to work within the borders of a sovereign state in response to disease and famine in Russia in 1921-1923 through the collective effort of LN-EC, the coordinated work of Nansen's IRRC and the independent internationalism of Hoover's ARA. This chapter describes the initiative taken in Greece in 1928 by Mackenzie to extend an LNHO assignment in epidemic control to embrace broader areas of technical assistance.

Historiography of League of Nations support to reform health services in Greece

Greece gets no specific mention in Balińska's biography of Rajchman. The country does, however, feature in her history of the League of Nations Epidemic Commission (LN-EC), in which she states that in September 1923 the LN-EC ended its support to Greeks displaced from Asia Minor.³⁶⁰

359 SDN, C.H. 766, 'Note of the Medical Director, 20 October 1928', 27 October 1928; Wellcome L., PP/MDM/A/3/1, Doxiadis to Director Health Section, 20 October 1928.

360 Balińska, 'Assistance and Not Mere Relief', p. 102.

Sprigings includes only a single sentence on Greece in her biographical essay.³⁶¹ Vassiliki Theodorou and Despina Karakatsani, however, refer to Mackenzie in their account of LNHO assistance to Greece to reform the national health service.³⁶² These authors accessed the papers of Apostolos Doxiadis, the Greek Under-Secretary for Hygiene.

The first historian to highlight the significance of Greece in relation to the development of international health was Iris Borowy. She noted that 'the [League of Nations] Health Section sent a representative, Melville Mackenzie, to Athens to lend his counsel to the organisation of adequate policies [for control of the transmission of dengue].³⁶³ She began a chapter on 'Establishing health systems' with the three-worded sentence 'Greece was first', and went on to say:

it was a triumph of sorts for the LNHO but also for the League at large. Nothing could prove more strongly its importance than the request of a foreign country for assistance in rebuilding an entire branch of its government. As the staff of the Health Section were acutely aware, the project was significant not only for Greece but also for its 'possible wider application'.³⁶⁴

Borowy stated that the proposals made by the League's Commission for restructuring health services in Greece were 'in line with similar LNHO programmes later' and she gave the visiting LNHO experts credit for 'moulding data from a speedy and thorough enquiry into a coherent system'.³⁶⁵ Her research did not, however, uncover the possible local influence on proposals formulated by the Commission. Theodorou and Karakatsani observed that doctors at rural dispensaries of the Refugee Settlement Commission (RSC) and technical staff of the Near East Foundation (an American voluntary organisation) introduced American methods for improving public health. Their work – studying water supply and sewerage systems and collecting data on malaria control – formed a basis for the LNHO programme.³⁶⁶ These Greek authors asserted that the health reforms were 'modelled on health systems of Central and Northern European countries'.³⁶⁷ They also 'bore many similarities with a memorandum that Doxiadis had submitted to the government a few weeks after assuming responsibility as Under-Secretary for Hygiene', although they added the caution that this was 'only a hypothesis'.³⁶⁸ Constantine Savvas, John Cardamatis,

361 Sprigings, 'Feed the People', p. 111.

362 V. Theodorou and D. Karakatsani, 'Health Policy in Interwar Greece: The Intervention by the League of Nations Health Organisation' *Dynamis* 28 (2008), pp. 61-62.

363 Borowy, *Coming to Terms*, p. 301.

364 Borowy, *Coming to Terms*, p. 302.

365 Borowy, *Coming to Terms*, p. 303.

366 Theodorou and Karakatsani, 'Health Policy', pp. 59-60.

367 Theodorou and Karakatsani, 'Health Policy', p. 63.

368 Theodorou and Karakatsani, 'Health Policy', pp. 65-66.

and Phokion Copanaris had pushed insistently before 1928 for the development of public health as an interdisciplinary science to improve the health of the Greek population.³⁶⁹

The Rockefeller Foundation signed an agreement with the Greek Government and the League of Nations in December 1929, the goals of which were to collaborate on controlling malaria and on creating modern agencies for a state-controlled public health system. Dimitra Giannuli has assessed the impact of the Rockefeller contribution.³⁷⁰ She argues that Rockefeller never intended its involvement to be very deep.³⁷¹ Nevertheless, RF-funded fellowships, together with technical and scientific apprenticeships, had a 'long-term influence' on Greek public health. Another success she cited was the anti-malaria effort: 'between 1930 and 1934 the RF spent \$217,730 on anti-malaria research' and satisfactory results prompted a steady decrease in annual appropriations.³⁷² A major failure, however, was that the Greek state undertook only limited and uncoordinated efforts to develop prefectural and local health services. 'Bureaucracy, political favouritism, nepotism, and corruption' often blocked reform initiatives, and she quoted an LNHO criticism concerning the harmful impact of economic mishandling on the progress of the reform. Her conclusion was that: when the re-organization of public health began in the late 1920s, the Greek economy was still recovering from a ten-year military mobilization, its disastrous military campaign in Asia Minor, and the subsequent massive refugee influx into the country. In 1928 the government under Venizelos initiated and carried out the early stage of the reform effort while the Great Depression cast its crippling shadow upon the Greek economy. The constitutional crisis that ensued stalled the momentum of the reform.³⁷³

Mackenzie's appointment to LNHO, 1928

Mackenzie's work in Greece, in the period between September 1928 and April 1929, appears to have been a striking success. In a retrospective account, published in 1936, he expressed the concern that reconstructing of health services might be of little interest to readers:

a valuable part of the work of the Health Organisation of the League of Nations is the sending to a number of governments, including those of Greece, Czechoslovakia, Bolivia, Liberia and

369 J. Levett, 'Public Health Enlightenment, Greece: From the Athens to the Hellenic National School of Public Health', *Disaster Press*, 20 November 2011 <<http://nrdisaster.blogspot.co.uk/2011/11/public-health-enlightenment-greece.html>> [accessed February 19, 2013].

370 D. Giannuli, 'Repeated Disappointment: The Rockefeller Foundation and the Reform of the Greek Public Health System, 1929-1940', *Bulletin of the History of Medicine* 72 (1998), p. 68.

371 Giannuli, 'Repeated Disappointment', p. 71.

372 Ibid.

373 Giannuli, 'Repeated Disappointment', p. 70.

China, of an expert or group of experts, to advise them in the reconstruction of their health services. These experts first make a detailed survey to find out what diseases exist in the country, and the social conditions of the population. Upon this is drawn up a report with recommendations which, after approval by the Health Organisation, is submitted to the government concerned. All this sounds dry and uninteresting, but it is not so in practice.³⁷⁴

Mackenzie's letters from this period describe the warmth of his reception in Greece, his excitement at seeing the Parthenon and embarrassment of his ignorance of the classical age. On 20 October 1928, Doxiadis wrote to Rajchman saying, 'On behalf of the Greek Government, I am to thank you for the warm interest you have taken in the epidemic of Dengue fever which was shown by the fact that you sent Dr. Mackenzie to Greece who has proved a valuable collaborator in the solution of the vital problems of our country'. An extract from this cleverly-worded letter is reproduced in Appendix 4. Doxiadis states:

I am requesting the collaboration of the League of Nations and of those colleagues who have already shown their sympathy with the development of my work ... I should suggest that, if you agree, this should take the form partly of an investigation into the morbidity of my country, and [would] appreciate any suggestions as to the best means of undertaking a campaign for improvement of the sanitary conditions of Greece.³⁷⁵

Mackenzie retained a copy of this letter amongst his personal files.³⁷⁶ He may have had a hand in its drafting. Theodorou and Karakatsani observed that:

in October 1928, the Liberal Government, and more specifically the Under-Secretary for Hygiene, Apostolos Doxiadis (1874-1942), suggested seeking the assistance of the L.N.H.O. with a view to reorganising the country's health services, following the advice of M. D. Mackenzie, an R.S.C. advisor and member of the Health Section of the League Secretariat.³⁷⁷

A 1929 Report by the League of Nations Health Committee supports Theodorou and Karakatsani's account of the origins of the request to the League of Nations to assist with the reorganisation of the Greek health sector. The Council of the League of Nations noted:

that the realisation of a far-reaching programme of internal development appeared to be the principal concern of the Greek government, and that the problem of the public health was of vital

374 Melville Mackenzie, 'League of Nations Health Work', *The Listener* (18 April 1934), p. 660.

375 SDN, C. H. 766, 'Note of the Medical Director, 20 October 1928', 27 October 1928.

376 Wellcome L., PP/MDM/A/3/1, Doxiadis to Director Health Section, 20 October 1928.

377 Theodorou and Karakatsani, 'Health Policy', p. 61.

importance in the economic reconstruction of that country ... The Under Secretary of State for Health ... stated that the collaboration of the Health Organisation with his own Department during the epidemic of dengue had led to the present request of the Government.³⁷⁸

Theodorou and Karakatsani elaborate the process by which an international health presence was established.³⁷⁹ The Government that dominated the country's political life in the 1920s had committed itself to restructuring the public health system in the context of establishing a welfare state. The law, however, never came into effect because of a mass displacement of Greek refugees from Asia Minor.

Assistance was first provided to the refugees in 1923 through the LN-EC. Then, in 1928, an epidemic of dengue fever swept through Greece bringing the country's economy to a standstill.³⁸⁰ Support by LNHO during this epidemic of dengue haemorrhagic fever led the Greek Government to request international support for a wider task, namely to help the country reform its health system, with a view to reducing morbidity in the country and contributing to economic reconstruction. The catalyst for this widening of the international role was a 'young [39 year old], good-natured Scot' who was commended by a colleague for his work there and for his great skill as a 'field epidemiologist'.³⁸¹ Until this date, the *raison d'être* of international health institutions and instruments – the International Sanitary Conventions, *L'Office Internationale d'Hygiene Publique*, the Pan American Sanitary Bureau and the League of Nations Epidemic Commission – was to prevent communicable diseases from spreading beyond national frontiers. After 1928, the focus of collective international action shifted towards improving the health and wellbeing of populations. Borowy viewed the work of LNHO to help establish a national health system in Greece as 'revolutionary'.³⁸²

Six months prior to his 1928 dengue control mission to Greece, the 'good-natured' Mackenzie had joined the international staff of the League of Nations Health Organisation (with funds provided by the Rockefeller Foundation).³⁸³ His colleagues were not numerous. At the time of his arrival in Geneva, Mackenzie listed twelve, specifying their nationality and fields of work, namely:

Dr Rajchman, Pole – in charge

378 SDN, C. H. 789 (Geneva, 1929, III), C.162. M.63, 'Collaboration with the Greek Government in the Sanitary Re-organisation of Greece', p. 2.

379 Theodorou and Karakatsani, 'Health Policy', pp. 53-75.

380 Ibid.

381 SDN, R 5911, 8A/13967/13967, Burnet to Flores, 25 October 1929.

382 Borowy, *Coming to Terms*, p. 324.

383 Howard-Jones, *International Public Health*, p. 61.

Dr N. White, British – deputy in charge
Dr Boudreau, Canadian – child welfare
Dr Tomanek, Czechoslovak – cancer research
Dr Souza, Brazilian – tuberculosis
Dr Gaol, Hungarian – blindness
Dr Wasserberg, Pole – opium traffic, cocaine
Dr Olsen, German – baby and mother welfare
Dr Pantaleone, Italian – sleeping sickness
Dr Forestier, French – assistant cancer research
Dr Stouman, Dane – Statistics
Dr Mackenzie & Captain Johnston-Watson, Scottish.

He described the disciplines of the latter as 'knock about comedians and general entertainers to the Section'.³⁸⁴ When he arrived in Geneva to take up his post in March 1928, the first persons he met were fellow countrymen – John Hope Simpson and Jack Johnston-Watson. He wrote:

on Friday (2 March 1928) Dr. Norman White, my deputy chief, asked me out to his house to lunch with Sir John Hope Simpson who is High Commissioner for the settlement of Greek refugees ... a most charming man whom I shall meet later when I go to deal with malaria in Greece ...

In the evening (of 3 March) I went to Cpt. and Mrs Johnston Watson's – he is the non-medical Secretary of the Health Section – a huge man who was a regular officer in the Gordon Highlanders – he left after the war and was in Poland when I was, during the typhus. He is a man of life and energy & is a keen piper. We made friends at once and we propose to get our [bag]pipes out and stimulate Geneva.³⁸⁵

White had been impressed by Mackenzie's work of relief and reconstruction in Russia, six years before.³⁸⁶ Hope Simpson later sought to appoint Mackenzie as his 'Chief of Staff' when he went to China to direct flood relief.³⁸⁷ Johnston-Watson, to whom a renowned piper dedicated a tune, was to be a great support when Mackenzie became involved in technical cooperation with China.³⁸⁸ It was, however, the introduction to Hope Simpson that proved to be particularly fortuitous (their fathers had been professional colleagues in Edinburgh).

384 Wellcome L., PP/MDM/B/1, Mackenzie to Faith Mackay, 16 March 1928, p. 4.

385 Wellcome L., PP/MDM/B/1, Mackenzie to Faith Mackay, 5 March 1928.

386 SDN, R 824, 12B/26009/15255, Haigh to Rajchman, 29 July 1922.

387 Wellcome L., PP/MDM/B/7, Mackenzie to Emma Mackenzie, 8 October 1931.

388 G. S. McLennan, *The Gordon Highlanders Pipe Music Collection 2* (R. G. Hardie, c. 1950), p. 8.

The 1928 Dengue epidemic

On 17 September 1928, *Time* magazine announced:

that 250,000 Greeks are down with dengue fever was last week's startling announcement from the Greek Ministry of Health. But the 250,000 were of secondary interest beside the fact that Eleutherios Venizelos, 'Grand Old Man of Crete,' founder of the Greek Republic, and now Prime Minister, was also down with dengue fever, after having just won the Greek elections (*TIME*, Sept. 3).³⁸⁹

The outbreak of dengue haemorrhagic fever was unusually severe. Between October 1927 and July 1928, it affected some 1 320 000 Greeks. We now know that the infection was due to sequential attacks by two types of dengue virus and to the increased breeding of the mosquito, *Aedes aegypti*, in temporary shelters that had been erected to house repatriated refugees from Asia Minor.³⁹⁰

During August 1928, enquiries concerning the advisability of tourists traveling to Greece were being addressed to LNHO. On 22 August 1928 Phokion Copanaris, the Greek Director of Health, informed the League of Nations that the epidemic had spread through almost the whole population of Athens and Piraeus, with high mortality among the aged and those with chronic diseases. He announced that rigorous measures were being taken against the mosquito vector.³⁹¹ Rajchman acknowledged Copanaris's cable immediately, asking if LNHO could help in this difficult situation.³⁹² White, who knew Greece well from his work there for LN-EC, was unwell and Mackenzie was sent in his place to advise the Government in its efforts to stem the epidemic.³⁹³ *En route*, on 30 August 1928, he passed through Serbia, and Rajchman cabled Andrija Štampar in Belgrade suggesting that he rendezvous with Mackenzie in order to transmit advice to Copanaris.³⁹⁴ This important mission gets the briefest mention in Mackenzie's correspondence. He informed Faith Mackay, his future wife, on 30 August 1928 that he was 'trailing off unexpectedly to Greece – an epidemic – and then going on the Bulgaria and Romania'. He finished the letter in Athens and seems to have remained in Greece for some three weeks, since his next letter was written on 27 September 1928 on his arrival in Sofia after having passed through Bourgàs, the Bulgarian city on

389 Anonymous, *Time*, 17 September 1928.

390 S. B. Halstead and G. Papaevangelou, 'Transmission of Dengue 1 and 2 Viruses in Greece in 1928', *American Journal of Tropical Medicine and Hygiene* 29 (1980), pp. 635-637.

391 SDN, 8A/6674/6674, Copanaris to League of Nations Health Section, 22 August.

392 SDN, 8A/6674/6674, Rajchman to Copanaris, 23 August 1928.

393 SDN, 8A/6674/6674, Rajchman to Copanaris, 25 August 1928.

394 SDN, R5892, 8A/6674/6674, Rajchman to Štampar, 28 August 1928.

the Black Sea.³⁹⁵ He returned to Athens for two or three days before returning to Geneva on 25 October 1928.³⁹⁶

Mackenzie showed confidence and decisiveness in the face of an epidemic that had a huge political profile and profound economic impact. He presented an account of the epidemiology of the outbreak to the League of Nations' Health Committee at its session at the end of October 1928, giving credit to the Greek Public Health Service for the measures taken. These included 'urgent sanitary improvements and the establishment of additional dispensaries, and severe fines for disregarding regulations aimed at abolishing open water pools and at fighting unsanitary living conditions'.³⁹⁷

A report on the distribution of the mosquito vector in the Mediterranean basin, prepared by C. M. Wenyon, was also presented to the Health Committee.³⁹⁸ Dengue was not new to Greece, or to the Mediterranean. There had been an epidemic in Piraeus in 1910 and a large epidemic in the Mediterranean two decades previously. In 1927 the disease returned to Alexandria, Syria and Palestine, before making its appearance in Greece where the outbreak became explosive, and severe, in August 1928. In Athens, 1268 deaths were registered that month and 592 in Piraeus. No serious epidemic occurred outside of Greece, although Mouglia province in Turkey experienced a small epidemic. An outbreak among passengers on a ship from Piraeus to Beirut was contained and a few mild cases were reported in September 1928 in Alexandria and Algiers.³⁹⁹

The LNHO enlisted the cooperation of entomologists to carry out surveys on the distribution and prevalence of the mosquito vector, *Aedes aegypti*, in Mediterranean countries.⁴⁰⁰ Entomologists in Greece and surrounding countries provided scientific data on the vector. For example, Georges Blanc, Director of the *Institut Pasteur* in Athens, provided Mackenzie with published and unpublished data relating to the geographical distribution and seasonality of breeding of *Aedes*

395 Wellcome L., PP/MDM/B/1, Mackenzie to Faith Mackay, 27 September 1928.

396 Wellcome L., PP/MDM/B/1, Mackenzie to Faith Mackay, Fragment 14 October 1928, p. 5.

397 Borowy, *Coming to Terms*, p. 301.

398 Charles Morley Wenyon, 'Note by Dr. C.M. Wenyon and MacGregor on the Recorded Distribution of *Aëdes Argenteus Poiret (Stegomyia Fasciata, Fab.)* in the Mediterranean Basin', League of Nations, C.H. 756, October 1928.

399 SDN, C.H. 756, 'Dengue in the Mediterranean Area, 1927 and 1928', 1928.

400 SDN, C.555. M175.1928.III (CH 769 (1)), 'Dengue: The Present Situation in Greece and Certain Other Countries on the Mediterranean', October 31, 1928.

argenteus (aegypti).⁴⁰¹

A retrospective description of the League of Nations' intervention, published in the *Listener*, was used by Mackenzie to advocate the merit of international health action:

The steps which we took to get control of the epidemic will not interest you, but what is very interesting is the method by which the epidemic was prevented from spreading to other countries in the Mediterranean, and especially to Egypt and Italy. Within a few hours a considerable number of cases had been examined and a detailed description of the symptoms of the disease sent by wireless to Geneva, together with an exact account of the first signs of the disease in an individual. This description was within an hour or two sent from Geneva to governments of every country in the Mediterranean, who at once stopped all passports for Greece, and no passengers from Greece were allowed to disembark at any port outside Greece unless they were prepared to remain segregated. Any arrivals from Greece showing symptoms were most strictly isolated and actually the disease never spread beyond Greece itself, although Italy, Egypt and Yugoslavia are within only a few hours' steam of Athens. If the machinery of the Health Organisation had not existed there is little doubt that large numbers of persons would have fled from Greece and carried a mass infection into one or several of the neighbouring countries, before steps could be taken to prevent their landing. Epidemics are not in the least interested in man-made boundaries and can only be controlled by international collaboration.⁴⁰²

The League of Nations Commission, 1929

The October 1928 request of Doxiadis to Rajchman for help in sanitary reorganisation was one of nine briefing documents made available to the international members of a Commission appointed by the League in response to the Doxiadis request. These were probably compiled by Mackenzie, who was Secretary of the Commission. The other eight briefing papers included the Health Committee's positive response, Mackenzie's own report on dengue, a memorandum on the epidemic circulated to the Health Committee, and the *Procès-verbal* records of the Council regarding the Greek Government's request (The request was approved by the League of Nations' Council at its 13 December 1928 session).⁴⁰³ The Commission members arrived in Greece in January 1929. They comprised two United States nationals, Professor Haven Emerson of the University of Columbia

401 AIP, Fonds Blanc (Georges), BLA 5 B/Correspondence 2, Mackenzie to Blanc, 30 November 1928 and Blanc to Mackenzie, 20 December 1928.

402 Melville Mackenzie, 'League of Nations Health Work', *Listener* (1934), pp. 658–660.

403 Theodorou and Karakatsani, 'Health Policy', p. 61.

and Dr. Allan J. McLaughlin of the Public Health Service; one Australian, Dr. C. L. Park, of the Public Health Service; one Croatian, Professor Berislav Borčić, Director of the Zagreb School of Hygiene; plus Rajchman and Mackenzie.⁴⁰⁴

The Commissioners carried out field surveys in 3 major cities, 14 towns and 82 villages in Northern Greece (Macedonia, Thrace and Ioannina); the metropolitan region of Athens and Piraeus; and the islands of Crete and Corfu. These areas were studied in terms of economic resources, demographic profile, medical services and sanitary conditions. Observations were recorded in 148 notes and reports. Mackenzie, the industrious Secretary, drafted a Confidential 'Explanatory Memorandum' on the documentation collected by the Commission, together with a subject index. His Memorandum stated that:

certain cities and districts were allocated to the Commission for special examination as being representative of various types of the country, and also as offering suitable areas for the early development of public health work ... each district was visited by one or more members of the survey Commission, who spent from ten days to a fortnight in collecting information and in examining the actual conditions obtaining.⁴⁰⁵

A special report was written on each city and district visited and several were attached to his Memorandum. The amount of information collected on this national health system was unprecedented and unmatched, until international agencies began making country-wide health system reviews towards the end of the millennium.

On 7 April 1929, the experts were joined by a delegation from a governing body of LNHO, the League of Nations' Health Committee. The Official Report reveals that the League had brought in their big guns. The President (Thorvald Madsen) and Vice-President of the Health Committee (Oscar Velghe), as well as Professor Léon Bernard and Sir George Buchanan had placed themselves at the disposal of the Greek authorities to give advice on the national health administration. Professor Gustavo Pittalunga, member of the Malaria Commission of the League, joined the group on 11 April to make a special study of malaria.⁴⁰⁶

404 SDN, C.162.M.63.1929.III, 'Collaboration with the Greek Government on the Sanitary Re-organisation of Greece', April 1929, p. 3.

405 SDN, 8A/13315/8323, 'Confidential, M. D. Mackenzie, Greece: Explanatory Memorandum on the Documentation Collected by the Commission, Together with a Subject Index', 30 March 1929.

406 Ibid., p 3.

This large body of powerful characters – armed with volumes of epidemiological intelligence – did not mince their words when they presented their report to the Government on 18 April 1929. They stated that 'the treatment of the sick is often lamentably defective,' and went on in the same blunt terms to say:

the profession is overcrowded. There are too many doctors seeking to obtain a livelihood from the practice of curative medicine or as hospital doctors. The number of students in the medical school at Athens and its associated hospitals is much too great and the equipment of the school, in regard to laboratories and clinical facilities, is conspicuously defective. There is no possibility, under present conditions, of the student being educated to a sufficiently high standard of curative medicine, to say nothing of the teaching in the prevention of disease, knowledge of which has become important for every medical student. Facilities for postgraduate studies are also lacking.⁴⁰⁷

The wording may have been oriented towards securing external funding from Rockefeller Foundation for the proposed restructuring. Dr. Pappas later complained to the Health Committee that the Commission had condemned some aspects of the health situation 'with some severity' – particularly the hospitals. Léon Bernard responded that the views of the Commission had been represented in the Greek press in a distorted manner: members had understood the reasons behind the lamentable condition and expressed admiration for the way the Greek authorities were addressing these.⁴⁰⁸

Securing Rockefeller Foundation support for establishing a Hellenic Health Service

Theodorou and Karakatsani's commentary on the LNHO proposals stated that Mackenzie made clear that support would be given to the Government on two levels: first, scholarships would be given to public health officers, statistics officials and hygiene engineers, and advice provided on the legislative revision of public health; second, Mackenzie implied that the League of Nations would do whatever it took to secure the financial aid of the Health Division of the Rockefeller Foundation.⁴⁰⁹ The formal request to Rockefeller for support in implementing the proposed reorganisation came from Rajchman, who said:

407 SDN, C.162.M.63.1929.III, 'Collaboration with the Greek Government on the Sanitary Re-organisation of Greece', April 1929, [C.H. 789], pp. 4-5.

408 SDN, C.627.M.248.1930. III, Health Committee, 29 September-7 October 1930, pp. 35 & 37.

409 Theodorou and Karakatsani, 'Health Policy', p. 61.

I refer to the scheme for the sanitary reorganisation of Greece which has been elaborated by the Health Organisation of the League. I have been authorised by M. Venizelos, the Prime Minister, to invite the collaboration of the International Health Division of Rockefeller Foundation in the application of the plan. In accepting the plan M. Venizelos requested the Health Organisation of the League 'to place at the disposal of the Greek Government, all the technical facilities, including its technical commissions, in order to ensure complete collaboration in the subsequent development of the plan which has just been agreed upon'. The assistance rendered by the Health Organisation will be of a strictly technical nature, the Greek Government assuming administrative responsibility for the scheme. You will remember that the Greek government decided to enlist the services of three foreign experts to assist in the application of the plan as technical directors of three of the divisions of the School of Hygiene that is proposed to create and of the corresponding divisions of the new central administration.⁴¹⁰

Rajchman's letter made three specific requests – support for training Greek personnel; funds for the salaries of a malariologist and sanitary engineer; and assistance to build and equip the Athens School of Hygiene. He estimated that the pay of each foreign expert would approximate to \$6000 per annum, saying:

I need hardly point out that salaries on this scale are much in excess of those which will be given to experts of Greek nationality who will in time to come occupy these positions. If it is possible for the International Health Division to subsidise the pay of these two appointments to the extent of the difference between the salaries necessary for American and Greek experts respectively, this would prove, I believe, a most acceptable financial contribution to the success of the scheme.⁴¹¹

Salaries and conditions of appointment of the staff of the new service were designed to make them a *corps d'élite*.⁴¹²

Combining political authority with technical expertise

The contemporary historical record of LNHO action in Greece provides a powerful illustration of the effectiveness of combining the full range of global technical expertise with the topmost political authority of an international health organization, in seeking to persuade national authorities to

410 SDN, 8A/14219/3323, Rajchman to Strode, 15 August 1929.

411 Ibid., p. 3.

412 C-E. A. Winslow, 'League of Nations News', *American Journal of Public Health* 19 (1929), p. 851.

establish policies and practices aimed at improving the health of their citizens. The language of the official report gives a flavour of the LNHO zeal for modernising health care and creating a professional cadre to implement the new science of public health – an infectious enthusiasm which they endeavoured to spread to other nation-states. Those drafting the report on Greece recommended that improving the health of the public be considered an instrument of national progress. They also suggested that the minister responsible for the Hellenic Health Service be at the heart of policy-making, as part of the Prime Minister's office. The Report stated:

we consider it an indispensable condition for the working of a modern and effective health service that it should be fully protected from political influences; such a service ought to be a purely technical service, having a permanent chief, and form the advisory and the executive organ of the Government on health questions.

On all countries, especially in those which go through a period of intense economic reconstruction, public health activity ought to be considered as an instrument of national progress and, to secure its success, should be systematically coordinated with the activities of the State departments. Looking at the authority exercised by the President of the Council of Ministers over every department of the State, we believe that there would be an advantage in the present Under-Secretary of State for Health, with its new services, being attached to the Prime Minister's Office.⁴¹³

In 1929, Rajchman wrote to the newly-appointed Greek Health Minister, Alexander Pappas, apologising that he was unable to visit Greece because of a pending four-month mission to China.⁴¹⁴ The letter offered Pappas full support from LNHO in implementing a plan for the re-organisation of the national health system that had been formally submitted by Professor Madsen and adopted by the Greek Government. Rajchman invited Pappas to attend the September 1929 session of the Assembly of the League of Nations, to follow the discussions on work completed during the past year and to discuss future collaboration between his Ministry and various LNHO technical committees.

After Norman White had helped negotiate the terms of financial support from Rockefeller Foundation for the recruitment of a malariologist and sanitary engineer, Rajchman wrote to

413 SDN, C.162.M.63.1929.III, 'Collaboration with the Greek Government on the Sanitary Re-organisation of Greece', April 1929, p. 7.

414 SDN, R5898, 8A/14218/8323, Rajchman to Pappas, 1 September 1929.

Venizelos expressing admiration for his having secured support for the new health policy from the two houses of the Greek parliament and commending him for entrusting the direction of the Athens Centre to Professor Pallis.⁴¹⁵ The Athens Centre was to be the administrative centre of the permanent Hellenic Health Service. After a transition period, the School of Hygiene and the central technical services would form the Athens Centre and comprise departments of malariology, sanitary engineering, pharmacology/biochemistry, research, and of hygiene and preventive medicine.⁴¹⁶

Venizelos had established a Ministry of Health when he took up the reins of Government, aiming that this should be a Ministry that was active and responsive to the needs of the country. Under first Doxiadis and then Pappas, and with the support of public health experts sent by the League of Nations, the programme of health reorganisation was launched. One of the first steps was the establishment of the School of Public Health, which was to be the base upon which the health reorganisation was to be built.⁴¹⁷ The first course for health visiting nurses began in February 1930 and the first cohort of medical officers of health began their training in January 1931.⁴¹⁸ The School was formally inaugurated in May 1931.⁴¹⁹ The Mayor of Athens, who was present at the official inauguration, was grandfather of the actress and politician, Melina Mercouri.⁴²⁰

In February 1931, a decree set out an organizational structure for provincial public health services, to comprise a team of three full-time staff led by a prefectural medical officer of health and supported by part-time medical officers responsible *inter alia* for mother and child health, venereal diseases and dentistry. Each team was also to include a visiting nurse plus two assistants, and two sanitary inspectors.⁴²¹

Between December 1930 and January 1931, Julius Tandler, who had introduced a comprehensive system of health and social services in the city of Vienna, was sent by Rajchman to advise the Greek authorities on developing health services for the metropolitan area of Athens-Piraeus.⁴²² His report, like the earlier report of the Commission, made uncomfortable reading: infant mortality in Athens, he said, reflected little credit on child welfare, a state of affairs that could only be improved

415 SDN, R5898, 8A/14676/8323, Rajchman to Venizelos, 5 March 1930.

416 Theodorou and Karakatsani, 'Health Policy', p. 64; Borowy, *Coming to Terms*, p. 303.

417 SDN, R5898, 8A/14676/8323, C. H. 1014, 'Organisation d'Hygiene', le 4 mai 1931.

418 SDN, C.627.M248.1930.III, Annex 8, p. 118 and Annex 9, p. 122.

419 SDN, R5898, 8A/14676/8323, Seizieme Session du Comité d'Hygiene, 13 October 1930.

420 Levett, 'Public Health Enlightenment'.

421 SDN, CH 1014, 'Organisation d'Hygiene', le 4 mai 1931, p. 3.

422 SDN, R5899, 8A/23480/8323, Rajchman to Tandler, 11 November 1930.

by systematic work over several years. Relative large sums of money were being spent, unhappily to no purpose. What was lacking was good organization and he proposed further legislation to achieve this. He urged, however, that 'whatever measures are contemplated, there must be consultation and negotiation with the different organisations and public bodies'.⁴²³

By the late 1930s, the administration of all divisions within the Athens Centre, the nerve centre of the reform effort, had passed into Greek hands.⁴²⁴

Posthumous audit of the LNHO-assisted health service reorganisation

Research by two groups of historians who accessed Greek sources – Dimitra Giannuli⁴²⁵ and Theodorou & Karakatsani⁴²⁶ – allows us to make what Zylberman termed a 'posthumous audit' of this pioneering programme of technical assistance to Greece.⁴²⁷

White was given a three-year appointment as Director of the School of Hygiene and Director of the Division of Preventive Medicine.⁴²⁸ The RF-funded Americans, Marshal Balfour and Daniel Wright, were appointed Directors of the Divisions of Malariology and of Sanitary Engineering, each to serve for five years. Greek directors were appointed in the other divisions.⁴²⁹ Cities and counties were selected where the health system would be first implemented and health centres established, modelled on those of Štampar in Yugoslavia. In each prefecture there was to be a health centre equipped with health visitors and sanitary assistants grouped about larger centres for laboratory and technical services.⁴³⁰ Theodorou and Karakatsani summarised the LNHO plan:⁴³¹ It proposed the establishment of a Greek Health Service, a central organisation that would coordinate all public and private health services. Public health matters throughout the country would fall within its jurisdiction. A new School of Hygiene in Athens would train hygienists, public health officers and visiting nurses. The Health Centre was the core of the proposed health care system. Each Centre was to include one or more dispensaries for malaria, tuberculosis and children's diseases, a

423 SDN, R5899, 8A/23480/8323, Draft Report of Professor Tandler, January 1931, pp. 30-39.

424 Giannuli, 'Repeated Disappointment', p. 68.

425 Giannuli, 'Repeated Disappointment', pp. 47-72.

426 Theodorou and Karakatsani, 'Health Policy'.

427 Patrick Zylberman, 'A Posthumous Audit. Medical Biography and the Social History of Medicine', in *Of Medicine and Men; Biographies and Ideas in European Social Medicine Between the World Wars*, ed. I. Borowy, and A. Hardy (Frankfurt am Main: Peter Lang, 2008), p. 207.

428 SDN, R5898, 8A/14676/8323, Pappas to Drummond, 30 September 1929.

429 Theodorou and Karakatsani, 'Health Policy', p. 69.

430 Winslow, 'League of Nations News', p. 851.

431 Theodorou and Karakatsani, 'Health Policy', pp. 63-65.

pharmacy, public baths as well as recreational and educational facilities. The plan suggested the establishment of a national consultative body consisting of academics and representatives of workers' unions, army, church, teachers, local authorities, doctors and journalists. The League of Nations' Commission estimated the operational cost of the health services up to 1935.⁴³²

The following concise summary of the political success of the Health Organisation's intervention in Greece was presentation by the delegate of Czechoslovakia to the 1929 League of Nations Assembly:

Another matter referred to with gratification by the rapporteur was the fact that the Greek Government had recently sought the Health Committee's assistance in the reorganization of its health services. Greece was seeking to establish a modern public health service, with trained personnel. Legislative authority had been obtained for the necessary measures. A new health organization of prefectures was to be set up in certain selected districts, and by 1934 or 1935 was expected to cover the entire country. A school of hygiene was to be instituted in Athens, the function of which would be to train all classes of health personnel, to conduct and administer the work in the different districts, and to advise the Government on public health questions.⁴³³

A League of Nations' report of 1935 stated that the scheme for a permanent health service, begun in 1931, had been extended to all prefectures under the technical direction of the Athens Centre. Although fulfilment of the programme had been slowed up by the economic situation, it was expected to be completed by 1936 and the report noted that an extensive body of new laws had been generated.⁴³⁴ The background of economic and political turmoil of the 1930s was, however, a major obstacle to the success of any health service reform. In 1932, Venizelos lost the popular vote and, after a period of instability, Greece became a military dictatorship in 1936.⁴³⁵ Giannuli stated that the military and economic disaster of the 1940s 'ruined much that had been accomplished'.⁴³⁶

Although the ambitious reform of the health services failed, the Athens School of Public Health (now the National School) was established in the country of *Hygieia*. New public health bureaux in four prefectures, selected under a 1930 decree, closed after only two years. In January 1934,

432 Theodorou and Karakatsani, 'Health Policy', pp. 63-65.

433 Anonymous, *British Medical Journal* (5 October 1929), p. 626.

434 Dennis P. Myers, *Handbook of the League of Nations: a Comprehensive Account of Its Structure, Operation and Activities* (Boston: World Peace Foundation, 1935), pp. 214-215.

435 Borowy, *Coming to Terms*, p. 303.

436 Giannuli, 'Repeated Disappointment', p. 68.

however, a new law was enacted providing for the establishment of public health centres in lieu of the health bureaux of the prefectures, and requiring medical officers in the prefectures to hold a public health diploma. In 1932, twenty-one graduated from the School of Public Health (sixteen of whom were employed by the Ministry of Health); in 1933, eighteen graduated; in 1934, nine; in 1935 twenty-six; and in 1936 twenty-two. Under a 1935 agreement between the School, the City of Athens and Rockefeller Foundation, a model health centre was organised for the practical training of public health students and nurses in Ambelokipi, a district of Athens with 30 000 inhabitants. The supervising public health officers, nurses and sanitary inspectors were all employed on a full-time basis. Over a thousand families were registered for regular health supervision.⁴³⁷

Theodorou and Karakatsani described how a significant contribution to the failure of reform emanated from the medical profession itself:

The Hellenic medical community was quick to criticise the foreign health experts' suggestions. Their criticism was levelled at the decision to establish a School of Hygiene as well as at the excessive funding required by the Ministry of Hygiene. The Medical Association disapproved of the high remuneration of the Committee's members while the fact that the Greek government sought help in foreign expertise offended the Greek doctors' national pride.⁴³⁸

The opposition of the medical profession was aggravated by the fact that health officers were expected to give up lucrative private practice. Also, the reform movement 'could not break the deeply entrenched habit of political appointments'.⁴³⁹

In 1934, White resigned, disappointed with the continuous political intervention and the financial constraints of the government.⁴⁴⁰ Before he left, he stated 'with the single exception of the establishment of the School of Hygiene, the history of attempts to apply that program has been a history of repeated disappointment and of almost complete failure'.⁴⁴¹ (White acknowledged, however, his tendency to point to unfulfilled goals rather than praise the merits of the reform).⁴⁴² In 1934, Mackenzie reported that White was back in Geneva, as acting LNHO Director, during Rajchman's absence (in China).⁴⁴³ Although Rajchman was conscientious in securing support from

437 League of Nations, 'Report of the Meeting of Directors of Institutes and Schools of Hygiene', *Bulletin VII* (1938), pp. 232-237.

438 Theodorou and Karakatsani, 'Health Policy', p. 75.

439 Borowy, *Coming to Terms*, p. 303.

440 Theodorou and Karakatsani, 'Health Policy', p. 72.

441 Giannuli, 'Repeated Disappointment', p. 70.

442 Ibid.

443 Wellcome L., PP/MDM/B/10, Mackenzie to Emma Mackenzie (undated), 1934.

his governing bodies for LNHO work on reforming health services in countries, he was not without critics. British member of the Health Committee, Sir George Buchanan, denounced any pretensions on the part of LNHO to 'constitute itself a super-health authority which supervises or criticises the public health administrations of the world'.⁴⁴⁴

The Rockefeller Foundation continued to support malaria control activities in Greece throughout the 1930s and reported in 1938 that ten anti-larval programmes begun in 1931-1937 were continuing and new programmes were being undertaken in additional areas.⁴⁴⁵ The Ministry's anti-malaria service was abolished at the end of 1933 because of a quinine scandal.⁴⁴⁶ The press had uncovered corrupt and profiteering practices by pharmaceutical companies, which reduced the active ingredients of anti-malarial medication, produced under State supervision, and employed the imported quinine elsewhere.⁴⁴⁷ Mackenzie observed that Greece continued to see one to three million cases of malaria annually until the 1940s, when the United Nations Relief and Rehabilitation Administration (UNRRA) reduced the incidence by 90 percent.⁴⁴⁸ Levett reported that after the liberation of Greece, Wright returned on behalf of UNRRA. 'At the tail end of 1944 he was collaborating with Gregory Livadas of the Athens School in the implementation of DDT spraying across the country, as a new method then of combating malaria'.⁴⁴⁹

In August 1929, Mackenzie sent five Greek physicians to a special course in Zagreb, organised by Borčić as part of a visit designed to familiarise them with health practices in other European countries.⁴⁵⁰ The Zagreb School of Public Health, which had opened in 1927, represented 'a radical break with the past': among the innovations in public health that Štampar had introduced was 'a new method of teaching hygiene to medical students by enabling them to get direct field experience of public health in villages under expert direction'.⁴⁵¹ Health organization in the Kingdom of Serbs, Croats and Slovenes clearly exercised an important influence on developments of national health

444 P. Weindling, 'Philanthropy and World Health: the Rockefeller Foundation and the League of Nations Health Organisation', *Minerva* 35 (1997), p. 278.

445 Rockefeller Foundation, 'Annual Report 1938', p. 114.

<<http://www.rockefellerfoundation.org/uploads/files/2cf1bfb3-5371-4b24-8311-8d3b100c1aec-1938.pdf>> [accessed 29 October 2012].

446 Theodorou and Karakatsani, 'Health Policy', p. 72.

447 John Garrard and James L. Newell, ed. *Scandals in Past and Contemporary Politics* (New York: Manchester University Press, 2006), p. 129.

448 Melville Mackenzie, 'International Collaboration in Health', *Royal Institute for International Affairs* 26 (1950), p. 519.

449 Levett, 'Public Health Enlightenment'.

450 SDN, R5897, 8A/12304/8323, Mackenzie to Borčić, 18 July 1929. The physicians were Papantonakis, Paschalis, Comporozos, Metalinos and Desillas.

451 Socrates Litsios, 'Selskar "Mike" Gunn and Public Health in Europe', in *Of Medicine and Men: Biographies and Ideas in European Social Medicine Between the World Wars*, ed. I. Borowy, and A. Hardy (Frankfurt am Main: Peter Lang, 2008), p. 38.

systems in the 1930s, which several historians have recognised.⁴⁵² Theodorou and Karakatsani, for example, cite Štampar's initiative to ensure that medical officers of the prefectures of Greek Macedonia visited the neighbouring Serbian Macedonia when they were dispatched on a study tour.⁴⁵³

Borčić, a professor at the Zagreb School, went on to play a key role in the health system reform which Rajchman next pursued, in China. The Central Field Health Station in Nanjing, to which Borčić was assigned in 1930, resembled the organizational format of the Athens Centre, in that it was the nucleus of a national health system, played a central role in reform, trained personnel for the country's public health services, and administered health work in districts selected for the experimental application of the reform plan.⁴⁵⁴ Section Three shows, however, that the health service that developed in that huge country over the next decade did not derive from any Western model, but from an indigenous movement of rural economic and social development.

Rajchman, Borčić and Mackenzie were to play important roles in China, where the League of Nations established a decade-long programme of technical cooperation. In this cooperation, the trio was joined by a fourth international leader – Andrija Štampar. The genesis of Štampar's involvement in China (on three occasions between 1932 and 1936) was seeded at the time of the LNHO intervention in Greece. In 1929, the Minister of Foreign Affairs of the Kingdom of Serbs, Croats and Slovenes wrote to the League of Nations' Secretary-General, in response to a letter of appreciation for the services of Borčić, expressing the wish that he be accompanied by Štampar on any future mission for the League.⁴⁵⁵ The political influence that Štampar exercised within his own country at that time is illustrated by this substantive response to what was simply a courtesy letter. This was an early display of political muscle by a man who became known as 'the Bear of the Balkans'.⁴⁵⁶ The same quartet strongly influenced the practices, policies and structures of post World War Two global health institutions, Mackenzie, Štampar and Borčić in WHO, Rajchman in UNICEF.

452 Željko Dugac, 'Andrija Štampar (1888-1958): Resolute Fighter for Health and Social Justice' in *Of Medicine and Men; Biographies and Ideas in European Social Medicine Between the World Wars*, ed. I. Borowy and A. Hardy (Frankfurt am Main: Peter Lang, 2008), p. 86.

453 Theodorou and Karakatsani, 'Health Policy', p. 69, Footnote 45.

454 Giannuli, 'Repeated Disappointment', p. 56.

455 SDN, 8A/8323/8323, Ministry of Foreign Affairs to Secretary-General, 2 July 1929.

456 Henry van Zile Hyde, 'A Tribute to Andrija Štampar MD, 1888-1958', *American Journal of Public Health* 48 (1958), p. 1578.

Summary

The Greek dengue epidemic of 1928 was one of several epidemics provoked by the population movements that occurred in the wake of World War One. The displacement of ethnic Greeks from Asia Minor and their settlement in shanty towns in Athens and Piraeus created the conditions for an outbreak of dengue fever that had serious health consequences and impacted on the Greek economy. An early initiative of LN-EC was to support the work of the Greek Refugee Settlement Commission. Mackenzie had gained experience in Russia in dealing with the epidemic consequences of population movement. When the extent of the dengue epidemic became known to the League in 1928, Mackenzie was assigned to Greece to assist the government in place of Norman White. He established the trust of Under-Secretary for Hygiene, Apostolos Doxiadis. This led to the first of a series of 'revolutionary' efforts by LNHO to reform the health systems of a nation-state. The key role played by Mackenzie is revealed in this chapter. The triumph in Greece was largely his. Two primary sources support this conclusion. First, there is the reference to him, by name, in Doxiadis's 1928 letter, together with the (un-named) reference in the 1929 Report of the Health Committee, as to his dengue control mission being the origin of the subsequent League of Nations Commission to Greece. Second, there is his own 'Explanatory Memorandum' of 30 March 1929 which gives an account of the 'moulding' of the huge volume of data that was the basis of the 'coherent system' of the proposed reform. Even although the planned reform was only partially implemented, by combining the best global technical expertise with the topmost political authority, the Commission succeeded in inducing the Greek government to introduce radical changes to their national health system, elements of which are sustained today. The measures taken to establish the Hellenic Health Service were perceived as technical assistance from an external body, rather than as cooperation that was mutually agreed.

4: Bolivia, 1930

The World Health Organization's division of the world into six regions is an accident of history rather than the result of design ... The bureau in Washington was particularly responsible for the degree of autonomy enjoyed by the current regional directors. Now called the Pan American Health Organisation, it agreed to serve as WHO's regional office for the Americas only on condition that it maintained its autonomy. It remains the most independent of the six regional offices and functions almost completely without reference to Geneva.

*Fiona Godlee, 1994.*⁴⁵⁷

Introduction

In March 1930, Rajchman wrote to Adolfa Flores, the Bolivian Director-General of Public Health, to introduce Mackenzie as 'a true friend and a highly-experienced colleague', saying that when the Greek government approached the League with a view to studying the health reorganisation of that country, Mackenzie had spent all winter in Greece as the Secretary-General of a Commission that elaborated a reform plan, a copy of which Rajchman enclosed with his letter.⁴⁵⁸ In May 1931, Mackenzie wrote to tell his future wife Faith that his 'plan for Bolivia was passed by the Health Committee without any opposition or discussion though we expected opposition from the US representative as they hate the League interfering in S. America'.⁴⁵⁹

The mere request from Bolivia to the League for help in health reform provoked an angry press response in Washington and New York. Mackenzie had not set foot in Bolivia when the *New York Times* of 8 October 1929 carried a prominent article, headlined 'Concern Felt Over Ignoring the Pan-American Bureau' for 'Help in Sanitation': the strapline stated, that this 'is precisely What [the] Bureau was Organized For' (see Appendix 5). The nub of the concern that was being expressed 'in diplomatic and official circles' was that Bolivia had asked the League of Nations for help in solving a problem 'for which Pan-American machinery already had been provided'. This resentment provoked John D. Long of the US Public Health Service (USPHS) to proceed to La Paz as a representative of the Pan American Sanitary Bureau (PASB) to 'cooperate, as far as possible, with

⁴⁵⁷ Fiona Godlee, 'The World Health Organisation: The Regions – Too Much Power', *British Medical Journal* 309 (10 December 1994), p. 1566.

⁴⁵⁸ SDN, 8A/13967/13967, Rajchman to Flores, 22 March 1930.

⁴⁵⁹ Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 13 May 1931, p. 5.

the Bolivian authorities in the solution of their problems of sanitation'. The *New York Times* article went on to say that Hugh Cumming, Director of the PASB and of the USPHS, would offer the League representative the services of US Public Health Service to assist the work in Bolivia, 'but it is doubted whether such an offer would be accepted by the League'. Arthur Salter, the British Director of the Economic Section of the League of Nations sent a clipping of the *New York Times* article to Eric Drummond, the Secretary-General, drawing attention to the interest that the request from Bolivia had provoked and disputing the attitude expressed. Drummond forwarded the clipping to Rajchman without comment.⁴⁶⁰

The hemisphere of the Americas was the domain of the Pan American Sanitary Bureau, which had been established by seven nations in 1902⁴⁶¹ as a vehicle for inter-American health collaboration.⁴⁶² The appointment of John Long to PASB in 1928 as 'Travelling Representative' established a skeleton of the Bureau's field services, which were focussed on communicable disease control.⁴⁶³ LNHO epidemiologist Norman White regarded Long as the 'moving force in Pan Americanism health work' and observed that under Long's influence, the Pan American Sanitary Bureau would be a very influential organization.⁴⁶⁴ In the 1930s, the PASB established an incipient system of technical cooperation within the hemisphere of the Americas.⁴⁶⁵ The PASB, however, was strongly influenced by the USPHS and Paul Weindling has seen this as 'part of efforts to "Americanize" public health, and to displace French and German medical influence'.⁴⁶⁶

In 1927, Rajchman and Thorvald Madsen, President of the League of Nations' Health Committee, participated in the first LNHO activity in Latin America – the Montevideo *Conférence des Experts Hygiénistes en Matière de Protection de la Première Enfance*.⁴⁶⁷ After visiting Uruguay, Argentina and Brazil that year, Rajchman concluded that pan-Americanism and the United States were

460 SDN, 8A/13967/13967, *New York Times* (8 October 1929), p. 16; AS Note of 22 October and ED Note of 19 October 1929.

461 As the International Sanitary Bureau.

462 Marcos Cueto, *The Value of Health: a History of the Pan American Health Organization* (Washington DC: Pan American Health Organization, 2006), p. 31.

463 Norman Howard-Jones, 'The Pan American Health Organization: Origins and Evolution', *History of International Public Health* 5 (World Health Organization, 1981), p. 14.

464 Cueto, *The Value of Health*, pp. 51-52.

465 A. E. Birn, Y. Pillay, T.H. Holtz, and P.F. Basch, *Textbook of International Health: Global Health in a Dynamic World* (New York: Oxford University Press, 2009), p. 46.

466 Paul Weindling, 'The League of Nations Health Organization and the Rise of Latin American Participation, 1920-40', *História, Ciências, Saúde – Manguinhos* 13 (2006), p. 3.

467 Eugenia Scarzanella, 'Los Pibes en el Palacio de Ginebra: las Investigaciones de la Sociedad de 2003 las Naciones Sobre la Infancia Latinoamericana (1925-1939)', *Estudios interdisciplinarios de America Latina y el Caribe* 14 (2003), p. 2.

profoundly unpopular.⁴⁶⁸ In Rajchman's view, the political climate was favourable to the technical activities of the League and, in 1927-30, the LNHO launched studies of infant mortality in four Latin American member states of the League – Argentina, Brazil, Chile and Uruguay.⁴⁶⁹ Then, in 1929, LNHO staff member Etienne Burnet undertook a mission to several countries in Latin America.⁴⁷⁰ Burnet wrote to the Bolivian Minister of Health, in advance of Mackenzie's 1930 Mission, commending his colleague for his work in Greece and Bulgaria and for his great skill as a 'field epidemiologist'.⁴⁷¹ As an example of the health problems that Bolivia faced, Burnet cited the effect of malaria on the town of Cochabamba, the population of which had fallen from 42,000 in the old colonial period to 800.⁴⁷²

Mackenzie's 1930 assignment in Bolivia, with Spanish epidemiologist Marcelino Pascua Martinez (1897-1977), placed the LNHO a step ahead of the regional health organization in initiating collaborative work within the borders of its Member States. President Fernando Siles' request for cooperation 'in the scientific organization of public health' followed the visit of Burnet. Siles asked for the assignment of an adviser for eight months, to be followed by a two-year assignment by the same or some other expert.⁴⁷³ By the time of the visit of Mackenzie and Pascua, the LNHO had entered an era of collaborating broadly with national health authorities. The significance of this move to broader cooperation was apparent at the time, the League reporting that 'sometime an opinion is required on measures to cope with malaria, syphilis or an epidemic of dengue, and sometimes the request is for advice on the re-organisation of the public health administration of a whole country'.⁴⁷⁴ The mission of Mackenzie and Pascua to Bolivia from April to September 1930 reinforced this movement. They were able to draw on practical experience that was wide in scope and spanned the globe, whereas the regional organization's field of operation was narrower and encompassed only the hemisphere.

The Secretary-General of the League of Nations wrote to the President of the Republic, Fernando Siles, indicating that Mackenzie's 'preparatory work' would last some 6-9 months.⁴⁷⁵ Around the

468 AIP, RAJ BLK 2, Mission Report 27 July 1927, p. 2.

469 Scarzanella, 'Los Pibes en el Palacio de Ginebra'.

470 Weindling, 'The Rise of Latin American Participation', p. 5.

471 SDN, R 5911, 8A/13967/13967, Burnet to Flores, 25 October 1929.

472 SDN, R5893, 8A/9324/6714, Etienne Burnet, Confidential Report on Mission in Latin America (March-September 1929), C. H. 833, 31 December 1929, p. 25.

473 SDN, R5911, 8A/13967/13967, 'Health Reorganisation in Bolivia', C.371.1929.III, 26 August 1929.

474 League of Nations Health Organization, Information Section, Geneva, 1931, p. 30.

<http://whqlibdoc.who.int/hist/chronicles/health_org_1931.pdf>.

475 SDN, 8A/13967/13967, Avenol to Siles, 2 April 1930.

same time, Rajchman wrote to Flores, referring to Burnet's prior visit, saying that he had spoken highly of the Director-General's work on public health and infant welfare. The letter introduced Pascua as someone who had worked for the Health Section and who was now pioneering modern public health in Spain.⁴⁷⁶

It is significant that the first formal request for assistance by a Latin America country for the scientific organization of its health services was made to the global body, LNHO, rather than to the longer-established regional body, the Pan American Sanitary Bureau. The global body had the advantage of being able to take policies and practices that proved effective in one part of the world and adapt, refine and further develop these in another. Mackenzie's involvement in Greece, prior to his mission in Bolivia, allowed him to transfer, from one continent to another, methods that had proved successful on technical and policy grounds.

PASB activities in Latin America countries were dwarfed by those of the Rockefeller Foundation (RF). From the 1920s, the Foundation's health role expanded 'partly responding to foreign investors' concerns about health risks'.⁴⁷⁷ Conditions in the hemisphere of the Americas were judged by Iris Borowy to be more favourable to the *vertical* approach of the Rockefeller Foundation, which focussed its interventions on controlling single diseases. Latin American countries, she observed, 'were young, their social legislation was inadequate, and they lacked trained personnel, who, in turn, enjoyed neither job security nor attractive salaries'.⁴⁷⁸ When yellow fever appeared in Bolivia in July 1932, in Santa Cruz and adjoining provinces, the Rockefeller Foundation extended the control practices that it had developed in Brazil to its neighbouring country.⁴⁷⁹

Paul Weindling, reviewing the role of LNHO in Latin America, concluded:

the LNHO offered support to public health reformers in Latin America, in an attempt to insulate public health services from the vagaries of politics and to overcome national isolation. Here, it marked an important step towards the regional organizations and technical work of the successor

476 SDN, 8A/13967/13967, Rajchman to Flores, 22 March 1930.

477 Rosemary Thorp, *Progress, Poverty and Exclusion: an Economic History of Latin America in the 20th Century* (Washington DC: Inter-American Development Bank, 1998), p. 22.

478 Iris Borowy, 'The League of Nations Health Organisation: from European to Global Health Concerns?' in *International and Local Approaches to Health and Health Care*, ed. Astri Andresen, William Hubbard and Teemu Ryymin (Oslo: Novus Press, 2010), p. 17.

479 SDN, R 5966, 8D/62/67, Letter 405/32, Director-General Bolivia to Director de la Seccion Epidemiologia de la Liga de las Naciones, 31 October 1932; Ann Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900-1950* (Durham: Duke University Press, 2007), pp. 88-89.

World Health Organization.⁴⁸⁰

The nature of the regional structure of WHO was a direct consequence of the independence of the Pan American Sanitary Bureau. Rivalry between the regional health organization and the global health body was evident as early as 1924, the year of the important Havana (Seventh) Pan American Sanitary Conference, which Norman White attended on behalf of LNHO. Marcos Cueto recorded 'a certain rivalry between the [League of Nations] Hygiene Section and Cumming's organization', based on an internal LNHO report on the Havana Conference, in which White expressed a 'desire for the League to rapidly gain influence in Latin American public health affairs' and suggested that the LNHO, in official dealings with Latin American countries, should behave 'as if the Bureau did not exist, informing them however of what we do'.⁴⁸¹

Cueto, in his historical account of the regional health organization for the Americas, is somewhat dismissive of the LNHO presence in the hemisphere, stating that the Geneva-based Organization: organized some activities in Latin America, such as visits of European doctors, a project to reform the health system in Bolivia, and joint actions for the protection of child health. However, starting in the 1930s, the influence, prestige, personnel, and resources of the League of Nations – including its Hygiene Section – began to decline, in large measure as a result of the social and political upheaval in Europe.⁴⁸²

Demographic factors contributed as much as political factors to the rivalry. The hemisphere of the Americas harboured a great part of the global population. 'In the late 1930s, the 20 republics participating in the Pan American Sanitary Bureau had 264 million inhabitants'.⁴⁸³ Siting a major health initiative in Bolivia, one of the poorest countries in the hemisphere, was purposeful and illustrates the values that determined the approach of LNHO to global health. In a Confidential Report to the Health Committee in 1929, Burnet stated:

the importance of this work cannot be exaggerated. The organisation to be set up in Bolivia might serve as a model for similar countries, that is to say, countries of immense area, difficult communications, few towns and vast stretches of country with a scattered and primitive population.⁴⁸⁴

480 Weindling, 'The Rise of Latin American Participation', p. 13.

481 Cueto, *The Value of Health*, p. 52.

482 Cueto, *The Value of Health*, p. 20.

483 Cueto, *The Value of Health*, p. 50.

484 SDN, R 5893, 8A/9324/6714, Etienne Burnet, Confidential Report on Mission in Latin America (March-September

Mackenzie passed through Brazil, *en route* to Bolivia, and gave a contemporary account of the rigorous, and effective measures employed to control the mosquito vector of the lethal disease, yellow fever. Fred Soper of the Rockefeller Foundation was in Brazil at that time, working with the Cooperative Yellow Fever Service (CYFS).

The global influence of Brazilian public health of the 1930s

Before embarking for South America, Mackenzie received an invitation to visit Brazil from a man who was to have a determining influence on the structures of postwar global health – Geraldo de Paula Souza. Bolivia he said was 'most sadly backward', 'the least progressive of all South American countries'.⁴⁸⁵ Souza, an innovator of health services in Brazil, looked forward to hearing from Mackenzie about improvements in sanitary organization in Europe, including his recent experience in Greece. Mackenzie stated, in reply, that he would spend ten days in Rio to see the work of Drs. Fraga, Barreto⁴⁸⁶ and Chagas.⁴⁸⁷ He would then have three days in Sao Paulo with Waldomiro de Oliveira.⁴⁸⁸

Clementino Fraga, Director of Brazil's National Department of Public Health, led the CYFS together with Soper. The CYFS combined the efforts of local, federal, and Rockefeller Foundation health teams.⁴⁸⁹ Mackenzie gives a contemporary description of the control measures taken by Fraga and his colleagues in Rio against the mosquito vector of yellow fever:

10,000 men visit every house in Rio twice a week, whether rich or poor, and search for accumulations of water, which are either oiled with paraffin or remedied. Leaking taps, dog's drinking pots, drops of water in old tins, accumulations of rain water in irregularities of walls or roofs, are all treated. Outside the city the Government has a large fish farm where a little fish known to feed on mosquito larvae is bred in great quantities. A few of these fish are put each week into every drinking water barrel in Rio, and such larvae as are not eaten by the fish and

1929), C.H. 833, 31 December 1929, p. 23.

485 SDN, 8A/13967/13967, Souza to Mackenzie, 11 January 1930.

486 João de Barros Barreto was Director General of the National Health Department in Brazil. See Weindling, 'The Rise of Latin American Participation', p. 11.

487 Carlos Chagas of the Instituto Oswaldo Cruz and discoverer of the eponymous disease, was a member of the Health Committee of the League of Nations from 1923 until his death in 1934. See Weindling, 'The Rise of Latin American Participation', p. 4.

488 SDN, 8A/13967/13967, Mackenzie to Souza, 14 March 1930; R5911, 8A/13967/13967, de Oliveira to Rajchman, 24 May 1930.

489 National Library of Medicine, The Fred L. Soper Papers, 'Fighting Yellow Fever and Malaria in Brazil, 1928-1942' <<http://profiles.nlm.nih.gov>> [accessed 11 August 2013].

develop into adult mosquitoes, are prevented from escaping by close fitting netting over the barrels. In general this method works well, in spite of a tendency on the part of the less imaginative sections of the population to use the netting covering the barrel as a means of catching the fish, which are then fried shortly after the Inspector has supplied both the fish and the means of catching them.⁴⁹⁰

In April 1930, while in the Brazilian city of Santos, Mackenzie recorded:

I sat down at a small open air cafe and ordered coffee for two. It was five minutes to ten and at ten I was to meet my friend and future companion, Dr. Pascua, who was to accompany me on the survey ... It was exactly ten o'clock as he walked up to the table where I was sitting, he from Madrid, and I from Geneva ... Pascua is a charming Castilian, rather like Beethoven in appearance happy and generous ... He is one of the best informed men I have ever met: music, art, literature, political history, nothing seems to come amiss ... He is a very intelligent and loveable soul whose kindness of heart and open purse is rarely found. Pascua was at home in a library or picture gallery, but I always felt he had our Bolivian ventures rather 'thrust upon him'.⁴⁹¹

Pascua was a distinguished Spanish epidemiologist who became Director-General of Health in Spain and went on to serve the Republican Government as Ambassador to Moscow and Paris, where he played a key part in supporting the struggle against General Franco.

The Bolivian Survey

Over three months, Mackenzie and Pascua Martinez, accompanied by a Bolivian colleague, Dr. Carrasco, conducted health surveys similar to those undertaken in Greece, as a basis for reform of the health system in Bolivia. They arrived in La Paz on 26 May and left Bolivia around 22 August 1930.⁴⁹² Mackenzie had, by now, a well-developed method of work, which is described in a confidential Report which Mackenzie describes as 'an extract of the documentation collected and the local detailed reports made by the mission'.⁴⁹³ The Altiplano was one of three climatic environments of Bolivia that they selected to survey – the others were the tropical area of the Amazon basin and the Yungas. Within these, nine zones were visited.⁴⁹⁴ Districts representative of

490 Wellcome L., PP/MDM/A/3/3/1, Bolivia Personal Account, pp. 4-5.

491 Wellcome L., PP/MDM/A/3/3/1, Bolivia Personal Account, pp. 13-14.

492 Wellcome L., PP/MDM/B/3, Mackenzie to Emma Mackenzie, 25 May 1930 and R5911, 8A/13967/13967, Mackenzie to Rajchman 5 August 1930.

