

INTERNATIONAL SANITARY CONVENTION

Convention signed at Paris June 21, 1926, with annexes; protocol of signature signed at Paris June 21, 1926

Senate advice and consent to ratification, with understandings and conditions, March 22, 1928¹

Ratified by the President of the United States, with understandings and conditions, April 7, 1928¹

Ratification of the United States deposited at Paris May 22, 1928

Entered into force March 28, 1928; for the United States May 22, 1928

Proclaimed by the President of the United States June 21, 1928

Supplemented and amended by convention of December 15, 1944,² as between contracting parties to the later convention; replaced by International Sanitary Regulations (World Health Organization Regulations No. 2) of May 25, 1951,³ as amended, as between states bound by the regulations

45 Stat. 2492; Treaty Series 762

[TRANSLATION]

INTERNATIONAL SANITARY CONVENTION

His Majesty the King of Afghanistan; the President of the Republic of Albania; the President of the German Empire; the President of the Argentine Nation; the Federal President of the Austrian Republic; His Majesty the King of the Belgians; the President of the Republic of the United States of Brazil; His Majesty the King of the Bulgarians; the President of the Republic of Chile; the President of the Republic of China; the President of the Republic of Colombia; the President of the Republic of Cuba; His Majesty the King of Denmark; the President of the Dominican Republic; His Majesty the King of Egypt; the President of the Republic of Ecuador; His Majesty the King of Spain; the President of the United States of America; Her Majesty the Queen of Ethiopia and His Imperial and Royal Highness the Prince Hereditary and Regent of the Empire; the President of the Republic of

¹ For text of U.S. understandings and conditions, see p. 601.

² TS 991, *post*, vol. 3.

³ 7 UST 2255; TIAS 3625.

Finland; the President of the Republic of France; His Majesty the King of the United Kingdom of Great Britain and Ireland and of the British Possessions beyond the Seas, Emperor of India; the President of the Republic of Greece; the President of the Republic of Guatemala; the President of the Republic of Haiti; His Majesty the King of the Hedjaz; the President of the Republic of Honduras; His Serene Highness the Regent of the Kingdom of Hungary; His Majesty the King of Italy; His Majesty the Emperor of Japan; the President of the Republic of Liberia; the President of the Republic of Lithuania; Her Royal Highness Madame the Grand Duchess of Luxembourg; His Majesty the Sultan of Morocco; the President of the Republic of Mexico; His Serene Highness the Prince of Monaco; His Majesty the King of Norway; the President of the Republic of Paraguay; Her Majesty the Queen of the Netherlands; the President of the Republic of Peru; His Majesty the Shah of Persia; the President of the Republic of Poland; the President of the Portuguese Republic; His Majesty the King of Rumania; the Captains Regents of San-Marino; His Majesty the King of the Serbs, Croats and Slovenes; the President of the Republic of Salvador; the Governor General Representing the Sovereign Authority of the Soudan; the Swiss Federal Council; the President of the Republic of Czechoslovakia; His Highness the Bey of Tunis; the President of the Turkish Republic; the Central Executive Committee of the Union of the Soviet Socialist Republics; the President of the Republic of Uruguay and the President of the Republic of Venezuela,

Having decided to make in the provisions of the Sanitary Convention signed at Paris on January 17, 1912,⁴ the changes that are called for by the new data of prophylactic science and experience to set up an international set of regulations relative to exanthematous typhus and smallpox and to broaden, as far as possible, the field of application of the principles which inspired the international health regulations, have decided to conclude a convention to that effect and have appointed as their plenipotentiaries, to wit:

His Majesty the King of Afghanistan :

Mr. Islambek Khoudoiar Khan, Secretary of the Legation of Afghanistan at Paris.

The President of the Republic of Albania :

Dr. Osman, Director of Tirana Hospital.

The President of the German Empire :

Mr. Franoux, Privy Councilor of Legation of the Embassy of Germany at Paris.

Dr. Hamel, Counselor to the Imperial Ministry of the Interior.

⁴ TS 649, *ante*, vol. 1, p. 814.

The President of the Argentine Republic:

Mr. Federico Alvarez de Toledo, Minister of Argentina at Paris.

Dr. Araoz Alfaro, Chairman of the Department of Hygiene.

Mr. Manuel Carbonnel, Professor of Hygiene at the Faculty of Medicine of Buenos Aires.

The Federal President of the Republic of Austria:

Mr. Alfred Grünberger, Minister of Austria at Paris.

His Majesty the King of the Belgians:

Mr. Velghe, Secretary General of the Ministry of the Interior and Hygiene.

The President of the Republic of the United States of Brazil:

Dr. Carlos Chagas, Director General of the National Department of Public Health, Director of the Oswaldo Cruz Institute.

Dr. Gilberto Moura Costa.

His Majesty the King of the Bulgarians:

Mr. Morfoff, Minister of Bulgaria at Paris.

Dr. Tochko Petroff, Professor at the Faculty of Medicine of Sofia.

The President of the Republic of Chile:

Mr. Armando Quezada, Minister of Chile at Paris.

Dr. Emilio Aldunate, Professor at the Faculty of Medicine of Chile.

Dr. J. Rodríguez Barros, Professor at the Faculty of Medicine of Chile.

The President of the Republic of China:

General Yao Si-kiou, Military Attaché at Paris.

Dr. Scie Ton-fa, Special Secretary of the Legation of China at Paris.

The President of the Republic of Colombia:

Dr. Miguel Jiménez López, Professor at the Faculty of Medicine of Bogotá, Minister Plenipotentiary of Colombia at Berlin.

The President of the Republic of Cuba:

Mr. Ramiro Hernández Portela, Counselor of the Legation of Cuba at Paris.

Dr. Mario Lebrede, Director of Las Animas Hospital.

His Majesty the King of Denmark:

Dr. Th. Madsen, Director of the State Institute of Serology.

Mr. I. A. Korbng, Director of the Amalgamated Shipowners Association.

The President of the Republic of Poland, for the Free City of Danzig:

Dr. Witold Chodzko, former Minister of Health.

Dr. Carl Stade, Councilor of State of the Senate of the Free City of Danzig.

The President of the Dominican Republic:

Dr. Betances, Professor at the Faculty of Medicine of Santo Domingo.

His Majesty the King of Egypt:

Fakhry Pasha, Minister of Egypt at Paris.

Major Charles P. Thomson, D.S.O., President of the Sanitary, Maritime, and Quarantine Board of Egypt.

Dr. Mohammed Abd El Salam, El Guindy Bey, Second Secretary of the Legation of Egypt at Brussels, Representative of the Government of Egypt to the Committee of the International Bureau of Public Health.

The President of the Republic of Ecuador:

Dr. J. Illingourth Ycaza.

His Majesty the King of Spain:

The Marquis de Faura, Minister-Counselor of the Embassy of Spain at Paris.

Dr. Francisco Murillo y Palacios, Director General of Health of Spain.

The President of the United States of America:

Dr. H. S. Cumming, Surgeon General, Public Health Service.

Dr. Taliaferro Clerk, Senior Surgeon, Public Health Service.

Dr. W. W. King, Surgeon, Public Health Service.

Her Majesty the Queen of Ethiopia and His Imperial and Royal Highness the Prince Hereditary and Regent of the Empire:

Count Lagarde, Duke of Entotto, Minister Plenipotentiary.

The President of the Republic of Finland:

Mr. Charles Enckell, Minister of Finland at Paris.

Dr. Oswald Streng, Professor at the University of Helsingfors.

The President of the French Republic:

His Excellency Camille Barrère, Ambassador of France.

Mr. Harismendy, Minister Plenipotentiary, Assistant Director in the Ministry of Foreign Affairs.

Mr. de Navailles, Assistant Director in the Ministry of Foreign Affairs.

Dr. Calmette, Assistant Director of the *Institut Pasteur*.

Dr. Léon Bernard, Professor at the Faculty of Medicine of Paris.

For Algeria:

Dr. Lucien Raynaud, Inspector General of the Division of Hygiene of Algeria.

For French West Africa:

Dr. Paul Gouzien, Physician, Inspector General of the Colonial Forces.

For French East Africa:

Dr. Thiroux, Physician-Inspector of the Colonial Forces.

For French Indo-China

Dr. L'Herminier, Representative of Indo-China to the Advisory Committee of the Oriental Bureau of the League of Nations.

Dr. Noel Bernard, Director of the *Instituts Pasteur* of Indo-China.

For the States of Syria, Greater Lebanon, the Alaouites and Jebel ed Druz:

Mr. Harismendy, Minister Plenipotentiary, Assistant Director in the Ministry of Foreign Affairs.

Dr. Delmas.

For all other colonies, protectorates, possessions and territories under French mandate:

Dr. Audibert, Inspector General of the Health Service in the Ministry of the Colonies.

His Majesty the King of the United Kingdom of Great Britain and Ireland and of the British Dominions beyond the Seas, Emperor of India:

Sir George Seaton Buchanan, Kt., C.B., M.D., Chief Physician in the Ministry of Health.

Mr. John Murray, C.M.G., Counselor in the Foreign Office.

For the Dominion of Canada:

Dr. John Andrew Amyot, C.M.G., M.B., Director General of the Ministry of Health of the Dominion of Canada.

For the Commonwealth of Australia:

Dr. William Campbell Sawers, D.S.O., M.B., Physician in the Ministry of Health.

For the Dominion of New Zealand:

Lt. Col. Sydney Price James, M.D.

For India:

Mr. David Thomas Chadwick, C.S.I., C.I.E., Secretary to the Government of India in the Ministry of Commerce.

For the Union of South Africa:

Dr. Philip Stock, C.B., C.B.E., Representative to the Committee of the International Bureau of Public Health.

The President of the Republic of Greece:

Mr. Al C. Carapanos, Minister of Greece at Paris.

Dr. Matarangas Gerassimos.

The President of the Republic of Guatemala:

Dr. Francisco A. Figueroa, Chargé d'Affaires at Paris.

The President of the Republic of Haiti:

Dr. Georges Audain.

His Majesty the King of Hejaz :

Dr. Mahmoud Hamoudé, Director General of Public Health.

The President of the Republic of Honduras :

Dr. Rubén Audino-Aguilar, Chargé d'Affaires at Paris.

His Serene Highness the Regent of the Kingdom of Hungary :

Dr. Charles Grosch, Counselor in the Ministry of Social Security.

His Majesty the King of Italy :

Dr. Albert Lutrario, Prefect, First Class.

Dr. Giovanni Vittorio Repetti, Physician General of the Royal Italian Navy, Sanitary Director of the General Emigration Commission.

Col. Odoardo Huetter, Harbor Master of Venice.

Mr. Guido Rocco, First Secretary of the Embassy of Italy at Paris.

Dr. Cancelliere, Vice-Prefect, First Class.

Dr. Druetti, Sanitary Representative abroad.

His Majesty the Emperor of Japan :

Mr. Hajime Matsushima, Counselor of Embassy.

Dr. Mitsuzo Tsurumi, Representative of Japan on the Committee of the International Bureau of Public Health.

The President of the Republic of Liberia :

Baron R. A. L. Lehmann, Minister of Liberia at Paris.

Mr. N. Ooms, First Secretary of the Legation.

The President of the Republic of Lithuania :

Dr. Pranas Vaiciuska, Lieutenant General for Health, reserve, Instructor at the University of Kaunas, Chief Physician of the City of Kaunas.

Her Royal Highness the Grand Duchess of Luxembourg :

Dr. Praum, Director of the Bacteriology Laboratory of Luxembourg.

His Majesty the Sultan of Morocco :

Mr. Harismendy, Minister Plenipotentiary, Assistant Director in the Ministry of Foreign Affairs.

Dr. Lucien Raynaud, Inspector General of the Division of Health of Algeria.

The President of the Republic of Mexico :

Dr. Raphael Cabrera, Minister of Mexico at Brussels.

His Serene Highness the Prince of Monaco :

Mr. Roussel-Despierres, Secretary of State to H. S. H. The Prince of Monaco.

Dr. Marsan, Director of the Division of Hygiene of the Principality.

His Majesty the King of Norway:

Mr. Sigurd Bentzon, Counselor of the Legation of Norway at Paris.

Dr. H. Mathias Gram, Director General of the Sanitary Administration.

The President of the Republic of Paraguay:

Dr. R. V. Caballero, Chargé d'Affaires of Paraguay in France.

Her Majesty the Queen of the Netherlands:

Mr. Doude van Troostwyk, Minister of the Netherlands at Berne.

Dr. N. M. Josephus Jitta, President of the Health Board.

Dr. de Vogel, former Chief Inspector of the Sanitary Service in the Netherlands Indies.

Mr. van der Plas, Consul of the Netherlands at Jidda.

The President of the Republic of Peru:

Dr. Pablo S. Mimbela, Minister Plenipotentiary of Peru at Berne.

His Majesty the Shah of Persia:

Dr. Ali-Khan Partow-Aazam, former Assistant Secretary in the Ministry of Public Education, Vice President of the Health Board, and Director of the Imperial Hospital.

Dr. Mansour-Charif, former physician to the Royal Family.

The President of the Republic of Poland:

Dr. Witold Chodzko, former Minister of Health.

Mr. Taylor, Assistant Chief of the Treaty Section.

The President of the Portuguese Republic:

Professor Ricardo Jorge, Director General of Public Health.

His Majesty the King of Rumania:

Dr. Jean Cantacuzene, Professor at the Faculty of Medicine of Bucharest.

The Regents of San Marino:

Dr. Guelpà.

The President of the Republic of El Salvador:

Professor Lardé-Arthés.

His Majesty the King of the Serbs, Croats, and Slovenes:

Mr. Miroslav Spalaikovitch, Minister Plenipotentiary at Paris.

The Governor-General representing the sovereign authority of the Soudan:

Dr. Oliver Francis Haynes Atkey, M.B., F.R.C.S., Director of the Medical Service of the Soudan.

The Swiss Federal Council:

Mr. Alphonse Dunant, Minister of Switzerland at Paris.

Dr. Carrière, Director of the Federal Public Health Service.

The President of the Czechoslovak Republic:

Dr. Ladislav Prochazka, Chief of the Sanitary Service of the City of Praha.

His Highness the Bey of Tunis:

Mr. de Navailles, Assistant Director in the Ministry of Foreign Affairs.

The President of the Turkish Republic:

His Excellency Aly Féthy Bey, Ambassador of Turkey at Paris.

The Supreme Soviet of the Union of Soviet Socialist Republics:

Professor Nikolai Semachko, Member of the Supreme Soviet of the U.S.S.R., People's Commissar for Public Health of the R.S.F.S.R.

