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Third report submitted to the Council of Europe by the World Health Organisaation on its work in Europe

Report

1.

WORLD HEALTH ORGANISATION

Palais des Nations

Geneve

Ref. EUR-014.1

Geneva, 29 August, 1955.

Dear Sir,

In accordance with our practice of recent years I am transmitting to you herewith a copy of the Report (EUR/RC5/2 and Add, 1) which I shall be presenting to the Regional Committee for Europe at its fifth session in Vienna from 5-8 September, 1955.

This Report covers the work of W. II. 0. in Europe already implemented or to he implemented before the end of the year. It includes activities of an essentially regional character (inter-country programmes) and the activities carried out within twenty-three Member States of W. H. 0. in Europe! In this connection your attention is invited to the tabular statements on inter-country programmes in Europe (Annexes I and If) which mention some thirty-four separate activities carried out during the year within the broad field of European co-operation in public health.

The long-term planning of WHO programmes in Europe is carried out within specific periods usually of four years. Since the year 1955 is the last of one such specific period for which guiding principles were established earlier by the Regional Committee the Report also reviews some general trends and some specific programmes.

You will find, for example, (Annexe IV) a listing of selected inter-country activities from 1950 and onwards reviewed in terms of the scientific publications and reports which have arisen therefrom.

Since an international fellowship programme was one of the earliest activities of W. H. 0. a general review is included (EUR/RC5/2 Add. 1) of some two thousand fellowships awarded within Europe in the Eight Year period (1947-1954). The document also contains a report on the continuation of the fellowship programme in 1955.

I hope that this Report will provide the Council of Europe with a broad indication of WHO activities in Europe. I am entirely at your disposal to supplement it in any way you desire within our agreed policy on a full exchange of information between our two Organisations.

Sincerely yours,

Signed : Norman D. BEGG, M. D. Director.

The Secretary-General Council of Europe Strasbourg

2. I - Report of the Regional Director on the work of W. H. O. in Europe during 1955

The year 1955 marks the end of the first specific period of four years envisaged by the Regional Committee when the guiding-principles for W. IT. O.'s work in Europe were adopted. The present annual report to the Regional Committee will- review briefly some of the major developments during this period and indicate possible future trends.

It is not necessary to labour the adverse financial aspects of the period or the rapid adjustments of the regular programme which had to be carried out to meet the critical situation on technical assistance funds in 1953 and 1954. In effect, a degree of stability of the regular budget has been achieved much earlier than seemed possible even a year ago. This is a fundamental matter for the long-term objectives of W. H. 0. in Europe where each step has to be planned for in advance.

During the specific period of four years, the participation and co-operation of 23 Member and Associate Member States has been of the highest order. In a type of programme activity which is dependent on inter-country co-operation, it is a particular pleasure to record the great interest shown by Member States and the variety of facilities they have provided for W. IT. 0. in Europe. Every single country has participated in the inter-country programmes and the great majority have acted as hosts for technical meetings and group training courses or offered facilities to the Regional Office for the study of health services and problems. A situation of this kind offers great opportunities for the future, and it is sincerely to be hoped that European co-operation in public health will be further stength-ened by the early return of the countries of Eastern Europe to active participation in the work of W. Ii. 0.

2.1. The Regional Office

Steps preparatory to the transfer to Copenhagen have included a detailed study during the year of the available resources in personnel and services. Functions previously carried out by the Headquarters in specific aspects of administration and finance are being progressively decentralized to the Regional Office for the purpose of acquiring experience before the move.

There has been little change in the structure of the Regional Office during 1955 apart from exploratory attempts to devise new procedures, re-design existing units of the Office, in recognition of the different working arrangements which will be applicable in Copenhagen.

This transfer will mark an important phase in the life of the Regional Organization for Europe. It faces a situation on which there is no comparable WHO experience, i. e. the transfer of a Regional Office to its permanent site after some years of activity in a temporary location. This involves particular problems of adjustment which deserve careful attention in order to avoid disrupting the continuity of work.

2.2. Co-operation with other agencies

Projects carried out in co-operation with the United Nations and the Specialized Agencies are described in the section of the report dealing with work within the individual countries (page 15) and the inter-country activities in Annexes I and II. This type of co-operation which commenced very early in W. H. O.'s programmes in Europe with UNICEF and with the Economic Commission for Europe has steadily expanded to include the United Nations, I. L. 0., UNESCO, F. A. 0. and the High Commissioner for Refugees. Perhaps the most important feature of these and similar joint arrangements is not so much the volume of the joint programme activities but the necessity to establish contact very early in the planning phase. In this respect, there has been a steady improvement over the specific period of four years. With some remaining difficulties, which can be overcome by clearer understanding of the contribution that each agency can make, the prospects for future co-operation appear good.

The Regional Office has continued to benefit from the smooth working arrangements with the International Children's Centre in Paris which provides an important resource in training in Europe.

During the year contacts were maintained with the Rockefeller Foundation on their training programmes in Europe and on specific projects such as the Family Worker Study and the Rural Health Demonstration Area in Soissons. Efforts are also being made at regional level to bring non-governmental organizations into closer relationship with W. H. 0/s work in Europe.

A further exchange of views has taken place with the Council of Europe on health activities suggested by some of its Member Governments, and representatives of the Regional Office have attended meetings of a Committee of Experts which has been considering these proposals. A separate report (EUR/ RC5/5) on the development of co-operation between the Regional Office and the Council of Europe will be presented at the fifth session of the Regional Committee.

2.3. General programme trends

Before the formal establishment of a Regional Organization, the work of W. Ii. 0. in Europe was concentrated mainly on country programmes. However, as early as 1950, some group training courses had been organized on an inter-country basis, and there was held also the first of the technical meetings (conferences, seminars, etc.) on special topics such as environmental sanitation, public-health nursing and syphilis control. Progressively, in the years which have followed, the inter-country work in Europe has expanded to cover a wide range of subjects considered to be important in Europe. This method of conducting international health work was favoured by the Regional Committee at its very first session, and there is an evident and growing interest in inter-country programmes amongst the Member States in the region. Moreover, the Executive Board, at its thirteenth and fifteenth sessions, noted the trend towards inter-country work and recommended it for the Organization as a whole, a view endorsed by the Assembly.

With few exceptions, inter-country programmes are financed from the regular budget.

Much remains to be done on clarifying the aims of inter-country programmes and on improving the techniques of preparation, conduct and follow-up. However, a method of working has been evolved well adapted to the needs of Europe, suitable for encouraging co-operation between countries and agencies with common interests and flexible enough to permit a rapid adjustment of programme direction when new health problems are recognized. The experience gained in inter-country programmes has also influenced the country programmes and brought them into a closer relationship with the total WHO programme in Europe.

2.4. Country programmes

W. Ii. O.'s work within the individual countries is financed in part from the regular budget and in part from technical assistance funds. The regular programme consists principally of the individual fellowship programme (reviewed later in this report) and assistance to national institutions which provide training in different health fields. As mentioned earlier, many of these country activities grow out of or are closely related to inter-country programmes.

During 1955, France (Algeria), Greece, Morocco (French Zone), Spain, Tunisia, Turkey and Yugoslavia made provision for health activities within the expanded programme of technical assistance for . economic development. From the description of work by individual Governments with help from W. H. 0., which commences on page 15 of this report, it will be seen that by far the greatest emphasis in the technical assistance programme is placed on projects of control of the different communicable diseases prevalent in these countries, next on maternal and child health work, with some projects in industrial health and nursing. Since the communicable eye diseases including trachoma represent a problem common to several countries in the region, a summary review of progress in these projects follows:

2.5. Trachoma control

Eight million is probably a low estimate of the total number of cases of trachoma in countries included in the European Region of W. IT. 0. The greatest density of infection in the Region is in French North Africa, but trachoma endemic areas exist in nearly all countries bordering on the Mediterranean. Experience in this as in other regions is that some 15-20 per cent, of untreated or inadequately treated trachomatous infections end with serious loss of sight.

Since 1950 several European Governments have sought the assistance of W. H. 0. and UNICEF in stepping up existing national anti-trachoma campaigns. Interest has been chiefly focussed on the use of antibiotics in mass treatment projects, and satisfactory results have been obtained in the course of school treatment programmes involving already more than 100,000 trachomatous children.

Equally important have been advances in the epidemiology of trachoma and in the control of factors favouring transmission of infection. These vary considerably from one area to another.

In Morocco (French Zone) and Tunisia where trachoma is intimately associated with seasonal epidemic conjunctivitis, control measures have been primarily directed against the latter disease with very significant amelioration in the course and severity of the underlying trachoma. During the summer epidemic season of 1955, approximately 350,000 inhabitants in Morocco and 250,000 in Tunisia will receive prophylactic treatment against seasonal conjunctivitis. A series of carefully controlled field trials recently completed in Morocco have added much to the knowledge of the epidemiology of these associated infections and have indicated certain changes in method which are at present under study in a new experimental sector. The trials have further demonstrated the great difficulties in maintaining permanent control without improvements in environmental sanitation. A full report is in preparation in collaboration with the Government.

By comparison, in parts of Yugoslavia, where trachoma occurs in a relatively pure form, a programme of wide case-finding surveys, treatment, supervision of contacts and health education has led to a steady decline year by year in the number of new infections. Active cases of trachoma are no longer seen in some districts which were previously heavily infected. In other districts as yet untouched by the campaign trachoma still presents a serious problem.

In the south-eastern provinces of Spain, where a joint W. H. O./UNICEF project is now commencing, climatic conditions and the prevalence of secondary infections appear to be intermediate between those in Yugoslavia and in French North Africa. There are grounds for believing that trachoma can be eradicated from many of the endemic districts of Spain.

The Regional Office has helped in planning and co-ordinating these various country projects and in facilitating, by consultant visits and fellowships, the interchange of information and practical experience, ft has also provided project personnel in an ophthalmologist, a sanitary engineer and a statistician for Morocco, and an ophthalmologist team leader and a bacteriologist for Tunisia.

The accumulated experience derived from these projects is available to other countries which may seek the assistance of W. IT. 0.

The Regional Office would welcome the collaboration of Governments of all countries in the Region where trachoma exists, in furthering the interchange of information on comparative epidemiology and methods of control.

2.6. assistance to training institutions

Within the individual countries, a system of co-operation has been built up progressively with national training institutions. Sometimes the relationship with W. H. 0. is based primarily on arrangements for the placement of WHO fellows. In other instances, W. IT. 0. has been invited to co-operate in the establishment of a new training centre or in giving a new direction to the training facilities offered by an established centre. A network of relationships of this kind exists with public-health training centres in some 10 countries in Europe. The time appears now appropriate gradually to bring the separate activities within a regional (inter-country) projects " European Schools and Centres of Public Health. " This would have several advantages, not least the clarification of the primary objective, which is to facilitate co-operation between these centres towards higher standards of training in public health. Important and related events were the two European conferences on the teaching of hygiene, preventive medicine and social medicine which were convened by W. IT. O. in 1952 and 1953. These have provided the basic material for a review of training in Europe which has now been assembled with a view to publication later this year.

2.7. Fellowship programme

The eight-year period (1947-1954) since the inception of the WHO fellowship programme offers an opportunity for a general review of trends in Europe. The review is contained in an addendum (EUR/RC5/2 Add. 1) to this report.

During 1954, there were 283 fellowships awarded in Europe financed by the regular budget (179), technical assistance funds (102) and UNICEF (2). This total was substantially the same (287) as for the previous year 1953.

During the first six months of 1955 there were awarded or approved 172 fellowships financed by the regular budget (155) and technical assistance funds (17). Present indications arc that awards during the second six months particularly from technical assistance funds will bring the total fellowship programme in 1955 at least to the level of the two previous years.

Details on fellowships awarded or approved during the first six months of 1955 are set out in the tabular statement in Annex III.

2.8. Inter-country programmes

The tabular statements in Annexes I and 11 indicate a particular phase of an inter-country activity during the single year 1955. They need to be viewed in a wider context. The programmes include a first attempt by W. H. 0. to focus international co-operation on one important cause of mortality and morbidity in Europe, namely the chronic degenerative diseases of the cardiovascular system. Experience in this activity will make easier the international approach to other chronic diseases of great importance in Europe.

Other programmes represent new elements to old problems, for example the study of modern trends in tuberculosis control or the training course designed to disseminate new techniques in the management of life-threatening forms of poliomyelitis.

Continued activities were undertaken in 1955 in a range of subjects which have featured in the programme for several years including alcoholism, veterinary public health, the family health and welfare worker and the training problems of particular disciplines such as public health officers (including rural public health), maternal and child health officers, industrial medical officers, nurses and sanitary engineers.

Experience gained in organizing special group training courses within the inter-country programmes opens new possibilities for adjusting training to the particular needs of candidates coming from many different countries.. Such courses also offer particular opportunities for team training. With careful advanced planning and with a minimum number of trainees to justify the effort involved, it is much more economical and efficient to organize group training within the inter-country programmes than to arrange separately for a series of individual fellows to pursue the same general line of study. The implications of group training arrangements for the1 fellowship programme will merit careful attention in the coming years.

The possibility of bringing different ' disciplines ' together as a team, which is a feature of group training courses, can be noted also in inter-country meetings. Current activities of this character in Annexes I and II include the study group on mental health through public health practices and the advisory group on veterinary public health.

