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WORLD HEALTH ORGANIZATION

TECHNICAL REPORT SERIES

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# JOINT ILO/WHO COMMITTEE ON THE HYGIENE OF SEAFARERS

## Third Report

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WORLD HEALTH ORGANIZATION

GENEVA

1961

JOINT ILO/WHO COMMITTEE ON THE HYGIENE OF SEAFARERS

Geneva, 1-4 May 1961

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# JOINT ILO/WHO COMMITTEE ON THE HYGIENE OF SEAFARERS

## Third Report

The Committee met at the International Labour Office in Geneva from 1 to 4 May 1961.

The session was opened by Dr Abbas Ammar, Assistant Director-General of the International Labour Office, on behalf of the Directors-General of both organizations.

The Committee appointed Dr L. R. Hirtle as Chairman, Mr J. Scott as Vice-Chairman, and Sir Richard Snedden and Dr J. Lembrez as Rapporteurs.

The agenda of the session was as follows :

- (1) Nature and extent of the health problems of seafarers ;
- (2) Health services available to seafarers ;
- (3) Ways and means by which health services could be provided in major ports to seafarers of all nationalities on a wider scale than at present.

The Committee had before it the replies to the questionnaire circulated by WHO to Member States ; the report prepared by the WHO Consultant on his study of conditions in 15 ports throughout the world ; a note by the WHO Secretariat, *Maritime Aspects of Venereal Disease Control and the Brussels Agreement of 1924*<sup>1</sup> ; and the WHO document, *Health Hazards from Nuclear-Powered Merchant Ships*.<sup>2</sup> The Committee also considered five working papers prepared by WHO. After a general consideration of the problem the Committee then discussed in detail a number of specific aspects as follows :

### 1. Nature and Extent of the Health Problems of Seafarers

On the basis of the information available the Committee felt that this question could be summarized as follows.

It has been conservatively estimated that there is somewhere in the region of 110 to 120 million tons of shipping throughout the world, and that about 750,000 seafarers are employed in foreign-going ships. It is

<sup>1</sup> Unpublished working document MHO/PA/85.61.

<sup>2</sup> Document A14/PandB/4 Add. 1.

vital that every effort should be made to safeguard the health of the persons engaged in an industry of such a size and of such a specialized nature.

It is difficult to present a definite picture of the extent of the health problems of the seafarer as there is very little accurate or reliable data available. Not all nations are able to give a precise statement of the number of men engaged in foreign-going ships in their country. This is not so surprising as it would at first appear, as seafaring is an occupation which attracts many for short periods. Many join the service only to leave within comparatively short periods for a wide variety of reasons. Even fewer countries are able to provide an age-group structure of the personnel making up their mercantile marine. Without such information no morbidity study is possible. However, some information is available, but this, for many different reasons, is incomplete. Among those countries which had supplied information there was considerable variation in the problems encountered, partly because of different geographical position and partly because of different social conditions.

The Committee noted that certain complaints occurred more often than others, e.g., diseases of the gastro-intestinal tract, accidents, cardiovascular diseases, diseases of the skin, mental disorders, venereal disease, tuberculosis and dental complaints. However, through lack of comparative morbidity statistics it was not possible to state whether these diseases occurred more or less frequently among seamen than among the general population. In some of the countries some of these problems were considered to be acute and called for active steps to be taken.

The Committee noted from the returns available that accidents, including drowning and marine casualties, were among the principal causes of death occurring among merchant seamen. Data concerning the number of seafarers who became incapacitated and were unable to return to sea was scanty, because many who developed an illness at sea left seafaring for positions on shore.

Venereal disease has long been recognized as one of the major health hazards among seafarers. Reliable or accurate details of its incidence have, however, been scanty. Since 1924, when the Brussels Agreement was adopted, the facilities for the treatment of venereal disease among seafarers throughout the world have greatly improved. In 1956 a WHO Study Group reviewed the results of the Brussels Agreement. This Study Group recommended, among other things, that the Agreement should not be abrogated unless similar and adequate provisions were included in a broad international instrument for promoting the health of seafarers in general and that nations which had not yet adhered to the Agreement should be encouraged to do so. The Committee welcomed the fact that this problem is being studied by WHO.

