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FOUNDED IN 1863

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INTERNATIONAL REVIEW OF THE RED CROSS

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The French edition of this Review is issued every month under the title of *Revue internationale de la Croix-Rouge.* It is, in principle, identical with the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

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GERMAN

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INTERNATIONAL COMMITTEE OF THE RED CROSS

HELP TO WAR VICTIMS IN NIGERIA [1]

Protection and Information

Material relief action undertaken by the ICRC in Nigeria and in the secessionist state (Biafra) has made it possible to feed almost one and a half million people. The size of the operation has overshadowed the International Committee's activities of protection and information in these regions: visiting prisoners of war, mail routing via the Central Tracing Agency, evacuation of the seriously wounded and of foreigners. Nevertheless, all these are presenting the ICRC with very real problems.

FEDERAL NIGERIA

Prisoners of War and Civilian Detainees.—The main difficulty for the Lagos authorities has been the fact that their country obviously did not initially possess any camps suitable for the accommodation of several hundreds of prisoners of war and civil detainees.

The inevitable result has been overcrowding in civilian prisons. To alleviate this situation until special buildings for prisoners of war and perhaps civilian detainees have been built, the ICRC delegates have obtained permission for prisoners of war to spend at least five hours a day outside their cells and that the latter be aired as much as possible.

[1] *Under this chapter heading, in our January issue, we gave lists of contributions in cash and in kind received from National Societies in 1968. This information did not truly reflect the full efforts exerted by some National Societies. We have, for instance, since been advised of the figures for the Swedish Red Cross which amounted, according to a communication from that Society, to 9,033,578.97 Swedish Crowns, or 7,497,870.— Swiss francs.*

Because of the danger of illness in such overcrowding, and because of the scarcity of doctors (many having been sent to the battle zones), a doctor-delegate from the ICRC has been sent to Lagos to deal exclusively with prisoners of war.

The Nigerian Red Cross has also been asked to make available a male nurse for each of the three largest prisoner of war camps.

The ICRC delegates themselves regularly provide prisoners of war with such items as blankets, cigarettes, clothing, underclothing, soap, newspapers, vitamins, games, etc...

In all these activities, in spite of the inevitable slowness due to the exceptional circumstances, the Nigerian authorities have been co-operative. Certain prison Governors have shown exceptional goodwill towards the ICRC, in the belief that they had a task to carry out *with* the delegates.

The same is not true for civilian detainees, whom the ICRC has not yet been able to visit. It is hoped that the Nigerian Government will be as co-operative in this case as it has been towards prisoners of war.

Red Cross messages.—The ICRC Central Tracing Agency has opened an office in Lagos that has already dealt with over a thousand messages from families to persons who can no longer be contacted through regular mail services, or from secessionist regions (not including the mail for Nigerian prisoners of war in the hands of the enemy).

These messages (25 words, subject to censorship, concerning only family and personal matters) are from various sources and for various destinations—as is the case in all armed conflicts. The senders live abroad or even in Nigeria. Having lost contact with their relatives, they have reason to believe that the persons concerned are living in the disputed areas at that time under the control of the federal military Government. The whereabouts of the addressees are then investigated with the aid of the Nigerian Red Cross, which has someone in each emergency relief centre to trace persons having no address. The difficulties and time spent on some individual cases are not hard to imagine. The Nigerian Red Cross therefore hopes soon to have permission to make regular use of the National Radio wavelengths to broadcast the names of persons for whom messages

have been received. Unless this can be done, much of the tracing will have to be abandoned through lack of information needed to pinpoint the whereabouts of the missing persons.

It also happens that senders living in the secessionist area may be cut off from their families by the course of events. Their messages are sent via the Central Tracing Agency in Geneva. After being handed in at the Agency in Lagos, they are sent via the post (where possible), or, as we mentioned above, through the Nigerian Red Cross. Family messages going in the opposite direction are sent to the Lagos office and reach the addressees in the secessionist areas via Geneva.

The humanitarian importance of such an exchange cannot be exaggerated. It is the last link between people separated for who knows how long a period of time. For someone involved in a long search, patiently putting together the pieces of the jigsaw puzzle, the reward comes from the eyes of a mother who has just learned that her son is alive, and he knows that in spite of all the failures, his few successes are worth the effort.

SECESSIONIST AREAS (BIAFRA)

Red Cross messages.—The Central Tracing Agency also has an office on this side, undertaking the same work as the Lagos office. That is, it helps persons throughout the world who want to know what has happened to their families living in a war-stricken land.

The messages sent by the Agency in Geneva do not therefore come from Nigeria alone but from many countries. It is even more difficult to trace the addressees in this area, where more than half the population is displaced and where so few people live in their own dwelling.