Among the projects listed in Annexes I and II are certain activities which reach the end of a particular phase in 1955. The experiences of the Rotterdam centre over the past several years will be summarized in a report of interest to all maritime nations which have problems of venereal disease control in their ports. Similarly, the careful survey of morbidity in Denmark is now completed, and the reported results will be made available to other countries. One of the earliest WHO activities in Europe owes its origins to the fact that at the end of the Second World War, anaesthesiology as a separate discipline had been organized in only a very few countries. In great areas of the region, well-trained physician anaesthetists did not exist, or were represented at most by a handful of specialists. In co-operation with the Unitarian Service Committee, the Interim Commission of W. H. O. brought anaesthetists to countries (for example Poland) anxious to introduce surgical techniques from which they had been excluded by the scientific black-out of the war years. From activities of this kind began to flow requests for individual fellowships for training in the anaesthesiology centres of the most developed countries. By 1949, the first national training centre was established in Prague and designed to provide training facilities for the countries of Eastern Europe. On 1 May, 1950, there was opened an anaesthesiology training centre in Copenhagen and three years later, expanded facilities for international training became available in Paris. Since experience in Copenhagen extends over a period of five years, a progress review follows :

2.9. Anaesthesiology Training Centre, Copenhagen

This centre was established in May 1950 and there have been conducted five separate basic training courses each of one year's duration. A special follow-up has now been initiated with each WHO fellow who completed training by the end of the fourth or earlier courses. It is hoped that this will give some specific information not only on the outcome of the individual fellowships but also about the influence of the Copenhagen centre on the development of anaesthesiology in certain countries during the period from 1950 and onwards. The preliminary appraisal which follows in this report is quite tentative, being limited to certain general information available at present.

In the first place it must be clearly stated that the initiative in establishing the centre was taken by the Government and the University of Copenhagen; the role of W. H. 0. being secondary. Moreover, the international participation in teaching which was initially quite considerable has been progressively taken over by Danish instructors and lecturers.

In Denmark itself, anaesthesiology did not exist as a separate specialty until 1940, anaesthetics being administered usually by trained nurses, hospital medical officers and medical students. Stimulated by modern surgery, and particularly the introduction of thoracic surgery, a small group of pioneer anaesthetists emerged; and by 1948 about eight trained specialists were holding positions in In Denmark itself, anaesthesiology did not exist as a separate specialty until 1940, anaesthetics being administered usually by trained nurses, hospital medical officers and medical students. Stimulated by modern surgery, and particularly the introduction of thoracic surgery, a small group of pioneer anaesthetists emerged; and by 1948 about eight trained specialists were holding positions in hospitals. In 1951, anaesthesia was recognized as a specialty by the National Health Service. Subsequent progress was rapid. There are now five anaesthesia departments in the Copenhagen hospitals headed by an anaesthetist-in-chief, and, in the country as a whole, 20 positions of chief anaesthetist have been established. In one large hospital where up to 15,000 anaesthetics are given annually, the approved staff includes 12 physician-anaesthetists and 10 nurse-anaesthetists.

During the five-year period, there have been trained at the Copenhagen centre 127 anaesthetists from the following countries :

Austria - 8

Belgium - 1

China - 2

Denmark - 59

Egypt - 1

Finland - 6

France - 1

Germany - 6

Greece - 3

Iceland - 1

India - 1

Iraq - 1

Israel - 1

Italy - 2

Mozambique - 1

Norway - 9

Pakistan - 1

Portugal - 1

Spain - 5

Sweden - 3

Switzerland - 6

Syria - 1

Turkey - 2

Yugoslavia - 5

TOTAL - 127

A limited number of the most promising of the above trainees have been given follow-up fellowships for specialized training in other countries. With the exception of WHO fellowships for selected national candidates to study teaching in other countries, the whole of the training of Danish anaesthetists has been financed from national sources and not by W. H. O. On the other hand, with some few exceptions, trainees from other countries have attended the course at Copenhagen through the WHO fellowship scheme.

In the same period ,1950-1955, eleven Danish instructors have participated in the teaching assisted by 31 visiting instructors who came to Copenhagen for shorter or longer periods from Canada, Norway, Sweden, the United Kingdom and the United States. Individual lectures given during each ol the training-courses were mainly the responsibility of teachers from the medical faculty of the University of Copenhagen.

A preliminary follow-up of the 127 trainees indicates that they are now engaged as follows

a. Heading anaesthetic departments in their own countries - 29

b. Working wholly as anaesthetists but not in charge of a department - 19

c. Working as part-time anaesthetists - 4

d. Undergoing advanced training or pursuing research abroad in anacsthc-siology - 21

e. No longer working as anaesthetists - 9

f. Information on present work not yet available - 16

g. Have just completed training in the fifth course at Copenhagen - 29

TOTAL - 27

The more detailed follow-up mentioned earlier in this report is designed to reveal important supplementary information on the activities of past fellows, particularly in relation to national training, the development of anaes-thesiology generally in their countries, the reasons for failure in fellowship where it has occurred, and other information which could assist in the evaluation of the project as a whole.

2.10. Publications arising from inter-country activities

The steady growth of inter-country programmes has brought into prominence some important problems of handling material arising from regional seminars or other technical meetings and from certain of the group training courses. On the one hand, there is the obligation to produce a report of the papers read and the discussion which took place for distribution to the participants and participating Governments. On the other hand, there arises quite frequently the separate problem of handling the material or some of it for the purpose of producing a scientific publication. The total material which emerges from an inter-country conference or seminar is very considerable.

Preliminary documentation consists usually of a series of papers prepared by discussion leaders or lecturers and processed in the Regional Office. To this are added, subsequently, some shorter papers presented during the meeting and the record of the discussion which is usually extensive. The total material which emerged from the European Seminar and Lecture Course on Alcoholism, for example, aggregated approximately 600,000 words, whereas the final review (Annex IV, No. 7) had to be reduced by about 85 per cent. The process of selecting and re-arranging the material in its final form can be carried out by a variety of methods depending on which type of end-product is desired. It is the primary responsibility of the Regional Health Officer or Consultant concerned and involves also the Editorial Unit and many other parts of the Regional Office structure. This process invariably amounts to a major task.

Apart from reports prepared principally for the participants only, material arising from inter-country programmes in Europe is submitted to Headquarters for possible inclusion within one or other of the official publications series of W. H. O. Experience during the first specific period of four years emphasized the importance of joint consultations with Headquarters on such material at a very early stage in order to avoid duplication of work.

In general, there are three main outlets for material arising from inter-country activities in Europe, namely : official publication by W. H. O., reproduction as a regional report and, in selected cases, publication through other outlets e. g. professional journals or commercial publications. Examples of each method can be found in Annex IV to this report.

The total distribution of the final publication or report is determined to a great extent by the outlet chosen, but the Regional Office now arranges, as a minimum distribution, that copies will be received by each Member State in the Region and by each participant at the meeting or training course.

The attention of the Regional Committee is invited to Annex IV of this report which sets out chronologically from 1950 until mid-1955 40 inter-country activities, with the form and outlet for material arising therefrom.

2.11. Work by individual Governments rvith help from W. H. O.

This section of the report is restricted to activities actually carried out in each country during the first half of 1955; the participation of Governments in the inter-country programmes is recorded in Annex I and will not necessarily he recorded again in this section. Inter-country activities which are to take place during the second half of 1955 arc listed in Annex II. Fellowships awarded or approved during the first six months of 1955 are shown in Annex III.

Austria

In the interests of arriving at solutions to the refugee problem in general, the Government of Austria offered WHO facilities to conduct a study on the effect of camp life on the mental health of children who reside in camps in Austria. A report of this study, which was completed at the end of 1954, has now been compiled and will be studied by an advisory committee which is to meet in Geneva during August.

A WHO consultant in occupational therapy was assigned during the month of June to the Rehabilitation Programme for Handicapped Children to which W. IT. 0. and UNICEF have given continued assistance sinc.e 1952. The recruitment of a WHO physiotherapist for assignment in the autumn is proceeding. A draft exchange of letters covering the extension of the programme to include a new centre at Hermagor (Carinthia) was prepared in collaboration with UNICEF and submitted lo the Austrian Government. A fellowship has been approved for a physician who will be appointed shortly to the Hermagor Centre.

W. H. 0. also continued to assist the Austrian Government in their Sera and Vaccine Production Programme. A fellowship is being awarded to the chemist of the State Serum Institute to study the production methods of modern prophylactic laboratories abroad. The delivery of U. N. I. C. E. F. supplies has been completed.

Two additional feflowships in the fields of mental health and nutrition have also been approved.

Austria participated in the inter-country programmes as described in Annex I.

Belgium

The WHO Regional Nursing Officer visited Belgium to meet the authorities responsible for nursing in the Ministry of Health and to become acquainted with the system of nursing education in the country. She paid special attention to the schools in Brussels and Louvain which offer advanced programmes in nursing education and which W. H. 0. utilizes for fellowship nursing students.

The Government of Belgium agreed to act as host country to the Study Group on Basic Nursing Curriculum which will take place in Brussels from 17 to 26 November. While in Brussels, the WHO Regional Nursing Officer discussed the plans for this meeting with Government officials. A committee has been constituted with responsibilities for local arrangements.

Four individual fellowships were awarded to Relgium in the fields of cancer, cytology, rehabilitation and thoracic surgery Two fellowships from 1954 have been extended.

Information on the participation of Belgium in the inter-country programmes is contained in Annex I.

Denmark

A Morbidity Survey carried out in Denmark during the years 1952-1954 with the assistance of W. H. 0. and the Rockefeller Foundation is completed. Compilation of data is proceeding during 1955. A report entitled " Sampling for the Danish Morbidity and Hospital Surveys " was published in the Statistical Review No. 4, 1955. It is expected that, by the end of the year, several other reports of the survey will have been prepared for publication.

W. H. 0. sponsored the visit of a Canadian anaesthetist who lectured at the Anaesthesiology Training Centre of Copenhagen during the month of April. A second WHO consultant is to lecture in July. À short-term fellowship was awarded to one of the Danish instructors of the Centre for further training abroad.

A training course on the management of poliomyelitis patients with involvement of the respiratory system and swallowing mechanism was held at the Poliomyelitis Centre of the Blegdam Hospital in Copenhagen under the direction of a Danish expert. This course originated from a proposal made by the Governments of Luxembourg and the Netherlands during the Seventh World Health Assembly and discussed later at the Fourth Session of the Regional Committee for Europe. The course was designed for jDhysicians and nurses actively engaged in the treatment of acute poliomyelitis. Fourteen countries from the European Region participated. W. H. 0. contributed to the administrative costs and lecture fees.

À W. H . 0. consultant has been recruited to lecture and conduct discussions with psychiatrists on psycho-analytic therapy at the national training course in psychiatry which will be given in Copenhagen this summer. Four fellowships for training abroad were awarded in connexion with this programme.

Denmark participated in the inter-country programmes, as shown in Annex I, and was awarded three individual fellowships in the fields of internal medicine, thoracic surgery and nursing education.

Finland

The Regional Officer for Environmental Sanitation visited Helsinki in June to discuss with the Finnish Organizing Committee the administrative and technical arrangements for the Fifth WHO European Seminar for Sanitary Engineers which will be held in Finland in 1956. Decisions were taken on the dates, place and programme for this seminar.

A fellowship was awarded to Finland for attendance at the Group Training Course on Social Paediatrics which began in Paris on 18 April under the auspices of the International Children's Centre.

Finland will also participate in the third Group Training Course for Scandinavian Public Health Officers, which is scheduled to take place in Gôteborg from 1 August to 30 September.

Applications for individual fellowships in the fields of mental health, public-health administration and nursing are anticipated.

France

The Regional Public Health Administrator visited France for further discussions on the training programme and facilities available in the School of Public Health in Paris. A fellowship awarded in 1954 to the Secretary-General of the School permitted him to pay a study visit to the Public Health Training Centre in Leyden; later in the year he will visit the Public Health School of Zagreb. A request for visiting lecturers from London and Leyderi is under consideration. It is also expected that further fellowships for members of the staff will be requested.

A Refresher Course on Occupational Health, sponsored by the French Ministries of Public Health and Labour, took place in Paris from 9 to 27 May, at the School of Public Health, under the direction of the lecturer in industrial hygiene of the University of Paris. WHO fellows and French industrial medical officers attended the course. WHO contributed two lecturers : one, from Germany, who lectured on physiology and one, from the United Kingdom, - whose contribution was in the mental health field. The WHO Regional Officer also delivered a lecture entitled " W. H. 0. and Occupational Health, " while the Chief of the ILO Safety and Industrial Hygiene Division spoke on " International Legislation. " The course, which was the first of its kind and included visits to factories and a variety of institutions, was very much appreciated by the participants.

The draft final report on the study of the health and welfare needs of the family unit (a study carried out simultaneously in France and the United Kingdom during the years 1951-1953) was considered at the fifth meeting of the Technical Advisory Committee which took place in Paris from 21 to 23 February in the offices of the Rockefeller Foundation. The report is now being processed for publication by W. IT. 0.

W. H . 0. extended the study on mother/ child separation—which has been carried out in France and the United Kingdom since 1952—by concentrating on certain types of separation. This is with a view to determining possibilities of preventive action through existing services.