While no government had made any comment, in its reply to the questionnaire circulated by WHO, on health problems on nuclear-powered

ships, it was felt these ships might present special health hazards to crews and maintenance workers. At present the number of such ships is small, but it is likely that it will increase when it is possible to construct them at a cost which will make them an economic proposition. These ships may well give rise to radiation hazards, and ways and means of obviating this will have to be found. The Committee noted that ILO is studying the problems created by the application of atomic power to shipping in so far as the protection of the crew is concerned and that WHO is also giving attention to the health hazards of nuclear ships.

## 2. Extent of the Health Services Available to Seafarers

The Committee reviewed the services at present available. A considerable number of ILO Conventions and Recommendations already deal with matters affecting the health of seafarers. Convention No. 16 concerning the Compulsory Medical Examination of Children and Young Persons Employed at Sea was adopted as long ago as 1921. Article 2 of this Convention makes it a condition that no person under the age of 18 should be employed on board a ship unless he is in possession of a medical certificate attesting to his fitness for such work, and Article 3 provides for the annual examination of young persons below the age of 18.

Convention No. 73 concerning the Medical Examination of Seafarers, which was adopted in 1946, provides for a medical examination before engagement in a vessel, gives some details of particular points which should be observed at the time of the examination, and also provides that the medical certificates should be renewed every two years.

As a result of a proposal by the Joint ILO/WHO Committee on the Hygiene of Seafarers that met in 1954,<sup>1</sup> two Recommendations were adopted by the ILO in 1958. These were Recommendation No. 105 concerning the Contents of Ships' Medicine Chests and Recommendation No. 106 concerning Medical Advice by Radio to Ships at Sea. In addition, ILO has adopted conventions dealing with social security for seafarers, sickness insurance for seafarers, and liability of the shipowner in case of sickness, injury or death of seamen; another Convention, not directly related to the health of seafarers but nevertheless having a definite bearing on it is Convention No. 69 concerning Certification of Ships' Cooks.

These instruments are being used by countries to develop their health services for seafarers, but it should be remembered that not all seafaring nations have ratified them. The Committee agreed that the attention of governments should be drawn to the provisions of these instruments when they are establishing health services for seafarers.

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<sup>1</sup> *Wld Hlth Org. techn. Rep. Ser.*, 1955, 92.

Some countries have all seamen medically examined before they can become registered as seamen--pre-entry examination. This is followed by a periodic medical examination or by a medical examination before they can actually join a ship, i.e. pre-engagement medical examination. In other countries there is only one examination, pre-engagement, while in others again men can go to sea without having been medically examined at all. Responsibility for the payment for these medical examinations varies, but the usual pattern is for no expenses to fall upon the seafarer, though this is not always the case. In the majority of countries the seafarer has some form of appeal against a decision made at these medical examinations. The form of these appeals varies considerably; in some the appeal is to a government-sponsored body, in others to a non-government-sponsored organization. In some countries there is no appeal.

The ways and means of conducting medical examinations and the provision of treatment, where necessary, varies widely. Some countries provide special centres for seafarers where examinations and/or treatment are carried out, but the majority of countries have no special centres for these purposes. Where these centres are provided the staff is usually employed either by the government or by some public authority. In countries where there are no special centres, the usual pattern is for the examination to be carried out by doctors who are not employed on a whole-time basis at this type of work; these doctors work either from their own premises or from premises provided by the industry.

Where a seaman requires specialized investigation or hospitalization, use is made in nearly all cases of the general hospitals of the area. No hospitals are set aside exclusively for the use of seafarers, but in some, wards are reserved for their use alone. In many cases, especially with foreign seafarers, hospital accommodation is provided at the shipowners' expense, and this accommodation is usually of the highest standard available.

In a few countries, owing to economic difficulties, nationals do not appear to enjoy the same high standard of treatment as is received by foreign seafarers, for the reason that in the case of the latter the shipowner usually pays for any treatment carried out.

For the treatment of venereal disease, most ports have clinics close to the docks. Hospital accommodation is provided either in general hospitals or in accommodation set aside in hospitals for the treatment of infectious disease, but in no case is a hospital reserved solely for the treatment of venereal disease among seafarers. In the general hospitals a policy of "as and when required" appears to be the most popular way of providing beds for the treatment of venereal disease. Most doctors employed in the clinics and in the hospitals have had extensive experience in the treatment and diagnosis of this condition. Free outpatient treatment is the rule, although in a few instances a charge is made. In some ports a charge is made to the shipping company for hospital treatment only.

