THE WORLD HEALTH ORGANIZATION.

On August 2, 1952, the work of the World Health Organization for 1951 was reviewed in these columns; the discussion centred around the annual report of the Director-General to the World Health Assembly and to the United Nations. On that occasion reference was made also to a discussion published two weeks earlier on an important book by N. M. Goodman dealing with the history of international organizations and their work. At first sight it may seem unnecessary to draw attention to the World Health Organization again after so short a space of time. But at least two reasons can be given. The first is that the health of nations is so inseparably bound up with their social and economic security that the latter cannot be attained without the former; the second is that many people in the community are not seized with the value and importance of these international organizations. We know beyond doubt that among the so-called leaders of our profession there are some who shrug the shoulder or turn a deaf ear when international medicine comes up for discussion; like the Pharisee, they "pass by on the other side". Let us then consider the annual report of the Director-General for 1952, published in March, 1953.1

This year's report gains added importance from the fact that it will be the last to be presented by Dr. Brock Chisholm, who retires from the office of Director-General in July, 1953. He was Executive Secretary of the Interim Commission of the World Health Organization from 1946 to 1948, and Director-General from 1948 to the present time. During his period of office WHO has made progress, and, reading between the lines, we feel justified in stating that a great deal of this is due to the energy and personality of the Director-General. On May 22, 1953, Dr. Chisholm delivered a farewell address to the Sixth World Health Assembly at Geneva, and reference will be made to this later. Turning first to the report, we note that in a foreword Dr. Chisholm states that the whole organization has now passed through its formative period, and that its general policies and procedures and its relationships, both internal and external, have been established. He also points out that a high standard of responsibility on a world level has been set up by the World Health Assembly and that relatively few intrusions are possible because of national or group interest or prestige. Ideally, of course, in such a body as this national or sectional interests should be able to obtain no advantage. The difficulty of achieving this state of affairs must be great, and the present confidence reposed in WHO is a reflection of its wise administration. Dr. Chisholm declares that perhaps the most important demand that WHO makes on its member governments is that they should ensure complete world-mindedness in the members whom they designate to the Executive Board and that then they should respect the absolute independence of those designated. This will be possible only if the peoples of the world and the governments representing them recognize that WHO has been formed so that the stronger nations may help the weaker to become healthy and efficient contributors to the well-being of the nations as a whole.

The present report, like last year's, is divided into three parts. The first deals with the direction and coordination of international health work, the second with the assistance given to governments in the regions, and the third with collaboration with other organizations. There is a useful introduction devoted to a discussion on trends in world health. The point is made here that health is part of economic and social development, a fact which is realized by most students of preventive medicine. The reader is reminded that it has been characteristic of the more prosperous and highly industrialized countries that improvements in health have gone hand in hand with social and economic advancement. As a matter of fact, as already implied, if improvements in health are not accompanied by corresponding advances in other fields, they can be little more than "ephemeral or piecemeal". In most of the less industrialized countries lack of capital constitutes a serious obstacle to any general advance. This means that these countries must have the means of developing their own resources; until this is possible, "any appreciable raising of the level of health . . . is financially impracticable". It is suggested that a partial solution may lie in the programme of "Technical Assistance for Economic Development" which "by strengthening national health services within the general context of economic advancement, could provide the means of realizing lasting benefits to health". But for this limited purpose the amount available is far from adequate. The Economic Commission for Europe studied this subject and calculated first that to meet the present rise in population in under-developed countries and secondly that to permit the modest increase of 2% annually in their per capita income would require a flow of sums well in excess of ten billion dollars a year from the developed to the under-developed countries. It is most satisfactory that, in spite of this almost unattainable state of perfection, as we may call it, so much has been

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1 "The Work of WHO, 1952: Annual Report of the Director-General to the World Health Assembly and to the United Nations." Official Records of the World Health Organization, No. 45; 1953. Geneva: World Health Organization; Australia: H. A. Goddard Pty., Ltd., 255A George Street, Sydney. 11½ x 8½", pp. 214, with 17 plates and 11 maps. Price: 8s.
and is being done with the limited means available. On the important subject of communicable diseases it is stated that in well-developed countries the incidence of many diseases has been reduced. Virus diseases create a special problem, because in most cases there is no effective means of controlling them. WHO, in its attempts to reduce the toll of the major endemic and epidemic communicable diseases, has concentrated on improving resistance to them, controlling the vectors, reducing animal or human reservoirs of infection, and encouraging research directed at improved methods of control. It has also provided training for such work. Continued successes have been achieved in the mass control of the treponematoses by treatment with penicillin and in the control of malaria and other insect-borne diseases by the use of residual insecticides. Since the effective use of insecticides is limited, WHO has stimulated research into the reasons why certain vectors become resistant and others do not. Vector control, as distinct from insect control, has advanced in many parts of the world. WHO has also been active in the international coordination of research and in the standardization of laboratory procedures. The Tuberculosis Research Office has been active and a special monograph on B.C.G. vaccination in Copenhagen has been published by it. The activities of WHO in the strengthening of national health administrations are described. During 1952 it assisted 22 governments in the organization of public health services, by health surveys, the initiation of rural health centres, the planning and establishment of health demonstration areas, and general advice on national and local health services. Activities on nursing, on maternal and child health, on mental health, on social and occupational health, and on nutrition are among the other activities described.