493 Wellcome L., PP/MDM/A/3/3/2, Confidential Report on the Mission to Bolivia, April-September, 1930, p. 4-5.

494 Haswell, *The Doctor*, pp. 125-126.

the different types of country were selected including La Paz, types of mining towns and rural districts in the high plateau, the mines themselves, towns in the foothills of the Andes and in Santa Cruz, situated in the tropical section of the country. In the course of the Survey, the Andes were crossed eight times, twice on mule, twice by air, twice by train and twice by car.⁴⁹⁵ The work involved 250 miles riding mules.⁴⁹⁶

The Survey took account of geographic and ethnographical considerations; the conditions and products of labour; communications; population statistics; the distribution of diseases – malaria, hookworm, espundia (*Leishmania braziliensis*), framboesia (the contagious tropical disease, yaws), leprosy, plague, smallpox, mountain sickness, tuberculosis, venereal diseases (including the control of prostitution). It also dealt with infant welfare and school hygiene, food control, water supply, sewage disposal, hospitals and other institutions. Conditions of medical practice were explored together with an analysis of the budgetary situation. Finally the political history of the country was reviewed as well as the current political and administrative organization.⁴⁹⁷

The scope of the documentation was similar to that for Greece, covering population characteristics, topography, the economy, labour conditions, communications, disease distribution, infant welfare, school hygiene, food safety, water supply, sewage, hospitals, medical practice and budgets.

Mackenzie's methods of data collection were similar to those that would be employed today:

the disease distribution of these districts was particularly examined, especially in respect of the principal diseases as determined by personal observations and the examination of cases by the Mission in hospitals, houses and institutions, by sample examination of the population taken at random, by conversations with local medical men and by statistical evidence.

The survey, while to a large extent it dealt with purely technical public health matters, of necessity also included the consideration of such problems as the social and economic conditions of the country, the political position and the means of communication.⁴⁹⁸

Mackenzie's confidential Report gives an eye-witness account of a revolution in Bolivia. In May 1930, when Siles's term was legally due to end, he relinquished his responsibilities to his Cabinet,

495 SDN, C.627.M.248.1930 III, Collaboration with the Health Administration in Bolivia, p. 47.

496 Wellcome L., PP/MDM/A/3/3/2, Confidential Report on Mission to Bolivia, April-September 1930, p. 4.

497 Haswell, *The Doctor*, pp. 129-130.

498 Wellcome L., PP/MDM/A/3/3/2, Confidential Report on Mission to Bolivia, April-September 1930, p. 4.

followed by a notice to elect Senators and Deputies who, it was intended, should amend the constitution so as to permit his re-election:

The plan... encountered strong and extensive opposition in the country, though this was forcibly silenced by the Government's coercive measures (imprisonment, deportation, etc.). None the less protests against this constitutional action found expression in a number of spontaneous meetings of students, in a secret league of army officers etc... On June 22nd [1930] a small body of students perambulated La Paz shouting 'Hurrah for the constitution' and singing the national anthem; whereupon the Government took disproportionately strong measures in reply, with the result that one student was killed and several wounded ... On the 25th, a soldiers' and peasants' revolution broke out against the Government ... Eventually the revolutionary movement triumphed, and the members of the late government ... were replaced by army colonels in the various ministries. These, under the presidency of General Blanco Galindo, form the Council which will govern with the assistance of a number of distinguished civilians until Parliament can be summoned and a presidential election held.⁴⁹⁹

Documentary sources relating to the Mission to Bolivia

When he sailed for Bolivia in April 1930, Mackenzie and his future wife Faith Mackay agreed to write each week and Mackenzie recorded that 'we have not missed (except I did when I was down the Amazon one week)'.⁵⁰⁰ In addition to these letters and those to his family, Mackenzie drafted a lengthy 'Personal Account'.⁵⁰¹ These documents were accessed by Haswell for his unpublished biography, six chapters of which are devoted to the adventures that Mackenzie experienced in Bolivia.⁵⁰² The League Secretary-General Eric Drummond, describing Mackenzie's 1930 mission to Bolivia in a radio broadcast, stated that 'though the normal life of a League official is spent at Geneva the possibility of adventure is not excluded ... our officials are sometimes asked to live dangerously'.⁵⁰³ Mackenzie described in detail his everyday activities in lengthy letters to Faith and to his mother and brother. One of these illustrates the arduous nature of the survey work:

I have just got back from a trip on mule throughout the most marvellous country to the North of La Paz – the Yungas ... we did 300 Kilometres riding in 6 days, which is not bad going (this is riding 40 miles a day & 12 hours each day in the saddle) accompanied by Indians and sleeping

499 Wellcome L., PP/MDM/A/3/3/2, Confidential Report on Mission to Bolivia, April-September 1930, pp. 98-99.

500 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, April 1931.

501 Wellcome L., PP/MDM/A/3/3/1, Bolivia Personal Account (undated).

502 Haswell, *The Doctor*, pp. 125-180.

503 Personal Communication, Andrew Mackenzie, 24 November 2010, Drummond to Mackenzie, 6 March 1933, with attachment.

where we could each night.⁵⁰⁴

It was a strenuous and dangerous mission, but the long sea journey home allowed Mackenzie and Pascua to compose a report of their survey at a relaxed pace. The 'Personal Account' describes how, first, they arrived at a Title: 'Report on the Mission to Bolivia. The Survey and recommendations: Being an extract of the documentation collected and the local detailed reports made by the Mission together with recommendations for the re-organisation of the Bolivian public health service'. It carried the date April-September, 1930. By the time they reached Southampton, Mackenzie and Pascua had completed headings for an official report, which included a general outline proposing an increased number of doctors in rural districts, establishing a Bolivian Public Health Service and raising the possibility of producing cinchona febrifuge for the treatment of malaria.⁵⁰⁵

Mackenzie employed unusually extravagant language in recalling the experiences of this mission in his Personal Account. He reflected that 'the report and recommendations, in the uncompromising, formal language of official documents, cannot portray to the reader the throbbing life and colour of our Bolivian Mission. As I turn over the pages, I see romance written between the lines of that cold document: romance of the search by mankind for scientific knowledge for the benefit of mankind'.⁵⁰⁶ He deleted the phrase 'romance with hardship and danger' from the flowery text of this paragraph. The visit coincided with a revolution not only in Bolivia, but in Peru, where the world depression was also impacting. The Peruvian government of Augusto Bernardino Leguia y Salcedo (1863-1932) was overthrown on 22 August 1930. Mackenzie and Pascua had to pass through Peru to board the ship that transported them back to Europe.

Second stage of collaboration: consulting Bolivia on the action recommended

Mackenzie wrote on the political situation to Rajchman via a circuitous route, from Bolivia through a diplomatic bag to his brother, then onwards to Geneva. He told his brother Kenneth that:

this country is in a bit of a mess and as there is a strict censorship of letters coming and going it is essential that they should know in Geneva why we cannot write to them of the political position here and its bearing on the Public Health ... [the enclosed letter to Rajchman] will give him an idea of some of the difficulties we are up against here in the establishment of a really

504 Wellcome L., PP/MDM/B/5, Bolivian Fragments (undated), p. 2.

505 The commercially important species is *Cinchona calisaya*. See Seeds of trade <<http://www.nhm.ac.uk/seeds>> [Accessed 7 December 2013].

506 Wellcome L., PP/MDM/A/3/3/1, Bolivia Personal Account, final (un-numbered) page.

good public health service!!!⁵⁰⁷

Mackenzie's description of the state of Bolivia 'astounded' Rajchman, who felt that it was 'pretty hopeless to attempt a great deal there', but was 'thinking the matter over'.⁵⁰⁸

Mackenzie wrote of 'a second stage in the collaboration of the health organisation with Bolivia' being reached with the arrival in Europe of the Director-General of Health, Dr. Bilbao, and his deputy, Prado Barrientos, a Bolivian epidemiologist who had been working at *Institut Pasteur* in Paris. Bilbao was a surgeon and had little experience of public health. For this reason, Mackenzie arranged a special course for him and Barrientos. Both the Bolivians were specially interested in Greece, 'in view of the collaboration at present being carried out there', and Mackenzie asked Norman White for help in arranging for them to spend six days in Athens.⁵⁰⁹ Mackenzie described the process of preparing the Bolivian Report in December 1930 in two letters, saying:

my Indians have gone to see work all over Europe on a tour I arranged for them and will be back in Geneva in March when the old man will be back [from China] & we shall take up the details of the plan to be sent to the Bolivian Government.⁵¹⁰

I have arranged a tour for them which will take them up to March 12th when they will return here, Pascua will come up from Spain, the old man will be back & we shall then decide on the plan of reorganization to be adopted.⁵¹¹

The official Report was therefore completed only in February 1931.⁵¹² At this stage it was communicated, confidentially, only to members of the Health Committee.⁵¹³ The comments of the Health Committee member from Uruguay, José Scoseria, provided a Latin American perspective on the report. He paid compliments to the quality of the survey. Bolivia was a country where everything had to be done in the face so many adversities – absence of communications, lack of qualified staff, budget limitations and political intervention that obstructed the appointment of the right people. He thought the minimum work plan that had been set out would lay a base, over three

507 Wellcome L., PP/MDM/A/3/3/3, Mackenzie to Kenneth Mackenzie (undated).

508 Wellcome L., PP/MDM/B/5, Mackenzie to Faith Mackay, 29 September 1930, p. 5

509 SDN, 8A/23962/13967, Mackenzie to White, 4 December 1930.

510 Wellcome L., PP/MDM/B/5, Mackenzie to Faith Mackay, 6 December 1930, p. 5.

511 Wellcome L., PP/MDM/B/5, Mackenzie to Emma and Kenneth Mackenzie, 6 December 1930, pp. 2-3.

512 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 14 February 1931, p. 4.

513 SDN, R5911, 8A/24523/13967, President of Health Committee to Campbell, 20 February 1931.

years, for the fuller development of public health in the future. Bilbao had in his view the capability of achieving this.⁵¹⁴

The following month, March 1931, Mackenzie wrote saying 'the Bolivians and Pascua are here for the adoption of my plan for Bolivia and there is a meeting of the Health Committee to consider it at Berlin on Wednesday next & really all the work in Bolivia depends for its success upon the Health Committee adopting the report I have now finished ... I shall go to Berlin on Thursday for 2 days ... the Bolivians leave Europe shortly and there is so much to be done before they go'.⁵¹⁵

The visit to Europe of Bilbao helped the Health Committee to finalise the plan for reorganising the health services of his country. The proposals developed by Mackenzie, Pascua, and Bilbao involved LNHO in organising training abroad for national health officials and in helping to reorganise the health system. The study tour of European countries convinced Bilbao of the need to reorganise hospitals and increase the resources devoted to public health back home.⁵¹⁶ In May 1931, Mackenzie recorded finally that his 'plan for Bolivia was passed'.⁵¹⁷ Between the March meeting in Berlin and the May 1931 meeting in Geneva, Bilbao and Barrientos were completing their visits to European countries. In his statement to the Health Committee of 4-6 May 1931, Bilbao thanked the governments of Austria, Czechoslovakia, France, Germany, Greece, Rumania and Yugoslavia. Rajchman gave Bolivia an undertaking to provide the country with a technical adviser from the end of the year.⁵¹⁸

In the period during which the draft report and recommendations were being discussed, news of the work of the mission to Bolivia spread and attracted wide interest. In Geneva, Mackenzie wrote about 'another reception at the old man's with 100 present in connection with the Health Committee & Bolivia'.⁵¹⁹ In Prague, Tomas Masaryk, the President of the Republic of Czechoslovakia asked Mackenzie for lunch 'to hear about the work in Bolivia, and my suggestions for future developments in Czechoslovakia'.⁵²⁰ The mission also proved of great interest outside political

514 SDN, R5911, 8A/27203/13967, Scoseria to Rajchman, 30 April 1931.

515 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 21 March 1931, pp. 1-2.

516 Borowy, *Coming to Terms*, p. 304.

517 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 13 May 1931.

518 SDN, C.398.M160.1931.III, Comité d'Hygiene, Proces-Verbal de la Dix-Septieme Session, Geneve, 4-8 mai 1931, p. 18.

519 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, (undated), April 1931.

520 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 9 February 1931, pp. 1-2 (Mackenzie and his LNHO colleague Ewald Tomanek had just undertaken a four-week mission to the country in January/February 1931).

circles: Mackenzie was invited to address the Swiss Alpine Club.⁵²¹

After considering the response of the government of Bolivia to the recommendations in the official report, the Health Committee decided to continue cooperation by providing overseas training for those who would form the 'cadre' of a new public health service and by providing an international adviser on the envisaged reorganisation plan.⁵²²

Bilbao remained in Geneva in the week following the May 1931 meeting of the Health Committee, and had a conversation with Mackenzie, with whom he established that the immediate priorities were public health measures to control malaria, hookworm and yaws. Bilbao informed Rajchman that he intended to organise short courses on the diagnosis and treatment of malaria for young public health doctors, to equip them to work in districts with high prevalence of the disease. He intended to lead the course himself, together with two Bolivian colleagues⁵²³ and an international professor.⁵²⁴ He therefore asked Rajchman to assign a foreign expert who would fill a dual role as adviser to the Director-General of Health on all questions of public health, as well as leading research on the distribution of disease in different parts of the country. Bilbao stated that the government was ready to send two or three young public health doctors to Europe and also asked for support to send a visiting nurse to Brazil and Europe for training, with a view to establishing a nursing school.⁵²⁵

Rajchman, typically, lost no time in taking the action requested. He wrote immediately to Emilio Pampana (1895-1973), Assistant at the Institute of Hygiene at the University of Rome, who had worked in Columbia for seven years, informing him that the Secretary-General had approved his proposal to designate him as '*Expert de l'Organisation d'Hygiène*', responsible for collaborating in technical studies relating to the health reorganisation of Bolivia.⁵²⁶ Pampana accepted the offer, which was for a minimum period of 18 months, with effect from 12 June 1931.⁵²⁷

521 Wellcome L., PP/MDM/B/5, Mackenzie to Emma Mackenzie, 8 October 1930, p. 2.

522 SDN, C.398.M160.1931.III, Comité d'Hygiene, Proces-Verbal de la Dix-Septieme Session, Geneve, 4-8 mai 1931, p. 18.

523 Dr. Ventimillas and the Director of the La Paz Institute of Biology, Dr. Barrientos.

524 SDN, R 5991, 8A/27203/13967, Bilbao to Rajchman, 12 May 1931.

525 Ibid.

526 SDN, 8A/28448/13967, Rajchman to Pampana, 15 May 1931; Personnel File, Emilio Pampana.

527 SDN, 8A/28448/13967, Pampana to Rajchman, 18 May, 1931.

The Bolivian proposal

A recognizable pattern is apparent in the plan agreed with Bolivia for health service reform. As with Greece, this comprised study tours (to Europe and to Brazil, for nurses); a school of public health, that incorporated a Health Centre; a research centre (in Yungas); a nursing school and a strengthened public health service. Bilbao made a written commitment to Rajchman and to the Health Committee to reorganise and create new hospitals and increase the provision of doctors in rural areas; to research the distribution of diseases and methods for their control (particularly for malaria, tropical diseases, venereal diseases and mother and child health) and to establish a service of epidemiological information; to increase the training opportunities for doctors, nurses and sanitary inspectors; and, over an initial three-year period, gradually to develop an effective (non-political) public health service staffed by full-time practitioners. To provide the first cadre of these, he proposed sending a number of young doctors to Europe for training, with support from the League of Nations. In-country advice was requested from LNHO in implementing the re-organisation proposed.⁵²⁸ When he presented these proposals to the Health Committee, he stated that Bolivia intended to respond to the 'disinterested and humanitarian assistance afforded by the Committee'.⁵²⁹

Followup of Bilbao's plan

For a while, observed Borowy, activities appeared to continue according to plan.⁵³⁰ She contrasted the intervention in Bolivia with that in Greece, saying 'LNHO in Bolivia never got past a preparatory stage'.⁵³¹ Pampana, in July 1931, was not in Bolivia, but with Pascua in Spain. From there, he went on to Italy and Yugoslavia, on a tour that lasted until September.⁵³² On returning to Geneva, Pampana met with the Bolivian Minister to the League of Nations, following which the Minister was informed by Frank Boudreau that LNHO was arranging for Pampana to arrive in Bolivia at the end of January 1932. At the same time, Boudreau provided the Minister with an estimate of the supplementary expenses foreseen in the proposed health service re-organization.⁵³³ Two months after receiving these estimates, the Bolivian delegate informed the League of Nations

528 SDN, R5911, 8A/27130/13967, Bilbao to Medical Director, 30 April 1931; 8A/28415/13967, Extrait du Rapport du Comité d'Hygiène (CH 17), 4-8 May 1931, p. 18.

529 SDN, Health Committee Minutes of the Seventeenth Session, C398.M.160.1931.III, August 1931.

530 Borowy, *Coming to Terms*, p. 304.

531 Borowy, *Coming to Terms*, p. 304.

532 SDN, R 5991, 8A/28448/13969, Rapport sur le voyage d'études entreprise par le Dr. Pampana en Espagne, Italie et Yougoslavie, du 15 juillet au 1 septembre 1931.

533 SDN, 8A/27203/13967, Boudreau to Costa du Reis, 30 September, 1931.

that his Government had just let him know that the economic situation obliged them, with great regret, to postpone the mission of Pampana (who was about to leave for Bolivia).⁵³⁴ The reply, on behalf of the Director of the Health Section, expressed the hope that action on the programme for health reform would not be too long delayed.⁵³⁵

The delays would have come as a disappointment to Rajchman and Mackenzie. Each had embarked on travel shortly after the Health Committee had made its commitment to support Bolivia in May 1931, Rajchman undertaking a fourth visit to China and Mackenzie embarking on the first of his missions to Liberia. The 'postponement' was also embarrassing: Pampana had been engaged for two years, with effect from June 1931, with funds earmarked 'for liaison with Latin America'.⁵³⁶ Yet, seven months on, there was no definite information of his 'impending mission to Latin America'.⁵³⁷ The fatal blow, said Borowy, was the cost of implementation. When LNHO calculated these, the Government found they were unable to finance the scheme.⁵³⁸

One factor that may have contributed to the failure of the agreed cooperation with Bolivia was a shift of focus on the part of Rajchman and Mackenzie. When obstacles to implementation were becoming apparent, other countries were taking up their attention. In the latter part of 1931, Rajchman went to China for a lengthy period; earlier the same year, Mackenzie's priority shifted to Czechoslovakia, as evidenced by a letter in which he stated 'the work goes well & we are making more progress than we dared hope. This is good as it simply must be a success as Czechoslovakia is a much more important country to have asked for collaboration than Bolivia'.⁵³⁹ The mission to Czechoslovakia prevented Mackenzie from joining Bilbao in Yugoslavia, although he arranged to keep in contact by correspondence, while he was on mission.⁵⁴⁰ The plan was for Bilbao to proceed to Greece, but a meeting scheduled with Norman White in Salonika seems not to have taken place.⁵⁴¹

The economic and political environments were also unfavourable. According to Zulawski, the grim public health situation of the country was aggravated when the worldwide economic depression hit

534 SDN, 8A/27203/13967, Delegate of Bolivia to Director, Health Section, 2 December 1931.

535 SDN, 8A/27203/13967, Director, Health Section to Costa du Reis, 2 December 1931.

536 SDN, R5991, 8A/28448/13969, Internal Control Office, 18 January 1932.

537 Ibid.

538 Borowy, *Coming to Terms*, pp. 304-305.

539 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 31 January 1931.

540 SDN, 8A/23962/13967, Mackenzie to Bilbao, 13 January 1931.

541 SDN, 8A/23962/13967, Mackenzie to Bilbao, 13 January 1931.

Bolivia and by the 1932 'Chaco' War between Bolivia and Paraguay. Not only did Bolivia suffer a humiliating defeat in the War, 'but the conflict was a medical disaster both in the theater of operations and on the home front'.⁵⁴² The impact of the Chaco War on Bolivia was profound. The reason given by Borowy for the failure to implement the plan for Bolivia was because the Organisation adopted a *horizontal* approach – this is to say one that engaged in a broad range of activities, implemented through cooperation with local and national health authorities. Interventions by the Rockefeller Foundation in Latin America, which focussed on controlling single diseases, proved better suited to the level of development of the countries.⁵⁴³ It was these vertical programmes that were replicated. In Brazil, in the 1930s, Soper hired local malariologist Marcolino Candau for an RF-funded campaign to eliminate imported malaria from the country.⁵⁴⁴ Success in eradicating *A. gambiae* in Brazil led later public health leaders to believe that mosquito eradication was 'the safest and most economical way of getting rid of malaria'.⁵⁴⁵

Long-term consequences of the Bolivian mission

The objection of the Pan American Sanitary Bureau to the intrusion of an international health organization in the hemisphere of the Americas in 1930 was reprised in 1946. Mackenzie describes a crisis brought about at the International Health Conference in New York that year, in letters that are referred to in chapter 11. Surgeon-General Parran did not want the Bureau to be amalgamated within WHO.⁵⁴⁶ The PASB had 'a record of progress, a source of finances and a functioning personnel [and] was unwilling to turn its back on that history'.⁵⁴⁷ Other delegates to the Conference wished to see the formation of a single international health organization. After the Constitution of WHO come into force in 1948, PASB and five other regional bodies were created. The agreement of PASB to become part of WHO was secured through the compromise of granting it autonomy, an arrangement that Godlee describes in the quotation at the head of this chapter.

Soper succeeded Cumming as Director of the Pan American Sanitary Bureau in 1947.⁵⁴⁸ In 1953, Soper's former Brazilian colleague, Marcolino Candau, was elected WHO's second Director-

542 A. Zulawski, *Unequal Cures: Public Health and Political Change in Bolivia, 1900–1950* (Durham: Duke University Press, 2007), p. 50.

543 Borowy, 'European to Global Health Concerns', p. 17.

544 Malcolm Gladwell, 'The Mosquito Killer', *The New Yorker* (2 July 2001), p. 4.

545 Socrates Litsios, 'Malaria Control, the Cold War, and the Postwar Reorganization of International Assistance', *Medical Anthropology* 17 (1997), p. 257, fn 4.

546 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 14 July 1946.

547 R. Berkov, *The World Health Organization: A Study in Decentralized International* (Genève: Librairie E. Droz), p. 99.

548 Theodore M. Brown, Marcos Cueto and Elizabeth Fee, 'The World Health Organization and the Transition From "International" to "Global" Public Health', *American Journal of Public Health* 96 (2006), p. 64.

General.⁵⁴⁹ Candau was in this position when the Organization launched a campaign to eradicate malaria from the globe. Greatly increased resources became available to WHO.⁵⁵⁰ These were used with the aim of replicating the successes of Brazil's vertical programmes of the 1930s. The eradication of malaria from the globe has yet to be accomplished. In 2010, the number of deaths due to the disease in the world was reported to have fallen below the million mark.⁵⁵¹

Pampana went on to direct the WHO Division of Malaria Eradication. It is ironic that the task of directing WHO's largest vertical programme fell to the person selected to replicate in Bolivia the horizontal programme that LNHO had initiated in Greece.

Summary

The year after completing his work in Greece, Mackenzie undertook in Bolivia a study of the 'morbidity of the country' within representative geographic areas and again 'moulded' large volumes of data into a coherent proposal for reforming the national health services there. It is significant that it was the global organization, LNHO, that attempted a disinterested effort of health service reform in the least progressive of all South American countries, as a model for countries of immense area, difficult communications, few towns and vast stretches of country with a scattered, impoverished population.

Mackenzie provided a contemporary account of the effective measures taken by Brazil, with support from the Rockefeller Foundation, to control the mosquito vector of yellow fever. This gives an historical context of the rationale of a later thrust to control malaria and of the ambitions of WHO to eradicate the disease from the globe – a campaign led by Emilio Pampana, the person selected by LNHO to serve in Bolivia in 1931.

The planned assistance to Bolivia by LNHO for reorganising health services failed, largely because the economic and political environments were unfavourable. Pampana never took up his assignment.

549 Gladwell, 'The Mosquito Killer', p. 4.

550 Ibid.

551 World Health Organization, *World Malaria Report* (Geneva: World Health Organization, 2010), p. xii.

Conclusion of Section Two

It is rare to be able to identify a watershed in history through the content of a single document. The letter of Doxiadis of 20 October 1928 marks the precise date in history when international action in the field of health extended from safeguarding countries and trade routes against the importation of transmissible disease, to include collective action by nations to advance the health of populations.

The performance within countries of today's international health organizations could be strengthened by studying the historical record of the 'horizontal' programmes of the interwar period. As shown in chapter 3, the combining of the full range of global technical expertise with the topmost political authority proved effective in persuading national authorities to adopt policies and practices to improve the health of the citizens of Greece.

LNHO, which was successful in establishing broad programmes of health reform in Greece found difficulty in introducing them in Bolivia. Borowy argues that the vertical approaches of the Rockefeller Foundation, which focussed on controlling single diseases, proved better suited to the level of development of Latin America countries.

Initiatives for broad-based reform of health services, such as those pioneered by LNHO in Greece and Bolivia, are mediated today through WHO regional bodies. Chapter 4 began with a quotation stating that the prior existence of a Pan American Sanitary Bureau led to the creation of six such bodies within WHO. The chapter shows that the regional/global rivalry for public health influence in Latin America has a long ancestry. In 1924, LNHO behaved in Latin American countries as if the Pan American Sanitary Bureau did not exist. Decades later, the boot appeared to be on the other foot: the WHO Regional Organization for the Americas, observed Godlee, 'functions almost completely without reference to Geneva'.

Section Three: Technical cooperation with China

The subject of all four chapters (5-8) of Section Three is technical cooperation with China.

Collaboration between the LNHO and Greece in the 1920s constituted technical *assistance* – in the sense that the ideas and resources for health service reform came largely (although not exclusively) from outside.

Chapter 5 shows that measures to improve the health and wellbeing of China's population were conceived locally. The cooperation that the country initiated with the League of Nations in 1930 was one established by mutual agreement: China was the birthplace of the modern day practice of technical *cooperation*. This cooperation sought first to improve the organization of health services and went on to encompass other sectors of the economy. In 1933, the League of Nations established a Committee on Technical Collaboration. Iris Borowy observed that 'never before or afterwards did an international health organisation – or any organization – dare engage in an effort of that scale to reorganise a public policy system'.⁵⁵² The development of technical cooperation in China in the 1930s is shown to have had a major influence on the practices, policies and structures of global health that emerged post World War Two.

The midwife of technical cooperation was Rajchman, who emerges from the analysis in chapter 6 as a far-sighted and courageous global health leader. This chapter describes seven visits that he made to China between 1925 and 1937 in support of national efforts to modernise the health system and other sectors of the economy.

Historical accounts of China's cooperation with the League of Nations by Borowy and other historians focus on the period prior to the onset of the Sino-Japanese war in 1937. The League of Nations responded, however, to Japanese aggression by providing greater resources and channeling these through an Epidemic Commission, a model that the League had used in Poland and Russia in the 1920s. A huge 'anti-epidemic operation' was superimposed upon the programme of technical cooperation. Chapter 7 records the work of three Epidemic Commission teams in North, Central and South China, and documents an important mission undertaken by Mackenzie to support the teams. It also furnishes the context for Mackenzie's rising influence in relation to China between 1937 and 1940.

⁵⁵² Iris Borowy, 'Thinking Big', p. 223.

After a brief interruption in 1942 collaboration was resumed by UNRRA in 1945 and the continuity of national and international health developments with prewar technical cooperation is described in chapter 8. A chronology of events relating to China's cooperation with international agencies is listed in Appendix 6.

5: Cooperation, 1923-1946

Contemporary Map of China with Provinces



Society for Anglo-Chinese Understanding, <http://www.sacu.org/provmap.html> [accessed 19 November 2013]

Introduction

No one can doubt that China is one day destined to be among the most powerful of modern nations. We of the West, if we have any wisdom, must begin to build for that day. We must build not so much for treaties and diplomatic relationships, which change with the exigencies of time, but in those other deeper relationships with the people, relationships at once more intangible and more solid. We must share with the Chinese the best we have of education, of public health, of science, of all modern equipment for the acquisition of knowledge, for each manifest friendly cooperation will be the soundest basis for future international peace and understanding.

Pearl Buck, 1933⁵⁵³

⁵⁵³ Pearl Buck, quoted in C. C. Chen, 'Scientific Medicine as Applied in Ting Hsien: Third Annual Report of the Rural Public Health Experiment in China', *Milbank Memorial Fund Quarterly* 11 (1933), p. 99.

In December 1929, after a visit by Rajchman, the Chinese Government invited the League of Nations to collaborate on health matters and, in March 1930, the Council of the League formally agreed to the proposal.⁵⁵⁴ This cooperation in the field of health was an 'entering wedge' leading to cooperation in other sectors of the economy. Technical cooperation between China and the League of Nations was sustained for more than a decade, until interrupted in 1941.

From Wanguo Hui to Dingxian, and beyond: the path to modernising China's health system

Significant initiatives to control epidemic disease, to establish rural services and to reform the education of health personnel were in place prior to the LNHO presence.⁵⁵⁵ These were led by Chinese physicians who were supported in educational and research endeavours by a few expatriates, who worked with them as colleagues. Ideas for bringing the benefits of scientific medicine to the women, men and children of rural China were indigenous concepts.⁵⁵⁶ The Chinese pursued social and economic improvements that were worked out and executed by their own experts, 'though assisted at times by the non-political technical advisers sent to China by the League of Nations'.⁵⁵⁷ China was sceptical of importing foreign models and developed a home-designed health system.

Wu Lien-teh was the guide when the first League of Nations' official visited China in 1922-1923. He accompanied LN-EC epidemiologist Norman White on a journey that took them through Manchuria (the Provinces of Heilongjiang, Jilin and Liaoning) to Beijing. White recalls that:

[Wu] had come from China to Seoul to meet me. It was interest in problems of pneumonic plague that prompted the extension of my journey so far north: there had been quite a severe epidemic in 1920-21. We went as far north as Harbin where the Trans-Siberian, Manchurian and Vladivostok Railways meet. Wu Lien Teh was then Chief of the Manchurian Plague Prevention Service which had its headquarters laboratory, hospital and quarantine station in Harbin.⁵⁵⁸

554 SDN, C.118.M.38.1930.III, <CH 843> (1930.III.3), 'Proposals of the National Government of the Republic of China for Collaboration with the League of Nations on Health Matters', 1930.

555 Yip Ka-che, 'Health and Society in China: Public Health Education for the Community, 1912-1937', *Social Science and Medicine* 16 (1982), pp. 1197-1205; Yip Ka-che, 'Health and Nationalist Reconstruction Rural Health in Nationalist China, 1928-1937', *Modern Asian Studies* 26 (1992), pp. 395-415.

556 'The gigantic problem that this young movement is undertaking is in every sense a Chinese problem, peculiar to the educational needs here in China. So, unfortunately, or fortunately, unlike other kinds of educational work carried on in the country, it has no ready-made principles or methods from foreign countries to copy.' See James Yen, 'Chinese Mass Education Movement Progresses Strongly', *News Bulletin* (Institute of Pacific Relations, 1926), p.12

557 Alfred Sao-Ke Sze, 'Reconstruction in China', *Annals of the American Academy of Political and Social Science* 177 (1935), p. 267.

558 White, 'Retrospect', pp. 448-449.

Wu Lien-teh gave an account of his life and work in an autobiography.⁵⁵⁹ His reputation was established while investigating an epidemic of pneumonic plague in Manchuria of 1910-1911. An historical account of the epidemic reported that 'out of a total population in Harbin of approximately 30 000 (including more than 10 000 Chinese), about 1500 people died'.⁵⁶⁰ Concerns to halt the spread of the disease to Russia and Japan led in April 1911 to the first medical conference in modern Chinese history – the 'assembly of ten thousand nations' (*wanguo hui*).⁵⁶¹ Gamsa records that Wu chaired the 'carefully choreographed event' and quotes Xi Liang's much-publicized opening remark 'that Western medicine, like railways and other modern inventions, was a prerequisite for China's progress'.⁵⁶² The Imperial Commissioner to the Conference, Shih Chao-chi (Sze Sao-ke), became an influential delegate to the League of Nations and his son, Szeming Sze, played a key political role in establishing WHO.

Wu trained in the United Kingdom, graduating from Cambridge. In 1935, he was nominated for a Nobel prize for his research on plague. At the time of White's visit, he was the sole Chinese official in charge of preventive medicine and disease control.⁵⁶³

Secular and missionary contributions to the training of Chinese health personnel

On arriving for his first visit to China in 1925, Rajchman encountered (as he had in Russia) a well-funded, influential United States presence.⁵⁶⁴ Rockefeller Foundation had embarked on an anti-hookworm campaign in China. This was an early example of a 'vertical programme', targeting a single disease. John D. Rockefeller had been impatient of vague discourses on public health and asked a group of US medical leaders to come up with something concrete that people could understand and which was curable and preventable. The scientists told Rockefeller that the disease that fulfilled his criteria was hookworm, which the Foundation proceeded to tackle first in the hemisphere of the Americas and then in Asia.⁵⁶⁵ The anti-hookworm campaign in China led the Rockefeller Foundation to expand its support to medical education, through the Peking Union Medical College (PUMC), which became its flagship in Asia.⁵⁶⁶

559 Wu Liande, *Plague Fighter: the Autobiography of a Modern Chinese Physician* (Cambridge: W. Heffer, 1959).

560 Mark Gamsa, 'The Epidemic of Pneumonic Plague in Manchuria 1910-1911', *Past and Present* 190 (2006), p. 154.

561 *Ibid.*, p. 153.

562 *Ibid.*, p. 153.

563 Jürgen Osterhammel, 'Technical Co-Operation Between the League of Nations and China', *Modern Asian Studies* 13 (1979), p. 662.

564 Balińska, *For the Good of Humanity*, p. 78.

565 Victor Heiser, *A Doctor's Odyssey: Adventures in Forty-Five Countries* (London: Cape, 1936), p. 286.

566 Mary Brown Bullock, *An American Transplant: the Rockefeller Foundation and Peking Union Medical College*

In addition to PUMC in Beijing, secular medical schools were established in Shanghai, Changsha and Sichuan and, in the 1920s, health personnel from the United States, Canada, Great Britain, Germany and elsewhere were operating in some 326 missionary hospitals which provided training, particularly for Chinese nurses and assistants.⁵⁶⁷

In 1921, a son of Canadian missionaries, John Grant (1890–1962), who had been involved in the hookworm campaign, was appointed Director of the PUMC Department of Public Health and Preventive Medicine. He had boundless ambition and energy and believed that his newly-created Department could, perhaps, represent as much to the history of preventive medicine as did the founding of Louis XV's Academy of Surgery to the development of surgery.⁵⁶⁸ It was Grant who encouraged the Chinese to invite Rajchman to visit.⁵⁶⁹ Mary Bullock's account of the PUMC's influence in China describes how a system of rural health care was introduced in the 1920s. This stemmed from a small group of Chinese physicians who had trained in the prestigious PUMC or overseas. Prominent among these were Ch'en Chih-ch'ien (C. C. Ch'en) and Liu Ruiheng (J. Heng Liu).⁵⁷⁰ Each played a central role in developing rural health services in the country and, after 1930, were supported in doing so through the LNHO programme of technical cooperation.⁵⁷¹

Grant introduced at PUMC a concept of public health training that remains relevant today. He said: a good sample community of from 40 000 to 60 000 population is to a department of public health ... what a 250-bed hospital ... [is] to the departments of medicine, surgery and obstetrics. The Department of Hygiene of Peking Union Medical College is acquiring a teaching community comparable to its teaching hospital.⁵⁷²

The Peking First Health Station was established in 1925 as a 'university-administered social laboratory to serve as a controlled environment for teaching purposes', and as 'an organizational core of a regionalized system of community health care'.⁵⁷³ All PUMC students were required to

(Berkeley: University of California Press, 1980), p. 137.

567 Peter Kong-ming New and Cheung Yuet-wah 'The Evolution of Health Care in China: a Backward Look to the Future', *Medical Anthropology* 8 (1984), p. 172.

568 Shawn X. Foster, *John Black Grant's Public Health Effort in China, 1918-1937*, <rockarch.org>, 2010 [accessed 19 December 2012].

569 Balińska, *For the Good of Humanity*, p. 78.

570 Bullock, *An American Transplant*, pp. 163 & 128.

571 Wei Sheng Shu, 'Public Health Reconstruction under the National Government', *Chinese Medical Journal* XLVI (1932), p. 829.

572 Bullock, *An American Transplant*, p. 144.

573 K.-C. Yip, 'Health and Society in China: Public Health Education for the Community, 1912–1937', *Social Science*

undertake a clerkship in the Station.

Staff of the Peking First Health Station and PUMC's public health students met weekly in Grant's home. Victor Heiser, of the Rockefeller Foundation (RF), attended one of these Friday night sessions in the spring of 1928 and recorded that:

we discussed various problems till midnight. They wanted views as to whether they should encourage the development of state medicine or whether they should endeavour to develop along opposite lines. Told them of Rajchman, who after extensive study of poor countries came to the conclusion that state medicine is the only solution for the application of curative and preventive medicine.⁵⁷⁴

'State Medicine' was a term in wide use at this time, denoting preventive and other services that the State provided through local authorities. Yip, who has researched the reconstruction of rural health between 1928 and 1937, records that three organized health centres were operating in 1929, as experiments for introducing modern health care – at Dingxian (Ting Hsien) in North China and in Gaoqiao and Wusong, near Shanghai. Each aimed to extend rural services to cover a wider geographic area and 'was staffed by three doctors, several nurses and midwives and one sanitary inspector. Their activities included curative work, communicable disease control, public health publicity, mother and child health, school health, sanitation and collection of health statistics'.⁵⁷⁵

Ch'en Chih-ch'ien and the health programme of Dingxian

The health programme of Dingxian was an integral part of the Mass Education Movement (MEM) of rural education and economic improvement, begun by Yan Yangchu (Y. C. Yen) in 1925 and established in a county (*hsien*) some 200 miles south of Beijing.⁵⁷⁶ The county had a population of half a million.⁵⁷⁷ It was good politics to link health development with MEM, because both the Chinese Communist Party and the Nationalists (*Guomindang*) pledged to work for radical changes in the countryside as part of the peasant movement.⁵⁷⁸ Yan Yangchu was 'a man of magnetic influence, spending most of his time in villages'.⁵⁷⁹ Grant sought to be involved in Yan's MEM, but

and Medicine 16 (1982), p. 1200.

574 Bullock, *An American Transplant*, p. 151.

575 Yip, 'Health and Nationalist Reconstruction', p. 402.

576 Pearl Sydenstricker Buck and Y. C. James Yen, *Tell the People: Talks with James Yen About the Mass Education Movement* (New York: International Mass Education Movement, 1959), p. 54.

577 Francesca Bray, 'The Chinese Experience', in *Medicine in the Twentieth Century*, ed. Roger Cooter and John Pickstone (Amsterdam: Harwood, 2000), p. 725.

578 Yip, 'Rural Health in Nationalist China', p. 396.

579 SDN, R5713, 50/29743/6557, Štampar to Smets, 5 July 1937.

failed at this stage to gain support from Rockefeller Foundation.⁵⁸⁰ He did, however, become an advisor to the MEM in the late 1920s and was a frequent guest in Yan's home in Dingxian.⁵⁸¹

The Dingxian health programme was first headed by Yao Hsun-yuan, a PUMC graduate who tried to apply experience gained at the Peking First Health Station.⁵⁸² Ch'en then took over as director of the Health Department and, in 1933, described progress in expanding geographic coverage in a report to the Milbank Memorial Fund, which did support the programme.⁵⁸³

Ch'en was one of several Chinese physicians, trained in prestigious institutions (he enrolled in PUMC in 1921), who later became counterparts of international staff assigned to China by LNHO. He observed in his Report to the LNHO Intergovernmental Conference on Rural Health in Bandoeng in 1937 that, for centuries, medicine had merely been a commodity that is purchased, or else a charity; medicine as a State service, however, he saw as a relatively modern notion: 'When 80 percent of the population are in need, only a government can give help to such a great number, and cannot do so without raising the necessary funds from those who are the beneficiaries'. He concluded that it is 'this that the world has need of today; state medicine is the only solution for agricultural countries'.⁵⁸⁴

Ch'en paid tribute to the contribution of Grant and of the Rockefeller Foundation to the development of rural medicine in China.⁵⁸⁵ Yip records that:

a small group of medical students at PUMC began publicizing the idea of 'state medicine' (*gongyi*) in articles published in Beijing newspapers. State medicine generally meant 'the rendering available to every member of the community, irrespective of any necessary relationship to the conditions of individual payment, of all the potentialities of preventive and curative medicine'. As Ch'en explained, when the government provided health care for the entire population, then it could 'promote public health improvements in the countryside as well as in the cities, regardless of individual background and income'.⁵⁸⁶

580 Foster, 'John Black Grant', pp. 4-5.

581 Socrates Litsios, 'Selskar Gunn and China: the Rockefeller Foundation's "Other" Approach to Public Health', *Bulletin of the History of Medicine* 79 (2005), p. 300.

582 Bullock, *American Transplant*, p. 164.

583 C. C. Chen, 'Scientific Medicine as Applied in Ting Hsien: Third Annual Report of the Rural Public Health Experiment in China', *Milbank Memorial Fund Quarterly* 11 (1933), p. 539.

584 C. C. Chen, 'La Socialisation de la Médecine dans la Chine Rurale', in *Société des Nations, Conférence Intergouvernementale des Pays D'orient sur L' Hygiène Rurale (1937)*, C.H. 1253, No. 2.

585 C. C. Chen and F.M. Bunge, *Medicine in Rural China: a Personal Account* (Berkeley: University of California Press, 1989), p. 3.

586 Yip, 'Rural Health in Nationalist China', pp. 400-401.

Yip goes on to state that the idea of state medicine, as a principle of organizing health care and medical administration, was accepted by many medical leaders: Ch'en and others often discussed among themselves the concept and were aware of socialized health services in other countries. It was, however, practical concerns and socioeconomic realities in the late 1920s that convinced Chinese leaders of the need for active state intervention in rural health developments. As early as 1928, Liu Ruiheng, then Vice-Minister of Health, had recommended that the Ministry should try to introduce state medicine on a trial basis in a demonstration area.⁵⁸⁷

In 1935, Ch'en visited Russia, through LNHO, and expressed forthright views on the weaknesses of State medicine, the 'evil' of private practice there and the unsuitability of the Russian system for other countries.⁵⁸⁸ The idealism of the Chinese pioneers of state medicine is captured in the lines of the PUMC student anthem:

Its ours to help the wretched
To guard the public health
To serve our dear old China
Without a thought of wealth.⁵⁸⁹

Yip quotes time-series data on the meagre health services expenditure in Republican China, which depict a rise from 0.1% of the total budget (compared with 42% for the military) in 1929 to about 0.2% in 1931 and 0.7% in 1936.⁵⁹⁰ He goes on to state that:

with limited funds, the idea of a few demonstration centers along the lines of Ting Hsien was particularly attractive. New techniques and experiences of the health demonstration would be extended to other [counties]. Organizationally, the structure of Ting Hsien's health program also proved to be an important model for the planned rural health service.⁵⁹¹

In the year that he embarked on study travel, Ch'en published an account of four years' experience in 'the organised practice of medicine under rural conditions'.⁵⁹² The Health Division in Dingxian, as early as 1931, had decided to build the programme around lay workers.⁵⁹³ He described the

587 Yip, 'Rural Health in Nationalist China', pp. 400-401.

588 SDN, R5710, 50/18704/6501, C. C. Chen, 'Report on Visit to Yugoslavia, Russia and India', 1 December 1935.

589 Bullock, *An American Transplant*, p. 110 (words by Lorin Webster).

590 Yip, 'Rural Health in Nationalist China', p. 404.

591 Ibid.

592 SDN, R 5710, 50/18704/6501 C. C. Ch'en 'Development of Systematic Training in Rural Public Health: Annual Report 1935', *Chinese Association of the Mass Education Movement*.

593 Ibid., pp. 4 -5.

difficulties of establishing rural services in the annual report of 1935. Maternal mortality in the experimental district was 1200 per 100 000 births and infant deaths from *tetanus neonatorum* 300 per 100 000 live births. Ch'en employed education and demonstration (of midwives and others) to reduce these high levels of mortality by the 'practical application of scientific knowledge'.⁵⁹⁴ In 1931, he introduced lay Village Health Workers ('Too often a technical man is inclined to think that all technical achievements in society are obtainable by the efforts of technical workers alone.'). Ch'en reported that without enlisting the lay assistance of these workers, the influence of technical personnel would never have penetrated into villages and a steady flow of medical knowledge into the life of the villagers would have been a mere dream.⁵⁹⁵ He observed rural health practices in Yugoslavia and India, as well as in Russia, during an LNHO-funded study visit, and cited an Indian experiment of engaging village aid workers. This failed because workers were selected by the programme organisers. In Dingxian, lay workers were selected by a local community organization. Ch'en observed that 'without some sort of community organization, it is impossible to promote welfare activities'. Among the measures he attributed to the success of his experimental rural health programme were motivation, supervision, articulation of the village work with the Health Station and a 'horizontal social approach'.⁵⁹⁶ This appears to be the first recorded use of a term that is widely employed today to differentiate the application of broad measures of health development within a defined community from the narrow (vertical) measures against specific diseases. Ch'en considered a fifteen-year programme of expansion to be economically feasible, the reform of medical and nursing education being pre-requisites. Selskar Gunn, of the Rockefeller Foundation, described Yan's Dingxian programme as 'providing the Social Sciences with community laboratory facilities controlled in a manner not dissimilar to that used by the Natural Sciences in teaching and research'.⁵⁹⁷

Shih Chao-chi (Alfred Sao-Ke Sze) reported, in 1935, on the progress made by China in public health and other fields. A Central Field Health Station had been established and a Central Hospital developed as a nucleus for national medical and health services, including problems of sanitation, preventive medicine, and medical relief. The National Quarantine Service had been extended and the work of the various centres of public health service throughout China coordinated. Diseases such as plague, cholera, malaria, and parasitic diseases had been scientifically studied at specially equipped departments and field stations. Midwifery schools and maternity centres were opened, and

594 Ibid., p. 3.

595 Ibid., p. 5.

596 Ibid., p. 7.

597 Litsios, 'Selskar Gunn and China', p. 301.

provision made for mass production and distribution of health promotion exhibits.⁵⁹⁸

The influence of rural health practices in China on the 1937 Bandoeng Conference

In 1937, Ch'en and Liu Ruiheng reported on the national experience of implementing social medicine and rural health care in China to participants attending the Bandoeng Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene. The significance of this Conference, which Rajchman organised, was recognised at the time. In a radio broadcast, Mackenzie described it as 'a thoroughly practical conference' which involved not only doctors, but agricultural and veterinary experts and engineers, who described how to tackle different problems of rural health, such as how best to supply water to villages, ensure adequate nutrition and organise village-level health care.⁵⁹⁹ The pioneering experiences of rural health and social care reported in Bandoeng influenced the most important global policy of the Century, the aspiration for 'the attainment by all the people of the world by the year 2000 of a level of health that will permit them to lead a socially and economically productive life'.⁶⁰⁰ Halfdan Mahler, an originator of the policy, was impressed by the practical experiences on the ground described in the Bandoeng Report. One success that he highlighted was the opening of public health work in rural areas 'as the entering wedge for the development of a broader programme embracing education, economics, sociology, engineering and agriculture'.⁶⁰¹ The official account of the Bandoeng meeting, recorded in the LNHO Report of 1937-1938, reflects some of Ch'en's ideas:

The Conference laid stress on the necessity of securing the willing acceptance of improvement plans by the rural population, rather than having them imposed through administrative channels.

Other recommendations of the Conference dealt with the important function of education, especially in agricultural matters and with the need for land reform and the methods to be employed to carry it out. The Conference, realising the increasingly important role that must be played by women in rural reconstruction, urged that everything should be done to ensure that women shall be given every opportunity to develop their activities in this important field. The Conference found that a number of countries possess experimental centres for rural reconstruction, and that these have worked out results which have proved applicable to other

598 Sze, 'Reconstruction in China', pp. 257–267.

599 Wellcome L., PP/MDM/C/2, 'Broadcast on Rural Hygiene Conference', 1937. Mackenzie did not participate at Bandoeng. In the Broadcast, he stated that he had just come back from a mission to a river in the East (in Thailand) where there were a thousand deaths a week from cholera.

600 World Health Organization, *Global Strategy for Health For All by the Year 2000*, p. 11.

601 Halfdan Mahler, 'Promotion of Primary Health Care in Member Countries of WHO', *Public Health Reports* 93 (1978), p. 107.

countries. It accordingly invited the health organisation to collect and make available information on these experiments, particularly by means of collective study tours.⁶⁰²

The Chinese delegation to Bandoeng was led by Liu Ruiheng and included Wu Lien-teh. Berislav Borčić, who was assigned by the League of Nations to China in 1930 as the long-term technical adviser on public health, reported to Liu Ruiheng who was Director of *Wei Shang Shu* (the National Health Administration). Liu was a Harvard Medical School graduate and had served on the PUMC faculty. He argued that excess deaths and high morbidity rates contributed to low productivity among China's farmers and the collapse of the rural economy. The promotion of rural health work was truly an urgent task, vital to the success of national reconstruction'.⁶⁰³ Presenting the National Report of China to the Bandoeng Conference, Liu stated that the National Health Administration had drawn freely on the experience of Dingxian in framing its rural health programme.⁶⁰⁴

Recruitment by LNHO of expatriate scientists in China

Robert Pollitzer presented himself at Wu's Manchurian Plague Prevention Laboratory in 1921, having been a prisoner-of-war of the Russians and of the Japanese. Luesink describes how:

after giving the destitute young physician a position as lab supervisor, Wu and his colleagues helped Pollitzer find a wife, increased his salary until he became neat and punctilious in dress, cheerful when meeting others and [increased] his capacity for serious work.⁶⁰⁵

In 1924, Wu recruited another Austrian, Heinrich Jettmar, to his Manchurian Laboratory. In 1937, the League of Nations recruited both Jettmar and Pollitzer, who became the longest serving members of the anti-epidemic teams established by LNHO: Rajchman supported the recruitment of Pollitzer 'who was a member of the Plague Prevention Bureau in Harbin and subsequently joined the National Quarantine Service [with] 18 or 20 years experience in China'.⁶⁰⁶

R. Cecil Robertson, too, had long experience in China. In 1926, he joined the Shanghai Public

602 SDN, *Quarterly Bulletin* VII (1938), pp. 624-625.

603 Yip, 'Health and Nationalist Reconstruction', p. 399.

604 SDN, A.47.1938, Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, Preparatory Papers, Report of China, p. 9.

605 David Luesink, 'The History of Chinese Medicine: Empires, Transnationalism and Medicine in China, 1908-1937', in *Uneasy Encounters: the Politics of Medicine and Health in China 1900-1937*, ed. Iris Borowy (Frankfurt am Main: Peter Lang, 2009), p. 166.

606 SDN, 50/31811/31811, Rajchman to Lester, 8 December 1937.

Health Service as a bacteriologist where 'he made many friends, not only among the members of the European community but also among the Chinese staff, who were as devoted to him as he was to them'.⁶⁰⁷ In 1930 he accepted an appointment in the newly-founded Henry Lester Institute of Medical Research in Shanghai where 'most highly qualified Western-trained Chinese doctors were glad to serve under him'.⁶⁰⁸ Robertson was head of the Pathological Division of the Lester Institute when he was recruited by Rajchman, in 1937, to lead the LNHO Epidemiological team in the central provinces of China (see chapter 7).

Chinese perception of technical cooperation

By the end of the 1930s, Chinese perception of technical cooperation was overwhelmingly positive. Writing at a time when the League of Nation's failure in international politics had become fully apparent (1939), Chinese diplomat W. W. Yen commented that the *technical* activities of the League (as opposed to the political) had made a contribution to global progress and the alleviation of human suffering. He went on to say:

in this respect the Chinese people have reason to be grateful. The League's technical cooperation with China in matters of health, education, economics and finance, communications and transit etc. represents one phase of the good work that the League is doing, as hoped for by its founders.⁶⁰⁹

These words were written in the preface to the publication of Quan Lau-king's 1936 study of China's cooperation with the League over the seventeen years of its existence. Quan had returned to China in 1937 after fourteen years absence and found China striving incessantly for national reconstruction:

in every field of endeavors, there was rapid progress ... the whole country was filled with new life and optimism. I could not but think that in China lies a promised land where young people with new ideas and scientific knowledge could find expression. For in the last few years, through the extensive adoption of scientific knowledge, China was definitely on the road pointing toward the establishment of a new order, which not only shows that China can be rejuvenated and become a modern nation in the true sense of the word, but also proves how successful

607 Gordon H. Thompson, 'Robert Cecil Robertson. 1890-1942', *Journal of Pathology and Bacteriology* 55 (1943), p. 125.

608 Ibid.

609 L.-K. Quan, *China's Relations with the League of Nations, 1919-1936* (Hong Kong: The Asiatic Litho. Printing Press, 1939), pp. iii-iv.

international cooperation could be ...⁶¹⁰

By 1939, after two years of war, Quan considered that 'all that China and the League had done in Chinese national reconstruction, was practically undone by the Japanese invading hordes'.⁶¹¹ Nevertheless, features of today's rural health programmes – such as demonstration-based training, community organisation, broad based horizontal programmes, use of village health workers and trials of innovation in selected geographical areas – were all operating in China in the 1930s.

Rural health service development after 1939

A personal perspective on rural health development in China is given by Ch'en in an English-language autobiography.⁶¹² This covers six decades, from 1921 to 1987, and gives an account of rural health service development after the long period of technical cooperation with LNHO. His account includes the post-1949 introduction of public health modelled on Russia (exactly what he had advised against in 1935) and the Mao-inspired ideology of barefoot doctors. At the time the People's Republic was proclaimed, Ch'en was Professor of Public Health and Dean of the Medical School in the National University of Chongqing (Chiang Kai-shek's capital when Mackenzie visited in 1939). During the Sino-Japanese War, he persisted in his efforts to develop rural health services, as head of public health services in Sichuan, where he continued to build rural public health demonstration stations.⁶¹³ Ch'en stated that he was not able to contribute much to health development between liberation in 1949 and the death of the party Chairman in 1976 and the subsequent overthrow of the Gang of Four.⁶¹⁴ In 1965, Mao Zedong lambasted the Ministry of Public Health for its urban, elite bias and suggested that it change its name to the 'Ministry of Urban Gentlemen's Health'.⁶¹⁵ This criticism could not have been made against the system of rural health care developed by Ch'en Chih-ch'ien. Organising rural masses to improve their own health through preventive hygiene and sanitation (rather than by demanding more expensive medical treatment) remained a central continuity in medical planning into the modernising era of Deng Xiaoping.⁶¹⁶ Writing in 1980, Mary Bullock observed that the barefoot doctors of Mao Zedong's China were

610 Quan, *China's Relations*, p. xi.

611 Ibid., pp. x-xi.

612 Chen and Bunge, *Medicine in Rural China*.

613 Foster, 'John Black Grant', p. 5.

614 Chen and Bunge, *Medicine in Rural China*, p. 119.

615 Jane Duckett, *The Chinese State's Retreat From Health: Policy and the Politics of Retrenchment* (London: Routledge, 2011), p. 24.

616 AnElissa Lucas, 'Changing Medical Models in China: Organizational Options or Obstacles?', *China Quarterly* (1980), p. 466.

descendants of Ch'en's village health workers.⁶¹⁷ She quotes from studies in the 1960s of public health institutions in the People's Republic 'that the cornerstone for the development of rural health programmes was a revived system of state-supported *hsien* (county) hospitals and health centres which had been established in China during the 1930s'.⁶¹⁸ She concluded that these were noticeably similar to Ch'en Chih-ch'ien's original model with medical care being extended from provincial centres to county hospitals and on to smaller health facilities staffed by lower-level health personnel.

Towards the end of the Great Proletarian Cultural Revolution, Ch'en – the pioneer community health innovator – was allowed to return to the Medical School that he founded, as leader of research in occupational lung diseases.⁶¹⁹ He dedicated his autobiography to UNICEF Executive Director Jim Grant (1922-1995), the son of his former PUMC teacher.

Contribution of Andrija Štampar to rural health development, 1932-1936

A biographic essay on Andrija Štampar argues that 'the public health model that Štampar developed for Yugoslavia in the 1920s became a blueprint for China during the rule of the Nationalist Government (1927-1937)'.⁶²⁰ This overstates the Yugoslavian influence. Borowy puts forward a more measured assessment of the contribution: ousted from his work in Yugoslavia for political reasons, this 'dynamic Croatian public health expert' made three prolonged visits to China for LNHO between early 1932 and the summer of 1936.⁶²¹ His work took him to the provinces of Shenxi (*Shanxi*), Kansu (*Gansu*) and Kiangsi (*Jiangxi*) and was guided by the concept of integrated rural medicine, based on health centres, recommended by a 1931 LNHO European Conference on Rural Hygiene.⁶²²

Štampar visited China in 1932 for three months, in 1933 for a year and from March 1935 to May 1936.⁶²³ Because of the exacting circumstances he endured on his final visit he was, exceptionally, given an extended period of terminal leave (a total of two months), the justification being that almost all the time he was travelling to remote parts of the country, which had seriously affected his

617 Bullock, *An American Transplant*, p. 189.

618 Bullock, *An American Transplant*, p. 218.

619 Chen and Bunge, *Medicine in Rural China*, p. 141.

620 Dugac, 'Andrija Štampar', p. 86.

621 Borowy, 'Thinking Big', p. 220.

622 Borowy, 'Thinking Big', p. 220.

623 SDN, 50/20156/6501, Report of Dr. Štampar on his Mission to China, Foreword [1935].

health.⁶²⁴ In a 1936 summary report, he states:

no report of reconstruction would be complete without mention of the changes in human psychology. There is a growing desire for service, and a willingness for sacrifice and a determination among the officials to approach their problems in a disciplined and scientific manner. During my residence in China I have been in close collaboration with a number of Chinese doctors and their devotion to duty is one of the most pleasant recollections of my stay.⁶²⁵

In his 1936 Report, Štampar put forth a concept of a networked structure of rural health services. Health service institutions at the level of the provincial capital were not to provide medical services to the population there. These activities were incidental to their prime task, which was to control and direct rural centres. Provincial services were not established to provide townspeople with additional clinics and an additional hospital. Without rural health centres, institutions at the provincial centre had no *raison d'être*.⁶²⁶

On leaving China, the Government presented a Chinese character testimonial to Štampar, which translates as follows:

Dr Štampar has come to China to help our Government in its work on reconstruction based on the plan of technical cooperation with the League of Nations. He went round several provinces, from Gansu and Quinghai in the West to Guandong and Guangxi in the South, and made a valuable contribution to the reconstruction of our villages, especially in the field of rural health protection services ... [signed] Ching Feng.⁶²⁷

At the end of his final mission in 1936, Štampar was at odds with Rajchman, with his LNHO colleagues and Chinese counterparts. A Rockefeller Foundation official wrote to Selskar Gunn saying that Štampar felt 'that he has been personally slighted by the officials of the League, and in addition, feels that the League of Nations should either get in or get out of China. The present program, which is of very small dimensions, is, in his opinion, practically useless'.⁶²⁸ He also complained that 'the organisation of the League of Nations activities in China is so poor that all my results may lose value tremendously'.⁶²⁹ Liu Ruiheng, he felt, was 'miles away from our ideology'.⁶³⁰

624 SDN, 50/6501/6501, Gauthier to Smets, 15 June 1936.

625 SDN, *Quarterly Bulletin* V (1936), p. 1095.

626 SDN, *Quarterly Bulletin* V (1936), p. 1120.

627 Croatia-China, <www.croatianhistory.net/etf/china.html>, [accessed 17 December 2012].

628 Rockefeller Archives, Max Mason to Selskar Gunn, 13 September 1935 (Personal Communication, Socrates Litsios).

629 Dugac, 'Andrija Štampar', p. 87.

630 Dugac, 'Andrija Štampar', p. 86.

Rajchman (with Raymond Gautier) was negotiating at this time with a tight-fisted Secretary of the China Committee to secure an additional two-weeks' terminal leave for Štampar and he addressed Štampar's frustrations with charm and diplomacy:

May I repeat – as has already been conveyed to you by the Health Committee on more than one occasion – that the arduous and responsible work which you undertook on behalf of League of Nations Health Organisation in China has met with the fullest recognition. You know yourself how greatly it was appreciated by the various authorities and particularly by the workers in the field of public health and social construction in China. This collaboration which began in 1933 and which you were good enough to resume from Jan 1st 1935 to terminate on July 31st of this year (with the addition of a period of two months' leave) will mark an important epoch in the History of the League of Nations Health Organisation. I feel confident that this connection will not be terminated as I very much hope you will find it possible to undertake further collaboration with the Health Organisation in the fields in which your experience is so valuable.⁶³¹

Principal sources on technical cooperation with China

Borowy and Balińska, the main sources on Rajchman's earlier international health work, also documented his work in China. A short description of the 'revolutionary' work of the LNHO in reforming health services⁶³² was extended by Borowy into a fuller account of LNHO's cooperation with China.⁶³³ She describes this as 'a singular experiment: providing large-scale international assistance for the comprehensive reorganisation of the health system under the short-lived and ill-fated National government'.⁶³⁴ In her biography of Rajchman, Balińska covers his many missions to China, describes his separation from involvement in the country and ends with a poignant account of his resignation from the Organisation.⁶³⁵ A major part of Sprigings' biographic essay on Mackenzie relates to China, although he became involved only in 1937, at the outbreak of the Sino-Japanese War, and his presence in the country was brief – some six weeks in the spring of 1939.⁶³⁶

631 Letter from Rajchman to Štampar, 3 August 1936 reproduced in Darko Zubrinic, 'Andrija Štampar, Croatian scientist, father of the World Health Organization', <<http://www.croatia.org/crown/articles/9595/2/Andrija-Štampar,-Croatian-scientist,-father-of-the-World-Health-Organization>> [accessed 4 September 2013]

632 Borowy, *Coming to Terms*, p. 324.

633 Borowy, 'Thinking Big'.

634 Borowy, 'Thinking Big', p. 205.

635 Balińska, *For the Good of Humanity*, pp. 81-123.

636 Sprigings, 'Feed the People', pp. 116 & 119.

Mackenzie's perspective on technical cooperation

Mackenzie recognised the breadth of technical cooperation with China and set out his view in an article sent to the *British Medical Journal*. In a letter to his mother in July 1938, Mackenzie says 'I enclose a short note I prepared for publication in the *Lancet* and *British Medical Journal* which will show you what the units [in China] are doing'.⁶³⁷ The note to which he referred was possibly the basis of an anonymous *British Medical Journal* article that was published that month. The article begins with a summary of a decade of cooperative work:

The Council of the League of Nations some years ago concluded an agreement with the Chinese Government by which the League technical organizations (health, transit and communications, economic and financial) could be used to help forward its policies of national reconstruction. Political and administrative responsibility of course rested with the Chinese Government in the vast enterprise of trying to reconstruct one-quarter of humanity and modernize a 4,000-year-old civilization. But under the plan of technical co-operation Chinese civil servants, engineers, doctors, educationists, and technicians have been able to gain experience and pursue studies abroad useful for their work. Side by side with this the League has put at the disposal of the Chinese Government the services of foreign experts, either for consultation in regard to some particular piece of reconstructive work, or for a period of years, to give technical advice for the framing and application of some long-range policy, such as road-building, modernizing silk cultivation, organizing agricultural co-operation, and establishing the nucleus of a public health service.⁶³⁸

Summary

This chapter began with the insight, expressed by Pearl Buck in 1933, that China was destined to become a powerful modern nation. It then described Chinese-led initiatives to modernise the health system and outlined League of Nations' efforts to share with China the best of education, of public health and of science. Norman White, who had worked for the League of Nations' Epidemic Commission in Russia and Greece, was the first official of the League to visit China. His host, Wu Lien-teh, was the sole Chinese official responsible for preventive medicine and disease control at that time (1922-1923).