On board ship the medical services depend to a large extent on the number of crew and/or passengers carried, most countries having legislation which requires a doctor to be carried when the number of crew and/or passengers exceeds a certain total. Where no doctor is carried, the usual practice is for an officer to carry out treatment. Deck officers, in nearly all cases, are required as a condition of obtaining their certificate of competency to be in possession of a certificate in first aid and/or have had special training in the care of the sick. But there are few provisions for refresher courses.

To assist the officer in charge of the sick in his duties, nearly all ships are compelled to carry a medical guide and a medicine chest. The guides vary considerably in age and value and do not confine recommendations for treatment to those drugs which it has been recommended should be carried in the medicine chest. These chests show a wide variation in the standard of drugs and equipment carried. This may be due to the fact that in some countries arrangements for their inspection are somewhat haphazard, while in others no inspection whatsoever is required. To aid in the care of the sick there is a special medical section in the International Code of Signals, published in 1931; since this Code was introduced the ILO Recommendation on the Contents of Ships' Medicine Chests has been adopted and new medical guides have been published by various countries. This might cause some difficulties to arise in advising on treatment.

### **3. Ways and Means by which Health Services could be Provided in Major Ports to Seafarers of All Nationalities on a Wider Scale than at Present**

The Committee agreed that the following points merited detailed consideration :

- (1) medical examinations ;
- (2) services on board ship :
  - (i) in the presence of a ship's surgeon ;
  - (ii) in the absence of a ship's surgeon ;
  - (iii) medicine chest ;
  - (iv) medical guide ;
  - (v) medical advice by radio to ships at sea ;
  - (vi) training of lay medical attendants on board ship ;
- (3) services on shore :
  - (i) health centres for seafarers ;
  - (ii) hospitalization ;

- (4) medical records ;
- (5) co-ordination of services to guarantee continuity of medical care.

#### **Medical Examinations**

The Committee agreed that medical examinations are an essential and integral part of any health service for seafarers. The Committee recognized that a distinction should be made between the types of medical examinations at present carried out :

(1) Pre-entry medical examination : this should be a comprehensive examination carried out for new entrants to the service which has as its aim the exclusion of those intending entrants who would be unsuitable for sea service (the Committee considered that this terminology should be used instead of pre-registration examination).

(2) Pre-engagement/pre-signing or/pre-employment or periodic examination : this is a medical examination carried out prior to the seaman's actually taking up duty on the ship, or periodically.

The Committee agreed that the carrying out of these types of medical examinations would contribute to improving the health of seafarers, and therefore strongly recommended that all seafaring nations should institute them as an essential feature of their health service.

The Committee was also of the opinion that an essential part of any health service was to ensure that an adequate appeals machinery against decisions made at these types of examination should be made available.

#### **Medical Services on Board Ship**

The Committee considered the situation on board ships carrying a surgeon and agreed that medical services for seafarers on such ships were adequate, but that, nevertheless, opportunity should be given for these doctors regularly to have refresher courses.

In the case of ships not carrying a surgeon, the Committee considered that the health services deserved special consideration. Among the points discussed were :

##### *(a) Medicine chests*

It was felt that if the provisions of ILO Recommendation 105 were fully implemented this would do much to improve this essential service. As medicine is a science which is not standing still, the contents of medicine chests should, as recognized in the Recommendation, be reviewed at regular intervals. Furthermore, it was considered essential that the inspec-

tion of these medicine chests should be rigidly adhered to and carried out at specified intervals as provided for in the Recommendation.

(b) *Medical guides*

With regard to medical guides, the Committee was of the opinion that these should be revised at regular intervals to take into consideration all the drugs and equipment recommended to be provided in the medicine chest.

The Committee unanimously agreed that the time was opportune to implement the resolution concerning an international model for a ships' medical guide adopted by the Preparatory Technical Maritime Conference (London, 1956). This guide would be useful to countries in establishing their own ships' medical guides in pursuance of the Recommendation on the Contents of Ships' Medicine Chests.