Mr. Jacques Davtian, Counselor of Embassy of the Union of Soviet Socialist Republics at Paris.

Mr. Vladimir Egoriew, Assistant Director of the People's Commission for Foreign Affairs.

Dr. Iliá Mammoulia, Member of the Supreme Soviet of the Georgian Soviet Socialist Republic.

Dr. Leon Bronstein, People's Commissar for Public Health of the Ukrainian Soviet Socialist Republic.

Dr. Oganés Meburnoutoff, Member of the College of the People's Commission for Public Health of the Uzbek Soviet Socialist Republic.

Dr. Nikolas Freyberg, Counselor to the People's Commission for Public Health of the R.S.F.S.R.

Dr. Alexis Syssine, Chief of the Sanitary and Epidemiological Department of the People's Commission for Public Health of the R.S.F.S.R., University Professor.

The President of the Oriental Republic of Uruguay:

Mr. A. Herosa, former Chargé d'Affaires of Uruguay at Paris.

The President of the Republic of Venezuela:

Mr. José Ignacio Cárdenas, Minister of Venezuela at Madrid and The Hague.

Who, after depositing their full powers, found to be in good and due form, have agreed to the following provisions:

PRELIMINARY PROVISION

For the purposes of this Convention, the high contracting parties adopt the following definitions:

1. The word *circumscription* designates a fully defined part of territory, for example: a province, a government, a district, a department, a canton, an island, a commune, a city, a city district, a village, a port, a community, et cetera, regardless of the area and population of those parts of territory.

2. The word *observation* means isolation of the persons either on board a ship or in a sanitary station before they are given free pratique.

The word *surveillance* means that the persons are not isolated, are immediately given free pratique, but are reported to the health authorities in the several places they are to visit and subjected to a medical examination by which their health condition is ascertained.

3. The word *équipage* includes all persons who are not on board for the mere purpose of being carried from one country to another, but who are employed in any capacity whatsoever in the service of the ship or persons on board, or of the cargo.

4. The word *jour* means an interval of twenty-four hours.

TITLE I. GENERAL PROVISIONS

CHAPTER I. *Provisions to be observed by the Governments of the countries participating in the present convention on the appearance of plague, cholera, yellow fever, or certain other infectious diseases in their territory*

SECTION I. NOTIFICATION AND SUBSEQUENT COMMUNICATIONS TO OTHER COUNTRIES

ARTICLE 1

Each Government shall immediately notify the other Governments and, at the same time the International Office of Public Hygiene:

- (1) The first authentic case of plague, cholera, or yellow fever discovered in its territory;
- (2) The first authentic case of plague, cholera, or yellow fever which occurs outside the limits of local areas already affected;
- (3) The existence of an epidemic of typhus or of smallpox.

ARTICLE 2

Every notification prescribed in Article 1 shall be accompanied, or very promptly followed, by detailed information as to—

- (1) Where the disease has appeared;
- (2) The date of its appearance, its source and its type;
- (3) The number of established cases and the number of deaths;
- (4) The extent of the area or areas affected;
- (5) In the case of plague, the existence of that disease or of an unusual mortality among rats;
- (6) In the case of cholera, the number of germ carriers when these have been discovered;
- (7) In the case of yellow fever, the presence and relative prevalence (index) of *Stegomyia calopus* (*Aedes Egypti*);
- (8) The measures taken.

ARTICLE 3

The notifications contemplated in Articles 1 and 2 are to be addressed to the Diplomatic Missions or failing them to consular offices in the capital of the infected country and shall be held at the disposition of consular officers established in its territory.

These notifications shall also be addressed to the International Office of Public Hygiene which shall communicate them immediately to all diplomatic missions, or failing them, to the Consulates, in Paris, as well as to the principal public health authorities of the participating countries. Those prescribed under Article 1 shall be addressed by telegram.

The telegram addressed by the International Office of Public Hygiene to the Governments of countries participating in the present Convention or to the principal public health authorities of these countries, and the telegrams transmitted by these Governments and by these authorities under this Convention, are treated like State telegrams and enjoy the priority accorded to such telegrams by Article 5 of the International Telegraphic Convention of July 10/22, 1875.

ARTICLE 4

The notification and the information contemplated in Articles 1 and 2 shall be followed by subsequent communications sent regularly to the International Office of Public Hygiene so as to keep the Governments informed of the progress of the epidemic.

These communications, which shall be as frequent and as complete as possible and shall take place at least once a week with regard to the number of cases and deaths, shall indicate in particular the precautions adopted with a view to preventing the spread of the disease. They shall specify the measures enforced upon the departure of vessels to prevent exportation of the disease, and especially the measures taken with regard to rats or insects.

ARTICLE 5

The Governments undertake to reply to any request for information which is made to them by the International Office of Public Hygiene in regard to epidemic diseases mentioned in the Convention, which occur in their territory, and in regard to circumstances likely to affect the transmission of these diseases from one country to another.

ARTICLE 6

Since rats⁵ are the principal agents by which bubonic plague is spread, the Governments undertake to make use of all means in their power to

⁵ The provisions of this Convention regarding rats are applicable to the case of other rodents, and in general to other animals known to be the means of spreading plague. [Footnote in original.]

diminish this danger and constantly to keep themselves informed of the condition of the rats in their ports as regards plague infection, by frequent and periodical examinations; and in particular to carry out the systematic collection and the bacteriological examination of rats in every plague-infected area, during a period of not less than six months from the finding of the last plague-infected rat.

The methods and the results of these examinations shall be communicated in ordinary circumstances at regular intervals, and in the case of plague every month, to the International Office of Public Hygiene in order that Governments may be kept uninterruptedly informed by that Office of the condition of ports in regard to plague amongst rats.

On the first discovery of plague among rats on land, in a port free from infection during the previous six months, the communications shall be sent by the most rapid ways.

ARTICLE 7

In order to facilitate the fulfilment of duties put upon it by this Convention, and having regard to the benefits derived from the information furnished by the epidemiological intelligence service of the League of Nations, including its Eastern Bureau at Singapore, and of other analogous bureaus, as well as by the Pan-American Sanitary Bureau, the International Office of Public Hygiene is empowered to make the needful arrangements with the Health Committee of the League of Nations, as well as with the Pan-American Sanitary Bureau and other similar organizations.

It stands understood that the relations established under the arrangements above indicated will not involve any derogation from the provisions of the Convention of Rome of December 9, 1907,⁶ and cannot work the effect of substituting any other sanitary body for the International Office of Public Hygiene.

ARTICLE 8

As it is of primary importance that the foregoing provisions be promptly and scrupulously complied with, the Governments recognize the necessity of giving instructions to the appropriate services in regard to the application of these provisions.

As notification is of no value unless every Government be itself informed, in good time, of cases of plague, cholera, yellow fever, typhus, or smallpox, and also of suspected cases of these diseases which occur in its territory, countries participating in the Convention undertake to make it compulsory to declare such cases.

ARTICLE 9

It is recommended that neighboring countries should make special arrangements, with the object of organizing direct exchange of information between

⁶ TS 511, *ante*, vol. 1, p. 742.

the head of the department concerned as regards territories that are contiguous or have close commercial relations. These arrangements shall be communicated to the International Office of Public Hygiene.

SECTION II. CONDITIONS WHICH WARRANT CONSIDERING THAT THE MEASURES PRESCRIBED BY THE CONVENTION ARE OR HAVE CEASED TO BE APPLICABLE TO ARRIVALS FROM PARTICULAR AREAS

ARTICLE 10

The notification of imported cases of plague, cholera or yellow fever shall not lead to the adoption of the measures prescribed in the following Chapter II in regard to arrivals from the area in which they occurred.

But the measures may be adopted when a first case of plague or yellow fever has occurred which is recognized as a case not imported, or when the cases of cholera form a *foyer*,⁷ or when exanthematous typhus or smallpox exists in epidemic form.

ARTICLE 11

In order that the measures prescribed in Chapter II may be limited to places which are actually stricken, Governments must restrict their application to arrivals from defined local areas in which the diseases coming under the present Convention have appeared under the conditions indicated in the second paragraph of Article 10.

But this limitation of an infected local area must be accepted only on the express condition that the Government of the country in which this area is comprised shall take the measures necessary (1) for checking the spread of the epidemic and (2) for applying the measures prescribed by Article 13 below.

ARTICLE 12

The Government of a country in which an infected area is situated will inform other Governments and the International Office of Public Hygiene in the manner specified in Article 3, when the danger of infection from that area has ceased, and when all the preventive measures have been taken. From the time of this information the measures prescribed in Chapter II will no longer be applicable to arrivals from the area in question, except in exceptional circumstances, which must be established.

⁷ A "*foyer*" exists when the occurrence of new cases outside the immediate surroundings of the first cases proves that the spread of the disease has not been limited to the place where it began. [Footnote in original.]

SECTION III. MEASURES AT THE PORTS AND ON THE DEPARTURE OF VESSELS

ARTICLE 13

The competent authority shall be obliged to take effectual measures—

(1) To prevent the embarkation of persons showing symptoms of plague, cholera, yellow fever, exanthematous typhus or smallpox, and of persons in such relations with the sick as to render them liable to transmit the infection of these diseases;

(2) In the case of plague, to prevent rats gaining access to ships;

(3) In the case of cholera, to see that the drinking water and foodstuffs taken on board is wholesome, and that water taken in as ballast is disinfected if necessary;

(4) In the case of yellow fever, to prevent mosquitoes gaining access to ships;

(5) In the case of exanthematous typhus, to secure the delousing of all suspects before their embarkation;

(6) In the case of smallpox, to subject to disinfection worn garments and rags before they are compressed.

ARTICLE 14

Governments undertake to maintain in and around their large ports and, as far as possible, in and around their other ports, a sanitary service possessing an organization and equipment capable of carrying out the application of the prophylactic measures in the case of the diseases coming under this Convention and especially the measures laid down in Articles 6, 8 and 13.

The said Governments will supply at least once a year to the International Office of Public Hygiene a statement showing in the case of each of their ports the condition of its sanitary organization commensurate with the provisions of the preceding paragraph. The Office will forward such information through the proper channels to the principal health authorities of the participating countries either directly or through some other international sanitary organization in accordance with the arrangements concluded under Article 7.

CHAPTER II. *Measures of defence against the diseases mentioned in Chapter I*

ARTICLE 15

Any ship, whatever port it comes from, may be subjected by the sanitary authority to a medical inspection, and if circumstances require it, to a thorough examination.

The sanitary measures and actions to which a ship may be subjected on arrival shall be determined by the actual condition found to exist on board and the sanitary particulars of the voyage.

It rests with each Government, taking into account the information furnished under the provisions of Section I, Chapter I, and of Article 14 of this Convention, as well as the obligations placed upon it by Section II, Chapter I, to determine what procedure is applicable in its own ports to arrivals from any foreign port, and in particular to decide whether, from the point of view of the procedure to be applied, a particular foreign port should be considered as infected.

The measures as provided in this Chapter must be regarded as constituting a maximum within the limits of which Governments may regulate the procedure to be applied to ships on their arrival.

SECTION I. NOTIFICATION OF MEASURES PRESCRIBED

ARTICLE 16

Every Government is bound to communicate immediately to the Diplomatic Mission or, failing that, to the Consul of the infected country, residing in its capital, as well as to the International Office of Public Hygiene which shall immediately make them known to the other Governments, the measures which it considers necessary to prescribe with regard to arrivals from that country. Such information will in like manner be held at the disposition of other diplomatic or consular representatives established in its territory.

It also is bound to communicate, through the same channels, the withdrawal of these measures or any modifications thereof.

In the absence of a Diplomatic Mission or a Consulate in the capital, the communications shall be made direct to the Government of the country concerned.

SECTION II. MERCHANDISE AND BAGGAGE—IMPORTATION AND TRANSIT

ARTICLE 17

Subject to the provisions of the last paragraph of Article 50, the entry of merchandise and baggage arriving by land or by sea for import or for transit may not be prohibited nor may merchandise or baggage be detained at land frontiers or in ports. The only measures which may be prescribed with regard to such merchandise and baggage are specified in the following paragraphs:

(a) In the case of plague, body linen, wearing apparel and bedding which have been in recent use may be subjected to disinsectisation, and, if necessary, to disinfection.

Merchandise coming from an infected local area and likely to harbor plague-infected rats may be unloaded only on condition that the precautions necessary to prevent the escape of rats and to ensure their destruction are taken as far as practicable.

(b) In the case of cholera, body linen, wearing apparel and bedding which have been in recent use may be subjected to disinfection.

In derogation of the provisions of this Article, the importation of fresh fish, shellfish and vegetables may be prohibited unless they have undergone a treatment calculated to destroy cholera vibrios.

(c) In the case of exanthematous typhus, body linen, wearing apparel and bedding which have been in recent use, as well as rags not carried as merchandise in large quantities, may be subjected to disinsectisation.

(d) In the case of smallpox, body linen, wearing apparel and bedding which have been in recent use, as well as rags not carried as merchandise in large quantities, may be subjected to disinfection.

ARTICLE 18

It rests with the authority of the country to which the merchandise and things are consigned to decide in what manner and at what place disinfection shall be carried out and what shall be the methods adopted to secure the destruction of rats and insects (fleas, lice, mosquitoes, et cetera). These operations must be performed in such a fashion as to injure articles as little as possible. Clothes and other articles of small value, including rags not carried in merchandise in large quantities, may be destroyed by fire.

It rests with each State to settle questions of compensation for damage caused by disinfection, deratisation or disinsectisation, or by the destruction of the things referred to above.

If, on account of these measures, charges are levied by the sanitary authority, either directly or indirectly through a company or an individual, the rates of these charges must be in accordance with a tariff made public beforehand and so drawn up that the State and the sanitary authority shall, on the whole, derive no profit from its application.

ARTICLE 19

Letters and correspondence, printed matter, books, newspapers, business documents, et cetera, shall not be subject to any sanitary measure. Post parcels shall be subjected to restriction only if their contents include articles on which the measures provided by Article 17 of the present Convention may be enforced.

ARTICLE 20

When merchandise or baggage has been subjected to the operations prescribed in Article 17, any interested party can require the sanitary authorities to issue a free certificate showing the measures that have been taken.

SECTION III. PROVISIONS RELATING TO EMIGRANTS

ARTICLE 21

The sanitary authorities in a country of emigration must subject its emigrants to a medical examination before their departure.

It is recommended that special arrangements be made between the countries of emigration, immigration and transit, with a view to laying down the conditions under which this examination shall be considered satisfactory by them, so that rejections on medical grounds at the frontier of the countries of transit and destination may be reduced to a minimum.