The Regional Public Health Administrator visited the Public Health Centre in Soissons to assist in the preparation of the training course in rural health which will be given in this centre during next autumn. This course, of four weeks' duration, is intended for medical officers from a number of European countries and for nationals from other areas of France. W. H. 0. continued to support financially the statistical services in Soissons which are rendered by a part-time statistician.

The Anaesthesiology Training Centre in Paris organized a third advanced training course for WHO. fellows which started on 15 January. W. H. 0. also sponsored the visit of a consultant who lectured at the Centre during the first week of May. Some Governments of the European Region have expressed interest also in a basic course in anaesthesiology given in the French language. Arrangements have been made with the Paris Centre for a basic training course to commence in November, 1955.

A request has been received from the Government of France for WHO assistance in developing a trachoma control project in Algeria. Arrangements have been made for the responsible regional medical officer to visit Algeria in October. In the meantime provision has been made for two WHO. fellowships for ophtalmologists from Algeria to study the epidemiology and control of trachoma.

The Regional Nursing Officer paid several visits to France and especially to the schools of nursing in Paris, Lyon and Strasbourg. She also visited the " Office d'Hygiène Sociale " in Nancy and attended, upon invitation from the " Comité d'Entente des Écoles d'Infirmières Françaises " a five-day meeting for directors of schools of nursing which took place in Sèvres from 17 to 21 March.

W. H. 0. will contribute two consultants to attend a meeting at the " Journées d'Études Néo-natales", which will be held in Paris in October.

W. IT. 0. continued to collaborate closely with the International Children' Centre. Eleven fellowships were awarded for attendance at three courses organized by the Centre on the subjects of: children deprived of a normal family home; medical, social and educational problems of children suffering from sensory disabilities ; and social paediatrics. Nine additional fellowships are earmarked for the course on the Medico-Social Problems of the Mother and Child which is to take place in Paris from 19 September to 30 October.

France participated in the inter-country programmes as shown in Annex I. In addition 14 fellowships were awarded, or approved, for studies in the fields of maternal and child health, endemo-epidemic diseases, public-health administration, environmental sanitation, mental health and nursing. Four additional fellowships are under consideration.

Germany (Federal Republic)

The WHO Regional Officer for Environmental Sanitation paid a visit to the German Federal Authorities to discuss with them current programmes as well as specific problems in environmental sanitation. Another visit was paid to Germany by the WHO Regional Officer for Mental Health and with the purpose of becoming informed about mental health problems in that country.

In preparation for the Regional Office Study Group on Tuberculosis Control to be held in November, 1955, the responsible Regional Health Officer visited Germany to study the new aspects of the national tuberculosis control programme.

A Seminar on Children in Incomplete Families was held in Arnoldshain-im-Taunus from 3 to 14 May. W. H. 0. contributed a lecturer in child psychiatry to the seminar, which was organized by the European Office of the United Nations Technical Assistance Administration in co-operation with the German Federal Ministry of the Interior. The WHO Regional Health Officer for Mental Health attended the opening of the seminar.

The President of the Board of Directors of the Hamburg Public Health Training Centre was granted a WHO fellowship to observe the organization of public health teaching in the Public Health School of Zagreb and other places in Yugoslavia as well as in the Public Health Training Centre in Leyden-Àmsterdam. WHO visiting lecturers will take part next autumn in the public health teaching course in Hamburg.

Four additional fellowships were awarded, or approved, to Germany for studies in the fields of public health administration, mental health and nursing.

The Federal Republic of Germany also participated in the inter-country programmes, as described in Annex I.

Greece

W. H. 0. continued to assist the Greek Government in their tuberculosis programme *. A WHO public health officer specialized in tuberculosis control was assigned to the project in March to assist the Government authorities in this important public-health problem. W. IT. 0. also provided a mobile X-ray unit which has already been put into use in the rural areas. A public health nurse specialized in tuberculosis control is being recruited. Applications for two fellowships have been received and will be awarded in connexion with this programme.

The W. H. O./UNICEF.-assisted programme of fixed and mobile maternal and child health clinics began to operate early in January when the first teams of specially trained Greek doctors, nurses and mid-wives started their activities in Thessaly. This rural maternal and child health project is now in full operation.

A WHO. consultant in occupational therapy has been recruited and will start work in July at the Voula Centre for the rehabilitation of handicapped children, which has been assisted jointly by W. H. 0. and UNICEF since 1952.

A plan of operations for a Rural Sanitation Programme within the Maternal and Child Health Project was worked out in consultation with UNICEF and submitted to the Greek Government. WHO assistance will be in the form of technical advice and consultants' services for the training part of the programme. Provision is also made for WHO fellowships. UNICEF is responsible for the supplies.

The responsible Regional Health officer paid a visit to Greece to become more closely acquainted with the mental health problems in the country and to investigate possibilities of assisting in future mental health activities.

Fellowships have been requested for two members of the teaching staff of the School of Hygiene in Athens and for studies in the field of public health administration.

Two other fellowships have been awarded to Greece, under the WHO regular programme, in the fields of radio-isotopes and poiiomyelitis. Two additional applications are under consideration. A fellowship in ana-esthesiology awarded in 1954 has been extended.

The participation of Greece in the inter-country programmes is described in Annex I.

Iceland

The Regional Director visited Iceland in June when he had the opportunity to see several aspects of the developed health services including the tuberculosis control programme, a comprehensive scheme of medical care and a new multi-purpose health centre in Reykjavik.

Two fellowships for Iceland in the fields of virology and maternal and child health are approved.

An Icelandic public health officer will participate in the Scandinavian public health training course which is to take place in Gôte-borg from 1 August to 30 September.

Ireland

The Regional Director accompanied the Director-General on his official visit to Ireland in March. In the course of the visit discussions took place on the possibilities of extending placement arrangements in Ireland for WHO Fellows.

-Fiv e individual fellowships have so far been awarded to Ireland in the fields of public health administration and poliomyelitis. Three additional fellowships are under consideration.

An Irish participant attended the refresher course in occupational health which was held at the " École Nationale de la Santé publique " in Paris, during the month of May.

Italy

A national Conference on the Rehabilitation of Handicapped Children, organized jointly by the Italian Government and the European Office of the United Nations Technical Assistance Administration, took place in Rome from 15 to 21 May, and was attended by over 100 participants. A WHO consultant lectured on modern trends in the rehabilitation of the physically handicapped. This Conference grew out of new programmes for handicapped children initiated by the Italian authorities with the joint participation of the United Nations and W. H. 0. In continuation of these programmes W. H. 0. has offered the services of a WHO consultant in occupational therapy to work at the handicapped children's centres of Rome and Parma.

A WHO consultant gave a series of lectures and conducted seminar sessions on mental health at the course for provincial health officers in the School of Public Health in Rome.

Arrangements have been concluded regarding a visit by a W. H. 0. consultant to some of the premature centres which are receiving UNICE. F. assistance. Fellowships will be awarded to two paediatricians and one paediatric nurse. The WHO consultant will also attend the National Paediatric Congress which is to be held in Perugia in October, 1955.

W. H. 0. continued to co-operate in the Perugia Experimental Centre for Health Education of the Public for which teaching supplies are being ordered. A fellowship was awarded in connexion with this project.

A Training Course on the Control of Insect Vectors of Disease was held at the -" Istituto Superiore di Sanità " in Rome from 16 May to 20. June. Sixteen participants from the European and other WHO regions attended. The course included three weeks of field work in different areas in Southern Italy.

The responsible Regional Officer also attended the first meeting of the Italian Association of Sanitary Engineers held in Trieste, which was organized with the primary purr pose of offering a forum to national hygienists and engineers for the discussion of sanitation problems. The theme selected for this meeting was the pollution of surface water by domestic sewage and industrial wastes.

Six individual fellowships have so far been awarded to Italy in the fields of malaria, environmental sanitation, mental health, rheumatic diseases and health statistics.

Italy also participated in the inter-country programmes as shown in Annex I.

Luxembourg

The Government of Luxembourg has agreed, in principle, to act as host country to the Advisory Group on Tuberculosis Control, which is scheduled to meet in November, 1955,

A physician and a nurse from Luxembourg participated in the Poliomyelitis Training Course mentioned in Annex I.

Monaco

The Government of the Principality acted as host country to the Study Group on Mental Health through Public Health Practices which met in Monaco from 18 to 28 April. The Director of the Health Services of Monaco attended as representative of the Principality. W. H. 0. provided for the attendance of 19 public health officers, psychiatrists and nurses coming from 11. European countries and contributed two discussion leaders and two lecturers.

Morocco (French Zone)

The WHO project staff, composed of an ophtalmologist, a sanitary- engineer and a statistician, continued to assist in the Communicable Eye Disease Control Programme * which is now in its third year. The " School Campaign " for 1954-1955 terminated with the closing of the schools in June. It is estimated that, by systematic case-finding and collective treatment of trachomatous children in new groups of schools, more than! 70,000 children were treated in the regions of Oujda, Fez, Rabat, Casablanca, Marrakech and Agadir. A follow-u p operation in schools already treated, in which relapses and re-infected cases and all new trachomatous pupils are treated, was continued in the regions of Rabat, Casablanca and Marrakech. Additional UNICEF supplies and equipment were delivered. The responsible Regional Medical Officer re-visited Morocco, to assist the . Government authorities in completing a second Avenant to the existing plan of operations, to cover the period May, 1955 to May, 1956. This Avenant includes : (1) plans for a further development and extension of the " Summer Campaign " against seasonal epidemic conjunctivitis (the field operations in 1955 will cover more than 500,000 inhabitants); (2) an experimental programme embracing environmental sanitation, laboratory research and field trials, with the aim of developing simpler, more effective or more economic methods of control; (3) the programme for the " School Campaign " in 1955-1956. A fellowship has been awarded to the head of the Department of Experimental Trachomatology in Rabat and another is approved for the chief medical officer at the Ophthalmological Hospital and Research Centre in Rabat.

Public health authorities in the country are expanding the mass campaign to find and treat cases of syphilis *. The Chief of the WHO Headquarters Section for Venereal Diseases and Treponematoses acting as consultant to the Regional Office visited Morocco to assist the responsible authorities in drawing up further

plans to integrate the mass campaign in normal public health activities of the country. After further trials it is expected that, with a simplified serological test, it will be possible both to test and to treat patients in an area on the same day. Two fellowships are reserved for this project.

A fellowship in the field of maternal and child health was awarded in connexion with a programme in child nutrition.

Three individual fellowships were also awarded in the fields of environmental sanitation, public health administration and health education.

The French Zone of Morocco took part in the inter-country programmes, as described in Annex I.

Netherlands

W. H. 0. continued to give support to the three collaborating institutions which form the Public Health Training Centre in Leyderi and Amsterdam. At the request of the Government, the Regional Director of the WHO Office for Africa visited the training centre. He delivered lectures to students and held round table conferences with the teaching staff of the courses in tropical hygiene and medicine which were given in Amsterdam and Leyden. Another WHO lecturer took part in the teaching at the public-health courses in Leyden. The WHO Regional Public Health Administrator. also paid a visit to Leyden and Amsterdam to discuss the programme of fellowships for staff members of the Centre in 1955, as well as on requests for visiting lecturers in the academic year 1955-1956.

W. H. 0. is also collaborating in the preparation of a report summarizing the activities which have been carried out since 1950 in the Rotterdam Port Demonstration and Training Centre for the control of venereal diseases in maritime populations.

A Post-Graduate Course on Fundamentals of Thoracic Clinical Science and Surgery was organized, as in the three previous years, by the University of Groriingen and was held from 23 May to 13 June. WHO fellowships were granted to five European trainees on the individual fellowships programme of their respective countries.

Seven individual fellowships have been awarded to the Netherlands for studies in the field of gerontology, health insurance, alcoholism, mental health and poliomyelitis. An additional fellowship is being reserved.

The participation of the Netherlands in the inter-country programmes is contained in Annex I

Norway

A visit was paid to the Health Directorate of Norway by the Regional Officer for Environmental Sanitation. WHO programmes iii this field and the participation of Norway in them were under discussion.

Norway participated in the inter-country programmes, as described in Annex I. In addition four fellowships in the fields of public health administration and environmental sanitation were awarded.

Portugal

The WHO Regional Public Health Administrator paid a visit to Portugal with the main purposes of discussing public health training programmes in that country. Plans were made for the active co-operation of the Ricardo Jorge Institute of Hygiene in Lisbon in the programme of exchange of staff between European schools and training centres of public health.

Portugal has so far been awarded three fellowships for the study of public health administration and industrial hygiene. Four additional fellowships in the fields of salmonella control, tuberculosis and nursing are under consideration.

The participation of Portugal in the inter-country programmes is described in Annex I.

Spain

As a continuation of WHO assistance to the Endemo-Epidemic Diseases Programme * in Spain, five fellowships have been approved this year for the study of brucellosis, rat control, quarantine and tuberculosis. The visit of a short-term consultant is also planned.

A visit was paid in June by the Regional Medical Officer for Communicable Eye Diseases in connexion with a Trachoma Control Programme * which is being carried out jointly with UNICEF in the country. Preliminary surveys were made by the national ophthalmologist and a training course for auxiliary personnel was established in Canada during June. The responsible Regional Medical Officer will visit Spain again in July to assist in drawing up the final plan of operations. Fellowships for this project have been offered to Spain.

A tripartite plan of operations (Go-vernment/W. H. O./UNICEF) for a Congenital Syphilis Programme was prepared and signed by the three parties involved. UNICEF supplies have been ordered and the visit of a WHO public health venereologist is foreseen for the near future. Two fellowship applications for this project are under consideration.