(c) *Medical advice by radio to ships at sea*

The Committee took note of ILO Recommendation No. 106 concerning Medical Advice by Radio to Ships at Sea and considered that this service had done excellent work in the past. It felt, however, that the time was now opportune to revise the medical section of the International Code of Signals to conform to the medical advice included in the proposed medical guide and to the drugs contained in the medicine chests. In this connexion, it was noted that the Inter-Governmental Maritime Consultative Organization (IMCO) had set up a committee to consider the revision of the Code. The Committee also agreed that consideration should be given to the improvement of radiotelephony services at sea, appreciating that there are language and technical difficulties.

(d) *Training of lay medical attendants to serve on board ships*

The Committee noted that although in most countries all certificated deck officers are required to have undergone first-aid or sick-nursing training when presenting themselves for their certificate of competency, once having obtained this certificate they need never take any refresher courses throughout the whole of their seafaring career. The Committee felt that this was a gap in the medical services which should be filled. There were various ways in which this could be done. In particular officers could take refresher courses; or ratings might take special courses in first aid and sick-nursing. In the vast majority of ships this would be only a part-time occupation. The desirability of having a rating specially trained for the purpose would of course vary between ships, trades and length of voyage. The great majority of the Committee appreciated that there may be some apprehension lest the master might tend to delegate to such a

rating too much of what is finally his responsibility and lest the specially trained rating might allow his zeal to outrun his knowledge. Nevertheless, the Committee as a whole considered that the introduction of a specially trained rating is a development which should be encouraged.

### Services on Shore

#### (a) *Health centres for seafarers*

The Committee had before it the proposal of the WHO Consultant concerning the establishment of health centres for seafarers. In the opinion of the Consultant these centres would be helpful to the industry. They would ensure quick medical service to the seafarer and would be useful in disseminating information regarding the various medical facilities ashore. Details as to their organization would require to be worked out on a national basis; questions to be considered would be the financing of the centre, its administration and whether any charges should be made to foreign seafarers using the centre, etc. Among the other functions which the Consultant suggested that these centres could carry out were:

- (1) routine examination and re-examination of all seafarers;
- (2) the examination of seamen who have been temporarily incapacitated prior to their return to sea service (this would produce a good deal of data regarding the various illnesses which afflict seamen);
- (3) provision of minor treatment facilities, both medical and dental, and arranging for emergency specialized investigation;
- (4) being the centre at which data on sickness and/or deaths occurring at sea would be collected (on board ship a standard form could be kept separate from the master's log on which details of all sickness and/or deaths could be recorded, and this report would be available to the medical staff at the centre when the ship arrived at its home port);
- (5) being the centre at which appeals against medical decisions would be heard, the form of this appeal to conform to that set out in the ILO Convention No. 73 concerning the Medical Examination of Seafarers;
- (6) being responsible for the organization of training and refresher courses for personnel engaged in the care of the sick on board ships which do not carry a doctor;
- (7) being responsible for the regular inspection of ships' medicine chests;
- (8) being responsible for the issuing of prescriptions in conformity with the International Pharmacopoeia;

(9) being the recognized centre for the dissemination of information regarding medical facilities in and around the port (a welfare officer might be most profitably employed at the centre);

(10) being the centre where the seafarer could come to deal with his health insurance problems.

The Committee briefly considered statements on the activities of already existing centres operating in Canada, India, Norway, Sweden and the United Kingdom. The general feeling was that these already existing facilities should not be discontinued in favour of a system of new health centres.

The Committee agreed, without expressing a view on individual items, that the list of possibilities set out in the WHO Consultant's proposals could be of assistance to countries which felt it desirable to introduce or develop a system of seafarers' health centres in their major ports.

With reference to administrative and financial arrangements, the Committee felt that these should be left to be developed according to local conditions and circumstances.

Nothing said in this report is to be taken as an adverse criticism of a practice under which a country may establish in large foreign ports a doctor of its own nationality to treat crews of its own ships. Clearly, this is only economically practicable for large maritime countries with a large number of ships visiting specified ports.

*(b) Hospitalization*

The Committee considered the question of hospitalization on the basis of a working paper prepared by WHO. The document dealt with questions of availability, adequacy and cost of treatment of this service to seafarers. The Committee noted that hospital services for seafarers varied greatly from place to place and considered it essential that hospitals should be readily available not only for the admission of patients but also to undertake any emergency investigation. The Committee further emphasized the desirability of medical practitioners who deal with seafarers having a regular and easily accessible consultant service available at hospitals so that delays to shipping can be reduced and expense to the shipowner avoided. They were of the opinion that in view of the development of hospital service throughout the world there was no need to have *ad hoc* seamen's hospitals nor was it desirable for seamen to be segregated in special wards. The Committee emphasized the need for a seaman on being discharged from hospital to be given a detailed report on the condition for which he was admitted and the treatment which had been carried out and which remained to be carried out to ensure the best recovery. Where at all possible, the names of the drugs used should be in conformity with the International Pharmacopoeia.