It is also recommended that these arrangements should determine what preventive measures against infectious diseases shall be applied to emigrants in the country of departure.

ARTICLE 22

It is recommended that, at the towns or ports of embarkation for emigrants, there should be an adequate health and sanitary administration having especially (1) a service for medical examination and treatment, as well as the necessary medical and prophylactic equipment; (2) an establishment supervised by the State where emigrants may be subjected to the health formalities, temporarily housed, and undergo all necessary medical examinations and have their food and drinking supplies examined; (3) premises situated at the port where medical examinations shall be made at the time of the final embarkation.

ARTICLE 23

It is recommended that emigrant ships be provided with a sufficient quantity of vaccines (anti-smallpox, anti-cholera, et cetera), in order to permit, if necessary, of vaccinations during the voyage.

SECTION IV. MEASURES AT PORTS AND MARINE FRONTIERS

A. Plague

ARTICLE 24

A ship shall be regarded as *infected*:

- (1) if it has a case of human plague on board;
- (2) or if a case of human plague broke out more than six days after embarkation;
- (3) or if plague-infected rats are found on board.

A ship shall be regarded as *suspected*:

- (1) If a case of human plague broke out in the first six days after embarkation;

(2) or if investigations regarding rats have shown the existence of an unusual mortality without determining the cause thereof.

The ship shall continue to be regarded as suspicious until it has been subjected to the measures prescribed by this Convention at a suitably equipped port.

A ship shall be regarded as *uninfected*, notwithstanding its having come from an infected port, if there has been no human or rat plague on board either at the time of departure, or during the voyage, or at the time of arrival, and the investigations regarding rats have not shown the existence of an unusual mortality.

ARTICLE 25

Plague-infected ships shall undergo the following measures:

- (1) Medical inspection;
- (2) The patients shall immediately be landed and isolated;
- (3) All persons who have been in contact with the patients and those whom the health authority of the port has reason to consider suspect shall be disembarked if possible. They may be subjected to observation or surveillance, or to a period of observation followed by surveillance,⁸ provided that the total duration of these measures does not exceed six days from the time of arrival of the ship.

It rests with the sanitary authority of the port, after taking into consideration the date of the last case, the condition of the ship and the local possibilities, to take that one of these measures which seems to it preferable. During the same period the crew may be prevented from going ashore except on duty made known to the sanitary authority;

(4) Bedding which has been used, and such soiled linen, wearing apparel and other articles as are, in the opinion of the sanitary authority, infected shall be disinsectised and, if there be occasion, disinfected;

(5) The parts of the ship which have been occupied by persons suffering from plague or which, in the opinion of the sanitary authority, are infected, shall be disinsectised and, if there be occasion, disinfected;

(6) The sanitary authority may order deratisation before the discharge of cargo, if it is of opinion, having regard to the nature of the cargo, and the way in which it is loaded, that it is possible to effect a total destruction of rats without removing it. In this case, the ship cannot be subjected to a new deratisation after discharge. In other cases the complete destruction of rats on board must

⁸ In all cases where the present Convention refers to "surveillance" the sanitary authority may substitute "observation" as an exceptional measure in the case of persons who do not offer adequate sanitary guarantees.

Persons under observation or surveillance must submit to all clinical or bacteriological investigations which are considered necessary by the sanitary authority. [Footnote in original.]

be effected when the holds are empty. In the cases of ships in ballast, this shall be done as soon as possible before taking cargo.

Destruction of rats shall be carried out so as to avoid, as far as possible, damage to the ship and cargo (if any). The operation must not last longer than twenty-four hours. All charges made in respect to these operations of deratisation as also all contingent indemnity claims, shall be settled in accordance with the principles laid down in Article 18.

If a ship is only to discharge a part of its cargo, and if the port authorities consider that it is impossible to undertake complete deratisation, the said ship shall be allowed to remain in the port for the time required to discharge that part of its cargo, provided that all precautions, including isolation, are taken to the satisfaction of the sanitary authority to prevent rats from passing from ship to shore, either with unladen goods or otherwise.

The discharge of cargo shall be carried out under the supervision of the sanitary authority, who shall take all measures necessary to prevent the men employed on this duty from becoming infected. The men shall be subjected to observation or to surveillance for a period not exceeding six days from the time when they have ceased to work at the unloading of the ship.

ARTICLE 26

Plague-suspected ships shall undergo the measures indicated in Nos. 1, 4, 5 and 6 of Article 25.

In addition, the crew and passengers may be subjected to surveillance which shall not exceed six days, reckoned from the date of the ship's arrival. The crew may be prevented during the same period from going ashore except on duty made known to the sanitary authority.

ARTICLE 27

Ships uninfected with plague shall be given free pratique immediately, with the reservation that the sanitary authority of the port of arrival may prescribe the following measures with regard to them:

- (1) Medical inspection to determine whether the condition of the ship corresponds to the definition of a healthy ship;
- (2) Destruction of rats on board under the conditions specified in 6 of Article 25 in exceptional cases and for well-founded reasons which will be communicated in writing to the captain of the ship;
- (3) The crew and passengers may be subjected to surveillance during a period which shall not exceed six days reckoned from the date on which the ship left the contaminated port. The crew may be prevented during the same period from going ashore except on duty made known to the sanitary authority.

ARTICLE 28

All ships, except those employed in national coastwise service, must be periodically deratised, or be permanently kept in such a condition that rat population is reduced to the minimum. In the first case they receive Deratisation Certificates, and in the second Deratisation Exemption Certificates.

Governments shall make known through the International Office of Public Hygiene those of their ports possessing the equipment and personnel necessary for the deratisation of ships.

A deratisation certificate or a deratisation exemption certificate shall be issued only by the sanitary authority of the aforesaid ports. The certificate shall be valid for six months. One additional month however may be allowed in the case of a ship proceeding to its home port.

If no valid certificate is produced, the sanitary authority at the ports mentioned in the second paragraph of this Article may after inquiry and inspection:

(a) Directly perform the deratisation of the vessel, or cause it to be done under its direction and supervision. When completed to its satisfaction it shall issue a dated *Deratisation Certificate*. It shall decide on each case what process shall be employed practically to exterminate the rats on board; particulars of the mode of deratising applied and of the number of rats destroyed must be entered on the Certificate. Destruction of rats must be accomplished in a manner that will as far as possible save the ship and cargo (if any) from injury. The operation must not last longer than 24 hours. In the case of vessels in ballast, it must be done before loading. All charges on account of these operations of deratisation and all claims, if any, for damages shall be settled according to the terms of Article 18.

(b) Issue a Deratisation Exemption Certificate stating the date and grounds if it is satisfied that the ship is maintained in such a condition that the rat population is reduced to a minimum.

The deratisation and deratisation exemption certificates shall be drawn up as far as possible in a uniform manner. Forms of such certificates will be prepared by the International Office of Public Hygiene.

The competent authority of each country undertakes each year to furnish the International Office of Public Hygiene with a statement of the measures taken under this article and the number of ships which have been subjected to deratisation, or which have been granted deratisation exemption certificates, at the ports referred to in the second paragraph of this Article.

The International Office of Public Hygiene is requested to take in accordance with Article 14 all steps for the interchange of information as to the action taken under this Article and the results obtained.

The provisions of this Article do not affect the rights accorded to sanitary authorities by Articles 24–27 of this Convention.

The Governments shall see that all requisite and practicable measures are taken by the competent authorities to accomplish the destruction of rats in ports and the dependent and neighboring parts as well as on lighters and coastwise vessels.

B. Cholera

ARTICLE 29

A ship shall be regarded as *infected* if there is a case of cholera on board, or if there has been a case of cholera during the five days previous to the arrival of the ship in port.

A ship shall be regarded as *suspected* if there has been a case of cholera at the time of departure or during the voyage, but no fresh case in the five days previous to arrival. The ship shall continue to be regarded as suspect until it has been subjected to the measures prescribed by the present Convention.

A ship shall be considered *uninfected* notwithstanding that it came from an infected port or that it may have on board persons proceeding from an infected area if there has been no case of cholera at the time of departure, during the voyage, or on arrival.

Cases presenting the clinical symptoms of cholera in which no cholera vibrios have been found or in which vibrios not strictly showing the characteristics of cholera vibrio have been found, shall be subject to all measures required in the case of cholera.

Germ carriers discovered on the arrival of the ship shall be submitted after disembarkation to all the obligations which may be imposed on such a case by the laws of the country of arrival on its own nationals.

ARTICLE 30

Cholera infected ships shall be subjected to the following measures:

- (1) Medical inspection;
- (2) The patients shall be immediately landed and isolated;
- (3) The crew and passengers may also be landed and either be kept under observation or subjected to surveillance during a period not exceeding five days reckoned from the date of arrival.

However, persons who can show that they have been immunized from cholera by vaccination effected less than six months, and more than six days before, may be subjected to surveillance but not to observation.

(4) Bedding which has been used, soiled linen, wearing apparel and other articles, including foodstuffs, which in the opinion of the sanitary authority of the port have been recently contaminated, shall be disinfected;

(5) The parts of the vessel which have been occupied by cholera patients or which are considered by the health authorities as being contaminated, shall be disinfected;

(6) Unloading shall be carried out under the supervision of the sanitary authority, who will take all measures necessary to prevent the infection of the men engaged in unloading. They shall be subjected to observation or to surveillance which shall not exceed five days from the time when they cease unloading;

(7) When the drinking water stored on board is considered suspicious it shall be turned off after being disinfected and replaced after disinfection of the tanks by a supply of water of good quality;

(8) The health authority may prohibit the turning off without previous disinfection of water ballast if it has been taken in at an infected port;

(9) It may be forbidden to let run or throw human dejections or the residuary waters of the vessel into the waters of the port, unless they are first disinfected.

ARTICLE 31

Vessels suspected of cholera shall be subjected to the measures prescribed under Nos. (1), (4), (5), (7), (8) and (9) of Article 30.

The crew and passengers may be subjected to a surveillance not to exceed five days from the arrival of the vessel. It is recommended that the landing of the crew be prevented during the same period except for purposes connected with the service and made known to the sanitary authority of the port.

ARTICLE 32

If the ship has been declared infected or suspected only because of cases on board presenting the clinical features of cholera, and two bacteriological examinations, made with an interval of not less than 24 hours between them, have not revealed the presence of cholera or any other suspicious vibrios, it shall be classed as uninfected.

ARTICLE 33

Vessels uninfected with cholera shall be granted pratique, immediately.

The health authority of the port of arrival may order in their case the measures provided under Nos. (1), (7), (8) and (9) of Article 30.

The crew and the passengers may be subjected to a surveillance not to exceed five days from the date of arrival of the ship. The landing of the crew may be forbidden during the same period except for purposes connected with the service and made known to the sanitary authority of the port.

ARTICLE 34

Since anti-cholera vaccination is a method of proved efficacy in checking cholera epidemics, and consequently in lessening the likelihood of the spread of the disease, it is recommended, that sanitary administrations will, in the largest measure possible, and as often as practicable, apply specific vaccination in cholera hotbeds and grant certain advantages as regards restrictive measures to persons who agree to be vaccinated.

C. Yellow fever

ARTICLE 35

A ship shall be regarded as *infected* if there is a case of yellow fever on board, or if there was one at the time of departure or during the voyage.

A ship shall be regarded as *suspected* if it had no case of yellow fever but arrives after a voyage of less than six days from an infected port or from an uninfected port in close relation with endemic centers of yellow fever, or if when it arrived having been more than six days out there is reason to believe that it may carry winged *Stegomyia (Aedes Egypti)* from the said port.

A ship shall be regarded as *uninfected*, notwithstanding its having come from a yellow fever infected port, if having had no case of yellow fever on board and arrived after more than six days on the way there is no reason to believe that it carries winged *Stegomyia*, or when it proves to the satisfaction of the sanitary authority of the port of arrival:

(a) That during its stay in the port of departure it kept at a distance of more than 200 metres from the inhabited land and at such a distance from the pontoons as to make the access of *Stegomyia* improbable;

(b) Or that at the time of departure it was subjected to effective fumigation in order to destroy mosquitoes.

ARTICLE 36

Ships infected with yellow fever shall undergo the following measures:

(1) Medical inspection;

(2) The patients shall be landed, and those of them who are in the first five days of the disease shall be isolated so as to prevent contamination by mosquitoes;

(3) The other persons who land shall be subjected to observation or surveillance not exceeding six days reckoned from the time of landing;

(4) The ship will be moored at least 200 metres from the inhabited land and at such a distance from the pontoons as will render the access of *Stegomyia* improbable;

(5) Mosquitoes at all stages of evolution shall be destroyed on board as far as possible before discharge of cargo. If unloading takes place before the destruction of mosquitoes, the personnel in charge of that work will be subjected to observation or to surveillance for not more than six days from the time when they ceased unloading.

ARTICLE 37

Ships suspected of yellow fever may be subjected to the measures specified in (1), (3), (4) and (5) of Article 36.

Nevertheless, if the voyage has lasted less than six days if the ship meets the conditions specified under letters (a) and (b) in the subsection of Article 35 relating to uninfected ships, it shall only be subjected to the measures prescribed by Article 36, (1) and (3) and to fumigation.

When 30 days have elapsed after the departure of the ship from the infected port, and no case has occurred during its voyage, the ship may be granted free pratique subject to preliminary fumigation should the sanitary authority deem it necessary.

ARTICLE 38

Ships uninfected with yellow fever shall be granted free pratique after medical inspection.

ARTICLE 39

The measures prescribed in Articles 36 and 37 concern only those regions in which the *Stegomyia* exists, and they shall be applied with due consideration to the climatic conditions prevailing in the countries concerned and also the Stegomyian index.

In other regions they shall be applied to the extent considered necessary by the sanitary authority.

ARTICLE 40

The masters of ships which have touched at ports infected with yellow fever are specially advised to cause a search to be made for mosquitoes and their larvae during the voyage and to secure their systematic destruction in all accessible parts of the ship, particularly in the store rooms, galleys, boiler rooms, water tanks and other places specially likely to harbor *Stegomyia*.

D. Exanthematous typhus

ARTICLE 41

Ships which, during the voyage have had or at the time of their arrival, have a case of typhus on board, may be subjected to the following measures:

- (1) Medical inspection;
- (2) The patients shall immediately be landed, isolated and deloused;
- (3) Other persons reasonably suspected to harbor lice, or to have been exposed to infection, shall also be deloused, and may be subjected to surveillance for a time to be specified, but which shall never be more than 12 days, reckoned from the date of delousing;
- (4) Bedding which has been used, and such linen, wearing apparel, and other articles as the sanitary authority, of the port considers to be infected shall be disinfected;
- (5) The parts of the ship which have been occupied by persons ill with typhus, and that the sanitary authority regard as infected, shall be disinfected.