Once again, local Red Cross aid is as effective as it is essential. And once again, the situation will not become satisfactory until the authorities allow their radio to be used in tracing addressees. This is all the more necessary since it is impossible to envisage using motorized vehicles when fuel supplies are only just sufficient to permit distribution of food to the starving.

Prisoners of war.—It will be remembered how difficult it was during the Second World War to feed prisoners of war in those coun-

tries where the citizens themselves did not have enough to eat. The same problem obtains in Biafra, where it is particularly acute.

Thus, the ICRC took upon itself the task of supplying an important part of their diet, namely protein-rich foods. In practice such an operation is far from easy, since it is only practicable when all prisoners of war are concentrated in one or at the most two camps reserved for them alone.

In the area held by the secessionists there is no camp or even a prison adaptable to holding several hundred detainees and the authorities have been obliged to take over schools for use as prisoner of war camps. It is not difficult to envisage the security problems involved and it is to be hoped that they will soon be solved—the prisoners' health depends on it. They are regularly visited by ICRC doctor-delegates who provide them with medicines. But this of course is no substitute for food.

The ICRC delegates have also distributed clothing and blankets, although the weight restrictions imposed by the airlift make it impossible to distribute aid equally to both sides.

The application of the Geneva Conventions in the case of civilian detainees is subject to the same problems here as in Lagos, except that the number of persons involved is considerably less.

Hospitalization of the seriously wounded.—In the first place, the ICRC dealt with the evacuation of foreigners from Biafra. Thus, 700 persons were taken by the ICRC to Fernando Poo and from there were repatriated.

But that was not enough. Last month's edition of the *International Review* gave details of a new International Committee initiative—the hospitalization abroad of those seriously wounded in the war. The Committee has undertaken to evacuate to Europe (with the permission, either tacit or explicit, of the authorities concerned) a number of seriously wounded civilian and military victims of the war, including women and children as well as men, who could not have been operated on on the spot to enable them to become socially useful again.

The ICRC's role in this operation is to select those to be evacuated and a doctor-delegate was sent to do this on the spot. After selection they are sent to Europe where they are taken over by

various National Societies of the Red Cross who eventually repatriate them.

*

Forty-seven seriously wounded Biafrans—men, women and children—left Cotonou on the 18th February bound for Europe aboard one of the DC-7 aircraft which the Swedish Red Cross had made available to the ICRC.[1]

These casualties, who arrived in Cotonou in another of the aircraft assigned to the ICRC airlift, will be treated in hospitals in Denmark (Copenhagen), France (Paris), Italy (Malcesine), Norway (Oslo) and Switzerland (Basle, Zurich, Lausanne and Berne).

The National Red Cross Societies of these countries took care of them, saw to their admission to hospital for treatment and later will attend to their repatriation. The World Veterans' Federation co-operated in this action.

These seriously wounded, who could not be given adequate treatment in Biafra, were accompanied by seven Biafran nurses. They were escorted, to the towns where they were to be admitted to hospital, by Dr. Ulrich Middendorp, ICRC doctor delegate with many missions to his credit.

The ICRC has also taken steps to ensure that the casualties who are former combatants will not, after recovery, be re-enlisted.

*

In all these fields the ICRC is pleased to be able to continue the work of over a century in contributing to relieving the sufferings of war both in the prisoner of war camps and hospitals as well as in those families released from anxiety by the Red Cross messages.

* * *

[1] *Plate.*—A wounded Biafran arriving in Zurich by an ICRC aircraft, for treatment in a European hospital.

As well as distributing emergency supplies, the Red Cross tends the wounded.

Material Relief Operations

The Airlifts

Last month, in its regular account of the large scale ICRC operation to assist the victims of the war in Nigeria, the *International Review* reported that, on 28 January, the Government of the Republic of Dahomey had authorized International Committee aircraft bound for the secessionist territory (Biafra) to take off from Cotonou with relief goods. The first flight on the Cotonou-Uli airlift was by a " Transall " freighter on 2 February.

Mr. August Lindt, ICRC Commissioner General for West Africa went to Biafra to discuss with the authorities the obstacles encountered by the ICRC in forwarding relief and ways and means of ensuring regular flights.

From Cotonou the ICRC aircraft made 40 flights in the first ten nights of operation, conveying to Biafra 435 tons of foodstuffs, much of which was purchased in Dahomey.