637 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie, 22 July 1938.

638 Anonymous, 'Anti-Epidemic Work in China', *British Medical Journal* (2 July 1938), pp. 33–34.

The chapter showed how a home-designed system of state medicine took shape in China during the decade of the 1930s, one that was based on a non-elite system of rural health care. The root for this was an indigenous mass movement of rural education and economic improvement that enjoyed both Guomindang and Communist support. Provincial health services were designed, not to serve city populations, but as a support to rural areas. In the capital city, the Central Field Health Station and Hospital were conceived as a base from which the country's rural areas were to be served.

In 1925 the Canadian, John Grant, established the Peking First Health Station as a university teaching laboratory and all PUMC students were required to undertake a clerkship serving the health needs of the population in the area. By 1929, three organized health centres were operating as experiments for introducing modern health care, including that at Dingxian. The health programme of Dingxian was an integral part of the Mass Education Movement (MEM) of rural education and economic improvement, begun by Yan Yangchu in 1925. Ch'en Chih-ch'ien, a graduate of PUMC, directed the Health Department of Dingxian. Ch'en and other PUMC-trained staff believed that state medicine was the only solution for providing health care. In 1931, Ch'en introduced lay Village Health Workers as part of a 'horizontal social approach' to improve the life of villagers. In 1937, Ch'en and Liu described China's achievements in implementing social medicine and rural health care in papers drafted for the Bandoeng Conference on Rural Hygiene, the official report of which reflected the ideas of Ch'en. Liu's report to the Conference stated that the National Health Administration had drawn freely on the experience of Dingxian in framing its rural health programme.

Technical collaboration with LNHO was executed through a small group of Chinese physicians, prominent among whom were Ch'en and Liu. The experience of modern medicine which they had acquired in training was reinforced by working side-by-side with resident international staff – Rajchman, Borčić, Štampar and their colleagues, although the concepts that guided them were not based on any Western model.

Viewed from the perspective of China, technical cooperation with the League of Nations contributed to the alleviation of human suffering and to global progress. It encouraged young Chinese to implement new ideas and established the nucleus of a public health service. The League of Nations supported China after the Japanese invasion of 1937 by providing three international anti-epidemic teams.

The rural health programme of Ch'en served as the model for the barefoot doctors who emerged under Mao Zedong. Many elements of Yan's MEM programme became the stated goals of the Chinese communists.⁶³⁹ At the beginning of the modernising era of Deng Xiaoping, the cornerstone of rural health programmes was a revived system of state-supported county hospitals and health centres similar to Ch'en's original model.⁶⁴⁰ In short, there was a continuity between interwar health service reform initiatives and post-World War Two health service development in China.

6: Ludwik Rajchman's visits, 1924-1937

One prophetic eye had seen, not only the profound importance of the whole Chinese question to the peace and prosperity of the world, but also the possibilities which the League offered for its solution. The eye was that of Ludwik Rajchman, Director of the Health Section of the Secretariat, a Polish doctor with a revolutionary past, a sympathy for left-wing movements of all kinds, unwearying energy and extraordinary intelligence ... His private report to the Secretary-General described with astonishing insight the probable trend of events in China and the many ways in which her membership of the League could be used, whether to assist her in her material development or to establish her international position on a sound basis.

F. P. Walters, 1967⁶⁴¹

Introduction

Evidence from the previous chapter indicates that the modernisation that China pursued was an indigenous process. The present chapter shows that the presence of international experts in China served to validate and support the implementation of changes that the Chinese themselves sought. The chapter begins with a brief examination of the historiography, covering the wide field of technical cooperation with China, not just that in health. The nature of cooperation was inspired by ideas that Rajchman articulated in 1925. The stimulus for China's initiative to secure technical cooperation was the changed political situation in 1928. This cooperation, in the eyes of Borowy, offered the prospect of shaping not just the nature of public health in China, but also the politics of health around the globe. The core content of this chapter consists of contemporary accounts of this cooperation from 1929 until 1937, the year of the Intergovernmental Conference of Far-Eastern

639 Litsios, 'Selskar Gunn and China', p. 302.

640 Bullock, *An American Transplant*, p. 218.

641 Walters, *A History*, p. 331.

Countries on Rural Hygiene in Bandoeng.

In 1929, an official request was made by the Chinese Government, similar to that made by Greece, for collaboration with the League in health matters. In Greece, Rajchman and his colleagues were able to use familiar experiences to plan and implement health service reform. Different methods of cooperation had to be employed in China, however.⁶⁴² Rajchman recognised that health reorganisation in China would have to be pursued concomitantly with the economic revival of the country.

Historiography of interwar cooperation with China

Iris Borowy suggests that cooperation with China began with advice from the League on port sanitation and expanded after 1928, when the Nationalist Government established a Ministry of Health, headed by Hsueh Tu-pi.⁶⁴³ At a time when the League of Nations was responding to requests from Greece and Bolivia for help in reorganizing their national health services, a similar request came from China, where Rajchman was serving as a member of an international committee of technical advisers.⁶⁴⁴ Borowy argues, emphatically, that 'the LNHO only arrived in China at the express Chinese wish'.⁶⁴⁵ Rajchman presented the request from China to the Health Committee of the League of Nations in 1930, stating that it was 'the most important for collaboration that has yet been received [by LNHO] and it must not be forgotten that this collaboration can be the beginning of a collaboration in technical domains other than health'.⁶⁴⁶ Politicians representing Britain at the 1930 League of Nations Assembly welcomed this relationship with China and remarked that the cooperative agreement in health signalled the country's recovery.⁶⁴⁷ Walters, the first historian of the League of Nations, stated that Rajchman:

called on League help for many other purposes beside the public health programme – road reconstruction (China's greatest need of all), flood prevention, public education, agriculture, the reform of the civil service, the establishment of rural cooperatives ... from 1929 onwards, until after the outbreak of the second World War, there was a steady succession of Secretariat officials and League experts visiting or residing in China.⁶⁴⁸

642 'un pays ou tout reste a faire': AIP, RAJ BLK 2, 'L'Organisation de l'Hygiène et le Bien-être des Peuples', *La Nouvelle École de la Paix a l'Europe Nouvelle, Quai d'Orsay Paris, Année 1930-31 Vingt et unième Leçon*, p. 10.

643 Borowy, 'Thinking Big', p. 207.

644 Anonymous, 'The League of Nations Assembly', *British Medical Journal* 2 (1929), 5 October p. 626.

645 Borowy, 'Thinking Big', p. 205.

646 Borowy, *Coming to Terms*, pp. 323-324.

647 Hugh Dalton and Mary Hamilton, 'The Eleventh Assembly of the League of Nations', *Journal of the Royal Institute of International Affairs* 9 (1930), pp. 770-771.

648 Walters, *A History*, p. 332.

The wider field of technical cooperation between China and the League of Nations has been studied by Norbert Meienberger, who suggests that the ground was prepared in the 1920s by Norman White of LN-EC, Rajchman, and the French head of the International Labour Office, Albert Thomas.⁶⁴⁹ In 1925, acting on White's proposals, the League secured financial support from Rockefeller Foundation to set up an Eastern Bureau of the Health Organisation in Singapore (in which Mackenzie was to serve from 1936 to 1937).⁶⁵⁰ Rajchman met Chinese Interior Minister, Kung Hsin-chan during his first visit of 1924-25 and drafted a formal request to the League in the Minister's name, requesting assistance – a letter that was never despatched.⁶⁵¹ Osterhammel suggests that China's contact with the League's technical bodies got under way when the Nationalist Government established a programme of 'national reconstruction' (*chien kuo*). In 1928, the newly-established Ministry of Health appointed Rajchman to a three-person International Health Council, together with Victor Heiser of the Rockefeller Foundation and Sir Arthur Newsholme, an English epidemiologist and former Chief Medical Officer.⁶⁵² Rajchman's second and more prolonged visit began in November 1929.⁶⁵³

The initiative for cooperative activities stemmed from changes in the political situation in 1928. The new Guomindang Government, seeking to gain international acceptance, attempted (but failed) to secure a seat in the Council of the League. To allow China to 'save face' and ensure that it remained a member of the League, Secretary-General Drummond used technical cooperation as an inducement – inspired by ideas that Rajchman had put to him in 1925.⁶⁵⁴ Meienberger argues that without the initiative of Rajchman, the collaboration would not have been so intense.⁶⁵⁵

Chinese historian Zhang Daqing has written about the work of LNHO in his country, stating that from the establishment of cooperation to the eve of the Sino-Japanese War, the Organisation worked to push forward the development of public health. At the beginning of 1930, LNHO submitted a report proposing that the Health Organization should cooperate with the Ministry of Public Health

649 Norbert Meienberger, 'China and the League of Nations' in *The League of Nations in Retrospect: Proceedings of Symposium, Geneva, 6-9 November 1980* (Berlin: De Gruyter, 1983), p. 314.

650 Jurgen Osterhammel, 'Technical Cooperation' between the League of Nations and China', *Modern Asian Studies* 13 (1979), p. 663.

651 Osterhammel, 'Technical Cooperation', p. 665.

652 Borowy, 'Thinking Big', p. 207.

653 Osterhammel, 'Technical Cooperation', p. 665.

654 Borowy, 'Thinking Big', p. 207.

655 Meienberger, 'China and the League of Nations', pp. 317-318.

to solve the medical problems in the country; help reorganise quarantine in Chinese seaports; set up a model national hospital and establish a medical laboratory; and help to systematize medical education. China undertook to cooperate with the LNHO Eastern Bureau in Singapore.⁶⁵⁶

Australian historian Alison Bashford, in her analysis of global biopolitics, described LNHO's active development of a three-year health plan in China which 'included placement of an imported local director [Berislav Borčić] to a central field health station at Nanjing'.⁶⁵⁷ Borowy concluded that the LNHO presence in China may have changed the LNHO more than it changed China. She speculated on how efforts might have continued had they not been weakened by natural disaster and ended by warfare, stating that:

the odds against swift progress were certainly overwhelming, but given the tangible achievements relative to circumstances, one is tempted to think that this example of international cooperation had the potential to shape, gradually, not only government strategies and the nature of public health in China but also the rules of the global politics of health.⁶⁵⁸

Borowy observed that cooperation with China was a testing ground for three evolving cornerstones of LNHO:

a comprehensive concept of health, which incorporated medical, political and social responsibilities; an active international health organisation with far-reaching responsibilities, including the one to supply a blueprint for a national health system and to provide practical support in building it; and finally, the use of health, in a broad sense, and institutional authority not as means in themselves but as contributions to peace and justice.⁶⁵⁹

William Kirby, commenting on the development of China between 1928 and 1937, expressed the view that the programme of cooperation between China and the League of Nations was 'one of the most purely disinterested aid programs of the twentieth century'.⁶⁶⁰

Collaboration expanded in 1938: the *British Medical Journal* reported that every effort was being made by LNHO 'to meet present emergencies [the Japanese invasion], and also to strengthen, and

656 Zhang Daqing, 'The Prevention and Treatment of Communicable Diseases: the Beginning of the Institutionalization of Modern Chinese Medicine', *Beijing University, Center for the History of Medicine* (2003), pp. 10-11.

<<http://www.ihp.sinica.edu.tw/~medicine/ashm/lectures/Zhang%20Daqing.ft.pdf>>, [accessed 4 January 2012].

657 A. Bashford, 'Global Biopolitics and the History of World Health', *History of the Human Sciences* 19 (2006), p. 76.

658 Borowy, 'Thinking Big', pp. 223-224.

659 Borowy, 'Thinking Big', p. 213.

660 Yeh Wen Hsin, ed. *Becoming Chinese: Passages to Modernity and Beyond* (Berkeley: University of California Press, 2000), p. 143.

where necessary establish, permanent health work, particularly in rural districts'.⁶⁶¹ The League's support to China was not intended to be of a temporary nature, but rather to be a continuation of the health cooperation that had begun prior to hostilities, and thus be a permanent contribution to China's welfare.⁶⁶² This call, for combining emergency relief with longer-term development, was a policy that Mackenzie had pursued in Russia fifteen years previously. And it seems to have been a policy that worked. Selskar Gunn, after serving the better part of five years in a broad Rockefeller Foundation-supported welfare programme that incorporated health, education, agriculture and economics, reported that the Chinese continued to pursue long-term development in 1938, stating:

it is apparent that despite all of the difficulties resulting from the war, the China program has survived, and indeed during the last six months, in some respects, has improved; the social and economic program . . . is definitely Chinese in character. . . . A new spirit is afoot which is producing profound change.⁶⁶³

'Medical barons' in the International Health Division of Rockefeller did not share Gunn's enthusiasm for broad programmes of rural development.⁶⁶⁴ The physician Wilbur Sawyer, for example, visiting China for the Rockefeller Foundation in 1937, felt that the best way of doing public health was to get on with tackling malaria, improving epidemiology and environmental sanitation. Other work was fine, but it was not what he considered to be public health.⁶⁶⁵

Contemporary accounts of the evolution of technical cooperation with China, 1929-1937

Many member states of the League of Nations took the view that LNHO work in countries should be restricted to studies and the formulation of recommendations and not extend to action. For example, in 1930, when the United Kingdom delegate to the Eleventh Assembly of the League, Susan Lawrence, presented the Foreign Secretary with a review of the work of the Health Organisation, she re-stated the British view, that action was for individual governments, not for the League. One form of action, however, she considered peculiarly appropriate to the Health Organisation, namely, response to the requests of individual governments for assistance when

661 Anonymous, 'Anti-Epidemic Work in China', *British Medical Journal* (2 July 1938), p. 34.

662 Anonymous, 'Anti-Epidemic Work', p. 34.

663 Litsios, 'Selskar Gunn and China', pp. 302-303.

664 This term was used to describe Frederick Russell, Director of the International Health Board and Richard Pearce, Director of the Medical Education and Medical Sciences Divisions of the Rockefeller Foundation. See Litsios, 'Selskar "Mike" Gunn', p. 35.

665 Litsios, 'Selskar Gunn and China', p. 313.

important questions of national health policy had to be determined, and where there was special reason for first obtaining the benefit of international experience:

assistance given had hitherto been mainly as it were of an episodic character and limited to certain diseases, but recently certain governments had requested the cooperation of the health organisation in matters covering the whole field of public health. The first instance of this cooperation on a wider basis was Greece, where a plan of reorganisation of the public health service, based on the advice of an expert committee of the League, was now being put into force. In the current year, a League of Nations Mission had been despatched to explore with the Chinese Ministry of Health the possibilities of collaboration with the League in general health matters.⁶⁶⁶

The importance of Rajchman's Second Visit, 1929-1930

In 1929, Rajchman embarked on his second mission to China. He left in October with his Canadian colleague Frank Boudreau and Wou Szo-fong. His account of February 1930 to the Secretary-General begins:

when you authorised me in February 1929 to accept the membership of an International Advisory Committee of Three, set up by the Chinese Ministry of Health, it was understood that I should endeavour to convert this invitation into an official request from the Chinese Government for collaboration with the League in health matters.⁶⁶⁷

The Chinese Government invited for the Health Organisation's cooperation, in the first place, for establishing a central health station, a national hospital in Nanjing and a provincial hospital in Hangzhou; and, secondly, to assist in organising these institutions by means of a system of League interchanges and fellowships, which would be of advantage to the managing personnel. It had further asked for the Committee's help by the despatch of experts belonging to specialist Commissions, such as those on malaria, education and medicine. Finally, the Government asked for the assignment of an expert from the Health Organisation to the central station at Nanjing, to assist in establishing and developing the station and act as an advisory consultant who would place at the disposal of the Government the experience that had been acquired by similar institutions in Europe and America. Also included was a request for an expert to collaborate with the National Commission on Medical Education, and for special notes on the development and practice of the

⁶⁶⁶ TNA, 1930-31 Cmd 3771, League of Nations, Eleventh Assembly, Report of the Delegates of the United Kingdom to the Secretary of State for Foreign Affairs.

⁶⁶⁷ AIP, RAJ C 1, Rajchman, Report to Secretary-General, 5 February 1930, p. 1.

teaching of medicine in all parts of the world.⁶⁶⁸

Rajchman later described the uniqueness of the request from China for technical cooperation in a lecture on *The Health Organisation and the Well-being of People*. He stated that when the Greek Government invited the League to study, on-site, the operation of their health services and establish plans for their reorganization, the Health Committee was able to do so using familiar experiences. When the request from Greece was repeated by the Republic of China, shortly after, the Committee faced a more formidable task, one that involved applying new methods in a country where everything remained to be done.⁶⁶⁹

The Mackenzie Archive provides an insight as to how Rajchman's mission to China of 1929-30 was perceived at the time. On 11 January 1930, Mackenzie wrote to his mother to say that 'the old man [Rajchman] appears to have had a very useful time in China and reaches Marseilles on January 31st'.⁶⁷⁰ He made a similar comment later in the month, saying 'the old man is very pleased with what he has been able to fix up in China, which is good for the Section'.⁶⁷¹ In a letter written in February 1930, Mackenzie announced:

Bonnie Prince Charlie⁶⁷² landed on Friday and arrived at the office on Saturday – he looks thinner but was very happy and cheery in our few minutes together. He is, of course, very busy with Chinese affairs and it may be two or three days before I can bring him down to talking about [the forthcoming mission to] Bolivia.⁶⁷³

Rajchman lost no time in assigning international personnel to work within China's borders. Within a week (and indeed a month before) he began to disperse staff to China. In February 1930, Mackenzie told his mother that:

the old man has been very busy indeed since his return and really seems to have achieved a great deal in China. One medical officer (Dr. Park) is going out to survey the quarantine services of the Chinese ports for three months and report to the Health Committee and a second is going out for two years (off & on) to act as adviser to the Nanking [Nanjing] Government on Health Matters. A number of Chinese Government doctors are coming to Europe to learn Port Health work, hospital administration, medical education, public health administration etc. and a representative

668 NLS, League of Nations, C.190.M.90.1930, First Meeting of the Committee, 5 March 1930, pp. 7-12.

669 AIP, RAJ BLK 2, 'L'Organisation de l'Hygiène et le Bien-être des Peuples', *La Nouvelle École de la Paix a l'Europe Nouvelle, Quai d'Orsay Paris, Année 1930-31 Vingt et unième Leçon*, p. 10.

670 Wellcome L., PP/MDM/B/2, Mackenzie to Emma and Kenneth Mackenzie, 11 January 1930, p. 3.

671 Wellcome L., PP/MDM/B/2, Mackenzie to Emma Mackenzie, 22 January 1930, p. 5.

672 Charles Edward Stuart, the charismatic 18th Century Jacobite leader who led Highland clans to disaster.

673 Wellcome L., PP/MDM/B/2, Mackenzie to Emma Mackenzie, 3 February 1930, p. 4.

of China is to sit on our Health Committee. He says these are the first steps for a close medical liaison between China and the League of Nations.⁶⁷⁴

Mackenzie went on to say:

one of our men (Stouman) has already left Singapore (our sub office) for Shanghai to supervise the cholera survey there or rather to organise it (he is a Dane & belongs to our Geneva office and happened to be in Singapore when the old man met him a month ago & instead of letting him come home, he sent him up to Shanghai for a few months).⁶⁷⁵

At the end of February 1930, Mackenzie met Rajchman, by chance, when they were returning from a visit to England on the same cross-Channel ferry. Mackenzie reported that Rajchman had 'a most successful visit to London and was full of hopes for great progress this year'. They spoke of China, 'all eyes being on the Health Committee which meets this week'. Rajchman was accompanied by Konni Zilliacus,⁶⁷⁶ a multilingual member of staff of the League's Information Section. Rajchman went before the Health Committee on 5 March 1930 and reviewed the situation in China. Over a period of two months, he and Boudreau had visited districts selected by the Minister of Health (Liu Ruiheng) as being the most characteristic and the most suitable for collecting the data required for forming a judgment of the Government's proposals. He questioned how far technical collaboration could improve health and concluded that:

cooperation of the League with China, however efficacious, would not bring about any appreciable improvement in the health situation of China within a period which could be measured at the present moment ... It might appear pessimistic, but it constituted the only sound basis of fruitful cooperation ... It must be remembered that the health situation of a country depended to a large extent on its economic development, its financial position and its political stability. Even the most energetic of health administrations would probably find itself quite unable to do effective work, unless certain conditions were fulfilled. The deduction, therefore, was that the health reorganisation of China must be achieved concomitantly with the economic revival of the country ... It was for that reason that, in the opinion of the Nanking [Nanjing] Government, the health question was viewed in the first place in the light of the general reconstruction of the country. That was the reason for the request made by the Chinese Government to the League [of Nations] and for the financial sacrifices which it had incurred, and

674 Wellcome L., PP/MDM/B/2, Mackenzie to Emma Mackenzie, 8 February 1930, pp. 3-4.

675 Wellcome L., PP/MDM/B/2, Mackenzie to Emma Mackenzie, 8 February 1930, p. 5.

676 Wellcome L., PP/MDM/B/2, Mackenzie to Emma Mackenzie, 1 March 1930, pp. 1-2. [Zilliacus became a prominent British left-wing politician].

which had been shouldered in the firm conviction, shared by all responsible members of the present Government, that this should be one of the first steps on the modernisation of China.⁶⁷⁷

Rajchman informed the Health Committee that the proposed cooperation with China opened the 'possibility of achieving within a relatively short time reforms which would be valuable both to China and other countries'. He pointed out that China was more a continent than a country, in which certain provinces had a preponderating influence. Only since 1927 had China possessed a modern Government, which had attracted to it officials who were anxious to work for the reorganisation of the country. There were cities of immense populations, which posed problems for municipal administrations that were embarking on the work of modernisation. The total population of Shanghai amounted to roughly three million; Nanjing and Tianjin had a million inhabitants; and Beijing 800 000. Rajchman described the state of education and communications, as well as the situation in the health sector. For 400 million inhabitants, China possessed no more than four thousand doctors who had received a western training, and among them not one thousand had received training that was in any way comparable to the training given to doctors in other parts of the world.⁶⁷⁸ Rajchman paid tribute to Professor John Grant (who was attending the Health Committee meeting), as the chief of a 'genuine school of hygiene' and a 'great leader of medical influence in China' and drew attention to the health services of the city of Shanghai, which were directed with special competence by an energetic officer [Hu Hou-ki]. The Government had decided to concentrate on the establishment of a consultative field service to be placed at the disposal of provincial and administrative authorities and on training higher and auxiliary personnel at a central health station. Zhejiang, near Shanghai, was to be the first province with which the central health station would collaborate before extending to other provinces and municipalities. Dr. Chien, who was taking over the management of the provincial health services in Zhejiang, was to be one of the first to receive an LNHO fellowship for overseas study. Rajchman emphasised to the Committee that the cooperation for which China was asking was not to be temporary, but continuous, since the League was asked to cooperate not only in the *establishment* of the plan of sanitary reorganisation but to assist in its *application*.

The first action under the Agreement – a detailed survey of the ports – was completed in June 1930.⁶⁷⁹ This was submitted to a Special Commission of the Health Committee (established to make

⁶⁷⁷ NLS, League of Nations Collection, C.190.M90.1930, Fifteenth Session of the Health Committee, p. 8.

⁶⁷⁸ A 1919 a missionary report calculated that there were 600 foreign physicians in China, and 900 Chinese physicians trained in western medicine. See Francesca Bray, 'The Chinese Experience', in *Medicine in the Twentieth Century*, ed. Roger Cooter and John Pickstone (Amsterdam: Harwood, 2000), p. 725.

⁶⁷⁹ SDN, C.H. 906, *Completion of the Survey of the Chinese Ports and Report on the Reorganization of the Port*

recommendations to the Chinese Ministry of Health before the end of the year 1930), which congratulated Park, Liu Ruiheng and Wu Lien-teh. Two physicians (Eu Ya-ching and E. B. Young) were nominated for study tours on port health procedures in the Far East, Europe and the United States.⁶⁸⁰ Study tours were also arranged for national staff of other elements of the agreed technical cooperation, including those of the Central Field Health Station (Chen Wan-li and F. C. Yen) and the National Hospital (Oong Tse-loong). Park and his LNHO colleague Raymond Gautier also discussed epidemic disease control with the British and French Concessions in Shanghai, which had extra-territorial authority.⁶⁸¹

Rajchman's mission of 1929/1930 laid the foundation of cooperation that was different in nature, greater in magnitude, broader in scope and longer in duration than all cooperation that had preceded it.

Assignment of Berislav Borčić to the Central Field Health Station Nanjing, 1930

On his return, Rajchman demonstrated to LNHO staff that his priority was to establish an effective long-term presence within the country. In 1930, he assigned Berislav Borčić to China. It was Borčić who was to have the most sustained presence in China. He arrived in May 1930 and remained, with interruptions, until departing in March 1938, although Rajchman hoped that this might not be a final departure and that he might be persuaded to return.⁶⁸² (Borčić *did* return to China, for UNRRA, in 1946, see chapter 8).⁶⁸³

The core item of technical collaboration – the establishment of a Central Field Health Station in Nanjing – was submitted for comment to the Conference of Directors of Schools of Hygiene in Paris in May 1930.⁶⁸⁴ In 1932, a Report to the League of Nations Assembly on the implementation of the Three Year Plan stated that 'a permanent liaison officer [Borčić], stationed in Nanking for nearly two years, gave advice and assistance in connection with the establishment of the Central Field Health Station and the development of the Central Hospital as a nucleus of the National Health and Medical Service.'⁶⁸⁵ The Central Field Health Station was the pivot of an extensive

Health Service (1930).

680 Quan, *China's Relations*, pp. 135-137.

681 *Ibid.*, p. 139.

682 SDN, *Quarterly Bulletin* V (1936), p. 1084; SDN, R 5775, 50/22170/6501. J2, Rajchman to Lester, 15 February 1938

683 Berislav Borčić, *Hrvatski biografski leksikon: Bj-C. - Zagreb (1989)*, Jugoslavenski leksikografski zavod 'Miroslav Krleža', translated by Estelle Dukan.

684 Borowy, 'Thinking Big', p. 209.

685 SDN, A6 1932, The League of Nations and China, p. 78.

programme of training and rural services. In 1931, Liu Ruiheng described the Central Field Health Station as 'one of the technical services under the National Economic Council'.⁶⁸⁶

During September to December 1930 Knud Faber, Professor of Medicine at the University of Copenhagen, undertook a survey of existing Chinese medical schools, prior to discussing plans for a modern curriculum.⁶⁸⁷ He made three proposals for the reorganization of medical education.⁶⁸⁸ First, a central authority was to supervise and direct medical education and practice and, second, medical education was to have, essentially, a practical character. A third proposal was to establish an experimental medical school at Nanjing to determine the kind of school best suited to producing doctors to carry out the country's health policy. He proposed two levels of schooling a 'lower level' school to train health personnel as *medical practitioners* and a 'higher level' school to train *high grade physicians*.⁶⁸⁹ There was no national support for two levels of medical school or for 'fabricating doctors in quantity'. Rather, the idea was to establish a 'laboratory of medical education' that would establish a 'scientific standard of medical education for the country'.⁶⁹⁰

Rajchman's Third (Transport and Economic) Visit, 1930-1931

A handwritten note by Rajchman lists eight visits to China (including one after his resignation from LNHO). He identified only his two early visits, in 1924-1925 and 1929-1930, as relating to public health (*hygiène*). The focus of his third visit, from 23 December 1930 to 10 March 1931, is specified as 'Transport and Economic'. In 1933/34, his official position was that of Delegate of the Council of the League to the National Economic Council, Nanjing.⁶⁹¹ This extraordinary commitment to China is commented on by Borowy, who observed that:

his fascination seems to have been motivated mainly by the fact that it was an opportunity to go beyond the restricting boundaries of health work towards his true passion, efforts towards a better world at large.⁶⁹²

The purpose of his 'Transport and Economic' visit was to extend technical cooperation to areas other than health, and he was accompanied by Zilliacus. Rajchman shuttled between Nanjing and

686 SDN, R 5905 8A/15067/10595, Collaboration with the National Government of China, 2 May 1931, C.H. 1007.

687 AIP, RAJ C.8, SDN Annuaire 1931; League of Nations Health Organisation, C.H. 961, Report on Medical Schools in China, 30 June 1931; SDN, C.H. 1010, Informal Report on the Discussion of Dr. Faber's Report, 2 March 1931; SDN, C.H. 1009, Medical Education in China, 2 May 1931.

688 Quan, *China's Relations*, p. 146; SDN, R5905, 8A/15067/10595, Public health reconstruction under the National Government, August 1932.

689 New and Cheung, 'The Evolution of Health Care in China', p. 173.

690 SDN, C.H. 1009, Medical Education in China, 2 May 1931, p. 11.

691 AIP, RAJ A 1, Handwritten Note, Ludwik Rajchman (undated)

692 Borowy, *Coming to Terms*, p. 319.

Shanghai to secure invitations for the Directors of the Transport and of the Economic sections of the League to visit and, in January 1931, the Chinese Government made a formal request, chiefly to discuss the effects of the global economic depression on China.⁶⁹³ The two Directors immediately made their way to China to rendezvous with Rajchman, who had to postpone his return to await the arrival of, first, the French Director of the League's Transit Section Robert Haas (accompanied by Georg von Lukacs), followed by Arthur Salter, the British Director of the Economic Section (accompanied by financial and economic advisers Frere and Felgin).⁶⁹⁴ After they arrived, Soong Tzu-wen, brother-in-law of Chiang Kai-shek, submitted a proposal to the Government to establish a National Economic Council.⁶⁹⁵ On 25 April 1931, Soong telegraphed the League saying:

resulting conversations with your three Directors in China am instructed by Chairman Chiang Kai-shek to state Chinese Government having set up a National Economic Council for planning reconstruction requests collaboration with the League.⁶⁹⁶

Before returning from his 1930-31 visit, Rajchman had been invited to dinner by Chiang Kai-shek and his wife (Soong's sister, Mai-ling), together with Liu Ruiheng.⁶⁹⁷ He returned to Geneva exhausted, but he had laid the groundwork for technical cooperation with other sectors of the economy and helped establish a powerful Economic Council, which was to be the engine of China's reconstruction.

The contribution of the National Economic Council to the modernisation of China

The idea of a 'kind of economic planning organization', which Soong and Rajchman conceived, came into existence in 1931 as the National Economic Council.⁶⁹⁸ The purpose of the Council was to accelerate economic reconstruction, to improve the people's means of livelihood and to regulate national finances.⁶⁹⁹ Its functions were to plan and approve projects for economic reconstruction or development, to provide the necessary funds for their execution, and to direct or supervise them. Membership included Ministers of Interior, Finance, Railways, Communications, Industries and Education, as well heads of various Central Government organs concerned with economic reconstruction. A Health Committee was one of several technical committees. The Council also served as a coordinating agency for the different fields of national reconstruction. Experts assigned

693 Balińska, *For the Good of Humanity*, p. 87; SDN, A6 1931, *La Société des Nations et la Chine*, p. 121.

694 Quan, *China's Relations*, p. 149.

695 Balińska, *For the Good of Humanity*, p. 88.

696 Quan, *China's Relations*, p. 149.

697 Balińska, *For the Good of Humanity*, pp. 87-89.

698 Balińska, *For the Good of Humanity*, p. 88.

699 Quan, *China's Relations*, p. 153.

to China by the League of Nations were attached to the National Economic Council to help determine policies and to make action plans.⁷⁰⁰

The broad nature of the collaboration that Rajchman strived to establish, through the National Economic Council, is described in an address that he delivered in London in 1934. He believed that the revolution of Sun Yat-sen inspired the establishment of a modern republic based on a very large measure of mass education – to make China into a modern country. Rajchman said China had the misfortune to attempt this at a moment when it was practically impossible to find constructive leadership anywhere in the world. China had tried, and rejected, Communist advice, largely because the ambition of practically every Chinese was to own land. He recounted how China's establishment of a National Economic Council coincided with the Japanese invasion of Manchuria. Chinese youth, he said, became more and more interested in constructive development of the country. The National Economic Council, which was started in 1931 as a central government ministry with executive power, had become a symbol of various efforts, provincial and central, public and private, that aimed at constructive activities such as reform of education, improvement in communication, development of mineral wealth and thinking out the best solution for economic problems.⁷⁰¹

Rajchman, and all staff in the Health Organisation, were an integral part of the League of Nations' Secretariat. It was this structure that gave Rajchman responsibilities beyond the health field in China, responsibilities that took him into troubled political waters. A British Foreign Ministry report to the Cabinet in 1933 records that:

Japan at present is suspicious of the League advisers in China, partly, no doubt, out of resentment against the League, partly on account of Dr. Rajchman's ill-judged political activities, partly, perhaps, out of a vague and exaggerated fear of the advisers being too successful in creating a strong China ... This suggests caution on our part in supporting League assistance to China, though such assistance is in our interests as promoting prosperity, and cannot be opposed if China desires it.⁷⁰²

In 1934, the Japanese Government complained to Secretary-General Avenol that Rajchman's work in China 'particularly the financial elements was either implicitly or explicitly antagonistic to Japan'.⁷⁰³ Rajchman showed great political courage in sustaining technical cooperation with China

700 Quan, *China's Relations*, pp. 153-155.

701 AIP, RAJ BLK 2, Ludwik Rajchman, 'The Reconstruction of China', *Royal Institute for International Affairs* (1934), pp. 9 & 14.

702 TNA, CAB/24/248, Situation in the Far East 1933-34, C. W. Orde, Foreign Office, 14 December 1933.

703 J. Barros, *Betrayal From Within: Joseph Avenol, Secretary-General of the League of Nations, 1933-1940* (New

during a period of militarism and economic turbulence. His leadership qualities are captured in a letter that Mackenzie wrote early in 1931:

I enclose a small cutting from the annual report which will amuse you by the light it throws on the old man's nature – no time at all for slops but all for action. He is to be back in the middle of March & I shall be glad to get him here again. He is a marvellous man and a great inspiration.⁷⁰⁴

Response to Yangtze river floods and Rajchman's Fourth Visit, 1931

Developments in health services were set back by a major emergency. In July 1931, the Yangtze river rose 10 feet above the seasonal average and flooding affected some 50 million people over a vast area. A National Flood Relief Commission was set up under the leadership of Finance Minister Soong. Before the Commission had been established, Liu Ruiheng and staff of the Central Field Health Station set up health units for epidemic control in areas where refugees were concentrated. Cholera, dysentery and gastrointestinal infections had spread rapidly among the displaced population, and doctors, medical students, nurses, sanitary officers, pharmacists and laboratory technicians were mobilised. Wells were chlorinated, trench latrines constructed and fly breeding controlled. Emergency hospitals and laboratories were established and refugees were immunised with typhoid and cholera vaccines.

The League of Nations responded to the emergency in the same way that global agencies do today. It launched an appeal for prioritised and clearly specified supplies that were required for epidemic control and for health services to the displaced populations. International staff were immediately assigned to help on the ground. In October 1931, Mackenzie wrote to his mother, saying:

you will remember Sir John Hope Simpson with whom I worked in Greece and the grandson of Simpson who invented chloroform and the son of the best gynaecologist we have produced, Professor Simpson of Edinburgh who taught father. ...He did me the honour of getting me specially to go with him all yesterday advising him on equipment and rations as he had just been appointed by the Chinese Government to take charge of the whole of the flood relief work in the Yangtse valley... He said he only wished he could ask me to go as his chief of staff after my Russian experience and if it were not for [the forthcoming mission to] Liberia he would have asked the League to let me go with him.⁷⁰⁵

Haven: Yale University Press, 1969), p. 40; Anonymous, 'The Reconstruction of China – Japanese criticism of Dr. Rajchman'. *Spectator*, 17 May 1934, p. 1.

704 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 17 January 1931, p. 3.

705 Wellcome L., PP/MDM/B/7, Mackenzie to Emma Mackenzie, 8 October 1931.

On arriving in Nanjing, Hope Simpson was asked by the Chinese to act as Director-General of the National Flood Relief Commission.⁷⁰⁶ Rajchman (now on his fourth visit) also gave advice to the Relief Commission and all available LNHO staff were deployed, Borčić to undertake air and marine surveys and assist field units in the lower Yangtze; Huang Tsefang to help operate health units in the Wuhan area; and Michel Ciuca, a Romanian staff member, to assist with malaria control. The Chinese Government asked LNHO to coordinate the international response to the appeal. Several governments did provide anti-epidemic supplies of vaccines, drugs, bacteriological supplies and equipment. The response, however, was not prompt and was disproportionate to the quantities specified in the appeal. In his report on the work of LNHO in coordinating assistance, Rajchman castigated the nations for the meagreness of the collective effort (only three of the nine member countries on the Advisory Council of the Eastern Bureau responded and a mere six of the 21 represented on the Health Committee). In a detailed Report, Rajchman acknowledged that the appeal coincided with a global financial crisis.⁷⁰⁷

Ambassador Quo Tai-chi expressed his country's appreciation in September 1932 to Simpson, Borčić and Ciuca for carrying out their flood relief work 'with untiring devotion', stating:

those floods are, happily, we assume, permanently curbed – barring phenomenal rises – thanks to the completion along the Yangtze and Huai rivers of three thousand miles of dykes constructed this year by Chinese engineers and Chinese labour under coordinated local authorities.⁷⁰⁸

Rajchman had visited Japan *en route* to his fourth visit to China in September 1931, to solicit aid.⁷⁰⁹ The Government of Japan responded promptly with generous and practical contributions in the form of material, personnel and transport facilities. After the end of September, however, China 'felt compelled to decline further offers of assistance from this source'.⁷¹⁰ The Japanese Kwantung Army had 'used the occasion [of the floods] for an attack on Manchuria'. The pretext for the invasion of northern China, the Mukden incident, occurred in September 1931 (a week after Rajchman's visit to Tokyo).⁷¹¹ This fourth visit was the first made by Rajchman to China for the stated reason of the '*lutte contre le Japon*'. Japan's long conflict with China was beginning to unfold.

The League of Nations was not alone in responding to the Yangtze floods. The words and response

706 Quan, *China's Relations*, p. 157.

707 SDN, *Quarterly Bulletin* I (1932), pp. 142-157.

708 Quan, *China's Relations*, p. 158.

709 Balińska, *For the Good of Humanity*, p. 90.

710 SDN, *Quarterly Bulletin* I (1932), p.156.

711 Balińska, *For the Good of Humanity*, p. 90.

of Cecil Robertson, a Glasgow-educated physician working in Shanghai, were recalled by a colleague, who reported:

here is the Yangtze out of hand, one of the greatest floods in history! What are we going to do about it ... He [Robertson] took the lead and a plan of campaign was worked out. One of the Moller Line of steamships was chartered and soon an army of Chinese workmen was busy on this old cargo boat. Hatch-ways were replaced by rough-and-ready staircases, wards and diet kitchens etc. were arranged and an up-to-date pathological laboratory was installed and equipped. Volunteers were called for, Chinese and foreign members of the staff of the Lester Institute and Hospital offered their services and within a matter of days the S.S. 'Hannah Moller' was steaming up the Yangtze to Hankow. It had a twofold objective, firstly to render assistance to the victims of the flood and secondly, to investigate the aetiology, treatment and prevention of the diseases which develop side by side with flood conditions.⁷¹²

Robertson was in the forefront in another crisis in China, in 1937, heading a League of Nations Epidemiology Unit in central China during the Sino-Japanese War. (He met his death in Hong Kong during the Japanese occupation).

Inauguration of the Central Field Health Station, 1931

Remarkably, in the year of the Yangtze floods, the Central Field Health Station was inaugurated, under the direction of Liu Ruiheng and Chin Pao-Shan (P. Z. King), and began work. A model district was established in Tangshan, near Nanjing 'to serve as a practical demonstration of modern methods of hygiene and sanitation'. A School for Midwives was established in Beijing and a section on Parasitology and Malariology established in the Nanjing Station. Borčić was assisted by two US nationals, the Sanitary Engineer Brian R. Dyer (recruited with Rockefeller Foundation funds) and William Wesley Peter, recruited by the National Health Administration.⁷¹³ Peter, a missionary physician and pioneer of health education, was regarded by the Chinese as 'an American, but with a Chinese heart'.⁷¹⁴

Wei Shang Shu (the National Health Administration) published an account of public health reconstruction under the national government in 1932.⁷¹⁵ The report listed four rural health

712 Thompson, 'Robert Cecil Robertson', pp. 125-126.

713 SDN, A 6 1932, The League of Nations and China, p. 73.

714 Anonymous, 'Popular Health Education in China; a Movement Adapted to the Psychology of the People', *American Journal of Public Health* 9 (1919), p. 748.

715 SDN, R5905, 8A/15067/10595, Wei Sheng Shu, Public Health Reconstruction under the National Government, 1932.

demonstration stations in addition to Dingxian, namely Gaoqiao and Wusong near Shanghai, Chikow in Zhejiang Province and Tangshan near Nanjing.

In Shanghai in 1932, Health Commissioner Hu Hou-ki died accidentally and his loss was especially felt by LNHO, since he was a key collaborator particularly in cholera control measures. A million Chinese received cholera vaccine in Shanghai that year.⁷¹⁶ In the subsequent year, no case of cholera was reported.⁷¹⁷ Hu was succeeded by one of the most prominent public health experts in China, Li Ting-an, a graduate of PUMC who had worked under Grant in the Peking First Health Station.⁷¹⁸

Rajchman acts as 'Technical Agent' on a Sixth Visit, 1933-1934

In 1933, the League of Nations established a Council Committee on Technical Collaboration between the League of Nations and China (the 'China Committee'). The Committee met in Paris in July 1933, with Soong and Gu Weijun (Wellington Koo) attending. A programme was developed 'on a non-political basis' and Rajchman was appointed League delegate attached to the National Economic Council.⁷¹⁹ His tasks, as 'Technical Agent', were to liaise between the Council and the competent organs of the League 'for the purpose of technical cooperation'. A 1933 Memorandum on International Cooperation on China's Public Health stated:

the League of Nations announced that Dr. Louis W. Rajchman was returning to China, where he has previously represented that organisation, to act as liaison officer between the twelve representatives of the League – from nine different countries – who are working on different phases of the national reconstruction program, and the home office. This array of specialised talent personifies the League's answer to a request made by China in 1929 for cooperation in building up those arms of the Government that directly affect the social welfare of the people. Dr. Rajchman's return to China signals the re-commencement of the program with which he was primarily charged during his previous stay in that country, a program that was diverted from its permanent channels by the emergency demands on China's public health administration created by the Yangtze flood of 1931 and the armed conflict around Shanghai ... The League's officials are technicians whose business it is to help Government departments engaged in social and economic reconstruction to translate their policies into practical administrative set-ups and activities.⁷²⁰

716 SDN, A 6 1933, 'Collaboration en matière d'hygiène publique avec les gouvernements de divers pays a) Chine', p. 92.

717 Quan, *China's Relations*, p. 161.

718 SDN, R 5710, 50/18702/6501, Štampar to Haas, 15 April 1935.

719 Anonymous, 'China and the League of Nations', *Manchester Guardian* (20 July 1933), p. 13.

720 Anonymous, 'Memorandum on International Cooperation on China's Public Health', *Institute of Pacific Relations*,

The same year, Peter Mühlens of the Hamburg Institute of Tropical Diseases, a member of the League's Malaria Commission, undertook an enquiry on the frequency of malaria and made recommendations as to prophylactic measures to be taken.⁷²¹ This was noted in the account that Rajchman submitted on his work as Technical Agent in the years 1933-1934, although the health sector was only part of a broader report.⁷²² Speaking to the China Committee in 1934, Gu Weijun, a founder of the modern Chinese foreign service, stated that:

notwithstanding natural calamities and foreign invasion, the policy of economic reconstruction has been steadily pushed forward. It is, indeed, more than a policy of the Government, it is a national movement generally endorsed by the people.⁷²³

The report of Quo Tai Chi, the Delegate of China to the Council Committee on Technical Collaboration in 1934, emphasised that engaging foreign experts for service with the Chinese Government was an interim measure. The urgent and primary necessity was the training of the requisite Chinese technical staff:

I wish to state how greatly the Central Health Administration appreciate the facilities given by the Health Organisation of the League in training abroad technical officers who are urgently needed for staffing the institutions ... I should like to emphasise to the Committee that despite the general economic crisis, funds are being found, supplemented by the industry and zeal of my people. But all this energy may be wasted if the technical officers are not forthcoming.⁷²⁴

Achievements of the Central Field Health Station, 1931-1933

Borčić, whose 1930 assignment had been extended, transmitted to Geneva the first report of the Central Field Health Station (April 1931-June 1933), which summarised what the three-year plan had achieved under the leadership of Liu Ruiheng and Vice-Director Chin Pao-Shan. Efforts had been diverted and staff located to the field, in response to natural and political calamities – conflicts and political disturbances in Northern China, Shanghai and Beijing together with floods not only in the Yangtze but in the Yellow River. Nevertheless 'the work accomplished exceeded the original expectation'. Faced with epizootics, particularly rinderpest, which ravaged the grazing herds of West

American Council 2 (1933), pp. 1-4.

721 SDN, C.157.M66.1934, Report of the Technical Agent of the Council on His Mission in China from the Date of His Appointment Until April 1st, 1934.

722 SDN, Technical Cooperation between the League of Nations and China: Appointment of the Technical Agent. A6 1934, pp. 73-74.

723 SDN, C/China 4, Council Committee on Technical Collaboration with China, 1934, p. 8.

724 SDN, C/China 5, Council Committee on Technical Collaboration with China, Fifth Session/PV1, 1934, pp. 5 & 6.

and North China, they inaugurated the production of sera and vaccines for veterinary use. The prime activities of the Central Field Health Station were the establishment of experimental and investigating institutions, demonstration of practical field work and the training of technical staff. The Station was built on a 100 *mou* (16.5 Acre) site in Nanjing. Peter had helped to organise the Department of Health Education and Propaganda, and Dyer the Department of Sanitary Engineering. The other component established in the first year of operation was the Department of Laboratories and Epidemic Disease Control (consisting of laboratories of bacteriology, chemicals and pharmaceutical products). Professor C. K. Chaw, assisted by Michel Ciuca of LNHO, undertook malaria field surveys along the Yangtze and established a Department of Malariology and, later, of Entomology. Travelling clinics were established to deal with a cholera epidemic that involved 300 cities in 20 provinces. The Director and staff were also diverted to establish temporary health stations and hospitals in Shanghai during the conflict with the Japanese. By the autumn of 1932, emergency work was over and the planned work resumed, the buildings being completed in the autumn of 1933.⁷²⁵

The Central Field Health Station benefitted from being an arm of the National Economic Council and was able to support provincial governments on projects for comprehensive regional reconstruction. In Jiangxi, for example, reconstruction of the Province aimed at raising the productivity of the land through the improvement of technical as well as social and economic conditions. This involved modifying land tenure and taxation systems, introducing cooperative societies, and establishing social welfare centres.⁷²⁶ At the end of 1933, Štampar and a group of experts, on a mission to Jiangxi for the National Economic Council, recommended action on land reform and social welfare. Ten model welfare centres were to be established 'for the benefit of the rural population', linked to a provincial rural welfare centre. The main lines of activity of the centres were mass adult education, promoting agricultural science and public health, especially medical and maternal care, sanitary engineering and health education. Model villages were envisaged 'to give examples of the possibilities of changes in rural life and conditions'. After 18 months, Štampar returned to review implementation and found eight of the recommended rural welfare centres in operation. These covered 13 000 to 30 000 inhabitants and were housed in reconstructed family temples. Staff included two doctors and a midwife.⁷²⁷

725 SDN, 8A/3608/940, B. Borčić, Report on Three-Year plan for Health Service, April 1934 and First Report of Central Field Station, April 1931- June 1933.

726 Sao-Ke Sze, 'Reconstruction in China', p. 261.

727 SDN, R 5710, 50/20156/6501 A. Štampar, Rural Welfare Activities in Kiangsi, Twenty-second Session of the Health Committee, August 1935, pp. 1-3.

Visit of Robert Haas, 1935

On the expiry of Rajchman's mission as Technical Agent in August 1934, the Government asked the Secretary-General to take measures to ensure the continuance and development of the work of collaboration by sending to China, on a short-term basis, the Director of one of the other sections of the Secretariat. The task fell to Robert Haas, who reported on his three-month visit in 1935.⁷²⁸ The report documented the progress made in public health – notably, extension of field activities of the Central Field Health Station, which had trained some 500 public health doctors, public health nurses, sanitary engineers and sanitary inspectors. In addition, investigating and research stations were operating for parasitic diseases that were prevalent in different parts of the country – for kala-azar in Gansu province, for schistosomiasis in Hangzhou (Zhejiang Province) and in Chuhsien (in Shandong Province), for paragonimiasis in Shaoxing (in Zhejiang Province) and for fasciolopsis, also in Zhejiang province.⁷²⁹

Results of public health activities between 1929 and 1935 were presented by Borčić to the Health Committee.⁷³⁰ He praised the Chinese staff for their adaptability in the face of emergencies. Among those he cited were wars of 1931, 1932, 1933 and 1934 in Jiangxi; the conflict initiated by Japanese forces in 1931-32 and their invasion of Jehol; the conflict with Communist armies in the South-Western and Western regions; and another great flood in 1935.

Study tours

Overseas study tours of health leaders made a vital contribution to the development of national institutions. In 1933, the Chinese delegate on the League's Council Committee on Technical Collaboration emphasised that the urgent and prime necessity was to train the requisite Chinese technical staff. Study tours were to play an important role in modernisation: up to the end of 1933, LNHO provided twenty-five study fellowships for members of the Central Field Health Station and its affiliations supplemented by 15 provided by the Rockefeller Foundation. Fields of study included special training in bacteriology, malariology, entomology, sanitary engineering, rural sanitation, school health, industrial hygiene, health education, quarantine, hospital administration, public health nursing, health administration, maternity and child health and midwifery training.⁷³¹

728 Quan, *China's Relations*, pp. 172-174.

729 Quan, *China's Relations*, pp. 174-177.

730 SDN, R5711, 50/21438/6501, Public Health Activities in China, 1929-1935.

731 SDN, 8A/3608/940, B. Borčić, Report on Three Year Plan for Health Service, April 1934, p. 3.

Recipients in 1935 included Shanghai Health Commissioner Li Ying-an; rural health expert Ch'en Chih-ch'ien from Dingxian; the parasitologist Lango P'oo of the Central Field Health Station; and Robert Lim, the Edinburgh-educated head of physiology at PUMC. On his way back from a study visit in February 1936, Li Ying-an wrote to Mackenzie (hoping to see him in China) and to Rajchman.⁷³² He gave a breath-taking account of his fellowship, which included visits to one international health organisation (LNHO), five national health administrations, ten city health administrations, five rural health centres, two nursing schools, two public health laboratories, one port quarantine station, five maternity schools, two school health centres, three open air schools, one public health nursing centre, nine tuberculosis centres or sanatoria, two rheumatism treatment centres, two mental disease institutions, four general hospitals, three infectious disease hospitals, twelve sanitary stations and seven specially arranged interviews with public health experts. While impressed by England and Holland, he felt 'work in Poland and Jugoslavia is less expensive and more applicable to our land'. He concluded that the visit assured him that 'the theory and practice we have in Shanghai and some other Chinese cities are sound, systematic and intelligent... Disregarding other uncertainties ... it will not be a long period before the public health work ... can be developed to a satisfactory degree'.⁷³³

Significance of the Bandoeng Conference, 1937

The significance of the Bandoeng Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene is now well-established. The proposal to convene the Conference came from India and China and many countries represented in Bandoeng were colonial states. Rajchman therefore hand-picked the people whom he charged with preparing for the Conference, choosing them for their 'thoroughly sympathetic attitude towards the native population'.⁷³⁴ Bandoeng is now viewed as 'a milestone event [that] in several ways foreshadowed the World Health Organization's famous Alma Ata Conference and Declaration of September 1978'.⁷³⁵ The Conference, in effect, served as a showcase for a system of rural health care that Rajchman, Borčić, Štampar and their LNHO colleagues had helped to develop.

The struggle against Japan

Rajchman listed the purpose of the seven visits that he made to China for LNHO between 1924 and

732 SDN, R 5711, 50/18703/6501, Li to Mackenzie, 16 February 1936 and Li to Rajchman, 6 March 1936.

733 SDN, R 5711, 50/18703/6501, Li to Rajchman, 6 March 1936.

734 Brown and Fee, 'The Bandoeng Conference', p. 42.

735 Brown and Fee, 'The Bandoeng Conference', p. 40.

1937.⁷³⁶ His two early visits, in 1924-1925 and 1929-1930, he identified as relating to public health; his visit of 1930-1931 was for the purpose of extending technical cooperation to areas other than health; and his official position in 1933-34, was that of Delegate of the Council of the League to the National Economic Council. He gave the purpose of the remaining visits as 'the struggle against Japan'. It was this that led Rajchman into troubled political waters. Japan's long conflict with China, which had begun with the invasion of northern China in September 1931 became, in 1937, an all-out War of Resistance.

Summary

The international presence that Rajchman succeeded in establishing in China was small, but not insignificant. Resident staff such as Borčić, together with high-level international advisors such as Haas and himself, served to validate 'national reconstruction' that Chinese modernisers themselves sought. Through masterly diplomacy and political nous, Rajchman helped China to establish a National Economic Council. He also succeeded in aligning to this powerful Council – which was the engine of China's reconstruction – not just LNHO, but the entire technical arm of the League of Nations. The reconstruction that the National Economic Council pushed forward was a national movement. Its establishment coincided with the beginning of Japanese aggression in 1931, an event that spurred Chinese youth to constructive development of the country. In short, the National Economic Council became a symbol of reconstruction and reform. The chapter showed that this first essay in technical cooperation, as conceived and executed by Rajchman, began as an effort to support an indigenous initiative to improve rural health and evolved over the decade of the 1930s to become part of a wider movement of national modernisation. The success of this technical cooperation also helped to shape the politics of health around the globe, an observation first made by Borowy.

736 AIP, RAJ A 1, Handwritten Note, Ludwik Rajchman (undated)

7: Technical cooperation in wartime, 1937-1941

The migration of the population during the past few months has been unprecedented in the history of the Chinese people.

*Liu Ruiheng, 1938*⁷³⁷

The Chinese government considers that it will not be practicable to carry out the normal programme of technical collaboration as proposed for 1938. It feels, however, that great need will be served in the present circumstances if technical assistance is given to the Chinese Government Departments in the prevention and control of epidemics and the general relief of the civilian population and refugees.

*Council Committee on Technical Collaboration with China, September 1937.*⁷³⁸

Introduction

In mid-August 1937, the Government declared a War of Resistance, after aggression by the Japanese at the Lugouqiao (Marco Polo) Bridge near Beijing the previous month.⁷³⁹ Five resident staff of the League of Nations were involved at that time in technical cooperation, under the National Economic Council – Berislav Borčić coordinating the health work at the Central Field Station in Nanking; the American agriculturalist William Campbell; the Scottish administrator, John Joseph Taylor; and, for the Communications Section of the League, the Dutch hydrologist, Francois Bourdrez, plus the newly-arrived French engineer of roads and bridges, Henri Maux.⁷⁴⁰ The skills of the engineers were of immediately relevance to the Government's defence against the Japanese and both were drawn into perilous (and in Bourdrez's case, fatal) missions to help strengthen vital communications. On 24 August 1937, dependants of experts had to be evacuated from Nanjing because of Japanese bombardments.⁷⁴¹ Taylor, Bourdrez and Maux 'stuck it out', however, in Nanjing, where the military authorities had instructed the Government to remain, although most foreigners moved to Hongkong or Hankow.⁷⁴² On 29 August 1937 the diplomatic corps made the decision to leave the city and Taylor and Maux, accompanied by their spouses and Taylor's children,

737 SDN, R5775, 50/31153/30817, War and Epidemics in China, C.H. 1333 (1), 16 May 1938, pp. 1-2.

738 SDN, C.China/23, Council Committee on Technical Collaboration with China, Eighth Session, 24 September 1937.

739 Jonathan Fenby, *The Penguin History of Modern China* (London: Penguin, 2009), pp. 274-277.

740 SDN, 50/30817/30817, China Liaison, Financial Liabilities in 1938, 5 October 1937, p. 2; Antoinette Maux-Robert, *Le Dragon de l'Est* (Marly-le-Roi: Champfleury, 1999), pp. 25-31.

741 SDN, R5771, 50/22170/6501.J2, Borčić to Smets, 20 July 1937, and R6060, 8A/29936/8855, Gautier to Štampar, 24 August 1937.

742 SDN, R5680, 50/6784/980, Taylor to Johnston-Watson, 26 August 1937.

were evacuated with a group of 155 refugees in a boat designed to hold 30 passengers.⁷⁴³ On 28 September 1937, Borčić telegraphed Rajchman from Nanjing saying 'Central Field Station and Central Hospital Saturday afternoon fifteen bombs, two killed, five wounded, damage serious (stop) Both places evacuated (stop) We are remaining'.⁷⁴⁴ They did not remain long. The Japanese entered Nanjing in December 1937 and perpetrated 'wholesale looting, violation of women, murder of civilians, eviction of Chinese from their homes, mass execution of war prisoners, and the impressing of able-bodied men'.⁷⁴⁵ Gu Weijun informed the West that the spirit of violence and lawlessness in the Japanese soldiers had been let loose by the exaltation of force as an instrument of policy.⁷⁴⁶ He predicted that if Japanese aggression in China was permitted to rage unrestrained, then peace in Europe would be precarious.⁷⁴⁷ The Nine Powers failed to restrain Japan. In the face of the political and diplomatic failure of the League in the 1930s, Walters claimed credit for one small thread of action:

in spite of Japanese opposition, the Secretariat had continued without interruption to organise technical help for the Chinese government. The great plan, which Rajchman and T. V. Soong had created years before, had been designed as the bridge whereby China could move forward, in peace and dignity, into the modern world. It had never been allowed to grow as they hoped. In face of the new situation, it was now concentrated on reducing the terrible danger of epidemics caused by the masses of refugees in flight from the Japanese armies. Several teams of scientists were organised and equipped at League expense, and remained in the field until the end of 1940. Thus the work ended as it had begun, in the provision of medical help under the direction of the same untiring intellect which had first conceived it.⁷⁴⁸

Sprigings records, however, that Rajchman had been forbidden to return to China at the time of the onset of the Sino-Japanese War (1937).⁷⁴⁹ The War coincided with the culmination of an intrigue by the League of Nations' Secretary-General, Joseph Avenol, to sideline him from involvement with the country.⁷⁵⁰ From the moment they occupied Manchuria in 1931, the Government of Japan had been critical of Rajchman for the assumption of a quasi-diplomatic role on behalf of an official sent to China as a technical adviser. The case was quoted in 1933 by an American writer as 'showing that

743 Maux-Robert, *Le Dragon de l'Est*, p. 35.

744 SDN, 50/30817/30817, Borčić to Rajchman, 28 September 1937.

745 SDN, R3612, 1/32676/208, C/100/PV(6)1, One-Hundredth Session of the Council, 2 February 1938, p. 5.

746 Ibid.

747 Ibid., p. 7.

748 Walters, *A History*, p. 738.

749 Sprigings, 'Feed the People', p. 117.

750 Sprigings, 'Feed the People', pp. 116-117.

in international relations, technical activities cannot be altogether divorced from political activities'.⁷⁵¹ In 1934, Japan began to pressurise the League to curtail the activities of Rajchman.⁷⁵² Rajchman's exclusion from China removed 'the person most capable of responding to the Chinese request [of 1937]'.⁷⁵³

International response to an appeal from China, 1937

Mackenzie observed, in September 1937, that Rajchman's behaviour was 'erratic and difficult as ever' and complained that 'he has not troubled to see me though he has been back a fortnight'.⁷⁵⁴ Rajchman's mood was no doubt affected by the military situation in China. The National Health Administration appealed, urgently, to diplomatic representatives of foreign countries in China for medical supplies and for the despatch of medical missions:

epidemics of cholera, dysentery and typhoid have broken out among the refugees, while plague is spreading in Fukien [*Fujian*], threatening the adjoining provinces. Wounded and sick civilians and soldiers are pouring into our hospitals and there the serious shortage of medical supplies is felt ... any help, in money, despatch of medical missions or in supplies which the Government or the charitable institutions of your country may care to grant to our Red Cross work in the name of humanity, will be most gratefully welcomed.⁷⁵⁵

The Government request to the League of Nations was that, beginning from the third quarter of 1937 and for the period of 1938, all the available resources provided under technical cooperation between the League and China should be concentrated on strengthening a plan of sanitary defence and relief measures carried out under the authority of the central and provincial administration. In the aftermath of the Great War, one of the first decisions of the League Council was the creation of an Epidemic Commission to deal with the somewhat analogous situation in Eastern Europe. The Chinese Government suggested that a similar organisation be set up without delay in China.⁷⁵⁶

751 Anonymous, 'Memorandum on International Collaboration in China's Public Health', *American Council, Institute of Pacific Relations* 2 (1933), pp. 1-4.

752 Borowy, 'Thinking Big', p. 221.

753 Balińska, *For the Good of Humanity*, p. 117.

754 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie, 21 September 1937, p. 2.

755 Wellcome L., PP/MDM/A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938.

756 SDN, C/China/23, Council Committee on Technical Collaboration between the League of Nations and China, 24 September 1937, p. 3.

Replication of the Epidemic Commission of the 1920s

The Epidemic Commission for Eastern Europe (LN-EC) was one of the first organisational mechanisms used to insert international health personnel within the borders of a host country. Rajchman, who himself had been an LN-EC Commissioner, revisited this history in a September 1937 Memo to the Irish Deputy Secretary-General of the League of Nations, Sean Lester, in which he recommended Mackenzie for membership of the proposed Epidemic Commission for China, because of his experience in Russia.⁷⁵⁷ According to Mackenzie, the United Kingdom Government [led by Neville Chamberlain] would not allow a British citizen to go to China as they feared complications with Japan and favoured sending material to the Chinese Government, rather than personnel.⁷⁵⁸ Mackenzie added that 'of course, some British individual may volunteer to go & the Government cannot stop him, but they will not consider it desirable and will nominate no-one themselves'.⁷⁵⁹

The same month, the Secretary-General transmitted to the Council Committee on Technical Collaboration with China a letter received from Ambassador Quo Tai-chi, which is quoted at the head of this chapter, requesting assistance in epidemic prevention and relief for the displaced population. Rajchman submitted a grave report to the China Committee, setting out the epidemic consequences of the Japanese aggression.⁷⁶⁰ The British diplomat, Sir John Pratt, estimated that the work that Rajchman considered indispensable would necessitate expenditures amounting to several million francs, which were not available, and called for a plan capable both of immediate realisation and of subsequent expansion.⁷⁶¹ The Council asked a sub-Committee of the Health Committee to meet in October 1937 to adjust the ongoing cooperation and to draw up a plan so that the League could consider action as requested by the Chinese Government. Borčić telegraphed Rajchman saying it was 'essential to have five units each comprising one foreign commissioner, epidemic field unit with foreign bacteriologist and engineer, isolation hospital with one foreign doctor'. Borčić specified what was needed in the way of vehicles and he included a budget estimate for five units for one year. He also agreed to be technical leader.⁷⁶²

757 SDN, 50/30817/30817, Rajchman to Lester, 20 September 1937, pp. 1-3.

758 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie, 20 November 1937.