The ship shall immediately be given free pratique.

It rests with each Government to take after disembarkation the measures which it considers appropriate to secure the surveillance of persons who arrive on a ship which had no case of exanthematous typhus on board, but who left an area where typhus is epidemic less than 12 days before.

E. Smallpox

ARTICLE 42

Ships which have had a case of smallpox on board either during the voyage, or at the time of arrival, may be subjected to the following measures:

- (1) Medical inspection;
- (2) The patients shall immediately be landed and isolated;
- (3) Other persons reasonably suspected to have been exposed to infection on board, and who, in the opinion of the sanitary authority, are not sufficiently protected by recent vaccination, or by a previous attack of smallpox, may be subjected to vaccination followed by surveillance, the period of surveillance being specified in each case according to the circumstances, but never to exceed 14 days, reckoned from the date of arrival;
- (4) Bedding which has been used, soiled linen, wearing apparel, and other articles which the sanitary authority of the port considers to be infected, shall be disinfected;
- (5) Only those parts of the ship which have been occupied by persons ill with smallpox and which the sanitary authority regards as infected shall be disinfected.

The ship shall immediately be given free pratique.

It rests with each Government to take after disembarkation the measures which it considers appropriate to secure the surveillance of persons who are not protected by vaccination and arrive on a ship that had no smallpox on board, but left an area where smallpox is epidemic less than 14 days before.

ARTICLE 43

It is recommended that ships calling in countries where smallpox is epidemic, shall take all precautions possible to secure the vaccination or revaccination of the crew.

It is also recommended that governments should make vaccination and revaccination as general as possible, especially in ports and border regions.

F. Common provisions

ARTICLE 44

The captain and the ship's physician must answer all questions that are put to them by the sanitary authority with regard to the health of the ship during the voyage.

When the captain and the physician declare that there has not been any case of plague, cholera, yellow fever, exanthematous typhus or smallpox, and no unusual mortality among rats on the ship since the time of its departure, the sanitary authority may require them to make a solemn or sworn declaration.

ARTICLE 45

In applying the measures set forth in the preceding subsections A., B., C., D. and E, the sanitary authority will take into account the presence of a physician on board and the actual preventive measures taken in the course of the voyage, especially for the destruction of rats.

The sanitary authorities of the countries that find it convenient to come to an agreement on the matter may exempt from medical inspection and other measures uninfected ships carrying a physician specially commissioned by their country.

ARTICLE 46

It is recommended that Governments take into account, as to the treatment to be applied to arrivals from another country, measures taken in the latter country to combat infectious diseases and to prevent their transmission to other countries.

Ships arriving from ports which fulfill the conditions set out in Articles 14 and 51, do not derive from that alone any right to special advantages at the port of arrival, but the Governments agree to take into the fullest consideration the measures already taken in those ports, so that all the measures taken at the port of arrival with regard to ships coming from those ports shall be reduced to a minimum. To that end and in order to put shipping, commerce and traffic to as little inconvenience as possible, it is recommended that special arrangements in accordance with Article 57 of this Convention be made in all cases where it would seem advantageous to do so.

ARTICLE 47

Ships arriving from an infected area which have been submitted to sufficient sanitary measures to the satisfaction of the sanitary authority, shall not undergo those measures again on their arrival at another port, whether or not the latter belongs to the same country, provided nothing has happened since which would call for the application of the sanitary measures above referred to and the ships have not called at an infected port, except for coaling.

A ship shall not be considered as having stopped at a port, when without having been in communication with the shore it has landed passengers only and their luggage and the mail, or has taken on board only mail or passengers, with or without their luggage, who have not communicated with the port or with a contaminated area. In the case of yellow fever the vessel

must, in addition, have kept wherever possible not less than two hundred metres from inhabited land and at such a distance from the pontoons as to make access of *Stegomyia* improbable.

ARTICLE 48

The port authority who imposes sanitary measures shall, whenever requested, deliver to the captain, or any other interested person, a certificate specifying the nature of the measures and the methods employed, the parts of the ship treated, and the reasons why the measures have been applied.

It may also in the same way, on demand, issue free of charge to passengers who have arrived by an infected ship a certificate stating the date of their arrival and the measures to which they and their luggage have been subjected.

SECTION V. GENERAL PROVISIONS

ARTICLE 49

It is recommended—

- (1) That bills of health be issued free in all ports;
- (2) That fees for consular visas be reduced by way of reciprocity, so as not to represent more than the cost of the service rendered;
- (3) That the bill of health be made out in at least one of the languages known to the maritime world, in addition to that of the country where it is issued;
- (4) That special agreements in the spirit of Article 57 of this Convention be made with a view to doing away gradually with consular visas and bills of health.

ARTICLE 50

It is desirable that the number of ports furnished with an organization and equipment sufficient for the reception of a ship, whatever its health conditions may be, should be in each country commensurate with the importance of the trade and shipping. However, without prejudice to the right of Governments to make agreements for the establishment of common sanitary stations, every country must provide at least one port on each of its seacoasts with the above-mentioned organization and equipment.

Furthermore, it is recommended that all large seaports should be so equipped that uninfected ships at least may undergo immediately upon their arrival, the prescribed sanitary measures without being sent to another port for this purpose.

Every infected or suspected ship which arrives in a port not equipped for its reception must proceed, at its own risk and peril, to one of the ports opened to ships of the category to which it belongs.

Governments shall make known to the International Office of Public Hygiene what ports are open to arrivals from ports infected with plague,

cholera, or yellow fever, and in particular those open to infected or suspected ships.

ARTICLE 51

It is recommended that there be set up in large seaports:

- (a) A regular port medical service, and permanent medical surveillance of the health condition of crews and of the inhabitants of the port;
- (b) An outfit for the transport of the sick and suitable premises for their isolation, and for keeping suspected persons under observation;
- (c) Installations necessary for efficient disinfection and disinsectisation; a bacteriological laboratory, and a force prepared to attend to urgent vaccination against smallpox or against other diseases;
- (d) A supply of drinking water of quality beyond suspicion for the use of the port, and a system affording all possible security for the removal of waste, filth and waste water;
- (e) A competent and adequate staff and necessary equipment for the deratisation of ships, yards, docks and warehouses;
- (f) A permanent organization for the detection and examination of rats.

It is also recommended that warehouses and docks should as far as possible be rat proof, and that the sewer system of the port be separate from that of the town.

ARTICLE 52

Governments will refrain from making any sanitary inspection of ships passing through their territorial waters⁹ without stopping at the ports or on the coasts of their respective countries.

If the ship, for any reason whatever, should stop at a port or on the coast, it would be subjected to the sanitary laws and regulations of the country to which the port or coast belongs as far as permitted by international conventions.

ARTICLE 53

Special measures may be prescribed regarding any ship in an exceptionally bad sanitary condition likely to facilitate the spread of the diseases mentioned in this Convention, especially crowded ships.

ARTICLE 54

Ships unwilling to comply with obligations imposed by the port authority, in virtue of the provisions of this Convention, shall be at liberty to put out to sea.

Such ships may, however, be permitted to land goods if the ship is isolated and if the goods are subjected to the measures provided by Chapter II., Section II., of this Convention.

⁹ The expression "territorial waters" must be understood in its strictly juridical sense. It does not include Suez, Panama and Kiel Canals. [Footnote in original.]

Such ships may also be authorized to disembark passengers at their request, on the condition that such passengers submit to the measures prescribed by the sanitary authority.

The ship, while kept isolated, may also take on fuel, stores and water.

ARTICLE 55

Each Government undertakes to have a single sanitary tariff only, which shall be published, and the charges therein shall be moderate. This tariff will be applied in ports to all ships, without distinction being made between the national and foreign flags, and to foreigners in the same conditions as to the country's own nationals.

ARTICLE 56

International coasting traffic will come under special regulations, to be agreed upon by the countries concerned. Nevertheless the provisions of Article 28 of the present Convention shall be applicable to them in all cases.

ARTICLE 57

The Governments, taking into account their peculiar situation, may conclude special agreements amongst themselves, in order to make the sanitary measures prescribed by this Convention more efficacious and less cumbersome. The text of such agreements shall be communicated to the International Office of Public Hygiene.

SECTION VI. MEASURES AT LAND FRONTIERS—TRAVELLERS—RAILWAYS— FRONTIER ZONES—RIVER-WAYS

ARTICLE 58

Observations shall not be established at land frontiers.

Persons showing symptoms of the diseases mentioned in this Convention alone may be detained at frontiers.

This principle does not deprive a State of the right to close a portion of its frontiers if need be. The places through which border traffic will exclusively be allowed shall be designated, and in such cases duly equipped sanitary stations shall be set up at the places thus designated. Notice of these measures shall immediately be given to the neighboring country concerned.

Notwithstanding the provisions of the present Article, persons having been in contact with a person ill with pulmonary plague, may be retained at land frontiers under observation for not more than seven days reckoned from the time of arrival.

Persons who have been in contact with a person ill with exanthematous typhus may be submitted to delousing.

ARTICLE 59

In trains coming from infected areas it is important that the railway crew keep watch on the way over the state of health of the travellers.

Medical intervention shall be limited to inspection of travellers and care of the sick and the latter's companions if there be occasion. When this inspection is resorted to, it shall, as far as possible, be combined with the custom examination in order that travellers may suffer as little delay as possible.

ARTICLE 60

Railway cars running in countries where yellow fever exists must be so arranged as to be as little suited as possible for the transport of *Stegomyia*.

ARTICLE 61

Travellers coming from an area which lies under the conditions coming under the second paragraph of Article 10 of this Convention may be subjected on arrival at their destination to surveillance for not more than six days reckoned from the date of their arrival in the case of plague, five days in the case of cholera, six days in the case of yellow fever, twelve days in the case of exanthematous typhus, or fourteen days in the case of smallpox.

ARTICLE 62

With respect to diseases coming under this Convention, Governments, notwithstanding the foregoing provisions, reserve the right in exceptional cases to take special measures in regard to certain classes of persons who do not offer satisfactory sanitary guarantees, especially persons travelling or crossing the frontier in bands. The provisions of this paragraph are not applicable to emigrants save the provisions of Article 21.

These measures may include the establishment at frontiers of sanitary stations, sufficiently equipped, to ensure the surveillance, and the observation if necessary, of the persons concerned, as well as for their medical examination, disinfection, disinsectisation and vaccination.

As far as possible, these exceptional measures should be made the subject of special arrangements between adjoining States.

ARTICLE 63

Railway cars for passengers, mails or luggage and freight cars may not be detained at the frontier.

If, however, one of the carriages is infected or has been occupied by any person suffering from plague, cholera, exanthematous typhus, or smallpox, it shall be detained all the time required to undergo the prophylactic measures indicated for each case.

ARTICLE 64

The measures concerning the crossing of frontiers by railroad and postal employees are within the province of the administrations concerned. They shall be combined so as not to hinder the service.

ARTICLE 65

The regulation of frontier traffic and questions pertaining thereto, shall be left to special arrangements between the contiguous countries in accordance with the provisions of this Convention.

ARTICLE 66

It shall be the province of the Government of the riparian Nations to regulate the sanitary régime of lakes and river routes by means of special arrangements.

TITLE II. SPECIAL PROVISIONS FOR THE SUEZ CANAL
AND NEIGHBORING COUNTRIES

SECTION I. MEASURES WITH RESPECT TO ORDINARY VESSELS HAILING FROM
CONTAMINATED NORTHERN PORTS AND APPEARING AT THE ENTRANCE OF
THE SUEZ CANAL OR IN EGYPTIAN PORTS

ARTICLE 67

Ordinary *uninfected* vessels hailing from a plague or cholera infected port of Europe or the basin of the Mediterranean and presenting themselves for passage through the Suez Canal shall be allowed to pass through in quarantine.

ARTICLE 68

Ordinary *uninfected* vessels wishing to make a landing in Egypt may stop at Alexandria or Port Said.

If the port of departure is contaminated by plague, Article 37 will be applicable.

If the port of departure is contaminated by cholera, Article 33 will be applicable.

The sanitary authority of the port may substitute for surveillance observation either on board or in a quarantine station.

ARTICLE 69

The measures to which *infected* or *suspected* vessels shall be subjected which hail from a plague or cholera infected port of Europe or the shores of the Mediterranean or the Black Sea, and which desire to effect a landing in one of the Egyptian ports or to pass through the Suez Canal, shall be

determined by the Sanitary, Maritime and Quarantine Board of Egypt in conformity with the stipulations of the present Convention.

ARTICLE 70

The regulations of the Sanitary, Maritime and Quarantine Board of Egypt shall be revised with the least possible delay to conform with the stipulations of this Convention. In order to become effective, they must be accepted by the several Powers represented on the Board. They shall establish the régime to which ships, passengers and merchandise are to be subjected. They shall decide the minimum number of medical officers to be attached to each station, the method of recruitment, the salaries, and duties of such medical officers and all officials appointed to carry out under the orders of the Sanitary, Maritime and Quarantine Board of Egypt the supervision and the execution of preventive measures.

The names of the physicians and officials shall be proposed to the Egyptian Government by the Sanitary, Maritime and Quarantine Board of Egypt, through its President.

SECTION II. MEASURES IN THE RED SEA

A. Measures with respect to ordinary vessels hailing from the south and appearing in ports of the Red Sea or bound toward the Mediterranean

ARTICLE 71

Independently of the general provisions in Title I, concerning the classification of and the régime of infected, suspected, or uninfected vessels, the special provisions contained in the ensuing articles are applicable to ordinary vessels coming from the south and entering the Red Sea.

ARTICLE 72

Uninfected ships. Uninfected ships may pass through the Suez Canal in quarantine. When the ship is to touch at an Egyptian port:

(a) If the port of departure is infected by plague, the ship must have been six full days on the way else the passengers who land and the crews shall be kept under surveillance until the six days are completed.

Loading and unloading of cargo will be allowed with due observance of the necessary measures to prevent the landing of rats;

(b) If the port of departure is infected by cholera, the ship may receive free pratique, but every passenger or member of the crew who disembarks when five days have not elapsed since the date of departure from the infected port, will be subjected to surveillance until the completion of that time.

The sanitary authority of the port may in all cases where that authority considers it necessary, substitute observation on board or in a quarantine

station for surveillance. In all cases the sanitary authority may make the bacteriological examinations which it considers necessary.