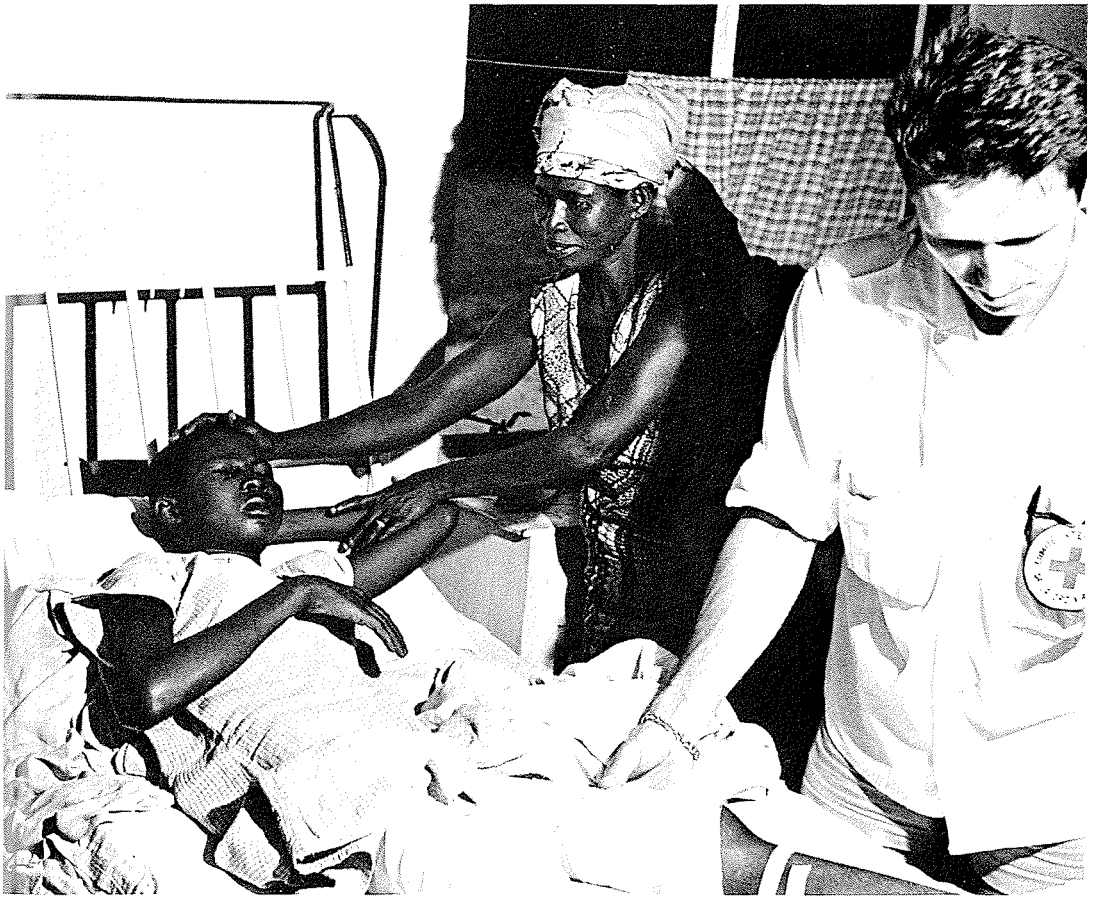
ICRC relief flights between Santa Isabel (Equatorial Guinea), and Biafra were resumed on the night of 12-13 February. They are operating simultaneously with another airlift to Biafra from Cotonou in Dahomey. Flights from Santa Isabel started again as the Equatorial Guinea government had once more authorized the ICRC to use this inter-continental airport, albeit subject to certain limitations.

The aircraft which re-opened the route was a DC-7, made available to the ICRC by the Swedish Red Cross. In two flights it conveyed five tons of rice and fifteen tons of dried fish.

Of the airlifts taking food and medical supplies to Biafra, the one from Santa Isabel is the shorter. The ICRC is therefore pleased to resume this service which it operated from 3 September 1968 to 14 January 1969.

Thanks to the two airlifts, total food and medical supplies landed in Biafra by 17 February was 8,000 tons. At that date the ICRC had six transport planes in service; four based on Cotonou (two DC-6 AB's, one DC-6 B and one Transall, the latter provided

NIGERIA



As well as distributing emergency supplies, the Red Cross tends the wounded.

Photo Max Vaterlaus

A wounded Biafran arriving in Zurich by an ICRC aircraft, for treatment in a European hospital.

Photo Comet, Zurich

by the German Red Cross in the Federal Republic of Germany) and at Santa Isabel two DC-7 C's made available by the Swedish Red Cross.

Two nights later, aircraft on the airlifts operated by the ICRC made ten flights, carrying 102 tons of food, medical supplies and other relief goods.

The greater part of the cargoes consisted of Indian meal as there is a grave shortage of carbohydrate foods in the devastated areas, where, in the most productive, crops will not be ready for harvesting until March-April and elsewhere until April-May.

In addition the aircraft conveyed malted milk, powdered milk, dried fish and four tons of blankets to provide refugees—mostly children—with some protection against the cold during the coming rainy season.

Between the 21st and 22nd February the Red Cross aircraft touched down eleven times in Biafra. They delivered 114 tons of food, medical and other relief supplies, including 64 tons of malted milk and 42 tons of dried fish to alleviate the serious shortage of carbohydrates and proteins facing the population, especially the children.