759 Ibid.

760 SDN, C/China Eighth Session/PV1, Council Committee on Technical Collaboration between the League of Nations and China, 1937, pp. 6-11.

761 SDN, C/China Eighth Session/PV2, Council Committee on Technical Collaboration between the League of Nations and China, 1937, p. 13.

762 SDN, R5775, 50/31016/30817, Telegram Borčić to Rajchman, 11 October 1937.

The League Assembly voted 2 million Swiss francs and the sub-Committee of the Health Committee framed a plan of action based on these expanded resources.⁷⁶³ In addition the Chinese Government made the sum of \$160 000 available for the anti-epidemic work of the LNHO in the country.⁷⁶⁴ As soon as the plan had been approved, the Secretariat commenced work, its chief concern being to act with the greatest possible speed both in recruiting personnel and in organising the purchase and despatch of the stores and drugs required for the work of the Commission. The plan was approved on the principle that the Chinese authorities themselves would assume responsibility for its execution. The Government had set up an anti-epidemic organisation in three areas composed of numerous sanitary units staffed by personnel of the Chinese Public Health Service, the Chinese Red Cross and officers of the Army Medical Corps, placed at the disposal of the provincial authorities. LNHO bought and despatched supplies to China and a supply base was set up in Hong Kong, where reserve stocks were constituted for *three* LNHO units.⁷⁶⁵ Cecil Robertson agreed, after meeting Rajchman, to accept leadership of an English-speaking anti-epidemic group. According to the Plan, it was the responsibility of Robertson to recruit three other English-speakers to join the group. Rajchman ensured that all authorities in the United Kingdom – parliamentarians, the Foreign Office and health officials – were aware of this recruitment.⁷⁶⁶ In the event, Robertson found it very difficult to recruit in the United Kingdom and was able to select just one young physician, E. I. B. Hawes, so he requested that Pollitzer, who was already in China, be assigned to his Unit.⁷⁶⁷

Intrigue to sideline Rajchman from involvement in China

It fell to Mackenzie to organize the logistics of LNHO's largest health intervention within the sovereign borders of another country.⁷⁶⁸ Avenol drew Mackenzie into an intrigue against Rajchman by appointing him to chair a Purchasing Committee that controlled the augmented funds allocated by the League for China.⁷⁶⁹ An account of Avenol's efforts in November 1937 to sideline Rajchman is given by Mackenzie in a letter in which he told his mother that the Secretary-General had given special instructions, releasing him from his LNHO duties and making him solely responsible to the him and to the Assembly. He said he was:

763 SDN, R5775, C.C. 1109, C.H. 1268(1), League of Nations, Technical Collaboration with China: Anti-epidemic plan drawn up by the Special sub-Committee of the Health Committee, 16 October 1937.

764 SDN, R5775, 50/30817/30817, Borčić to Rajchman, 8 January 1938.

765 SDN, R5775, C.H. 1268(1), CC 1009, Anti-Epidemic Work in China, pp. 1-4 (undated).

766 SDN, R5775, 50/30966/30817, Rajchman to Goodman, 25 November 1937.

767 SDN, R5775, 50/30966/30817, Rajchman to Lester, 16 December 1937.

768 Sprigings, 'Feed the People', p. 118-119.

769 SDN, R5711 50/22170/6501. J2, Mackenzie and Johnston-Watson to Smets, 1 April 1938.

really most pleased as it is a very great tribute & appreciation of previous work is always pleasant. It means, of course, as far as China is concerned I am now far above Rajchman as no expenditure can be made without my Committee's sanction. At the same time the Secretary General appointed Johnston-Watson as Secretary of the Committee – which therefore consists of two of us, a junior representative of the Treasury & a junior buyer of the League ... For a public health authority to give an individual such freedom in the expenditure of funds is most unusual ... it is strange how when a difficult piece of work has to be done by men who have to be completely trusted in every way that two Britishers are appointed.⁷⁷⁰

He then listed all the equipment that was going: three complete hospitals, a large number of plague, cholera and typhus fever laboratories, surgical instruments, 36 lorries and 'endless' drugs, including anaesthetics and morphine. He said that Rajchman knew nothing of this but would be furious to learn that everything connected with China must pass his Committee and bear Johnston-Watson's and his own signature. He detailed the constitution of German-speaking and a French-speaking teams. The former comprised Professor Mooser from Zurich; Professor Jettmar, a plague researcher from Vienna; Hans Winzeler, a young Swiss surgeon just returned from a Himalayan expedition⁷⁷¹; and a young railway engineer. The French-speaking Unit was led by General Lasnet, head of the French Army Medical Corps and included Dr. Legrait from Morocco together with Dr. Dorolle from French Indochina. A third (English-speaking) Unit was also envisaged. He concluded this lengthy and informative letter, saying that the Secretary General had put him in charge of all arrangements: as he must have someone who would not be influenced by Rajchman. He is not even on the Committee and it is considered too dangerous for him to have anything to do with it as he is always intriguing and is very Bolshevist in tendency and sympathies ... I often feel that I did not do enough political intriguing in the League and now I am glad to have the concrete reassurance that 'Honesty is the Best Policy'.⁷⁷²

The Units were being assigned and equipped for a year. Most equipment was to go direct to the Chinese Government, which was also to receive direct '500 000 Swiss francs of drugs'.

770 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie, 20 November 1937.

771 'Expeditions: Himalayan Club', *Himalayan Journal* 7 (1934). <<http://www.himalayanclub.org/journal/expeditions-7/>>, [accessed 28 November 2012].

772 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie, 20 November 1937.

Repercussions of Avenol's intrigue on LNHO personnel in China

In December 1937 Rajchman, in an exchange of correspondence with Borčić, stated that he was glad to hear that the selection of Robertson to head an English-speaking Unit was welcome. It had taken Robertson just one hour after meeting Rajchman to decide to return to China, where he had previously worked at the Lester Institute in Shanghai. Robertson asked to be based in Changsha, where the Governor of the province (Hunan) was father-in-law of the Chief Assistant at the Institute. In Rajchman's view, Robertson visualised 'perhaps better than the others how the underlying idea of the whole Plan, namely the strengthening of the Chinese medical and sanitary organisation, can be effected'.⁷⁷³

Avenol took administrative action at that time to stop direct channels of communication from the field staff, such as that from Borčić to Rajchman. He issued a circular instructing 'personnel connected with technical collaboration with China and residing in that country' of the necessity of having all official telegrams addressed to Chicom (Council Committee on Technical Collaboration with China). The Secretary of the Committee (now the Belgian, Charles Smets) would either deal with these himself or transmit them for action by the Section concerned. Letters concerning technical cooperation were, similarly, to be directed to Smets.⁷⁷⁴

The period from the onset of the Sino-Japanese war in 1937 marked a rise in Mackenzie's authority concerning China and a decline in Rajchman's, at least officially. Rajchman's personal standing remained high, however, both with the resident LNHO staff and the country's political leaders.

It is never conducive to effective management to create confusion as to who is in charge. Avenol's intrigue created tensions that immediately affected the performance of the Units in the field and led to the departure of the LNHO's longest-serving staff member in the country. In January 1938, Borčić sent a sharply-worded letter to Smets. His renewed passport had been mailed from Geneva to Nanjing 'at a time when it was known all over the world that the evacuation of that city might be expected at any time' (The city fell to a murderous Japanese force in December 1937). He said that he was now in a very awkward situation and expressed 'surprise that you have not taken the care of

⁷⁷³ SDN, 50/31262/30817, Rajchman to Borčić, 3 December 1937, pp 1-2.

⁷⁷⁴ SDN, R5776, 50/31262/30817, Telegrams and correspondence concerning technical collaboration with China, 17 December 1937.

consulting either Dr. Rajchman or Dr. Štampar'. All correspondence regarding his passport had been conducted through Rajchman.⁷⁷⁵ Borčić wrote to Rajchman in March 1938, saying that he was surprised that he had heard nothing from him since December, and complained that no spare parts had been ordered for the vehicles that had been purchased. He concluded:

I suppose this is my last letter of complaint to Geneva because I feel that I am becoming a bore to everybody connected with the Epidemic Commission and cannot succeed in getting any response. I wish to point out however that the majority of the complaints are not only mine, but also those submitted to me by the Commissioners.⁷⁷⁶

Rajchman had already informed Lester that Borčić felt that he had no choice but to leave China. By mid-March 1938, he expected the LNHO Units to be fully under way and, in view of this, Rajchman proposed that Borčić be allowed to book his passage to Europe during the second half of March 1938. Rajchman was optimistic, however, about retaining Borčić and informed Lester that:

it is not impossible that we may retain Dr. Borčić's services for return to China later in the year. In the meantime it would be necessary for one of the Commissioners to take over responsibility for liaison with the Central Government while remaining at his own headquarters. Dr. Borčić feels, as I do, that Professor Mooser appears to be indicated for this purpose.⁷⁷⁷

Borčić's complaints about supplies were echoed by Rajchman, who berated Lester and Smets for failing to consult him. He urged them to adopt a supply policy that is standard practice today, namely local purchase rather than time-consuming consignment of goods from overseas.⁷⁷⁸ A joint memo from Mackenzie and Johnston-Watson (respectively the Chair and Secretary of the Purchasing Committee) answered the complaints made by Borčić and Rajchman. They provided documentation showing the great efforts they had made to source vehicles locally and provided evidence that the needs for transportation specified by Mooser and Lasnet (and later Robertson) were precisely met – vehicles being ordered on 20 December 1937, shipped on 15 January 1938 and delivered on 13 February to Hong Kong, where spare parts were already available.⁷⁷⁹ Johnston-Watson had long experience in supply logistics in emergencies and had organised supplies for LN-EC in Poland. Mackenzie, too, had been effective in procuring supplies for Buzuluk (records of which are retained in the Family Archives). Other supplies *were* purchased locally.⁷⁸⁰ Smets judged

775 SDN, 50/22170/6501. J2, Borčić to Smets, 5 January 1938.

776 SDN, 50/22170/6501. J2, Borčić to Rajchman, 9 March 1938.

777 SDN, 50/22170/6501. J2, Rajchman to Lester, 15 February 1938.

778 SDN, 50/22170/6501. J2, Rajchman to Lester & Smets, 31 March 1938.

779 SDN, 50/22170/6501. J2, Mackenzie & Johnston-Watson to Smets, 1 April 1938.

780 SDN, 50/22170/6501. J2, Milk, Mackenzie & Johnston-Watson to Smets, 8 April 1938.

that 'no complaint can be made ... with regard to the purchase of lorries and spare parts' and so informed Lester, asserting that this problem stemmed from side-channel correspondence and contradiction of explicit instructions concerning lines of communication.⁷⁸¹ Lester agreed to have a few people sit around a table with Borčić, on his debriefing in Geneva, to discuss how best to help the staff in the field to carry out their demanding tasks in very difficult circumstances.⁷⁸² The decision-making process that Avenol established was, however, triangular. All purchases had to be referred to the Secretary of the Council Committee on Technical Collaboration with China (Smets), the Medical Advisor to the Secretary-General (Rajchman) and the Chairman of the Purchasing Committee (Mackenzie).⁷⁸³

A solution proposed by Rajchman (in July 1938) was to move Mackenzie to Hong Kong. Mackenzie set out the conditions necessary for the success of such an arrangement, insisting that 'I should be responsible only to the Secretary-General, whose representative I should be in the work allocated to me ... [with] wide discretionary powers as to the relative amount to be expended along various medical lines'. A related requirement was that he should hold the budgets for the three Units and have the authority to take decisions on the spot on moving the supply base to Saigon or Hanoi in the face of possible Japanese advances and also decisions as to future deployments of personnel, should the Japanese take Hankou or Guangzhou. Rajchman agreed that Mackenzie's absences from Geneva would be limited to six months on any one visit.⁷⁸⁴ The arrangement was never implemented, but the sort of authority that Mackenzie requested is delegated today by heads of agencies to Special or High Representatives to ensure prompt and efficient action in complex humanitarian emergencies.⁷⁸⁵

Technical cooperation with China after 1937 was concentrated on the work of the Epidemic Commission.⁷⁸⁶ Although this was, expressly, what the Chinese Government requested, the priority given to health impacted on Taylor and Bourdrez, who had been serving the League in China for several years. Maux, the recently-arrived road engineer, was especially resentful. The non-health technical experts, he felt, became poor relations. The provision of large funds and resources to the anti-epidemic units struck him as being 'quasi-colonial'. He said the anti-epidemic units were

781 SDN, 50/31635/30817, Smets to Lester, 1 April 1938.

782 SDN, 50/31635/30817, Handwritten note by SL on Rajchman to Lester & Smets, 4 April 1938.

783 Wellcome L., PP/MDM/A/3/5/1, Confidential Mackenzie to Rajchman, 14 July 1938, p. 1.

784 Wellcome L., PP/MDM/A/3/5/1, Confidential Mackenzie to Rajchman, 14 July 1938.

785 Complex humanitarian emergencies refer to deep social crises in which large numbers of people die from war, displacement, disease and hunger, owing to man-made disasters. See Jeni Klugman, *Social and Economic Policies to Prevent Complex Humanitarian Emergencies* (United Nations University, 1999), p. 1.

786 SDN, R5683, 50/23433/980, Smets memo on Taylor, 11 March 1938, p. 1.

'tolerated' by the Chinese government because they demonstrated a response by the international community to the Japanese aggression at a time the League was viewed as a 'talking shop' and because the 500 000 Swiss francs provided by the League was a welcome contribution to China's war-time economy, allowing the health administration to pay its staff.⁷⁸⁷ Writing after the tragic drowning of Bourdrez and his Chinese colleagues in the Yangtze, Maux complained that Geneva, almost exclusively favoured health activities, to the extent of making the engineers mere 'auxiliaries'.⁷⁸⁸ He attributed this attitude, unfairly, to Smets who was faithfully implementing the China Committee's narrowly-focussed policy of epidemic prevention. Maux also misunderstood the long-established policy of broad technical cooperation established by Rajchman. Rajchman restated this when the anti-epidemic teams were completing their first year of operation stating 'medical officers sent out to China for 1939 'should be real experts, if they are to fulfil usefully their functions as consultants in the organisation of anti-epidemic measures or as trainers of Chinese technical personnel'.⁷⁸⁹

Population migration unprecedented in the history of the Chinese people, 1937- 1938

At some point during the war, approximately 15% to 20 % of the entire Chinese population were on the move.⁷⁹⁰ The huge upheaval was described by Barbara Tuchman as 'a steady trudging toiling stream of people carrying goods and equipment and themselves out of the area of the invader. Boats, trains, carts, pack animals and coolies, under repeated bombing, shared in the inland trek'.⁷⁹¹ With German, French and English-speaking LNHO Units assembled in China early in 1938, the Epidemic Commission was convened and addressed by Liu Ruiheng. The focus on the international intervention (and the justification of the greatly augmented funding) was to prevent the spread of transmissible diseases by the displaced population. One scourge, cholera, was actively spreading owing to movements of refugees and troops, and there was fear of a fresh pandemic during the spring and summer of 1938. Serious repercussions, international as well as national, were expected if quarantine services broke down, leading to the transmission of plague infection by sea or if military operations were to extend to the region of China where plague was endemic. Any movement of refugees carrying lice was likely to lead to epidemics of typhus, at least on a local scale. Troops on the march and displaced people also brought the risks of smallpox, typhoid and dysentery to rural populations.⁷⁹²

787 SDN, R5792, 50/38540/30817, Suggestions pour 1940 (Maux), 27 March 1939, pp. 2 -3.

788 SDN, R5792, 50/38540/30817, Maux to Mackenzie, 31 July, 1939, p. 4.

789 SDN, R5789, 50/36065/30817, Rajchman to Lester, 2 December 1938.

790 Rana Mitter, *China's War with Japan, 1937-1945* (London: Allan Lane, 2013), pp. 117-118.

791 Barbara Tuchman, *Sand Against the Wind* (London: Futura, 1985), p. 249.

792 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May

The Epidemic Commission comprised the three Unit heads (Commissioners Mooser, Lasnet and Robertson), together with a Chinese Government representative (first Liu Ruiheng, later Robert Lim) and Borčić. The League units were assigned to locations – the First Unit (Mooser's) to Xi'an, capital of Shaanxi Province; the Second Unit (Robertson's) to Changsha, capital of Hunan; and the Third Unit (Lasnet's) to Nanning, capital of Guangxi Province, and to Guangzhou in Guangdong Province. By February 1938, all three Units had established headquarters. In each case the League Unit, with Chinese medical and auxiliary staff, was incorporated in the local health administration, and at the same time gained close touch with the Central Government through a special Chinese liaison officer.⁷⁹³ In this collaboration, every effort was made to meet emergencies, and also to strengthen, and where necessary establish, permanent health work, particularly in rural districts.⁷⁹⁴

Field activities of the three LNHO Units

An account of the immediate field activities carried out by the three Units 'in pursuance of the League's Technical Cooperation with China' is described in a lengthy note compiled by LNHO in May 1938. Its inclusion in the Mackenzie Archive may indicate that Mackenzie had a hand in drafting this.⁷⁹⁵ China herself was reported to be making a great national effort in applying anti-epidemic measures, despite the country being on a war footing. The civilian population was being organised to help introduce anti-epidemic and sanitary measures in Hunan, activities that were initiated by the Mass Education Movement. Work along similar lines was in hand in the provinces of Guizhou, Guangdong, Jiangxi, Sichuan and Guangxi. The Nanjing and Taining training institutes for health workers and for workers in rural reconstruction were transferred (from Fujian) to the Province of Guizhou and students were admitted to prepare for field work during and after the war. A hundred medical units were organised, in close connection with the Mass Education Movement, to serve in rural districts both in a teaching and in a working capacity. The Chinese Government organised three large anti-epidemic units, each consisting of 150 to 250 doctors, nurses, sanitary engineers and sanitary inspectors to deal with health problems in the Northern, Central and Southern areas of the country. The LNHO Units in these three areas cooperated closely with these

1938, p. 3.

793 The Chinese leaders in the Units were Y. L. Lung for the North, Cheng Wei for the Centre and Li Ting-an for the South, see SDN, 50/22170/6501. J2, Borčić to Rajchman, 7 January 1938.

794 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, pp. 3-4.

795 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938.

Government organisations as well as with local authorities.⁷⁹⁶ Each of the three mobile LNHO Units was organised so that the Chinese health authorities could strengthen their own medical and health services, incorporating also Red Cross or other units sent from abroad. Each LNHO Unit was staffed by an Epidemic Commissioner (the Unit leader), a specialised medical officer in epidemiology and bacteriology; a sanitary officer; a medical organiser of area units; and an assistant and mechanic (locally recruited). They were equipped with drugs, vaccines, sera and emergency supplies plus the necessary laboratory apparatus for bacteriological diagnosis, for delousing, disinfection and for dis-insectisation. Each was provided with 12 motor cars or light lorries.

The policy and practice of the LNHO was to support both Guomindang and Communist authorities which, in December 1936, had suspended their civil war and formed a fragile national front. The Swiss Hermann Mooser and the Austrian Heinrich Jettmar brought LNHO assistance to Chinese people within communist controlled territories.⁷⁹⁷

The **First Unit** was located in the north-west, then the poorest part of China, which is bitterly cold in winter, hot in summer. There were some eighteen general hospitals, including five main base hospitals as well as a medical training school. Resources were scanty and equipment difficult to obtain. Facilities for the care of the sick existed in the small town of Yan'an⁷⁹⁸, situated at the confluence of two rivers surrounded by high hills. In this town of about 10 000 inhabitants there were numerous one-storey houses. The streets and houses were comparatively clean, thanks to the health propaganda of the local authorities, but the town was rat-infested. On the slopes of the loess hills around the town, numerous caves had been dug, in which schools and a hospital were established as well as dwellings. The regional central hospital was located in thirty-eight caves on the slope of Pagoda Mountain.⁷⁹⁹ Openings were towards the south and south-west so lighting was fairly satisfactory. The caves were dug in series, one series serving as dwelling rooms for the staff, another for gynaecological and midwifery cases, another for tuberculosis cases. Access to the caves was along primitive paths through which patients were brought by mule or stretcher. The water supply was brought in barrels from one of the small rivers. There was a small laboratory. Stocks of

796 SDN, R5775, 50/31153/30817, C.H. 1333 (1), War and Epidemics in China, 16 May 1938, pp. 1-2.

797 Margaret Stanley, *Foreigners in Areas of China Under Communist Jurisdiction Before 1949*, ed., Daniel H. Bays (Center for East Asian Studies, University of Kansas, 1987), p. 21; Norman Bethune and Larry Hannant, *The Politics of Passion: Norman Bethune's Writing and Art* (Buffalo: University of Toronto Press, 1998), p. 226.

798 Yan'an, in Shaanxi Province, was the terminus of the Long March and headquarters of the Chinese Communist during the Sino-Japanese war (1937-45) and the subsequent civil war.

799 Located halfway up a mountain, near the centre of Yan'an, is a Pagoda that features prominently in documentary films made by the Communists during the civil war, see Kirk Denton, 'Yan'an as a Site of Memory in Socialist and Postsocialist China', ed. Mark Andre Matten, *Places of Memory in Modern China* (Brill, 2011), pp. 266-267.

medicine and drugs were severely limited. Proposals for action in this area included the enlargement of the central hospital and digging an ice cellar and six more caves.⁸⁰⁰

The **Second Unit** was responsible for anti-epidemic work in the Central Provinces of Hubei, Hunan, Jiangxi, and to some extent in South Anhui, Zhejiang and Fujian. Its headquarters were at Changsha, in Hunan. An agent on the spot gave a graphic account of the arrival at the headquarters of the unit of twenty lorries from the coast, through bitterly cold weather, with heavy falls of snow, occasional storms of enormous hailstones and terrific thunder and lightning. He spoke of lorries sliding about on the edges of precipices, wings being bashed in right and left, cars running backwards down six-foot banks.⁸⁰¹

This Unit applied the principle adopted by all Units, namely of cooperating closely with the provincial and national health authorities. Everything was done in the name of and with the approval of the Provincial Health Administrations. The Unit joined with the National Health Administration to form a Central China Epidemic Prevention Unit on which the health services of the Provincial Governments were represented. The May 1938 report goes on to state:

The report of Dr. Robertson, the head of the Second Unit, stresses the fact that refugee populations accept preventive work such as inoculation and vaccination much more readily if it is combined with the general work of a clinic which at the same time looks after minor ailments (which) makes all the difference between success and failure in measures for anti-epidemic prevention ... At the important town of Changteh (*Chengde*), with 100 000 inhabitants, the local city authorities had whole-heartedly supported action for improving the water supply and other sanitary measures, as well as for setting up an isolation hospital ... The Provincial governments of Hupeh (*Hubei*), Hunan and Kiangsi (*Jiangxi*) took an active part in the anti-epidemic work and allocated additional funds to strengthen their health services. Hupeh, where formerly nothing existed in the form of health organisation, set up health services in nine of its most important districts. Funds for this scheme were provided by a health surtax. On 29 April (1938) the isolation hospital set up by the Hankow (*Hankou*) section of the League Anti-Epidemic Commission was wrecked, and two of its staff killed by a Japanese air raid. There was no soldier in the hospital compound nor were there military establishments.⁸⁰²

800 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, pp. 9-10.

801 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, pp. 11-12.

802 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, pp. 12-13.

Robertson was alarmed at the public health implications of internal displacements and drew attention to these dangers by forwarding a report of a Red Cross worker to the *British Medical Journal*, describing an unprecedented migration of population. Everywhere in the country, in villages as well as cities, people were coming and going in inconceivable numbers utilising every means of communication. Soldiers were being moved in millions from one part of the country to the other. In the most important parts of the country, medical services were disorganised in the attempt to strengthen the army medical service. Many important hospitals, including foreign missionary institutions, had been bombed or evacuated. The health services of the Provincial Governments were depleted of staff. All of this had resulted in a very grave situation where the outbreak of epidemic diseases was an ever-present danger. Preventive medicine and hygiene were being severely tested.⁸⁰³

The **Third Unit** under Inspecteur-General Lasnet operated in south-west China. Its headquarters and base laboratory were at Nanning with annexes at Wuzhou, both in Guangxi Province, and in Guangzhou in Guangdong Province. The Government of French Indochina allowed the stores of the mission to go through free of customs with priority of transport on the railway, and provided accommodation for the stores of the Unit at Lang Son in Tonking, situated in the northernmost part of the country, south of China's Yunnan Province. Smallpox vaccine was produced on a large scale in the base Laboratory, and a vaccine for typhus prepared. The area covered by the work of the Unit – Quangxi to Quangdong – was very large, with a population of 46 million. The Epidemic Commission divided the area into a number of health districts, in each of which there was a Chinese public health officer in liaison with the local doctors and the administrative authorities. The need for a large number of Chinese units, including a doctor, a secretary and an assistant, and of a high degree of mobility with adequate motor transport was stressed in the report of the Epidemic Commissioner. Measures were taken to combat malaria, and preparations made against the danger of epidemics of cholera, plague and other diseases breaking out in Spring and Summer.⁸⁰⁴

The League of Nations engineers Maux and Bourdrez were particularly appreciated by the Chinese. The scale of engineering works undertaken by the Government was enormous. Borčić and Robertson estimated that 700 000 people worked on a 200 mile-long, and malaria-infested, stretch

803 Anonymous, 'Emergency Health Services in China', *British Medical Journal* (4 June 1938), p. 1222.

804 Wellcome L., PP/MDM/ A/3/5/1, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, pp. 13-14.

of a new strategic rail link between Guilin in Guangxi Province and Hengyang in Hubei Province.⁸⁰⁵

Not everyone agreed that this form of technical cooperation was the best way to help China. The Canadian missionary surgeon, Richard Brown, felt the best way to help was to assist China in building up her own Red Cross organization and Army Medical Services – 'not to plant down a few isolated bases of Western science, learning, and comfort'. He considered that the League of Nations had spent the money allocated for anti-epidemic work in China in a wasteful way.⁸⁰⁶ Whilst praising the work done by Mooser, the League's anti-epidemic Commissioner for North China, he felt very strongly that:

to send high-salaried European specialists to China was not the best way to help. He maintained that with the salary of one such foreign specialist he could maintain a whole hospital in China for the best part of a year. The salary of the anti-epidemic commissioner came to 60,000 Chinese dollars a year, whereas 100,000 was all he needed to run his 'International Peace Hospital' for a whole year, with a full staff of surgeons and nurses – Chinese, or foreigners of the same type as himself and Bethune; men prepared to rough it, to live in Chinese style and not to demand all the amenities of a Western hospital.⁸⁰⁷

Brown's Christian ire was roused by talk of neutrality, of helping only civilians and of performing purely humanitarian services in China. 'The Japanese', he said, 'are in China as armed robbers and rapers'.⁸⁰⁸ The ire over neutrality was particularly directed at the International Red Cross. He felt that soldiers wounded whilst fighting for China should have the first call on the supplies and funds available, instead of receiving almost nothing from foreign funds, especially because foreign funds were being used to maintain refugees in areas occupied by the Japanese.⁸⁰⁹

Even within the League of Nations, there were doubts and criticisms. Mackenzie reported that League policy in November and December 1938 was leaning towards reducing staff and using what was spent on salaries to provide goods, leaving only one or two staff in China to ensure supplies reached their destination and were properly used, since 'we have given an example of the best

805 SDN, 50/22170/6501. J2, Borčić to Rajchman, 9 March 1938.

806 Freda Utley, *China at War* (London: Faber & Faber, 1939), p. 140.

807 Utley, *China at War*, p. 140.

808 Rape and the mass murder of some 100 000 Chinese followed the capture of Nanjing by Japanese troops in December 1937. See Fenby, *Penguin History*, pp. 281-282.

809 *Ibid.*, pp. 142-143.

methods of tackling the various diseases'.⁸¹⁰ Maux claimed that the displacement of populations had *not* resulted in widespread epidemics, even in provinces where no anti-epidemic action had been undertaken. In his view, the League should have provided expertise to help with road building, rather than organising transport for anti-epidemic teams.⁸¹¹

The support of LNHO personnel to Communist-controlled areas is illustrated by Mooser's encounter with the Canadian communist doctor Norman Bethune, who wrote that Mooser had:

brought from Geneva the full equipment of a 50-bed Surgical Field Hospital. This was done with the approval of Dr. Rajchman, Director of the Hygiene section of the League, to be used in emergency for the wounded, although, as you know, officially they have been forbidden to do so by Eden and the French. (But Geneva is an awfully long way from Sian [*Xi'an*] and Mooser is in full charge east of the Lake of Lucerne). Now, within half an hour after meeting Mooser, he offered me his entire surgical equipment, and his Medical Officer, to take to the North for the unqualified use (No tags!) of the 8th Army and its wounded! This hospital can be taken anywhere – to Wutaishan [in *Shanxi* Province], if the army wants it there! This Mooser is a quite exceptional fellow, as you can see, and has the needs of the 8th Army very much at heart ... Think of the publicity value, in Canada and America, of 'collaboration with' the League of Nations.⁸¹²

The circumstances under which the offer was made are described in a biography of Bethune. He and the Canadian Nurse Jean Ewen were *en route*, in March 1938, to the walled city of Yan'an, the military, medical and administrative centre of the Chinese Communist Party and its Eighth Route Army. In Xi'an (capital of Shanxi Province), they overnighted at a guest house, in the dining room of which they met members of the League of Nations Epidemiological Unit stationed in the city – Hermann Mooser, the head of the Unit, Heinrich von Jettmar and Eric Landauer. Less than half an hour into the meal, Mooser made a (tentative) offer of the medical equipment and supplies that he had brought to Xi'an. When Bethune reached Yan'an, he discussed Mooser's offer with Mao Zedong, but the offer was eventually withdrawn, on the objections of the Chinese Sanitary Corps, an agency of the Guomindang Government.⁸¹³ Christopher Isherwood and W. H Auden also encountered Mooser in their journey to China and reported that he had established 'several refugee

810 Wellcome L., PP/MDM/B/12, Mackenzie to Emma Mackenzie 22 November 1938 and 2 December 1938.

811 SDN, R5792, 50/38540/30817, Suggestions pour 1940 (Maux), 27 March 1939, pp. 3-4.

812 Bethune and Hannan, *The Politics of Passion*, p. 226.

813 Roderick Stewart and Sharon Stewart, *Phoenix: the Life of Norman Bethune* (Montreal: McGill University Press, 2011), pp. 269-270, 276 & 282.

camps' in Xi'an.⁸¹⁴

Unsurprisingly, LNHO staff were sucked into rivalries within the national front, which accentuated as the Nationalists and Communists struggled against the Japanese. Chiang Kai-shek's Government made allegations of espionage against Jettmar. Sprigings reports that Mackenzie consulted Rajchman whose personal contacts in China appeared to play a vital role in preserving the LNHO presence there.⁸¹⁵ Rajchman complained however that his advice was not being accepted.⁸¹⁶

Work in China was hazardous: Dutch engineer Francois Bourdrez and his Chinese colleagues were drowned surveying navigation routes on the Yangtze river, an account of which is recorded in a biography of his LNHO colleague, Henri Maux.⁸¹⁷ Maux and his Chinese and international colleagues were deeply affected by his death and Mackenzie set out conditions with regard to any future mission of a dangerous character undertaken by League staff.⁸¹⁸

In Geneva, Mackenzie often wrote of the likelihood of having to visit China himself, but was heavily involved in supporting the three Units. At the Nineteenth Assembly of the League the Chinese delegate, Dr. Hoo Chi-tsai, paid a warm tribute to the expanded assistance given by the Health Organisation to his government. He stated:

a year ago the League of Nations had sent to China three anti-epidemic units whose work had been of the greatest value ... His government hoped that the League would again send a technical adviser [to replace Borčić] to be attached permanently to the Chinese Central Administration, and that the anti-epidemic missions might continue their work for another year.⁸¹⁹

In December 1938, Taylor wrote from Hong Kong to Smets, Secretary of the China Committee, saying that he had heard, via Robertson, that he (Smets) did not consider local refugee work came within the scope of the Commission's work. Taylor enclosed 'a breathless letter from Robertson' from the tone of which he imagined that 'he is anticipating his forthcoming appointment as *primus*

814 W. H. Auden and C. Isherwood, *Journey to a War* (New York: Octagon Books, 1972), p. 137.

815 Sprigings, 'Feed the People', p. 119.

816 SDN, R5789, 50/36065/30817, Rajchman to Lester, 2 December 1938.

817 Maux-Robert, *Le Dragon de l'Est* p. 191.

818 SDN, R5790, 30/37503/30817, Mackenzie to Dorolle, 21 June 1939.

819 House of Commons Parliamentary Papers, CMD 5899 (1938), League of Nations Nineteenth Assembly: Report of the Delegates of the United Kingdom to the Secretary of State for Foreign Affairs, pp. 54–55.

inter pares'.⁸²⁰ The post that Borčić had occupied until March of that year had been vacant for many months. Robertson's candidature to be leader of the League's mission in China was addressed by Avenol in an internal memo to Lester and Rajchman, which was also circulated to Smets and Mackenzie. On 6 December, Hoo the Chinese delegate to the League, and Jacques Parisot, Chair of the Health Committee, had attended discussions to implement the decisions of the League's Supervisory Committee and raised no objections to Robertson's eventual appointment as Head of the Mission in China. On 1 January 1939, however, Goodman wrote from the Ministry of Health in London saying that he understood that Robertson was not entirely '*persona grata*' with the Chinese authorities. Opposition to Robertson's appointment originated from LNHO staff in China. On 14 December 1938, Mooser (who had been 'acting' since Borčić's departure) informed Geneva that, in his opinion, Robertson had too much of a 'colonial' attitude to succeed in his relations with the Chinese and he associated himself with an idea of Rajchman, that Robertson might be offered another position, perhaps Inspector-General of Laboratories. On 21 December, Chinese Epidemic Commissioner F. C. Yen, who led the Commission, cabled the Secretary-General stating that he agreed to the proposal not to appoint Robertson as the League's representative. The same day, Hoo indicated to Smets in Geneva, for the first time, that Robertson's appointment would not receive the agreement of the Chinese Government and stated that he had learned, via Mooser and Rajchman, that nor would London support his candidacy. Avenol was determined not to abandon Robertson's candidature and approached the Foreign Office in London. He was emphatic: Rajchman had *not* been charged with finding an acceptable candidate to lead the Mission.⁸²¹ This assertion was made by Yen.⁸²² It emerged, in February 1939, that the issue was one that continues to concern global agencies with a substantial presence of technical staff within countries today: should leadership be in the hands of national staff or international staff? It appeared that Yen wished to head the LNHO mission (which, in effect, he had been doing for a year). Robertson wrote to Geneva saying:

Maux has had the opportunity of seeing Dr. Yen recently and reports to me that Yen is very much against me personally having anything to do with the debated appointment of Head of the Mission. This is why I cabled you that I had no great desire to have the responsibilities of this post placed on my shoulders. I suppose the real reason is that Yen regards himself as Head of the Mission and does not understand the underlying reasons that the Supervisory Commission had in mind when they made this safeguard in the League's interests. I would naturally have preferred that Yen had mentioned no names and simply said that it was the post that he did not like.⁸²³

820 SDN, 50/3119/30817, Taylor to Smets, 2 December 1938.

821 AIP, RAJ C 1, Unsigned Memo, Avenol to Lester & Rajchman, 5 January 1939, pp. 1-2.

822 SDN, R5684, 50/34586/30817, Yen to Robertson, 24 December 1938.

823 SDN, R5780, 50/31861/30817, Robertson to Smets, 10 February 1939.

It seems that Robertson may have suffered an injustice. The assertion that he was too 'colonialist' does not sit well with evidence from other contemporary documents. His commitment to the Chinese people was apparent in his action during the Yangtze floods. In the latter half of 1939, Pierre Dorolle, the French epidemiologist in the LNHO team in South China, commented on the '*question Robertson*' saying Robertson was a colleague who was senior to him and to whom he deferred. He held the view however, which he felt sure Mackenzie would understand, that Robertson was an independent academic, not at all suited to the sort of field organisation foreseen for the coming year. Dorolle nonetheless offered to cede leadership to Robertson because his position in Shanghai was financially insecure, while he (Dorolle) enjoyed a stable, pensionable position with the French administration and had just received a promotion.⁸²⁴ Dorolle's superiors in Geneva rejected this generous offer. Robertson eventually moved to a position in the University of Hong Kong.⁸²⁵

With a leadership vacuum on the ground, Maux took it upon himself to be the intermediary between China and Geneva. When he was given sight of an internal document that the Chinese Ministry of Foreign Affairs had received from its permanent Delegate in Geneva, he discussed the content with officials, informed Smets that the Chinese Government objected to the identification of Robertson as League of Nations' Representative and asked what post Mackenzie was to occupy.⁸²⁶ Smets immediately forwarded this correspondence to the Secretary-General with a note stating that Maux had no authority to deal with officials of the Ministry of Foreign Affairs and regretting the confusion created by his intervention. Smets also affirmed that Mackenzie's name had not appeared in any communication that originated from him.⁸²⁷ He telegraphed Maux, instructing him to discontinue his negotiations with the Chinese Government.⁸²⁸

It is clear, however, that Maux was reflecting official views in Chongqing. The Minister of Economic Affairs requested that the programme of technical cooperation between China and the League for the next year be 'of a more balanced nature comprising health, transit, river conservancy work, agriculture, electric power, mechanical engineering, and chemical industry'.⁸²⁹

824 SDN, R5792, 50/38540/30817, Dorolle to Hjelt, Received 2 September 1939.

825 SDN, R5791, 50/37813/30817, Hjelt to Robertson, 18 March 1940.

826 SDN, R5789, 50/36065/30817, Maux to Smets, 27 January 1939.

827 SDN, R5789, 50/36065/30817, Smets/Avenol, 28 January 1939.

828 SDN, R5789, 50/36065/30817, Smets/Maux, 3 February 1939.

829 SDN, R5790, 30/37503/30817, Chin to Mackenzie, 27 March 1939.

These machinations led Mackenzie to embark on a mission to China in 1939 charged with the task, *inter alia*, of selecting from the staff in the field the best person to represent the Secretary-General in the country. In January 1939, Avenol secured the resignation of Rajchman who, in a parting letter, showed his determination to carry forward the ideals of the League of Nations, saying:

you have sent me an official letter. You have received my answer. Regardless of our mutual reproaches, they are now in the past; this chapter is closed. I am leaving without bitterness, conscious and happy to have been able to glimpse that international collaboration is possible, that it can be disinterested. As an isolated man, I tried to gain acceptance for the Covenant and its philosophy. The task was sometimes hard; it will be even more so in the future. I intend to pursue it. Finally, seventeen years spent together serving an institution of which you have become leader, prompts me to take my leave simply and humbly. Such is the object of my letter.⁸³⁰

The disarray stemming from Rajchman's departure was, in the view of Maux, potentially fatal to the collaboration that the League had established in China.⁸³¹ At the very point that Rajchman was leaving, Mackenzie received an invitation to address the House of Commons 'on the activities of the League Health Department in China' and did so on 6 February 1939.⁸³² The earliest mention of Mackenzie's first-born child, Andrew, appears in family correspondence around this time. Mackenzie had written in September and October 1938 of his wife's pregnancy, expressing concerns about having a baby in what might soon become wartime (The letters coincided with the Sudetenland crisis and the Agreement signed in Munich by Prime Minister Neville Chamberlain on 30 September 1938). Mackenzie announced to his mother in February 1939 that he had been asked to undertake a two-month diplomatic mission to China as the personal representative of the Secretary General with powers to take decisions on his behalf. He stated:

with you not well and Faith with responsibility of Andrew it certainly is not a moment I should have wished to be away ... but the necessity is there and the suffering must be terrible out there amongst the Chinese and it seems that I am the only man who is considered suitable to send. It will be a responsible piece of work and apart from the humanitarian aspects it is essential in the interests of the League at the present time that it should put up a good show and matters are certainly difficult out there at present and a lot of friction is occurring. I shall be responsible for

830 Balińska, *For the Good of Humanity*, p. 123.

831 SDN, R5789, 50/36065/30817, Maux to Smets, 3 February 1939.

832 SDN, R6118, 8A/12884/3583, Elliston to Mackenzie, 25 January 1939 and *Certificat de Voyage Officiel*, 30 January 1939.

approving and recommending one million Swiss francs on medical work in China.⁸³³

Lester wrote a few days later to inform the Chinese Delegation to the League that Mackenzie 'had been appointed as the Secretary General's representative (temporarily) for a period of two months and that the Secretary General would appoint his successor in due course'. Lester stated that it was highly desirable for the Epidemic Commission to meet as soon as possible and suggested that F. C. Yen and Robertson should be included as members of the Commission (together with Dorolle and Mackenzie).⁸³⁴

It had been envisaged, in 1938, that the three LNHO units would remain for a year. However staff contracts were extended until 31 October 1939.⁸³⁵ The *British Medical Journal* reported, early in 1939, that Mackenzie was proceeding to China by air as the Secretary-General's representative, stating that:

last year the League of Nations ... collaborated with the Chinese health authorities in widespread epidemiological work ... For this purpose ten senior medical officers, with the necessary transport, laboratory equipment, and drugs, were maintained by the League in China throughout the year. At the last Assembly of the League the Chinese delegation urged that this valuable work should be continued, and the Assembly voted a further sum of 1,500,000 Swiss francs to continue the technical assistance to China, particularly with reference to the control of epidemics.⁸³⁶

Mackenzie was charged with discussing with the Chinese Government at Chongqing, and with the Epidemic Commission, the lines of work and modifications to be introduced in the light of the previous year's experience. The complexity of the task is illustrated in a letter to Faith, written in March 1939 after he had landed in Hanoi. He said, as he was leaving for the Chinese frontier:

the position is much more difficult than we ever dreamed of in Geneva. Not only are the Chinese fighting the Japanese but they are also quarrelling amongst themselves and the province of Yunnan⁸³⁷ to which we are going tonight is buying arms to fight the central government in Chungking [Chongqing]. It is all most complicated and difficult.

833 Wellcome L., PP/MDM/B/13, Mackenzie to Emma Mackenzie, 23 February 1939.

834 SDN, 50/37258/30817, Lester to Hoo Chi-tsai, 27 February 1939.

835 SDN, R5780, 50/31861/30817, Pollitzer to Smets, 24 December 1938.

836 Anonymous, *British Medical Journal* (11 March 1939), p. 503.

837 Mackenzie's geography may be confused at this point. Relations between Yunnan's warlord Long Yun and Chiang Kai-shek were certainly strained, but Mackenzie may have mistaken the southern province of Yunnan for the walled city of Yan'an, in the northern Province of Shaanxi, the military, medical and administrative centre of the Chinese Communist Party.

He marked the letter Confidential and pencilled in at the top 'Don't mention anything about China to anyone – I mean such as that the Yunnan government is quarrelling with the central government'.⁸³⁸

Mackenzie travelled from Indochina by train over what was then the main route of supply to China, from Hanoi to Kunming (capital of Yunnan Province). He told Faith that if the Japanese were to blow up the Indochina railway 'we have an easy retreat down the Burma road' and said to his mother that 'this road running along the Caravan track of Marco Polo will become one of the great highroads into Asia in the future'.⁸³⁹ His letters gave a graphic description of a country at war:

it is an awful thought as one goes through the streets and sees the topping little kiddies with jet black hair and laughing faces and to know that only 400 miles way the Japanese are loading bombs to kill them. It is rather gruesome as apparently 'they' are waiting until they have completed their aerodrome at Hainan [Island] big enough to take heavy bombers and then 'they' will come and kill and burn to death hundreds if not thousands of these amusing little children. I really think if I could get hold of an anti-aircraft gun I should man it against the Japanese.⁸⁴⁰

He wrote to Faith of the difficulty of persuading people to take precautions against dying from malaria or cholera when, any day, they may be killed by bombs. In a letter to his mother, he scripted a footnote informing her that he had called on the British Consul in Kunming, who had received a long letter from the Foreign Office about his visit.⁸⁴¹ On 24 February 1939 the Deputy-Secretary General of the League had informed the Foreign Office in London that he was sending Mackenzie to China 'to assist in the reorganisation of the League cooperation and make various financial and administrative arrangements'. He added 'it might be useful if you could see your way to inform the Ambassador or Consul in the area still occupied by the Chinese Government'.⁸⁴²

On Mackenzie's arrival in Chongqing, where the Nationalist Government had established a new capital, the British Consul provided him with lodging and he informed his mother that, as food was very difficult to import, 'one feels one is an extra mouth to feed'. He told her that it was, however, his companions who suffered most, since he was 'a guest of the King'.⁸⁴³ On his arrival, Yen

838 Wellcome L., PP/MDM/B/14, Mackenzie to Faith Mackenzie, 17 March 1939.

839 Wellcome L., PP/MDM/B/14, Mackenzie to Faith Mackenzie, 23 March 1939, p. 2; PP/MDM/B/14, Mackenzie to Emma Mackenzie, 23 March 1939.

840 Wellcome L., PP/MDM/B/14, Mackenzie to Faith Mackenzie, 23 March 1939, p. 2.

841 Wellcome L., PP/MDM/B/14, Mackenzie to Emma Mackenzie, 23 March 1939, p. 2.

842 SDN, 50/37258/30817, S. Lester to F. G. Randall, 24 February 1939.

843 Wellcome L., PP/MDM/B/14, Mackenzie to Emma Mackenzie, 29 March 1939, p. 3.

convened a three-day meeting of the Epidemic Commission, which set out a scheme of action to which all participants (Yen, Robertson, Dorolle and Mackenzie) formally agreed by appending signatures to a Report addressed to the Secretary-General.⁸⁴⁴ At the request of the Government, Robertson was assigned to malaria control along the Burma Road; two isolation hospitals were to be re-furbished and maintained at Kiangsi and Sian, where Mooser and Jettmar had been assisting; laboratory units were to be stationed at Sian and Kweiyang, where Jettmar and Pollitzer would be technical advisers; Mauclaire and Landauer were to advise government sanitary engineering particularly in small towns and villages; Maux agreed to be responsible for all vehicles for transportation; and supplies were specified for drugs (especially quinine), laboratories, sanitation and teaching material.⁸⁴⁵

Mackenzie did not expect to stay for more than six weeks in China, as the Government had accepted a successor whom he had selected amongst the experts. He informed Faith of an official dinner that he had with the Prime Minister, the Minister of the Interior, the Director of Public Health and the Minister of Economics – all Chinese meals, 'the rice being the *piece de resistance*'.⁸⁴⁶ The letter stated that the expert he had selected was Pierre Dorolle. Dorolle retained his leadership in China until early in 1940, when the French refused to renew his secondment and assigned him to the Cochin health service in Saigon.⁸⁴⁷ The post of Secretary-General's Representative lapsed with his departure. Mackenzie's decision was good for the postwar development of global health. Dorolle later became Director-General *Adjoint* of WHO.⁸⁴⁸ He was in this position at the time of Mackenzie's death in 1972 when he wrote a letter of condolence to Faith.⁸⁴⁹

The Burma Road

On 1 April 1939, Mackenzie wrote to say that he was leaving for the Burma road 'with one of our engineers [Maux] for a ten day trip to see the condition of the road and the possibility of using it for our transport should the Japanese cut us off from IndoChina. There is only one railway and one road still connecting and I fear these may be cut either by bombing or occupation ... it is my instruction to examine its possibilities and I can do so best with an engineer'.⁸⁵⁰

844 SDN, R5790, 30/37503/30817, Report of Epidemic Commission to Secretary-General, 28 March 1939, p. 4.

845 Ibid., pp 1-4.

846 Wellcome L., PP/MDM/B/14, Mackenzie to Faith Mackenzie, 29 March 1939, p. 3.

847 SDN, R5791, 50/37901/30817, Dorolle to Hjelt, 22 January 1940.

848 SDN, 8A/29782/8855, Reports of Preparatory Commission, 1936; Documents of Report of the Conference, 1937.

849 Personal Communication, Andrew Mackenzie, 3 June 2011, Dorolle to Faith Mackenzie, 4 December 1972.

850 Wellcome L., PP/MDM/B/14, Mackenzie to Emma Mackenzie, 1 April 1939.

The 1200 kilometre road from Kunming to Mandalay – the 'Burma Road' – had opened in December 1938. Maux had traversed the route the previous month with his Chinese colleague, Chao, in a lorry named '*Le Dragon de l'Est*', the title of his daughter's book on his mission in China from 1937-1939. Arriving in Rangoon, Maux gave a lengthy description of the Road to a British officer, Major Seymour, and went on to meet Soong who was preparing to travel in the opposite direction in connection with his responsibilities as Minister for Communications.⁸⁵¹ The strategic importance of the Burma Road was now becoming apparent. In November 1938 Smets, Secretary of the China Committee, wrote to the British Foreign Office enquiring about the state of the Road saying that he was under the impression 'that a good deal had been done recently in Chinese territory as well as in Burma to improve the road in question'. The information he requested was urgent, since it was proving difficult to move supplies from the base in Hong Kong and the League was contemplating moving this to Indochina, but feared that communications there with China might be cut 'in the near future'.⁸⁵²

In April 1939, Mackenzie and Maux travelled on the Road, the former noting 'as certain evidence of its value I met large convoys of heavy lorries coming into China from Burma'. Maux continued all the way to Rangoon, but Mackenzie's trip was limited to eight days. It was a 'rough and strenuous time', his lorry breaking down and having to be abandoned. He encountered medical problems as well as communication problems. Malaria, along the tropical sections, constantly interfered with the work. For many of the workers it was fatal and the fear engendered by their deaths drove others back to their villages.⁸⁵³ He assigned to Robertson the important task of 'surveying the region extending from Kunming to the Burma frontier with a view to elaborating remedial measures and to advising the Chinese government about the control of epidemics'.⁸⁵⁴ This role for Robertson was the idea of the Chinese Ministry of Foreign Affairs. Chin Fen, anxious to avoid a loss of 'face' by the British, sought to find a position for Robertson where he would be independent of Yen and proposed creating a special unit for malaria control in Yunnan, especially along the Burma Road where more than 100 000 men were at work.⁸⁵⁵ Their health needs were met by six bodies: Weishengshu, Provincial Health Stations, the Southwest Transportation Bureau, the Yunnan-Burma Highway Bureau, the Yunnan -Burma Railway Administration; and two private hospitals at Paoshan and Talifu.⁸⁵⁶

851 Maux-Robert, *Le Dragon de l'Est*, p. 144 & 147.

852 SDN, R5789, 50/37424/30817, Smets to Stevenson, 12 November 1938.

853 Wellcome L., PP/MDM/A/3/5/1, China Broadcasts and Press Releases, Melville Mackenzie, *More Food for Thought: League Work in China*, Empire Transmission IV, Broadcast 8 June 1939, p. 3.

854 R.C.Robertson, 'Medical Aspects of the New China-Burma Route', *Lancet* 234 (1939), p. 108.

855 SDN, R5789, 50/36065/30817, Maux to Smets 3 February 1939.

856 SDN, R5791, 50/37813/30817, Medical Organizations in Burma Highway, 14 January 1939, p. 27.

Robertson informed Geneva that the British Foreign Office was interested in health conditions prevailing on the China-Burma frontier and provided copies of his report on the malaria situation in Western Yunnan and the Burma frontier to the United States Public Health Service (USPHS).⁸⁵⁷ In November 1939, he was visited by three USPHS malaria experts – Senior Surgeon L. L. Williams, Special Expert Bruce Mayne and Surgeon Hiram Bush.⁸⁵⁸ This was seen in Geneva as 'a most happy cooperation', which would 'do a good deal of good in Washington'.⁸⁵⁹

Aerial bombardment of civilian populations

Mackenzie's letters from China to his mother, wife and brother describe the rock shelters, trenches and sandworks that 'a peace-loving agricultural population' had effected to protect themselves from aerial bombardment. He informed his brother that 'two of our doctors had been through over a hundred bombings'.⁸⁶⁰ Mackenzie judged, however, that because of the shelters, the Japanese bombing would not kill many people, although he feared that incendiary bombing would destroy the wooden houses (Mackenzie's first assignment on returning to London in 1940 was with Lord Horder's Air Raid Shelter Committee). This aspect of Mackenzie's visit together with communication with China via the Burma Road were the two items prominently reported.⁸⁶¹ The effects of incendiary bombing on city populations was in the news, because the Japanese began to bomb Chongqing, shortly after Mackenzie's departure in May 1939.⁸⁶² The greatest effect, said Mackenzie, 'is to strengthen the feeling of opposition'.⁸⁶³ The attitude of the people, as it would be in London in 1940, was one of defiance.⁸⁶⁴ On 3 May, 673 deaths were recorded in Chongqing and 1608 houses destroyed; on 4 May, 3318 were killed and 3803 houses destroyed.⁸⁶⁵

857 SDN, R5791, 50/37813/30817, Robertson to Hjelt, 4 March 1940.

858 SDN, R5680, 50/5900/980, Robertson to Secretary-General, 25 November 1939.

859 SDN, R5680, 50/5900/980, Sweeter to Hjelt, 16 December 1939.

860 Wellcome L., PP/MDM/B/15, Mackenzie to Kenneth Mackenzie, 1 April 1939, p. 2.

861 Wellcome L., PP/MDM/A/3/5/1, Broadcast, 1939, p. 3; Melville Mackenzie, *More Food for Thought: League Work in China*, Empire Transmission IV, Broadcast 8 June 1939; Melville Mackenzie and Michael Macdonald, *Cards on the Table: the Organisation of League Assistance to China*, Empire Transmission V, Broadcast 15/16 June 1939; Melville Mackenzie, 'China's Lifeline', *The Listener*, 7 November 1940, pp. 657-658.

862 Fenby, *Penguin History*, p. 294.

863 Wellcome L., PP/MDM/A/3/5/1, 'Broadcast', 1939, p. 6.

864 Mitter, *China's War with Japan*, p. 112.

865 *Ibid.*, p. 3.

Outcome of the visit

The Secretary-General approved the plan Mackenzie drew up for the deployment of large financial resources and the Chinese Government was delighted. Minister of Economic Affairs, Chin Fen, wrote to say 'the credit goes entirely to you for having cleared up a much muddled situation'.⁸⁶⁶ On departing from China at the end of April 1939, Mackenzie wrote that he was sorry to be leaving behind 'stout fellows doing a good job under difficult and dangerous conditions'.⁸⁶⁷ He felt that he should be at their side and found the comfort and safety of Hanoi 'somehow indecent'.

In August 1939 Mackenzie reviewed China's proposals for the year ahead with Henri Maux, who had brought these to Geneva. Mackenzie, then Acting Head of LNHO, agreed to the continued presence of an interdisciplinary team. Prominent among these would be several engineers, including Maux plus three doctors, including Dorolle and Robert Pollitzer; William Campbell, the American expert in agricultural cooperatives was to continue; and the Epidemic Commission was to be replaced with a 'Mixed Commission for Technical Cooperation with China'.⁸⁶⁸ The LNHO maintained three staff in China until January 1941.⁸⁶⁹ Two (the Austrians Jettmar and Pollitzer) continued to serve, independent of LNHO, well beyond this date.⁸⁷⁰

Sprigings states that his 'return from China in [May] 1939 brings us to the end of Mackenzie's inter-war activities and his service with the League of Nations, although it was in fact the beginning of the most powerful and prestigious part of his international medical career'.⁸⁷¹

In July 1942, the acting Secretary-General drafted a summary of China's technical collaboration with the League of Nations, a collaboration launched in 1930 and that continued for some twelve years without interruption in a variety of fields – health; economics and finance; agriculture and silk production, including farming cooperatives; transport and public works, especially road and waterway communications; education and training; and administrative reform. Technical experts in these fields had been provided to the Chinese authorities and overseas study missions had assisted

866 Wellcome L., PP/MDM/A/3/5/1, China Correspondence, Chin Fen to Melville Mackenzie, 20 April 1939.

867 Wellcome L., PP/MDM/B/15, Mackenzie to Emma Mackenzie, 29 April 1939 (typewritten text), p. 1.

868 Archive Familial Antoinette Maux-Robert, Mackenzie to Maux, 12 August 1939 (Personal communication).

869 SDN, R5780 50/31861/30817, Telegram Aghnides to Pollitzer, 28 November 1940.

870 SDN, R5780 50/31861/30817, Hjelt to Aghnides, 3 February 1941.

871 Sprigings, 'Feed the People', p. 119.

Chinese nationals in their work and research. The report highlighted the accomplishments of the medical units. In 1939, the Government had assumed total responsibility for the work of the anti-epidemic commission, with the League of Nations experts in the role of advisers. The medical advisers were reduced that year to four and, at the request of the Government, had helped with public health services in Guizhou and Sichuan; with epidemiological control along the road from Kunming to Chongqing and Chengdu; helped prevent the spread of plague from Burma and North Thailand; undertaken laboratory work, particularly for cholera control in central China, against malaria in Chongqing and against malaria and plague along the Burma Road. The acting Secretary-General (Lester) hoped that this collaboration had served to support the efforts of the Government to improve the lives of the Chinese people.⁸⁷²

After the liquidation of League activities in 1941, Jettmar and Pollitzer remained in China. They could not return to their native Austria 'because of the events of 1938'.⁸⁷³ Dorolle gave a sad description of the conditions of their lives: they found accommodation in the cheapest Chinese hotels or at the YMCA. Faced with an uncertain future, they tried to save almost all their salary. Dorolle said they would be happy to be working under the authority of Weishengshu.⁸⁷⁴

Summary

The dynamics of policy formulation in global health is demonstrated by the LNHO experience of combining relief with reconstruction during the Sino-Japanese War. The official policy was to combine humanitarian relief with efforts to strengthen the country's medical and sanitary organisation. This was a policy that Mackenzie had applied in a county of Russia fifteen years previously.

This chapter showed that a fracture occurred across the path to modernisation in China with the onset of the Sino-Japanese war in 1937, a year that marked a rise in Mackenzie's authority concerning China and a decline in Rajchman's. Avenol gave Mackenzie the job of resourcing the League of Nations humanitarian response to the 1937 emergency in China. The United Kingdom Government's response was one of prudent caution – providing supplies rather than having British

872 SDN, R5685, 50/41606/980, Collaboration technique de la Société des Nations avec la Chine: Activités en 1939 et 1940 et Liquidation, 15 juillet 1942.

873 SDN, R5780, 50/31861/30817, Memo to Aghnides, 1 November 1940, p. 2.

874 SDN, R5791, 50/37901/30817, Dorolle to Hjelt, 22 January 1940, p. 3.

feet on the ground. Support to China by the League was limited to sending anti-epidemic teams that were constituted around commonalities of language. Avenol showed astute human resource management in establishing a Purchasing Committee around Mackenzie and his fellow countryman Jack Johnston-Watson, both former Army officers who had gained expertise in logistics responding to humanitarian emergencies in Russia and Poland. Avenol's shortcoming as a leader, however, was his failure to put the interest of an invaded member state of the League above his politically-prejudiced aversion to Rajchman, the person most capable of responding to the Chinese request for League assistance.

The three mobile LNHO teams that arrived in China at the turn of the year 1937-38 encountered a displacement of people that was unprecedented in the history of the Chinese people. Population movements on any scale pose a threat from transmissible diseases and the focus of the expanded international presence, as far as the policy-makers were concerned, was to prevent and control epidemics. The actual work of the field staff, however, diverged from the policy laid down in Geneva. The work of engineers Maux and Bourdrez had a direct bearing on the campaign against the Japanese invaders and an encounter between Hermann Mooser and Norman Bethune showed that staff were ready to support those who were resisting aggression. LNHO teams on the ground aligned themselves with their Chinese colleagues in their struggle to provide relief to people affected by the conflict. This divergence ensured that the LNHO presence in China was not restricted to epidemic control but contributed to a wider humanitarian intervention.

One decision that Mackenzie took during his 1939 China mission influenced postwar international health, namely, that of favouring Dorolle as leader. Dorolle's appointment in 1950 as WHO Director-General *Adjoint* brought to the leadership of that Organization a person who had led a large-scale international health presence within the borders of the Organization's most populous member state.

8: Postwar resumption of technical cooperation

From the start of the war, Chiang's technocrats had linked the provision of welfare and refugee relief with the creation of a stronger, more united national body. Health care was part of the agenda of 'hygienic modernity' which underpinned the Chinese sense of national identity, stimulated by global initiatives such as the Health Organization of the League of Nations (predecessor of the World Health Organization).

Rana Mitter, 2013⁸⁷⁵

Introduction

There was a brief hiatus between 1941 and 1945 in the international presence in China. The United Nations Relief and Rehabilitation Administration (UNRRA) sent a team in 1945 to train Chinese health professionals.⁸⁷⁶ In 1946, Borčić returned as UNRRA Chief Medical Officer and moved the following year to a corresponding role with the World Health Organization Interim Commission (WHO-IC).⁸⁷⁷ Collaboration activities in 1947 by the WHO-IC and UNICEF, the newly-established UN children's agency, extended to all Chinese people, including those in the Chinese Liberated Areas. After the People's Republic was proclaimed in 1949, the WHO and UNICEF presence continued. In 1951, however, all international staff were withdrawn. For the next two decades, China was represented in UNICEF and in WHO by Chiang Kai-shek's Guomindang Government. After the Government of the People's Republic finally took its seat at the United Nations in 1971, China slowly renewed its involvement with global institutions.

Technical Cooperation with China resumes

Mackenzie was present as a member of the UK Delegation in 1943 when UNRRA was established. He and Rajchman both participated in the governance of the agency, Rajchman joining later as delegate of the Moscow-dominated Government of Poland (see chapter 10).⁸⁷⁸ One hundred and seventy-four international health professionals were assigned to China by UNRRA, serving in 15

875 Mitter, *China's War with Japan*, p. 364.

876 Wilbur A. Sawyer, 'Achievements of UNRRA as an International Health Organization', *American Journal of Public Health* 37 (1947), p. 57.

877 Anonymous, 'Berislav Borčić (1891-1977)', *Hrvatski biografski leksikon : Bj-C. - Zagreb: Jugoslavenski leksikografski zavod 'Miroslav Krleža' (1989)*, p. 1, translated Estelle Dukan, 2012.

878 Balińska, *For the Good of Humanity*, p. 190

regions.⁸⁷⁹ When UNRRA ran down its field operations in 1946, the international health presence was continued by two new United Nations agencies – WHO-IC and the United Nations International Children's Emergency Fund (UNICEF).