W. H. 0. and UNICEF are also assisting in a programme for the care of premature infants*. Four fellowships have so far been approved in this connexion.

The WHO Regional Public Health Administrator visited Spain to discuss public health training facilities and programmes in the country and to make plans for the cooperation of the National School of Public Health in Madrid in the programme of exchange of staff between European schools and training centres of public health.

A fellowship has been awarded to Spain, and five have been approved for studies in the fields of vascular surgery, rehabilitation, blood transfusion, mental health and public health administration.

Spain also participated in the inter-country programmes, as shown in Annex I.

Sweden

W. H. 0. assisted in the preparation of the Third Training Course for Scandinavian Public Health Officers, which will be held in Gôteborg from 1 August to 30 September. The programme for this year's course includes physiological hygiene, occupational health, nutrition, accident prevention and related subjects. Besides the fellowships which are being awarded to 20 Scandinavian public health officers, W. H. 0. is also: contributing to the lecture fees.

Fellowships in the fields of mental health, public health administration, maternal and child health and endemo-epidemic diseases have been granted to four Swedish candidates. A fifth fellowship, for the study of dentistry, is under consideration.

Sweden's participation, in the inter-country programmes is described in Annex I.

Switzerland

At the request of the Federal Health Authorities, W. H. 0. is to provide a short-term consultant in dental health, whose task will be to assist the Canton of Valais in the detailed planning and early implementation of mobile dental services for schoolchildren in certain valleys of the Canton. A WHO consultant has been recruited for this assignment, which will start on 1 October.

Two fellowships have so far been approved for Switzerland in the fields of mental health and endemo-epidemic diseases.

Switzerland also participated in the inter-country programmes, as set out in Annex I.

Tunisia

The WHO ophthalmologist and bacteriologist continued to assist the Government of Tunisia in carrying out their Communicable Eye Diseases Control Programme *. Collective treatment of trachomatous children in the schools terminated for this year with the closing of the schools in June ; 5,000 children received antibiotic treatment in the schools of the project area. A further consignment of UNICEF transport for the project arrived in the country in June

The responsible Regional Medical Officer paid a visit to Tunisia, also in June, to assist the Government authorities in completing an Avenant to the existing plan of operations, in order to cover all activities of the campaign up to the end of 1956. The Avenant includes : (1) a revised design of the mass campaign against seasonal epidemic conjunctivitis which will allow for progressive extension of the campaign to new territories each year, with maintenance operation in the territories already treated; (2) a continuation of the collective

treatment of trachomatous children in the schools; (3) a programme of laboratory and field research. The target population for the " Mass Campaign " in 1955 is 350,000 inhabitants. An application for a fellowship to be awarded in connexion with this programme is under consideration; others are expected.

Following a request received from Tunisia, a plan of operations was prepared and submitted to the Government for a project in Nursing Education*. This plan provides for the services of two nurse consultants, for fellowships for national nurse instructors and administrators, and for teaching equipment. Three fellowships have already been awarded in this project and candidates for the two nurse consultant positions have been proposed to the Government.

Programmes in Tuberculosis * and Maternal and Child Health * are still in the planning stage. Two fellowships, one for each programme, are under consideration. Another fellowship is reserved for the study of rat control.

Tunisia participated in the inter-country programmes, as indicated in Annex I, and was in addition awarded four fellowships in the fields of cancer, thoracic surgery and port sanitation.

Turkey

The WHO team which was assigned to Turkey in 1954 continued to assist the Government in their Maternal and Child Health Project *. The teaching and demonstration centre in Ankara has now been firmly established, and the increasing attendance figures for mothers and children reflect its growing popularity in the district it serves. The responsible Regional Health Officer,accompanied by UNICEF officials, paid a visit to the project in May to re-define the activities of the WHO team especially with regard to the special maternal and child health section which has been created in the Ministry of Health. A draft exchange of letters covering the proposed new activities of the team has been submitted to the Government. Fellowships for this project have been offered to Turkey, and candidatures are awaited.

Although W. H. 0. has no personnel directly involved in the BCG campaign Turkey, for which UNICEF is continuing to provide supplies, W. H. 0. gave its teehnieal approval to UNICEF for the proposed extension of the campaign to 1956 and 1957. This recommendation will. be submitted to the UNICEF Executive Board at its next session

As in previous years, training courses in the School of Public Health have been arranged to take place during the period August-November of this year. W. IT. 0. will contribute seven lecturers * in epidemiology, preventive medicine, parasitology, environmental sanitation, health education and hospital construction and administration. A fellowship is reserved for the Director of the School.

Post-graduate training courses * for tuberculosis physicians and nurses will be held again in autumn 1955 at the International Anti-Tuberculosis Training and Demonstration Centre in Istanbul, which was established with the co-operation of WHO experts during the years 1950-1952. Six WHO lecturers have been recruited to participate in this year's courses and fellowships for attendance have been offered to several Governments in the European and Eastern Mediterranean regions.

The Government of Turkey has requested the services of a W. IT. 0. nursing adviser * to assist in the organization of the nursing division of the Ministry of Health and Welfare and to adA'ise on the development of national nursing services. A plan of operations has been prepared and submitted to the Government for signature. The plan also provides for two fellowships of one year's duration.

The Government of Turkey has also requested the assistance of W. IT. 0. and UNICEF in establishing a joint trachoma control project in the country. The responsible Regional Medical Officer will visit Turkey later in the year to discuss the problem with the national experts. An individual fellowship has been awarded to'Turkey in the field of thoracic surgery. Three additional fellowship applications in various fields are under consideration.

The participation of Turkey in the inter-country programmes is set forth in Annex I.

United Kingdom

The Regional Officer for Nursing paid a visit to the United Kingdom to discuss with the responsible authorities in London and Edinburgh the training facilities which are offered in the country in basic and postgraduate nursing education. Valuable information was obtained regarding the courses available forWHO trainees.

The Symposium on the Training of Sanitary Engineers opened on 2 April at St. Edmund Hall, Oxford, after preliminary visits to the London School of Hygiene and Tropical Medicine and the Imperial College of Science and Technology. Thirteen participants from 11 European countries attended. The discussions centred on the

education of sanitary engineers by post-graduate academic courses. Other forms of training including short courses, undergraduate training, etc., were also considered in detail by the group which offered recommendations for the promotion and improvement of training of engineers in Europe.

The draft final report on the study of the health and welfare needs of the family unit, which was carried out simultaneously in the United Kingdom and France during the years 1951-1953, has been amended in accordance with the suggestions of the Technical Advisory Committee, which met in February. This report is now being processed for official publication by W. H. 0.

The United Kingdom has been awarded eight individual fellowships in the fields of maternal and child health, geriatrics, thoracic surgery, hospital administration, hospital planning, nursing and virology. The United Kingdom also participated in the inter-country programmes, as described in Annex I.

Yugoslavia

Continued WHO assistance is being given to Yugoslavia in the Second Comprehensive Public Health Programme *, which commenced in 1953. A WHO consultant * has been recruited to visit the country later in 1955 to assist in vaccine production, especially pertussis vaccine. A clinician *, en epidemiologist * and a microbiologist * are being recruited to conduct refresher courses on communicable diseases. The visit of a consultant * in BCG vaccine production is planned for September. Three maternal and child health consultants * will assist as lecturers to the Social Paediatric Week which will be held in Belgrade in October, in connexion with the regular course in social paediatrics given by the Maternal and Child Health Demonstration Centre in Belgrade. Another consultant * is to visit Yugoslavia in September to assist with health statistics and especially newly-developed statistics on cancer.

Fifteen applications for fellowships * in the fields of tuberculosis, public-health administration, maternal and child health, endemo-epidemic diseases, health statistics and industrial hygiene have been received and are under consideration. Additional applications are expected.

A visit was paid in March by the Regional Medical Officer for Communicable Eye Diseases in order to draw up a supplementary plan of operations, with a view to adapting the existing campaign to the changing picture of trachoma in the Republics of Slovenia, Croatia, Serbia and Bosnia. Three fellowships* have been offered to Yugoslavia in connexion with this programme.

The responsible Regional Health Officer visited Yugoslavia in June to become more closely acquainted with mental health problems in the country, and to follow up contact established with Yugoslav experts during inter-country activities in mental health.

Two fellowships under the Regular Budget have been awarded to members of the medical faculties or institutes for studies in the fields of forensic medicine and child psychiatry.

The participation of Yugoslavia in the inter-country programmes is reported in Annex 1.

3. II - Report of the Regional Director on the WHO Fellowship Programme in Europe - General Review covering the Eight Year Period (1947-1954)

In Europe, the Fellowship Programme commenced in the period of .the Interim Commission ofW.-BE. 0, In 1947, fellowships were awarded to Austria, Czechoslovakia, Finland, Greece, Italy, Poland and Yugoslavia. In 1948, the programme remained concentrated mainly on war-damaged countries which had previously received UNRRA aid, and, in addition, Hungary participated in the fellowship programme. By 1949, the programme began to become more generalized, with the participation additionally.of Albania, Belgium, Bulgaria, France, the Netherlands, Norway and Sweden. Thereafter, the programme was extended rapidly to include the great majority of Member States and Territories, as is shown in Table 2.

Another factor which should be taken into account in a. statistical analysis' of the eight-year period is that up.until the end "of 1952, participants at certain technical meetings (such as seminars and conferences) were included in the fellowship figures. Thus, during the three-year period 1950-1952, when a number of technical meetings were introduced into the WHO ; programmes in Europe, the fellowship figures must be regarded as artificially high. From 1953 and onwards, participants at technical meetings are excluded from the fellowship figures.

If these variants are borne in mind, it will be seen (Table 1) that one thousand nine hundred and fifty seven WHO fellowships have been awarded in Europe from the inception of the programme in. 1947 until the end of 1954. The total fellowship awarded to each participating Member State and Territory in the region are shown on Table 2.

In 1951 and 1952 (Table 1) the greatest number of fellowships were awarded in single years (314 and 584). Comparing the total number with the number awarded for individual training, it is to be noted that in 1951 only 104 fellowships were awarded in that year for individual training, as compared with 246 in 1952 and 212 in 1954. The exceptionally high figure of 584 fellowships awarded in 1952 is due to two factors:, first the inclusion of participants at technical meetings as mentioned earlier and, secondly, the size of the expanded programme of technical assistance (T. A.) in Europe during that year. In 1952, 128 fellowships were financed from technical assistance funds, compared with 63 fellowships in the following year when TA funds available for work in Europe had to be sharply reduced.

Taking the eight-year period as a whole, most of the fellows (80 %) originating in European countries studied in the European region. The remaining 20 % were placed in other regions, mainly in the Americas. Table I shows a decreasing trend in recent years in respect to study outside of Europe. In 1947 61 fellows studied outside Europe, in 1952 90, 1953 38 and 1954 33. To a certain extent, the sharp decrease is due to the fact that in 1953 and 1954 it became difficult to award fellowships under the technical assistance programme for studies in the United States because of particular currency problems in this programme. The diminishing trend in interregional fellowships becomes even more evident if the percentage of fellows studying outside Europe is computed for the various years as follows :

Number of Fellows

1947 — 45 % of all Fellows. 61

1949 — 21 % of all Fellows. 25

1952 — 14 % of all Fellows. 90

1954 — 9.5% o f all Fellows. 33

It appears therefore that efforts made by Member Governments and W. H. 0. to use the existing training facilities in Europe to the greatest possible extent arc definitely influencing the character of the programme.

The term " group training " in Tables 1 and 2 requires some clarification. The ". group training " Fellows can be divided into various •categories : for example those attending short courses (e. g. Tuberculosis training course in Istanbul) or long-term courses (e. g. Anaesthe-siology course in Copenhagen). In WHO usage, the term " group training " is applied to such courses sponsored, organized or assisted by WHO Fellows attending academic training at universities or courses at other institutes (e. g. public health training centres), even if training is conducted on group lines are recorded under " individual training " so long as W. H. 0. is not a direct sponsor of the particular course. Artificial separations of this kind and the inclusion, up to the end of 1952, of participants at technical meetings make comparisons very difficult. All that can really be said is that " group training " courses sponsored by W. H. 0. were initiated in 1950 and have formed a regular feature of the fellowship programme from that time onwards.

Information on financing the fellowship programme is recorded on Tables 1 and 2. Over the whole eight-year period, 82 % of all fellowships were financed under the WHO regular budget, 15 % under the expanded programme for technical assistance and 3 % by UNICEF in connexion with joint W. H. O./UNICEF projects.

As will be seen from Table 3, the average duration of fellowships dropped from six months in 1947 to below four months in 1952, with a slight rise to 4.6 months in the following year. This reflects an increasing tendency to include short-term travelling fellowships for more senior and experienced fellows. Whilst this may be regarded as a normal need in Europe, it is somewhat disturbing to note the relatively fewer applications in recent years for longer-term post-graduate studies.