Sea Transport

One of the first cargoes to supply the Dahomey-Biafra airlift was unloaded on 8 February at Cotonou from a Japanese ship. It delivered to the ICRC 237 tons of foodstuffs comprising donations to the League of Red Cross Societies for Biafra. Five other vessels were then on route to Cotonou with food and medical supplies.

New relief programme

As can be seen, ICRC relief work continues in the secessionist province, where Red Cross aircraft deliver emergency supplies each night. It is also developing in the territory controlled by the federal forces where, by the end of February 1969, the number of persons in receipt of ICRC assistance exceeded the million mark.

During the same period 59,000 people were treated by the ICRC medical teams stationed in various places in Nigeria.

At the end of February there were 1,200 people, including 940 members of the Nigerian Red Cross and 260 delegates of the ICRC and international voluntary organizations, engaged in the ICRC relief operation in territory controlled by the Nigerian Federal Government.

Such an undertaking necessitates considerable funds and last November the ICRC drew up a plan which it submitted to 21 National Societies, 34 governments and four large inter-governmental organizations at a meeting in Geneva.[1] The plan covered the four months to the end of February. The ICRC than convened a further meeting, for 17 February, of 16 National Societies and the League, in order to submit them the new relief programme for the six months from 1 March to 31 August 1969. The meeting was chaired by Mr. Jacques Freymond, ICRC Vice-President and was attended also by Mr. Jean Pictet, ICRC member and Director General, and by Mr. August Lindt, ICRC Commissioner General for West Africa. Two days later the ICRC submitted the programme to voluntary agency representatives and, on 21 February, to the heads of donor countries' diplomatic missions to Geneva.

The plan's objectives are to increase:

a) rations to persons in receipt of ICRC assistance;
b) medical aid;
c) distributions to reach a greater number of people on both sides of the front, without any discrimination.

We might point out, by way of conclusion, that whereas nine million Swiss francs monthly were required for the four month programme, the plan for the coming six months budgets for a monthly expenditure of 14 million Swiss francs. This should permit the quantity of relief goods distributed to be stepped up progressively to victims on both sides of the fighting areas.

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[1] See *International Review*, December 1968.

EXTERNAL ACTIVITIES

Middle East

Assistance to Displaced Persons in Syria.—In December 1968 the International Committee of the Red Cross appealed to several National Societies for relief supplies for some 100,000 persons displaced from the occupied Golan territory now living in camps outside Damascus. Their plight has been aggravated by the rigours of a severe winter. By the end of the month 100 tons of flour, 73 tons of powdered milk, 20 tons of rice, 3 tons of cheese, meat and 5115 blankets had been sent to Damascus. Part of these supplies was conveyed in an aircraft chartered twice by the ICRC.

Distribution is in the hands of the National Red Crescent Society, in co-operation with the Syrian Government.

Families re-united on the Golan Plateau.—The Israeli authorities have agreed to the return of some 700 persons to the Golan Plateau. A number of authorizations were delivered to the ICRC Damascus delegation which, in co-operation with the Syrian Red Crescent, will inform the persons concerned. The family re-union operation will start in the near future.

In addition, the ICRC delegates in Kuneitra and Damascus organize the weekly transport by lorry to Damascus of possessions abandoned at Kuneitra and return them to the families.

Permits to Return West of the Jordan.—In November 1968 the Israeli government authorized the return of 7,000 persons who had been unable to use the permits issued to them at the time of the refugee repatriation operation in August 1967. It also authorized transfer of the permits.

According to the Israeli authorities, 2,000 permits had been re-issued by 15 January 1959.

Visits to Arab detainees in Israel and the Occupied Territories.—During January 1969 the ICRC sent the national governments of detainees and the Detaining Power reports on its second series of visits to prisons in Israel and the occupied territories, which its delegates had carried out in the autumn of 1968.

Laos

In the course of last year the Lao Red Cross, in close co-operation with the ICRC delegate to Vientiane, continued its regular relief distributions to displaced persons who had fled the combat areas to seek refuge in the Mekong basin, mainly in the southern provinces.

On 17 January, Dr. Jürg Baer, Dr. Oudom Souvannavong, President of the Lao Red Cross, and other members of that Society's Committee, went to Paksé to provide relief to newly displaced persons in the provinces of Sedone, Attopeu, Saravane and Khong.

The supplies they distributed consisted mainly of mosquito netting, blankets, straw mats, clothing, condensed milk, medicaments, multivitamins, two emergency surgical kits for hospitals, etc.

Vietnam

Visits to detention centres.—ICRC delegates in the Vietnam Republic continued visiting civilian detainees arrested for reasons connected with hostilities.