WHO-IC staff in China in 1947 comprised twenty-nine foreign experts, nineteen of whom were engaged in training personnel, ten in Nanjing and nine in regional training centres, including Communist-controlled areas.⁸⁸⁰ For areas in North China not under the direct control of the Chiang Kai-shek Government, operations were based in Shijiazhuang, the capital of Hebei Province.⁸⁸¹ UNICEF allocated \$500 000 for these activities and WHO loaned Leo Eloesser to UNICEF to act as team leader.⁸⁸² Eloesser, his fellow countryman Perry Hanson and other UNICEF staff, cooperated there with the Chinese Liberated Areas Relief Association (CLARA).⁸⁸³

China, like war-devastated countries in Europe, requested international cooperation to establish a programme for BCG vaccination against tuberculosis and to produce the vaccine locally. UNICEF support for tuberculosis control began in 1947 and, in May 1948, the distinguished Swiss humanitarian Marcel Junod, then chief representative of UNICEF in China, reported on the tuberculosis situation there. Annual death rates from the disease were estimated at 300 per 100 000 population; 30 to 35% of Chinese children aged 5 years or under reacted positively to tuberculin tests; and some 30 of 340 hospitals, with 3000 of 56 000 hospital beds, were given over to treating tuberculosis. The international response to the request was similar to that of the interwar period, and involved Borčić. Eight Chinese doctors were given international fellowships on BCG production and on tuberculosis control, and Nanjing provided national training courses. The plan was to vaccinate an initial target of one million urban-based children with BCG. Several teams were to be assigned by the Chinese health authorities to major cities, the teams being trained by resident international staff. UNRRA had provided equipment on a large scale (3500 beds and 19 photofluorographic machines) and the Chinese were looking to cooperate with the new international children's fund, since the agency could continue to provide needed supplies.⁸⁸⁴

879 Sawyer, 'Achievements of UNRRA', p. 42.

880 Goodman, *International Health Organizations*, p. 178.

881 WHO Library, Joint Committee Health Policy Documents, Minutes, 1-4 Sessions, 'Plan of Operations for area in North China not under the direct control of the Chinese Government', JC.2, 28 August 1948.

882 WHO Library, Joint Committee Health Policy Documents, Minutes, 1-4 Sessions, Newton Bowles, 'Status of North China Program', JC.2, 1 October 1948; UNICEF/WHO/JC.2, p. 7.

883 Perry O. Hanson, *UNICEF in China, 1947-1951* (UNICEF, CF/HST/1985/073, 20 August 1984), pp. 32-33.

884 United Nations International Children's Emergency Programme Committee, 'Report of the Medical Sub-Committee on Meetings Held on 14 & 16 June, 1948, Paris' (United Nations Economic and Social Council, 27 June 1948, E/ICEF/68/Add.1), p. 3.

In July 1948 Mackenzie and Štampar, representing WHO-IC, found themselves seated across the table from Rajchman, representing UNICEF, at the first meeting of a UNICEF/WHO Joint Committee on Health Policy (see chapter 12). Borčić, who became an important intermediary between the two agencies, was also present in the capacity of Joint Secretary. The Committee was established to ensure that any health programme undertaken by UNICEF would proceed only on the recommendation of the Joint Committee, on which both agencies were represented.⁸⁸⁵ While the Committee was meeting in April 1949, the Red Army was approaching Nanjing and the Nationalist Government of Chiang Kai-shek was in the process of withdrawing to Guangzhou.⁸⁸⁶ WHO had only a handful of staff in China at that time – Eloesser plus a sanitary engineer in the North, a bacteriologist in Shanghai, a public health administrator in Guangzhou, two nurse trainers in Shanghai and Lánzhōu, and a plague expert in Manchuria.⁸⁸⁷ WHO continued the practice of sending Chinese fellows on study tours and over 100 awards were made for study in different countries.⁸⁸⁸

In 1949 Maurice Pate, Executive Director of UNICEF, put a proposal to the Joint UNICEF/WHO Committee for further programmes in China encompassing the control of tuberculosis, kala-azar and flies. He also included a proposal from the UN Food and Agricultural Organization for the breeding of milking goats and the use of soya bean 'milk' to feed Chinese children.⁸⁸⁹ The plan for tuberculosis control involved sending three advisory teams to supervise tuberculin testing and BCG vaccination of 3 million children in six cities.⁸⁹⁰ It was, however, a time of departures. By mid-1949, only the Nanjing and Beijing Offices of UNICEF remained open. In September 1949, Eloesser concluded that there was no reason to remain.⁸⁹¹ *Jen Min Jih Bao*, the People's Daily, reported in March 1950, without mentioning the international input, that 'more than 8000 obstetrical workers have been trained in North China ... Health work among women and babies have been improved. Death rate of infants has been decreasing'.⁸⁹² All international staff were withdrawn early in 1951.⁸⁹³

885 United Nations International Children's Emergency Programme Committee, 'Report of the Medical Sub-Committee on Meetings Held on 9 & 10 August, 1948, Paris' (United Nations Economic and Social Council, 5 October 1948, E/ICEF/77), pp. 16-17.

886 Hanson, 'UNICEF in China', p. 55.

887 WHO L., Joint Committee Health Policy Documents, Minutes, 1-4 Sessions, JC3/ UNICEF-WHO/Min. 3, 13 April 1949, p. 14.

888 WHO L., Joint Committee Health Policy Documents, Minutes, 1-4 Sessions, JC3/ UNICEF-WHO/Min. 5, 13 April 1949, p. 10.

889 WHO L., Joint Committee Health Policy Documents, Minutes, 1-4 Sessions, 'Proposal of the Executive Director on Further Programs in China', JC/UNICEF-WHO/23, 12 March 1949.

890 Ibid., p. 18.

891 Hanson, 'UNICEF in China', pp. 57-58.

892 Hanson, 'UNICEF in China', p. 75.

893 Hanson, 'UNICEF in China', p. 60.

For the next two decades, China was represented in UNICEF and WHO by Chiang Kai-shek's Guomindang Government in Taiwan, not by the Government of Mao Zedong in mainland China. Rajchman resigned from the Board of UNICEF in 1950 because of this issue. When the People's Republic of China was unsuccessful in unseating from the Agency the representative of the Nationalist Government, Rajchman resigned his chairmanship of UNICEF's Executive Committee, stating that he would not come back 'until UNICEF was in a position to render assistance to [the] children of China'.⁸⁹⁴ He never returned.

The Joint UNICEF/WHO Committee later became the forum which defined global policies on basic health services and primary health care. These were refined in the light of practical experience gained by UNICEF and WHO staff while serving in the field. By 1978, this forum had arrived at concepts of rural health care similar to those that Ch'en and Liu had put into practice in China four decades previously. In a lecture delivered on the policy of *Health for All by 2000*, the Executive Director of UNICEF, Jim Grant, paid homage to the work of his father John Grant in tackling the health problems of the poor.⁸⁹⁵ In opening a seminar in China in 1982 on the country's experience in primary health care, Grant remarked that policy goals for rural health development in the country were linked to rural health policies that had been introduced into war-torn China by LNHO in the 1930s.⁸⁹⁶ Other observers remarked that the health structures of 1937 could be discerned in the health work of China after 1949.⁸⁹⁷ China's era of technical modernisation, which now proceeds at great pace, began around 1978. That year, the country renewed its involvement with global institutions. One of these was the World Health Organization (WHO), with which the country signed a Memorandum on technical co-operation in health services.⁸⁹⁸ The LNHO, predecessor of the WHO, had established a similar international accord on technical cooperation that China half a century before.

Summary

The quotation that heads this chapter illustrates the importance that one historian gave to China's ambition for 'hygienic modernity' and to the support the country received from LNHO. The

894 Balińska, *For the Good of Humanity*, p. 222.

895 Socrates Litsios, 'John Black Grant: a 20th-Century Public Health Giant', *Perspectives in Biology and Medicine* 54 (2011), p. 547.

896 AnElissa Lucas, 'Primary Health Care: The Chinese Experience', *The China Quarterly* 101 (1983), p. 158.

897 New and Cheung, 'The Evolution of Health Care', p. 174.

898 Brian Hook, Dick Wilson and Michael Yahuda, 'Quarterly Chronicle and Documentation', *China Quarterly* 77 (1979), pp. 198-99.

ambition stemmed from disinterested collaboration with China to modernise its health services. This continued from 1923 to 1951, with just a brief hiatus, and was conceived by Rajchman, who organised this with energy, courage and intelligence .

Conclusion of Section Three

Norman White, the first official of the League of Nations to visit China, made a journey through the northern provinces to Beijing in 1922-23. His host, Wu Lien-teh, was the sole Chinese official responsible for preventive medicine and disease control at this time. Technical cooperation was initiated by China in 1929. The nature of cooperation was inspired by Rajchman who stated that health reorganisation in China would have to be pursued concomitantly with the economic revival of the country. The League of Nations established a Council Committee on Technical Collaboration with China, which remained in existence for a decade (from 1933 to 1942). This broad-based cooperation was established by Rajchman, who supervised its implementation until he was forbidden to return to the country after 1937.

The first resident staff member to be assigned by the League of Nations to China was Berislav Borčić, who served there for LNHO from 1930 until 1938. The presence of international experts in China served to validate changes that the Chinese themselves sought. Before any LNHO presence was established, significant local initiatives were in place to control epidemic disease, to establish rural services and to reform the education of health personnel. The system of rural health care that was established in the 1930s came about through the endeavours of a small group of Chinese physicians, prominent among whom were Ch'en Chih-ch'ien and Liu Ruiheng. These were the individuals through whom technical collaboration with the League was executed. The system of state medicine that took shape in China during the decade of the 1930s was a home-designed one, the root of which was a mass movement of rural education and economic improvement that enjoyed both Guomindang and Communist support. Provincial health services were designed, not to serve city populations, but as a support to rural areas. In 1931, a Central Field Health Station and Hospital were established in the capital city, Nanjing. This was conceived as a base from which the country's rural areas were to be served.

In 1931, Ch'en introduced lay Village Health Workers as part of a 'horizontal social approach' to improve the life of villagers. In 1937, Ch'en and Liu reported on China's achievements in implementing social medicine and rural health care at the Conference of Far-Eastern Countries on

Rural Hygiene in Bandoeng, which was convened at the request of China and India and organised by Rajchman. The Conference was, in effect, a showcase for the system of rural health in China and many of Ch'en's ideas are reflected in the official report.

The engagement of foreign experts for service with the Chinese Government was an interim measure: the urgent and prime necessity was to train the requisite Chinese technical staff. The international study tours for Chinese officials and technicians which Rajchman launched in 1930 came to play an important role in reconstruction and reform.

Rajchman helped to get the National Economic Council (NEC) established. He also succeeded in aligning to this powerful Council – which was the engine of China's reconstruction – not just his own LNHO, but the entire technical arm of the League of Nations. The NEC played a pivotal role in reconstruction and reform. From a Chinese perspective, the League performed well in the technical (as opposed to the political) field in matters of health, education, economics and finance, communications and transit.

From the moment they occupied Manchuria, the Japanese were critical of Rajchman for his assumption of a quasi-diplomatic role. This led to an intrigue by Secretary-General Avenol at the outbreak of the Sino-Japanese War to sideline Rajchman from involvement with China. In 1937, the League of Nations began to assemble German, English and French-speaking units to support an anti-epidemic organisation that the Chinese Government had set up in Northern, Central and Southern parts of the country. The purpose of the international intervention, and the justification of greatly augmented League of Nations' funding, was to prevent the spread of transmissible diseases in the face of the greatest population displacement in Chinese history. Avenol's intrigue against Rajchman created tensions that immediately affected the performance of the units in the field and, in 1938, led to the departure of Borčić. A year later, Rajchman too departed. The disarray stemming from this was potentially fatal to the collaboration that the League had established in China. These machinations led Mackenzie to embark on a mission to China in 1939 charged with the task, *inter alia*, of selecting from the staff in the field the best person to represent the Secretary-General in the country. He chose Frenchman Pierre Dorolle for the position of the Secretary-General's Representative in China. The purported function of the expanded international presence after 1938 was to prevent and control epidemics. Actual work in the field diverged from this policy and staff aligned themselves with their Chinese colleagues in their struggle to provide relief to people affected by the conflict.

There was a hiatus after LNHO staff departed in 1941, until 1945, when the international health presence in China was restored. In 1951, all international staff were withdrawn, since the Guomindang Government continued to occupy China's seat in WHO and in UNICEF. Rajchman resigned his chairmanship of the UNICEF Executive Board on this issue. When the Government of the People's Republic was finally able to take its seat at the United Nations in 1971, China renewed its involvement with global institutions.

Over the period 1923 to 1951 China made progress in modernising its health services despite facing enormous problems. The nation was supported in doing so through a succession of international health organizations. Staff of five global bodies served in China – from the League of Nations Epidemic Commission, the League of Nations Health Organisation, the health section of UNRRA, WHO and UNICEF. As we shall see in the next Section, the practical experience of interwar and wartime cooperation with China also influenced the global health structures that emerged after World War Two.

Section Four: Conception and birth of global health institutions, 1941-1948

This Section comprises four chapters (9-12). Chapter 9 describes the various concepts put forward for establishing an international, world, or United Nations' health organization or service on the cessation of hostilities. The chapter that follows shows how humanitarian aid during the war through the United Nations Relief and Rehabilitation Administration (UNRRA) prompted consideration of future international cooperation. Chapter 11 covers the preparatory events leading to the establishment of WHO, which involved Mackenzie but excluded Rajchman, who channeled his energy into establishing UNICEF. The final chapter of the Section describes how two competing agencies, WHO and UNICEF, formed a 'temporary' policy body that proved to be of immediate and long-lasting benefit to countries.

9: Concepts of international health during World War Two

What permanent machinery [of international health] will prove best, how and when it can be created and what it may be expected to do are questions linked with the future well-being of every community and individual which, even in the present crisis, cannot fail to engage the deep thought of men of vision in every country.

Melville Mackenzie, 1942⁸⁹⁹

Introduction

During World War Two, Mackenzie and Rajchman began to publish and advocate ideas for postwar global health that were widely-different in concept. It was at this point that a fracture seems to have occurred in relations between them. Arrangements conceived by Mackenzie for postwar global health were informed by personal experiences, reaching back to his work on relief and reconstruction during the Russian winter famine of 1922/1923. His concept of a postwar health organization originated from the progress and setbacks that he experienced in international health in the interwar period and was set out, explicitly, in 1942.⁹⁰⁰ His views were reinforced through regular wartime contact with the Swiss head of LNHO, Raymond Gautier and his French colleague Yves

899 Mackenzie, *Medical Relief in Europe*, p. 67.

900 SDN, R6150, 8A/41755/41755, Extracts, Melville D. Mackenzie, *Medical Relief in Europe*, pp. 62-66, 3 November 1942.

Biraud. The concepts of Rajchman appear to have been largely *sui generis*, although the International Labour Organization and the United States Public Health Service inspired some of his ideas.⁹⁰¹

Annotations on the League of Nations' Archive copy of Rajchman's proposal for a United Nations' Health Service indicate that Gautier sent this from Washington on 24 September 1943 to the League of Nations Secretary-General. These record dates of receipt, the following month in London and in January of the following year in Geneva.⁹⁰² In 1944, Mackenzie urged those contemplating a successor international health organization to LNHO to resist the temptation to develop work that was politically and sociologically too far in advance of what was possible at the time, stating that success would not follow unless developments were parallel with current political thought, or at any rate only slightly in advance of it.⁹⁰³ This appears to be a riposte to Rajchman's proposal. It was this attitude to the conception of a postwar organization for global health that separated him from Rajchman, who put forward radical plans. It was the cautious strategy of Mackenzie that was to win the day. The global health structures that emerged after World War Two were influenced by an antipathy to Rajchman's ideas.⁹⁰⁴

The evolution of Mackenzie's relations with Rajchman

In early correspondence, Mackenzie expressed respect for the quality of Rajchman's leadership. He led by example, favouring *action*, not 'slops'.⁹⁰⁵ The correspondence shows that Rajchman gave considerable personal attention to the wellbeing of his staff. Letters of Rajchman's personal assistant, Iris Heap, confirm this. When revolution broke out in Bolivia, Heap reassured Mackenzie's mother, saying that Dr. Rajchman felt that he was 'free from risk'.⁹⁰⁶ Heap reported that while Rajchman was spending a few days' leave in Karlsbad, he telephoned her and enquired if there was news of Mackenzie.⁹⁰⁷ Mackenzie, writing to his mother from Rio de Janeiro, said:

have just got back here to find an official telegram from Rajchman ending 'family well'. It is most good of the old boy to add it to an official wire. He must be a bit human after all. Of course,

901 Milton I. Roemer in *The Politics of a Healthy Life: An International Perspective*, ed. Esteban Rodriguez-Ocana (Sheffield: European Association for the History of Medicine and Health Publications, 2002), p. 222.

902 SDN, R6150, 8A/42169/41755, Ludwik Rajchman, 'Why Not?', September 1943.

903 Melville D. Mackenzie, 'Today's Global Frontiers in Public Health', *American Journal of Public Health* 35 (1945), pp. 102-103.

904 Balińska, *For the Good of Humanity*, p. 202.

905 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 17 January 1931, p. 3.

906 Wellcome L., PP/MDM/A/3/3/1, Heap to Emma Mackenzie, 19 July 1930.

907 Wellcome L., PP/MDM/A/3/3/1, Heap to Emma Mackenzie, 30 July 1930.

I don't know how he knows that the family is well so presume you must have written to Miss Heap.⁹⁰⁸

He is more generous in a later letter saying 'the old man is very thoughtful'.⁹⁰⁹ In a letter to Rajchman, written towards the end of the Bolivian mission, Mackenzie added a postscript saying 'I very much appreciated your kindness in sending a message of congratulation'.⁹¹⁰ On the voyage home, Mackenzie sent a lively description of the mission in a personal note to Rajchman, again with a postscript saying he hoped that Rajchman would not be leaving LNHO.⁹¹¹ He got a warm welcome when he returned to Geneva. While Mackenzie's correspondence reveals no expressions of disrespect of Rajchman, he does demean him, with weak humour, in a 1930 letter to his mother referring to him as Bonnie Prince Charlie, which he repeats in later correspondence. Mackenzie had been working with Rajchman for over two years at the time he told his mother that 'the old man ... is very energetic and I admire him very much, though a times he is a bit trying'.⁹¹² Mackenzie described Rajchman's state of mind in 1930, which was an intense year for the 'Old Man':

the OM leaves tonight for Paris... and then goes on to Czechoslovakia. He is looking very tired and ought to have a rest – but what can he do, he has no other interest in life of any kind [other] than political intrigue. It is pathetic, I think – but our abortive attempts to teach him any ball game have proved useless and no form of sport, literature, art or music appeals to him. To JW [Jack Johnson-Watson] and myself, he appears as a sad object – I wish something could be done as I am afraid he may break down. Even medicine, as such, does not interest him but he loves the political intriguing which he considers necessary for International Health work. He is an extraordinary mentality, but I often wonder if just as much could be accomplished on straight lines – I think all his wrangling frightens away possible candidates for our services. Still everyone is very impressed with the brilliance of his work in China and what it will result in. Of course, when a man only uses his friends, or these he meets, in order to extract information, or if they can be of some use to him in getting something done, he is bound to be lonely – cos he really has no friends.⁹¹³

Their relationship at this time was of a supraordinate/subordinate nature, so that Mackenzie's judgements were from a distance. The assessment that Rajchman had no interest in music or

908 Wellcome L., PP/MDM/B/3, Footnote dated 5 May 1930 in Mackenzie to Emma Mackenzie, 2 May 1930.

909 Wellcome L., PP/MDM/B/5, Mackenzie to Emma Mackenzie, 9 August 1930, p. 4.

910 Wellcome L., PP/MDM/A/3/3/3, Mackenzie to Rajchman, 6 August 1930, La Paz.

911 Wellcome L., PP/MDM/A/3/3/3, Mackenzie to Rajchman, 6 August 1930, SS Aconcagua.

912 Wellcome L., PP/MDM/B/5, Mackenzie to Emma Mackenzie, 22 November 1930.

913 Wellcome L., PP/MDM/B/6, undated fragment, (p. 1 missing), end March 1930.

literature was quite wrong. Rajchman had wide cultural interests and formed lasting friendships. Mackenzie was writing about a man whose father directed the Warsaw Philharmonia and a man who loved Gilbert and Sullivan.⁹¹⁴ His familiarity with the cultural life of England extended to poetry. Departing from the League in 1939, Rajchman quoted Shelley, '*Quand l'hiver vient, le printemps n'est pas loin*'.⁹¹⁵ The poignant circumstances in which he used the lines suggest familiarity with the closing stanza of Shelley's Ode, which is quoted earlier.

Mackenzie's respect for Rajchman frayed as political tensions rose in the lead-up to World War Two. Mackenzie's antipathy was partly to the man (for his 'intrigue', which he considered unnecessary), but mostly to his politics (his 'very Bolshevist tendency and sympathies'). The single negative observation on Mackenzie in Rajchman's correspondence is to be found in a wartime letter to the future Nobel Peace Prize laureate, Philip Noel-Baker, concerning the people that were consulted in Britain on his proposal for a United Nations' Health Service.⁹¹⁶

From international to national service

On 1 September 1939, Hitler invaded Poland. Mackenzie and Rajchman reacted by seeking to serve their respective countries. Mackenzie was, however, asked to remain in post in Geneva, where LNHO continued to operate. It was only in April 1940 that the British offered him a position at the Ministry of Health. Accordingly, he wrote to the Secretary-General of the League of Nations, Joseph Avenol, to inform him that he had been asked to undertake work at the Ministry for the duration of the war, saying:

having devoted the last thirteen years of my life to the work of the League and being profoundly convinced of its ultimate success as being the only possible logical evolution of humanity, I should greatly welcome the opportunity of continuing to work in the international sphere of medicine at the conclusion of hostilities. I have therefore carefully considered the question of requesting you to be good enough to suspend my contract, but if this is impossible I should be grateful if you would accept my resignation and allow it to operate in a month's time so as to release me for National service.⁹¹⁷

914 Balińska, *For the Good of Humanity*, p. 72.

915 SDN, R 6187, 8D/38230/204, C.H./Bureau Réunion 6/PV, Avril 1939, p. 35.

916 AIP, RAJ C. 3, Rajchman to Noel-Baker, 23 October 1943.

917 Wellcome L., PP/MDM/C/1, Mackenzie to Avenol, 9 May 1940.

The Secretary-General of the League regretted parting with an official whose services had been so highly appreciated, particularly in relation to his work within Greece, Bolivia, China and other countries. Avenol also praised Mackenzie's technical competence and his high devotion to the ideals of the League.⁹¹⁸

LNHO work during the War is documented by Zoe Sprigings and Iris Borowy.⁹¹⁹ Gautier and Biraud remained in their post with LNHO in Geneva. Sprigings noted that 'they were forced by circumstances to act as canny political operators in order to preserve the LNHO. This involved collaboration with powerful national governments'. Borowy concluded, in her account, that conceptual planning eventually proved more influential than political clout.⁹²⁰ The continued contact of Mackenzie with these two former colleagues was an important element in the success of his advocacy of global health. Sprigings remarked that:

his diplomacy, talent and principled internationalism made [Mackenzie] a sympathetic and effective ally for Biraud and Gautier. His official government file was filled packed with praise from everyone who met him and about every aspect of his character ... In addition to being a charming individual, he was described as an 'outstanding' doctor with a 'rare degree of professional ability'. From the first, his idealist streak was apparent to all who worked with him, and in several testimonials his unusual vision and zeal was identified ... All who met him appeared to expect great things of him.⁹²¹

In mid-May 1940, Melville and Faith Mackenzie and their 16-month old son Andrew made a perilous journey through France with a makeshift *laissez-passer* in a Geneva-registered car. They reached England after a 10-day adventure. Faith Mackenzie's description of this journey is recounted by Jock Haswell.⁹²² Mackenzie reported for work at the Ministry of Health in June 1940.

An immediate health priority at the time of Mackenzie's return was the problem created by

918 Wellcome L., PP/MDM/C/1, Avenol to Mackenzie, 4 June 1940.

919 Sprigings, 'LNHO to WHO'; Iris Borowy, 'Maneuvering for space. International health work of the League of Nations during the Second World War', in *On Shifting Ground: Health and Space in the Twentieth Century* (Rochester, NY: Rochester University Press, 2008), ed. Susan Gross Solomon, Patrick Zylberman and Lion Murard, pp. 87-113.

920 Borowy, 'Maneuvering for Space', p. 104.

921 Sprigings, 'LNHO to WHO', pp. 18-19.

922 Haswell, *The Doctor*, pp. 279-286.

overcrowding in air-raid shelters. He had witnessed the protective measures taken in China to safeguard civilian populations against bombing raids and was assigned to help the Air Raid Shelter Commission. With the onset of night raiding, the shelters had become dormitories. 'Mass observation' of representative sections of the London community revealed that one-third of the people were sleeping in communal shelters, including the underground 'Tube'. The problem was largely an epidemiological one and Mackenzie was appointed to a group, drawn from various governments departments, to deal with the situation.⁹²³

In 1941, the Government called on Mackenzie to chair a medical body set up to advise the Leith-Ross Inter-Allied Committee on Post-War Requirements.⁹²⁴ In the United States, the corresponding body was the Office of Foreign Relief and Rehabilitation Operations, directed by Herbert Lehman, who reported in 1943:

that Surgeon General Parran and members of his Committee have been in communication with a comparable group in Great Britain, which is organized under the Inter-Allied Post-War Requirement Committee. Uniform standard lists of essential drugs are being agreed upon and information is being exchanged between my Committee and the London group. Dr. Melville MacKenzie, Chairman of the London group, has been invited to come to the United States for discussions. Dr. Raymond Gautier of Switzerland, who is associated with the League of Nations, also has been invited to come here for a conference concerning health matters.⁹²⁵

The concept of establishing standard lists of essential drugs, which are a carefully-designed and well-organised component of emergency relief today, seems therefore to have originated during World War Two.⁹²⁶

923 Annotations, 'Hygiene of the Air-Raid Shelters', *British Medical Journal* (5 October 1940), p. 457.

924 The UK, eight European allies, the Free French and British Dominions agreed to collaborate in the work of compiling estimates on likely requirements for relief materials in the occupied countries after their liberation. See Jessica Reinisch, 'Internationalism in Relief: The Birth (and Death) of UNRRA', *Past and Present* (2011, Supplement 6), p. 262.

925 Anonymous, 'News From the Field: Office of Foreign Relief and Rehabilitation', *American Journal of Public Health and the Nations Health* 33 (1943), pp. 633-634.

926 The Joint Relief Commission of the International Red Cross produced *Materia Medica Minimalis* in May 1944. See SDN, 8A/41844/41674.

Health for All: concepts developed by Raymond Gautier and Yves Biraud from 1943 to 1945

Dorothy Porter observed that 'the health of the citizen of Planet Earth' began to be placed on the agenda of international politics when the World Health Organization emerged from the United Nations after the World War Two.⁹²⁷ The analysis that follows confirms the findings of Iris Borowy that this concern surfaced earlier. Borowy was the first to recognise the wartime contributions of Gautier and Biraud to the formulation of the WHO Constitution and concluded that:

the introductory sentence in its constitution – 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity' – was derived directly from Gautier's wartime writing and reflected the strong social approach to health issues that WHO inherited from LNHO.⁹²⁸

The present analysis reveals that Gautier expressed the view in 1943 that an international health organization should promote 'health for all, which means something quite different from the absence of disease'.⁹²⁹

Gautier and Biraud had continued their work within LNHO during the war years and between 1943 and 1945 articulated explicit concepts of postwar global health in four policy articles. The first two authored by Gautier, were drafted in March 1943 ('International Health of the Future')⁹³⁰ and in May 1943 ('the Future Health Organization')⁹³¹; Biraud was responsible for the third, in November 1943 ('Suggestions for the Post-war Amalgamation of International Health Institutions')⁹³²; and a fourth, in August 1944 ('For Whom the Bell Tolls'), was again authored by Gautier.⁹³³ These documents were followed by a joint submission, in 1945, of a preamble and constitution for a postwar international health organization.⁹³⁴

Gautier liked to convey the tenor of his thesis with opening quotes. The March 1943 document

927 Dorothy Porter, *The History of Public Health and the Modern State* (Amsterdam: Rodopi, 1994), p. 23.

928 Borowy, 'Maneuvering for Space', p. 104.

929 SDN, 8A/42169/41755, Raymond Gautier, 'The Future Health Organization', 31 May 1943, p. 4.

930 SDN, R 5780, 8A/42169/41755, Confidential: International health of the future, 15 March 1943.

931 SDN, 8A/42169/41755, Raymond Gautier, 'The Future Health Organization', 31 May 1943.

932 SDN, 8A/42231/41674, Yves Biraud '(Amended) Suggestions for the Post-war Amalgamation of International Health Institutions', 28 November 1943.

933 SDN, 8A/42169/41755, Raymond Gautier, 'For Whom the Bell Tolls', 15 August 1944.

934 SDN, 8A/41755/41755, Draft Constitution of the International Health Organisation of the United Nations (Extract), 27 September 1945 (English) and 25 octobre 1945 (Français).

opened with *two*: an English-language phrase from the Beveridge Report that 'a revolutionary moment in the world's history is a time for revolutions, not for patching'; and a quote from Général de Gaulle in exile, that 'there is nothing stronger nor grander than uniting with others'.⁹³⁵ The March 1943 document, which was circulated confidentially, was 'a tentative outline of the future International or Supranational Health Agency'. *L'Office International d'Hygiène Publique* (OIHP) in Paris was now under the control of occupying German forces and Gautier expected that its functions – establishing international sanitary conventions and ensuring their application – would fall to the agency that he proposed. Gautier's firm view was that it 'was high time, however, that quarantine and even the fight against epidemic diseases should cease to be considered as the alpha and omega of public health'.⁹³⁶ The framework that he envisaged for a new agency was not very different from that of LNHO, but he felt that it 'should have higher aims, requiring greater power and involving heavier responsibilities. For health is more than the absence of illness; the word 'health' implies something positive, namely physical, mental and moral fitness'.⁹³⁷

Gautier foresaw that any postwar agency would have to address requests from countries like those the League of Nations had received for 'reconstruction of the health services of China, Greece and Czechoslovakia; sanitary survey of Bolivia; control of syphilis in Bulgaria; anti-cholera campaign in Shanghai; control of malaria in Albania, Siam and Yugoslavia; anti-typhus action in Roumania; nutrition survey in Chile'.⁹³⁸

Gautier's second document, produced in May 1943, concluded that the Health Organisation should be self-supporting and should have 'one object in view; the promoting of health for all, which means something quite different from the absence of disease'.⁹³⁹ The language and the concepts expressed by Gautier in these two documents found their way into the Constitution and policies of the World Health Organization.

The case made by Biraud in his 1943 proposal for amalgamating OIHP with LNHO began with an historical review. *L'Office* had failed to amalgamate with LNHO in the past, largely because of political interests outside the League. A *modus vivendi* established between the two organizations, although modified three times (in 1924, 1927 and 1937), failed to allay the 'spirit of competition

935 SDN, R 5780, 8A/42169/41755, Confidential: International health of the future, 15 March 1943, p.1.

936 SDN, R 5780, 8A/42169/41755, Confidential: International health of the future, 15 March 1943, p. 8.

937 SDN, R 5780, 8A/42169/41755, Confidential: International health of the future, 15 March 1943, p. 1.

938 SDN, R 5780, 8A/42169/41755, Confidential: International health of the future, 15 March 1943, p. 6.

939 SDN, 8A/42169/41755, Raymond Gautier, 'The Future Health Organization', 31 May 1943, p. 4.

and mistrust'. Biraud used neutral names to designate bodies to be part of the new organisation, avoiding terms which already existed in either the League or *L'Office*, to avoid old prejudices and associations from hindering the realisation of the new scheme.⁹⁴⁰ He later suggested 'a connection' between the Pan American Sanitary Bureau (PASB) and the International Public Health Organisation of the Future.⁹⁴¹

Among the strengths that Biraud cited for his own LNHO was the contact that its staff had with representatives of governments, other than those in charge of health. This attracted the interest of other ministries to the health sector and secured the support needed for extending LNHO work beyond the limits of hygiene, in its old restricted sense, permitting the Organisation to engage in social, economic and even agricultural policies in fields such as nutrition, housing, rural hygiene, sickness insurance and social medicine.

The framework that Biraud proposed in 1943 for the merged body is almost identical to the governance structures that were put in place in 1946 for WHO – a Health Assembly, and a managing [Executive] Committee, although the actual position of the Assembly is stronger since it determines WHO policies.⁹⁴² His paper went on to deal with liaison between the international body and health institutions in different regions. He envisaged the continuation of the LNHO Singapore Bureau as 'the regional health institution for East Asia and Australasia'. He perceived the danger of friction in the increasing involvement of the Pan American Sanitary Bureau in malaria, nutrition and housing and foresaw the need for a regional bureau for Africa. He was confident that the maintenance of technical committees, such as those set up by the League, would ensure that the highest technical standards would be sustained by the new health organization. Biraud's design for a postwar amalgamation of existing institutions aimed to preserve those functions in each organization that had proved useful.⁹⁴³

Biraud sent his paper to Sean Lester, the League Secretary-General, in November 1943 stating 'we do not know to what extent discussions have been going on on this matter in England and America' and he proposed sending a copy to Gautier (now in the United States) and to Neville Goodman in

940 SDN, 8A/42474/42474, Biraud to Gautier, p. 5.

941 SDN, 8A/42169/41755, US Radio Bulletin, Biraud handwritten note, 24 February 1945.

942 Borowy, 'Maneuvering for Space', p. 112, fn 124.

943 SDN, 8A/42231/41674, Biraud '(Amended) Suggestions for the Post-war Amalgamation of International Health Institutions', 28 November 1943.

London, 'so that they might take it in to consideration in their conversations or discussions with overseas authorities'. The letter suggested that 'the project should be elaborated in the form of a draft statute of the future health organisation, with articles'.⁹⁴⁴

The title of Gautier's paper of August 1944, 'For whom the Bell Tolls', invokes the universal humanity expressed by John Donne in his 17th Century Meditation that, 'any man's death diminishes me, because I am involved in Mankind; And therefore never send to know for whom the bell tolls; It tolls for thee.'⁹⁴⁵ It was apparent by this time that any new health agency would be organised under the auspices of a United Nations, as 'something new' and not a patch-up of a remnant from the past. At the same time, there appeared to be a unanimous desire – with the possible exception of the USSR – to make full use of LNHO. Gautier sensed, however, that Mackenzie had 'drifted away from the League' and had hinted that the new health agency might be derived from the Health Division of the newly-established UNRRA. Mackenzie's attitude, as judged by Gautier, tended towards identifying the advisory body (Biraud's 'Assembly') with OIHP. Gautier was alarmed by this and feared, if the LNHO were to be liquidated, that the OIHP's intergovernmental structure might offer a base upon which a new agency could be created.⁹⁴⁶ Borowy suggests that the British Government saw the OIHP as a 'counterbalance to LNHO, whose focus on state responsibilities for the wellbeing of populations and on international interventions threatened deeply ingrained British traditions of liberalism, limited public welfare, and national sovereignty'.⁹⁴⁷ She also noted that Mackenzie proposed to constitute an international body according to the OIHP principle that member countries were entitled to different numbers of votes according to the amount of their annual contributions.⁹⁴⁸

The idea of deriving a new agency from UNRRA's Health Division was discussed a year before and put forward in a paper by the Canadian, Frank Boudreau. Boudreau had now shifted his opinion, however, and the view was gaining ground (and advocated in a Russian paper) that the new agency would be within the frame of the United Nations and would be an autonomous agency for health, similar to that for Food and Agriculture. At this time, ideas were vague as to what the functions of such a body should be, beyond framing a new sanitary convention and supervising its application. Gautier proposed a directional (Executive) committee with a membership of nine, with one seat for

944 SDN, 8A/42231/41674, Biraud to Vigier and Lester, 6 November 1943.

945 Ernest Hemingway's book, of the same title, had recently been published.

946 SDN, 8A/42169/41755, Raymond Gautier, 'For Whom the Bell Tolls', 15 August 1944, p. 2.

947 Borowy, 'Maneuvering for Space', p. 99.

948 Borowy, 'Maneuvering for Space', p. 99.

each of the Big Four⁹⁴⁹ and a rotation for the smaller members. Regionalism, in the sense of each continent having its own health council, had many supporters. He felt that regional councils should be placed under a coordinating authority, rather than enjoying autonomy.

The style of Gautier's August 1944 paper suggests it was an internal document of the League. He assessed, correctly, that there was little chance of the LNHO's survival or reincarnation. The idea that it was defunct 'cleared the ground for a new adventure'. The best that could be hoped for was to ensure the continuation of part of its work.⁹⁵⁰ Biraud wrote to Gautier in London, at the end of 1944, saying:

I was tremendously interested in what you wrote as to the plans being made in America for the creation of the future health institution. I am glad you had an opportunity of discussing the matter with members of the American committee to be entrusted with it. I am sure that you could teach them quite a lot and adjust their perspective.⁹⁵¹

In February 1945, Gautier outlined to the League Secretary-General the three organs that he felt should constitute the Health Organisation – an annual Health Conference of representatives of national health administrations; an Executive Committee of nine members drawn from the Health conference; and a Health Secretariat under a Director-General.⁹⁵²

Preamble and constitution of an international public health organization

In April 1945, Biraud, on the suggestion of the League of Nations' Secretary-General, sent Frank Boudreau a copy of a 'constitution of the Health Organisation', drafted by Gautier and himself. He informed Gautier that he had done so, saying:

I know that you do not, any more than I, consider this draft with an author's pride ... I take it, like myself, you are anxious to see the scheme which we consider best adopted, whoever presents it for adoption.⁹⁵³

In October 1945, Biraud sent an extract of a draft statute of the future international health

949 China, Russia, United Kingdom and USA.

950 SDN, 8A/42169/41755, Raymond Gautier, 'For Whom the Bell Tolls', 15 August 1944, p. 3.

951 SDN, 8A/42474/42474, Biraud to Gautier, 22 December 1944, p. 5.

952 SDN, 8A/42169/41755, Biraud to Secretary-General, 27 March 1945.

953 SDN, 8A/42169/41755, Biraud to Gautier, 4 April 1945.

organization to his friend 'Mac', stating that it was the result of a joint revision by Gautier and himself. He informed Mackenzie that it comprised:

1. A preamble written by Dr. Gautier and 2. a draft statute drawn up by Dr. Gautier and myself from the two projects I had written for an autonomous and a dependent international health organization. As it stands, the paper in your hands is intended to fit an organization that would be an integral part of the United Nations General Organization ... Where details are given, they are generally drawn verbatim from the Constitution of the United Nations Organization for Food and Agriculture.⁹⁵⁴

The draft statute to which Biraud refers is an English-language version of 27 September 1945, translated to French on 26 October 1945. Mackenzie's reply was personal 'as he was not yet in a position to outline our official view'. He told Biraud that he attached very considerable importance to a high degree of autonomy for the World Health Organization saying 'everyone agreed that every effort must be made to have a single health organization'.⁹⁵⁵

In September 1945 Mackenzie heard that he was to represent the Ministry of Health on a body that had been set up to deal with the question of transfer of the LNHO work to the new Organisation.⁹⁵⁶ He informed Gautier, who replied saying:

Biraud wrote to you a couple of days ago forwarding a tentative constitution for the United Nations Health Organisation, to serve as a basis for discussion. The preamble I drafted should serve as a sort of programme... When I saw Jameson last, I expressed the view that it would be advisable, before deciding on the constitution of the new Health Organisation, to lay down certain principles, upon which the two leading health services, – viz. yours and that of US – could agree. Personal contact between Jameson and Parran appears therefore indispensable. Once they are agreed on the main points, it may appear advisable to organise a consultation, in which you and Stock, Cumming, in his dual capacity of Chairman of the Permanent Committee of the Office and Chairman of the Pan American Sanitary Bureau, Parisot as Chairman of the Health Committee [of the League of Nations] and perhaps Cavaillon, as representative of the French Ministry, could take part.⁹⁵⁷

954 SDN, 8A/41755/41755, Biraud to Mackenzie, 9 October 1945.

955 SDN, 8A/41755/41755, Biraud to Mackenzie, 9 October 1945; Mackenzie to Biraud, 22 October 1945; Biraud to Mackenzie, 5 November 1945.

956 A Sub-committee of a Preparatory Commission. See SDN, 8A/41755/41755, Mackenzie to Gautier, 10 September 1945.

957 SDN, 8A/41755/41755, Gautier to Mackenzie, 17 October 1945

Biraud and Gautier's preamble and constitution found their way, not only to Mackenzie, but also to the State Department.⁹⁵⁸ Biraud sent a translated version to the *cabinet* of the French Minister of Health.⁹⁵⁹ And Borowy also found that Štampar received 'another draft constitution by Biraud'.⁹⁶⁰

In December 1945, Biraud embarked on a 10-week journey. In Washington, he had discussions regarding the constitution of the 'Health Organisation of the United Nations' with officials of the US Public Health Service, the State Department and the Pan American Sanitary Bureau. He then proceeded to London, where he had conversations on the same subject with Mackenzie, Doull and Sze, the 'experts on international health organisation of the British, American and Chinese Governments'. Andrija Štampar, Vice-Chairman of the newly-established United Nations Economic and Social Council, was in London and had in hand a copy of the constitution drafted by LNHO. Štampar asked for Biraud's help in dealing with health questions on the agenda of the Economic and Social Council. This contemporary account of Biraud concluded:

Finally, after resolutions had been prepared to create under the auspices of the United Nations a single health Organisation in the form of a specialised agency and to prepare its setting up by means of an international health conference (in June 1946) and a preliminary commission (in March 1946), Mr. Tomlinson, Secretary of the Economic and Social Council, asked me to undertake all the preparatory work connected with these meetings and their secretariat.⁹⁶¹

Biraud wrote to Štampar in February 1946 saying 'I am ... putting correcting touches in the draft constitution that you have in your hands and shall have soon the introduction completed along the lines that you suggested'.⁹⁶² The Preamble and Draft Constitution that Štampar presented to the Technical Preparatory Committee in March 1946 is almost identical to the Gautier/Biraud draft of 27 September 1945.⁹⁶³ The title and the headings of the eleven Articles of Štampar's draft are identical to the title and headings in the Gautier/Biraud draft, save for the substitution in the former of 'Health Conference' for 'Health Assembly' and of 'Staff' for 'Secretariat'. The texts of ten of the eleven articles are virtually identical: only the text of Article VI, 'The Director', differs by including three paragraphs (2, 3 & 4) concerning the mode and conditions of the Director's appointment.

958 Borowy, 'Maneuvering for Space', p. 102.

959 SDN, 8A/41755/41755, Biraud to Hazemann, 26 October 1945.

960 Borowy, 'Maneuvering for Space', p. 103.

961 SDN, R 6118, 8A/15197/15197, Yves Biraud, Mission Report, 4 December 1945 to 15 February 1946 and 14 March to 9 April (Reported 27 April 1946).

962 SDN, R6150, 8A/43627/41755, Biraud to Štampar, 26 February 1946, p. 2.

963 SDN, 8A/41755/41755, Draft Constitution of the International Health Organisation of the United Nations (Extract), 27 September 1945 (English) and 25 octobre 1945 (Francais) and World Health Organization, Official Records; 1946; 'Minutes of the Technical Preparatory Committee for the International Health Conference', Annex 9.

Historical origins of the WHO definition of health

The WHO definition of health is frequently-cited and has had profound influence on efforts to advance global health. The originator of the definition is said to have been Štampar, 'since it was substantially his draft of this that would be incorporated into the first preambular paragraph of the WHO Constitution'.⁹⁶⁴ The originator was *not* Štampar, who merely 'presented' the draft referred to. The author of the definition was Raymond Gautier, and it did not appear out of the air in 1946. This influential definition has a history that reaches back at least to March 1943, as demonstrated in the chronology, authors and texts listed below:

March 1943, Raymond Gautier:

health is more than the absence of illness; the word 'health' implies something positive, namely physical, mental and moral fitness.⁹⁶⁵

May 1943, Raymond Gautier:

The Health Organisation ... should have 'one object in view; the promoting of health for all, which means something quite different from the absence of disease'.⁹⁶⁶

September 1945, Raymond Gautier

Health is not only the absence of infirmity and disease, but also a state of physical and mental wellbeing and fitness resulting from positive factors, such as adequate feeding, housing and training.⁹⁶⁷

March 1946, Andrija Štampar

Health is not only the absence of infirmity and disease, but also a state of physical and mental wellbeing and fitness resulting from positive factors, such as adequate feeding, housing and training. (Identical to the above text of Gautier of September 1945).⁹⁶⁸

March 1946, S. Sze, G. Bermann, Brock Chisholm, J. Čančík⁹⁶⁹

Health is not only the absence of infirmity or disease but also a state of physical fitness and mental and social wellbeing

July 1946, International Health Conference, New York⁹⁷⁰

Health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity

964 Sev S. Fluss, 'Development of National Health Legislation in Europe: The Contribution of International Organizations', *European Journal of Health Law* 193 (1995), p. 205.

965 SDN, R 5780, 8A/42169/41755, Confidential: International Health of the Future, 15 March 1943, p. 1.

966 SDN, 8A/42169/41755, Raymond Gautier, 'The Future Health Organization', 31 May 1943, p. 4.

967 SDN, 8A/41755/41755, Draft Constitution of the International Health Organisation of the United Nations (Extract), 27 September 1945 (English) and 25 octobre 1945 (Français).

968 World Health Organization, *Official Records*; 1946; 'Minutes of the Technical Preparatory Committee for the International Health Conference', Annex 9, p. 58.

969 Members of Preamble sub-Committee of Technical Preparatory Committee.

970 René Sand, Jean Cayla, C. Mani, I.I. Kaltchenko, H S Gear, Aly Tewfik Shousha Pasha and Octavo Mondragon of the Drafting Committee of Committee I, plus Melville Mackenzie, Rene Sand, Szeming Sze, Aristides Moll, L. V. Gromashevsky & Durward Sandifer of the Central Drafting Committee.

Four historic documents presented at the Technical Preparatory Committee in Paris in March 1946 by Štampar, the French, United Kingdom and United States members were informed by a preamble and constitution that had been thoughtfully crafted within LNHO over the period 1943 to 1945 by Gautier and Biraud, who were anxious to see their scheme adopted and were not unhappy to see others presenting their ideas. LNHO envisaged three health functions for international health: to inform national health authorities on matter of fact, to document methods of solving their technical problems, and to afford such direct assistance as they may require.⁹⁷¹

Background to Rajchman's wartime advocacy

In the background to Rajchman's wartime advocacy of global health was the murderous cruelty that followed Hitler's 1939 invasion of his country, and the division of Poland following the Molotov-Ribbentrop pact. In 1940, the Polish Government-in-Exile in London appointed Rajchman as its representative in Washington, with responsibility for aid to Poland and to Polish refugees.⁹⁷² This appointment was short-lasting and ceased at the beginning of 1941.⁹⁷³ Later, in June 1945, he received crucial political backing from the (now Moscow-dominated) Government of Poland, which appointed him their national delegate to UNRRA.⁹⁷⁴ The Nazi occupation of Poland affected his close family. He learned that his brother Aleksander, a mathematician, was murdered in a concentration camp in March 1940. Balińska recounts that 'as a Jew, communist and academic, Aleksander Rajchman had everything against him and would have been imprisoned for any of these three reasons'.⁹⁷⁵ Rajchman's sister, Helena, found secret refuge in an Ursuline convent and his cousin, Ludwik Hirszfeld, who survived the War, organised medical training within the Warsaw Ghetto.⁹⁷⁶

Rajchman's concept of global health

On his departure from the League of Nations in 1939, Rajchman was invited by Soong Tzu-wen to return to China for his eighth and final visit, the purpose of which he later described as 'collaboration in defence of the struggle against Japan'.⁹⁷⁷ When Soong moved to Washington in July 1940, Rajchman accompanied him, and remained under the wing of the man who was to become

971 World Health Organization, *Official Records* 9, 'Report of the Interim Commission' (1948), p. 21.

972 Balińska, *For the Good of Humanity*, p. 149.

973 Balińska, *For the Good of Humanity*, p. 179.

974 Balińska, *For the Good of Humanity*, p. 190.

975 Balińska, *For the Good of Humanity*, p. 178.

976 Balińska, *For the Good of Humanity*, pp. 179, 243 & 244.

977 AIP, RAJ A.1, Repères chronologiques, Handwritten note, 13 July 1965.

Foreign Minister of China in 1942. Throughout the war, Rajchman retained this close relationship with Soong. Although he was reported to have resigned in January 1944, Rajchman is recorded as helping to draft the speech that the Foreign Minister delivered in 1945 on the occasion of China's signature of the United Nations Charter.⁹⁷⁸

In 1943 (the year that the Warsaw Ghetto uprising was suppressed) Rajchman published a proposal for a United Nations' Health Service.⁹⁷⁹ The central idea of his 1943 proposal, which was repeated in a 1946 *Lancet* article, was that 'any policies to be adopted by the United Nations in the field of public health should have the sanction of consumers of health', that is those for whose benefit the various measures are contemplated. He envisaged a machinery for electing representatives of 'all of the two billion consumers'. The original proposal was to fund global services by means of a 1% levy on national government and social security expenditures on health. He later modified this, favouring instead a capital fund, the revenue of which would finance the new agency. The large federated countries of the United States, India and Soviet Union were the inspiration of the organisational structure that he envisaged, and he narrowed this down to that of the United States Public Health Service: 'my proposal is to constitute a United Nations Public Health and Social Medicine Service service along American lines'. He spelled out the proposed organizational structure more clearly in the 1946 Article. The imperial powers of Britain and France were unlikely to have been sympathetic to Rajchman's specific proposal that:

some sort of multinational control is necessary in colonial empires, particularly in the Pacific area and in Africa ... The United Nations Public Health and Social Medicine Service, called henceforth the UNPHSM, should effectively carry out these functions ... The total staff might well be several thousand strong, since the colonial and epidemiological branches would need to be numerous.⁹⁸⁰

He elaborated on this, saying countries having responsibilities for colonial services found it difficult to recruit technical personnel and, pending the establishment of medical services in dependent territories manned by native staff, a commission representing the interested services should be set up to bring forward definite proposals.⁹⁸¹ Rajchman's sympathy for colonial peoples had been clearly expressed in 1937 at the time of the Bandoeng Conference.

978 Balińska, *For the Good of Humanity*, pp. 165-168.

979 Ludwik Rajchman, 'Why Not? a United Nations Health Service', *Free World*, September 1943.

980 Rajchman, 'Why Not?', pp. 4-5.

981 Ludwik Rajchman, 'United Nations Health Organisation', *Lancet* 247 (20 April 1946), pp. 584-585.

Rajchman distributed his document on the United Nations Public Health and Social Medicine Service to key decision-makers, who responded with specific suggestions with respect to his financing and organizational proposals. There was some support for the 1% levy (from Alan Gregg, Director of Medical Sciences at Rockefeller Foundation; Harold Butler of the British Embassy in Washington; and the University of Chicago internationalist, Quincy Wright). His organisational proposals were considered (by Percy Corbett of Yale University) as lacking in clarity and Hugh Cumming of the Pan American Sanitary Bureau called for 'regional organizations that work in with [the] central organization'. George Strode, of the International Health Division of the Rockefeller Foundation, called for a focus on fields of public health that could only be handled at an international level. And Harold Butler urged Rajchman to adopt a simpler name for the Organization.⁹⁸²

Gautier described Rajchman's scheme as the most illuminating among various published proposals 'with the tripartite representation, its special colonial agency, its budget based on a head tax'.⁹⁸³ Rajchman used the word 'Service' rather than the term 'Organization'. The function that he envisaged for his United Nations' Health *Service* was 'to assist these national services when requested, in a vast field of common endeavour requiring imagination and initiative'.⁹⁸⁴ Balińska stated that his conception of the service 'stressed the principle established at the [League of Nations] Health Organisation and on which he would found UNICEF, namely that it should act *through* – not over or above – governments'.⁹⁸⁵ Biraud corresponded with Gautier on the competing claims for the terms 'Organization' and 'Service'. The latter, he felt, suggested exclusively executive officials, while 'Organization' covered not only the service of a secretariat, but in addition directing political bodies. He stated that in a national administration, a service is part of a great national administrative machine and an international scheme must similarly have directing bodies closely attached to the service.⁹⁸⁶

Rajchman's plan was depicted as 'wild' in London but, according to Gautier, attracted much interest in Washington.⁹⁸⁷ Balińska notes however that, while people such as Winslow at Yale congratulated Rajchman for his initiative:

982 AIP, RAJ C. 3, Responses to United Nations Health Service, 1943.

983 Papers on a future World Health Agency were published not only by Mackenzie, Rajchman and Winslow, but by Boudreau and Morgan. See SDN, 8A/42169/41755, Raymond Gautier, 'For whom the bell tolls', 15 August 1944, p.1.

984 Rajchman, 'Why Not?', p. 3.

985 Balińska, *For the Good of Humanity*, p. 202.

986 SDN, 8A/42474/42474, Biraud to Gautier, 22 December 1944, p. 5.

987 SDN, 8A/42169/41755, Raymond Gautier, 'For whom the bell tolls', 15 August 1944, p.1.

a group of conservative American doctors who were categorically opposed to Rajchman, regardless of what he proposed, found his plan 'fantastically revolutionary'.⁹⁸⁸

Philip Noel-Baker, now a Junior Minister in the British wartime Coalition Government, used his influence to try to secure a meeting for Rajchman with the Foreign Office. Richard Law⁹⁸⁹ stated that there was no point in seeing Rajchman, without first obtaining the views of the Ministry of Health.⁹⁹⁰ The single negative observation on Mackenzie in Rajchman's correspondence appeared at this time. In a letter concerning the people consulted in Britain on his United Nations' Health Service proposal, Rajchman said:

it would have been better not to consult the bureaucrats. As you may remember, I did talk to Jameson who is a nice kid but rather timid. I have little respect for the intelligence of the others [Dr. Smart of the Colonial Office, Sir Ernest Bradfield of the India Office, Colonel Brown of the Canadian Army, Dr. Davison of the Department of Health of Scotland, Dr. Melville Mackenzie and other members of the Ministry of Health].⁹⁹¹

Neville Goodman, advising the British Foreign Office on Rajchman's plan, said 'it contained a number of ingenious and far-reaching ideas, well worthy of study, but largely impractical in the near future. Indeed some of the suggestions are quite outside the bounds of possibility'. The British attempted to block any hearing of the scheme proposed by Rajchman.⁹⁹² Commendably, the *Lancet*, gave prominence to his ideas in 1946, commenting that:

the proposals by Dr. Rajchman, for 18 years director of the health section of the League of Nations, which we print on another page, were available to the meeting [of the Technical Preparatory Committee] though they could not be formally considered.⁹⁹³

This *Lancet* leader is retained in Rajchman's personal papers.⁹⁹⁴ Henry Van Zile Hyde, a US alternate member of the 1946 Technical Preparatory Committee, recalled that Rajchman presented a plan by which WHO would have a hundred million dollars to support health activities, a proposal that was neither debated nor considered.⁹⁹⁵ Rajchman's proposal appeared, however, as an official

988 Balińska, *For the Good of Humanity*, p. 202.

989 Son of former Prime Minister Bonar Law.

990 AIP, RAJ C. 3, Law to Noel-Baker, 17 August 1943.

991 AIP, RAJ C. 3, Law to Noel-Baker, 1 September 1943 and Rajchman to Noel-Baker, 23 October 1943.

992 Esteban Rodriguez-Ocana, *The Politics of a Healthy Life, An International Perspective* (Sheffield: European Association for the History of Medicine and Health, 2002), p. 222.

993 Anonymous, 'Towards a World Health Organisation', *Lancet* 247 (20 April 1946), p. 577.

994 AIP, RAJ C3: 1943, 'Projet de Création d'un Service de Santé des Nations-Unies'.

995 Richard D. McKinzie, 'Oral History Interview with Henry Van Zile Hyde', Bethesda, Maryland, 16 July 1975.

publication of the United Nations Economic and Social Council.⁹⁹⁶

From relief and rehabilitation to postwar reconstruction

Mackenzie applied his energy and experience to plan postwar relief efforts within inter-allied agencies to which he was formally assigned by the British Government, keeping contact, not only with Biraud and Gautier, but with wartime exiles in England. He was relentless in presenting the case for setting up mechanisms for international cooperation in health at the end of hostilities.

In December 1942, Mackenzie was the United Kingdom's focal person in the formal cooperation established with the United States to ensure that food and medical relief would be in place as countries became free of Nazi control. Hansard reported that:

provisional estimates had been received from all the Allied Governments of their requirements of food during the first 18 months after the war. Most Allied countries had also submitted lists of their medical requirements. An advisory committee in regard to medical supplies had been set up under the chairmanship of Dr. Melville MacKenzie of the Ministry of Health. This medical subcommittee was working on the preparation of a minimum list of the most essential medical supplies and was considering the organization of medical services generally. A further expert subcommittee under Dr. Penrose of the United States Embassy was to advise on the nutritional aspects of food requirements. Steps must be taken beforehand to avert the risk of famine and the greater risk of pestilences bred of malnutrition. It was essential that there should be full co-operation with the Russian Government on these questions.⁹⁹⁷

Mackenzie made an important contribution to this forward planning in publications that reviewed the technology of medical relief. In 1941, he set out practical measures for the control of typhus, based on experiences in China and, earlier, in Poland, Russia and Romania.⁹⁹⁸ In July 1942, he published a best-selling booklet on postwar problems.⁹⁹⁹ This reviewed his personal experiences of medical relief and gave practical guidance on the machinery of post-war relief and reconstruction –

<<http://www.trumanlibrary.org/oralhist/hydehvz1.htm#91>> [accessed 31 May 2012].

996 SDN, R6150, 8A/43889/41755, Technical Preparatory Committee for the International Health Conference, Memorandum of Dr. L. Rajchman, E/H/PC7, 20 March 1946.

997 The Government, in consultation with the Allied Governments, set up an Allied Committee under the Chairmanship of Sir Frederick Leith-Ross to prepare estimates of the post-war requirements of European Allied countries. See Hansard. HL Deb 09 December 1942 vol 125 cc 475-509.

998 Melville D. Mackenzie, 'Some Practical Considerations in Control of Typhus Fever in Great Britain in the Light of Experience in Russia, Poland, Roumania and China', *Proceedings of the Royal Society of Medicine* 35 (1941) pp. 141-156.

999 Mackenzie, *Medical Relief in Europe*, 1942.

determination of rations, sources of equipment, re-establishing medical services etc. The booklet also gave nutritional and epidemiological advice. Understandably, Mackenzie was influenced by the appalling toll of the Russian famine in the era after the previous War and some of the guidance he formulated on the basis of that experience was criticised. The view expressed by Professor Marrack, of the London Hospital, was that times had changed and that the famine in Russia in 1921-22 'should not be an example of what we may expect, but a warning of what will happen if we do not prepare in time or are half hearted when the time comes'. He said it was unfortunate that Mackenzie had written of choosing which age groups of the population to be fed, as if this choice were inevitable and not evidence of failure'.¹⁰⁰⁰

The Quaker, Michael Asquith, drew upon Mackenzie's 1942 booklet for his own practical guide on combatting famine.¹⁰⁰¹ Mackenzie, in a Foreword to Asquith's 1943 publication, stated that 'the Society of Friends at an early date have made a far-reaching contribution towards the saving of life after the war'.¹⁰⁰²

A large part of Mackenzie's 1942 booklet emphasised the necessity for resuming international health work and re-establishing a permanent international organization. In January 1944, Mackenzie delivered a lecture to the Royal Institute of Public Health and Hygiene on the *Potentialities of International Collaboration in Medicine in the Post-war World*.¹⁰⁰³ A summary appeared in the *British Medical Journal*, saying that, so far as medicine was concerned, it was possible to forecast the problems that were likely to arise as countries were liberated. In the aftermath of the previous war, more people had died from preventable diseases and starvation than were killed in the war itself. Until a reasonable standard of nutrition was achieved, it would be very difficult to do effective medical relief work. A second problem would be the re-establishment of medical services. It would also be necessary to convey to doctors, professors, and medical students the advances made in medicine during the five years of war – sulphonamide drugs, penicillin, mass radiography and typhus control. The article presented the view, put forward by Mackenzie, that the reconstitution of an intergovernmental information service would be one of the most urgent pieces

1000 J. R. Marrack, *Post-War Nutritional Relief: Experiences of the Last War and Since. Current State of Nutrition in Occupied Europe and Elsewhere*, Sixteenth Scientific Meeting, London School of Hygiene and Tropical Medicine, November, 1943.

1001 Asquith, *Famine*, 1943.

1002 Melville D. Mackenzie, 'Foreword' in Asquith, *Famine*, 1943.

1003 Melville D. Mackenzie, 'A Study of the Potentialities of International Collaboration in Medicine in the Post-War World', *Journal of the Royal Institute of Public Health and Hygiene* 7 (1944), pp. 90-101.

of post-war work, since 'before the war there was a very effective system of notifying major epidemic disease from every country in the world. This information covered about 90% of the world's population.'¹⁰⁰⁴

Mackenzie's concept of global health

Incredibly, in the dark days of total war, Mackenzie and other optimists among the British authorities began to think about the postwar situation as early as 1941. Rajchman's disdain for health bureaucrats was in striking contrast to the approach taken by Mackenzie. All of Mackenzie's wartime advocacy, national and international, was pitched to health professionals. Mackenzie's family correspondence over the war years relates to periods that he spent in North America. These transatlantic visits began in 1943 and were to have a considerable influence on the postwar development of international health. He participated in founding UNRRA in 1943 and, later, in the meetings of its Health Committee in Washington; he helped to frame the Montreal Sanitary Convention of 1944; and, in New York in the same year, he presented a paper to a significant meeting of the American Public Health Association. Speaking of *Today's Global Frontiers* (the date was October 1944), he sketched a broad-brush picture of the permanent international machinery needed to respond to the health problems facing all countries.¹⁰⁰⁵

A prime concern of Mackenzie was the credibility of any new organization. The heads of national health services as well as national technical and scientific bodies had to recognize any international health work done as being *reliable*. He wrote of the 'embarrassment' of rivalry between international organizations in the past and thought it would be wise to 'construct a single organization embracing international work in all branches of medicine'.¹⁰⁰⁶ He supported a regional constitution, on the practical grounds that it would encourage vital interest on the part of health leaders. He made no direct reference to the interventionist practices that he and Rajchman had led in LNHO, but hinted at *bilateral* action, saying that his own country was ready to place its wide experience, knowledge, and inspiration at the disposal of other nations in the solution of scientific, clinical, and administrative problems.

Mackenzie put a huge effort into this speech to sway his American audience. He had spent the best

1004 Anonymous, 'Supplement to the British Medical Journal: International Medicine', *British Medical Journal* (8 April 1944), p. 69.