Subjects of study are analysed in Tables 4-6. Certain aspects and trends deserve mention. Clinical medicine together with the medical sciences and education accounted in 1947 for about 50 % of all fellowships. No doubt there was a big demand in the war-damaged countries. Thereafter this figure decreased constantly, reaching in 1954 a little more than 12 %. Over the same period, the number of fellow ships in the broad field of health organization and services rose from 35 % in 1947 to 55 % in 1954 : an increase largely due to the fellow-ships in the field of public health administration (which percentage has been doubled since 1947) and to those covered by the general item "other health services" under which subjects like mental health, health statistics and rehabilitation are included. This welcome trend reflects not only the existing needs but also the

full co-operation of the national health administrations towards the first objectives of the WHO fellowship programme. It is surprising in some ways to see that fellowships in communicable diseases whilst fluctuating from year to year yet maintain a high level. As recently as 1954, the percentage of European fellows studying the communicable diseases was 33 %, a slightly higher figure than the average for all regions (32 %) in the same year. Doubtless the more elaborate techniques now used in Europe in communicable disease control account to some extent for maintaining this figure, despite the decrease in communicable diseases in general.

Studies in maternal and child health remained fairly constant through the years though slightly decreasing in 1954. Somewhere between 8 % and 12 % of all fellowships were awarded in maternal and child health, a slightly higher average than for the MCH fellowships in all regions (Table 6). Significantly lower than the average for W. H. 0. as a whole were the fellowships awarded in Europe in the fields of environmental sanitation and nursing. It is very difficult to interpret (Table 5) averages of 5.6 % for sanitation (including food control as well as environmental sanitation), and 3.4 % for the whole field of nursing compared with 23.85 % for the communicable diseases. Other interesting comparisons and trends can be revealed by a study of Tables 4, 5 and 6.

Table 7 shows the distribution of fellowship visits in the different regions of W. H. 0. The figures appearing in this table do not represent numbers of fellows but numbers of countries visited. When one fellow visits several countries, each visit is counted separately. To give an extreme example, Table 7 shows the distribution of fellowship visits in the different regions of W. H. 0. The figures appearing in this table do not represent numbers of fellows but numbers of countries visited. When one fellow visits several countries, each visit is counted separately. To give an extreme example,

Over the eight-year period, the total of one thousand nine hundred and fifty seven fellows originating in Europe visited 3,197 countries (Table 7, 1-D). Taking into account that the " group training " fellows study generally in only one country, the average of countries visited by an individual fellow amounts to two.

A total of 4,238 country visits were made by all WHO fellows in the European region (Table 7, 4-H). The total of countries visited by WHO fellows in all regions amounted to 6,803 (Table 7, 1-H). This means that 62 % of all countries visited by WHO fellows were in Europe, of this 62 %, 41 % involved European fellows and .21 % fellows from other regions. In other words, one visit in three, as an average on, in a European country involved a fellow coming from another region. The distribution of visits from other regions is as follows : out of 21%,2.5% came from the African region, 4 % from the American region, 4.5 % from" the South-East Asia region, 7.5 % from the Eastern Mediterranean region and 2.5 % from the Western Pacific region.

Comparin g the Americas as a receiving region for fellows, it will be seen that 1,618 visits (Table 7, 2-H) took place, which represents 24 % of the WHO total (as compared with the corresponding figure of 62 % for Europe). .13.5 % of these visits in the Americas were made by fellows from other regions (as compared with the figure of 21 % for visits within Europe).

An analysis of the figures (Table 7, D) for visits paid by European fellows to other regions may be of some interest. In 1954, One Professor of Tropical Hygiene and Bacteriology visited Africa—which accounts, as already mentioned,- for the nine visits in the African région;: -Visits-to the Americas numbered 378 and-they require ;no particular explanation. In -South-East. Asia, in 1952, a number of Europeans participated in "a "WHO—sponsored interregional conference on rabies, and this accounts for all of the nine visits. In the Eastern Mediterranean region, 13 visits were made. Six of these represent fellows who took part in a laboratory course on trachoma in 1953. The other seven were individual fellows studying spécial- questions. One visit has been paid by a European fellow to the Western Pacific region. This was a senior trachoma specialist who visited Japan under an exchange programme.

The outcome of WHO fellowships

Up till the end of 195'!, a total of one thousand nine hundred and fifty seven WHO fellowships had been awarded in Europe. At the time of preparing this report in mid-1955, the total of fellowships exceeds 2,000, and they are distributed over thirty member countries and territories in the region. It is reasonable to suppose that a resource of this magnitude in internationally trained health workers represents an important asset not only to the health administrations concerned but to Europe as a whole.

Although a systematic evaluation of this total fellowship programme is by no means complete, the established follow-up mechanism provides some interesting indications on the outcome of WHO fellowships. The principal source material for follow-up includes the reports of the fellows themselves (particularly the final and follow-up. reports), the utilization statements of Governments two years after the return of the fellow, together with interviews with former fellows and national health administrations.

The Director-General's annual report for 1953 (Off. Rec. Wld Hlth Org. 51, p. 38) describes a preliminary evaluation of some of the early fellowships. Although this evaluation was not restricted to Europe, many of the fellows were European in origin, so that the following extracts have some relevance.

" The study showed that of the 650 fellowships .awarded between 1947 and 1949, follow-up was possible on 325; and data on 140 of these were available for the compilation of the following information (the figures are too small to permit of sub-division by region or country).

Of the 140 fellowships during 1947-1949 which were studied, nine were regarded as " wasted " and 131 as " successful ".

Reasons for wasted fellowships were that one recipient did not complete his fellowship studies and five did not return home after their fellowship. Three others were not given employment appropriate to their studies.

Holders of the 131 successful fellowships made the following types of contributions to the strengthening of health administrations : 52 carried more responsibility than before; 21 engaged in new types of activity for which they had specialized when abroad; 95 passed on to others information on the knowledge they had acquired when abroad; 84 took part in schemes for the systematic training of other personnel; 69 introduced new methods; 15 established new services and 49 carried out research.

Sixty-five of the 131 were considered to have made definite contributions to international contacts, because 58 had contacts with officials abroad or with other fellows; and 7 were assigned for international service abroad.

These figures result not from a systematic case-by-case survey but from data collected by routine. Their value is dependent upon the degree of interest of the individual fellow and upon the completeness and accuracy of reports from health administrations. Account must also be taken of the personal factor of appraisal; and there is always the question whether some of the results might not have been obtained without the fellowships. Although the use of a standard form ensures that more uniform reports are now obtained, the subjective elements of appraisal remain. Such elements can, however, now furnish data of greater value, since their interpretation is based on accumulated experience in the various aspects of the fellowship programme. "

A further attempt at evaluation was made in 1954, which again included a number of fellows from European countries. The following is an extract from the Director-General's report for that year (O/f. Rec. Wld Hlth Org., 59, p. 35).

" A detailed report is being prepared on the basis of the information collected: in general, the findings differ little from those of the preliminary study. The results of what can be classed as successful fellowships differ considerably. Some fellows recognize that their specialized knowledge was formed mainly by their studies abroad. To the somewhat more junior group of post-graduate fellows, one year of systematic studies, in public health, for instance, has very often given decisive direction for the rest of their careers. For a number of organizers and research workers the international contacts made during the fellowship have provided real initiation into a broader outlook on their work. Fellows have brought back many new techniques, have started specialized activities—often for the first time—-in their countries; have trained personnel to take over the work initiated by foreign specialists, and in some cases, have influenced the health legislation of their Governments.

Relatively few fellowships can be classified as wholly unsuccessful: most WHO fellows are physicians, nurses or sanitarians, already pre-selected through long studies and vocational calling, and many of them have long standing professional careers. Only a few of the fellowships that must be classified as wasted on account of force majeure —death, sickness, political changes, etc.—or personal incompatibility, which could be prevented by better selection and more thorough medical examination. It has been found that it is easier for Governments to use fellows effectively, on their return, when the fellowship has formed part of a planned programme for the development of a particular aspect of the public health services. "

An analysis of 70 European fellowships awarded in 1950 and previous years was carried out recently by the Regional Office. Fifty-two of the fellows now hold leading positions, 41 of them as teachers in various branches of public health, nursing, and also in clinical medicine. In two cases the original selection of the fellows and their acceptance by W. H. 0. appears unjustified when viewed in retrospect and in two other cases the justification is doubtful. Programme arrangements seem to have been adequate in most cases, and of doubtful value in only two cases.

In analysing the end-result of study, use was made of a variety of material including correspondence, reports, publications made by the fellows, etc... This proved to be sufficient for the purpose of the study in the majority of cases, but attempts to reach any conclusions about four of the fellows had to be abandoned owing to

insufficient information. Among the 66 fellowships which could be analysed, 56 are regarded as having contributed positively to their local, regional or national health services. In 10 cases the fellowship seemed to have produced no measurable result. The type of contribution from the 56 " positive " fellowships consisted of improvements in techniques and practices, the introduction of new methods and reorganization of services. Ten of the " positive " fellowships led to the creation of new services or the launching of new activities for which sufficiently specialized personnel were reported to have been so far lacking. The reasons for failure in 10 fellowships included faulty selection and unjustified awards as mentioned above and failure to adjust after returning home.

The sampling method described above needs considerable refinement before it could be used as a reliable method of evaluation. At the same time, it does indicate that a substantial proportion of WHO fellows made an important contribution to the health services of their respective countries after returning home.

The Regional Office intends to continue this study, to compare the results with fellowships awarded in later years and to attempt to identify the causes of failure in what appears to be a minority of the fellowships.

The size and importance of the fellowship programme in Europe justifies all efforts which can lead to improvement in this traditional method of international collaboration in health.

TABLE 1. — FELLOWSHIPS AWARDED IN EUROPE (1947-1954) - Distribution by year, type of fellowship and source of funds

YEARS	TOTAL	TYPE OF FELLOWSHIP				SOURCE OF FUNDS		
		Inter-Regional	Regional	Individual training	Group training	W.H.O.	T.A.	U.N.I.C.E.F.
1947	137	61	76	137		137		
1948	142	35	107	142		142		
1949	92	25	67	92		92		
1950	118	46	72	92	26	117		1
1951	314	42	272	104	210	293	4	17
1952	584	90	494	246	338	429	128	27
1953	287	38	249	169	118	213	63	11
1954	283	33	250	212	71	179	102	2
Grand total	1,957	370	1,587	1,194	763	1,602	297	58
	100%	20%	80%	70%	30%	82%	15%	3%

TABLE 2. — FELLOWSHIPS AWARDED IN EUROPE (1947-1954) - Distribution by country of origin and type of fellowship and source of funds

COUNTRY OF ORIGIN	TOTAL	TYPE OF FELLOWSHIP				SOURCE OF FUNDS		
		Inter-regional	Regional	Individual training	Group training	W.H.O.	T.A.	U.N.I.C.E.F.
Albania	5		5	5		5		
Austria	131	29	102	88	48	101	27	3
Belgium	51	10	41	24	27	51		
Bulgaria	2		2	2		2		
Czechoslovakia	65	28	37	65		65		
Denmark	87	26	61	32	55	87		
Finland	162	52	110	91	71	116	45	1
France	124	33	91	87	37	106	1	17
Germany (Federal Republic)	81	11	70	33	48	76		5
Greece	67	5	62	26	41	40	19	2
Hungary	18	1	17	18		18		

COUNTRY OF ORIGIN	TOTAL	TYPE OF FELLOWSHIP				SOURCE OF FUNDS		
		Inter-regional	Regional	Individual training	Group training	W.H.O.	T.A.	U.N.I.C.E.F.
Iceland	20	2	18	6	14	20		
Irland	34	4	30	18	16	34		
Italy	115	28	87	64	51	96		19
Luxembourg	3		3		3	3		
Monaco	1		1		1	1		
Morocco (French Zone	26	1	25	16	10	14	12	
Netherlands	75	11	64	52	23	74	1	
Norway	92	13	79	28	64	92		
Poland	82	39	43	82		82		
Portugal	38		38	19	19	35	3	
Saar	1		1	1		1		
Spain	62	5	57	21	41	40	22	
Sweden	96	19	77	35	61	96		
Switzerland	55	3	52	18	37	55		
Trieste (Zone A)	12	1	11	11	1		12	
Tunisia	34	1	33	22	12	23	11	
Turkey	61	12	49	44	17	32	29	
United Kingdom	52	21	31	39	13	51	1	
Yugoslavia	305	15	290	247	58	180	114	11
TOTAL	100%	370	1,587	1,194	763	1,602	297	58

2 0 % - 80%

100 %

70% - 30%

100 %

TABLE 3. — AVERAGE DURATION OF FELLOWSHIPS INDIVIDUAL

YEARS	NUMBER OF FELLOWSHIPS (Individual)	NUMBER OF MONTHS	AVERAGE LENGTH in months
1947	137	742.25	6.0
1948	142	767.75	5.5
1949	92	550.0	6.0
1950	92	430.75	5.3
1951	104	462.50	4.4
1952	246	1,180.0	4.9
1953	169	639.75	3.8
1954	212	916.0	4.6
Grand total	1,194	5,689.0	4.8

TABLE 4. — DISTRIBUTION OF FELLOWSHIPS BY SUBJECT OF STUDY (1947-1954)