Mr. Jean Ott, head of the delegation, Mr. Philippe Tardent, delegate, Dr. Alain Pellet, doctor-delegate and an interpreter from the Vietnam Red Cross also visited the re-education centres at My-Tho, Vinh-Long and Can-Tho in the Mekong delta, and the Con-Son penitentiary on the island of that name.

A report on each place visited was sent to the authorities of the Vietnam Republic.

Prisoners of War.—On 16 January 1969 the ICRC delegates went to the POW camp on Phu-Quoc island, where Dr. Pellet examined some sixty seriously wounded and sick who might be released in view of their condition.

Mr. Ott attended the Can-Tho court-martial of several prisoners of war charged with offences during captivity. He also talked with the Attorney-General, the counsel for the defence and the accused.

At the end of the year, the ICRC was asked to attend the release of 140 prisoners of war. These prisoners' names were communicated to the Central Tracing Agency, Geneva.

Poland

Dr. Jacques F. de Rougemont, member of the ICRC, Mr. Jean-Pierre Maunoir, Assistant Director and Miss Lix Simonius, delegate, were in Poland from the 5th to the 16th January. They examined a further 64 Polish nationals who had applied for an allocation under the Federal Republic of Germany's scheme of indemnification to victims of pseudo-medical experiments in concentration camps during the National Socialist reign.

The examinations were carried out in Warsaw and Krakow hospitals, and were attended by a judge from the Ministry of Justice Central Commission on War Crimes in Poland, the three doctors on the Polish Red Cross Medical Commission, and the head of that National Society's Tracing Service.

The next meeting of the Neutral Commission to decide on indemnity awards will take place at the beginning of May.

Mr. Maunoir and Miss Simonius then went on 17 January to Prague where they had talks with the Czechoslovak Red Cross and the organization concerned for the welfare of former deportees, which compiles case histories of victims of pseudo-medical experiments now resident in Czechoslovakia.

IN GENEVA

Meeting of Experts at ICRC headquarters

Apart from the practical work it carries on in many regions of the world for the benefit of victims of war and internal disturbances, the International Committee of the Red Cross unremittingly pursues its mission of diminishing as much as possible the evils engendered by hostilities of all kinds. The United Nations, as is well known, has displayed its concern for this problem in a resolution adopted unanimously by its General Assembly in December 1968.[1]

In order to prepare important proposals on this subject for submission to the next International Conference of the Red Cross in Istanbul in September 1969, the ICRC, as usual, deemed it expedient to consult a number of highly qualified persons, reputed for their knowledge of law, international relations and military problems. These experts, from various countries, were invited in their personal capacities to a private meeting at ICRC headquarters from the 24th to the 28th February. They examined ways and means of reaffirming and reinforcing the principles of international humanitarian law on limitations to the conduct of hostilities, the prohibition on the use of certain weapons and the protection of human beings in the event of armed conflict of international or internal character.

The meeting was attended by General A. Beaufre (Paris), Dr. M. Belaouane (Algiers), Mr. A. Buchan (London), General E. L. M. Burns (Ottawa), Prof. B. Graefrath (Berlin-DDR), Ambassador E. Hambro (Oslo-New York), Prof. R. Hingorani (Patna), Judge Keba M'baye (Dakar), Ambassador L. E. Makonnen (Addis Ababa-New York), General A. E. Martola (Helsinki-Nicosia), Senator Prof. A. Matine-Daftary (Teheran), Mr. Sean MacBride (Dublin-Geneva), Prof. Seha L. Meray (Ankara), Prof. J. Patrnogic (Belgrade), Prof. B. Roeling (Groningen), Mr. M. Schreiber, Director of the United Nations Human Rights Division, Prof. R. Taoka (Kyoto) Baron C.F. von Weizsaecker (Hamburg). In addition, the ICRC will individually consult other eminent persons, particularly in Europe, Africa and Latin America, who were unable to attend the meeting.

[1] See *International Review*, January 1969.

After the death of two ICRC Delegates

It will be recalled that on 30 September 1969, two delegates of the International Committee, Dr. Dragan Herčog, a member of the Yugoslav surgical team, and Robert Carlsson, member of a Swedish relief team, were killed during the fighting that was then raging around Okigwi, some miles north of Umuahia. At the same time and place, two persons working for the World Council of Churches were also killed and another member of the Swedish team wounded. Last November, the *International Review* published the circumstance of this drama which profoundly disturbed the Red Cross everywhere. It also mentioned that ICRC Commissioner-General, Mr. August Lindt, had protested strongly to the federal military government at Lagos. He demanded an enquiry and the punishment of those responsible. He further demanded the tightening up of orders to Nigerian front-line troops to ensure the safety of Red Cross personnel. On 1 February 1969, the following reply was sent to Mr. Lindt by the federal military government:

The Ministry of External Affairs presents its compliments to the Commissioner-General of the International Committee of the Red Cross in West Africa and has the honour to refer to the Commissioner-General's Note dated 3rd October, 1968, regarding the incident at Okigwi on 30th September, 1968. The Ministry quotes hereunder, for the Commissioner-General's information, the text of the Note addressed to the diplomatic missions of Britain, Sweden and Yugoslavia whose citizens were victims of the incident:

> The Federal Military Government has noted the reports of the Observers in which a Swedish citizen and a Yugoslav citizen, both employed by the ICRC, as well as Mr. & Mrs. A. F. C. Savory, British citizens who had taken shelter in the ICRC station, are alleged to have met their death at the hands of

Federal troops. Subsequent investigations have, however, failed to identify the culprits and the Federal Military Government can only regrettably conclude that the incident occurred at the instance of the first wave of front-line soldiers who very likely lost their lives in the battle for Okigwi.

The Ministry of External Affairs expressed the regrets of the Federal Military Government as soon as reports of this incident were received. The Ministry now wishes to place on record the Federal Military Government's sincere regrets together with its assurances that steps have since been taken to avoid any recurrence. The Federal Military Government would be grateful for details of the family circumstances of the deceased persons so as to be able to express its condolences to their next-of-kin.

The Ministry of External Affairs expresses its apologies for the delay in conveying a reply to the diplomatic mission's Note but trusts that the mission appreciates that the incident was of such gravity that very careful and detailed investigations had to be carried out by the competent authorities in order to ensure that there was no miscarriage of justice.

The Ministry of External Affairs avails itself of this opportunity to renew to the Commissioner-General of the International Committee of the Red Cross in West Africa the assurances of its highest consideration.

Lagos, 1st February, 1969.

International Committee Delegates

Many are the delegates working in the field under the Red Cross flag in various parts of the world. Below is the list as at the end of February 1969. There are also many other voluntary workers dedicated to the Red Cross ideal. In Nigeria, for instance, in addition to the ICRC delegates, there are 268 of them; in the secessionist province (Biafra) 88; in Equatorial Guinea 11 and in Dahomey 26—all working side by side with many African colleagues.

Nigeria	Hans Egli, head of delegation, Jean-Pierre Hocké, Yves Sandoz, Roland Dami.
Biafra	Karl Jaggi, head of delegation, Reto Zehnder, Yves Cloetta.
United Arab Republic	Marcel Boisard.
Jordan	Ernest Koch.
Syria and Lebanon	Paul Reynard.
Israel and occupied territories	Michel Martin, head of delegation, Stéphane Svikovsky, Pierre Rauber, Michel Convers, Pierre Gachoud, Hubert de Senarclens, Olivier Jeangros, Walter Wenger, Pierre Monod, Yves Chappuis.
Arabian Peninsula	André Rochat, delegate general for the Arabian Peninsula, Jean-Paul Hermann, Fred Isler, Leonard Isler-Vetter, André Robert-Tissot.
Cambodia	André Durand, delegate general for Asia.
Laos	Jürg Baer.

Vietnam	Jean Ott, head of delegation, Georges Ott, Philippe Tardent.
Africa	Georg Hoffmann, delegate general for Africa, André Tschiffeli.

In a number of countries, the ICRC may also rely on steadfast co-operation from the following correspondents:

Cameroon	Marcel Weber.
Ivory Coast	Eugène Wimmer
Ghana	Alfred Lang.
Liberia	Rudolf Scheurer.
Nigeria	Bernhard Zollinger.
Rhodesia	Geoffrey C. Senn.
Sierra Leone	Joseph Rickli.
Hong-Kong	Hans Hefti.
Japan	Harry C. Angst.
Philippines	Paul Calderara.
Singapore	Harry Heyll.
Thailand	Walter Scherrer.
Brazil	Eric Haegler.
Colombia	Walter Röthlisberger.
Italy	Leo Biaggi de Blasys.

TEACHING RED CROSS IN AFRICAN SCHOOLS

In the autumn of 1967, a vast publicity campaign was launched on the African continent to popularize the sign of the Red Cross by means of a book entitled: *The Red Cross and My Country.*

Why this campaign? The mission and activities of the Red Cross are worldwide; at any given moment, the news reporter can focus his camera on a point on the globe where Red Cross presence and action appear to be necessary. The mission of the International Committee is to safeguard the principles of the Red Cross and to work for the advancement of international humanitarian law. The Geneva Conventions, of which it was the creator, epitomize the very ideals of the Red Cross and help spread the spirit of mutual assistance and peace among peoples.

Today, almost every State in the world is bound by this fundamental charter of all humanity. However, for many of them the dissemination of these humanitarian principles had given rise to serious practical problems. For this reason, the ICRC, on the basis of resolution IV, adopted in 1963 at the Centenary Congress, decided to carry out a special operation on the African continent.