### Medical Records

The Committee had before it a working paper prepared by WHO on this subject which pointed out that one of the principal deficiencies in the present system of medical control was the lack of adequate morbidity statistics. The working paper suggested the following five types of record forms which may assist in obtaining the required information :

- (1) a form to be used at each pre-entry medical examination ;
- (2) a form to be used at each pre-engagement or periodic medical examination ;
- (3) a form giving details of any illness(es) from which the seafarer may have suffered, and for which he has been treated at a medical centre, or by a medical officer attached to the shipping industry, which could be given to the seafarer or be sent to his own general practitioner or be used by doctors at intermediary ports during a voyage, or for enabling treatment to be carried out on board ship ;
- (4) a form giving details of any illness(es) suffered by the patient while on board ship ;
- (5) a form to be used by hospitals to be given to the patient in order to inform his own doctor, doctors at intermediary ports, or the master of his ship of the diagnosis and treatment of the condition for which he was treated at the hospital.

While the Committee felt that any new medical service which might be introduced should not be solely for the production of statistics but for the benefit of the health of the seafarer, it also felt that some system should be developed which would produce reliable statistical data which would help to fill the gap in existing available morbidity statistics on seafarers. The Committee also recommended that WHO study ways and means of improving present systems of medical recording.

### Co-ordination of Services

The Committee noted the efforts made in many countries by various authorities, both statutory and voluntary, and the industry itself, to improve the health facilities of the seafarer. It was of the opinion that their efforts are not meeting with their merited reward because of the lack of co-ordination between them. It was felt that if the recommendations contained in this report were observed, many of these difficulties would be resolved.

The Committee was of the opinion that the co-ordination of the three medical aids at sea, i.e., medicine chests, medical guides and the use of radio in cases of emergency on ships at sea, will result in a definite improve-

ment of the health services available to seafarers. It considered that a co-ordinated scheme could usefully be established at the international level and recommended that ILO, WHO and IMCO should jointly undertake this assignment. A resolution to this effect, which was unanimously adopted by the Committee, is appended to this report.

#### **4. Title of the Committee**

The Committee considered the scope of its work and felt that its present title did not accurately reflect the work undertaken by the Committee. The use of the word "hygiene" is not strictly correct and in the mind of some is psychologically restrictive. It was felt that it would be better if the word "health" were substituted for "hygiene" in the name of this Committee and that in future it should be known as the Joint ILO/WHO Committee on the Health of Seafarers. The Committee submits this recommendation to the appropriate body of both Organizations.

#### **5. Future Programme of Work of the Committee**

The Committee felt that the proposals contained in its present report will have to be developed between now and its next meeting. These recommendations may well constitute suitable topics for discussion at subsequent sessions of the Committee.

Seven years have elapsed since the last meeting and the Committee expresses the hope that the interval between now and the meeting of the next Committee will be very much shorter.

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#### **Annex**

#### **RESOLUTION CONCERNING A CO-ORDINATED SCHEME FOR MEDICAL ADVICE BY RADIO TO SHIPS AT SEA**

The Joint ILO/WHO Committee on the Hygiene of Seafarers,

Having taken note of ILO Recommendation No. 105 concerning the Contents of Ships' Medicine Chests, Recommendation No. 106 concerning Medical Advice by Radio to Ships at Sea, and the International Code of Signals ;

Having further noted the Resolution concerning a Model Ships' Medical Guide adopted by the Preparatory Technical Maritime Conference, London, 1956 ;

Considering that it would be desirable to develop as soon as possible a co-ordinated scheme incorporating the three existing medical aids at sea, i.e., medicine chests, medical guides and the use of radio,

RECOMMENDS that ILO, WHO and IMCO should undertake as a matter of urgency the establishment of an international scheme designed to provide medical advice to ships at sea, and report fully on the results of these efforts to the next session of the Committee.

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