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
HEALTH ORGANISATION AND SERVICE	TOTAL	48	55	34	51	228	366	162	156	1,100
Public Health Administration	Sub-total	12	9	9	6	33	56	55	58	237
Public Health administration		10	6	5	4	28	45	49	51	198
Hospital and medical care administration		1	3	2		4	5	4	6	25
Hospital and clinic buildings		1		2	1		2		1	7
Medical librarianship					1	1	3	2		7
Sanitation	Sub-total.	1		1	6	32	47	16	7	110
Environmental sanitation		1		1	2	32	44	9	4	93
Housing and town planning								1	1	2
Food control					4		3	6	2	15
Nursing	Sub-total.	4	6	3	9	10	16	9	9	66
Nursing, including midwifery			2	2	1	5	11	1	6	28
Public health nursing and health visitors		3	3	1	8	4	4	8	3	34
Medical social work		1	1			1	1			4
Maternal and Child Health	Sub-total.	15	12	9	12	33	55	34	23	193
Organisation of maternal and child health service		1	5	5	1	11	44	21	9	97

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
Paediatrics and obstetrics		14	7	4	11	22	11	13	14	96
Other Health Services	Sub-total.	16	28	12	18	120	193	48	59	494
Mental health and child guidance		4	8	5	9	60	77	10	17	190
Health education		2					4	3	2	11
Occupational health		2	9	1		12	57	14	6	101
Nutrition and dietetics		3	2	1	1		9	6	4	26
Health statistics		2	1		1	20	6	2	9	41
Dental care and hygiene		1	2	2	1	1	1	2	2	12
Rehabilitation		2	6	3	5	26	36	10	15	103
Drug control					1	1	3	1	4	10
COMMUNICABLE DISEASE SERVICE	TOTAL.	20	29	29	35	42	135	85	92	467
Malaria		1		3	1	6	11	11	3	36
Veneral diseases and treponematoses		4	6	12	6	4	9	17	20	78
Tuberculosis		3	6	8	6	11	18	29	36	117
Other eommunicables diseases, epid. and quarantine		2	7		4	15	63	16	17	124
Laboratory services		10	9	6	15	6	30	11	16	103
Chemotherapy, antibiotics			1		3		4	1		9
CLINICAL MED. SCIENCES AND EDUCATION	TOTAL	69	58	29	32	44	83	40	35	390
Clinical Medicine	Sub-total.	56	39	21	31	41	77	39	29	333

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
Surgery and medicine		13	12	6	8	12	11	2	2	66
Anaesthesiology		1	1	1	15	13	26	14	11	82
Radiology		5	6				1	1	1	14
Haematology, blood bank		3	2		1	5	4	1	4	20
Other medical and surgical specialities		34	18	14	7	11	35	21	11	151
Medical Sciences and Education	Sub-total.	13	19	8	1	3	6	1	6	57
Anatomy and histology		3	3	2				1		9
Physiology		1	3						1	5
Biophysics, biochem., chemistry		3	5	2		2	1		1	14
Pathology		3	1	2						6
Pharmacology		3	7	2	1		3		2	18
Medical personnel education methods						1	2		2	5
Grand total.		137	142	92	118	314	584	287	283	1,957

TABLE 5. — PERCENTAGE DISTRIBUTION OF FELLOWSHIPS BY SUBJECT OF STUDY - (1947-1954)

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
HEALTH ORGANISATION AND SERVICE	TOTAL.	35	38.75	37	43.20	72.50	62	57	55	56.20
Public Health Administration	Sub-total.	8.75	6.30	10	5.10	10.50	9.5	19	20.5	12.10
Public Health administration		7.30	4.20	5.50	3.40	8.90	7.5	17	18	10.10

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
Hospital and medical care administration		0.73	2.10	2.25		1.30	1	1	2	1.30
Hospital and clinic buildings		0.72		2.25	0.85		0.5		0.5	0.35
Medical librarianship					0.85	0.30	0.5	1		0.35
Sanitation	Sub-total.	0.70		1.05	5.08	10.20	8	5.5	2.5	5.60
Environmental sanitation		0.70		1.05	1.70	10.20	7.5	3	1	4.75
Housing and town planning								0.5	0.5	0.10
Food control					3.38		0.5	2	1	0.75
Nursing	Sub-total.	2.90	4.20	2.95	7.60	3.20	2.5	3	3	3.40
Nursing, including midwifery			1.40	1.90	0.85	1.60	1.5	0.5	2	1.40
Public health nursing and health visitors		2.20	2.10	1.05	6.75	1.30	0.5	2.5	1	1.80
Medical social work		0.70	0.70			0.30	0.5			0.20
Maternal and Child Health	Sub-total.	10.95	8.45	10	10.20	10.50	9.5	12	8	9.85
Organisation of maternal and child health service		0.70	3.50	5.50	0.80	3.50	7.5	7	3.5	4.95
Paediatrics and obstetrics		10.25	4.95	4.50	9.40	7	2	4	4.5	4.90
Other Health Services	Sub-total.	11.70	19.60	13	15.05	38.20	33	17	21	25.25
Mental health and child guidance		2.90	5.60	5.45	7.60	19.10	13	3.5	6	9.70
Health education		1.45					0.5	1	0.5	0.55
Occupational health		1.45	6.30	1		3.80	10	5	2	5.15

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
Nutrition and dietetics		2.25	1.40	1	0.85		1.5	2	1.5	1.35
Health statistics		1.50	0.70		0.80	6.40	1	0.5	3	2.10
Dental care and hygiene		0.70	1.40	2.25	0.80	0.30	0.5	0.5	1	0.65
Rehabilitation		1.45	4.20	3.30	4.20	8.30	6	3.5	5.5	5.20
Drug control					0.80	0.30	0.5	0.5	1.5	0.55
COMMUNICABLE DISEASE SERVICE	TOTAL.	14.60	20.40	31.50	29.65	13.40	23.5	30	33	23.85
Malaria		0.70		3.25	0.85	1.90	2	4	1	1.85
Veneral diseases and treponemaloses		2.90	4.25	13.05	5.10	1.35	1.5	6	7	4
Tuberculosis		2.25	4.25	8.70	5.10	3.50	3	10	13	6
Other communicables diseases, epid. and quarantine		1.45	4.90		3.40	4.75	11	5.5	6	6.30
Laboratory services		7.30	6.30	6.50	12.70	1.90	5	4	5.5	5.20
Chemotherapy, antibiotics			0.70		2.50		0.5	0.5		0.50
CLINICAL MED. SCIENCES AND EDUCATION	TOTAL	50.40	40.85	31.50	27.15	14.10	14.5	14	12.5	19.95
Clinical Medicine	Sub-total.	40.90	27.45	22.80	26.25	13.05	13	13	10	17
Surgery and medicine		9.50	8.45	6.50	6.75	3.80	2	0.5	0.5	3.35
Anaesthesiology		0.70	0.75	1.10	12.75	4.10	4.5	4.5	4	4.20
Radiology		3.65	4.25				0.2	0.5	0.5	0.70
Haemalology, blood bank		2.25	1.40		0.85	1.65	0.3	0.5	1.5	1.05

SUBJECT OF STUDY		1947	1948	1949	1950	1951	1952	1953	1954	TOTAL
Other medical and surgical specialities		24.80	12.60	15.20	5.90	3.50	6	7.5	4	7.70
Medical Sciences and Education	Sub-total.	9.50	13.40	8.70	0.90	1.05	1.5	0.5	2	2.95
Anatomy and histology		2.20	2.15	2.175				0.5		0.45
Physiology		0.70	2.15						0.4	0.25
Biophysics, biochem., chemistry		2.20	3.50	2.175		0.05	0.5		0.4	0.75
Pathology		2.20	0.70	2.175						0.35
Pharmacology		2.20	4.90	2.175	0.90		0.5		0.6	0.90
Medical personnel education methods						0.40	0.5		0.6	0.25
Grand total.		100 %	100 %	100 %	100 %	100 %	100 %	100 %	100 %	100%

TABLE 6. — PERCENTAGE DISTRIBUTION OF FELLOWSHIPS BY SUBJECT OF STUDY (1947-1954) - IN ALL REGIONS AND IN EUROPE

SUBJECT OF STUDY		1947-1951			1952			1953			1953						
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%				
HEALTH ORG. AND SERV.	TOTAL.	800	55	416	52	668	59	366	62	504	58	162	57	364	55	156	55
Public Health Adm.	Sub-total.	187	12	69	9	117	10	55	9.5	125	14	55	19	116	17	58	20.5
Public Health Administration		151	10	53	7	91	8	45	7.5	114	12.5	49	17	107	17	51	18

SUBJECT OF STUDY		1947-1951				1952				1953				1953			
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%				
Hospital and medical care admin.		26	1.4	10	1.5	18	1.6	5	1	9	1	4	1	7	0.5	6	2
Hospital and Clinic buildings		5	0.3	4	0.5	3	0.2	2	0.5					2	0.2	1	0.5
Medical librarianship		5	0.3	2	0.5	5	0.4	3	0.5	2	0.5	2	1				
Sanitation	Sub-total.	104	17	40	5	81	7	47	8	65	8	16	5.5	49	7.5	7	2.5
Environmental sanitation		97	6	36	4.5	77	6.5	44	7.5	52	6	9	3	44	6.5	4	1
Housing and town planning		1	0.1							1	0.5	1	0.5			1	0.5
Food control		6	0.4	4	0.5	4	0.5	3	0.5	12	2	6	2	5	0.5	2	1
Nursing	Sub-total.	100	7	32	4	86	7	10	2.5	81	9	9	3	46	7	9	3
Nursing including midwifery		38	2	10	1	60	4	11	1.5	46	5	1	0.5	25	4	6	2
Public-hlth nursing and hlth visitors		53	3	19	2.5	25	2.5	4	0.5	35	4	8	2.5	21	3	3	1
Medical social work		9	1	3	0.5	1	0.5	1	1.5								

SUBJECT OF STUDY		1947-1951				1952				1953				1953			
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%				
Maternal and Child Hlth	Sub-total.	153	10	81	10	98	9	55	9.5	71	8	34	12	47	7	23	8
Org. of maternal and child hlth serv.		59	4	23	3	79	7	44	7.5	46	5	21	7	23	3.5	9	3.5
Paediatrics and obstetrics		94	6	58	7	19	2	11	2	25	3	13	4	24	3.5	14	4.5
Other Health Services	Sub-total.	256	17	194	25	286	25	193	33	162	19	48	17	106	16	59	21
Mental health and child guidance		103	1	86	11	97	8.5	77	13	82	9	10	3.5	24	3.5	17	6
Health education		12	1	2	0.5	12	1	4	0.5	7	1	3	1	10	1.5	2	0.5
Occupational health		16	1	24	3	59	5	57	10	20	2	14	5	9	1	6	2
Nutrition and dietetics		21	1.5	7	1	37	3	9	1.5	12	1.5	6	2	7	1	4	1.5
Health statistics		35	2	24	3	22	2	6	1	20	2	2	0.5	31	5	9	3
Dental care_ and hygiene		16	1	7	1	7	0.5	1	0.5	3	0.5	2	0.5	3	0.5	2	1
Rehabilitation		47	3	42	5.5	45	4	36	6	15	1.5	10	3.5	18	2.5	15	5.5

SUBJECT OF STUDY		1947-1951				1952				1953				1953			
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%				
Drug control		6	0.5	2	0.5	7	0.5	3	0.5	3	0.5	1	0.5	4	0.5	4	1.5
COMMUNICABLE DIS. SEHV.	TOTAL	396	26	155	20	348	31	135	23,5	292	32	85	30	214	32	92	33
Malaria		52	3.5	11	1.5	38	4	11	2	55	6	11	4	36	5	3	1
Venereal dis. and treponematoses		86	6	32	4	65	5.5	9	1.5	41	5	17	6	33	5	20	7
Tuberculosis		93	6	34	4.5	60	5	18	3	86	9.5	29	10	74	11	36	13
Other com. dis., epid. and quarantine		82	5.5	28	3.5	125	11	63	11	59	6.5	16	5.5	37	5.5	17	6
Laboratory services		70	5	46	6	52	4.5	30	5	41	5	11	4	34	5	16	5.5
Chemotherapy, antibiotics		8	0.5	4	0.5	8	0.5	4	0.5	10	1	1	0.5				
CLIN. MED. Sc. AND Enoc.	TOTAL.	303	20	232	29	131	11	83	14.5	98	10	40	14	89	13.5	35	12.5
Clinical Médecine	Sub-total.	238	16	188	24	115	10	77	13	89	9	39	13	67	10	29	10
Surgery and medicine		113	7.5	51	6.5	38	4	11	2	25	3	2	0.5	24	3.5	2	0.5

SUBJECT OF STUDY		1947-1951			1952				1953				1953			
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%			
Anaesthesiology		34	2.5	31	4	29	2.5	26	4.5	17	2	14	4.5	15	2.5	11	4
Radiology		18	1	11	1.5	4	0.5	1	0.2	6	0.5	1	0.5	4	0.5	1	0.5
Haemalology, blood bank		10	0.5	11	1.5	1	0.5	4	0.3	1	0.2	1	0.5	6	1	4	1.5
Other med. and surgical specialities		63	4	84	10.5	43	3.5	35	6	40	4.8	21	7.5	18	2.5	11	4
Medical Sciences and Edue.	Sub-total.	65	4.5	44	5.5	16	1	6	1.5	9	1	1	0.5	22	3	6	2
Anatomy and histology		5	0.5	8	1	2	0.2			2	0.2	1	0.5	1	0.2		
Physiology		7	0.5	4	0.5									3	0.5	1	0.4
Biophysics, biochem., chemistry		17	1	12	1.5	1	0.5	1	0.5					2	0.3	1	0.4
Pathology		6	0.5	6	0.5	1	0.2			2	0.2						
Pharmacology		18	1	13	1	6	0.2	3	0.5	2	0.2			5	1	2	0.6
Medical personnel educ. Methods		12	1	1	0.5	6	0.2	2	0.5	3	0.4			11	1.5	2	0.6
Grand total		1,494	100 %	803	100 %	1,147	100 %	584	100 %	894	100 %	287	100 %	667	100 %	283	100 %