It was decided that the best means of teaching the Red Cross and the Geneva Conventions would be through schools. School teaching is widespread in the rural African areas and has proved itself to be one of the most stable and effective means of disseminating information. Consequently, the ICRC prepared and printed a handbook specially for primary education, so as to reach not only the city dwellers but also the rural population, which is affected by mutual assistance and relief projects to a much greater extent.

The large number of children and the extraordinary means of communication that schools represent, militated in favour of a school handbook. In fact, schools offer the sole means of surmounting the language barrier as there are 800 dialects spoken on the African continent. The teacher himself could, where necessary, even explain the handbook in the vernacular. It is 126 pages long,

including a large number of illustrations, and exists in both English and French. It covers many aspects of everyday life in such a way as to make the child feel directly involved in what he is reading—wars or natural disasters—so that he becomes familiar with the sign and the principles of the Red Cross and himself tries to help, in the knowledge that he can likewise be helped in time of peace as well as war. The importance of the Geneva Conventions is duly emphasized.

In 1966, as mentioned in the *International Review* [1], the ICRC sent a delegate, Mr. L. Marti, to eleven West African countries. As a result of this mission, nine governments expressed their willingness to have the Red Cross handbook taught in their primary schools. The project was soon planned out and the first phase of the operation began: 127,000 handbooks, in English and French, were distributed free of charge to primary schools in the Ivory Coast, Mali, Dahomey, Togo, Sierra Leone, Ghana, the Gambia, Liberia and Upper Volta.[2]

Some time later, the International Committee sent a delegate, Mr. J.-M. Laverrière, on mission to Africa to obtain on-the-spot information about the results of the operation and to encourage other governments and National Societies to take part. The mission, which lasted from October to December 1968, resulted in five Ministers of Education or their representatives assenting immediately to take part. They were: Tanzania, Uganda, Niger, Central African Republic and the Republic of the Congo. Five other governments have yet to confirm their decision. To meet these new conditions, a second revised edition is being prepared and will probably be available in Africa by next October.

Mr. Laverrière was at the same time able to visit several National Societies of the Red Cross and observe their excellent work—varying greatly from country to country—in helping their neighbours in distress.

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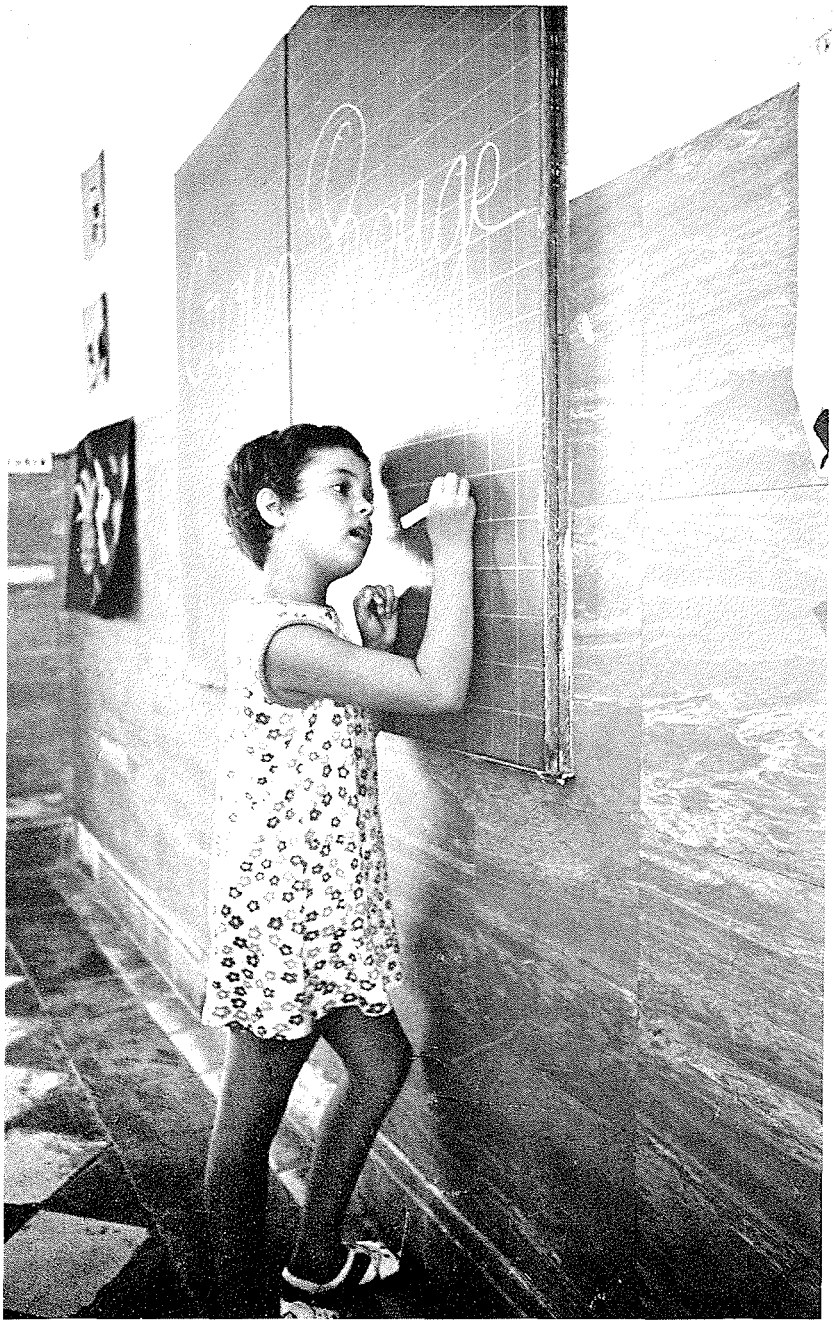
[1] See August and October 1966.

