We have made spectacular progress in the struggle against infectious diseases; it may be, however, that we have given too much thought to the enemy and have to some extent overlooked our own defences.

Let us by all means make the fullest use of the weapons we have acquired, but let us not abandon our bastions or leave our rearguard weak and disorganized. Only with proper food and using the rich legacies of Pasteur, Koch, Lister and Fleming shall we be able to improve the general well-being of mankind.

Health regulations and international travel, *E. Roelsgaard, WHO Chronicle, Geneva, June 1974*

... Attempts at achieving multilateral agreement on disease control date from 1851, when the rapid expansion of international trade and travel resulting from the advent of steam navigation and the great variety of quarantine practices led the French Government to convene, in Paris, the first of a long series of international conferences. The purpose of this conference was to work out an agreement between the various countries for the application of the best preventive measures against cholera, plague, and yellow fever, and to discuss the adoption of a uniform sanitary code to govern international traffic. It is noteworthy that at this time neither the etiology nor the mode of spread of the diseases under consideration was known. That smallpox was not among the diseases under consideration can be explained by the fact that it was so common in most of the countries concerned that no illusion about preventing its spread existed. In fact, smallpox was not internationally recognized as a " pestilential disease" before the International Convention of 1926 came into force. A succession of further international conferences took place, in Paris in 1859, in Constantinople in 1866, in Vienna in 1874, in Washington in 1881, and in Rome in 1885. But it was in Venice in 1892 that, for the first time, a conference dealing with the sanitary control of international traffic drew up a convention that was approved by all the participating countries. This conference and the next two—in Dresden in 1893 and in Paris in 1894—were concerned only with cholera and resulted in new international regulations for its control. The last of the conferences to be held in the nineteenth century, in Venice in 1897, was concerned entirely with plague.

In the Americas, the Pan American Sanitary Bureau was established in Washington, D.C., in 1902, and the Pan American Sanitary Convention was signed in 1905. In 1903 a conference that met in Paris adopted a resolution to establish an international health office and as a result the Office international d'Hygiène publique (OIHP) was set up by the Rome Agreement of 1907. After the First World War the permanent committee of the OIHP held a long series of meetings devoted to the preparation of a new and revised international sanitary convention, which was

signed in Paris in 1926 by the representatives of 66 countries and subsequently ratified by 44.

During the first half of the twentieth century there were a total of 13 conventions or arrangements of a diplomatic character relating to health control measures to be taken at frontiers. None of these conventions, however, ever completely superseded all its predecessors. The multiplicity of the obligations undertaken by States—some being party to certain of these diplomatic instruments but not to others—has always caused trouble and confusion in international traffic.

The need to rewrite and codify the conventions was recognized at the second session of the Interim Commission of the World Health Organization in November 1946. The International Sanitary Regulations (1952) were subsequently adopted unanimously by the Fourth World Health Assembly on 25 May 1951 and came into force on 1 October 1952.

The idea of conventions to prevent the international spread of certain diseases was conceived before the etiology and mode of spread of these diseases were known. Subsequently international sanitary conventions perpetuated themselves and their administration became excessively complicated. When the International Sanitary Regulations came into force, the concept of *cordon sanitaire* had been accepted as a matter of traditional political expediency and there had been few attempts to assess its real value in the light of modern knowledge of the epidemiology of the diseases concerned...