SUBJECT OF STUDY	1947-1951			1952				1953				1953	
	W1	%	E²	w1	%	E²	%	W1	%	W1	%	E²	%
1W = All Regions E = Europe													

TABLE 7. — DISTRIBUTION OF FELLOWSHIP VISITS BY REGION OF ORIGIN AND REGION OF STUDY (1947-1954)

REGION OF ORIGIN	TOTAL. number of visits	REGION OP STUDY											
		A. F. R. 0. (1)	A.M. R.O. (2)	S.E. A.R. O. (3)	E.U. R.O. (4)	E.M. R.O (5)	W.P. R.O. (6)	UNASSIGNED areas					
		Total		Total		Total		Total		Total		Total	Total
AFRICA	1947												
	1948												
(A. F. R 0.)	1948												
	1950	5								5			
	1951	35				10				23		2	
A	1952	52		18		10		3		20		1	
	1953	64		1		12		3		50		1	
	1954	124	280	33	52	16	48	2	5	66	164	7	11
AMERICAS	1947												
	1948												
(A. M. R. O.)	1948	42				7				34			1
(A. M. R. O.)	1950	106				51				55			
	1951	135				74				61			
B	1952	199				126		5		61			7
	1953	220				168		5		46			6
	1954	293	995			279	705		5	14	271		14
SOUTH-EAST ASIA	1947												
	1948												

REGION OF ORIGIN	TOTAL. number of visits	REGION OP STUDY														
		A. F. R. 0. (1)	A.M. R.O. (2)	S.E. A.R. O. (3)	E.U. R.O. (4)	E.M. R.O (5)	W.P. R.O. (6)	UNASSIGNED areas								
	1949	115				32		8						1		
(S. E. A. R. O)	1950	72				12		22		66		8		1		
	1951	201				18		70		36		1		30		
C	1952	159		1		17		50		78		2		26		
	1953	142				19		30		65		5		24		
	1954	56	745		1	5	103	22	202	18	326	4	20	11	50	1
EUROPE	1947	216				62				154						
	1948	396				35				361						
(E.U. R.O.)	1949	139				29				110						
	1950	292				50				242						
	1951	462				49				42		1				
D	1952	814				86		9		718		1				
	1953	814				34				363		6				
	1954	475				33	378		9	427	2 787	5	13	1	1	
EASTERN MEDITERRANEAN	1947															
	1948															
	1949	48				14				32					2	
(E.M. R.O.)	1950	82		10		17				40		14			1	
E	1951	154		8		23		1		90		30		1	1	
	1952	187				18		13		117		38		1		
	1953	266		5		18				156		79		8		
	1954	121	858		23	14	104		14	68	503	38	199	1	11	4
WESTERN PACIFIC	1947	84				63				14		1		6		
	1948	97				80		1		14		2				
	1949	44				23		1		16				4		
	1949	44				23		1		16				4		
	1951	39				15		4		10		2		8		
F	1952	134				28		19		28				59		
	1953	138				22		4		29				83		
	1953	138				22		4		29				83		

REGION OF ORIGIN	TOTAL. number of visits	REGION OP STUDY														
		A. F. R. 0. (1)	A.M. R.O. (2)	S.E. A.R. O. (3)	E.U. R.O. (4)	E.M. R.O (5)	W.P. R.O. (6)	UNASSIGNED areas								
UNASSIGNED AREAS	1947															
	1948															
	1949															
	1950															
G	1951															
	1952															
	1953															
	1954															
ALL REGIONS	1947	300				125				168		1		6		
	1948	493				115		1		375		2				
	1949	388				105		9		258		8		5		3
	1950	619		10		142		25		420		15		6		1
	1951	1 026		8		189		75		674		40		39		1
H	1952	1 545		19		285		99		1 007		42		93		
	1953	1 233		6		273		34		709		90		121		
	1954	1 199	6 803	42	85	384	1 618	33	276	627	4 238	50	248	63	333	

Appendix

ANNEX I

INTER-COUNTRY PROGRAMMES IN EUROPE - (January-June, 1955)

DESCRIPTION OF PROGRAMME	DURATION	GOVERNMENT (s) principally concerned	OTHER PARTICIPATING countries		PARTICIPANTS or fellows	PARTICIPATING AGENCIES and role of Regional Office
ANAESTHESIOLOGY						
(a) An advanced training course for anaesthesiologists; help at the Anaesthesiology Centre, Paris	1 year Jan.-Dec.	France	Greece Italy	Switzerland Yugoslavia	5	University for Paris and Regional Office, which provided one lecturer.
(b) Fifth basic post-graduate course for anaesthesiologists; held Copenhagen.	1 year August 1954-1955	Denmark	Austria - Germany - Greece - Norway – Portugal	Spain – Turkey – Yugoslavia	9	University of Copenhagen and Regional Office, which provide outside lectures. (European trainees coming from the countries listed were awarded WHO fellowships in 1954)
ENVIRONMENTAL SANITATION						
(a) A study of sanitary engineering terms aiming at the development of an accepted terminology in Europe (in French and English languages).	3 years 1953 – 1955					UNESCO and Regional Office which contributes to the cost of the study.

DESCRIPTION OF PROGRAMME	DURATION	GOVERNMENT (s) principally concerned	OTHER PARTICIPATING countries		PARTICIPANTS or fellows	PARTICIPATING AGENCIES and role of Regional Office
(b) A symposium on the education and training of sanitary engineers in Europe, held in Oxford.	6 days 2-7 April	United Kingdom				Regional Office which financed the attendance of 13 experts coming from 11 European countries. A representative of the Rockefeller Foundation attended.
FOSTER HOME CARE						
a)A training course for personnel dealing with children deprived of a normal family home; held in Paris	4 weeks 10 Janv.-5 Feb.	France	Spain		1	Organized by the International Children's Centre.
(b) A seminar on children in incomplete families, for European officials and social workers dealing with foster home care in public and private social agencies; held in Taunus near Frankfurtk.	12 days 3-14 May	Germany				Organized by the European Office of the United Nations Technical Assistance Administration, in co-operation withe the German Federal Ministry of the Interior. The Regional Office contributed a lecturer in child psychiatry.
HANDICAPPED CHILDREN						
A group training course on the medical, social and educational problems of children suffering from sensory disabilities; held in Paris.	1 month - 28 Feb.-27 March	France	Greece	Tunisia	2	Organized by the International Children's Centre.
HEALTH VISITORS						

DESCRIPTION OF PROGRAMME	DURATION	GOVERNMENT (s) principally concerned	OTHER PARTICIPATING countries		PARTICIPANTS or fellows	PARTICIPATING AGENCIES and role of Regional Office
Processing to the Report on the Pilot Study carried out in France and the U.K. during the years 1951-1953 to determine the kind of worker best suited to meet family health and welfare needs.	5 yars 1951-1955	France - United Kingdom				Regional Office.
INSECT CONTROL						
A training course for medical officiers and medical entomologists actively engaged in insect control work ; held in Rome (Latina).	6 weeks – 16 May-30 June	Italy	France (Algeria) – Greece – Morocco – Portugal – Spain	Tunisia – Turkey – Yugoslavia	9	The Instituto Superiore di Sanità in Rome and Regional Office.
MENTAL HEALTH						
A European study group on mental health through public health practices composed of public health officers, psychiatrists and nurses; held in Monaco.	12 days – 18-29 April	Monaco				The Government of the Principality and Regional Office which financed the attendance of 19 experts coming from 11 European countries and contributed two discussion leaders and two lecturers.
MORBIDITY SURVEY						
Completion of survey set in hand in Denmark in 1951 and preparation of report.	5 years – 1951-1955	Denmark				Rockefeller Foundation and Regional Office.
MOTHER AND CHILD						
SEPARATION STUDY						

DESCRIPTION OF PROGRAMME	DURATION	GOVERNMENT (s) principally concerned	OTHER PARTICIPATING countries		PARTICIPANTS or fellows	PARTICIPATING AGENCIES and role of Regional Office
Continuation of a study on the effects of child development aristing from separation from the mother in the early years of life.	4 years – 1952-195	France – United Kingdom				Regional Office which contributes to the cost of the studies, these being carried out in France and the United Kingdom.
OCCUPATIONAL HEALTH						
A refresher course in occupational health for medical officers; held at the " Ecole Nationale de la Santé Publique," Paris.	3 weeks – 9-27 May	France	Austria – Belgium – Germany – Greece – Ireland – Italy	Morocco – Portugal – Spain – Switzerland – Tunisia – Yugoslavia	13	French Ministries of Health and Labour, I..L.O. and Regional Office, which contributed two lecturers.
POLIOMYELITIS						
A training course on the management of poliomyelitis patients with involvement of the respiratory system and swallowing mechanism for physicians and nurses actively engaged in the treatment of acute poliomyelitis; held at the Poliomyelitis Centre, Copenhagen.	3 weeks – 14 April-5 May	Denmark	Austria – Belgium – Finland – France – Germany – Greece – Iceland – Ireland	Italy – Luxembourg – Netherlands – Norway – Switzerland – United Kingdom	40	Poliomyelitis Centre of the Blegdam Hospital in Copenhagen and Regional Office which contributed to the administrative costs and lecture fees. (The attendance of 35 European trainees was financed by the Governments concerned. Five attended on W.H.O. fellowships as part of the Individual Fellowship Programme of their respective contries.)
PUBLIC. HEALTH						
Development of the demonstration and training area in rural public health in Soissons.	5 years	France				Rockefeller Foundation and Regional Office which provides for the statistical services.

DESCRIPTION OF PROGRAMME	DURATION	GOVERNMENT (s) principally concerned	OTHER PARTICIPATING countries		PARTICIPANTS or fellows	PARTICIPATING AGENCIES and role of Regional Office
SOCIAL PAEDIATRICS						
A group training course on social paediatrics for paediatricians and medical officers; held in Paris.	12 weeks – 18 April- 10 July	France	Denmark – Finland – Germany – Morocco – Netherlands	Portugal – Sweden – Switzerland	8	Organized by the International Children's Centre.
VENEREAL DISEASES						
Processing of a report on the activities carried out by the VD Port Demonstration and Training Centre of Rotterdam.		Netherlands				Port Demonstration and Training Centre of Rotterdam and Regional Office.
VETERINARY PUBLIC HEALTH						
An advisory group on veterinary public health, composed of public health administrators and veterinarians; held in Geneva.	5 days – 6-10 June					WHO Headquarters and Regional Office, which provided the services of a consultant organizer and financed the attendance of nine expert coming from eight countries. A FAO representative attended.

ANNEX II

INTER-COUNTRY PROGRAMMES IN EUROPE DESIGNED TO TAKE PLACE IN THE SECOND HALF OF 1955

DESCRIPTION OF PROGRAMME	PLACE	DATE
ALCOHOLISM		
Survey of alcohol problems in Europe using background material obtained in previous seminars in Copenhagen and Noordwijk. To be carried out through the International Institute for Research on Problems of Alcohol.		October, 1955 (tentative)
ANAESTHESIOLOGY		

DESCRIPTION OF PROGRAMME	PLACE	DATE	
(a) Sixth basic training course for Anaesthesiologists, to be held at the Anaesthesiology Centre.	Copenhagen	15 October, 1955 15 September, 1956 (tentative)	[illegible] Anaesthesiologists, to be held at the Anaesthesiolo

DESCRIPTION OF PROGRAMME	PLACE	DATE
CHILD DEVELOPMENT		
An extension of the study on mother and child separation (United Kingdom and France) to other countries in Europe, in order to assess the most practical lines for preventive action.		October (tentative)
DEGENERATIVE CARDIOVASCULAR DISEASES		
A meeting convened jointly with Headquarters to advise on appropriate action to be taken by W. H. 0. with particular reference to the public-health aspects of this problem.	Geneva	7-11 November
ENVIRONMENTAL SANITATION		
A regional advisory group on water standards.	Geneva	7-11 November
ENVIRONMENTAL SANITATION		
A regional advisory group on water standards.	Geneva	26-29 July
FAMILY WORKERS		
An advisory group convened jointly with the United Nations and arising out of the study on health visitors carried out in France and the United Kingdom in 1951-1953. The group will advise on the next appropriate step to be taken in the region with respect to family health and welfare workers	Geneva	5-9 December (tentative)
MATERNAL AND CHILD HEALTH		
A group training course on the medico-social problems of the mother and child, for social and administrative personnel (organized by the International Children's Centre).	Paris	19 September-30 October
NURSING		
An advisory group on the nursing school curriculum,	Brussels	17-26 November
POLIOMYELITIS		
A training course (in the French language) on the management of poliomyelitis patients with involvement of the respiratory system and swallowing mechanism.	Paris	10-29 October
PUBLIC HEALTH		

DESCRIPTION OF PROGRAMME	PLACE	DATE
(a) A third group training course for Scandinavian public health officers.	Gôteborg	1 August-30 September

(b) Assessment of training in rural health for medical personnel (to be held at the Soisson