1005 Mackenzie, 'Today's Global Frontiers', pp. 100–105.

1006 Mackenzie, 'Today's Global Frontiers', pp. 103.

part of his career in an Organisation that the American government had refused to join. The nation had taken a different path after the Treaty of Versailles, one of 'independent internationalism'. The man who professed to eschew politics displayed a streak of *realpolitik* by telling his American audience that:

the degree to which clinical and preventive medicine have developed, the percentage of the national budget expended on health and social measures, the standards reached in the universities, the contributions made to medicine, etc., vary greatly from country to country, and in practice it is impossible to expect more developed countries to be overruled by the votes of nations less developed from a medical and social point of view.¹⁰⁰⁷

Appeal to trustees of the public health of the future

In October 1944 Mackenzie wrote telling his wife about the paper he presented in New York saying: the American Public Health Association meetings have just finished and were of very great interest to me from a technical point of view, also in the very many friends I met from the USA, Canada, South America, Europe etc. Pascua was up, Boudreau, Souza, Deutschman & several other old League friends, both medical and non-medical. The paper went all right as did the broadcast. For the former the audience was between 3000 & 4000 & the very great interest displayed was most encouraging.¹⁰⁰⁸

Mackenzie's paper began with an appeal to his American audience to accept the responsibilities of creating machinery for international collaboration.¹⁰⁰⁹ He concluded with lines by Kipling. Although nowadays identified as the poet of the bygone era of Empire, Kipling, in this poem, expressed universal brotherhood. The poem's child-like everyday language suggests that Mackenzie carried these lines in his head, possibly learned from his mother Emma, who had died a few years before:

All good people agree,
And all good people say
All nice people, like Us, are We
And everyone else is They.
But if you cross over the sea
Instead of over the way,
You may end by (think of it!) looking on We
As only a form of They.

1007 Mackenzie, 'Today's Global Frontiers', p. 104.

1008 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 8 October 1944.

1009 Mackenzie, 'Today's Global Frontiers', pp. 100-105.

It was a landmark paper. Mackenzie argued the case for building truly and well to ensure that international collaboration in medicine became established 'as an aid to every national health service and to every physician and research worker'. He proposed that a permanent international health organization should aim to maintain high standards, moderate its social and political aspirations, keep medical work independent of any world-wide political body and secure the cooperation of directors of national health services. Mackenzie told his audience that 'it is natural that after some 20 years in international medical work I have strong personal views [and] satisfactory experience in support of them. I leave the questions to your unbiased consideration so that when the time comes to build – as come it surely will – we may be guided by the wisdom of the many'. He did, however, specify four functions: creating *technical committees* of experts for the coordination of research and for the pooling and comparative study of results of scientific, clinical, and administrative aspects of medicine and allied sciences, as well as hospitals and social questions; *international standardization* of drugs, sera, and biological products and extending this to technical procedures in scientific investigations, and the collection of epidemiological information; *study tours* on special subjects to a number of countries for key individuals to learn clinical, research, or administrative skills; and to establish a world health *library*.

He urged an audience, which included a number of sceptics, to 'prepare for the opportunity which lies before us' and to act 'as trustees of the public health of the future'. His ideas had been widely-discussed. Earlier in the year, he had presented proposals to a British audience for a permanent international health organization that would be 'politically acceptable to at least two of the most powerful countries'.¹⁰¹⁰ One paragraph in Mackenzie's 1942 monograph describes the climate that generated a postwar enthusiasm for international health:

Progress in medical discovery (new vaccines, disinfectants, surgical procedures, etc.) has become a closely guarded military secret. Scientific labour is compulsory directed to the study of methods of destruction rather than to the alleviation of suffering. Progress in medicine as applied to the needs of the ordinary individual and to the civil community is tragically slowed down.¹⁰¹¹

1010 Anonymous, 'Supplement to the British Medical Journal: International Medicine', *British Medical Journal* (8 April 1944), p. 69.

1011 Mackenzie, *Medical Relief*, p. 60.

Thoughts from the United States on postwar global health

A view from the United States on postwar global health was provided by a Commission to Study the Organization of Peace, which published an article in 1944 authored by the Yale Professor of Public Health, Charles-Edward Winslow. He drew on his experience as a former member of the Health Committee of the League of Nations to outline the aims, functions and framework of the International Health Organization of the future.¹⁰¹² UNRRA was now in operation and he observed that 'relief inevitably merges into rehabilitation, rehabilitation into reconstruction, and reconstruction into the welfare of the permanent society of autonomous, democratic cooperating peoples which is the object of our post-war planning'.¹⁰¹³

Winslow felt that an International Health Organization 'should not be visualised as a Global-Super-Health-Department'. Planning should be for cooperative international action and he did not think it desirable that the Organisation should have a monopoly of intellectual leadership in the health field.¹⁰¹⁴ He looked back on prewar achievements in international health and speculated, perhaps extravagantly, that action set in motion by LNHO in Greece in 1929 may have contributed to the gallant stand by Greece in 1941 that 'saved the whole Mediterranean civilisation' and also conjectured that the 'magnificent morale of the Chinese people in their defence of Asia against the wave of Japanese barbarism' may have been related to the health system developed in China with 'astonishing rapidity' after 1930.¹⁰¹⁵ He concluded that:

the time has come to decide whether the world health service of the future shall be based on the Health Section of the League of Nations, or the Health Committee of UNRRA or on a combination of the two; or whether it should be developed as a new and unique organisation; or as part of the framework of a future new association of nations ... The first essential basis for any International Health Organisation must be a Secretariat, adequate in size and quality of personnel and protected from the interference of selfish national or private interests. Its objective should be service, and not domination.¹⁰¹⁶

The concept of a new international health organization as one that provided services of common

¹⁰¹² SDN 8A/42169/41755, Frank Boudreau, 'Foreword', in C-E. A. Winslow, 'International Organization for Health', Commission to Study the Organization of Peace (New York, April 1944), 23 January 1945.

¹⁰¹³ Ibid., p. 14.

¹⁰¹⁴ Ibid.

¹⁰¹⁵ Ibid., p. 21.

¹⁰¹⁶ Ibid., p. 21.

interest to all countries came to prevail in the body that was eventually established. Yves Biraud received a copy of Winslow's paper.¹⁰¹⁷ The question of the future world health organization was the subject of an exchange of correspondence between LNHO and Winslow (in November 1945). It referred to recommendations to set up a group to prepare the ground for establishing the new organization. This proposal had been made at a meeting of health experts in Washington the previous month.¹⁰¹⁸ Gautier informed Winslow that:

Doull and Mackenzie had in view a very small body of men conversant with the question of international health. But I now understand that 14 such countries are ready to take part in the preliminary work.¹⁰¹⁹ In London the idea prevails that the future health organisation should be essentially a government affair. The principle of one health agency only is accepted *cum grano salis* as there is still an undercurrent in favour of leaving some sort of autonomy to the Paris Office ... I am afraid therefore that we are going to see a very administrative machine set up. The only safety valve would be an adequate number of technical missions composed of real experts.¹⁰²⁰

Gautier also told Winslow that he and Biraud had 'drafted a tentative constitution for the future world health organisation', saying 'I am not enchanted with it, but we had to compromise between two tendencies: wiping the slate clean and beginning anew, or adapting existing institutions'. He told Winslow that their draft was not progressive enough, so he had 'added a preamble which will serve as a sort of programme'.¹⁰²¹

A more official US concept came in a 1945 Resolution from the Senate.¹⁰²² The Senators called for 'assistance to national health services in controlling diseases at their sources, and stimulation of further development of public health', although they gave precedence to three other functions, namely world-wide collection of health statistics as a basis for epidemiological control; standardisation of drugs and other substances; and the distribution of health knowledge.

1017 SDN, R 6151, 8A/42169/41755, C-E. A. Winslow, International Organization for Health.

1018 In October 1945, forty US health experts, invited by the State Department, met to consider ideas for a new organisation. See Borowy, 'Maneuvering for Space', pp. 102-103.

1019 The Technical Preparatory Committee constituted four months later comprised named representatives of *sixteen* countries. See Resolution of UN Economic and Social Council, 15 February 1946, E/9. Rev. 1.

1020 SDN, 8A/41755/41755, Gautier to Winslow, 8 November 1945.

1021 Ibid.

1022 SDN, R6118, 8A/42169/41755, Senate 79th Congress, 'Formation of an International Health Organization', 1945.

Summary

This chapter gives an account of diverse concepts of postwar global health. The genesis of the concept that the Constitution of WHO came to embrace, and the language with which this is expressed, are shown to be derived from a series of policy documents produced over the period March 1943 to November 1944 by Raymond Gautier and Yves Biraud, staff of LNHO, who remained in post throughout the War.

Gautier envisaged that the new international health agency would have to address requests from countries like those the League had received for reconstruction of the health services of China, Greece and Bolivia. Mackenzie, who had played a key role for LNHO in each of those countries, was measured in the proposals that he put forward for an international health organization, avoiding direct reference to interventionist practices (which he approved of), but which contributed to Rajchman's unpopularity with British and American authorities.

The organizational arrangements that Rajchman proposed for a United Nations' Health Service were radical and the manner by which he promoted his ideas was profoundly different from Mackenzie's. This is illustrated by his disdainful comment that 'it would have been better not to consult the bureaucrats'. Mackenzie, on the other hand, was a 'listener' and was receptive to ideas presented to him by his former LNHO colleagues Gautier and Biraud. He was a seeker of consensus, professing to be guided by the 'wisdom of the many'. His advocacy was directed towards fellow health professionals and his ideas were widely and publicly discussed. Their strategies also differed: Mackenzie was an incrementalist, building upon the work of the *Office Internationale d'Hygiene Publique*, the Pan American Sanitary Bureau, LNHO and UNRRA. Rajchman's United Nations' Health Service was a *tabula rasa*.

Rajchman's plan for a postwar United Nations' Health Service considered two key issues, financing and political control. His proposal was that finances should be pooled and democratically controlled by the beneficiaries. Mackenzie's view, on the other hand, was that an international health body, unavoidably, had to be unrepresentative – 'one could simply not expect the Great Powers to be overruled by a vote of less developed nations'.¹⁰²³

¹⁰²³ Reinisch, 'Internationalism in Relief', pp. 274 and 279-280.

Mackenzie had the good fortune to have the full support of his Government. The work to which he was assigned for postwar relief had the effect of extending his network of international contacts and of establishing his reputation for tact and competence, which earned him a seat at events where the future of global health was being determined. The postwar health organization that came into being reflected concepts and structures that Mackenzie (and his informants Gautier and Biraud) had advocated: a single organization with universal membership and a regional constitution, one that gave priority to credibility and reliability and that aspired to be 'an aid to every national health service and to every physician and research worker'. Yet Mackenzie specified that one of the most urgent pieces of postwar work was the reconstitution of an inter-governmental information service. This was far from the 'revolutionary' initiatives of LNHO in Greece, Bolivia and China. It was Rajchman who was to maintain the continuum with country-level interventions that he and Mackenzie had pioneered in the interwar years (see chapter 12).

The denial to Rajchman of a platform to put forward his proposals for a United Nations' Health Service did no service to WHO, since his imaginative financing proposals received no hearing. The *Lancet* deserves credit for observing the long-standing tradition of promoting the free expression of ideas. Balińska's account sets Rajchman's exclusion in the political context of the time. Events in Poland impacted on Rajchman. He found himself a citizen of a communist country and his 'social radicalism' in health was unwelcome.¹⁰²⁴

The concept that international health should have 'one object in view; the promoting of health for all' was first expressed in May 1943 by Raymond Gautier, the man who was also responsible for the introductory concept in the Preamble to the Constitution of the World Health Organization that 'health is a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'. In short, the place of LNHO in the genealogy of WHO was evident at the moment of its conception.

1024 Balińska, *For the Good of Humanity*, p. 203.

10: The United Nations Relief and Rehabilitation Administration, 1943-1946

The United Nations Relief and Rehabilitation Administration, [UNRRA] could be located within two very different genealogies. On the one hand, UNRRA appeared as the culmination of American humanitarian initiative ... Advocates of this position pointed to an apparently clear continuum, since in the American Relief Administration (ARA) ... American money, experts and initiative helped to feed, clothe, and repatriate millions of people in Central Europe ... For Rajchman and others there was one clear precedent to UNRRA's work: the League's Health Organization ... it was an irrevocable precedent.

*Jessica Reinisch, 2011*¹⁰²⁵

Introduction

During the first half of the Twentieth Century, a succession of intergovernmental health bodies had appeared on the world stage. In 1943 one further agency appeared – the United Nations Relief and Rehabilitation Administration (UNRRA). It seemed for a moment that, postwar, a new single global health organization might evolve from UNRRA. Reinisch looked at the trajectory leading to the birth of UNRRA and observed that many of those involved in the new agency:

had taken part in the creation of the new international bodies after 1919 and had served with the League or its associated offices. Similarly, many relief workers had participated in relief programmes in the 1920s and now returned to familiar areas and jobs. As a result, they insisted that there were some very practical reasons why international cooperation in relief on the League model now seemed more feasible than ever before.¹⁰²⁶

Mackenzie was one of these. In November 1943, he travelled to the United States as a member of the delegation of the United Kingdom, one of 44 countries participating in UNRRA's creation.¹⁰²⁷

The new Agency took over the work of the Inter-Allied Committee on Post-War Requirements, for which Mackenzie served. Reinisch notes that UNRRA 'drew upon a curious amalgam of interwar lessons, war-time experiences and conflicting priorities for post-war reconstruction'.¹⁰²⁸ Its function was to direct relief programmes across the world.

1025 Reinisch, 'Internationalism in Relief', p. 287.

1026 Reinisch, 'Internationalism in Relief', p. 287.

1027 Based on an agreement of 9 November 1943, implemented at a (second) general international conference of the war held at Atlantic City.

1028 Reinisch, 'Internationalism in Relief', p. 260.

Gillespie observed that many of UNRRA's supporters viewed it as the embryonic form of a new institution – its field programmes consciously developed to maintain the League of Nations' and Rockefeller Foundation's traditions of active intervention.¹⁰²⁹ The 'United Nations' in UNRRA's title referred to the allied powers, not to the Organization which came into existence two years later. Herbert Lehman, former Governor of New York, directed UNRRA. Its Health Division was headed by another American, Wilbur Sawyer, who knew Rajchman. From 1935, Sawyer had directed the Rockefeller Foundation's International Health Division. In 1939, the League of Nations' Health Committee awarded him the first-ever Leon Bernard Medal and Prize for his work on Yellow Fever.¹⁰³⁰ In 1945, the Polish Government appointed Rajchman to UNRRA's decision-making body.¹⁰³¹ This put him in a powerful position when successor arrangements were being put in place on the dissolution of UNRRA in 1946.

The role of UNRRA was an intermediary one, stated Theodore Brown, in his review of international public health before the World Health Organization. It extended beyond wartime emergencies to preserve the functions of prewar international health regimes.¹⁰³² Reinisch observed that relief during the war prompted consideration of future international cooperation.¹⁰³³ Mackenzie, speaking in 1944, said:

the first step is to do all in our power to insure the success of our newest creation in the field of international medical collaboration - UNRRA. On the success of the medical work of UNRRA will certainly depend the possibility of making a success of any new permanent international medical organization we may essay to build in the future.¹⁰³⁴

Purpose and scope of UNRRA's work

Six surviving letters give lengthy descriptions of visits that Mackenzie made to North America in relation to UNRRA.¹⁰³⁵ He was in North America from October 1943 until the end of November in

1029 James A. Gillespie, 'International Organizations and the Problem of Child Health, 1945-1960', in *Dynamis* 23 (2003), pp. 130-131.

1030 Named after Professor Léon Bernard, a founder member of the League of Nations' Health Committee.

1031 Balińska, *For the Good of Humanity*, pp. 190-191.

1032 Theodore Brown, *International Health Before WHO*, Presentation made at Forum 10 Cairo, 29 October - 2 November, 2006, Disease Control Priorities Project (DCPP), World Bank, pp. 16-17.

1033 Reinisch, 'Internationalism in Relief', p. 260.

1034 Mackenzie, 'Today's Global Frontiers', p. 102.

1035 Wellcome L., PP/MDM/B/17, 31 October 43 from Washington; 5 September 1944 from Washington; 30 September 1944 from Ottawa; 1 October 1944 from New York; 8 October 1944 from New York and 16 November

connection with the creation of UNRRA and, as the Allies progressed in the liberation of Europe, he returned for a further lengthier visit from September to December 1944.

At the end of October 1943 he wrote a hurried note from Washington, where he was immersed in 'any amount of work – interviews and semi-official meals', going on to say 'we leave here for Atlantic City on the 8th [November] & expect to be there for about three weeks'. He added that he was getting in touch later in the day with Gautier (who was in Washington running the League of Nations' Health Research Unit).¹⁰³⁶ British epidemiologist Percy Stock, who accompanied Mackenzie, reported that representatives of 44 nations signed an agreement establishing UNRRA at the White House on 9 November 1943, after much preliminary work in Britain and the United States.¹⁰³⁷ The next day the representatives met at Atlantic City for the First Session of the Council. UNRRA's immediate aims and activities were to help repatriate an estimated 10 million prisoners and displaced persons, and to prevent disease – louse-borne typhus and malaria, relapsing fever, smallpox, diphtheria, scarlet fever, cerebrospinal fever, influenza, dysentery, the typhoid fevers, cholera and infectious diseases of childhood, as well as other communicable and deficiency diseases, such as tuberculosis, rickets and scurvy. A Health Committee was set up to advise UNRRA on this set of problems.¹⁰³⁸ In addition to combating epidemics and administering the international sanitary conventions, UNRRA's Health Division was to provide essential medical supplies and assist governments to rebuild and improve their health services. Selskar Gunn summarised UNRRA's health functions for the January 1944 issue of the *American Journal of Public Health*. The Article set out the terms of reference of the Committee on Relief and Rehabilitation Policies¹⁰³⁹ which stated that:

immediately upon the liberation of any area by the armed forces of the United Nations or as a consequence of retreat of the enemy, the population thereof shall receive aid and relief from their sufferings, food, clothing and shelter, aid in the prevention of pestilence and in the recovery of the health of the people.¹⁰⁴⁰

Gunn went on to define the scope of the health work of UNRRA, which foresaw not only disease

1944 from Washington.

1036 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 31 October 1943.

1037 P. Stock, 'The International Sanitary Convention of 1944', *Proceedings of the Royal Society of Medicine XXXVIII* (1945), p. 311.

1038 Ibid.

1039 Committee IV

1040 Anonymous, 'Public Health Features of the United Nations Relief And Rehabilitation Administration', *American Journal of Public Health* (January 1944), pp. 94-96.

control services and relief from malnutrition, but the re-establishment of medical services, hospitals, dispensaries, sanatoria, health centres, laboratories, environmental sanitation, maternity and child welfare services and other essentials for health. UNRRA's assistance envisaged the provision of supplies and equipment, personnel, expert advice, technical training and the collection and dissemination of information. Gunn's commentary on selecting staff for in-country work rang with the voice of experience:

The greatest care will be required in selecting health personnel for field work in the various countries. Technical competence is fundamental, but almost equally important is the ability to work in a team with others of different nationality, as the staff will necessarily include health personnel from a number of countries. This qualification is of primary importance for members of the staff required to work away from headquarters, for they must be able to understand the outlook of the people among whom they are called upon to work. In comparison with this qualification, a knowledge of languages, though a valuable asset, is of secondary importance.¹⁰⁴¹

These words on staff selection echo the experiences of Mackenzie and the *Journal* named him, together with his former colleague Frank Boudreau, among the personnel of an UNRRA group responsible for policies on health and medical care.¹⁰⁴² During his years with UNRRA, Mackenzie continued to collaborate with both Raymond Gautier and with Yves Biraud, who alerted Sean Lester, the Secretary-General of the League, to Mackenzie's position in UNRRA, suggesting that he be consulted on collaboration between the health organizations of the two bodies.¹⁰⁴³

In the weeks following UNRRA's establishment, Lehman invited Rajchman to prepare a report embodying his experience as it related to UNRRA's tasks and to include suggestions as to the way in which the LNHO could best be used. He gave Rajchman a wide mandate and asked him to make any proposals that might be useful, concluding 'while I do not desire to exclude anything within the health sphere from this invitation, I have specially in mind the problem of the most appropriate form to arrest the spread of epidemic diseases threatened by the conditions of the war and in particular the movement of displaced persons'. And he asked that the report be sent to him personally.¹⁰⁴⁴

1041 Ibid., p. 96.

1042 Apart from Mackenzie, Boudreau and Gunn, members included Thomas Parran (Chairman) and Galtung Hansen of Norway. See Anonymous, 'Public Health Features of the United Nations Relief and Rehabilitation Administration', *American Journal of Public Health* (January 1944), p. 96.

1043 SDN, 8A/42231/41674, Biraud to Secretary-General, 18 October 1944.

1044 AIP, RAJ C 3, Lehman to Rajchman, 19 February 1944.

Gautier helped Rajchman draft the report that Lehman requested.¹⁰⁴⁵ The focus was on Europe, and Rajchman's report was derived from his past work, especially his experience in controlling epidemic disease in displaced populations in Poland from the end of World War One until 1921.¹⁰⁴⁶ He recommended that UNRRA should immediately establish a Health Planning Commission for Western Europe in London consisting of 'the principal UNRRA health officer in London at the time, health officers of France, Belgium, Holland and Norway (as far as possible those who are intended to be in charge of national health departments after liberation) and the US and British army medical officers on General Eisenhower's staff who are making the military health plans for the first period'.¹⁰⁴⁷ The British Assistant Director of UNRRA, Arthur Salter, had formerly directed the League of Nations' Economic Section and had participated with Rajchman in establishing China's National Economic Council. Salter wrote to Rajchman in March 1944 to arrange a meeting to discuss issues raised in the report.¹⁰⁴⁸ He recorded that a health officer of the League of Nations had been assigned to serve UNRRA in Washington,¹⁰⁴⁹ and the Health Commission that Rajchman proposed was 'about to be put into operation' in London.¹⁰⁵⁰ Balińska quotes an exchange that took place between Rajchman and British Minister Philip Noel-Baker at this time, in which Rajchman says that 'people are needed who understand in detail the working of interdependence of nations'.¹⁰⁵¹ UNRRA, however, did not call on Rajchman for any other service.

In the European region, Mackenzie was appointed to chair a subcommittee on health, comprising fourteen representatives of the national health administrations of UNRRA member Governments.¹⁰⁵² It had three expert commissions, including one on health problems of displaced persons chaired by Stock, and one on nutrition under the chairmanship of Sir Jack Drummond.¹⁰⁵³ Mackenzie, from his position in UNRRA, was able to provide his former LNHO colleagues, Gautier and Biraud, with 'a valuable hotline to the centre of international health action'.¹⁰⁵⁴

1045 AIP, RAJ C 3, Salter to Lehman, 1 March 1944.

1046 AIP, RAJ C 3, UNRRA Report, 'Inter-governmental action after the last war', p. 6; AIP, RAJ C 3, Rajchman to Lehman, 23 March 1944.

1047 AIP, RAJ C 3, UNRRA's Health Responsibilities in Western European Areas, p. 1.

1048 AIP, RAJ C 3, Salter to Rajchman, 29 March 1944.

1049 A research unit consisting of Gautier plus LNHO statisticians Knud Stouman and Zygmunt Deutschman began work in Washington on 15 May 1944. See Iris Borowy 'Maneuvering for Space', p. 97.

1050 AIP, RAJ C 3, Salter to van Gelder, 4 April 1944.

1051 Balińska, *For the Good of Humanity*, p. 187.

1052 Anonymous, 'Medical News, *British Medical Journal* (29 July 1944), p. 166.

1053 Drummond (1891-1952), noted for his work on the British diet under rationing during WW II, was murdered, together with his wife and 10-year old daughter, in France in 1952.

1054 Springings, 'From LNHO to WHO', p. 23.

UNRRA assumes responsibility for quarantine, Montreal 1944

In Montreal in 1944, Mackenzie and his colleague Philip Stock participated in the framing of an International Sanitary Convention. The prospect of 50 million people being on the move after the war (an estimate of Gautier's LNHO Research Unit) made regulations and control urgent.¹⁰⁵⁵ The Convention went for approval not to *L'Office*, but to the Council of UNRRA.¹⁰⁵⁶ Both Mackenzie and Stock insisted on the emergency and provisional nature of UNRRA's quarantine responsibilities. These involved maintaining measures at seaports and airports against major transmissible diseases. Gautier, who was also in Montreal, considered that this was a definite step towards UNRRA's Health Division becoming the nucleus of the future 'World Health Organization'.¹⁰⁵⁷ He also feared that the quarantine responsibilities might be ceded to *L'Office* in Paris when the war ended.¹⁰⁵⁸ In Montreal, Gautier informed Mackenzie that he was about to move from Washington to London, and hopefully on to Geneva.¹⁰⁵⁹ He had requested this transfer because he felt that LNHO 'should not be too dependent on UNRRA' for its work.¹⁰⁶⁰ A return to Europe would bring him nearer to Biraud, who welcomed the prospect of again working closely with him.¹⁰⁶¹

Comparing and contrasting health and health care between countries

Mackenzie used his presence in North America to advocate the need for collective action to improve health around the globe. This was the theme he put to the 1944 meeting of the American Public Health Association. He told his audience that they and the British were fortunate because the heads of their national services, Surgeon-General Parran and Sir Wilson Jameson, had an international outlook. He went on to speak of 'the very great influence American methods in public health have had and are having on public health practice in England, particularly in relationship to epidemic disease control and laboratory work – thanks to Sir Wilson Jameson's influence and his admiration of the public health work of your country'. This was not flattery. Mackenzie sincerely believed that all countries benefitted from comparing and contrasting their own state of health and health care with that of other countries. He had stated in 1939 in an address to the British Medical

1055 Borowy, 'Maneuvering for Space', p. 98.

1056 Mackenzie helped to delineate the yellow fever areas and to approve vaccine standards: Wellcome. L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 5 September 1944, p. 2.

1057 SDN, R 6151, 8A/42169/41755, Gautier to Seymour Jacklin, 28 June 1944, p. 2.

1058 SDN, 8A/42169/41755, Raymond Gautier, 'For whom the bell tolls', 15 August 1944, p. 4.

1059 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 17 September 1944, p. 1.

1060 SDN, 8A/42169/41755, Gautier to Seymour Jacklin, 28 June 1944, p. 4.

1061 SDN, R 6151, 8A/42231/41674, Biraud to Gautier, 18 February 1944.

Association that:

it may well be that historians may see in the present the first epoch in which the interdependence of nations was generally realised, and in no sphere is this more true than in problems of health ... With the creation of the Health Organisation of the League in 1920, for the first time in the history of humanity, a machine was created which offered the possibility of comparing results – successful or otherwise – of medical administrative steps in various countries, and of coordinating research work in each branch of medicine.¹⁰⁶²

He set out to practice what he preached in 1944, using the United States as a comparator for his own country. The timing was significant. The British Government had undertaken 'to establish a comprehensive health service for everybody in this country ... to ensure that in future every man and woman and child can rely on getting all the advice and treatment and care which they may need in matters of personal health; that what they get shall be the best medical and other facilities available; that their getting these shall not depend on whether they can pay for them, or on any other factor irrelevant to the real need – the real need being to bring the country's full resources to bear upon reducing ill-health and promoting good health in all its citizens'.¹⁰⁶³ Winston Churchill's Wartime Coalition Government proposed to legislate for a National Health Service. Henry Willink, the Minister of Health, initiated a new democratic technique of issuing the proposal for discussion in February 1944, well in advance of final decisions and legislation.¹⁰⁶⁴ The Government White Paper stated 'it is clear that there will be an even more important part in the future than there has been in the past for social medicine and the medical organisation of public health'.

During a 4-week visit that took him to Massachusetts, Georgia, the State of New York and New York City, Mackenzie noted points of interest for health services in Britain. He was guided in choosing the sites of the visit by people known to him from his time at LNHO, such as Surgeon-General Parran and George Strode of Rockefeller Foundation. Mackenzie's well-documented report was circulated by Chief Medical Officer Wilson Jameson to the staff of the Ministry of Health in May 1945. Mackenzie said, in his covering note to Jameson, that:

it is impossible to visit the US without being struck with the energy and enthusiasm with which the medical officers and nurses of the Public Health Departments approach their work,

1062 Wellcome L., PP/MDM/C/2, The Working of the Health Organisation of the League of Nations, 27 July 1939.

1063 Minister of Health and the Secretary of State for Scotland to Parliament, HMSO, London, Cmd. 6502, 1944.

1064 Anonymous, Pictorial Edition of the White Paper, *British Medical Journal* Supplement (8 April 1944), p. 69.

particularly in relation to problems such as polio, cancer, venereal diseases, home accidents and health education. Fortunately, the United States are in a position to back this zeal adequately both financially and in trained personnel. Consequently, great progress has been made in social medicine in America at a time when our own effort has been unavoidably limited to the solution of questions less directly concerned with ordinary public health problems.¹⁰⁶⁵

He presented a full description of his USA visit to the Royal Society of Medicine in October 1945.¹⁰⁶⁶ Mackenzie praised the first class laboratory facilities and the presence of strong statistical divisions in every health body. He told his audience that the striking reduction in US death-rates from diphtheria, scarlet fever, typhoid and measles resulted in a deliberate transfer of effort from these diseases to such killing conditions as cancer, accidents and heart disease. He was impressed by the great energy displayed in America in the prevention of accidents and was impressed that accidents were being given public health attention. 'In considering deaths from all causes and for all age-groups in the United States, it will be found that accidental fatalities of all types *are third in numerical importance. In 1941, there were more deaths from accidents in the home than motor vehicle accidents*'. And, writing on Health Education, he says 'every possible method of publicity is utilised and the relative values of the different methods employed are constantly assessed.'¹⁰⁶⁷ This observation by Mackenzie, of an increase of chronic diseases and accidents in the United States occurring concomitantly with a decline in infectious diseases, we now recognise as 'the epidemiological transition' – a transition that widened and accelerated around the globe in the second half of the Twentieth Century.

The creation of the National Health Service was to absorb Wilson Jameson's attention until it came into force on 5 July 1948. Neville Goodman, in his biography of Jameson, writes that 'opinions differ on whether he was really interested in international health work'.¹⁰⁶⁸ By and large, he left the international field to Mackenzie. Mackenzie's study of public health in the United States was, manifestly, to support Jameson at home.

1065 Wellcome L., PP/MDM/A/4/1, Report on USA, February 1945, with note of Wilson Jameson, May 1945.

1066 Melville D. Mackenzie, 'Notes On Certain Trends In Public Health Work in the City of New York and in the States of New York, Massachusetts and Georgia', *Proceedings of the Royal Society of Medicine XXXIX* (October 1945), pp. 19-26.

1067 Wellcome L., PP/MDM/A/4/1, Report on USA, February 1945, with note of Wilson Jameson, May 1945, p. 33.

1068 Neville Goodman, *Wilson Jameson: Architect of National Health* (London: Allen & Unwin, 1970), p. 132.

Scale and range of UNRRA's presence within countries

The scale and professional range of UNRRA's in-country presence greatly exceeded the levels that LNHO had succeeded in establishing. In mid-1946, at the peak level of staffing, the total number of international health professionals amounted to 114 in Greece and 174 in China. The disciplines of the international staff went beyond the limited range of doctors and engineers that LNHO had deployed, and extended to nurses, dentists and other professions. Altogether, UNRRA's roll of health professionals included 35 nationalities, the most strongly represented being those from the United States (263).¹⁰⁶⁹ A 'standard' UNRRA country mission had at least a chief medical officer with public health training, a chief public health nurse, and a chief sanitary engineer at Mission headquarters, with field personnel in the districts. UNRRA health staff served in 15 regions of China.¹⁰⁷⁰

UNRRA took initiatives in tuberculosis control, which was to be a focus for the first in-country missions of UNICEF and WHO. In Greece and other liberated countries, surveys revealed a marked increase in tuberculosis. Sawyer reported, in a history of the health achievements of UNRRA, that the Greece UNRRA Mission had a tuberculosis chief and five area teams, each comprising a specialist, nurses experienced in the disease, a radiologist, and a clerk, who traveled from village-to-village to determine the extent of the problem and to help set up clinics. Some 70,000 persons were examined by mass miniature radiography. When tuberculosis was dependably diagnosed, an effort was made to arrange supplementary rations. UNRRA supplies were provided to nearly every sanatorium and dispensary in Greece, ranging from bedsteads and x-ray apparatus to drugs and special surgical instruments.¹⁰⁷¹ Clearly it was not feasible to tackle this disease of poverty in the wider world using such expensive, skilled and labour-intensive technology.

Greece was also a pioneer country for nation-wide control of malaria, planned by UNRRA personnel in cooperation with government health authorities. UNRRA campaigns in Greece and Italy were precursors of a later WHO *global* anti-malaria campaign, since it was demonstrated that it was practicable and economical to control malaria on a national scale:

In the entire operation, the Italy Mission of UNRRA supplied technical supervision through its engineers. Moreover, it furnished 21 vehicles, 50 tons of pure DDT, 216000 gallons of kerosene, 8000 gallons of concentrated DDT emulsion, and the necessary sprayers. Twenty-five to 150

¹⁰⁶⁹ Sawyer, 'Achievements of UNRRA', Table 2, p. 43.

¹⁰⁷⁰ Sawyer, 'Achievements of UNRRA', p. 44.

¹⁰⁷¹ Sawyer, 'Achievements of UNRRA', p. 52.

persons were engaged in spraying in each of the areas treated. These areas had an extent of 1890 square miles and included about one-third of the total malarious territory of Italy, excluding Sardinia.¹⁰⁷²

Various degrees of underfeeding were encountered by UNRRA, sometimes actual starvation. In China, five nutrition teams confirmed the existence of acute famine and low caloric and protein intake, especially in Hunan Province to which emergency supplies were delivered by air.¹⁰⁷³ In the 15 regions of China in which UNRRA operated, personnel cooperated with their Chinese opposites in a combined effort to restore public health and medical activity to at least pre-war effectiveness.

The demise of UNRRA, 1946

The decision to terminate UNRRA was taken at the fifth session of the Council in August 1946 in Geneva. The disbandment severed a 'working link between East and West'.¹⁰⁷⁴ Hansard described the circumstances surrounding the decision as 'a little strange'. None of the contributing nations made provision for the year 1947. The greater part of UNRRA funds came from the Government of the United States. The US Congress was now reluctant to make funds available for countries in Eastern Europe, particularly the Soviet Republics of the Ukraine and Byelorussia. A Norwegian proposal to continue contributions for a third year at the reduced level of one half of one per cent of national income would have cost the United Kingdom some £42 million, which the country could ill afford in this period of postwar recovery. The Canadian Government was third on the list of contributing nations, 'in accordance with its general tradition of playing a part in international relief work'. The failure of these three major contributors to come forward with funds for a further year of operation served as a notice to the Administration that UNRRA's labours were ended.¹⁰⁷⁵

Rajchman is credited by Goodman for having inspired the idea of using the substantial residue of UNRRA funds to create a 'children's fund to carry on UNRRA's work for children, primarily in war-devastated countries'.¹⁰⁷⁶ Charnow also credited Rajchman for developing the initiative of using remaining assets of UNRRA for the benefit of children and of supplementing these with donations from governments, voluntary agencies, individuals, and other sources.¹⁰⁷⁷ The transaction that

1072 Sawyer, 'Achievements of UNRRA', p. 53.

1073 Sawyer, 'Achievements of UNRRA', p. 54.

1074 Anonymous, 'UNRRA (Winding-Up)', *Hansard* (29 November 1946), cdxxx.

1075 Ibid.

1076 Goodman, *International Health Organizations*, p. 360.

1077 John Charnow, *The International Children's Emergency Fund* (United States, Bulletin of the Department of State,

brought about the use of UNRRA's residual funds to create a children's fund is described by Maggie Black:

Fiorello LaGuardia [Lehman's successor], always an enthusiastic supporter of children's causes, was already deeply committed along with Jackson¹⁰⁷⁸ and many members of UNRRA's staff; so in his personal capacity was Philip Noel-Baker, the UK representative, a veteran of 1921-22 famine relief in Russia; George Davidson, the Canadian delegate, along with some others, felt that such a proposal upset the tidy UN organizational pattern. But they conceded to the mood of the moment and the intense lobbying effort carried on in support of the resolution by Ludwik Rajchman, the Polish delegate to the UNRRA Council.¹⁰⁷⁹ Thus, the first formal move within a United Nations context had been made towards establishing a special organization for children. A number of factors and a number of powerful individuals favoured the idea. But it took more than their goodwill to bring it into being. It took, first, legislative action; second, financial support; third, executive leadership which could transform an idea into a practical reality. The person who relentlessly pursued all three was Ludwik Rajchman, the extraordinary and brilliant figure who before the war had headed the League of Nations health secretariat.¹⁰⁸⁰

Raymond Gautier participated in the final meeting of the UNRRA Council in August 1946 on behalf of the Interim Commission of the World Health Organization, which had been established in July 1946, pending the formal establishment of the Organization on 7 April 1948. He informed Brock Chisholm, the WHO-IC Director, that:

on behalf of the Polish Government, Dr. Rajchman proposed the creation of an International Children's Fund, and this was unanimously adopted. He was elected chairman of the standing committee to be set up and intends to discuss with you the part the W.H.O. would play in the scheme.¹⁰⁸¹

UNRRA's enduring contribution to international health was to provide substantial resources to UNICEF, and smaller resources to the Interim Commission of WHO, to enable each agency to establish a presence within liberated countries. It was UNICEF, however, that was UNRRA's favourite heir and residual legatee.¹⁰⁸² UNICEF was the direct descendant of the relief agency.

16 March 1947), p. 1.

1078 Sir Robert Jackson (1911-1991) authored the 1969 'Jackson Report' on UN reform, proposing that UN projects should be harmonised with a country's own development plan.

1079 Black, *The Children and the Nations*, p. 30.

1080 Ibid.

1081 SDN, 8A/44082/44080, Gautier to Chisholm, 21 August 1946.

1082 Goodman, *International Health Organizations*, p. 148.

Although participating in the decisive UNRRA Council meeting in the capacity of observer, Gautier was called upon to give particulars as to the possibility of transferring certain UNRRA activities to the WHO-IC. Fiorello LaGuardia, commenting on Gautier's intervention, observed that the WHO appropriations appeared to be insufficient for carrying out all that UNRRA had planned. UNRRA passed to WHO-IC the health work that it was carrying out in liberated countries, including measures to control malaria and tuberculosis. Sawyer undertook to discuss a scholarship programme with Brock Chisholm, Executive Secretary of the Interim Commission of WHO, to enable 'receiving countries' to acquaint themselves with progress made in the UK and USA during the war.¹⁰⁸³

Summary

The idea of the organizations of global health having a genealogy was put forward by Reinisch. She set out this idea in describing the roots of UNRRA, which she saw as part of a continuum reaching back to the work in the 1920s of the American Relief Administration (ARA). UNRRA, established in 1943, was itself the antecedent of the body established in 1946 to protect the world's children. Evidence in this thesis supports the view that the lineage went from ARA to UNRRA to UNICEF. As stated in chapter 13, these agencies had common features: each was generously funded, which allowed them to act as 'supply' agencies, providing countries with food, health resources and resident personnel.

The idea of a genealogy of institutions was not altogether novel: Goodman described UNRRA's ancestry, albeit cynically ('no pride of ancestry or hope of posterity'), in his postwar account of international health organizations.

Reinisch points out that those involved in the trajectory leading to the birth of UNRRA had worked for international health bodies that had come into existence after 1919. Rajchman had served with the League of Nations Epidemic Commission, Mackenzie with the International Russian Relief Committee, and each served in the League of Nations Health Organisation. Rajchman specifically drew upon his experience with the League of Nations Epidemic Commission in his recommendations concerning UNRRA's health policies. Mackenzie and he were in positions to influence UNRRA's health interventions, and Mackenzie provided a conduit of influence to former

¹⁰⁸³ SDN, 8A/44082/44080, Gautier to Chisholm, 21 August 1946.

LNHO colleagues Biraud and Gautier.

Leadership of UNRRA lay, however, not with people who had staffed intergovernmental bodies, but with the former head of the International Health Division of Rockefeller Foundation (IHD). In leading UNRRA, Sawyer continued IHD's 'interventionist' style and that of the ARA of the interwar years. This was reflected in the scale and range of UNRRA activities within countries. Its health professionals, from 35 countries, extended beyond doctors and engineers to nurses, dentists and other professions. This presented the new agency with a task that continues to challenge global health bodies today, namely that of achieving effective team work within countries, among people of different nationalities and of different disciplines. UNRRA also continued the IHD pattern of single disease (vertical) interventions for the control and tuberculosis and malaria.

Rajchman correctly perceived that the leadership of UNRRA, and of its successors, required people who understood the working of the interdependence of nations. There was little support for such disinterested leadership in the postwar power struggle. Collective action by nations to address global problems was knocked back by the shutting down of UNRRA. The dissolution of this short-lived body represented a retreat from collective action into a policy of delivering postwar relief through 'independent internationalism', by which the donor nation could withhold or supply aid according to the political leanings of the recipient country. Rajchman seized the moment to secure the continuity of the practice of protecting health through the collective action of nations, by focussing on a 'non-political' group whose suffering in the aftermath of the war attracted universal sympathy – children in war-torn countries. It required legislative initiative, financial support and executive leadership to bring an International Children's Emergency Fund into existence. Rajchman, excluded from discussions to form a postwar health organization, was ready and available to provide these. His fleetness in acquiring the bulk of UNRRA's remaining funds allowed UNICEF to steal a march on WHO by launching operations to immunise children against tuberculosis and other health activities within the borders of a wide range of countries, a pattern of country intervention that took WHO many years to match. The demise of UNRRA in 1946 imparted an urgency to provide countries with international support to help malnourished families and to re-establish health services. The agency that had the resources to do this was not the newly-established World Health Organization, but UNICEF. The executive leadership of the children's agency fell to another person who had served in the trajectory of agencies leading to the birth of UNRRA, namely a former lieutenant at Herbert Hoover's American Relief Administration – Maurice Pate.

Mackenzie was keen to show that all countries, not just war-torn countries, benefitted from international health, through being able to contrast health and health care in other countries with their own. This comparison was helpful to the United Kingdom at this time. In the period 1944-1948, Chief Medical Officer Wilson Jameson was absorbed in the process of establishing a National Health Service. His focus on *national health* had the effect of delegating British initiatives in *global health* largely to Mackenzie.

11: Beginnings of a new international health organization, 1946

*So was it when my life began;
So is it now I am a man;
So be it when I shall grow old ...
The Child is father of the Man*

William Wordsworth, 1802

Introduction

Two centuries after Wordsworth, the notion that our later years are shaped by early life was a topic of much interest to health researchers.¹⁰⁸⁴ That idea is extended in this thesis, which sets out to demonstrate that early origins influence the life course of organizations, as well as that of individuals. After World War Two, the World Health Organization (WHO) and the United Nations International Children's Emergency Fund (UNICEF) were created to protect adult and child health and to advance the wellbeing of humankind. The preceding chapter demonstrated that international organizations that emerged after the War had antecedents. The notion that the nascent global organizations had a genealogy was also expressed by Lord Robert Cecil in the words that he chose in 1946 to wind up the League of Nations. He said 'the League is dead, long live the United Nations' – words traditionally used to convey a sense of continuity in moving from one reign to another.¹⁰⁸⁵ The League of Nations had operated since 10 January 1920. Collective action to protect the health of populations grew from a provision under Article 23 (f) of the Treaty of Versailles.

In Yalta, in February 1945, Churchill, Roosevelt and Stalin agreed that 'a Conference of United Nations should be called to meet at San Francisco in the United States on the 25th April 1945, to

1084 Medical Research Council, *Fetal and Infant Origins of Adult Disease*, ed. David Barker (London: British Medical Journal, 1992).

1085 Walters, *A History*, p. 815.

prepare the charter of such an organization, along the lines proposed in the formal conversations of Dumbarton Oaks'. At Dumbarton Oaks the previous year, representatives of China (led by Gu Weijun), the Soviet Union, the United Kingdom and the United States had developed proposals that were put to a United Nations Conference on International Organization that was subsequently convened in San Francisco.¹⁰⁸⁶ China was one of four sponsors of the Conference and it fell to Rajchman to help write the speech given by the Chinese Minister of Foreign Affairs in April 1945 (although Rajchman did not attend the Conference).¹⁰⁸⁷ The lead in proposing to create a postwar international health organization was taken by China. It was appropriate that it should do so because, over the decade of the 1930s, the international community had supported the country in its efforts to modernise the health sector (and other sectors of the economy), through the League of Nations. The 1945 initiative is recounted by Szeming Sze, a medical graduate of Cambridge and of St. Thomas's Medical School, who had been seconded to the Chinese Ministry of Foreign Affairs and was acting as private secretary to Soong Tzu-wen, head of the Chinese delegation in San Francisco:

nobody had any thought at the start of the Conference of forming a health organization.

However, there were two medical men there beside myself: Dr. Karl Evang of Norway and Dr. Geraldo de Paula Souza of Brazil ... Karl Evang said 'Why don't we start a new health organisation?' I was a little sceptical because we had been asked to go to San Francisco to draw up a Charter for the United Nations, and I knew that there had been no thought beforehand of setting up a health organization. But Evang was so enthusiastic, as was his nature, that all three of us became keen to start something.¹⁰⁸⁸

Geraldo de Paula Souza, who had been a staff member of LNHO, succeeded in having the word 'health' included in the UN Charter, which opened the way for the Governments of Brazil and China to present a Joint Declaration in San Francisco. This, said Sze, was 'the very beginning of the World Health Organization'.¹⁰⁸⁹

Sze made a quick visit to Washington to show the draft of the Joint Declaration to US Surgeon-General Parran; to Wilbur Sawyer and James Crabtree, his bosses in the Health Division of UNRRA; and to medical colleagues on Soong's staff who had not gone to San Francisco – Liu Ruiheng and Rajchman.¹⁰⁹⁰ Rajchman displayed little enthusiasm, telling Sze that 'he had personal

1086 Anonymous, *History of the United Nations*, <<http://www.un.org/en/aboutun/history/>> [Accessed 15 February 2013].

1087 Balińska, *For the Good of Humanity*, p. 162.

1088 Szeming Sze, 'WHO: From Small Beginnings', *World Health Forum* 9 (1988), p. 29.

1089 *Ibid.*, p. 31.

1090 Szeming Sze, *The Origins of the World Health Organization: a Personal Memoir, 1945-1948* (Boca Raton, L.I.S.Z. Publications, 1982), p. 3.

plans for a new set up for which it was essential that the conference be held in Paris as otherwise it would be dominated by the United States Public Health Service'.¹⁰⁹¹

The plan that Rajchman had in mind was possibly his proposal for 'International Institutes for Advanced Studies in Public Health, Social Medicine and Reconstruction'.¹⁰⁹² This proposal, contained in a four-page Memorandum in English and Polish written in 1944, states that 'the preservation of reasonable health and well-being standards, particularly of children and adolescents in the liberated lands is, and will continue to be, a major preoccupation of all public authorities'. The English-language draft is not the polished script of an official document, indicating that the original may have been in Polish. The document was a proposal to establish 'International Health Reconstruction Institutes' or 'International Institutes for Advanced Studies in Public Health, Social Medicine and Reconstruction'. These unwieldy titles described an unwieldy proposal. His idea was to bring together National Institutes and Schools of Public Health, National Institutes and Academies of Experimental Medicine and Institutes of Social Medicine in each of the 16 Soviet Republics, England, Scotland and Wales, France and North Africa, Poland, Czechoslovakia, Belgium, Holland, Norway, Denmark, Yugoslavia, Greece, Italy, Hungary, Bulgaria, Rumania, Austria and Turkey.

Five centres in Europe – Moscow, Paris, London, Warsaw and Belgrade (or Zagreb) – would lead and co-ordinate the others. He proposed an inaugural Conference in Paris in the summer of 1945, to be convened by the French Minister of Health, after consulting Moscow, London, Warsaw and Belgrade. In addition to the European delegations, a 'guest' group would be invited from the USA. Delegates designated by the governments of the five lead centres would form an executive, who would prepare activities and functions for the centres in the interval between annual conferences. Rajchman's *forte* for creating institutions deserted him on this occasion. Sze and Souza succeeded in getting unanimous support for their Joint Declaration, which called for a plan for an international health organization that would give full consideration to its relation with 'other institutions, national as well as international which already exist or which may hereafter be established in the field of health'.¹⁰⁹³ The Governments of China and Brazil followed up their Declaration by suggesting that a Conference be held before the end of 1945. An enabling decision was however required from the United Nations Economic and Social Council (ECOSOC), which met for the first time in Church

1091 Ibid.

1092 AIP, RAJ C 3, 1944-45 UNRRA, 'Memorandum – Reconstruction of War-Devastated Countries', New York 1944, *avec une version polonaise*.

1093 World Health Organization, *Official Records of the World Health Organization 1*, 'Minutes of the Meeting of the Technical Preparatory Committee for the International Health Conference' (Geneva, 1946), p. 39.

House London, in January 1946.¹⁰⁹⁴ The Resolution relating to the health proposal was adopted by the Council on 15 February 1946. Andrija Štampar had re-emerged on the international scene, having survived four years in a concentration camp and was the only representative of health concerns at this crucial February 1946 ECOSOC meeting (see below).



Andrija Štampar (wearing spectacles), at ECOSOC's inaugural session, 23 January 1946

Source, United Nations

ECOSOC decided 'to call an international conference to consider the scope of, and the appropriate machinery for, international action in the field of public health and proposals for the establishment of a single international health organisation of the United Nations'.¹⁰⁹⁵ The Council specified, by name, the members of a Technical Preparatory Committee (TPC), representing sixteen countries, who were charged with preparing the ground for the International Health Conference. The position of Secretary to the TPC was first offered to Biraud, but later withdrawn.¹⁰⁹⁶ There was 'strong opposition' because Biraud was identified with the ideas of LNHO: René Sand, the Belgian 'father of social medicine', was elected to chair the Committee.¹⁰⁹⁷ Howard Calderwood, legal adviser at the

1094 Anonymous, *Yearbook of the United Nations 1946*, <http://unyearbook.un.org/1946-47YUN/1946-47_P1_CH4.pdf> [accessed 3 April 2013].

1095 World Health Organization, *Official Records of the World Health Organization 1*, 'Minutes of the Technical Preparatory Committee for the International Health Conference' (Geneva, 1946), Annex 1, p. 39.

1096 SDN, R6150, 8A/43627/41755, Tomlinson to Biraud, 25 February 1946.

1097 Borowy, 'Maneuvering for Space', p. 104; SDN, R6150, 8A/43627/41755, Note by Biraud, 28 February 1946.

US State Department, was appointed Secretary.¹⁰⁹⁸

The TPC participants specified by ECOSOC included the distinguished Polish epidemiologist Marcin Kacprzak (1888-1968). The reason for favouring him over his fellow countryman and former LNHO Director Rajchman was perhaps a reflection of the complexity of Polish politics at the time. There were two governments, a Government-in-Exile in London and a Russian-dominated Government in Lublin. Both however had agreed, several months earlier, that Rajchman was 'the most competent and effective person to represent the government in UNRRA'.¹⁰⁹⁹ Rajchman's exclusion from the TPC, and from the subsequent International Health Conference that followed in New York, deprived him of a platform for his radical ideas.

Technical Preparatory Committee, Paris, 1946

Yves Biraud made a visit to Paris in March 1946 to meet André Cavaillon, French Secretary-General for Health and his *chef de cabinet*, in advance of the meeting of the TPC. He suggested amendments to drafts that the French had made for the Constitution of a United Nations' Health Organization, most of which were eventually embedded in the French TPC document. He also contacted René Sand before the meeting to explain what had taken place during the discussion of the Economic and Social Council in London the previous month and set out the views of Gautier and himself. Biraud provides a contemporary account of the TPC meetings, reporting that:

all the essential points of the draft constitutions I wrote in recent years are embodied in the [TPC] proposals. The one important divergence relates to the composition of the Executive Council, the Committee's [draft] stating that the Conference would elect States for representation on that Council instead of competent individuals. This was insisted upon by Dr. Mackenzie.¹¹⁰⁰

The first official WHO history records that the TPC had the advantage of finding 'historic documents' on the table when it met, namely memoranda by the French, United Kingdom, United States and Yugoslav members, which elaborated proposals for the constitution of the new agency.¹¹⁰¹ The memorandum from the United Kingdom began by stating that 'those of us who are interested in the various aspects of international health organization have been considering for some time now the questions with which the Preparatory Technical Committee has to deal'. The UK proposed that

1098 SDN, R6150, 8A/43627/41755, Note by Biraud, 28 February 1946.

1099 Balińska, *For the Good of Humanity*, p. 190.

1100 SDN, R 6118, 8A/15197/15197, Yves Biraud, Mission Report, 4 December 1945 to 15 February 1946 and 14 March to 9 April (Reported 27 April 1946).

1101 World Health Organization, 'The Technical Preparatory Committee' in *The First Ten Years of the World Health Organization* (Geneva, World Health Organization, 1958), p. 40.

'there should be one comprehensive world health organisation. The organisation should be the general and coordinating authority in international health work, whether the work is done by the Organization itself or through other agencies'. The prime function of the organization was to provide 'advisory services and assistance requested by Member States including direct assistance in case of emergencies'. However, preceding this, in the UK Memorandum, was the specification that the organization should absorb the functions of four existing organisations – LNHO, OIHP, PASB and the Health Division of UNRRA.¹¹⁰²

The TPC met on twenty-two occasions between 18 March 1946 and 5 April 1946. Mackenzie, nominated as alternate to Jameson, participated in all sessions and served on the subcommittee for the study of relations between existing health organisations and the future World Health Organization. He commented on the 'brightness' and on the 'family life and mateness of the Paris meeting'.¹¹⁰³

UNRRA, *L'Office International d'Hygiène Publique*, the 'rump' of LNHO and PASB were all carrying out international health work at the time. Neville Goodman stated 'the moment had clearly arrived for the creation for the first time of a single world-wide intergovernmental organization which would embrace all the activities and functions of the past, the present and the future'.¹¹⁰⁴

Springs called attention to the large number of ex-LNHO personnel and of experts linked to the Organisation among those participating in the TPC. She observed that the LNHO representatives Biraud and Parisot, initially listed as 'observers', are later described as being present 'in a consultative capacity' and, throughout the meeting, were given time to air their views. The high number of members of the LNHO community meant that,

of the eight sub-committees, half had at least two ex-LNHO personnel serving on them.

Consequently, in three cases they comprised a third of the sub-committee and in two cases occupied the position of chairman. Given such a strong presence, it is quite logical that the ideas and experience of those who had served in the LNHO were not forgotten.¹¹⁰⁵

TPC members with prewar experience of international health included Phokion Copanaris, who was

1102 World Health Organization, *Official Records of the World Health Organization 1*, 'Minutes of the Technical Preparatory Committee for the International Health Conference' (Geneva, 1946), Annex 6, p.43.

1103 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 2 June 1946, pp. 5-6.

1104 Goodman, *International Health Organizations*, p. 152.

1105 Springs, 'LNHO to WHO', p. 25.

a national counterpart of Mackenzie in the control of the 1928 Greek dengue epidemic, and Souza who was visited by Mackenzie in Sao Paulo *en route* to his 1930 mission to Bolivia.¹¹⁰⁶ The TPC brought into prominence men such as Štampar and Mackenzie who were subsequently to take a leading part in shaping post-war global health action. The paper 'presented' by Štampar to the TPC (see chapter 9) began with an historical perspective, which is rarely encountered in policy documents.¹¹⁰⁷ Sze, representing China, explained to the TPC that in drafting the Declaration presented to the San Francisco Conference in the joint name of China and Brazil, the term 'international health' had been used, and added that thoughts had progressed because 'the world had entered into the atomic age'. He now supported the title 'World Health Organization', and stated that the Organization could congratulate itself 'being the first to recognise this new world age'.¹¹⁰⁸ The political context of the 1946 TPC negotiations is described by Gillespie. The agenda constructed by Parran and Jameson set modest goals, openly repudiating the interventionist approach associated with LNHO:

Ludwik Rajchman, its founding director was pointedly not invited to Paris and his submission calling for a very independent international organization was ignored. The treatment of child and maternal health became a litmus test for the acceptance of interventionist policies. The drafts of Parran and Wilson allowed no scope for the new organization to become involved in questions of maternal and child health – the type of interference that had irritated national health officials in the interwar years. Despite Rajchman's absence, this was not left unchallenged. The French members, Xavier Leclainche and André Cavaillon, the leftist minister for health in De Gaulle's provisional government, proposed as an objective 'the health protection of maternity and infancy'. This became part of a general attack on the Anglo-American attempt to stifle the new organization, an argument for a universal public health, rather than 'hygiene' institution ...¹¹⁰⁹

A Constitution was drafted by the TPC.¹¹¹⁰

International Health Conference, New York, 1946

On 29 June 1946 Mackenzie wrote to his wife Faith from New York, informing her that he was attending 'by far the biggest international health conference ever held ... By an overwhelming

1106 SDN, 8A/13967/13967, Souza to Mackenzie 11 January 1930 and Mackenzie to Souza, 14 March 1930.

1107 World Health Organization, *Official Records of the World Health Organization* 1, 'Minutes of the Technical Preparatory Committee for the International Health Conference' (Geneva, 1946), Annex 9, p. 54.

1108 SDN, 8A/43889/41755, E/H/PC/17, 1946, p. 3.

1109 Gillespie, 'International Organizations', p. 132.

1110 SDN, R6150, 8A/43934/41755, Proposals for the Constitution of the World Health Organization, 22 May 1946, pp. 138-142.

majority ... I was elected Chairman of the General Drafting Committee'. Towards the end of this letter he added:

you will also be amused to hear that, yesterday, by an overwhelming majority over all other candidates (3), I was elected Chairman of the General Drafting Committee, the votes were 31, 6, 2 and 1. The Russian delegations were included in the vote I got. The Candidate who got 6 was René Sand.¹¹¹¹

Mackenzie goes on to explain to Faith that the Drafting Committee was the:

most important in the Conference – as my Committee will draw up the final Constitution for presentation to the Assembly.¹¹¹² Neither I nor any member of the Delegation tried in any way at all to get me elected, so the result was very reassuring to me in my work ... it will be a big piece of work as the ~~report~~ [sic] constitution has to be presented in English, French, Chinese, Russia & Spanish. I was also given a quite unique privilege ... of being allowed myself to choose the 5 members of the Central Drafting Committee'.¹¹¹³

On 10 July 1946, he wrote an excited, hurried note to Faith concerning a document he had just received: 'It is a most impressive paper – parchment with gold edges and a huge seal! ... Everyone here is struck by the very wide powers it gives ... and the fact that such powers are given to a mere doctor!'¹¹¹⁴ Secretary of State for Foreign Affairs, Ernest Bevin, had appointed Mackenzie 'plenipotentiary and representative with full power and authority to agree and sign any treaty in connection with the World Health Organization'.¹¹¹⁵

Invitations from UN Secretary-General Trygve Lie to attend the International Health Conference asked governments to accord their representative plenipotentiary powers and to designate representatives who would be empowered to sign the final act for establishing a new international health organization.¹¹¹⁶ The United Kingdom was one of the few governments to adhere to this.

On 14 July 1946 Mackenzie wrote to Faith about a crisis:

1111 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 29 June 1946, p. 4.

1112 The Conference had in hand a Draft prepared by the TPC sub-Committee on the Preamble, namely Brock Chisholm, Canada; Gregorio Bermann, Argentina; Joseph Cancik, Czechoslovakia and Szeming Sze, China. See World Health Organization, *Official Records* 1, Annex 9, Appendix and Annex 10.

1113 René Sand, Belgium; Szeming Sze, China; Aristides Moll, El Salvador; L.V. Gromashevsky, USSR & Durward Sandifer, USA.

1114 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 10 July 1946.

1115 Personal Communication, Andrew Mackenzie, Secretary of State to Dr. Melville Mackenzie, 24 June 1946.

1116 SDN, R6150, 8A/43934/41755, Copy of Trygve Lie's invitation letter, 15 May 1946.

Today, I had instructions from the Foreign Office to make a sensational statement to the whole assembly of about 300. The statement is 'that if satisfactory arrangements for the absorption of the Pan American Sanitary Bureau are not made His Britannic Majesty's Government will be regretfully compelled to reconsider their whole attitude as regards the World Health Organization'. In simpler words – we will not sign!¹¹¹⁷

This was a major confrontation. The UK Government, and indeed Mackenzie's own strongly held view, was that a *single* international health organization should exist. At this stage, the UK had the political power to prevail in the argument to secure a monopoly of international health for WHO, which Rajchman was shortly to thwart.

The final plenaries of the Conference took place on 22 July 1946. Mackenzie presented four documents that his Central Drafting Committee had prepared in final form: the Final Act, the Constitution, the Arrangement for establishing an Interim Commission, and the Protocol concerning the *Office International d'Hygiène Publique*. Many spontaneous tributes were paid to the committees and a special Conference resolution was unanimously approved expressing appreciation 'to Dr. Thomas Parran . . ., to Dr. Aly Tewfik Shousha Pasha, Dr. Brock Chisholm, Dr. Karl Evang, Dr. Arnaldo Gabaldon, Dr. W A Timmerman, Chairmen of the Committees of the Conference; to Dr. Melville D. Mackenzie, Chairman of the Central Drafting Committee . . .for their untiring efforts in bringing the Conference to a successful conclusion'.¹¹¹⁸

The same day, Mackenzie signed the Final Act, the Constitution and the other two documents, without reservation, on behalf of the United Kingdom of Great Britain and Northern Ireland. He wrote to his wife Faith saying:

we had a wonderfully successful close to the Conference when 60 out of 65 states signed the documents setting up the new World Health Organization. It is really quite marvellous. China and the United Kingdom were the only countries that signed outright on behalf of their countries & without any reference back to their country for ratification or any reservation. I cabled all the documents to London on Friday & Saturday & got clearance on Monday morning. It caused a great sensation that the United Kingdom signed straight away without any reservations whatever.¹¹¹⁹

1117 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 14 July 1946, p. 2.

1118 World Health Organization, *Official Records 2* (1948), p. 93.

1119 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 24 July 1946 (wrongly dated 24/7/47).

He added a postscript saying 'no other health organization has had so many members – League about 48, Paris Office 60. In fact, except Spain, Yemen, Afghanistan and Corea it contains all countries of the world including enemies in Europe'.

The International Health Conference did not substantially change the proposals drafted by the TPC. The most controversial point – whether the PASB should maintain its separate existence – was not settled at the Conference and was resolved only in 1949. Goodman concluded that the objective and functions of the new Organization that emerged embraced those of the existing organizations and were wider than all, since WHO 'was empowered to deal with all aspects of human health'.¹¹²⁰ A concept of positive health, inherited from LNHO, was stated in the Preamble.

