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World Health Assembly,[15] and the need for control from the earliest stages of these schemes.

In central malacological laboratoires, studies have been made on the proper species identification of snails collected during the surveys in Africa and Western Asia. WHO is following closely these investigations, which may result in increased knowledge of the snail vectors of bilharziasis. New chemicals discovered for use in the destruction of snails, and field trials of such chemicals carried out in the Americas and in Africa are also being carefully watched, and assistance is given wherever possible.

Filariasis, Leishmaniasis, Trypanosomiasis

In response to requests, WHO has furnished advice on campaigns against filariasis and on filariasis skin tests. Consultants on this disease were sent to Ceylon and the Maldive Islands.

Advice was also given on campaigns against kala-azar. When time permitted, the malaria team in India worked on filariasis, as well as malaria, and the team in Pakistan helped in controlling kala-azar. Studies and control work on trypanosomiasis are being carefully watched ; and the meeting of the International Scientific Committee for Trypanosomiasis Research, held in Brussels in June 1950, was attended by a representative from WHO.

Virus Diseases

Poliomyelitis

WHO was represented at the European Poliomyelitis Conference in Amsterdam, and assisted in the efforts which were made at this conference to promote the establishment of an international association against poliomyelitis. Continuous attention is being given to this project, which will be again discussed in 1951 at the International Poliomyelitis Congress in Copenhagen.

Possibilities of making an international study of poliomyelitis were explored, and it was recognized that the prevalence of this disease in tropical and sub-tropical countries would have to be determined. One of the means of making surveys in these countries is by serum neutralization tests in mice, using Lansing type poliomyelitis strains and attempting direct virus isolation.

The Executive Board, at its fifth session, considered a report on a proposal to create a stock of respirators for international loan,[16] but it was decided to postpone action on this project, because of the diversity of opinion among European health administrations as to its practicability.

Preliminary work has been done on the establishment of an expert advisory panel on poliomyelitis.

WHO began a study on the disquieting possibility of causal relationship between paralytic poliomyelitis and immunizations, particularly those against diphtheria and pertussis.

In response to requests, poliomyelitis teams were provided for India, Chile and Peru, and a consultant was sent to the United Kingdom.

Influenza

Preliminary work was done on the establishment of an expert advisory panel on influenza.

The World Influenza Centre, created in 1948 as a joint enterprise of WHO and the Medical Research Council of Great Britain, is continuing its work in the collection, evaluation and study of strains from all over the world, and in the examination of strains of swine influenza in comparison with human strains. Its work is being extended and supplemented : the number of established WHO influenza centres has been increased to 34, and the nomination of centres in Central and South America can be expected very soon.

A worldwide network of centres will then be established, in which observers will watch for outbreaks and be ready to classify the type of influenza without loss of time. Specific aid has already been given to some of the centres to enable them to fulfil their tasks.

A new type of influenza A virus has been isolated in Sweden and is under study in the World Influenza Centre.

Smallpox

In pursuance of recommendations of the Joint OIHP/WHO Study-Group on Smallpox,[17] WHO has given further attention to the problem of dried vaccine. An offer of dried calf lymph and of dried chick embryo vaccine has been received, and the possibility of having field tests carried out in an endemic area is being investigated. It is planned to hold field trials with dried calf lymph in 1951. The Expert Committee on Biological Standardization is looking into the preparation of standard vaccines.

[15] Resolution WHA3.26, *Off. Rec. World Hlth Org.* **28**, 24

[16] *Off. Rec. World Hlth Org.* **25**, 6

[17] *Off. Rec. World Hlth Org.* **11**, 18 ; **19**, 22

Streptomycin

For the international standard of streptomycin it is proposed that the NIH working standard be adopted instead of the NIH master standard, as had been decided at the last session of the expert committee. The reasons which have led to this decision are that the working standard, which is the streptomycin sulphate, is a purer preparation than the other ; it is also easier to handle, and furthermore is available in greater quantities to the committee. It is proposed to fix the potency at 780 international units (or microgram equivalents) per mg.

Smallpox Vaccine

The committee was requested by the Third World Health Assembly to examine the question of establishing a centre for testing and standardizing smallpox vaccines, with particular reference to dried vaccines. It considered that the keeping powers and potency of dried vaccine lymph under tropical conditions had not yet been proved superior to those of glycerinated vaccine lymph. It suggested an investigation of dried vaccines and indicated the lines along which such a study should be made.

BCG Vaccine and Tubercle Bacilli

After examining a request of the Expert Committee on Tuberculosis, the committee agreed to investigate the relative potency of freeze-dried and liquid BCG vaccines. It drew up a set of minimum standards for laboratories engaged in the detection of tubercle bacilli.

UNICEF had asked the committee to undertake periodic activity-testing of BCG vaccine and to examine possibilities of using the Paris BCG Pilot Station, as mentioned in the *Annual Report of the Director-General for 1949*. It was learned that this pilot station had been reorganized and that adjustments had been made in the personnel and financial provisions. To comply with the proposal that the task of testing the activity of the BCG vaccines should not remain with a single BCG pilot station, possibilities of establishing at least one other station were examined, and the committee recommended that the test centres of both Paris and Copenhagen should be recognized as suitable for this purpose.

The expert committee was also requested to give its approval of laboratories producing BCG vaccines for the UNICEF vaccination campaign. Accordingly, the BCG-producing laboratory in Mexico was visited in January, the laboratories of the Institut Pasteur Hellénique in Athens in April, those of the Institut Pasteur in Tunis and Casablanca in July ; and those of Melbourne, Saigon and Formosa in September and October. The vaccines prepared in Mexico, Tunis and Casablanca were approved for general use.

Blood-Grouping Reference Laboratory

The committee agreed to a proposal made by the Council of the International Society of Haematology for the establishment of an international blood-grouping reference laboratory, to be recognized by WHO. It considered that international work in haematology would be facilitated by the provision of certain international standards of the commoner Rh blood-grouping sera.

With regard to facilities for checking, providing and distributing the rarer blood-grouping sera, the committee suggested that WHO, after consulting with the International Society of Haematology, should serve as a co-ordinating centre and should advertise research laboratories willing to place their facilities at the disposal of interested research workers.

Other Recommendations of the Expert Committee

Following the recommendations of the Sub-Committee on Serology and Laboratory Aspects of the Expert Committee on Venereal Infections, possibilities of making cardiolipin (at present protected by patents) internationally available were discussed, and the committee agreed to set up international standards for both cardiolipin and lecithin.

The Expert Committee on Antibiotics having endorsed the opinion that the committee should establish international reference preparations of new antibiotics as early as possible, the establishment of an international standard for aureomycin and terramycin, and international reference preparations for chloramphenicol and bacitracin, was accordingly recommended. Furthermore, it was decided that research workers who had isolated specimens of certain important antibiotics and had described them in scientific journals would be invited to deposit these specimens in a collection of " authors' preparations " for the benefit of all research workers.

Advice was given to the Expert Committee on the Unification of Pharmacopoeias in its work on the *Pharmacopoea Internationalis* — in particular on the biological assays contained in the appendices of monographs dealing with preparations for which there are international biological standards. Since the specifications for these assays have pointed to the desirability of establishing certain reference preparations, international standards are to be set up for oxophenarsine, dimercaprol and dextro-tubocurarine.