ARTICLE 73

Suspected ships. Suspected ships having a physician on board may, if regarded by the sanitary authority as presenting sufficient guarantees, be allowed to pass through the Suez Canal in quarantine under the regulations provided for in Article 70.

When the ship is to stop at an Egyptian port :

(a) In the case of plague, the provisions of Article 6 are applicable, but surveillance may be replaced by observation;

(b) In the case of cholera, the provisions of Article 31 are applicable with the same reservation as to observation instead of surveillance.

ARTICLE 74

Infected ships. (a) Plague. The measures laid down in Article 25 are applicable. Where danger of infection exists, the ship may be required to moor at Moses Spring or any other place named by the sanitary authority of the port.

Passage in quarantine may be granted before the expiration of the six days required by the regulations, if the sanitary authority of the port considers it possible.

(b) *Cholera.* The measures laid down in Article 30 are applicable. The ship may be required to moor at Moses Spring or any other place, and in case of a serious outbreak on board, may be sent off to Tor so that vaccination and, if occasion demands, the treatment of the patients may take place.

The ship cannot be authorized to pass through the Suez Canal until the sanitary authority is satisfied that the ship, passengers and crew no longer present any danger.

B. Measures with respect to ordinary vessels hailing from the infected ports of Hedjaz during the pilgrimage season

ARTICLE 75

If plague or cholera prevails in Hedjaz during the time of the Mecca pilgrimage, vessels coming from the Hedjaz or from any other part of the Arabian coast of the Red Sea without having embarked there any pilgrims or similar groups of persons, and which have not had any suspicious occurrence on board during the voyage, shall be placed in the category of ordinary suspected vessels. They shall be subjected to the preventive measures and to the treatment imposed on such vessels.

If they are bound for Egypt they may undergo, in a sanitary establishment designated by the Sanitary, Maritime and Quarantine Board, an observation

of five days for cholera and six days for the plague from the date of their embarkation. They shall be subjected, moreover, to all the measures prescribed for suspected vessels (disinfection, et cetera), and shall not be granted pratique until they have passed a favorable medical examination.

It shall be understood that if the vessels have had suspicious occurrences during the voyage they shall pass the observation period at Moses Spring, which shall last five days for cholera and six days for the plague.

SECTION III. ORGANIZATION SURVEILLANCE

ARTICLE 76

The medical inspection prescribed by the Regulations may take place at night on ships that come up to pass through the canal if lighted by electricity, and whenever the sanitary authority of the port is satisfied that the lighting facilities are adequate.

The supervision and performance of the prophylactic measures applied in the Suez Canal, and at the quarantine establishments, shall be entrusted to a corps of sanitary guards. These guards shall have the status of police officers with the right to make requisitions in cases where the sanitary regulations are infringed.

SECTION IV. PASSAGE THROUGH THE SUEZ CANAL IN QUARANTINE

ARTICLE 77

The health authority of the port of Suez shall grant the passage through in quarantine, and the Sanitary, Maritime and Quarantine Board shall be immediately informed thereof. Doubtful cases shall be decided by that Board.

ARTICLE 78

As soon as the permit provided for in the preceding article is granted, a telegram shall be sent to the authority of the port named by the captain as his next port of call and also to the port of final destination. The despatch of the telegram is at the expense of the vessel.

ARTICLE 79

Each country shall establish penalties against vessels which abandon the route indicated by the captain and unduly approach one of the ports within its territory, cases of vis major and enforced sojourn being excepted.

ARTICLE 80

Upon a vessel's being spoken, the captain shall be obliged to declare whether he has on board any gangs of native stokers or of wage-earning em-

ployees of any description who are not inscribed on the crew list or the register kept for this purpose.

The following questions in particular shall be asked the captains of all vessels arriving at Suez from the south, and shall be answered under oath or solemn declaration:

Have you any helpers: stokers or other workmen, not inscribed on your crew list or on the special register? What is their nationality? Where did you embark them?

The sanitary physicians shall ascertain the presence of these helpers and if they discover that any of them are missing they should carefully seek the cause of their absence.

ARTICLE 81

A health officer and at least two guards of the sanitary service shall board the vessel and accompany her to Port Said. Their duty shall be to prevent communications and see to the execution of the prescribed measures during the passage through the canal.

ARTICLE 82

All embarkations, landings, and transshipments of passengers or cargo are forbidden during the passage through the Suez Canal.

However, passengers may embark at Suez or Port Said in quarantine.

ARTICLE 83

Vessels passing through in quarantine shall make the trip from Suez to Port Said or *vice versa*, without lying up.

In case of stranding or of being compelled to lie up, the necessary operations shall be performed by the personnel on board, all communications with the employees of the Suez Canal Company being avoided.

ARTICLE 84

When troops are conveyed through the canal on suspicious or infected vessels passing through in quarantine, the trip shall be made in the daytime only. If it is necessary to stop at night in the canal, the vessels shall anchor in Lake Timsah or the Great Lake.

ARTICLE 85

Vessels passing through in quarantine are forbidden to stop in the harbor of Port Said except in the cases contemplated in articles 82 and 86.

The supply and preparation of food on board vessels shall be effected with the means at hand on the vessels.

Stevedores or any other persons who may have gone on board shall be isolated on the quarantine barge. They shall undergo the regulation measures.

ARTICLE 86

When it is absolutely necessary for vessels passing through in quarantine to take on coal or oil at Suez or Port Said; they shall perform this operation under the necessary guarantee for isolation and sanitary surveillance that may be ordered by the Sanitary, Maritime and Quarantine Board of Egypt. When it is possible to maintain a strict supervision of coaling on board the vessel and to prevent all contact with the persons on board, the coaling of the vessels by the workmen of the port may be permitted. At night the place where the coaling is done should be efficiently illuminated by electric lights.

ARTICLE 87

The pilots, electricians, agents of the Company, and sanitary guards must leave the vessel at Port Said outside of the port between the jetties, and thence conducted directly to the quarantine barge where they shall undergo the measures that may be deemed necessary.

ARTICLE 88

The war vessels hereinafter specified shall enjoy the benefits of the following provisions when passing through the Suez Canal:

They shall be recognized by the quarantine authority as uninfected upon the production of a certificate issued by the physicians on board, countersigned by the commanding officer, and affirming under oath or solemn declaration:

(a) That there has not been any case of plague or cholera on board either at the time of departure or during the passage;

(b) That a careful examination of all persons on board, without any exception, has been made less than twelve hours before the arrival in the Egyptian port, and that it revealed no case of these diseases.

These vessels shall be exempted from the medical examination and immediately receive pratique.

The quarantine authorities shall nevertheless have a right to cause their agents to perform the medical examination on board war vessels whenever they deem it necessary.

Suspicious or infected war vessels shall be subjected to the regulations in force.

Only fighting units shall be considered as war vessels, transports and hospital ships falling under the category of ordinary vessels.

ARTICLE 89

The Sanitary, Maritime and Quarantine Board of Egypt is authorized to organize through Egypt territory, by rail, in quarantine trains the transit of the mails and ordinary passengers coming from infected countries.

SECTION V. SANITARY MEASURES APPLICABLE TO THE PERSIAN GULF

ARTICLE 90

The sanitary régime established by Title I of the present Convention shall be applied, as regards vessels navigating the Persian Gulf, by the health authorities of the ports both of departure and arrival.

TITLE III. PROVISIONS SPECIALLY APPLICABLE TO PILGRIMAGES

CHAPTER I. *General provisions*

ARTICLE 91

The provisions of Article 13 are applicable to persons and objects bound for Hedjaz or the Kingdom of Irak and who are to be embarked on a pilgrim ship, even if the port of embarkation is not infected.

ARTICLE 92

When cases of plague or cholera or other epidemic disease exist in the port, no embarkation shall be made on pilgrim ships until after the persons, assembled in groups have been subjected to an observation for the purpose of ascertaining that none of them is stricken with those diseases.

It shall be understood that, in executing this measure, each Government may take into account the local circumstances and possibilities.

In the case of cholera the persons agreeing to being vaccinated there and then by the physician of the sanitary authority shall be submitted to the medical inspection only at the time of the vaccination. They shall not be required to submit to the observation provided for in this article.

ARTICLE 93

Pilgrims must be provided with a round trip ticket or have deposited sufficient money for the return journey, and, if circumstances permit, prove that they command the means necessary for the accomplishment of the pilgrimage.

ARTICLE 94

Only mechanically propelled ships shall be permitted to carry pilgrims on long voyages.

ARTICLE 95

Pilgrim ships that are Red Sea coasters intended for short passages known as "coasting voyages" shall be subject to the provisions in the special regulations published by the Sanitary, Maritime and Quarantine Board of Egypt.

ARTICLE 96

A ship, which, in addition to ordinary passengers, among whom pilgrims of the upper classes may be included, carries pilgrims in less proportion than one pilgrim per 100 tons gross, shall not be considered a pilgrim-ship.

This exemption applies only to the ship, and the pilgrims carried therein, irrespective of class, shall remain subject to all measures prescribed for them in this Convention.

ARTICLE 97

The captain or the agent of the shipping company, as the sanitary authority may elect, must pay all sanitary taxes that may be levied on pilgrims. These taxes must be included in the price of the ticket.

ARTICLE 98

As far as possible, pilgrims who embark or disembark at sanitary stations must have no contact with one another at the landing-places.

Pilgrims who are landed must be distributed at the camp in as small groups as possible.

They must be supplied with good drinking water, obtained either from local sources or by distillation.

ARTICLE 99

Victuals brought by pilgrims shall be destroyed if the sanitary authority considers it necessary.

CHAPTER II. *Pilgrim ships—Sanitary stations*

SECTION I. GENERAL CONDITIONS APPLYING TO SHIPS

ARTICLE 100

The ships must be capable of accommodating the pilgrims in the between-decks. Outside of the space reserved for the crew, it must provide for each person, irrespective of age, an area of 1.50 square metres, i.e. 16 English square feet, and a height between decks of at least 1.80 metres, i.e. about 6 English feet.

It is forbidden to accommodate pilgrims under the first between-deck, that is below the water line.

Satisfactory ventilation must be ensured and below the upper between-deck must be supplemented by mechanical ventilation.

In addition to the space reserved for pilgrims, the ship must provide, on the upper deck, for each person, irrespective of age, a free area of not less than 0.56 square metres, i.e. about 6 English square feet, in addition to the area upon the upper deck, reserved for temporary hospital, the crew, shower baths, and latrines, and for the working of the ship.

ARTICLE 101

On deck places must be set apart, screened from view, of which a sufficient number must be for the exclusive use of women.

These places shall be provided with water pipes under pressure, and provided with taps or douches in such a way as to furnish at all times sea water for the use of the pilgrims even if the ship is lying at anchor.

There shall be one tap or douche for every hundred or fraction of 100 pilgrims.

ARTICLE 102

The vessel must be provided, in addition to closets for the crew, with latrines, fitted with a flushing apparatus or with a water tap.

Some of these latrines shall be reserved exclusively for women.

Latrines must be in the proportion of two per 100 pilgrims, or fraction of 100.

There must be no water closets in the hold.

ARTICLE 103

The vessel must have two places for cooking set apart for the use of the pilgrims.

ARTICLE 104

Infirmaries meeting proper conditions of safety and wholesomeness must be reserved for the accommodation of the sick. They must be on the main deck unless in the opinion of the sanitary authority equally healthy accommodations can be provided elsewhere.

They must be constructed so as to allow persons suffering from infectious diseases and persons who have been in contact with them, to be isolated according to the nature of their illness.

The infirmaries, including temporary infirmaries, must be capable of accommodating at the rate of 3 square metres, i.e. about 32 English square feet per patient, not less than 4 per 100 or fraction of 100 of the pilgrims taken on board.

The infirmaries must be provided with special latrines.

ARTICLE 105

Every vessel shall have on board the medicines, disinfectants, and articles necessary for the care of the sick. The regulations made for this kind of vessels by each Government shall determine the nature and quantity of the medicines. Every vessel must also carry the needful immunizing agents, especially cholera and smallpox vaccines. The care and the remedies shall be furnished free of charge to the pilgrims.

ARTICLE 106

Every vessel embarking pilgrims shall have on board a physician holding a regular diploma who must be acceptable to the Government of the country of the first port in which pilgrims embarked on the outward journey. A second physician meeting the same conditions shall be embarked as soon as the number of pilgrims carried by the vessel exceeds one thousand.

ARTICLE 107

The captain shall be obliged to have handbills posted on board in a position which is conspicuous and accessible to those interested. They shall be in the principal languages of the countries inhabited by the pilgrims embarked, and show:

1. The destination of the vessel;
2. The price of the tickets;
3. The daily ration of water and food allowed to each pilgrim according to the regulations of the country of origin;
4. A price list of victuals not comprised in the daily ration and to be paid for extra.

ARTICLE 108

The heavy baggage of the pilgrims shall be registered and numbered. The pilgrims will be allowed to keep with them only such articles as are absolutely necessary. The regulations made by each Government for its vessels will determine the nature, quantity, and dimensions of the said articles.

ARTICLE 109

Extracts from the provisions of Chapters I, II (sections I, II and III), and III of the present Title shall be posted, in the form of regulations, in the language of the nationality of the vessel as well as in the principal languages of the countries inhabited by the pilgrims embarked, in a conspicuous and accessible place on each deck and between decks on every vessel carrying pilgrims.

SECTION II. MEASURES TO BE TAKEN BEFORE DEPARTURE

ARTICLE 110

At least three days before departure the captain, or in the absence of the captain the owner or agent, of every pilgrim ship must declare his intention to embark pilgrims to the competent authority of the port of departure. In ports of call the captain, or in the absence of the captain the owner or agent, of every pilgrim ship must make this same declaration twelve hours before the departure of the vessel. This declaration must indicate the intended day of sailing and the destination of the vessel.

ARTICLE 111

Upon the declaration prescribed by the preceding article being made, the competent authority shall proceed to the inspection and measurement of the vessel at the expense of the captain.

The inspection only shall be made if the captain is already provided with a certificate of measurement issued by the competent authority of his country, unless it is suspected that the document no longer corresponds to the actual state of the vessel.