DESCRIPTION OF PROGRAMME	PLACE	DATE
SOCIAL SERVICES FOR THE AGED		
A European exchange seminar on social services for the aged (organized by the European Office of thé United Nations Technical Assistance near Liège Administration).	Wégimont near Liège	4-14 September
TUBERCULOSIS		

DESCRIPTION OF PROGRAMME	PLACE	DATE
(a) A post-graduate training course for TB physicians (to be held at the Istanbul Anti-tuberculosis Training and Demonstration Centre).	Istanbul	28 September-8 November

ANNEX III

FELLOWSHIPS AWARDED OR APPROVED DURING PERIOD 1 JANUARY—30 JUNE, 1955— DISTRIBUTION BY COUNTRY OF ORIGIN, SOURCE OF FUNDS AND TYPE OF FELLOWSHIPS

COUNTRY OF ORIGIN	SOURCE OF FUNDS				TYPE OF FELLOWSHIPS			
	WHO	UNICEF	Tech. Assist.	Total	Inter-Regional	Regional	Ind. Training	Group Training
Austria	5			5		5	4	1
Belgium	5			5	1	4	4	1
Danmark	11			11	2	9	8	3
Finland	6			6		6		6
France	15			15		15	14	1
Germany, Federal Republic	8			8		8	5	3
Greece	7		2	9		9	4	5
Iceland	3			3	1	2	2	1
Ireland	6			6	1	5	5	1
Italy	12			12		12	10	2
Luxembourg								
Monaco								
Morocco (French Zone)	6		3	9	1	8	6	3
Netherlands	8			8	1	7	7	1
Norway	10			10	1	9	4	6
Portugal	6			6		6	3	3
Spain	9		9	18	18		15	3
Sweden	11			11	1	10	4	7
Switzerland	5			5	1	4	2	3
Tunisia	7		3	10		10	7	3
Turkey	2			2		2	1	1
United Kingdom	8			8		8	8	
Yugoslavia	5			5		5	2	3
Total	155		17	172	28	144	115	57

ANNE X IV

PUBLICATIONS ARISING FROM -INTER-COUNTRY ACTIVITIES SPONSORED BY W.H.O. IN EUROPE

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
1	1950 (and onwards)	Antibiotic Research and Training Centre, Rome	A series of scientific papers on antibiotics and their production, including contributions from WHO fellows, was published in a special English edition of the Rendiconti, Instituto Superiore di Sanità, 1954, 17. English edition only 243 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
2	1950	First Seminar for Sanitary Engineer's, The Hague	General survey of problems and services in Europe . Preliminary papers on water supplies, sewage, refuse, disposal, rescarch and training of sanitary engineers. Mimeographed document with covers : bilingual edition (English and French), 244 pp.
3	1950	Infant Metabolism Seminars. (2) in Stockholm and Leyden	The proceeding are in process of commercial publication-copies to be made available to W.H.O. The book will probably be issued about September, 1955.
4	1950	Working Conference for Public Health Nurses, Noordwijk	(a) Summary report on organisation of t h e Conference and the main topics discussed. Mimeographed document with covers, English edition only, 47 p p. - (J) Report on the Conference techniques by Tavistock Institute of Human Relations, Lodon. Mimeographed document , English edition only, 60 p p.
5	1950	Syphilis Symposium Helsinki	The transactions were published in the Acta Dermato Venereo-logica Vol. 31, suppl. 24, English edition only, 196 p p .
6	1950	Syphili s - Symposium Paris	The transactions were published by l'Institut Alfred Foumier, Paris, Impr . Trancreède, 1951, French edition only , 250 pp.
7	1951	European Seminar and Lecture course on Alcoholism, Copenhangen	A general survey of some important aspects of the problem for medical and social review. Report is presented in the form of an editorial review. Printed document with covers. English edition, 121 pp. French edition, 132 pp.
8	1951	Second Seminar for Sanitary Engineers, Rome	Further papers on water supplies and sewage disposal, with preliminary consideration of the role of the public health engineer, financing of sanitary works, ect. Mineographed document with covers. English edition, 280 pp. French edition, 296 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
9	1951 (and onwards)	Social Workers in England and France. A survey of the personnel engaged in social and medico-social work among families (jointly with the Rockefeller Foundation)	 (a) Review of study undertaken in England and France with main conlusions and recommendations. To be published officially by W.H.O. in Monograph Series, late in 1955 (separately in English and French). (b) Summury reports of the separate studies in England and France to be published officially by W.H.O. or reproduced by Regional Office. (c) Full report of the study in England (843 pp. + apprendices) and France (687 pp.). Both are mimeographed documents with covers.
10	1951	Public Health Administration Study Tour, Sweden, Scotland and Belgium	Introduction to health conditions and services, prepared for the participants. Mimeographed documents with covers. a) Sweden English edition; 48 pp French edition, 57 pp. (b) Scotland English edition, 67 pp. French edition, 80 p p. c) Belgium English edition, 51 pp. French edition, 58 pp.
11	1951 (and onwards)	Maritime VD Demonstration and Training Centre, Rotterdam	A manuscript summarizing the preliminary work of study groups and the two international training courses conducted at the Centre is in an advanced stage of preparation.
12	1951	Conference of Heads of Laboratories producing Diphtheria and Pertussis Vaccines, Dubrovnik	Officiai publication by W. H. 0. Diphtheria and pertussis vaccination. Technical Report Series N° 61. English edition, 88 pp. French edition, 96 pp.
13	1951	Third Seminar for Sanitary-Engineers, London	Discussion centred on treatment and disposal of domestic sewage from small groups of houses and isolated dwellings. Official Publication by W. H. 0. Design and Operation of Septic Tanks. Monograph Series No. 18. English edition, 122 pp. French edition, 132 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
14	1951	Group Training Course on Rehabilitation of the Physically Handicapped Adult, Scandinavia (jointly with UN)	A report published by U. N. describing the various aspects of physical disablement and the organization of a comprehensive service, as presented during the training course. Printed document with covers. English edition, 108 pp. French edition, 115 pp.
15	1951	Scandinavian Seminar on Child Psychiatry and Child Guidance Work, Lillehammer	Discussion on normal and deviant social development of the child together with certain aspects of prevention and treatment. Report is presented in the form of an editorial review. Printed document with covers. English edition, 71 pp. French edition, 80 pp.
16	1952	Seminar on Mental Health and Child Development, Chichester (sponsored by the W. F. M. H.)	The proceedings of the Seminar are being published commercially by the World Federation for Mental Health. Volume I will include the lectures and discussions. Volume II will consist of a selection of case-histories, as presented to the Seminar. Probable publication date is September, 1955.
17	Seminar on Occupational Health, Leyden (with co-operation of I. L. 0.)	See No. 25 : Seminar on Occupational Health, Milan.	
18	1952	Conference on the Teaching (undergraduate) of Hygiene, Preventive Medicine and Social Medicine, Nancy	See No. 27 : Conference on Teaching (post-graduate) of Hygiene, Preventive Medicine and Social Medicine, Gôteborg.
19	1952	Public Health Administration Study Tour, Norway and France	Introduction to health conditions and services prepared for the participants. Mimeographed documents with covers. (a) Norway English edition, 81 pp. French edition, 100 pp; (b) France English edition, 173 pp. French edition, 190 pp.
20	1952	Seminar on the Zoonoses, Vienna (jointly with F. A. 0.)	Discussion on five of the zoonoses of importance in Europe : bovine tuberculosis, brucellosis, leptospirosis, Q fever and rabies. Official publication by W. H. O. jointly with F. A. 0. Advances in the control of zoonoses. Monograph series N° 19. English edition 275 pp. French edition 294 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
21	1953	European Conference on Health Education of the Public, London (with the co-operation of UNESCO)	General review of the scope for health education of the public and the role of health personnel. (a) Printed document with covers. English edition 58 pp. French edition 63 pp. (b) Chronological story of the development of the conference. Mimeographed document. English edition only, 28 pp.
22	1953	Symposium on the control of Insect Vectors of Disease, Rome	 (a) Summary, of discussions and main conclusions. Official publication by W. H. 0. The Chronicle-Vol. 8 No. 4, April 1954. Report in English 7 pp. Report in French 8 pp. (b) Papers presented at the symposium were printed in a special supplement to the " Rencliconti, Istituto Superiore cli Sanità " in original language with summaries in English, French, German and Italian, (1954), 393 pp.
23	1953	Seminar on Mental Health Aspects of Public Health Practice, Amsterdam	The report includes some of the lectures delivered at the seminar and a review of the main trends which emerged from discussions between public health officers and psychiatrists. Mimeographed document with covers. English edition 136 pp. French edition 145 pp.
24	1953 (and onwards)	Study on separation of Mother and Child, London and Paris (jointly with I. C. C.)	The directors of the study - Dr. J. Bowlby and Dr. J. Aubry and their collaborators-have published a series of papers describing different aspects of the study in the Courrier of the International Children's Centre, in the transactions of conferences organized by the Josiah Macy Foundation and in professional journals.
25	1953	Seminar on Occupational Health, Milan (with the cooperation of I. L. 0.)	Combined material from seminars in Leyden (No. 17) and Milan to be published officially by W. H. 0. in the Bulletin in autumn 1955. Contributions will be in the original language (English or French).

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
26	1953	Study Group on Perinatal Mortality, Brussels	A study of causes of mortality and the influencing factors with the implications for organization of services and training of personnel. Mimeographed document with covers. English edition 84 pp. French edition 96 pp.
27	1953	Conference on the Teaching (post-graduate) of Hygiene, Preventive Medicine and Social Medicine, Gôteborg	Combined material from the conferences in Nancy (No. 18) and Gôteborg and from other sources has been assembled in the form of a review of training in Europe, to be published officially by W. H. 0. late in 1955, (separately in English and French).
28	1953	Conference on Public Health Nursing Services Mont-Pélerin-sur-Vevey	Discussion centred on co-ordination of hospital and public health nursing services. Mimeographed document with covers. English edition 110 pp. French edition 115 pp.
29	1953	Travelling Study Group on School Health Services, Denmark and the Netherlands	 (a) Introduction to health conditions and services, prepared for the participants. Mimeographed document with covers. Denmark English edition 69 pp. French edition 74 pp. Netherlands English edition 82 pp. French edition 85 pp. (b) Lectures presented during the study tour. Mimeographed document, French edition only 254 pp.
30	1954	Seminar on the Treatment of Alcoholism, Noordwijk	The main topics presented at this seminar are being published in successive issues of the " Quarterly Journal of Alcohol Studies " from September, 1954 until June, 1955. When all reprints are available, they will be bound together in one volume.
31	1954	Training Course for Waterworks "Engineers, The Hague and Liège	Lectures given during the training course. Mimeographed document with covers, French edition only, 341 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
32	1954	Fourth Seminar for Sanitary Engineers, Opatija	 (a) Material on water pollution in Europe, to be published officially by W. H. 0. in the Bulletin early in 1956. Contributions will be in the original language (English or French). (b) Material on water disinfection, to be reproduced by Regional Office. Mimeographed document with covers (separately in English and French).
33	1954	Conference on Immunization, Frankfurt	Material from this conference to be published offiicially by W. H. 0. in the Bulletin in 1955. Contributions will be in the original language (English or French).
34	1954	Seminar on Meat Hygiene, Copenhagen	Material arising from this seminar to be published officially by W. H. 0. in Monograph Series in late 1955. (Separately in English and French).
35	1954	Study Group on the Child in Hospital, Stockholm	Discussion between paediatricians and child psychiatrists on the psychological aspects of illness and their prevention, the co-ordination of services and the training of personnel to work in hospital. (a) Summary of discussions and main conclusions. Official publication by W. H. 0. The Chronicle Vol. 9, No. 1, 1955, pp. 6-10 (English) and pp. 6-11 (French). (b) Account of the meeting. Official publication by W. H. 0. The Child in Hospital, Bulletin, 1955, 12, 427-470. Offprint in English only, 44 pp. French translation reproduced by Regional Office, 49 pp.

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL	
36	1954	Public Health Administration Study Tour, Italy and Germany	Introduction to health conditions and services—- prepared for the participants. Mimeographed document with covers. (a) Italy English edition, 185 pp. French edition, 212 pp. (b) Germany English edition, 106 pp. French edition, 112 pp. 	[illegible] f services, staff training and t

NO	YEAR	ACTIVITY	FORM AND OUTLET FOR MATERIEL
38	1954	Conference on School Health Services, Grenoble (with the co-operation of UNESCO)	Discussion on collaboration between teachers, medical staff and parents, health education in schools and certain specific health problems including dental care. Mimeographed document with covers. French edition, 125 pp. English edition to be ready in August, 1955.
39	1955	Symposium on Training Sanitary Engineers, Oxford	Review on training of sanitary engineers in Europe, to be published officially by W. H. 0. early in 1956 (separately in English and French).
40	1955	European Study Group on Mental Health through Public Health Practices, Monaco	Summary account to be published officially by W. H. 0. in the Chronicle in the near future. Combined material from this study group and earlier seminar in Amsterdam (No. 23) is being processed for a monograph type of publication.

NOTE. — The above list is restricted to material arising out of inter-country activities sponsored by the Regional Office alone or jointly with another agency. It includes only a summary of the main materials which have appeared or are in preparation.

Excluded are : (1) Material arising from activities in which the Regional Office had a relatively minor collaborating role; (2) Material designed primarily for internal use in the Regional Office, e. g., arising from meetings of advisory groups.