There was a rush to publish accounts of the birth of WHO. Neville Goodman and ex-LNHO epidemiologist, Frank Boudreau, were the first in the field, with accounts of the adoption of the WHO Constitution in New York on 22 July 1946.¹¹²¹ Boudreau and his co-author Parran reported that:

it provided for the absorption or gradual merging of all existing international health agencies with the World Health Organization thereby insuring the creation of a single world health authority, an achievement for which health experts have struggled for more than a quarter of a century.¹¹²²

A concise account was also published by Mackenzie.¹¹²³ He was recognised for his efforts in bringing the Conference to a successful conclusion in the New Year's Honours of 1947, when he was appointed CMG.¹¹²⁴ The award was deserved, and appropriate: the motto of the honour, *Auspicium melioris ævi*, invokes a vision of a better world. An assessment of his accomplishment was given in a eulogy by Mackenzie's friend, Henry van Zile Hyde:

One can cite many things that Melville contributed to the advancement of health, but one that sticks in my mind is the heroic task of pulling together the Constitution of WHO as it emerged from the complex of pointed and pointless discussions of Committees, Subcommittees, Working

1120 Goodman, *International Health Organizations*, p. 166.

1121 Neville Goodman, 'The World Health Organisation and Its Interim Commission', *Lancet* (7 September 1946), pp. 358–359.

1122 Thomas Parran and Frank G. Boudreau, 'The World Health Organization: Cornerstone of Peace', *American Journal of Public Health* 36 (1946), pp. 1267–1272.

1123 Melville D. Mackenzie, 'The World Health Organization', *British Medical Journal* (21 September 1946), pp. 428–430.

1124 Companion of the Order of St. Michael and St. George.

Groups and, believe it or not, a Harmonizing Committee at the International Health Conference in New York in 1946 in his capacity of General (or Chief, or some such title) Rapporteur, the man who had to pull it all together. It was a triumphant accomplishment that required a man with a broad vision and expertise based on years of working with all types of men and nations.¹¹²⁵

United Nations International Children's Emergency Fund, 1946

For Rajchman the International Health Conference was a bitter disappointment. The organisational arrangements that he proposed, which were profoundly different, received no hearing, for reasons that Milton Roemer summarised:

The British invoked Rajchman's term at the LNHO as a dangerous precedent ... He suggested an international health organisation could base itself – and draw its finance – from ... municipal governments (with most direct interest for public health), national security organisations (representing consumers), balanced by representatives of central governments. He left no place for organised medicine. Not surprisingly, this level of autonomy was anathema [to] those who saw the LNHO under Rajchman as dangerously independent.¹¹²⁶

Rajchman, however, was quick to perceive that the United States would have the powerful influence in postwar international health that Britain and France had enjoyed in the governance of the League of Nations. He began to lobby American politicians, including Herbert Hoover, who features prominently in Maggie Black's historical account of the emergence of UNICEF.¹¹²⁷ Hoover told an audience in London on 5 April 1946 that:

the first expression of famine is to be found among the children ... From the Russian frontier to the Channel, there are today 20 millions of children who are not only badly under-nourished, but steadily developing tuberculosis, rickets, and anaemia. If Europe is to have a future, something must be done about these children ... [they] will grow up with stunted bodies and distorted minds [and] furnish more malevolents to the world.¹¹²⁸

Morris, in her study of the *Origins of Unicef*, explores the influence of Rajchman and Hoover, although she found the trail of Rajchman harder to follow, because he left few papers.¹¹²⁹ She found

1125 Personal Communication, Andrew Mackenzie, Condolence letter from Henry van Zile Hyde to Faith Mackenzie, 10 December 1972.

1126 Milton I. Roemer, in *The Politics of a Healthy Life: An International Perspective*, ed. Esteban Rodriguez-Ocana (Sheffield: European Association for the History of Medicine and Health, 2002), p. 222.

1127 M. Black, *Children First: the Story of UNICEF, Past and Present* (New York: Oxford University Press, 1996), p. 26.

1128 Herbert Hoover, *Addresses Upon the American Road, 1945-1948* (New York: Van Nostranu, 2011), pp. 189-190.

1129 Jennifer M. Morris, 'The Origins of UNICEF, 1946-1953' (unpublished Ph.D Thesis, Miami University, Oxford,

parallels between their lives: 'though very different in background, education, and political conviction, they shared a philanthropic philosophy that would lead them first to each other, then to create an emergency relief organization specifically for children within the new United Nations'.¹¹³⁰

Even before the first meeting of the UNICEF Executive Board, observed Morris, Rajchman had clearly identified his desire for the UN International Childrens' 'Emergency' Fund to continue. She documented the 'rocky relationship' between UNICEF and WHO, a relationship made more complicated by Rajchman's history as LNHO Director. The agencies did work together, albeit 'grudgingly'.¹¹³¹ She concludes that Rajchman was undoubtedly the single most influential person in creating and subsequently directing UNICEF's health campaigns, drawing on all of his past experiences to make them succeed. In particular, Rajchman identified yaws, tuberculosis and syphilis as epidemics whose effects could be greatly diminished world-wide through UNICEF's health programmes.¹¹³²

Gillespie describes how the bulk of the UNRRA surplus funds were granted to meet the emergency needs of children:

Rajchman, representing the Polish government on UNRRA's Council, warned of the crisis facing Europe's children in the coming winter, and persuaded his colleagues to devote their residual funds to an emergency children's fund. His opponents were left wrong-footed, lacking realistic alternative programs of their own. Rajchman's new organization, the United Nation's Emergency Children's Fund (UNICEF), was planned to have a limited life, but its resources vastly outweighed the new technical agencies. With the start from the UNRRA funds, UNICEF also found fundraising from governments easy —relief of children was seen as inherently non-political. In its first year the Fund raised an additional \$30 million, mainly in government contributions. By comparison, the WHO (IC) relied upon a loan of \$1 million from the UN, a further \$1 million¹¹³³ granted by UNRRA was clawed back, and offered to WHO only on condition that it must be spent on programs approved by UNICEF.¹¹³⁴

Maggie Black, the historian of UNICEF, states quite understandably Rajchman had hoped to play a leading role in WHO, due to inherit the mantle of his old League of Nations operation in Geneva,

Ohio, 2010), p. 4.

1130 Morris, 'The Origins of UNICEF', p. 8.

1131 Morris, 'The Origins of UNICEF', p. 5.

1132 Morris, 'The Origins of UNICEF', p. 86.

1133 WHO-IC received two tranches of UNRRA funds amounting to \$1.5 million annually.

1134 Gillespie, 'International organizations', p. 134.

but discovered that his services would not be required. She stated that he was seen as 'a pusher and a doer' and:

those who wished to discredit him used his nationality and the political climate of the time against him, branding him as a doctrinaire left winger ... If Rajchman could not put his long years of international service at the disposal of the new UN health organization, at least he could put them at the disposal of children ... Rajchman invested a great deal of energy in the pursuit of a UN 'ICEF'. In so doing, he played a vital role in bringing the organization into existence and shaping its early years. For Rajchman, the needs of children became as important a cause as public health had previously been; and he never drew any very definite line between the two. This did not endear him to some of the senior people in the WHO Interim Commission, which during the next few years looked upon Rajchman's 'ICEF' exploits with deep mistrust.¹¹³⁵

On 19 December 1946, representatives from twenty-one countries, who participated in the first meeting of UNICEF, selected Rajchman to serve as Chairman of the Executive Board. Morris tells how he side-stepped the issue of democratically selecting an Executive Director and secured the position for Maurice Pate.¹¹³⁶ She quotes Martha Eliot in describing Rajchman's plan for the funding of UNICEF: the model was that of a private charity, not unlike that of the Rockefeller Foundation. 'Dr. Rajchman ... did not want the money at the disposal of UNICEF to be collected on a [UN] formula', she claimed, so that UNICEF could remain outside the UN budget. Morris goes on to say that Rajchman and Pate, based on their ARA experience, set out to secure funds in two ways, via direct donations by governments, organizations and individuals to a general fund to support the Agency's operations, and by contributions from recipient countries of money, supplies or staff to support the national programmes.¹¹³⁷

In short, UNICEF's funding was designed for *country-specific* activities. In contrast, the WHO budget was determined 'on the UN model' with each member paying an assessed percentage of a budget approved by the Assembly, the largest share (about one-third) coming from the United States, which put a cap on its total contribution.

Summary

Preparations for a postwar international health organization started when a small Technical

1135 Black, *Children First*, p. 30.

1136 Morris, 'The Origins of UNICEF', p. 34.

1137 Morris, 'The Origins of UNICEF', pp. 41-42.

Committee (TPC) of representatives of sixteen nations met in Paris in March 1946 and progressed, three months later, to an International Health Conference that took place in New York. On the final day of the Conference, Mackenzie who chaired the Central Drafting Committee, presented the Constitution of the World Health Organization to participants. He signed it on 22 July 1946, without reservation, with plenipotentiary powers given to him by the British Government.

The nascent organizations, WHO and UNICEF, were influenced by two agencies that were their immediate antecedents – respectively LNHO and UNRRA – and by those who served in them, and in earlier international bodies. Prominent among these were Mackenzie and Rajchman. Before ECOSOC had called for an international health conference, and before it had constituted a TPC that excluded him, Rajchman had caught the drift of the wind. He foresaw that the United States would have a powerful influence on postwar global health and contrived to counteract this by proposing that the founding conference be held in Paris.

The country that had failed to secure a seat on the Council of the League of Nations in the 1920s now emerged with a place at the top table in global affairs. It was China that took the lead in proposing the creation of a postwar international health organization, a tribute to the League of Nations' support that the country had received, on Rajchman's initiative. From Rajchman's exchange with Sze on the joint China/Brazil Declaration, it seems that Rajchman was confident that his 'personal plans' would get an airing and that Paris would be the venue for the International Health Conference. His influence failed him, however.

Mackenzie had maintained contact with Biraud and Gautier in the War. Biraud, who with Gautier had done much of the conceptual thinking about a new health organization, was close to the machinations of postwar global developments. He was approached about the secretaryship of both the TPC and the IHC, but was disqualified from doing so by virtue of his LNHO background. Both of these 'networkers' looked beyond Mackenzie and sought other outlets for their ideas. One of these was Štampar, who now represented his government on the newly-established UN Economic and Social Council. ECOSOC named Marcin Kacprzak, not Rajchman, to serve on the TPC. Rajchman clearly did not have the influence with the government of his own country that he enjoyed with the Government of China. On the other hand, powerful political support from *his* own country secured Mackenzie a seat on the TPC and plenipotentiary powers at the New York Conference. The absorption of the Chief Medical Officer, Wilson Jameson, in national health left the global health field largely to Mackenzie.

The Polish Government's decision that Rajchman was 'the most competent and effective person to represent the government in UNRRA' was fortuitous and impacted on postwar global health structures and policies. Excluded from the founding of WHO, Rajchman went about setting up a global body for children, acquiring resources that allowed the agency to respond to requests for technical cooperation – the type of collaboration with countries that he and Mackenzie had successfully developed in the interwar years.

12: Averting a postwar schism in global health

If a place had been found for Rajchman at WHO, UNICEF would never have been created – Rajchman and Debré would have tried to do within WHO what they did at UNICEF.

*Charles Egger*¹¹³⁸

Introduction

The suffering and the debilitated health services that UNRRA had addressed persisted in the immediate postwar period. The newly-established WHO was not yet operational and, even after it was formally launched (on 1 September 1948), this global body was inadequately resourced to respond, meaningfully, to problems that the founders identified as requiring international action. The multiplicity of prewar international health organizations induced the drafters of the Constitution to establish a *single* international health organization, giving the new Organization the role of acting 'as the directing and co-ordinating authority on international health work'. This aspiration resulted, initially, in a creative alliance with UNICEF. Decades later, WHO witnessed the involvement of numerous global institutions in the health field.¹¹³⁹ Today, there is a large presence of internationally-funded health staff within the borders of many countries working on behalf of many agencies. As previously mentioned, a 2011 review of international agencies by the United Kingdom Government praised UNICEF for its 'results at country level'.¹¹⁴⁰ It ranked WHO less favourably in this domain and, at the time of writing, the Organisation was engaged in a reform process. The differential performance in support to countries, recorded in 2011, is shown to have had its roots in the steps taken by UNICEF and WHO to establish technical cooperation with countries in the aftermath of World War Two.

1138 Quoted by Balińska, *For the Good of Humanity*, p. 218.

1139 Lee, Collinson, Gilson and Walt, 'Who Should Be Doing What', p. 302.

1140 Department for International Development, 'Multilateral Aid Review', p. 34.

World Health Organization Interim Commission, 1946-1948

Even before the International Health Conference closed,¹¹⁴¹ the World Health Organization Interim Commission (WHO-IC) began its work in New York.¹¹⁴² When the first meeting ended, Mackenzie argued for future WHO-IC meetings to be held at the Headquarters of the newly-established United Nations Organization, although it soon became apparent that everyone else wanted them in Europe (Geneva was chosen over Paris by a single vote). He told Faith that he was very nervous while the vote was being taken as he did not want Paris and went on to say:

I shall get an entertainment allowance on behalf of the British Government if I am head of the Delegation to Geneva. Several of your old friends – Parran, Štampar, Mani, Hyde, Doull etc wished to be remembered to you and hoped you would manage to come with the UK delegation to Geneva 'to look after them' ... Gautier is to be kept on & to work in Geneva as the result of a resolution I proposed today. We leave on the Queen Mary on Sunday [28 July 1946] ... this has been a grand show but I have had a grand group in the delegation.¹¹⁴³

Mackenzie was the United Kingdom Representative on the WHO-IC, one of 18 country representatives, and did indeed head the Delegation: Chief Medical Officer Wilson Jameson was present at only part of one meeting.¹¹⁴⁴ Subsequent meetings of the Commission took place in Geneva, the second in November 1946.¹¹⁴⁵ The prime function of the WHO-IC was to convoke the first session of the World Health Assembly (WHA) within six months of the Constitution coming into force,¹¹⁴⁶ to prepare an agenda for the Assembly and regulations for the employment of staff. In addition to these tasks, the WHO-IC was further required to take over the functions of LNHO, the Paris *Office*, the Health Division of UNRRA and to negotiate with the Pan-American Sanitary Bureau and other international organisations.¹¹⁴⁷ A final task was 'to consider any urgent health problem brought to its attention by governments'. It was envisaged, however, that when the permanent organisation came into being, countries not covered by UNRRA field services would be assisted.¹¹⁴⁸ The tasks of the WHO-IC were to be accomplished using a loan from the United

1141 On 22 July 1946.

1142 World Health Organization, *Official Records* 9, p. 9.

1143 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 24 July 1946 (wrongly dated 24/7/1947).

1144 World Health Organization, *Official Records* 9, p. 80.

1145 Later meetings took place from 31 March to 12 April 1947; from 30 August to 13 September 1947; and from 22 January to 7 February 1948. See World Health Organization, *Official Records* 9, p. 78.

1146 On 7 April 1948 the signature of the 26th member state (the Byelorussian Soviet Socialist Republic) formally established the Organization.

1147 Goodman, 'The World Health Organisation', p. 358.

1148 World Health Organization, *Official Records* 9, p. 11.

Nations.

Andrija Štampar chaired the WHO-IC and Mackenzie played a major role in support from his base in the UK Ministry of Health.¹¹⁴⁹ Rajchman attended one WHO-IC session (the Third, in January 1948) in his capacity as Chairman of the Executive Board of UNICEF.

Brock Chisholm, the Deputy Minister of Health of Canada, was appointed WHO-IC Executive Secretary. Chisholm had a distinguished military background. He made up for his lack of prewar experience in international health by assimilating experienced personnel from pre-existing organisations, several from LNHO.¹¹⁵⁰ In appointing staff, Chisholm re-emphasized the principle laid down by Eric Drummond for the League of Nations' Secretariat three decades before, that the duties of international staff were to the global body and not to their national governments. Staples credits Chisholm for laying the foundation of the staff's *esprit*: 'by sacrificing their national identities, they gained a sense of international fellowship with others engaged in advancing the health of the world's people'. Under Chisholm's leadership, WHO-IC and WHO itself were committed to professional competence and technical expertise, rather than political or national ideology.¹¹⁵¹

UNRRA's activities were drawing to a close as the WHO-IC began to operate and its Health Director, Wilbur Sawyer, reported that:

UNRRA has made its plans, in conference with officers of the Interim Commission of the World Health Organization, to hand over a number of its functions, on January 1 1947 for Europe and Africa, and on April 1 for the Far East. The activities suggested for transfer to the Commission are (1) fellowships and teaching, (2) the project in Ethiopia, (3) tuberculosis, (4) malaria, (5) missions of experts to countries with special needs, and (6) the administration of these functions.

To make possible the continuation of this work in the present UNRRA-assisted countries for

1149 HSG, in an Obituary note on Wilson Jameson states 'it is perhaps not widely known how much Jameson, allied in 1946 to 1948 with Dr. Melville Mackenzie, did to get the World Health Organization properly started. See *British Medical Journal* (22 December 1962), p. 1694.

1150 Yves Biraud became Director of Quarantine, Epidemic Intelligence and Health Statistics; Emilio Pampana joined in 1947 as chief of Malaria and became the first Director of the Division of Malaria Eradication; Marcelino Pascua joined in 1948 as head of the Department of Health Statistics; Berislav Borčić was appointed Medical Consultant to UNICEF in 1948; Raymond Gautier was one of the first two Assistant Directors-General; Robert Pollitzer joined the Division of Epidemiological and Health Statistical Services; Pierre Dorolle was appointed Deputy Director General in 1950.

1151 A. L. S. Staples, *The Birth of Development: How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World, 1945-1965* (Kent: Kent State University Press, 2006), pp. 144 & 145.

approximately one year, after which the World Health Organization should be fully established, the Central Committee has authorised the Director General of UNRRA to turn over \$1,500,000 to the Interim Commission.¹¹⁵²

Neville Goodman, the historian of international health organizations, joined the WHO-IC Secretariat from UNRRA. The former had two main divisions, a small one for *operations* (field services), which he directed, and a larger for *technical services*.¹¹⁵³ He modestly described how the Interim Commission operated within the borders of China (with 29 international staff, mostly for tuberculosis control and training), of Ethiopia (with five staff for training nurses and allied health personnel), of Greece (with seven staff for the control of malaria and tuberculosis) and of Italy, with a small mission for similar purposes. The bifurcated divisions under which the WHO-IC operated was identical to a re-classification of function (*country-specific* v. *global*) proposed half a century later by a reform-minded group led by Adetokunbo Lucas.¹¹⁵⁴

At the outset, country and global functions were complimentary. This was evident in 1947, when the WHO-IC gave support to Egypt in its efforts to control an epidemic of cholera that broke out during the season of the *Haj*, in mid-September. The epidemic peaked by mid-October and was under control by December. In all, there were 20 804 cases with 10 277 deaths. International sanitary conventions were ignored and a 'cholera hysteria' resulted in countries taking measures that severely restricted travel and trade.¹¹⁵⁵ Prompt sanitary measures by Egyptian public health authorities were supplemented by the use of sulphonamides, cholera vaccine and DDT for fly control. Mackenzie, perhaps sceptical of the value of DDT spraying, arranged for Sir John Taylor and Bruce White to visit on behalf of the Ministry of Health and the Medical Research Council to assess this and to determine the results of the use of sulpha drugs.¹¹⁵⁶ The WHO-IC provided the Government with two advisers, Dr W. W. Yung, Director of Epidemic Prevention in China, and Dr P. M. Kaur who held a similar position in India.¹¹⁵⁷ Aly Tewfik Shousha, the Egyptian national who was in charge, paid a 'tribute of homage' to WHO-IC, saying 'the aid given by this Commission is

1152 Sawyer, 'Achievements of UNRRA', p. 58.

1153 Goodman, *International Health Organizations*, p. 168.

1154 World Health Organization, *Co-operation for Health Development: The World Health Organization's Support Programmes at Country Level*, quoted in Adetokunbo Lucas, 'WHO at Country Level', *Lancet* 351 (1998), pp. 743–747.

1155 A. T. Shousha, 'Cholera Epidemic in Egypt (1947): a Preliminary Report', *Bulletin of the World Health Organization* 1 (1948), pp. 353–381.

1156 Bruce P. White, 'Bacteriological and Immunological Aspects of Cholera', *Proceedings of the Royal Society of Medicine* 41 (1947), p. 178.

1157 World Health Organization, *Official Records* 9, p. 48.

beyond all praise'.¹¹⁵⁸

The crisis in Egypt sparked *country-specific* international action. The WHO-IC operated, as UNRRA had done, as a supply agency, organising the provision of vaccines, sulphonamides and insecticides. At the same time, the epidemic gave an immediacy to Biological Standardisation and Quarantine – *global functions* that were relevant to all Member States. The cholera vaccine for Egypt was sourced from 13 countries and varied in potency.¹¹⁵⁹ Issues of Biological Standardization were addressed by a WHO-IC Expert Committee. The Committee made recommendations not only on cholera vaccine, but on a wide variety of therapeutic, prophylactic and diagnostic agents including diphtheria and tetanus toxoids, tuberculin, BCG vaccine and the human blood-group substances. It also made recommendations on the new anti-microbial for tubercle bacilli, streptomycin, and adopted international standards for penicillin.¹¹⁶⁰ The Expert Committee on Biological Standardization was one of several set up by the WHO-IC to establish scientifically-based global advice.¹¹⁶¹ Such *global functions* dominated the action of the WHO-IC and of WHO itself. In the field of communicable diseases, during the years 1947 to 1950, Expert Committees met on cholera, plague, smallpox, yellow fever, typhus, bilharziasis, trachoma, rabies and brucellosis as well as on immunization against communicable diseases of childhood. The Second World Health Assembly called for Expert Committees to be set up to cover influenza, leprosy and poliomyelitis, as well as the tropical diseases of filariasis and leishmaniasis.¹¹⁶² Mackenzie, himself, served on the Expert Committee on International Epidemic Control.¹¹⁶³

The first of a series of official histories of the early decades of WHO included references to providing consultants, advisers and administrators for country programmes'.¹¹⁶⁴ Writing in 1951 on WHO's assistance to countries, Yves Biraud (now WHO Director of Epidemiological Services) said: the League of Nations' Health Organization had paved the way in this respect, not only in organizing the co-operative defence of Poland, the Baltic States and Central Europe against the invasion of typhus fever and other epidemic scourges, which were raging in the USSR in 1921 and 1922, but in helping Greece in 1923 and China in 1939-40 to control epidemics. UNRRA had planned for post-war epidemic control on a large scale and, although the expected pandemics did not materialize, it was able to render considerable assistance to several countries in their fight

1158 Shousha, 'Cholera', p. 370.

1159 Staples, *Birth of Development*, p. 139.

1160 World Health Organization, *Official Records* 9, p. 12.

1161 Yves Biraud, 'The International Control of Epidemics', *British Medical Journal* (6 May 1950), p. 1049.

1162 Biraud, 'International Control', pp. 1049-1050.

1163 World Health Organization, *Official Records* 9, p. 83.

1164 World Health Organization, *The First Ten Years* (Geneva: World Health Organization, 1958), p. 151.

against communicable diseases (China, Greece, &c.). WHO, in following the lead of UNRRA, had to adapt its activities to its much smaller financial resources. Material help had to be replaced, in most cases, by technical help, i.e. technical advice from expert committees and special consultants.¹¹⁶⁵

Siddiqi, in a history of the World Health Organization, argued that scientific progress made during the Second World War was one of the most important influences favouring the establishment of a truly international health organisation after the war ended. There was an expectation that science, which had given the world outstanding wartime discoveries, such as penicillin, would play a major role.¹¹⁶⁶ Mackenzie shared this expectation.¹¹⁶⁷ And Štampar expressed concern that 'only a very small proportion of men, women and children of the world at present enjoy the benefits to health that science can bring'.¹¹⁶⁸ It was UNICEF, however, that led the initiative to bring the benefits of these scientific advances to countries – to protect children from tuberculosis with BCG and to use recently-discovered penicillin to interrupt mother to child transmission of syphilis and to eliminate yaws.¹¹⁶⁹ Staples describes how, from the days of the WHO-IC, and for the first two decades of its existence, the mission of WHO was 'inextricably' tied to UNICEF, with which it shared many operational priorities. Joint UNICEF/WHO Field Programmes were the backbone of WHO field operations.¹¹⁷⁰

A cap by the United States on the WHO Budget had the effect of reducing the funds available for WHO's first year of operation by \$1 million.¹¹⁷¹ It was only in 1951 that a formula was found for funding 'advisory and technical services' separately. These were sourced through a UN Expanded Programme of Technical Assistance (EPTA).¹¹⁷² This 'bifurcated' budget allowed the Organization's field programmes to expand, but only after some years into WHO's existence. WHO, however, found itself responsible in 1948 for 'regulating' a health programme initiated by Rajchman.

1165 Yves Biraud, 'Epidemiological Aspects of the Work of the World Health Organization', *Proceedings of the Royal Society of Medicine* 44 (1951), p. 908.

1166 J. Siddiqi, *World Health and World Politics: the World Health Organization and the UN System* (Columbia, SC: University of South Carolina Press, 1995), p. 56.

1167 Mackenzie, 'International Collaboration in Health', p. 4.

1168 World Health Organization, *Official Records* 9, Foreword.

1169 Black, *Children First*, p. 17.

1170 Staples, *Birth of Development*, pp. 153-154.

1171 Staples, *Birth of Development*, p. 142.

1172 C. Murphy, *The United Nations Development Programme: a Better Way?* (New York: Cambridge University Press, 2006), p. 372.

Joint Enterprise: International Tuberculosis Campaign, 1948-51

UNICEF had embarked on a 'Joint Enterprise' with Scandinavian relief agencies that aimed to interrupt the transmission of tuberculosis to children by vaccination. The campaign had its origin in a relationship forged in the 1920s and 1930s between the Medical Director of the League of Nations' Health Organisation and the Director of its governing body, the League's Health Committee. Ludwik Rajchman and Thorvald Madsen were friends and colleagues who shared an interest in the international standardisation of vaccines and other biologicals. Madsen's home base was the Danish Statens Serum Institut (SSI), which he directed. There, he gave a young medical graduate, Johannes Holm, responsibility for establishing an international standard for the biological *tuberculin*, an extract of the mycobacterium that causes tuberculosis and that is used in humans (and animals) to detect infection with the bacillus.¹¹⁷³ Denmark served as a field laboratory for studying national tuberculosis control measures: in the 1930s, the country achieved a rapid decline in tuberculosis mortality. Anne Hardy described the important contribution to epidemiology made by Madsen who, from 1932 to 1945, organised a programme of immunization to protect Danish children on the island of Bornholm against tuberculosis.¹¹⁷⁴

The following account of the origins of the international childhood vaccination campaign against tuberculosis is based on a retrospective description given by Holm.¹¹⁷⁵ In the 1930s, the SSI received strains of attenuated bacilli for producing an anti-tuberculosis vaccine that Albert Calmette and Camille Guérin (BCG) had developed at the *Institut Pasteur*. During World War Two, the Danes established the practice of testing all school children with tuberculin and vaccinating the non-infected with the BCG vaccine. Holm, who succeeded Madsen as SSI Director, introduced BCG vaccination in Schleswig Holstein in the immediate postwar period because of the high prevalence of tuberculosis among undernourished German children. This sparked the interest of the Danish Red Cross Society (RCS) in BCG vaccination. Holm advised the Danish RCS to abandon tuberculosis dispensaries and to focus, rather, on vaccination. In 1947 Folke Bernadotte, the President of the Swedish RCS, visited Denmark with a view to joining the Danish effort. Norway (through Norway Help for Europe) was also approached and international vaccination with BCG was established as a Scandinavian effort, organised through a Committee on which the Swedish paediatrician Arvid

1173 UNICEF, Interview of Johannes Holm by Poul Larsen, CF/RAD/USAA/DB01/1996-0096PDF, 1 May 1983.

1174 Anne Hardy, 'Action not Words: Thorvald Madsen, Denmark, and International Health, 1902-1939' in *Of Medicine and Men: Biographies and Ideas in European Social Medicine Between the World Wars*, ed. I. Borowy, and A. Hardy (Frankfurt am Main: Peter Lang, 2008), pp. 138-139.

1175 UNICEF, Interview of Johannes Holm by Poul Larsen, CF/RAD/USAA/DB01/1996-0096PDF, 1 May 1983.

Wallgren, Holm and Galtung Hansen of Norway were represented.

Holm recalled that 'one morning in January 1948 I was called by telephone from Paris by a man who announced himself as Professor Helmholtz¹¹⁷⁶, a specialist in children's diseases and Professor in the Mayo Clinic 'but for the time being adviser to UNICEF, and he would like very much to know something about BCG vaccination and tuberculin testing'. There was a break in the telephone connection and, by the time the line was reconnected, Holm had discovered via a colleague what UNICEF was. He asked Helmholtz to ensure that he would be invited to a UNICEF meeting in Paris at which BCG was to be discussed. No invitation came, so Holm went to Paris uninvited. In Paris, he was met by Helmholtz, who told him that Rajchman did not wish him to attend because he was being advised by Madsen. The next day Rajchman and Madsen called on Holm at his hotel and took him to what he described as 'one of the most interesting lunches I have had, [one that had] a big influence on what I was going to do in the future in my active life'. Rajchman put a question to him, 'what would you do if you had three million US dollars to use for BCG vaccination?' and Holm answered, 'I would give the money to the Scandinavian Organizations who are doing the BCG vaccinations'.¹¹⁷⁷

Tuberculosis was the first postwar health problem to be tackled on a global scale. An Expert Committee on Tuberculosis, set up by the WHO-IC, reported that 'the fight against infectious diseases ... is a task for the whole of humanity ...'.¹¹⁷⁸ The Danish RCS introduced BCG vaccination in Poland as a postwar relief measure and the corresponding Norwegian and Swedish agencies helped extend vaccination to other war-torn countries. Rajchman had residual UNRRA funds in hand when he posed the question to Holm and UNICEF made an allocation of \$4 million to the Scandinavian organizations for mass BCG vaccination – \$2 million for use outside of Europe. In setting up the Joint Enterprise with the Scandinavians early in 1948, Rajchman stole a march on WHO, which was still in the process of formation. Holm's narrative continued:

now there came up one interesting point in that Dr. Rajchman insisted that in the allocation made by UNICEF in the resolution it should be stated that I, Dr. Johannes Holm, should be technical director of the joint enterprise between UNICEF and the Scandinavian Organizations. I didn't

1176 Henry F. Helmholtz (1882-1958), UNICEF Consultant for Europe, 1948.

1177 UNICEF, Interview of Johannes Holm by Poul Larsen, CF/RAD/USAA/DB01/1996-0096PDF, 1 May 1983.

1178 World Health Organization, 'Report of the Expert Committee on Tuberculosis: First Session, Held at the Office International d'Hygiène Publique, Paris, 30 July - 2 August 1947', *Bulletin of the World Health Organization* 1 (1948), p. 206.

understand why. I remember that one day after a meeting in Lake Success¹¹⁷⁹ Dr. Rajchman and Maurice Pate took me in the car to New York and Dr. Rajchman explained to me that it would be absolutely necessary that I would be the best to be the technical director of it ... I later found out that Rajchman had quite specific reasons for insisting that I should be technical director. I had by the WHO interim commission been appointed as member of the tuberculosis expert committee and we had had two meetings. The first meeting of the tuberculosis expert committee was in 1947 and we had a meeting in January 1948 and in these two meetings I had been chosen as chairman, and had to report directly to the interim commission as chairman of the expert committee. It was quite evident that Professor Rajchman anticipated that when UNICEF started giving assistance to medical projects there would be a conflict with WHO and he was right – it came later.¹¹⁸⁰

Holm recalled that the WHO-IC Secretariat initially would have nothing to do with a proposed tuberculosis research office 'because research was outside the scope of WHO'. When he reported this to Rajchman, he 'got very furious' and insisted that relations between WHO and UNICEF must be established, not through the Secretariat, but by direct contact between the Executive Board of WHO and of UNICEF. Holm informed Rajchman that a WHO Sub-committee on BCG and tuberculin testing was to meet in June 1948 in Paris¹¹⁸¹ and Rajchman asked him to call a meeting one day earlier, so that a representative of the UNICEF Executive Board could attend. Holm asserted that Rajchman 'worked out a plan to have number of members of the two bodies meet' and made the practical proposal in Geneva in July 1948 for what 'became known as the UNICEF/WHO Joint Committee on Health Policy'.¹¹⁸²

Scandinavian RCS staff had been in the field since 1946. On 25 November 1948, India entered into an agreement with the 'Joint Enterprise' – the first country outside Europe to do so, thereby accomplishing its transformation into a major international tuberculosis campaign. India was an obvious place to extend vaccinations against tuberculosis. The country had approximately 2.5 million infectious cases and was estimated to have half a million deaths from the disease each year.¹¹⁸³ By 1951, a total of 205 doctors, 281 nurses, and well over 1,000 national doctors, nurses,

1179 At its March 1948 session in Lake Success, the UNICEF Executive Board established the Joint Enterprise. See UN Economic and Social Council, E/ICEF/68 Add. 1, 21 June 1948.

1180 UNICEF, Interview of Johannes Holm by Poul Larsen, CF/RAD/USAA/DB01/1996-0096PDF, 1 May 1983.

1181 The Joint UNICEF (Medical Subcommittee) and WHO (Subcommittee) Meeting on Tuberculin-Testing and BCG Vaccination was held in Paris on 15 June 1948. See Hans Jacob Ustvedt, 'Technique of Tuberculin-Testing: a Comparative Study', *Bulletin of the World Health Organization* 2 (1950), p. 355.

1182 UNICEF, Interview of Johannes Holm by Poul Larsen, CF/RAD/USAA/DB01/1996-0096PDF, 1 May 1983, p. 14.

1183 Niels Brimnes, 'Vikings Against Tuberculosis: the International Tuberculosis Campaign in India, 1948–1951',

and lay vaccinators had worked in 23 countries for the Joint Enterprise, which was better known as the International Tuberculosis Campaign (ITC), although it was limited to childhood immunization.¹¹⁸⁴

Brimnes history of the Joint Enterprise supports Holm's retrospective account. WHO cooperated in an advisory role from July 1948 and established a Tuberculosis Research Office in Copenhagen to support the campaign. By 1949 the ITC had become a major endeavour in global public health.¹¹⁸⁵ Brimnes quotes the analysis of Gillespie that a supply-oriented approach prevailed in those years, an approach that UNICEF inherited from UNRRA. Gillespie asserted that United Nations' technical agencies inherited the lesson 'that while supplies were always eagerly sought, experts and institution-builders were rarely welcome'.¹¹⁸⁶ Brimnes argued that 'WHO was faced with the choice of developing its own approach to tuberculosis – but with no funding – or reluctantly join UNICEF's as technical adviser, on terms set by the Fund'. He summarised the situation:

a more comprehensive rôle was envisaged for WHO, but with limited funding and competing agencies, this was always a distant goal. What WHO could do – particularly in its formative years – was to concentrate on dramatic and relatively cheap campaigns, such as mass BCG vaccination.¹¹⁸⁷

As well as giving technical and statistical advice, WHO provided a paediatrician and full-time medical adviser to the Joint Enterprise.¹¹⁸⁸ Adelaide Sinclair highlighted in 1951 the degree of international cooperation and competence that marked the progress of what she described as possibly the greatest single mass vaccination campaign in history.¹¹⁸⁹

Bulletin of the History of Medicine 81 (2007), p. 413.

1184 In Europe (Austria, Czechoslovakia, Finland, Greece, Hungary, Italy, Malta, Poland and Yugoslavia); in North Africa (Algeria, Morocco, Tangier and Tunisia); in the Middle East (Egypt, Israel, Lebanon, Syria, Palestine Refugees); in Asia (Ceylon, India and Pakistan); and in Latin America (Ecuador and Mexico). See UNICEF, 'Final Report of the International Tuberculosis Campaign, July 1, 1948 to June 30, 1951, cf-hst.net, 1951 <<http://www.cf-hst.net/unicef-temp/Doc-Repository/doc/doc449141.pdf>> [accessed 11 March 2013].

1185 Niels Brimnes, 'BCG Vaccination and WHO's Global Strategy for Tuberculosis Control 1948–1983', *Social Science and Medicine* 67 (2008), pp. 863–873.

1186 Gillespie, 'International Organizations', p. 170.

1187 Niels Brimnes, 'BCG vaccination', p. 866.

1188 Staples, *Birth of Development*, p. 154.

1189 Niels Brimnes, 'Vikings Against Tuberculosis', p. 409.

First World Health Assembly, Geneva, 1948

Mackenzie moved from membership of the WHO-IC in 1948 to preside over the Committee on Relations at the first World Health Assembly (WHA). The Americans James Doull and Morton Kramer, in their report of that Assembly, told how WHO found an acceptable resolution to the concerns raised by UNICEF's health programmes, namely the formation of a temporary committee on health policy, composed of representatives of the two organizations.¹¹⁹⁰ The proposal to create a Joint Committee with UNICEF emerged from discussions in Mackenzie's Committee on Relations. The idea, however, did not come from Mackenzie. His aim, and that of others, was to transfer to WHO the funds that UNICEF had obtained for health programmes, in the same way that UNRRA funds had been transferred. It was the Polish delegate on the Committee, Dr. Borensztajn, who 'suggested the appointment of a Joint Committee of WHO and UNICEF, with the aim of the closest cooperation ... so as not to cause delay in implementation'.¹¹⁹¹ The fact that the proposal for a Joint Committee was put forward by a fellow-countryman of Rajchman indicates that Holm may have been correct in his recollection that the idea emanated from Rajchman himself. Mackenzie set up a geographically and politically-balanced working party to consider Borensztajn's proposal and later augmented this to include his friend Souza, from Brazil, and a representative from Denmark.¹¹⁹² Subsequent action on the proposal are described by James Doull:

There was general agreement among the Assembly delegates that the health projects undertaken by UNICEF were clearly in the field of competence of the WHO ... A working party of the Committee on Relations ... recommended formation of a temporary committee on health policy, composed of representatives of the two organizations, acting on advice of the expert committees of the World Health Organization. This committee will regulate all health programs and projects of UNICEF already initiated or to be initiated in the future but will provide this supervision only until these activities are taken over by WHO.¹¹⁹³

The WHO Executive Board, at its first meeting, adopted a general policy empowering the Director-General 'to enter into agreements with the Director-Generals of other international organisations for the establishment of, or participation in joint committees'.¹¹⁹⁴ Mackenzie had been consulted when a similar agreement was contemplated with the Food and Agricultural Organization (FAO). The Irish

1190 James A. Doull and Morton Kramer, 'The First World Health Assembly', *Public Health Reports* 63 (1948), p. 1396.

1191 World Health Organization, *Official Records* 13, 'First World Health Assembly' (Geneva, 1948), p. 242.

1192 *Ibid.*, pp. 244 & 247.

1193 Doull and Kramer, 'The First World Health Assembly', p. 1395.

1194 World Health Organization, *Official Records* 14, 'Report of the First and Second Sessions of the Executive Board' (Geneva, 1948), p. 11.

nutritionist Wallace Aykroyd wrote in 1945 to his old LNHO colleague Raymond Gautier after attending the first FAO Assembly in Quebec, stating:

I am naturally interested in the question of international organisations and their future and have joined in many discussions on this subject in Quebec, Washington and London. Orr the new D.G. of FAO, asked me to draft a memo of collaboration of FAO and IHO (the new International Health Organisation) in the field of nutrition ... I have talked the whole matter over with Jameson, Mackenzie and others in the Ministry of Health and we reached the conclusion that the only feasible method to follow was to have a joint coordinating nutrition committee for FAO and IHO and to correlate the nutrition work of each so closely that for practical purposes (if not on paper) there would be one international nutrition organisation (section or division).¹¹⁹⁵

When the first meeting of the UNICEF/WHO Joint Committee on Health Policy was convened on 23 July 1948, Mackenzie was elected Chairman.¹¹⁹⁶ Persistent efforts to redistribute UNICEF's 'temporary' functions between WHO and other agencies failed. In October 1953, the United Nations General Assembly granted UNICEF permanent status.¹¹⁹⁷

During the early years of its existence, the World Health Organization remained a poor relative of UNICEF. Karl Evang, who was elected to chair the Second World Health Assembly, was perceptive in pointing out that, being starved of funds, WHO risked going down the wrong path. In 1950, he said that the budget of \$7.6 million was completely inadequate to meet the health needs of the world. 'It threatened to reduce WHO to an administrative, planning, and collecting organization only, leaving very little money for practical work in the field'.¹¹⁹⁸ Frank Boudreau stated that the budget of WHO for 1951 corresponded with that of LNHO in its best year which, together with the budgets of the Pan American Sanitary Bureau and the *Office Internationale d'Hygiene Publique*, amounted to less than half a million dollars. Total funds available in 1951 to WHO from all sources amounted to \$12.75 million and Boudreau compared this with UNICEF, which had spent or allocated about \$162 million in 5 years.¹¹⁹⁹

1195 SDN, R6118, 8A/41755/41755, Aykroyd to Gautier, 26 December 1945.

1196 UNICEF, 'Report of First Meetings of Joint Committee on Health Policy', Geneva 23-24 July, 1948, JC.1/UNICEF/WHO/1.

1197 Morris, 'The Origins of UNICEF', p. 98.

1198 Anonymous, 'Third World Health Assembly', *British Medical Journal* (May 27, 1950), pp. 1255-1257.

1199 Frank G. Boudreau, 'The Need for Money Resources', *Public Health Reports* 67 (1952), pp. 329-330.

UNICEF/WHO Joint Committee on Health Policy, 1948

Official records of UNICEF state that:

all medical and technical standards, all plans of operations, and individual supply lists and specifications in the health field, are approved from the technical point of view by the Director-General of WHO. The WHO also provides experts, in agreement with Governments, to assist in the implementation of the UNICEF-aided programmes and, in addition, assumes responsibility for technical follow-up, evaluating and reporting on programmes ...¹²⁰⁰

The constitution of the joint body was elaborated in a report of the UNICEF Executive Board, which recorded that the JCHP was *mutually* agreed to regulate all health programmes and projects of UNICEF already initiated or to be initiated in the future and it was agreed that the Committee was to consist of eight delegates, four representing the UNICEF Executive Board and four representing the WHO Executive Board:

The four appointed to represent UNICEF are the Chairman of the Executive Board, Dr. L. Rajchman (Poland), the Chairman of the Programme Committee, Mrs. D. B. Sinclair (Canada), the Chairman of the Sub-Committee on Medical Projects, Dr. R. Debré (France), and the representative of China.¹²⁰¹

The WHO Representatives were Mackenzie (Chair), Dr. van der Berg (alternate), Dr. Hyde and Dr. Štampar. Berislav Borčić, Secretary of the Joint Committee, was an important intermediary. WHO feared that Rajchman's ambitions would undermine its hard-won position as the single international health organization. Rajchman participated in the first four meetings of the JCHP, Mackenzie in the first seven, namely:

- 23 & 24 July 1948, First Meetings, Geneva
- 19 to 20 October 1948, Second Meeting, Paris
- 12 to 14 April 1949, Third Meeting, Geneva
- 30 & 31 May 1950, Fourth Meeting, Geneva
- 9 to 11 April 1952, Fifth Meeting, UN Headquarters
- 1 & 2 May 1953, Sixth Meeting, Geneva
- 29 to 30 April 1954, Seventh Meeting, Geneva.

¹²⁰⁰ UNICEF, 'Final Report of the First Executive Board of the UNICEF 1 December 1946 – 31 December 1950', para. 215, p. 24.

¹²⁰¹ UNICEF, 'Final Report of the First Executive Board of the UNICEF 1 December 1946 – 31 December 1950', Annex 1, pp. 26-27.

The Third JCHP meeting defined the respective roles of UNICEF and WHO in relation to country-specific activities.¹²⁰² The UNICEF role was to furnish governments with the required supplies and services and, through its staff, to observe that the principles of its Executive Board were maintained in their use. WHO had two roles, making available international health experts, and approving plans of operations for all health programmes falling within the policies laid down by the JCHP, and for countries requesting UNICEF supplies.

When they sat across the table from one another at the first four JCHP meetings, Rajchman and Mackenzie were coming to the end of fulfilled careers (they were aged 67 and 59 respectively). Each could look back, with pride, at their contribution to the structures, policies and practices of global health and child protection that were now in place. Tensions did not end, however, with the formation of the JCHP. In 1950, at the Fourth (and Rajchman's final) JCHP meeting, the Swede Axel Höjer, serving like Mackenzie as a representative of the WHO Executive Board, said in an exchange of letters with Rajchman: 'you are playing WHO into desperation ... Make this little change. Give the specialised agency your money. Finish the fight, helping us to make them more effective, less expensive'.¹²⁰³ Lacking its own funds, any significant extension of WHO's work depended on the Organization acting as an agent of UNICEF.¹²⁰⁴

Speaking of Rajchman, a decade after his death, Henry van Zile Hyde gave a scathing commentary on his conduct at JCHP meetings:

The way he'd run the Joint Health Policy Committee you'd get no advance documentation; you'd get to Paris¹²⁰⁵ for the meeting, there'd be a whole pile of documents, and you had to get them done that day. I mean, it was just high-handed as the devil. And this caused some difficulty. I was always for getting the WHO to have a bigger hand in the UNICEF health activities, and it worked out so that we did have this. But that was a very difficult issue for some time. Now they're getting along beautifully; of course, that Joint Health Policy Committee is very fundamental to both organizations. Recently, they've gotten down to our major emphasis on the delivery of health services, and it's all right. But Rajchman stormed out of one meeting once

1202 UNICEF, 'Report of the Third Session of the Joint UNICEF/WHO Committee on Health Policy', E/ICEF/112, 11 May 1949.

1203 AIP, RAJ C.3, Höjer to Rajchman, 31 May 1950.

1204 WHO L., Joint Committee on Health Policy, 1-4 Session, JC3/UNICEF/WHO/min/2, April 1949, p. 7.

1205 Only one meeting is recorded in Paris, although the ICEF (Medical Sub-Committee) and WHO-IC (Sub-Committee) met jointly in Paris on 15 June 1948 on tuberculin testing and BCG vaccination. See E/ICEF/68 Add.1, Annex II.

because he didn't like something I said ... Štampar, who was known as the 'Bear of the Balkans', was on the Joint Health Policy Committee. One time I was arguing with somebody on the other side (Debré of France, I think), and Rajchman moved in and gave support to the other position. Štampar, who was on my side, representing WHO, suddenly agreed with them and undermined our position. And afterward he said to me, 'I don't know why I did that, but when that man is around, I turn into a bowl of jelly'. This guy Rajchman could do it to you. He was a brilliant s.o.b.¹²⁰⁶

It was Rajchman, however, who succeeded in getting WHO involved in UNICEF-led country health programmes in the late 1940s. From the events described, it is evident that Edward Mellanby's judgement was correct, that 'while Rajchman's methods of attaining his objective were sometimes difficult to defend, the objectives themselves were nearly always admirable and he had the good of humanity at heart'.¹²⁰⁷ The Canadian Newton Bowles, historian of the JCHP,¹²⁰⁸ who headed UNRRA's field operations in China before moving in 1948 to UNICEF in a similar capacity, said of the JCHP:

at the beginning the World Health Organization had assumed that UNICEF was a plum on the tree ready to be picked by the WHO. So a joint committee was established between WHO and UNICEF, on the initiative of WHO, on the assumption that this would be the mechanism for taking over from UNICEF. So we were somewhat imprisoned by our WHO colleagues at the beginning and we had to find a way to get out from under that. The way was to stress the unique role of UNICEF as the advocate for children – and children in every respect of growing up and development. So we announced we were going into education, and that we would be looking at the whole child. This was our escape clause from the World Health Organization.¹²⁰⁹

One particular area of WHO country activity was closely allied to UNICEF's interests, namely mother and child health (MCH). WHO, lacking resources, developed a policy for cooperating with national governments through demonstration teams. These WHO teams, mostly comprising nurses and nutritionists, established MCH centres that provided prenatal and infant care and feeding advice

1206 Henry Van Zile Hyde, 'Oral History Interview with Richard D. McKinzie', Bethesda, Maryland, 16 July 1975 <<http://www.trumanlibrary.org/oralhist/hydehvz1.htm#91>> [Accessed 11 Mar 2013].

1207 Obituary: Ludwik Rajchman, *Lancet* (14 August 1965), p. 349.

1208 Newton Bowles, 'A brief history of WHO/UNICEF Joint Committee on Health Policy 1948-1983, prepared in 1983 for the UNICEF History Project'. This appears to be lost (Upasana Young, UNICEF, Personal Communication, 10 June 2011).

1209 Anonymous, 'Newton Bowles: Fifty Years (and more) with UNICEF', <<http://freepages.genealogy.rootsweb.ancestry.com/~bowlesfamily/NewtonBowlesArticle.htm>> [accessed 7 January 2012].

to expectant and lactating mothers, both at the centre and in surrounding towns and villages. During the period of assignment, the WHO personnel provided demonstration and training for local nurses, midwives, doctors and other health workers.¹²¹⁰ This method of education and demonstration was a mode of work that had proved effective in China two decades previously.

UNICEF had resources to provide supplies and equipment and was able to extend its collaborative strategy to other activities, such as malaria control.¹²¹¹ In 1948, WHO dispatched teams to demonstrate the efficacy of house-spraying with the new insecticide, DDT. These demonstration teams usually comprised an entomologist, a malariologist and a sanitary engineer, each usually understudied by a local counterpart. While WHO employed the malaria advisers, UNICEF provided most of the supplies.¹²¹²

Antipathy towards Rajchman

One letter addressed by Rajchman to Borčić in 1951, and drafted by hand, reveals why so many showed antipathy towards Rajchman. He was seeking support for a project in Poland from UNICEF. Despite his canvassing of Borčić, the request was not approved, resulting in a shocking letter:

Dear BB

I have trusted you and you failed me. Not so on personal grounds. But we have been associated for almost 30 years in public enterprise and never would I have expected from you such ease in explaining away your timidity ... Anyway here we part dear BB. You know my affection for you: Good luck in life. Goodbye, Yours Lulu.¹²¹³

The experience of Borčić exemplifies how trying it was to maintain friendship with a man who was intimidating when he failed to get his way. BB had long experience of Rajchman's fury, and charm. He remained on friendly terms with Lulu. Others were not so ready to be forgiving.

1210 Staples, *The Birth of Development*, p. 158-159.

1211 Brimnes, 'Vikings Against Tuberculosis', p. 425.

1212 Staples, *The Birth of Development*, p. 164.

1213 AIP, RAJ C.7, Handwritten draft, Rajchman to Borčić, 12 June 1951.

Evaluating performance

The practice of evaluating performance was introduced in the tuberculosis programme, when assessment teams were sent to countries to assess the implementation of BCG vaccination. The last JCHP meeting that Mackenzie attended sought to extend the work of the teams from assessing post-vaccination allergy reaction to investigating the protection conferred by the vaccine, since there was 'no strict positive evidence' as to its value.¹²¹⁴ The first-ever evaluation of the Organization's overall programmes was initiated at the Thirteenth Session of the Executive Board, which Mackenzie chaired. The evaluation included health projects developed by governments with the assistance of WHO and deriving their financial support from WHO, UNICEF or the Expanded Programme of Technical Assistance. The aims were to strengthen national action, develop professional and allied health personnel, improve facilities, develop public participation and increase scientific knowledge.¹²¹⁵

Influence of scientific progress on the development of global health

As stated earlier, Javed Siddiqi, argued that scientific progress made during the Second World War was one of the most important influences favouring the establishment of a truly international health organisation after the war ended. The corpus of WHO histories, compiled by Cueto and others,¹²¹⁶ does not describe how the benefits of these scientific advances were introduced to countries, at least not immediately. On the other hand, efforts by UNICEF are well documented. In 1948, the UNICEF Executive Board allocated 300 000 dollars for malaria and requested WHO advice as to how this could best be used for the benefit of the pregnant mothers and children up to the age of 18, either in conjunction with existing national campaigns, or as WHO campaigns, or as separate projects'.¹²¹⁷ An Expert Committee on Malaria, convened by WHO-IC, had been asked earlier 'to advise on a general plan for the world control of malaria'.¹²¹⁸ Soper, Director of the Pan American Sanitary Bureau, proposed partitioning the allocation of \$2 million UNICEF funds for Latin America between the control of insect borne-diseases and eradication of venereal disease and yaws in Haiti and the

1214 WHO L., Joint Committee on Health Policy, Session 7, JC7/UNICEF/WHO/Min.5, 1954, p. 4.

1215 World Health Organization, 'Future Organizational Study', EB/12/6, 19 May 1953, pp. 1-4.

1216 Marcos Cueto, Elizabeth Fee, Theodore Brown, and Julio Nuñez, *Bibliography for the History of the World Health Organization* (Unknown publisher, 2006), pp. 1–13.

1217 UNICEF, 'Report of First Meetings of Joint Committee on Health Policy, Geneva 23-24 July 1948', JC.1/UNICEF/WHO/1, in *UNICEF, Report of the Session of the Medical Subcommittee, Paris, 9-10 August 1948*, E/ICEF/77, pp. 16-21.

1218 World Health Organization, *Official Records* 9, p. 13.

Dominican Republic, plus a fraction for BCG vaccination, mostly for production of vaccine in Mexico.¹²¹⁹ In its health interventions around the globe, UNICEF used penicillin to interrupt mother to child transmission of syphilis and for eliminating yaws. The last-mentioned was a disfiguring and disabling disease of the skin and bones that was widespread among children in the Caribbean, Latin America, Africa, Asia and the Pacific. Maggie Black gives this description of the 1949 UNICEF programme in Haiti:

Every single rural household would be visited by teams going house-to-house; every single case would be tracked down. Each victim would receive one dose of penicillin; each contact of a victim would receive a protective shot of half the amount. Although Haiti was a small country, this still meant checking up on 2.7 million people ... The strategy adopted for reaching everyone had an important bearing on future mass campaigns.

Black, in her history of UNICEF, makes use of excerpts from monthly reports by ex-ARA staffer Sam Keeny.¹²²⁰ UNICEF supplied DDT to Thailand, and also to India and Pakistan, for experimental anti-malaria campaigns. She tells how:

Keeny and his staff were to put much of their efforts into disease control, supplying campaigns with drugs and vaccines, with vehicles and equipment, with the costs of training local staff and the salaries of international experts. Guided technically by WHO, managed and run by the national health staff of the countries concerned, these campaigns were to have many remarkable successes.¹²²¹

Summary

The preoccupation of the World Health Organization Interim Commission was to absorb antecedent organizations. It lacked resources to deal with urgent health problems within individual countries, except for funded field services that it took over from UNRRA. The greater part of the Organization's early work was devoted to giving technical advice via expert committees that were designed to benefit *all* countries. A 1947 cholera crisis in Egypt demonstrated the complementarity of two aspects of its work, global technical advice and country-specific activities.

In the first years of its existence, WHO's operations in countries were mostly tied to UNICEF. It

1219 WHO L., Joint Committee on Health Policy, Sessions 1-4, Proposed programme for use of UNICEF Funds in Latin America, JC3/UNICEF-WHO/29, 22 March 1949, pp. 12-13.

1220 S.M. Keeny, *Half the World's Children: a Diary of UNICEF at Work in Asia* (New York: Association Press, 1957).

1221 Black, *Children First*, pp. 87-113.

was UNICEF, not WHO, that led the initiative to bring the benefits of war-time scientific advances to countries. The first postwar health problem to be tackled on a global scale was tuberculosis. From July 1948, WHO cooperated in an advisory role with the Joint Enterprise between UNICEF and Scandinavian Red Cross Societies to vaccinate children against tuberculosis with BCG. WHO's governing body considered UNICEF's health programmes to be in its field of competence and this concern led the two organizations to form a joint committee on health policy. Mackenzie was elected to chair the Joint Committee and Rajchman led the four UNICEF representatives. WHO provided UNICEF with expertise for its health programmes in countries and approved its planned operations. Lacking funds in the early years of its existence, the extension of WHO's country work depended on UNICEF. UNICEF supplied vaccines, drugs, vehicles and equipment for BCG vaccination, yaws and malaria control and for mother and child health care and met the costs of local training and the salaries of WHO staff. UNICEF's health programmes in countries were run by national health staff and guided technically by WHO.

Summary and Conclusion of Section Four

The four chapters of this Section show that the life course of two organizations, WHO and UNICEF were influenced by their early origins. After seven years of war, China emerged with a place at the top table in global affairs. As one of the 'Big Four', it took a seat alongside the United States, the Soviet Union and the United Kingdom at Dumbarton Oaks in 1944 and in 1945 in San Francisco, where allied proposals were put to a United Nations Conference on International Organization. It was appropriate for China to take the lead in proposing to create a postwar international health organization. Over the decade of the 1930s, the international community had supported the country in its efforts to modernise the health sector and other sectors of the economy through the League of Nations. Former LNHO staff member Geraldo de Paula Souza succeeded in having the word 'health' included in the UN Charter. This opened the way for the Governments of China and Brazil to present a Joint Declaration in San Francisco, which was 'the very beginning of the World Health Organization'. An enabling decision was however required from the United Nations. The UN Economic and Social Council, with Andrija Štampar serving as Vice-President, called for an international conference to consider proposals for the establishment of a single international health organisation of the United Nations. It specified, by name, members of a Technical Preparatory Committee, one of whom was Mackenzie. When it met in Paris, the TPC had on the table memoranda by the French, United Kingdom, United States and Yugoslav members elaborating proposals for the constitution of the new agency. The TPC proposals embodied the essential points

of a constitution that had been drafted earlier by Gautier and Biraud. Rajchman was not invited to Paris and his proposal for an independent UN health service was ignored.

The United Kingdom Foreign Secretary, Ernest Bevin, gave Mackenzie plenipotentiary authority to agree and sign any treaty in connection with WHO. Mackenzie was elected, by an overwhelming majority, to chair the Central Drafting Committee of the International Health Conference. The British Foreign Office instructed Mackenzie to state at the Conference that the United Kingdom would refuse to sign the Constitution if the Pan American Sanitary Bureau was not absorbed into WHO. At the final plenaries, Mackenzie presented four documents that his Central Drafting Committee had prepared in final form, including the Constitution and the Arrangement for establishing an Interim Commission of the World Health Organization. Mackenzie signed all the documents, without reservation, on behalf of the United Kingdom. The Conference did not substantially change the proposals drafted by the TPC. Language and concepts inherited from Gautier's and Biraud's drafts, appeared in the Preamble and the Constitution of WHO.

The organisational arrangements that Rajchman proposed received no hearing at the International Health Conference. He lobbied American politicians, particularly Herbert Hoover, to establish UNICEF. In December 1946, he was selected to serve as Chairman of its Executive Board and secured the position of Executive Director of UNICEF for Maurice Pate, Hoover's former 'lieutenant' in the ARA. Under the leadership of Rajchman and Pate, UNICEF was quick to secure resources that vastly outweighed those of WHO. UNICEF's funding was designed for country-specific activities.

The multiplicity of prewar international health organizations induced the drafters of the Constitution to establish a single international health organization, giving the new Organization the role of acting 'as the directing and co-ordinating authority on international health work'. Mackenzie was the United Kingdom Representative on the WHO Interim Commission, one of 18 country representatives. The preoccupying concerns of the Interim Commission – taking over the functions of LNHO, the Paris *Office*, the Health Division of UNRRA and negotiating for the absorption of the Pan American Sanitary Bureau – left little time (or budget) for responding to the urgent health problems of its individual member states. The larger of WHO-IC's two divisions was for technical services, designed to benefit all member states. Neville Goodman headed a second, and much smaller division, that for field services. WHO had to adapt its activities to its small financial resources and focussed on providing collective technical advice to member states, for example

through expert committees.

It was UNICEF that led the initiative to bring the benefits of scientific advances to countries – to protect children from tuberculosis with BCG, to control the mosquito vectors of malaria with the new insecticide DDT, to use recently-discovered penicillin to interrupt mother to child transmission of syphilis and to eliminate yaws.

Tuberculosis was the first postwar health problem to be tackled as a task for the whole of humanity. Johannes Holm, Director of the Danish Statens Serum Institut, introduced BCG vaccination in the immediate postwar period because of the high prevalence of tuberculosis among undernourished children. Rajchman had residual UNRRA funds in hand when UNICEF made an allocation of \$4 million to the Scandinavian organizations for mass BCG vaccination – \$2 million for use outside of Europe. In setting up the Joint Enterprise between UNICEF and the Scandinavians early in 1948, Rajchman stole a march on WHO, which was still in the process of formation. In 1948, Mackenzie transited from membership of the WHO-IC to preside over the Committee on Relations at the first World Health Assembly. There was general agreement among national delegates attending the Assembly that the health projects undertaken by UNICEF were in the field of competence of WHO. Mackenzie's Committee found an acceptable resolution to the concerns raised by UNICEF's health programmes, namely to form a UNICEF/WHO Joint Committee on Health Policy (JCHP), composed of representatives of the executive boards of the two organizations. In all probability, the originator of the idea was Rajchman.

During the early years of its existence, the World Health Organization was a poor relative of UNICEF. As each Organization grew, pathways set in their beginnings predominated – global service activities in WHO and country-specific functions in UNICEF. Rajchman succeeded in getting WHO involved in UNICEF-led country health programmes in the late 1940s. UNICEF had resources to provide supplies and equipment to countries and was able to extend its collaborative strategy, through the JCHP, to a wide set of activities ranging from mother and child health to disease control.

A climate of suspicion, however, characterised relations between WHO and UNICEF. WHO sought to secure a postwar monopoly in global health. It was good fortune that it failed to do so. The existence of UNICEF, which it perceived as a rival, benefitted war-torn populations and the

developing world, since the agency had the means to respond, immediately, to malnutrition as well as to problems of communicable diseases for which effective technologies had emerged. Putting the two agencies into harness was an inspired move to contain the rivalry. WHO's collaboration with UNICEF through the JCHP allowed the young World Health Organization to engage in two prime functions that are defined in its Constitution, and which Mackenzie and Rajchman pioneered in LNHO, namely to furnish technical assistance and cooperate with governments in strengthening health services. WHO's partnership with UNICEF, through the JCHP, continued for five decades. The JCHP effectively created a role for WHO that the Organization aspires to fill today, namely of acting as an international manager of global health, bringing together the supplies and expertise of a number of different organisations.

Section Five: Conclusions

13: Accomplishments

He [Mackenzie] left a legacy of greatness and great influence which will emerge increasingly as scholars reach back into the period of the League and the founding of WHO and make these periods come to life as part of the history of health and social progress ... He was the balance wheel that was crucial in that moment in medical history. This will emerge more completely as history is written and as historians look behind cold words which emerged from the interaction of keen minds and the conflicts of special interests.

Henry van Zile Hyde, 1972¹²²²

A distinguishing feature of international health in the 20th century

The thesis brings a new understanding to the early history of WHO and of UNICEF, institutions established in 1946 to advance global health and to protect the world's children. It examines the hinterland of these global institutions, describes how their structures and practices emerged and how conjoint policies were established via a collaborative mechanism that survived for half-a-century. This is the first history to describe the inter-related roles of Melville Mackenzie and Ludwik Rajchman in the birth of these two institutions and in establishing formal collaboration between them through a Joint Committee on Health Policy. The genesis of the two bodies, particularly their aspirations to bring health benefits to all of humanity, lay in international health and relief organizations that were established after the 1919 Treaty of Versailles. Mackenzie, the main protagonist of the thesis, observed in the 1920s that there was something very fine in the united effort of nations to bring help to Russia and in the wonderful spirit that coordinated all countries to help a stricken one.¹²²³ The thesis demonstrates that collective action by nations to advance the wellbeing of populations was a distinguishing feature of 20th century international health.