ARTICLE 112

The competent authority shall not permit the departure of a pilgrim ship until he has ascertained:

(a) That the vessel has been put in a state of perfect cleanliness and, if necessary, disinfected;

(b) That the vessel is in a condition to undertake the voyage without danger; that she is provided with the necessary plant and appliances for use in case of shipwreck, accident or fire, particularly a wireless apparatus for sending and receiving messages, that may be operated independently of the main engine-room; that she carries a sufficient number of life-saving devices; that she is properly outfitted, appointed, ventilated, and provided with awnings of sufficient thickness and size to shelter the decks, and that there is nothing on board that is or may become injurious to the health or safety of the passengers;

(c) That, in addition to the stores for the vessel and the crew, there are provisions and fuel of good quality on board in places where they can be suitably stored and in sufficient quantity for all the pilgrims and for the entire duration of the voyage;

(d) That the drinking water taken on board is of good quality; that there is a sufficient quantity thereof; that the tanks of drinking water on board are protected against all tainting and closed in such a way that the water can only be let out through the stop cocks or pumps. The devices for letting water out called "suckers" are absolutely forbidden;

(e) That the vessel has a distilling apparatus capable of producing at least 5 liters of water per head each day for every person embarked, including the crew;

(f) That the vessel has a disinfecting chamber whose safety and efficiency have been ascertained by the health authority of the port of embarkation of the pilgrims;

(g) That the crew comprises a physician holding a diploma and as well informed as possible on questions of maritime health and exotic pathology, and who must be acceptable to the Government of the first port where pilgrims embarked on the outward journey, and that the vessel has a supply of medicines in accordance with Article 105;

(h) That the deck of the vessel is free from all cargo and other incumbrances;

(i) That the arrangements of the vessel are such that the measures prescribed by Section III hereinafter may be executed.

ARTICLE 113

The captain shall not sail until he has in his possession :

1. A list viséed by the competent authority and showing the name and sex, of the pilgrims who have been taken on board, and total number of the pilgrims whom he is authorized to embark;

2. A document stating the name, nationality, and tonnage of the vessel, the name of the captain and of the physician, the exact number of persons embarked (crew, pilgrims, and other passengers), the nature of the cargo, and the port of departure.

The competent authority shall indicate on the bill of health whether the number of pilgrims allowed by the regulations is reached or not, and, in case it is not reached, the additional number of passengers which the vessel is authorized to embark in subsequent ports of call.

SECTION III. MEASURES TO BE TAKEN DURING THE PASSAGE

ARTICLE 114

The deck intended for the pilgrims shall remain free from encumbering objects during the voyage and shall be reserved day and night for the persons on board and be placed gratuitously at their service.

ARTICLE 115

Every day the space between decks shall be cleaned carefully and scrubbed with sand while the pilgrims are on deck.

ARTICLE 116

The latrines intended for the passengers as well as those for the crew shall be kept neat and be cleansed and disinfected three times a day, and oftener if needed.

ARTICLE 117

The excretions and dejections of persons showing symptoms of plague or cholera, dysentery or any other disease preventing their using the infirmary latrines shall be collected in vessels containing a disinfecting solution. These vessels shall be emptied into the infirmary latrines which shall be thoroughly disinfected after each projection of matter.

ARTICLE 118

Articles of bedding, carpets, and clothing which have been in contact with the patients mentioned in the preceding article shall be immediately disinfected. The observance of this rule is especially recommended with regard to the clothing of persons who come near to these patients and which may have become soiled.

Such of the articles mentioned above as have no value shall be thrown overboard, if the vessel is neither in a port nor a canal, or else destroyed by fire. The others shall be disinfected as directed by the ship physician.

ARTICLE 119

The quarters occupied by the patients and referred to in Article 104 shall be thoroughly and regularly disinfected.

ARTICLE 120

The quantity of drinking water allowed daily to each pilgrim free of charge, whatever be his age, shall be at least 5 liters.

ARTICLE 121

If there is any doubt about the quality of the drinking water or any possibility of its contamination either at the place of its origin or during the course of the voyage, the water shall be boiled or otherwise sterilized, and the captain shall be obliged to throw it overboard at the first port in which a stop is made and in which he is able to procure a better supply. He may only take it on board after the tanks shall have been disinfected.

ARTICLE 122

The physician shall examine the pilgrims, attend the patients, and see that the rules of hygiene are observed on board. He shall especially:

1. Satisfy himself that the provisions dealt out to the pilgrims are of good quality, that their quantity is in conformity with the obligations assumed, and that they are suitably prepared;
2. Satisfy himself that the requirements of article 120 relative to the distribution of water are observed;
3. If there is any doubt about the quality of the drinking water, remind the captain in writing of the provisions of Article 121;
4. Satisfy himself that the vessel is maintained in a constant state of cleanliness, and especially that the latrines are cleaned in accordance with the provisions of Article 116;
5. Satisfy himself that the lodgings of the pilgrims are maintained in a healthful condition, and that, in case of transmissible disease, they are disinfected in conformity with Article 119;

6. Keep a diary of all the sanitary incidents occurring during the course of the voyage and present on request this diary to the competent authority of the port of call or arrival.

ARTICLE 123

The persons intrusted with the care of patients suffering with the plague, cholera or other diseases shall alone have access to them and shall have no contact with the other persons on board.

ARTICLE 124

In case of a death occurring during the voyage, the captain shall make note of the death opposite the name on the list viséed by the authority of the port of departure, besides entering on his journal the name of the deceased person, his age, where he comes from, the presumable cause of his death according to the physician's certificate, and the date of the death.

In case of death by a transmissible disease, the body shall be wrapped in a shroud saturated with a disinfecting solution and thrown overboard.

ARTICLE 125

The captain shall see that the prophylactic measures executed during the voyage are recorded in the ship's journal. This journal shall be presented by him to the competent authority of the port of arrival.

In each port of call the captain shall have the list prepared in accordance with Article 113 viséed by the competent authority.

In case a pilgrim is landed during the course of the voyage, the captain shall note the fact on the list opposite the name of the pilgrim.

In case of an embarkation, the persons embarked shall be mentioned on this list in conformity with the aforementioned Article 113 and before it is viséed again by the competent authority.

ARTICLE 126

The bill of health delivered at the port of departure shall not be changed during the course of the voyage. If this requirement is not complied with, the vessel may be treated as an infected vessel.

It shall be viséed by the health authority of each port of call, who shall note thereon:

1. The number of passengers landed or embarked in that port;
2. The incidents occurring at sea and affecting the health or life of the persons on board;
3. The sanitary condition of the port of call.

SECTION IV. MEASURES TO BE TAKEN ON THE ARRIVAL OF PILGRIMS
IN THE RED SEA

A. Sanitary measures applicable to pilgrim ships bound from the south toward Hedjaz

ARTICLE 127

Pilgrim ships hailing from the south and bound for Hedjaz shall first stop at the sanitary station of Camaran, where they shall be subjected to the measures prescribed in the following articles.

ARTICLE 128

Vessels recognized as *uninfected* after a medical inspection shall obtain pratique when the following operations are completed:

The pilgrims shall be landed; take a shower or sea bath; and their soiled linen and the part of their wearing apparel and baggage which appears suspicious in the opinion of the health authority shall be disinfected. The duration of these operations, including debarkation and embarkation, shall not exceed forty-eight hours. Provided the time limit be not exceeded, the sanitary authority may perform such bacteriological examinations as may be deemed necessary.

If no real or suspected case of plague or cholera is discovered during these operations, the pilgrims shall be reembarked immediately and the vessel shall proceed toward Jeddah.

Vessels found, on medical inspection, to be uninfected shall not undergo the measures prescribed hereinabove, if the following conditions are fulfilled:

- (1) All pilgrims on board have been immunized against cholera and smallpox;
- (2) The requirements of this Convention have been strictly followed;
- (3) There is no reason to doubt the declaration of the captain and doctor of the ship to the effect that no case of plague, cholera or smallpox has occurred on board, either at the time of departure or during the voyage.

For plague, the provisions of Article 27 shall be applied with regard to the rats which may be found on board the vessels.

ARTICLE 129

Suspicious vessels on board of which there were cases of plague in the six days following the embarkation and on board of which an unusual mortality of rats is discovered or cases of cholera at the time of departure but no new case in the last five days, shall be treated in the following manner:

The pilgrims shall be landed; take a shower or sea bath; and their soiled linen and the part of their wearing apparel and baggage which appears suspicious in the opinion of the health authority shall be disinfected; the parts

of the vessel that have been occupied by the patients shall be disinfected. The duration of these operations, including debarkation and embarkation, shall not exceed forty-eight hours. Provided this period is not exceeded, such bacteriological examination as may be considered necessary by the sanitary authority may be made.

If no real or suspected case of plague or cholera is discovered during these operations, the pilgrims shall be reembarked immediately and the vessel shall proceed to Jeddah.

For plague, the provisions of Article 26 shall be applicable with regard to the rats which may be found on board.

ARTICLE 130

Infected vessels, that is, those having cases of plague or cholera on board or having had cases of plague more than six days after embarkation, or cholera on board within five days, or on board of which rats infected by plague have been discovered, shall undergo the following treatment:

The persons stricken with plague or cholera shall be landed and isolated at the hospital. The other passengers shall be landed and isolated in groups comprising as few persons as possible, so that the whole number may not suffer with and for a particular group in which plague or cholera should develop.

The soiled linen, wearing apparel, and clothing of the crew and passengers, as well as the vessel, shall be disinfected.

However the local health authority may decide that the unloading of the heavy baggage and the cargo is not necessary, and that only a part of the vessel need be disinfected.

The passengers shall remain in the Camaran establishment five or six days according as whether the case is plague or cholera. If a new case should occur after disembarkation, the period of observation shall be extended by five days for cholera and six days for plague, to date from the isolation of the last case.

For plague, the measures prescribed by Article 25 shall be applied with regard to the rats which may be found on board the vessels.

When these operations have been completed, the ship, having reembarked its pilgrims, shall be sent on to Jeddah.

ARTICLE 131

Ships, to which Articles 128, 129 and 130 apply, will be subject to medical inspection on board on arrival at Jeddah.

If the result is favorable, the ship shall receive free pratique.

If, on the other hand, well established cases of plague or cholera have occurred on board during the voyage, or at the time of arrival at Jeddah, the sanitary authority of the Hedjaz may take all necessary measures subject to the provisions of Article 54.

ARTICLE 132

Every sanitary station designed to receive pilgrims should be provided with a trained, experienced, and sufficiently numerous staff, as well as with all the buildings and apparatus necessary to insure the application, in their entirety, of the measures to which said pilgrims are subject.

B. Sanitary measures applicable to pilgrim ships hailing from north of Port Said and bound toward Hedjaz

ARTICLE 133

If plague or cholera is not found to exist in the port of departure or its neighborhood, and if no case of plague or cholera has occurred during the passage, the vessel shall be immediately granted pratique.

ARTICLE 134

If plague or cholera is known to exist in the port of departure or its vicinity, or if a case of plague or cholera has occurred during the voyage, the vessel shall be subjected at Tor to the rules established for vessels coming from the south and stopping at Camaran. The vessels shall thereupon be granted pratique.

SECTION V. MEASURES TO BE TAKEN UPON THE RETURN OF PILGRIMS

A. Pilgrim ships returning northward

ARTICLE 135

Every vessel bound for Suez or for a Mediterranean port, having on board pilgrims or similar masses of persons, and hailing from a port of Hedjaz or from any other port on the Arabian coast of the Red Sea, must repair to Tor in order to undergo there the observation and the sanitary measures indicated in Articles 140 to 142.

ARTICLE 136

Pending the creation at the port of Akaba of a quarantine station meeting the requirements, pilgrims going from the Hedjaz to Akaba by sea shall undergo the necessary quarantine measures at Tor before landing at Akaba.

ARTICLE 137

Vessels bringing pilgrims back toward the Mediterranean shall pass through the canal in quarantine only.

ARTICLE 138

The agents of navigation companies and captains are warned that, after completing their observation period at the sanitary station of Tor, the

Egyptian pilgrims will alone be permitted to leave the vessel permanently in order to return thereupon to their homes.

Only those pilgrims will be recognized as Egyptians or as residents of Egypt who are provided with a certificate of residence issued by an Egyptian authority and conforming to the established model.

Pilgrims other than Egyptians, can not be landed in an Egyptian port after leaving Tor, except by special permit under special conditions imposed by the Egyptian health authority, in accord with the Sanitary, Maritime and Quarantine Board of Egypt. Consequently, navigation agents and captains are warned that the transshipment of pilgrims not residents of Egypt at Tor, Suez, Port Said, or Alexandria is forbidden except under a special permit for each case.

Vessels having pilgrims on board who are not Egyptian nationals shall be subject to the rules applicable to these pilgrims and shall not be received in any Egyptian port of the Mediterranean.

ARTICLE 139

Egyptian pilgrims shall undergo an observation of three days and a medical examination and if there be occasion, disinfection and disinsectisation at Tor, or any other station designated by the Sanitary, Maritime and Quarantine Board of Egypt.

ARTICLE 140

If plague or cholera is found to exist in Hedjaz or in the port from which the vessel hails, or if it has existed in Hedjaz during the course of the pilgrimage, the vessel shall be subjected at Tor to the rules adopted at Camaran for infected vessels.

The persons stricken with plague or cholera shall be landed and isolated in the hospitals. The other passengers shall be landed and isolated in groups composed of as few persons as possible, so that the whole number may not suffer with any particular group in which the plague or cholera should develop.

The soiled linen, wearing apparel, and clothing of the crew and passengers, as well as the baggage and cargo suspected of contamination shall be landed and disinfected. Their disinfection as well as that of the vessel shall be thorough.

However, the local health authority may decide that the unloading of the heavy baggage and the cargo is not necessary, and that only a part of the vessel need undergo disinfection.

The measures provided in Article 25 shall be applied with regard to the rats which may be found on board.

All the pilgrims shall be subjected to an observation of six full days from the day on which the disinfecting operations are completed, in the case of

plague and five days in the case of cholera. If a case of plague or cholera has appeared in one section, the period of six or five days shall not begin for this section until the day on which the last case was discovered.

ARTICLE 141

In the case contemplated in the preceding article, the Egyptian pilgrims shall be subjected, besides, to an additional observation of three days.

ARTICLE 142

If plague or cholera is not found to exist either in Hedjaz or in the port from which the vessel hails, and has not been known to exist in Hedjaz during the course of the pilgrimage, the vessel shall be subjected at Tor to the rules adopted at Camaran for uninfected vessels.

The pilgrims shall be landed and take a shower or sea bath, and their soiled linen or the part of their wearing apparel and baggage which may appear suspicious in the opinion of the health authority shall be disinfected. The duration of these operations shall not exceed seventy-two hours.