It is impossible to give in this place an adequate idea of the work of WHO. Those who desire detailed information must seek it in the report itself. What is needed at present is that people, especially medical people, in the member nations shall know that, as Dr. Chisholm tells us in his valedictory address, WHO has been turned into a going concern; its concepts have become living reality. It has become "an organization which can see to it that the internationally available means, so badly needed for improvement in health and so limited in scope, are used in the most economical and effective manner". At the present, Chisholm states, WHO is spending on international action for the protection of the health of men, women and children of the world no more than the amount many a large city spends on its own municipal sanitary arrangements. We must agree that the amounts spent are ridiculously small when viewed against the background of the health needs of the world in which two-thirds of the population are still deprived of the benefits of modern scientific knowledge. Chisholm ends his address with an eloquent appeal in which he declares that man must learn to live with himself and get along with all others in a world in which dimensions and perspectives are radically changed—"he must reshape his entire pattern of thinking and behaviour in order to build a completely new system of human relationships and a changed world". Humanity is caught in a vicious circle. Dr. Brock Chisholm cannot resolve it. WHO cannot resolve it. No government can resolve it. The enigma remains one for individual men and women in different parts of the world who can think along constructive lines and induce others to do the same.

**Current Comment.**

PAIN AND SHOCK IN CORONARY OCCLUSION.

All is not said about pain as a clinical symptom of coronary occlusion when its nature and distribution are described, for other curious features have been observed. For example, it is not necessarily easy to explain that symptoms of shock are predominant in some patients and not in others. There are, of course, many factors related to individual vascular and nervous systems which may account for these differences. Since the time when the first accurate clinical and electrocardiographical studies were related to the morbid anatomy of the heart and vessels it has been occasionally noted that pain, persistent or readily evoked by different types of effort, may disappear after the sudden occurrence of myocardial infarction. This has been thought to be due to the death of an area in the heart tissue which previously was hypervascular and prone to provoke an anginal reaction. John R. Gilson and Cecil M. Day have investigated several cases of this nature and have come to the conclusion that the initial pain, even though prolonged or persistent, was due to ischemia, and that its disappearance was caused by the loss of all excitatory power by the previously sensitive cells. They have put this to the proof by taking electrocardiograms during both episodes, and report that the tracings during the painful episode were those generally recognized as of ischemic origin, whereas those recorded during or after the second and occlusive attack were characteristic of myocardial infarction in one of the familiar patterns. One of their six investigated patients showed the ischemic graphic pattern even at a time when no pain was felt, and another had the so-called "shoulder-hand syndrome" before the eventual infarction. Two months after the original occurrence of anginal symptoms in all their recorded cases severe and readily evoked pain was fully relieved only when a proven infarction took place. The authors have been able to verify the findings by autopsy in one instance. It will probably be admitted that the cause of "coronary" pain is ischemia, but some caution is advisable in the localization of the site of an ischemic arterial lesion.

Another important clinical feature associated with myocardial infarction is the onset of severe peripheral shock. Clinicians have sometimes inquired by what mechanism this is produced, and have wondered if it was to some extent protective. Here we are perhaps apt to be confused by a mixture of physiological and philosophical reasoning, but we must have some scientific basis for treatment of this emergency. T. R. Pink, C. J. d'Angis and S. Biloo in an article on the subject describe their findings in a series of 15 patients suffering from severe peripheral shock following coronary occlusion. They remark that shock in acute myocardial infarction carries a very bad prognosis and consider therefore that the question of treatment is urgent. The majority of their shocked patients were found to have venous pressures above the normal average; only the minority had venous pressures below the normal. These latter were also pale, they sweated and appeared about to die, whereas the higher pressure group were less disturbed, though their skin was cyanosed. The authors, thinking of the analogy with traumatic shock, tried the effect of administering plasma intravenously, though they thought that the consequent raising of blood volume would be dangerous. They attempted to reduce the vascular bed by giving "Neo-Synephrine" which they thought an appropriate drug, as it does not produce tachycardia or coronary constriction, and is brief in action. They used a digitalis preparation in the high-pressure

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1. *Ann. Int. Med.*, March, 1953.
2. *J.A.M.A.*, April 4, 1953.