1222 Personal Communication, Andrew Mackenzie, Condolence letter from Henry van Zile Hyde to Faith Mackenzie, 10 December 1972.

1223 Sprigings, 'Feed the People', p. 109.

An historic turning point

An intervention in 1928 in Greece by the League of Nations Health Organisation, led by Mackenzie, is shown to have been an historic turning point. For the first time, an international body was invited to assist in establishing a nation's health service, rather than just helping a country to control contagious diseases. The following year, Rajchman returned from China with a similar request. The thesis shows that this led to the first mutually-agreed programme of technical cooperation between a nation state and an international body, one that covered a wide field, since Rajchman believed that health reorganisation in China had to be pursued concomitantly with the economic revival of the country.

Viewing global health history from the perspective of individual countries

Historians of WHO, and of its predecessor LNHO, have viewed these bodies from the perspective of their governing bodies and of their Geneva-based secretariats. This thesis is the first to look at global health history in the context of the individual countries in which international health was practiced. By the time Mackenzie visited Bolivia in 1930, the LNHO had entered an era of collaborating broadly with national health authorities, rather than assisting them narrowly to control one or more diseases. The thesis reveals that his Bolivian visit served to re-enforce a rivalry between the global health body and the longer-established Pan American Sanitary Bureau, the regional health organization for the Americas. Mackenzie's later correspondence, in 1946, from the New York International Health Conference, shows how the Bureau's attempt to retain its independence influenced the regionalized structure of WHO.

Mackenzie's neglect by historians

It is difficult to understand why Mackenzie's prominent role in the formative events leading to the establishment of WHO has eluded historians. This neglect is attributed in the thesis to an ethos of self-effacement. Mackenzie's American colleague, Henry van Zile Hyde, credits him with the heroic task of pulling together in New York the Constitution of WHO as it emerged from Committees, Subcommittees, Working Groups and even a Harmonizing Committee.¹²²⁴ The thesis supports van Zile Hyde's assessment that Mackenzie's expertise of cooperating with many nation-states over many years contributed to his 'triumphant accomplishment' – the presentation to the New York

¹²²⁴ Personal Communication, Andrew Mackenzie, Condolence letter from Henry van Zile Hyde to Faith Mackenzie, 10 December 1972.

Conference of a Constitution and related documents that his personally-selected Drafting Committee had prepared in final form. Mackenzie signed the Constitution without reservation, on behalf of the United Kingdom of Great Britain and Northern Ireland, with authority that was unprecedented for a physician.¹²²⁵

Competing concepts of international health

This is the first history to examine how concepts for a postwar international public health organization took shape and is the first to analyse, in detail, Rajchman's proposals for a United Nations' Health Service. The thesis shows that the concepts of global health that feature in the 1946 WHO Constitution were derived from thoughtfully-drafted documents of Raymond Gautier and Yves Biraud. The definition of health given in the WHO Preamble is often quoted and continues to influence efforts to advance global wellbeing.¹²²⁶ This definition has been attributed to Andrija Štampar, a well-established figure in the history of public health.¹²²⁷ The preambular definition and a proposal for an 'international public health organization' that Štampar presented to a Preparatory Committee (TPC) for the New York Conference in 1946 are shown to be almost identical to documents that Gautier and Biraud drafted in 1945.¹²²⁸ They made no claim to authorship and merely sought to see their scheme adopted.¹²²⁹ An ethos of self-effacement characterised their work, as it did Mackenzie's.

Over the period 1943 to 1946, Mackenzie and Rajchman pursued a different vision for a successor to LNHO. The appeal by Mackenzie, in 1944, 'to resist the temptation to develop work that was politically and sociologically too far in advance of what was possible at the time' is an argument targeted at radical proposals put forward by Rajchman in 1943 for a United Nations' Health Service.¹²³⁰ Rajchman used back-channel advocacy for his proposed 'Service', dismissing bureaucrats such as Wilson Jameson and Mackenzie at the British Ministry of Health and attempting rather to influence the Foreign Office through the politician, Philip Noel-Baker. There were three core ideas in Rajchman's scheme – representation of 'consumers' of health on the governing body, a special

1225 Wellcome L., PP/MDM/B/17, Mackenzie to Faith Mackenzie, 24 July 1946 (wrongly dated 24/7/47).

1226 World Health Organization, *Official Records* 2, p. 100.

1227 Fluss, 'Development of National Health Legislation in Europe', p. 205.

1228 SDN, 8A/41755/41755, *Projet de Constitution de l'Organisation Internationale de Santé Publique des Nations Unies*, 26 October 1945 (Traduction de l'anglais, 27 Septembre 1945) and WHO Official Records No. 1, Extract from a Draft Constitution for the International Public Health Organization of the United Nations, Appendix, pp. 59-61.

1229 SDN, 8A/42169/41755, Biraud to Gautier, 4 April 1945.

1230 Mackenzie, 'Today's Global Frontiers', pp. 102-103; Rajchman, 'Why Not?'

colonial agency and a budget based on a head tax.¹²³¹ His proposal was not for an 'Organization', but for a 'Service', the function of which was to assist national health services when requested. The sole platform given to him to put forward his proposal for a United Nations' Health Service was that provided by the *Lancet*. The thesis shows that denying Rajchman a platform did not serve WHO well, since no consideration appears to have been given to alternative methods for securing funds adequate for the tasks of the nascent Organization. Rajchman's exclusion from the preparatory planning of WHO led him to seek to establish an international 'emergency' fund for the world's children.¹²³² One of Rajchman's UNICEF colleagues speculated that, if a place had been found for him at WHO, UNICEF would never have been created.¹²³³

The advantages that family archives bring to research on global health

The thesis is constructed from an archive located by the writer. The advantages to the historian of such family archives are the contemporary descriptions that they provide. The Mackenzie family archive serves to provide a first-hand account of how the practices, policies and structures of global health emerged in the first half of the Twentieth Century. The descriptions that Mackenzie gives in 1939, of an intrigue that sidelined Rajchman from involvement in China, and in 1946 concerning the birth of WHO, are particularly vivid accounts by a 'participant/observer' on events that influenced the development of global health institutions.

A family archive also provides a perspective on global health that does not feature in published literature, namely the viewpoint of international staff working within the sovereign borders of nation-states. Mackenzie's letters and reports reveal the early origins of two prime functions specified in the WHO Constitution, namely assisting governments upon request to strengthen health services and to furnish appropriate technical assistance. His work in Russia in 1922-1923, under the umbrella of Fridtjof Nansen's International Russian Relief Committee (IRRC), extended beyond his assigned task of protecting the health of aid workers, to strengthening health services.¹²³⁴

Subsequently, he and Rajchman succeeded in expanding the scope of international health work by initiating ambitious cooperative programmes to tackle over-all health problems on a wide front and on a long-term basis through the creation of health services.

1231 Papers on a future World Health Agency were published not only by Mackenzie, Rajchman and Winslow, but by Boudreau and Morgan. See SDN, 8A/42169/41755, Raymond Gautier, 'For whom the bell tolls', 15 August 1944, p.1.

1232 Balińska, *For the Good of Humanity*, p. 202.

1233 Balińska, *For the Good of Humanity*, p. 218.

1234 Wellcome L., PP/MDM/A/2/2, Records of Medical Work, November-December 1922.

The efficacy of technical cooperation

The thesis compares, by means of a 'posthumous audit', LNHO collaboration in Greece with that in China, and shows that a relationship between an international organization and a nation-state that is based on technical *cooperation*, i.e. one that is mutually conceived and mutually agreed, resulted in developments that were continuous; technical *assistance*, where ideas and leadership were perceived to be from the outside, was shown to be less well-sustained.

Impact of Mackenzie's relations with Rajchman on postwar global health institutions

The thesis studied the dynamics of Mackenzie's relations with Rajchman over three periods, 1928-1937, 1943-1946 and 1948-1951, and the impact of their inter-relationship on international health collaboration. Mackenzie's correspondence during the first period refers to Rajchman in terms of respect and admiration. After a decade of working together with him, and of sharing his ambitions for LNHO, the relationship began to sour in 1937. Mackenzie's letters at this time give the first indications of his antipathy, when he refers to Rajchman's 'bolshevist tendency and sympathies'.¹²³⁵

The antipathy was reinforced in 1948 when Rajchman, who was now Executive Chairman of UNICEF, strayed into the domain of WHO by cooperating with countries in the field of health. Mackenzie was anxious to preserve for WHO the hard-won principle, which had just been enshrined in its Constitution, that the Organization was the 'directing and co-ordinating authority on international health work'. Mackenzie's aim, which was also pursued by Sweden's Director of Health Axel Höjer, was to transfer to WHO the funds that UNICEF had obtained for its health programmes.¹²³⁶ It was UNICEF's programme of immunising children against tuberculosis with BCG vaccine that brought it into conflict with WHO. The thesis shows that a mechanism to contain this inter-agency rivalry was established during the first World Health Assembly in 1948, by a Committee of Relations that Mackenzie chaired. The solution was to establish a Joint Committee, the JCHP, drawn from the Executive Boards of WHO and UNICEF. The thesis presents two pieces of evidence suggesting that the proposal to establish the JCHP came from Rajchman: first, an oral history by Johannes Holm, director of UNICEF's international BCG campaign, attributed the idea to Rajchman; second, the proposal to establish the JCHP came from a fellow countryman of Rajchman,

¹²³⁵ Haswell, *The Doctor*, p. 250.

¹²³⁶ World Health Organization, *Official Records* 13, 'First World Health Assembly, December 1948', pp. 243-244; AIP, RAJ C.3, Höjer to Rajchman, 31 May 1950.

representing Poland on Mackenzie's Committee.¹²³⁷ Mackenzie is shown to have been elected to chair the JCHP, one of four WHO representatives, who were matched by a similar number from UNICEF's executive, under Rajchman's leadership.¹²³⁸ Rajchman's 'fight' with WHO in the JCHP is recounted not by Mackenzie, but by American and Swedish members of the WHO Executive who served on the Committee.¹²³⁹ The thesis describes how formal cooperation that was established between the two agencies in 1948, as a consequence of rivalry, endured until 1997.¹²⁴⁰

Mackenzie's conflicted relations with Rajchman, which began around 1937, never healed. On 27 July 1951, Rajchman wrote to Mackenzie at the British Ministry of Health, but Mackenzie did not answer. It was left to Neville Goodman to reply: he responded on 6 September, saying 'Mackenzie asked me to deal with this as he was going away'.¹²⁴¹ This was an unusual discourtesy on the part of Mackenzie. Rajchman had made an apparently simple request, for literature and material on diphtheria to be sent to a new Institute of Antibiotics in Warsaw (the same Institute was the issue of an outburst by Rajchman against Borčić the previous month).¹²⁴² Rajchman seems to have been the one person for whom Mackenzie harboured a dislike. It seems a misfortune that he could not bring himself to emulate Borčić's ability to remain on friendly terms with Rajchman, despite experiencing the full fury of his temper, or to summon up the magnanimity of nutritionist Edward Mellanby, who could not defend Rajchman's methods but felt that he had the good of humanity at heart.¹²⁴³ It is unreasonable to expect this of Mackenzie: the ideological divide between him and Rajchman was profound. It is, however, the nature of collective action by diverse nations that political differences will *always* exist. These will be no less profound than those that existed between communist Poland and imperial Britain in the era of Rajchman and Mackenzie. In today's world, those seeking to advance global health must be ready to resolve contentions with their polar opposites.

1237 UNICEF, 'Interview of Johannes Holm', p. 14; World Health Organization, *Official Records* 13, 'First World Health Assembly, December 1948', p. 242.

1238 United Nations Economic and Social Council, E/ICEF/77, 5 October 1948, p. 16.

1239 McKinzie, 'Oral History Interview'; AIP, RAJ C.3, Höjer to Rajchman, 31 May 1950.

1240 World Health Organization, EB101/18, 30 October 1997, p. 4.

1241 AIP, RAJ C.7, Goodman to Rajchman, 6 September 1951.

1242 AIP, RAJ C.7, Handwritten draft, Rajchman to Borčić, 12 June 1951.

1243 Obituary: Ludwik Rajchman (1965), *Lancet* (14 August), p. 349.

Significance of the contributions of Mackenzie and Rajchman to global health

The thesis demonstrates not only that Mackenzie and Rajchman exercised a determining influence on the structure of WHO and UNICEF, but describes how they succeeded in broadening the functions of the antecedent institutions in which they served over the first half of the Twentieth Century. Both served in international health organizations that stemmed from the Versailles Treaty. It was work undertaken for these organizations, within countries, that makes their contribution to global health significant. Rajchman himself gave Mackenzie credit for his industrious contribution to health reorganisation in Greece.¹²⁴⁴ His own frequent and lengthy visits to China represent a commitment to country work that is unmatched by anyone in a leadership position in global health.

The normal life of a League of Nations' official, as the Secretary-General reported, was spent at Geneva.¹²⁴⁵ This was true of the two protagonists of this thesis. The longest duration of Rajchman's and of Mackenzie's country assignments for the League was one year and four months respectively, although Mackenzie spent 15 months in Russia before joining LNHO. Sprigings' observation that Mackenzie's work in the field placed him far from policy makers seems not to be the case.¹²⁴⁶ The reasons for his being overlooked is attributable, as discussed earlier, to the self-effacement of the LNHO Secretariat and to the fact that almost no global health histories have focussed on the work of international health organizations within countries.

Genealogy of UNICEF and WHO

A genealogical metaphor is used in the thesis to identify linkages that reach back from the founding of WHO and UNICEF to antecedent organizations of the interwar and wartime periods. The 'Eve' of this genealogical tree was the enabling health article, 23 (f), of the Covenant of the League of Nations. After the Treaty of Versailles, three bodies entered the international stage – the short-lived IRRC and the League of Nations Epidemic Commission, together with LNHO, which survived for a quarter of a century. In 1943, a further agency appeared – UNRRA, which wound down three years later. Pre-Versailles, there existed one major regional and one international body, the Pan American Sanitary Bureau (PASB) and *L'Office International d'Hygiène Publique* (OIHP), both of which remained in existence until absorbed within WHO.

1244 SDN, 8A/13967/13967, Rajchman to Flores, 22 March 1930.

1245 Personal Communication, Andrew Mackenzie, 24 November 2010, Drummond to Mackenzie, 6 March 1933.

1246 Sprigings, 'Feed the People', p. 109.

Bibliographic sources show that the United States refrained from joining in the collective health action taken by nation-states after Versailles. The country did not disengage, however, from international health. A large part of the work of LNHO was supported by United States philanthropy from the Rockefeller Foundation.¹²⁴⁷ United States' nationals served within LNHO and also led important non-governmental initiatives, such as the establishment in 1919 of a League of Red Cross Societies.¹²⁴⁸ At the time, however, this federation of national societies lacked resources. The US government therefore chose to act through the American Relief Administration (ARA), an independent organization that brought wartime and postwar relief to European countries.¹²⁴⁹

An apocalyptic health crisis confronted nations in the wake of the Treaty of Versailles. In the winter of 1921-1922, scenes unparalleled since the black death were commonplace in Russia and some 2.5 million of her citizens died from typhus following the Revolution and Civil War.¹²⁵⁰ Rajchman had the firm view that the epidemic situation should be dealt with, collectively, by *governments*.¹²⁵¹ Consequently, in March 1922, twenty-seven nations met in Warsaw to address the crisis.¹²⁵² Sources quoted in the thesis show that a counterpart to the collective relief action taken by nation-states was provided through the 'independent internationalism' of the United States, namely by Herbert Hoover's ARA.¹²⁵³ The task of feeding millions of people overwhelmed the capacity of all organizations, save the ARA, which received a substantial appropriation from the US Congress.¹²⁵⁴

The thesis suggests a lineage from ARA to UNRRA to UNICEF. Maurice Pate, who entered Russia on behalf of ARA in August 1921, became UNICEF's first Executive Director.¹²⁵⁵ Goodman states that UNICEF was the favourite heir and residual legatee of UNRRA's funds.¹²⁵⁶ Jessica Reinisch identified ARA as a possible progenitor of UNRRA.¹²⁵⁷ The present analysis shows that the

1247 Weindling, 'Philanthropy and World Health', pp. 269-281.

1248 Davison, *The American Red Cross*, Chapter XXI.

1249 Biographical/Historical Note, Archives Center, National Museum of American History, NMAH.AC.1199 'Guide to the American Relief Administration, European Children's Fund Collection', <<http://americanhistory.si.edu/archives/AC1199.html>> [accessed 19 September 2012].

1250 Asquith, *Famine*, p. 23; Patterson, 'Typhus', pp. 378-379.

1251 Balińska, 'Assistance and Not Mere Relief', pp. 93-94.

1252 TNA, CAB/24/136, Lt. Col. S. P. James, 'The International Health Conference Held at Warsaw From 20th to 28th March 1922', 3 April 1922.

1253 Hoff, *Herbert Hoover*, p. 64; Reinisch, 'Internationalism in Relief', p. 266.

1254 Beeuwkes, *American Medical and Sanitary Relief*, p. v.

1255 Weissman, *Herbert Hoover*, p. 38.

1256 Goodman, *International Health Organizations*, p. 148.

1257 Reinisch, 'Internationalism in Relief', p. 286.

generous funding of UNICEF, UNRRA and ARA allowed them to act as 'supply' agencies, furnishing countries with health resources and resident international personnel.

The thesis shows that WHO had a different lineage. On one side, the genealogical transit was via LN-EC and LNHO: on the other side, it was via OIHP. These antecedent agencies of WHO had a different funding structure, each receiving contributions from governments according to a scale of assessments. The thesis shows that early WHO budgets were inadequate and 'threatened to reduce WHO to an administrative, planning, and [information] collecting organization only, leaving very little money for practical work in the field'.¹²⁵⁸

In short, actions to advance global health and to protect the world's children are mediated by organizations with different antecedents, UNICEF's genealogy going back to agencies of the interwar and war years that were provided with generous funds specifically intended for *country-specific* activities: WHO and its antecedents, on the other hand, were established with a more restricted funding structure, receiving contributions from each of its member states according to a scale of assessments.

The crucible of global health

The thesis shows that Lenin's Russia was the unlikely birthplace of international health. It reveals that the presence of international staff within a nation's borders was first authorised in 1921 when Maxim Litvinov agreed to allow ARA to enter the country to help starving Russians.¹²⁵⁹

Mackenzie's letters and reports describe how he and his colleagues went about introducing in one Russian *ooyezd* (county) in 1922 and 1923 the practice of combining medical reconstruction with relief, in an effort to leave services in place that would survive the departure of expatriate staff.¹²⁶⁰

1258 Anonymous, 'Third World Health Assembly', *British Medical Journal* (May 27, 1950), pp. 1255-1257.

1259 Weissman, *Herbert Hoover*, p. 69.

1260 Wellcome L., PP/MDM/A/2/9, 'An English Doctor in Mesopotamia and Soviet Russia', p. 153.

The influence of Rajchman's cooperation with China on postwar international health

The part of the thesis that relates to China is one in which the leading actor was Rajchman, with Mackenzie playing a minor, but noteworthy, role. Rajchman documented seven visits he made to China between 1924-1925 and 1937. He developed there a programme of technical cooperation that was different in nature, greater in magnitude, broader in scope and longer in duration than all cooperation that preceded it. This was pursued because China was 'destined to be among the most powerful of modern nations'.¹²⁶¹

The thesis argues that the bold and imaginative initiative that Rajchman launched in China in 1930 was the world's first effort in technical cooperation. Rajchman reported that the cooperation that China requested 'would not be temporary, but would, on the contrary, be continuous, since the League was asked to cooperate, not only in the establishment of a plan of sanitary reorganisation in China, but to assist in the application of the plan'.¹²⁶² In 1933, the League of Nations established a Council Committee on Technical Collaboration, the 'China Committee'.¹²⁶³

The thesis uncovered the key role that Rajchman played with Soong Tzu-wen in establishing a National Economic Council, which became the hub of the League's support to China, not just in the health area but in the fields of communications, economic development and education. It revealed further that it was Berislav Borčić, rather than his fellow countryman Andrija Štampar, who had the most sustained influence on LNHO's programme of technical cooperation. Borčić, after serving with LNHO in Greece in 1929, was assigned to the Central Field Health Station in Nanjing in 1930 and departed from China in 1938.¹²⁶⁴

Contrary to previous accounts, the present narrative shows that the health services that developed in China did not derive from any Western model, but from an indigenous movement of rural economic and social development. The presence of international experts in China served to validate changes that Chinese reformers such as Ch'en Chih-ch'ien and Liu Ruiheng sought. Among the measures

1261 Pearl Buck, quoted in Chen, 'Scientific Medicine', p. 99.

1262 NLS, C. 190. M.90. 1930, First meeting of (League of Nations Health) Committee, 5 March 1930, p. 12.

1263 SDN, Council Committee on Technical Collaboration with China, C/China Sixth Session/PV1, 1936, p. 4.

1264 SDN, *Quarterly Bulletin* V (1936), p. 1084; SDN, R 5775, 50/22170/6501. J2, Rajchman to Lester, 15 February 1938.

that Ch'en attributed to the success of his rural health programme was the 'horizontal social approach'.¹²⁶⁵ This appears to be the first recorded use of a term widely used today to differentiate the application of broad measures of health development within a defined community from narrow (vertical) measures against specific diseases. Ch'en also introduced Village Health Workers as part of a horizontal approach to improving the life of villagers. The thesis describes how reports by Ch'en and Liu to the 1937 League of Nations' Conference on Rural Health in Bandoeng drew on more than a decade's experience in expanding an indigenously-established system of health care.¹²⁶⁶ Cooperation with China was designed, principally, to support 'state medicine' (*gongyi*), which was considered by Chinese health reformers as the system of health care best suited to advancing the wellbeing of rural populations.

It is suggested that today's global health organizations might profit from studying LNHO's technical cooperation with China in the interwar years. Cooperation there was designed to support those arms of Government that affected the social wellbeing of the people. Accounts of this approach in the Report of the 1937 Bandoeng Conference impressed WHO Director-General Halfdan Mahler who observed, four decades later, that health work in rural areas was 'the entering wedge for the development of a broader programme embracing education, economics, sociology, engineering and agriculture'.¹²⁶⁷ Prewar health developments in China also had an influence on the policies of UNICEF: the son of John Grant, founder of community-based academic training in public health at the Peking Union Medical College, became Executive Director of UNICEF in 1980.¹²⁶⁸

Mackenzie's role in technical cooperation with China, 1937-1939

Sprigings' essay refers to Mackenzie's prestigious work in China.¹²⁶⁹ The thesis shows that he became involved only at the outbreak of the Sino-Japanese War in 1937 and that his presence in the country was limited to some six weeks in the spring of 1939. The thesis is the first to detail the support that the League of Nations provided to China after the onset of the Sino-Japanese War (the War of Resistance) in 1937. Mackenzie described the constitution and deployment of German, French and English-speaking teams sent to help contain the spread of transmissible diseases during

1265 SDN, R 5710, 50/18704/6501, C. C. Ch'en 'Development of Systematic Training in Rural Public Health: Annual Report 1935', *Chinese Association of the Mass Education Movement*, p. 7.

1266 SDN, Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene, Bandoeng, J. Heng Liu, National Report, China, C. H. 1253 (f), 1937; C C Ch'en, Health and Medical Services, C. H. 1253 (2), 1937.

1267 Mahler, 'Promotion of Primary Health Care', p. 107.

1268 Litsios, 'John Black Grant', p. 547.

1269 Sprigings, 'Feed the People', pp. 116 & 119.

the greatest displacement of population in Chinese history.¹²⁷⁰ The support of the League to a member-state that was facing savage aggression was limited to an augmented, but still modest, health intervention. The thesis describes how tensions resulting from Avenol's intrigue against Rajchman affected the performance of the three LNHO teams in the field and led to the departure of Borčić in 1938. A year later, Rajchman too left LNHO.¹²⁷¹ Mackenzie's 1939 visit is shown to have been a consequence of the disarray stemming from these departures, which was considered by LNHO staff to be potentially fatal to the decade-long cooperation that it had established with China.

The present account reveals how doubts and criticisms surfaced concerning cooperation with China at this time. Norman Bethune observed in 1938 that the League of Nations' mission was perceived differently 'east of the Lake of Lucerne'.¹²⁷² The underlying idea of the Geneva plan was to continue efforts to strengthen the Chinese medical and public health services. On the ground in China, international staff were drawn into humanitarian relief. The Secretary-General of the League had stated earlier (with respect to Mackenzie) that 'our officials are sometimes asked to live dangerously'.¹²⁷³ The engineer Bourdrez and his Chinese colleagues were drowned while surveying navigation routes on the Yangtze river.¹²⁷⁴

An important outcome of Mackenzie's 1939 mission to China was the selection of Pierre Dorolle as Representative of the Secretary-General, a decision that was good for the postwar development of global health, since this kind and competent man later became Director-General *Adjoint* of WHO.¹²⁷⁵ The issues of aerial bombing and access for supplies over the Burma Road are major topics in Mackenzie's letters from China.¹²⁷⁶

1270 Mitter, *China's War with Japan*, p. 364; Wellcome L., PP/MDM/A/3, China Background, Anti-Epidemic Work in China, League of Nations Information Section, 27 May 1938, p. 3.

1271 SDN, R 6187, 8D/38230/204, C.H./Bureau Réunion 6/PV, Avril 1939, p. 35.

1272 Bethune and Hannant, *The Politics of Passion*, p. 226.

1273 Personal Communication, Andrew Mackenzie, 24 November 2010, Drummond to Mackenzie, 6 March 1933.

1274 Maux-Robert, *Le Dragon de l'Est*, p. 191.

1275 Wellcome L., PP/MDM/B/14, Mackenzie to Faith Mackenzie, 29 March 1939, p. 3.

1276 Wellcome L., PP/MDM/B/14, Mackenzie to Emma Mackenzie, 1 April 1939; Mackenzie, 'China's Lifeline', pp. 657-658.

Historical origins of horizontal and vertical programmes

Passing through Brazil *en route* to Bolivia in 1930, Mackenzie gave an account of the rigorous and effective measures employed to control the mosquito vector of the lethal disease, yellow fever.¹²⁷⁷

This approach of targeting a single disease is an early example of a 'vertical' programme.

Programmes such as that established in China by Ch'en, which were designed to tackle over-all health problems on a wide front and on a long-term basis through permanent institutions, came to be described as 'horizontal'.¹²⁷⁸

Emilio Pampana was recruited by LNHO to go to Bolivia to lead the horizontal programme that was planned (but never implemented) by Mackenzie and Spanish epidemiologist Marcelino Pascua Martinez. Borowy argued, in relation to Latin America, that vertical programmes appeared more feasible in young countries where there were few trained personnel and where salaries were poor.¹²⁷⁹

The balance between country-specific functions and common global functions

Sources quoted in the thesis show that the restricted nature of WHO's first budgets led to an imbalance, with *country-specific* functions being relatively neglected, while *common global* functions were favoured.¹²⁸⁰ Lacking resources to engage in significant technical cooperation with individual countries, WHO was obliged to focus on common global functions, such as providing advice through Expert Committees that benefited *all* its member states.

The historical perspective provided by this thesis shows that, as each agency grew, pathways set in their beginnings predominated – country-specific action in UNICEF's case and global services in the case of WHO. It proved obstinately difficult for Directors-General of WHO to achieve a better balance between *country-specific* and *common global* functions.¹²⁸¹ As already mentioned, a recent review of the performance of international agencies by the United Kingdom Government concluded that WHO 'needs to improve its strategic focus and delivery at country level'. It can be fairly

1277 Wellcome L., PP/MDM/A/3/3/1, Bolivian Personal Account, pp. 4-5.

1278 Gonzalez, 'Mass Campaigns and General Health Services', p. 9.

1279 Borowy, 'European to Global Health Concerns?', p. 17.

1280 Yves Biraud, 'Epidemiological Aspects of the Work of the World Health Organization', *Proceedings of the Royal Society of Medicine* 44 (1951), p. 908.

1281 World Health Organization, *Co-operation for Health Development: The World Health Organization's Support Programmes at Country Level*, quoted in Adetokunbo Lucas, 'WHO at Country Level', *Lancet* 351 (1998), pp. 746–747.

claimed, however, that Mackenzie's aspiration in the 1940s, for a World Health Organization that is credible and reliable – 'an aid to every national health service and to every physician and research worker' – has been realised.¹²⁸²

UNICEF's work was recognised in the award of the Nobel Peace Prize in 1965, the year of Rajchman's death. The Nobel citation states 'even the most reluctant person is bound to admit that in action UNICEF has proved that compassion knows no national boundaries ... Aid is given to all children without any distinction of race, creed, nationality or political conviction'.¹²⁸³ The same sentiment was expressed in 1922 in forthright terms by Mackenzie in Russia, where he went to 'feed the people and prevent disease, and be damned to their politics'.¹²⁸⁴

How joint policy-making between WHO and UNICEF benefited countries

Morris, in her analysis of UNICEF's origin, describes the problems of the agency's 'rocky relationship' with WHO, but not the solution – attempting to contain the rivalry by putting the two bodies into harness. The present thesis used contemporary documents to reconstruct a narrative of the establishment of the UNICEF/WHO Joint Committee on Health Policy in 1948. The thesis demonstrated the importance of this mechanism for the countries served by each agency. It became a forum for discussing how to help countries meet basic health needs.¹²⁸⁵ Practical experience gained by UNICEF and WHO staff while serving in the field helped to develop the practice of primary health care. This experience informed later policies of UNICEF and of WHO that aimed to improve the health of children and adults around the globe.

Rajchman found himself seated across the table from Mackenzie and Štampar at the first meeting of the JCHP, with Borčić in the role of intermediary between UNICEF and WHO. The JCHP, on which these four veterans of technical cooperation with China served, persisted for half a century. Cooperation between WHO and UNICEF generated the most ambitious global health policy of the Century, the aspiration for the attainment by all peoples of the world by the year 2000 of a level of health that would permit them to lead a socially and economically productive life. As already stated, the slogan for this policy – 'health for all' – is a phrase that is shown to have been employed by

1282 Mackenzie, 'Global Frontiers', p. 102.

1283 Aase Lionaes, Award Ceremony Speech, Nobel Peace Prize 1965, < nobelprize.org>.

1284 Wellcome L., PP/MDM/A/2/8, Mackenzie to Emma Mackenzie, 13 August 1922.

1285 V. Djukanovic and E. Mach, 'Alternative Approaches to Meeting Basic Health Needs in Developing Countries, A Joint UNICEF/WHO Study', 1975. <whqlibdoc.who.int> [Accessed 24 December 2013].

Raymond Gautier in 1943. The Joint Enterprise for vaccinating children against tuberculosis during the period from 1948 to 1951, the initiative that led to the creation of the JCHP, effectively created the role for WHO of acting as an international health manager, linking the expertise and resources of its own Organization with other agencies for the benefit of countries.

The protagonists: a concluding evaluation

Mackenzie and Rajchman were men of unusual qualities, which were recognised by their contemporaries. Key elements of Rajchman's success were his intellect, and the frankness and honesty of his relations with national authorities. These were displayed in his publicly-announced assessment in 1930 that 'cooperation of the League with China, however efficacious, would not bring about any appreciable improvement in the health situation of China within a period which could be measured at the present moment'.¹²⁸⁶ Mackenzie captured Rajchman's qualities in a 1931 letter, which stated that 'he is a marvellous man and a great inspiration'.¹²⁸⁷ The present research shows that staff who worked with Rajchman in the 1930s maintained their friendship: Borčić, Gautier, Mooser and Park all continued warm correspondence with him long into his retirement. Nevertheless, Rajchman could be exasperating, as evidenced by Axel Höjer's frustrated appeal of 1950 to 'finish the fight' with WHO and also by the shocking letter that Rajchman wrote to Borčić the following year, purporting to sever thirty years of friendship.¹²⁸⁸ The Irish nutritionist, Wallace Aykroyd, captured the personality of this brilliant but difficult man, citing his inhuman energy, tenacity, organising skill, prodigious memory, and capacity for making enemies.¹²⁸⁹ There was a tragic backdrop to Rajchman's life: anti-semitism of Nazi Germany; the murderous cruelty in Poland that followed Hitler's invasion; and the division of his country following the Molotov-Ribbentrop pact of 1939. When war ended, Rajchman found himself a citizen of a communist country.¹²⁹⁰ He lived out a life in exile in France.

Mackenzie was trusted, took pains to learn local languages, interacted with local physicians as colleagues, was respected for his technical competence and had a demonstrated ability to orchestrate the work of multinational teams. Like his LNHO colleagues, he adhered to the international ethos that his duties were not to his national government, but to the global body.

1286 NLS, League of Nations Collection, C.190.M90.1930, Fifteenth Session of the Health Committee, p. 8.

1287 Wellcome L., PP/MDM/B/7, Mackenzie to Faith Mackay, 17 January 1931, p. 3.

1288 AIP, RAJ C.3, Höjer to Rajchman, 31 May 1950; AIP, RAJ C.7, Handwritten draft, Rajchman to Borčić, 12 June 1951.

1289 Balińska, *For the Good of Humanity*, p. 103.

1290 Balińska, *For the Good of Humanity*, p. 203.

Colleagues found him courteous, kind, practical, adventurous and idealistic. His life course was, however, influenced by early experiences that his obituarist described as 'terrible'.

The thesis demonstrates that the two protagonists merit greater attention from scholars in their own countries and from historians of global health. A recently-established archive in London and a longer-established French, English and Polish-language archive in Paris provide ready sources for further studies.¹²⁹¹

1291 Wellcome L., Western Manuscripts and Archives, PP/MDM; Archives of Institut Pasteur, FR AIP RAJ.

Appendices

Appendix 1: Extract from Wellcome Archive¹²⁹²

Reference: PP/MDM

Title: Mackenzie, Melville Douglas

Extent: 5 boxes

Date: 1917-1960

Box Number: 1-5

Name: Mackenzie, Melville Douglas, 1889-1972

Description: Correspondence, reports, memoranda and other papers relating to various stages of Mackenzie's career including his time with the RAMC in Mesopotamia during WWI; his domestic work in Huddersfield, Liverpool and Newcastle; his work with the Society of Friends' Unit as part of the Russian Famine Relief; various international missions on behalf of the Health Organisation of the League of Nations during the 1930s and 1940s; work after WWII including his involvement with the World Health Organisation. The collection also contains administrative documents concerning Mackenzie's career, as well as a series of letters by Mackenzie, sent to his wife, mother and brother, between 1923 and 1957. Some of these letters have been annotated at a later date by Mackenzie's son.

Arrangement: Arranged in sections A-C as follows:

A: Missions and Tours

B: Letters

C: Biographical and Administrative

¹²⁹² Wellcome L., PP/MDM.

Appendix 2: Archival sources at League of Nations, Institut Pasteur and WHO

Contemporary records are provided in official publications of the League of Nations that are archived in Geneva. Regular reports on the implementation of technical cooperation are included in several official publications. Those of the governing bodies – the Assembly (A), the Council (C), the Health Committee (CH) and Reports of the Council Committee on China (C/China) are detailed by Aufricht.¹²⁹³ Document notation, A 1. 1921, indicates Document of the League Assembly, Number 1, distributed in 1921. The notation, C.H. 1268, means that it was the 1268th Document distributed to the Comité d'Hygiene – the Health Committee. One serial publication, the *Quarterly Bulletin* of the Health Organisation, published a bibliography of the Technical Work of the Health Organisation of the League of Nations, 1920-1945.¹²⁹⁴ Victor Yves and Catherine Ghebali classified Functional Cooperation of the Health Organisation in the following categories: *Health Committee* (papers, minutes and reports); *General Advisory Health Council* (minutes and reports); *International Conferences*; *Eastern Bureau Health Organization* (including annual reports); *Serial Publications* (including Organization and Working of Public Health Services in Various Countries), *International Health Yearbook*, *Bulletin of the Health Organization* and *Chronicle of the Health Organization*; and *Additional References* (Reports of the Epidemic Commission, Annual Report of the Health Organization and Communiqués to the Medical Press).¹²⁹⁵

Index cards on individuals for the periods 1928-1933 and 1933-46 that are held in the SDN archive provide a ready reference to numbered Boxes in which Registry files (R) are located. There are 25 index cards on Mackenzie spanning the years 1928 to 1946.

In the *Fonds d'Archives Ludwik Rajchman* of the Institut Pasteur (FR AIP RAJ), files relating to *Missions de la Société des Nations en Chine (correspondance et rapports)* are housed in the Boxes RAJ.C1: 1926-1939. The Pasteur archives are relatively meagre, considering Rajchman's lengthy presence in China in the 1920s and 1930s, but include a handwritten note on the chronology of eight visits between 1924-1939 (RAJ.A1) and correspondence, reports and League of Nations documents, mostly on his visit of 1929 and events in 1939 (RAJ.C1), plus a lecture and a published article (BLK 2).

1293 Hans Aufricht, *Guide to League of Nations Publications: a Bibliographical Survey of the League, 1920-1947* (New York: Columbia University Press, 1951).

1294 League of Nations, 'Bibliography of the Technical Work of the Health Organisation of the League of Nations, 1920-1945, *Bulletin of the Health Organisation* XL (1945).

1295 Victor Yves Ghebali and Catherine Ghebali, *A Repertoire of League of Nations Serial Documents: 1919-1947* (Dobbs Ferry NY: Oceana, 1973).

Bound volumes of Documents and Minutes of the UNICEF/WHO Joint Committee on Health Policy Library, for Sessions 1-4 and 5-6, are held in the Library of the World Health Organization, Geneva.

Appendix 3: Chronology of events, Russia¹²⁹⁶

- October 1917** Bolshevik Revolution.
- March 1918.** Treaty of Brest-Litovsk. British and American Quakers go to Russia to help people seeking refuge after being displaced.
- April 1919** League of Red Cross Societies established at Cannes Conference. Article XXV of the Covenant of the League of Nations promotes cooperation of national Red Cross organizations having as their purpose the mitigation of suffering throughout the world.
- 1919** Secretariat of League of Nations set up in London under leadership of Sir Eric Drummond.
- 10 January 1920** Treaty of Versailles comes into force. Article XXIII provides that States Members of the League 'will endeavour to take steps in matters of international concern for the prevention and control of disease'.
- February 1920** Second session of the Council of the League of Nations summoned an International Conference of Health Experts to draw up a scheme for a Health Organisation.
- April 1920** International Health Conference meeting in London recommends establishing a temporary Epidemic Commission to deal with the grave problem of epidemic typhus, which had spread from Russia to countries of Eastern Europe.
- 18 March 1921** Treaty of Riga brought the Russian Civil War to an end.
- 21 March 1921** Decree introduces Lenin's New Economic Policy, leading to increased agricultural production..
- 31 July 1921** Tikhon, the Patriarch of All Russia, appeals in *New York Times* stating that a great part of the Russian population is 'doomed to hunger death'.
- 15 August 1921** Geneva Conference, convened by Joint Committee of International Red Cross and League of Red Cross Societies, nominates Fridtjof Nansen as High Commissioner of International Russian Relief Committee.
- 23 August 1921** Litvinov signs Agreement in Riga with American Relief Administration Children's Fund (ARA).
- September 1921** Friends return to Volga region to bring famine relief. Several aid workers succumb to typhus.
- September 1921** Rajchman and Norman White, representing LN-EC, pay a week-long

¹²⁹⁶ Sources: *Ten Years of World Co-operation* (League of Nations, 1930), pp. 250-251; *Chronology of League of Nations*, <<http://www.unog.ch> [accessed 17 November 2012]; Henry P. Davison, *The American Red Cross in the Great War* (New York: Macmillan 1919), Chapter XIX; Anon, 'The Health Office of the League of Nations', *British Medical Journal* (8 January 1921), pp. 53-54.

visit to Moscow, facilitated by Nansen.

November 1921 Rajchman writes to Litvinov, coordinating his correspondence with Nansen, assigning dual functions to Reginald Farrar, appointed by LN-EC to coordinate medical supplies as well as epidemic control.

6 December 1921 Nansen despatches telegram to Joint Committee of Red Cross Societies and Farrar corresponds also with LN-EC, after joint visit to Saratov, concerning catastrophic effect of winter famine, stating 'immediate action imperative'.

17 December 1921 Mackenzie addresses letter to Society of Friends in response to appeal in *Lancet* for doctors to go to famine areas in Russia.

December 1921. Farrar dies of typhus in Russia, the first League of Nations staff to die in the course of official duties. Replaced by William Haigh.

12 March 1921 Leon Trotsky pays generous tribute to ARA, the Nansen and Quaker organizations.

20-28 March 1922 International Health Conference in Warsaw attended by 27 countries. Implementation of the resolutions for epidemic control entrusted to the LN-EC.

10 April - 19 May 1922 Genoa Conference attempts to negotiate relationship between capitalist economies and the new Bolshevik regime. Haigh attends, representing LN-EC.

11 April 1922 Mackenzie, after long delay waiting for Russian visa, arrives Warsaw.

11 May 1922 Mackenzie arrives Moscow.

31 May 1922. Mackenzie arrives Buzuluk, where he remains (with 3-months interruption for fundraising in the Spring of 1923) until July 1923.

July 1922 ARA announce that their presence in Russian is to end.

May/September 1923 Scheme for League of Nations Health Organisation (LNHO) drawn up and adopted by the Fourth Assembly (September 1923). Comprises a 20 member Health Committee, an Advisory Council (appointed by *L'Office*) and a Health Section (the Executive arm).

January 1924 Norman White in Russia for a malaria conference on behalf of LN-EC. At the XIIIth Party Conference Trotsky denounced 'for petit bourgeois deviation' and, on 21 January, Lenin dies.

Appendix 4: Extract of letter of Apostolos Doxiadis of 20 October 1928

regarding the enemy with which he has to deal, and knowing as I do the interest that your Organisation bears towards my country, I earnestly request your assistance by such means as may be at your disposition. I should suggest that, if you agree, this should take the form partly of an investigation into the morbidity of my country, and partly by the special instruction of personnel who might be sent abroad for this purpose. Furthermore, we should appreciate any suggestions as to the best means of undertaking a campaign for the improvement of the sanitary conditions of Greece. You will realise that serious diseases such as plague and typhus fever are endemic in several towns and that, in addition, malaria occurs practically throughout our population. Moreover, tuberculosis constitutes a wide spread menace and finally, trachoma, leprosy, syphilis and other infectious diseases, especially amongst children, undermine our health and threaten our whole national constitution.

The economic crisis which has resulted from the catastrophe of which you are aware, unfortunately prevent us from undertaking at the moment, all the campaigns which medicine and social improvement make desirable.

Dr. Mackenzie, our valuable collaborator, will submit to you our plan for the sanitary re-organisation of the country. Any observations which you may have to make in this connection will be received with gratitude.

Yours sincerely,

A. DOXIADIS

Under-Secretary of State
for Hygiene.

8A

N.Y. Oct 8
Stamp

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BOLIVIA ASKS AID OF LEAGUE

Concern Felt Over Ignoring of Pan-American Bureau.

HELP IN SANITATION SOUGHT

Which Is Precisely What Bureau Was Organized For.

Special Dispatch to THE SUN.
The Sun Bureau,
Washington, Oct. 8.

Concern was manifested in diplomatic and official circles here today at the reported action of Bolivia in seeking aid of the League of Nations in the solution of a problem of the Western Hemisphere for which Pan-American machinery already had been provided.

The Bolivian representative in Geneva, Dr. Cortadellas, recently appealed to the League to lend its cooperation in reorganizing the Bolivian sanitary system, and according to latest reports the League has taken favorable action on the request. Since the Pan-American Sanitary Bureau was organized for the purpose of cooperating in just such situations as that with which Bolivia finds herself confronted, the action of Bolivia in going outside the Pan-American organization and inviting assistance of the League has caused much discussion among members of the sanitary bureau and diplomats in general.

There is a tendency to resent the movement on the part of Bolivia, which is characterized as "Bolivia's latest gesture toward Europe and the League."

So interested is the sanitary bureau in this development that Dr. John D. Long, formerly of the United States Public Health Service, with a record for achievements in sanitation in the Canal Zone, is proceeding to La Paz. He will cooperate as far as possible with the Bolivian authorities in the solution of their problems of sanitation.

Dr. Long, who is a traveling representative of the Pan-American Sanitary Bureau, and who had been directing much of his attention to furthering of the bureau's efforts to

stamp out bubonic plague, yellow fever and malaria on this hemisphere, had been engaged in sanitary work at Guayaquil, Ecuador.

While details of what the league plans to do by way of cooperating with the Bolivian authorities are not known, it is reported that a league representative who is coming to the United States in connection with President Hoover's Child Welfare Conference, will probably take up the Bolivian matter with the Bolivian Minister, Senor Don Eduardo Diez de Medina, upon his arrival here with a view to more specific cooperation.

There are also indications that Dr. Hugh S. Cumming, director of the Pan-American Sanitary Bureau and of the United States Public Health Service, will offer the services of the United States Public Health Service to the league representative in assisting in the work in Bolivia. It is doubted whether such an offer would be accepted by the league, but it is believed it probably will be made.

It is understood there have been discussions of the Bolivian action between officials of the Pan-American Sanitary Bureau and the State Department, but according to officials of the Bolivian Legation here, there has been no discussion of the subject between the Legation and the State Department.

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30-OCT-1929

Secretary-General.

Evidently the Bolivian request has aroused interest in Washington, though I am not at all sure that the attitude given in this despatch is quite accurate, especially as the next to last paragraph entirely controverts it.

A.S.

22.X.1929.

Health Section & H. Bureau
Shindler
23. 10. 29

Appendix 6: Chronology of events in China

| | |
|-------------------|---|
| 1911 | <i>Wanguo Hui</i> , China's first medical conference |
| 1912 | Sun Yat-sen, first President of the Republic of China, pledges 'to plan for the welfare of the people' |
| 1917 | Peking Union Medical College (PUMC) reorganised with support from the China Medical Board (Rockefeller Foundation) |
| 1921 | John Grant appointed Director of the PUMC Department of Public Health |
| 1922-1923 | Mission of Norman White to Far East for League of Nations Epidemic Commission |
| 1924- 1925 | Visit of Ludwik Rajchman, Medical Director, League of Nations Health Section |
| 1925 | Y. C. (James) Yen establishes Mass Education Movement |
| 1925 | Eastern Bureau of the Health Organization of League of Nations established in Singapore |
| 1928 | Nationalist (Guomintang) Government established in Nanjing with Chiang Kai-shek as Chairman of the State Council |
| 1928-1937 | The Nanjing Decade, when the city is Chiang Kai-shek's capital |
| 1928 | Nationalist Government establishes a Ministry of Health, headed by Hsueh Tu-pi |
| 1929/1930 | Second Visit of Rajchman to China (with Boudreau) China proposes Technical Cooperation |
| 1930 | Assignment of Borčić to Central Field Health Station Nanjing National Health Administration (<i>Wei Sheng Shu</i>) replaces Ministry of Health |
| 1930-1931 | Third Visit of Rajchman to China (Transport and Economic) |
| 1931 | Establishment of National Economic Council |
| 1931 | Yangtze floods |
| 1931 | Mukden incident and loss of Manchuria to Japan |
| 1931 | Fourth Visit of Rajchman |
| 1933 | Fifth visit of Rajchman |
| 1933 | League of Nations establishes Council Committee on Technical Cooperation with China |
| 1933-1934 | Sixth visit of Rajchman (serves one year as 'Technical Agent') |
| 1933-1936 | Andrija Štampar undertakes three missions for rural health development |

- 1935** Robert Haas, Secretary Council Committee on Technical Cooperation, visits
- 1935** Japan ceases to be Member of the League but continues technical involvement
- 1936-37** Mackenzie acts as Director, Eastern Bureau of the Health Organization, Singapore
- 1937** Seventh visit of Rajchman
- 1937** Bandoeng Intergovernmental Conference of Far-Eastern Countries on Rural Hygiene
- 1937** Sino-Japanese War begins
- 1938** Three mobile LNHO Health Units deployed in North, Central and Southern China. Borčić leaves China.
- 1939** Mackenzie visits as Representative of Secretary-General of League of Nations
- 1941** LNHO presence ends, but Austrian staff Jettmar and Pollitzer remain
- 1943** United Nations Relief and Rehabilitation Administration (UNRRA) established
- 1945** UNRRA teams assist with nutrition and disease control
- 1946** Borčić returns to China as UNRRA Chief Medical Officer
- 1946** Interim Commission World Health Organization (WHO-IC) established
- 1946** United Nations International Children's Emergency Fund (UNICEF) established
- 1948** UNICEF/WHO Joint Committee on Health Policy (JCHP) established
- 1949** Mao Zedong proclaims People's Republic of China in Tiananmen Square, Beijing
- 1966-76** Great Proletarian Cultural Revolution
- 1976** Death of Mao Zedong
- 1977** Deng Xiaoping begins to enlist foreign help for China's modernization¹²⁹⁷
- 1978** China and WHO sign agreement on technical cooperation in Beijing

¹²⁹⁷ Ezra F. Vogel, *Deng Xiaoping and the Transformation of China* (Cambridge: Harvard University Press, 2011), p. 266.

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Dramatis personae

Avenol, Joseph Louis Anne (1879-1952), French

Affiliation: League of Nations

Note: Secretary-General 1933-1940. His fascist sympathies led to a 'Betrayal from Within'.

Baker, Philip Noel (1889-1982), British

Affiliation: Quaker and Labour politician

Note: Nobel Peace Prize winner, 1959

Balfour, Marshall C. (1896-1976), American

Affiliation: International Health Division Rockefeller Foundation, 1926-1960 (Greece and China).

Note: Director of RF China Programme from 1939; escaped in 1942 and returned after WW II.

Bethune, Norman (1890-1939), Canadian

Affiliation: Communist physician, China.

Note: Died in 1939 after developing septicaemia while operating on a wounded Chinese soldier: Mao said 'we must all learn the spirit of absolute selflessness from him'.

Biraud, Yves (1900-1965), French

Affiliation: LNHO/WHO

Note: Jointly drafted, with Gautier (qv), proposals for an 'International Public Health Organization' and became WHO Director of Quarantine, Epidemic Intelligence and Health Statistics. Died from an illness begun on a mission to Yaounde.

Borcic, Berislav (1891-1977), Croatian

Affiliation: LNHO/UNRRA/WHO/UNICEF

Note: Served in Greece on behalf of LNHO in 1929 and in China between 1930 and 1938. Led UNRRA mission to China in 1946 and, in 1947, the WHO mission. Was WHO Medical Adviser to UNICEF from 1948 to 1955.

Boudreau, Frank George (1886-1970), Canadian/American

Affiliation: LNHO

Note: Accompanied Rajchman to China in 1929. As Director of the Milbank Memorial Fund received Honorary Doctorate from Boyd Orr, Chancellor of the University of Glasgow, in 1947.

Bourdrez, Francois, Died 1939, Dutch

Affiliation: League of Nations Communications and Transit Section

Note: Drowned with all but one of his Chinese colleagues while surveying a strategic navigation route from Yunnan to Szechuan in the upper Yangtze. Maux (qv) made a month-long journey to find the corpse.

Bowles, Newton (1925-), Canadian

Affiliation: UNRRA/UNICEF

Note: Son of missionaries to China and served there from 1945-48. Historian of the JCHP.

Burnet, Etienne (1873-1960), French

Affiliation: LNHO

Note: Director Institut Pasteur Tunis. Secretary LNHO Leprosy Commission.

Campbell, William Hunter Kenneth (1886-?), American

Affiliation: League of Nations/International Labour Organization

Note: Expert in agricultural cooperatives, see W. K. H. Campbell, *Initiation à la Pratique de la Coopération*, Bureau International du Travail Etudes et Documents, Nouvelle Série (32), 1952.

Ch'en Chih-ch'ien (1903-?), Chinese

Affiliation: Wei Shang Shu

Note: Pioneer in addressing the social problems of bringing modern medical knowledge to low-income communities.

Chisholm, George Brock (1896-1971), Canadian

Affiliation: World Health Organization

Note: Psychiatrist who became the first WHO Director-General.

Crowdy, Dame Rachel Eleanor (1884–1964), British

Affiliation: League of Nations Social Questions and Opium Traffic Section

Note: The only woman to head a section at the League. Went with the International Typhus Commission to Poland in 1920–21. On her recommendation, Drummond (qv) offered Rajchman the post of LNHO Medical Director.

Dorolle, Pierre-Marie (1899-1980), French

Affiliation: LNHO/WHO

Note: Worked for LNHO in China in 1938/39 and returned to French Indochina, where he served until 1950 as public health specialist and teacher. Appointed in 1950 as (first) *Director General-Adjoint* and served under three WHO Directors-General.

Doxiadis, Apostolos (1874-1942), Greek

Affiliation: Under-Secretary for Hygiene of Greece

Note: Made first-ever request (in 1928) for international assistance to reform health services.

Drummond, Sir Eric (1876-1951), British

Affiliation: League of Nations

Note: The first Secretary-General. Established an international secretariat. After 14-years' tenure, rejoined the British diplomatic service.

Eloesser, Leo (1881-1976), American

Affiliation: WHO/UNICEF

Note: At the end of WW II served in North China. Freda Kahlo dedicated a self-portrait to Eloesser.

Evang, Karl (1902-1981), Norwegian

Affiliation: WHO Governing Bodies

Note: Director of Health, Norway. A 'giant of public health'. He and Axel Höjer from Sweden (qv), contributed to the modernising and democratising of public health and health care.

Fry, Ruth (1878-1962), British

Affiliation: Quaker

Note: General Secretary of Friends' War Victims Relief Committee and Chairman of Russian Famine Relief Fund.

Gautier, Raymond (1885-1957), Swiss

Affiliation: LNHO/WHO

Note: Drafted, with Biraud (qv), a war-time proposal for an 'International Public Health Organization'. Later became Assistant Director-General of WHO.

Goodman, Neville (1898-1980), British

Affiliation: League of Nations Health Committee/WHO

Note: Directed field services of IC-WHO and served briefly as Assistant Director-General of WHO. First historian of WHO and biographer of Wilson Jameson.

Graff, Elfie Richard (1875-1960), American

Affiliation: Quakers

Note: Graduate of Wellesley 1897 and Women's Medical College of Pennsylvania 1905. Medical missionary in Russia, Turkey, Armenia and Greece.

Grant, John (1890-1962), Canadian

Affiliation: Peking Union Medical College

Note: Oriented medical education in China to the development of community-based health systems.

Gu Weijun (Wellington Koo) (1888-1985), Chinese

Affiliation: Ministry of Foreign Affairs

Note: Pioneer diplomat who participated in the founding of the League of Nations and of the United Nations

Haigh, William Edwin (1878-1961), British

Affiliation: LN-EC

Note: Joined LN-EC in 1923 for typhus control in Poland and Russia. Returned to UK in 1925.

Haines, Anna Jones (1886-1969), American

Affiliation: Quakers

Note: A Russian-speaking nurse who served with the American Friends Service Committee and published *Health Work in Soviet Russia* (Vanguard Press, 1928).

Heiser, Victor (1873-1972), American

Affiliation: Public health physician with Rockefeller Foundation/LNHO

Note: Graduated in 1897 from Jefferson Medical College, 'to which he brought honour through his pioneering exploits in international health'. Author of *A Doctor's Odyssey* (Cape, 1936).

Hoover, Herbert Clark (1874-1964), American

Affiliation: 31st President of the United States, 1929-1933

Note: Founder of American Relief Administration and co-founder (with Rajchman) of UNICEF.

Höjer, Axel (1890-1974), Swedish

Affiliation: WHO Executive Board

Note: Generaldirektör för Medicinalstyrelsen (Director General of Health), Sweden, 1935-1952.

Hyde, Henry van Zile (1906-1982), American

Affiliation: WHO Executive Board

Note: Member of the United States delegation who 'helped form the World Health Organization'.

Jameson, Wilson (1885-1962), British

Affiliation: Ministry of Health

Note: Chief Medical Officer England, 1940-1950, who oversaw the introduction of the British National Health Service.

Jettmar, Heinrich Manfred Ritter von (1889-1971), Austrian

Affiliation: LNHO (China)

Note: Served with Manchurian Plague Prevention Service. Returned to China after being dismissed from the Medical Faculty of the University of Vienna at the time of the 1938 Anschluß.

Lasnet, Alexandre Bernard Étienne Antoine (1870-1940), French

Affiliation: LNHO (China)

Note: Médecin-inspecteur général des colonies. Led French-speaking LNHO Unit in China in 1938/39.

Lester, Sean (1888-1959), Irish

Affiliation: League of Nations

Note: Appointed Deputy Secretary-General in 1937 and served as Secretary-General from 1940 to 1946. His Diaries describe personalities and politics of the period.

Liu Ruiheng (J. Heng Liu) (1890-1961), Chinese

Affiliation: Representative of Chinese Government on LN Epidemic Commission (for China).

Note: Alumnus of Harvard University.

Madsen, Thorvald (1870-1957), Danish

Affiliation: League of Nations Health Committee/SSI

Note: Bacteriologist who presided over the League of Nations Health Committee, 1921-1937.

Mahler, Halfdan, (b. 1923), Danish

Affiliation: World Health Organization

Note: Joined WHO in 1951. In 1973 was elected WHO's third Director-General and was re-elected for two successive five-year terms. Launched Global Strategy for Health for All by the Year 2000.

Maux, Henri (Died 1950), French

Affiliation: League of Nations Communications and Transit Section

Note: The work of this engineer in China in 1937-1939 and the accidental death of his colleague, Francois Bourdrez (qv), are recorded in a biography by his daughter, Antoinette Maux-Robert.

Mooser, Hermann (1891- 1971), Swiss

Affiliation: LNHO (China)

Note: International bacteriologist and researcher on *Rickettsia*. Led the LNHO Unit in North China.

Nansen, Fridtjof (1861-1930), Norwegian

Affiliation: IRRC

Note: Explorer and diplomat. Received Nobel Peace Prize in 1922 for famine relief in Russia and for repatriation of refugees.

Paget, Dame Muriel (1876–1938), British

Affiliation: Independent international humanitarian

Note: Led a team of British nurses and volunteers in east and central Europe, which laid emphasis on teaching local populations precautions to prevent the spread of diseases.

Pampana, Emilio J. (1895-1973), Italian

Affiliation: LNHO/WHO

Note: Recruited to LNHO in 1931 and served, later, in WHO from 1947-1959, where he founded and directed the Malaria Eradication Programme.

Parran, Jr., Thomas (1892-1968), American

Affiliation: US Public Health Service

Note: US Surgeon-General, who chaired 1946 International Health Conference in New York that established WHO.

Pantaleoni, Massimo (1888-?), Italian

Affiliation: League of Nations Epidemic Commission

Note: League of Nations Commissioner in Russia, 1922-1923

Pascua Martinez, Marcelino (1897-1977), Spanish

Affiliation: LNHO/WHO

Note: Director-General of Health in the Republican Government in Spain. Author of *Metodolia biostadistica para Medicos y Oficiales Sanitarios*. Served in WHO from 1948 to 1957 as Head of Health Statistics.

Payne, Muriel Amy (Died 1960), British

Affiliation: Quaker

Note: Nurse who described in letters the work of Russian famine relief in the Volga from March to September 1922.

Pate, Maurice (1894-1965), American

Affiliation: ARA/UNICEF

Note: A 'practical idealist'. Executive Director of UNICEF from its foundation until 1965.

Pittaluga, Gustavo (1876-1956), Spanish/Italian

Affiliation: LNHO

Note: Malariologist who served on the League of Nations Malaria Commission.

Pollitzer, Robert (1885-1968), Austrian

Affiliation: LNHO/WHO

Note: A refugee of WW I who found his way to Manchurian Plague Prevention Laboratory in 1921. 'Considered a hero by many Chinese'. Joined WHO Division of Epidemiological and Health Statistical Services.

Robertson, Robert Cecil (1889-1942), British

Affiliation: LNHO (China)

Note: Medical graduate of Glasgow University who headed the Pathology Department of Henry Lester Institute, Shanghai. Led English-speaking LNHO Unit in China. An amateur painter, married to 'Glasgow Girl' artist Eleanor Allen Moore. Died in Hong-Kong during the Japanese occupation.

Štampar, Andrija (1888-1958), Croatian

Affiliation: LNHO/Executive Board of WHO

Note: Dynamic international public health pioneer. 'Those of us who worked with him soon overcame our trepidation and found that *the bear of the Balkans* was a very friendly bruin indeed' (Henry van Zile Hyde).

Smets, Charles Eugène Aloïs Marie (1881-?), Belgian

Affiliation: LNHO

Note: Secretary, Council Committee for Technical Collaboration with China, 1937-1939.

Soper, Fred (1893-1977), American

Affiliation: Rockefeller Foundation/WHO

Note: Epidemiologist involved in effective campaigns of yellow fever and malaria control in Brazil, who went on to become Director of the Pan American Health Organization.

Souza, Geraldo Horácio de Paula (1889-1951), Brazilian

Affiliation: LNHO

Note: Pioneer of public health who directed the São Paulo Institute of Hygiene and chaired the Faculty of Medicine. Together with Szeming Sze (qv), drafted a Joint Declaration at the 1945 San Francisco Conference, which was 'the very beginning of the World Health Organization'.

Sydenstricker, Edgar (1881-1936), American

Affiliation: LNHO

Note: Brother of Pearl Buck. Helped develop LNHO epidemiological services from 1922 to 1923.

Sze, Szeming (1908-1998), Chinese

Affiliation: WHO/UN

Note: Educated Cambridge and St Thomas's. Son of Dr. Soa-Ke (Alfred) Sze, Delegate of China to League of Nations and Ambassador to UK. Became UN Medical Director, 1954 -1968.

Tandler, Julius (1869-1936), Austrian

Affiliation: City of Vienna/LNHO

Note: Introduced a comprehensive system of health and social services in the city of Vienna

Tarasevich, Lev (1868-1927), Russian

Affiliation: Ministry of Public Health

Note: An influential (non-Bolshevik) microbiologist and public health researcher. A committed internationalist who collaborated with LNHO on epidemic control and biological standardisation.

Walker, Hershel Cary (1891-1975), American

Affiliation: ARA

Note: Alumnus of Jefferson Medical College who served with ARA in Poland and Russia.

Watts, Arthur (?), British

Affiliation: Quakers

Note: Leader of the Quaker team in Buzuluk. Was medically-evacuated by Mackenzie in 1922. He recuperated in Australia, where he married the pacifist, Margaret Sturge, later divorcing her and returning to Russia in 1931, where he married a Russian wife and settled permanently.

White, Frederick Norman (1877-1964), British

Affiliation: LN-EC/LNHO

Note: 'An inspiring leader and stimulator of international effort. Made a notable contribution to the welfare of Greece ... and founded the Athens School of Hygiene'.

Wright, Daniel (1903-1973), American

Affiliation: Rockefeller Foundation/LNHO/UNRRA

Note: Joined staff of Rockefeller Foundation in 1929 and worked in Greece and Turkey on water supply and disease control. During WW II joined UNRRA.

Zinsser, Hans (1878-1940), American

Affiliation: Bacteriologist, Harvard University

Note: Author of *Rats, Lice and History* (Blue Ribbon Books, 1935), a 'biography' of typhus.