However, a pilgrim ship, if it has had no plague or cholera patients during the course of the voyage from Djeddah to Yambo or Tor and if the individual medical examination made at Tor after debarkation establishes the fact that it contains no such patients, may be authorized by the Sanitary, Maritime and Quarantine Board of Egypt to pass through the Suez Canal in quarantine even at night when the following four conditions are fulfilled:

1. Medical attendance shall be given on board by one or several physicians graduated and duly accepted;
2. The vessel shall be provided with disinfecting chambers in good working order;
3. It shall be shown that the number of pilgrims does not exceed that authorized by the pilgrimage regulations;
4. The captain shall bind himself to repair directly to the port which he names as his next call port.

The sanitary tax to be paid to the quarantine administration shall be the same as the pilgrims would have paid had they remained in quarantine three days.

ARTICLE 143

A vessel which has had a suspicious case on board during the voyage from Tor to Suez may be sent back to Tor.

ARTICLE 144

The transshipment of pilgrims is strictly forbidden in Egyptian ports except by special permit and on the conditions laid by the Egyptian sanitary authority in accord with the Sanitary, Maritime and Quarantine Board of Egypt.

ARTICLE 145

Vessels leaving Hedjaz and having on board pilgrims who are bound for a port on the African shore of the Red Sea shall proceed directly to the quarantine station named by the territorial authority to which that port belongs, where they shall submit to the same quarantine procedure as at Tor.

ARTICLE 146

Vessels sailing from Hedjaz or from a port on the Arabian coast of the Red Sea, in which neither the plague nor cholera prevails, which have no pilgrims or similar groups of people on board, and have had no suspicious occurrence during the voyage, shall be granted pratique at Suez after a favorable medical inspection.

ARTICLE 147

Passengers coming from the Hedjaz who have accompanied the pilgrimage shall be subject to the same measures as pilgrims. The appellation of merchant or any other will not exempt them from the measures applicable to the pilgrims.

B. Returning pilgrims going north by caravan

ARTICLE 148

Whatever the sanitary condition in the Hedjaz may be, pilgrims travelling by caravan must repair to one of the quarantine stations upon their route, there to undergo according to circumstances the measures prescribed by Articles 140 or 142 for pilgrims who have been landed.

C. Pilgrims returning southward

ARTICLE 149

In the event of the pilgrimage being infected, pilgrim ships, returning to places south of the Straits of Bab-el-Mandeb, may be required, by direction of the consular authority of the countries to which the pilgrims are going to stop at Camaran and there undergo medical inspection.

SECTION VI. MEASURES APPLICABLE TO PILGRIMS TRAVELLING
BY THE HEDJAZ RAILWAY

ARTICLE 150

The Governments of the countries through which the Hedjaz railway passes shall make all necessary arrangements to organize the sanitary supervision of pilgrims during their journey to the Holy Places, and the application of prophylactic measures in order to prevent the dissemination of infectious diseases presenting epidemic features bearing in mind the principles of the present Convention.

SECTION VII. SANITARY INFORMATION CONCERNING THE PILGRIMAGE

ARTICLE 151

The Sanitary, Maritime and Quarantine Board of Egypt will transmit periodically, and if occasion arises, by the speediest route, to the sanitary authorities of all the countries interested, and concurrently, to the International Office of Public Hygiene under the conditions provided by this convention, all sanitary information and reports that may come to its knowledge during the pilgrimage concerning the sanitary condition of the Hedjaz and the countries through which the pilgrims pass. It will also get up an annual report which shall be sent to the said authorities and the International Office of Public Hygiene.

CHAPTER III. *Sanctions*

ARTICLE 152

Every captain convicted of not having conformed, in the distribution of water, provisions, or fuel, to the obligations assumed by or for him, shall be liable to a fine of not more than fifty francs (gold) for every failure. This fine shall be collected for the benefit of the pilgrim who shall have been the victim of the default, and who shall prove that he has vainly demanded the execution of the agreement made.

ARTICLE 153

Every infraction of Article 107 shall be punished by a fine of not more than 750 francs (gold).

ARTICLE 154

Every captain who has committed or knowingly permitted any fraud whatever concerning the list of pilgrims or the bill of health provided for in Article 113 shall be liable to a fine of not more than 1,250 francs (gold).

ARTICLE 155

Every captain of a vessel arriving without a bill of health of the port of departure, or without a visé of the ports of call, or who is not provided with the list required by the regulations and regularly kept in accordance with Article 113 and Articles 125 and 126, shall be liable in each case to a fine of not more than three hundred francs (gold).

ARTICLE 156

Every captain convicted of having or having had on board more than 100 pilgrims without the presence of a graduated physician according to the provisions of Article 106 shall be liable to a fine of not more than 7,500 francs (gold).

ARTICLE 157

Every captain convicted of having or having had on board a greater number of pilgrims than that which he is authorized to embark according to the provisions of subsection 1 of Article 113 shall be liable to a fine of not more than 125 francs (gold) for each pilgrim in excess.

The pilgrims in excess of the regular number shall be landed at the first station at which a competent authority resides, and the captain shall be obliged to furnish the landed pilgrims with the money necessary to pursue their voyage to their destination.

ARTICLE 158

Every captain convicted of having landed pilgrims at a place other than their destination, except with their consent, or excepting cases of *vis major*, shall be liable to a fine of not more than 500 francs (gold) for each pilgrim wrongfully landed.

ARTICLE 159

All other infractions of the provisions relative to pilgrim ships are punishable by a fine of not less than 250 nor more than 2,500 francs (gold).

ARTICLE 160

Every violation proven in the course of a voyage shall be noted on the ship's papers as well as on the list of pilgrims. The competent authority shall draw up a report thereof and deliver it to the proper party.

ARTICLE 161

Contraventions of Articles 152 to 159 inclusive will be certified by the sanitary authority of the port at which the ship has called.

Penalties will be imposed by the competent authority.

ARTICLE 162

All agents called upon to assist in the execution of the provisions of the present Convention with regard to pilgrim ships are liable to punishment in conformity with the laws of their respective countries in case of faults committed by them in the application of the said provisions.

TITLE IV. SURVEILLANCE AND EXECUTION

I. SANITARY, MARITIME AND QUARANTINE BOARD OF EGYPT

ARTICLE 163

The stipulations of Appendix III of the Sanitary Convention of Venice of January 30, 1892, concerning the composition, powers and duties, and

operation of the Sanitary, Maritime and Quarantine Board of Egypt, are confirmed as they appear in the khedival decrees under date of June 19, 1893, and December 25, 1894, as well as in the ministerial decision of June 19, 1893.¹⁰

The said decrees and decisions are annexed to the present convention.

Notwithstanding the provisions of the said decrees and decisions the high contracting parties agree that—

I. The number of Egyptian delegates on the Egyptian Sanitary, Maritime and Quarantine Board shall be increased to five:

(1) The President of the Board, appointed by the Egyptian Government, and who will only have a casting vote;

(2) A European doctor of medicine, Inspector-General of the Sanitary, Maritime and Quarantine Service;

(3) Three delegates appointed by the Egyptian Government.

II. The Veterinary Service of the Sanitary, Maritime and Quarantine Board shall be transferred to the Egyptian Government.

The following conditions shall be observed:

(1) The Egyptian Government will collect sanitary taxes on imported cattle not to exceed those now collected by the Egyptian Sanitary, Maritime and Quarantine Board;

(2) The Egyptian Government undertakes in consequence to pay annually to the Sanitary, Maritime and Quarantine Board a sum representing the average of the excess of receipts over the expenditures of the said service during the three budgetary years preceding the date on which the present Convention is put into force.

(3) The measures to be taken for the disinfection of cattle ships, of skins, and of other animals' derivatives, shall be as in the past in charge of the Sanitary, Maritime, and Quarantine Board.

(4) The foreign personnel now in the veterinary service of the Sanitary, Maritime and Quarantine Board will be granted the benefit of the salaries appropriated by Law No. 28 of 1923, regarding the conditions of service and the retirement or discharge of officials, employees or agents of foreign nationality.

Grading of salaries shall be as provided by the above-mentioned law. The other details will be fixed by an agreement between the Egyptian Government and the Sanitary, Maritime and Quarantine Board.

III. On account of the great distance between the Port of Suakim and the headquarters of the Egyptian Sanitary, Maritime and Quarantine Board at Alexandria, and the fact that the pilgrims and passengers who disembark in this port of Suakim concern from the sanitary point of view only the territory

¹⁰ For text, see *ante*, vol. 1, pp. 404, 409, and 410.

of the Soudan, the sanitary administration of this port will be detached from the said Board.

ARTICLE 164

The ordinary expenses resulting from the provisions of the present Convention, especially those relating to the increase of the personnel belonging to the Sanitary, Maritime and Quarantine Board of Egypt, shall be covered by means of an annual supplementary payment by the Egyptian Government of the sum of 4,000 Egyptian pounds, which may be taken from the surplus revenues from the lighthouse service remaining at the disposal of said Government.

However, the proceeds of a supplementary quarantine tax of ten tariff dollars per pilgrim to be collected at Tor shall be deducted from this sum.

In case the Egyptian Government should find difficulty in bearing this share of the expenses, the Powers represented in the Sanitary, Maritime and Quarantine Board shall reach an understanding with that Government in order to insure the participation of the latter in the expenses contemplated.

ARTICLE 165

The Sanitary, Maritime and Quarantine Board of Egypt shall undertake the task of bringing the provisions of the present Convention into conformity with the regulations at present enforced by it in regard to the plague, cholera, and yellow fever, as well as with the regulations relative to arrivals from the Arabian ports of the Red Sea during the pilgrim season.

To the same end it shall, if occasion arises, revise the general regulations of the sanitary, maritime, and quarantine police at present in force.

These regulations, in order to become effective must be accepted by the various powers represented on the Board.

II. MISCELLANEOUS PROVISIONS

ARTICLE 166

The proceeds from the sanitary taxes and fines collected by the Sanitary, Maritime and Quarantine Board shall in no case be employed for objects other than those within the province of the said Board.

ARTICLE 167

The High Contracting Parties agree to have a set of instructions prepared by their health departments for the purpose of enabling captains of vessels, especially when there is no physician on board, to enforce the provisions contained in the present convention with regard to plague, cholera, and yellow fever.

TITLE V. FINAL PROVISIONS

ARTICLE 168

The present Convention supersedes, as between the High Contracting Parties, the provisions of the Convention signed at Paris on January 17th, 1912, and also, the case arising, those of the Convention signed at Paris on December 3rd, 1903.¹¹ These two last named Conventions will remain in force as between the High Contracting Parties and any State which is a party thereto and is not a party to the present Convention.

ARTICLE 169

The present Convention will bear to-day's date and may be signed up to October 1st of the current year.

ARTICLE 170

The present Convention shall be ratified and the ratifications shall be deposited at Paris as soon as possible. It shall not come into force until it has been ratified by ten of the High Contracting Parties. Thereafter it will take effect as regards each High Contracting Party from the date of the deposit of its ratification.

ARTICLE 171

The States which have not signed the present Convention shall be permitted to adhere thereto upon request. Notice of this adhesion shall be given through diplomatic channels to the Government of the French Republic and by the latter to the other Contracting Parties.

ARTICLE 172

Any of the High Contracting Parties may declare, at the moment either of its signature, ratification or accession, that its acceptance of the present Convention does not include either all or any of its protectorates, colonies, possessions or mandated territories, and may subsequently accede, in accordance with the preceding Article, on behalf of any one of its protectorates, colonies, possessions or mandated territories excluded by such declaration.

In faith whereof the respective Plenipotentiaries have signed the present Convention.

Done at Paris the twenty-first day of June, nineteen hundred and twenty-six, in a single copy, which will remain deposited in the archives of the Government of the French Republic, and of which certified copies will be transmitted through the diplomatic channel to the other Contracting Parties.

¹¹ TS 466, *ante*, vol. 1, p. 359.

- For Afghanistan:
ISLAMBEK KHOUDOIAR KHAN
- For Albania:
DR. OSMAN
- For Germany:
FRANOUX
HAMEL
- For Argentina:
F. A. DE TOLEDO
- For Austria:
DR. ALFRED GRUNBERGER
- For Belgium:
VELCHE
- For Brazil:
CARLOS CHAGAS
GILBERTO MOURA COSTA
- For Bulgaria:
B. MORFOFF
TOCHKO PÉTROFF
- For Chile:
ARMANDO QUEZADA
- For China:
S. K. YAO
SCIE TON FA
- For Colombia:
MIGUEL JIMÉNEZ LOPEZ
- For Cuba:
R. HERNANDEZ PORTELA
- For Denmark:
TH. MADSEN
- For Danzig:
CHODZKO
STADE
- For the Dominican Republic:
BETANCES
- For Egypt:
FAKHRY
DR. M. EL GUINDY
- For Ecuador:
J. ILLINGOURTH
- For Spain:
MARQUIS DE FAURA
DR. F. MURILLO
- For the United States of America:
H. S. CUMMING
W. W. KING
- For Ethiopia:
LAGARDE, DUC D'ENTOTTO
- For Finland:
ENCKELL
- For France:
CAMILLE BARRÈRE
HARISMENDY
NAVAILLES
DR. A. CALMETTE
LÉON BERNARD
- For Algeria:
DR. RAYNAUD
- For West Africa:
DR. PAUL GOUZIEN
- For East Africa:
THIROUX
- For Indo-China:
DR. L'HERMINIER
DR. N. BERNARD
- For the States of Syria, Greater Lebanon, the Alaouïtes and Jebel ed Druz:
HARISMENDY
- For all other colonies, protectorates, possessions and territories under French mandate:
AUDIBERT
- For the British Empire:
G. S. BUCHANAN
JOHN MURRAY
- For Canada:
J. A. AMYOT
- For Australia:
W. C. SAWERS
- For New Zealand:
SYDNEY PRICE JAMES
- For India:
D. T. CHADWICK
- For the Union of South Africa:
PHILIP STOCK
- For Greece:
AL. C. CARAPANOS
D. MATARANGAS
- For Guatemala:
FRANCISCO A. FIGUEROA
- For Haiti:
GEORGES AUDAIN
- For the Hedjaz:
DR. MAHMOUD HAMOUDÉ
- For Honduras:
RUBÉN AUDINO AGUILAR
- For Hungary:
DR. CH. GROSCH

For Italy:

ALBERT LUTRARIO
GIOVANNI VITTORIO REPETTI
ODOARDO HUETTER
G. ROCCO
GIUSEPPE DRUETTI

For Japan:

H. MATSUSHIMA
MITSUZO TSURUMI

For the Republic of Liberia:

R. LEHMANN
N. OOMS

For Lithuania:

DR. PR. VAICIUSKA

For Luxembourg:

DR. PRAUM

For Morocco:

HARISMENDY
DR. RAYNAUD

For Mexico:

R. CABRERA

For Monaco:

F. ROUSSEL
DR. MARSAN

For Norway:

SIGURD BENTZON

For Paraguay:

R. V. CABALLERO

For the Netherlands:

DOUDE VAN TROOSTWYK
N. M. JOSEPHUS JITTA
DE VOGEL
VAN DER PLAS

For Peru:

P. MIMBELA

For Persia, ad referendum:

DR. ALI KAHN PARTOW AAZAM
MANSOUR CHARIF

For Poland:

CHODZKO

For Portugal:

RICARDO JORGE

For Rumania:

DR. J. CANTAGUZÈNE

For San Marino:

DR. GUELPA

For the Kingdom of the Serbs, Croats
and Slovenes:

M. SPALAIKOVITCH

For Salvador:

CARLOS R. LARDÉ-ARTHÉS

For the Soudan:

OLIVER FRANCIS HAYNES ATKEY

For Switzerland:

DUNANT
CARRIÈRE

For Czechoslovakia:

DR. LADISLAV PROCHAZKA

For Tunis:

NAVAILLES

For Turkey:

A. FÉTHY

For the Union of the Soviet Socialist
Republics:

J. DAVTIAN
J. MAMMOULIA
L. BRONSTEIN
O. MEBOURNOUTOFF
N. FREYBERG
AL. SYSSINE
V. EGORIEV

For Uruguay:

A. HEROSA

For Venezuela, ad referendum:

JOSÉ IG. CARDENAS

ANNEXES

[For text of Khedival decrees of June 19, 1893, and December 25, 1894, and ministerial decision of June 19, 1893, concerning the operation of the Sanitary, Maritime, and Quarantine Service, see *ante*, volume 1, pages 404, 409, and 410.]

PROTOCOL OF SIGNATURE

The undersigned Plenipotentiaries met on the date of this day for the purpose of signing the International Sanitary Convention.

The Plenipotentiaries of the German Empire referring to Article 25 make express reservations as to the power granted by the Convention to several governments to enforce the observation in case of bubonic plague.

The Plenipotentiaries of Brazil declare they are empowered to sign the Convention *ad referendum* under the reservations entered in the minutes of the last plenary session.

The Plenipotentiaries of Chile declare that they join in the reservations made by the Plenipotentiaries of Brazil and Portugal.

The Plenipotentiaries of China express reservations in the name of their Government concerning the engagement appearing in Article 8, 2nd Section, that it would be compulsory to declare the diseases coming under the Convention.

In the name of their Government the Plenipotentiaries of Egypt renew the express reservations made by them concerning the presence at the Convention of a delegate representing the Soudan. They furthermore declare that the said presence could not in any way affect the rights of sovereignty of Egypt.

The Plenipotentiaries of Spain declare they make in the name of their Government a reservation identical with that of the Plenipotentiaries of the United States of America concerning article 12.

The Plenipotentiaries of the United States of America formally declare that their signing the International Sanitary Convention of this date is not to be construed to mean that the United States of America recognizes a régime or entity acting as Government of a signatory or adhering Power when that régime or entity is not recognized by the United States as the Government of that Power. They further declare that the participation of the United States of America in the International Sanitary Convention of this date does not involve any contractual obligation on the part of the United States to a signatory or adhering Power represented by a régime or entity which the United States does not recognize as representing the Government of that Power, until it is represented by a Government recognized by the United States.

The Plenipotentiaries of the United States of America declare, furthermore, that their Government reserves to itself the right to decide whether from the standpoint of the measures to be applied a foreign district is to be considered as infected and to decide what measures shall be applied to arrival in its own ports under special circumstances.

The great work accomplished by the International Sanitary Convention and the many new provisions carried could not be referred by telegraph to Her Majesty the Queen of Ethiopia and to His Imperial and Royal Highness Prince Tafari Makonnen, Heir to and Regent of the Empire, and the Delegate of the Ethiopian Empire declares that he must refrain from signing the Convention before he receives the necessary instructions.

The British Plenipotentiaries declare that their signing does not bind any part of the British Empire that is a distinct member of the League of Nations and would not sign separately or adhere to the Convention.

They further declare that they reserve the right not to apply the provisions of the 2nd subsection of article 8 to all the Protectorates, Colonies, Possessions or Countries under the British mandate which might be parties to the Convention and which on practical grounds might be unable to give full effect to those provisions relative to the compulsory declaration of the diseases referred to in the said article.

The Delegate of Canada reserves for his Government the right to decide whether from the viewpoint of the measures to be applied a foreign district is to be considered as infected and to decide what measures shall be applied to arrivals in Canadian ports under special circumstances. Subject to that reservation the Delegate from Canada declares that his Government is ready to take into consideration the obligations of article 12 of the Convention and the official information it may receive concerning the existence of the diseases in foreign countries.

The Delegate of India declares that he is authorized to sign the International Sanitary Convention under the reservation that on grounds of a practical nature India is not in a position to assume the obligations resulting from article 8 in so far as it has to do with the obligatory declaration of the diseases named in said article, except in large cities or in cases of epidemic.

The British Plenipotentiaries declare and wish to have it made a record that the reservation of the Plenipotentiaries of Persia about article 90 cannot in any way modify the present status quo pending an agreement to be arrived at between the Persian and British Governments.

The Plenipotentiaries of the Finnish Republic declare that immunization from cholera does not constitute a sufficient guarantee and that their Government reserves to itself notwithstanding the provisions of article 30, the right to make, if the occasion arises, immune persons undergo observation.

On the other hand, considering that the traffic of the Finnish border could only go over two railways in the east very close to each other and a single railway in the west which does not make it permissible to contemplate a partial closing of the frontier, Finland in order to avoid the complete closing in case of epidemic reserves to itself the right to set up observation if occasion arises notwithstanding the provisions in article 58.

The Plenipotentiaries of Japan declare that their Government reserves to itself the right: 1. To forward through the Eastern bureau of Singapore the notices and information, the mailing of which to the International Office of Public Hygiene is required by the Convention; 2. To take such measures as the sanitary authorities may deem necessary with regard to carriers of cholera vibrios.

The Plenipotentiaries of Lithuania declare that though adhering to the Convention, they make special reservations as to its being put into practice between Lithuania and Poland as long as normal relations between the two countries shall not have been restored.

These reservations are of particular importance with respect to the provisions in articles 9, 16, 57 and 66.

The Plenipotentiaries of The Netherlands declare in the name of their Government that it reserves to itself with regard to the Dutch East Indies to enforce the measures provided in article 10, sub-section 2 in the same degree to arrivals from districts afflicted with *murine plague*.

They further declare that their Government reserves to itself with respect to the Dutch East Indies the right to put on article 27-2 a construction to the effect that the destruction of rats referred to in that article may be applied to vessels taking a cargo from a district afflicted with murine plague when the sanitary authority believes that the cargo is likely to carry rats and is stowed in such a way as to make it impossible to effect the search provided in the last sub-section of article 24.

The Plenipotentiaries of Persia declare that there is nothing warranting any special provision concerning the Persian Gulf being retained in the Convention. The fact that there is in the Convention article 90 constituting Section V of Title II, prevents their signing without making the most express reservations. The Plenipotentiaries of Persia further declare that the status quo could not in any way bind their Government. Again they reserve for their Government the right not to apply the provisions of article 8 relative to the obligatory declaration of the diseases coming under the said article.

The Plenipotentiary of Portugal declares that he is authorized by his Government to sign the Convention *ad referendum* with the reservations entered in the minutes of the last plenary session.

The Plenipotentiary of Turkey declares that Turkey would not relinquish by any treaty the right of being represented in the Sanitary, Maritime and Quarantine Board of Egypt. On the other hand taking into consideration the stipulations in the Convention of the Straits signed at Lausanne and the special conditions of the Straits of Bosphorus and Dardanelles, he reserves the right for the Sanitary Administration of Turkey to put a sanitary guard on board any merchant vessel going through the Straits without a physician and coming from an infected port so as to prevent that vessel from calling at any Turkish port. It is understood, however, that the delay and expenses that such a guard may entail will be very slight.

The Plenipotentiaries of the Union of the Soviet Socialist Republics, calling to mind the declarations made by them on May 26, at the session of the first Commission concerning article 7 of the draft of Convention declare they have no objection to offer to the provisions relative to the right of the International Office of Public Hygiene to make arrangements with other sanitary agencies; but they are of the opinion that that right flows from the arrangement of

Rome of 1907 which defines the functions of the Office. They therefore believe that the provision hereinabove referred to is but a confirmation of that right and should only appear in the minutes and not be made an article of the Convention itself.

The Plenipotentiaries of the Union of Soviet Socialist Republics call to mind that at the time article 12 of the Convention was under consideration they cast their votes against the provision granting the Governments the right to prolong in exceptional cases the application of sanitary measures notwithstanding the declaration of the State concerned that there is no longer any danger of the disease.

They hold that that provision may infringe upon one of the fundamental principles of the previous conventions and become a cause of misunderstanding that could arise from its application.

They therefore declare that in the spirit of the Convention that provision can only be considered in exceptional cases when the Government to which the afflicted district belongs does not meet the obligations laid down by the Convention in that respect.

The Plenipotentiaries of the Soviet Socialist Republics call to mind the reservations already made by them in second Commission concerning the functions, duties and powers of the sanitary, maritime and quarantine board of Egypt. They particularly wish to emphasize the fact that articles 70 and 164 in particular confer upon that board the right to set up different sanitary, maritime and quarantine police regulations on condition that those regulations in order to be capable of execution must be accepted by the different Powers represented in the Council. Inasmuch as the Union of the Soviet Socialist Republics is not yet represented in the sanitary, maritime and quarantine board of Egypt, the Delegation of the Union wishes to reserve the rights of its Government to accept or not to accept the measures worked out by that board.

The undersigned make a formal acknowledgment of the reservations hereinabove set forth and declare that their own countries reserve to themselves the right to invoke the benefit thereof as against the countries in whose name they were made.

In witness whereof, the Plenipotentiaries have signed this Protocol.

Done in Paris, June 21, 1926.

For Afghanistan:

ISLAMBEK KHOUDOIAR KHAN

For Albania:

DR. OSMAN

For the German Empire:

FRANOUX

HAMEL

For the Argentine Republic:

F. A. DE TOLEDO

For Austria:

DR. ALFRED GRUNBERGER

For Belgium:

VELCHE

For Brazil:

CARLOS CHAGAS

GILBERTO MOURA COSTA

- For Bulgaria:
B. MORFOFF
TOCHKO PETROFF
- For Chile:
ARMANDO QUEZADA
- For China:
S. K. YAO
SCIE TON FA
- For Colombia:
MIGUEL JIMÉMEZ LOPEZ
- For Cuba:
R. HERNANDEZ PORTELA
- For Denmark:
TH. MADSEN
- For Danzig:
CHODZKO
STADE
- For the Dominican Republic:
BETANCES
- For Egypt:
FAKHRY
DR. M. EL GUINDY
- For Ecuador:
J. ILLINGOURTH
- For Spain:
MARQUIS DE FAURA
DR. F. MURILLO
- For the United States of America:
H. S. CUMMING
W. W. KING
- For Ethiopia:
LAGARDE, DUC D'ENTOTTO
- For Finland:
ENCKELL
- For France:
CAMILLE BARRÈRE
HARISMENDY
NAVAILLES
DR. A. CALMETTE
LÉON BERNARD
- For Algeria:
DR. RAYNAUD
- For West Africa:
DR. PAUL GOUZIEN
- For East Africa:
THIROUX
- For Indo-China:
DR. L'HERMINIER
DR. N. BERNARD
- For the States of Syria, Greater Lebanon, the Alaouïtes and Jebel ed Druz:
HARISMENDY
- For all other colonies, protectorates, possessions and territories under French mandate:
AUDIBERT
- For the British Empire:
G. S. BUCHANAN
JOHN MURRAY
- For Canada:
J. A. AMYOT
- For Australia:
W. C. SAWERS
- For New Zealand:
SYDNEY PRICE JAMES
- For India:
D. T. CHADWICK
- For the Union of South Africa:
PHILIP STOCK
- For Greece:
AL. C. CARAPANOS
D. MATARAMGAS
- For Guatemala:
FRANCISCO A. FIGUEROA
- For Haiti:
GEORGES AUDAIN
- For the Hedjaz:
DR. MAHMOUD HAMOUIDE
- For Honduras:
RUBÉN AUDINO AGUILAR
- For Hungary:
DR. CH. GROSCH
- For Italy:
ALBERT LUTRARIO
GIOVANNI VITTORIO REPETTI
ODOARDO HUETTER
G. ROCCO
GUISEPPE DRUETTI
- For Japan:
H. MATSUSHIMA
MITSUZO TSURUMI
- For the Republic of Liberia:
R. LEHMANN
N. OOMS
- For Lithuania:
DR. PR. VAIGIUSKA
- For Luxembourg:
DR. PRAUM

For Morocco:
HARISMENDY
DR. RAYNAUD

For Mexico:
R. CABRERA

For Monaco:
F. ROUSSEL
DR. MARSAN

For Norway:
SIGURD BENTZON

For Paraguay:
R. V. CABALLERO

For the Netherlands:
DOUDE VAN TROOSTWYK
N. M. JOSEPHUS JITTA
DE VOGEL
VAN DER PLAS

For Peru:
P. MIMBELA

For Persia, ad referendum:
DR. ALI KHAN PARTOW AAZAM
MANSOUR CHARIF

For Poland:
CHODZKO

For Portugal:
RICARDO JORGE

For Rumania:
DR. J. CANTAGUZÈNE

For San Marino:
DR. GUELPA

For the Kingdom of the Serbs, Croats
and Slovenes:
M. SPALAIKOVITCH

For Salvador:
CARLOS R. LARDÉ-ARTHÉS

For the Soudan:
OLIVER FRANCIS HAYNES ATKEY

For Switzerland:
DUNANT
CARRIÈRE

For Czechoslovakia:
DR. LADISLAV PROCHAZKA

For Tunis:
NAVAILLES

For Turkey:
A. FÉTHY

For the Union of the Soviet Socialist
Republics:
J. DAVTIAN
J. MAMMOULIA
L. BRONSTEIN
O. MEBOURNOUTOFF
N. FREYBERG
AL. SYSSINE
V. EGORIEW

For Uruguay:
A. HEROSA

For Venezuela, ad referendum:
JOSÉ IG. CARDENAS