[2] *Plate.*—The handbook *The Red Cross and My Country* is in use in schools in Mali, in Togo, in Ghana.

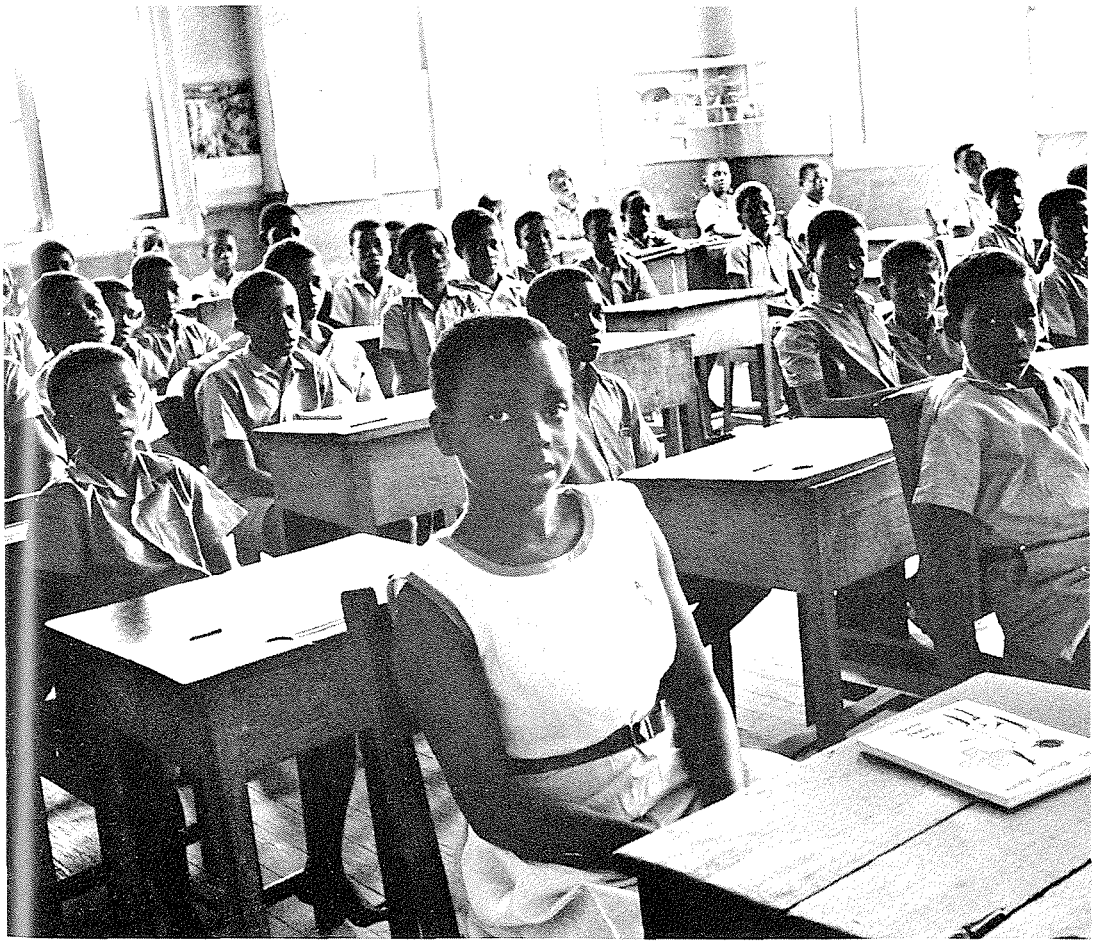
A little girl in Freetown, Sierra Leone, is interested in the handbook.

The handbook "The Red Cross and My Country" is in use in schools...

... in Mali



... in Togo



... in Ghana

A little girl in Freetown, Sierra-Leone, is interested in the handbook.

Of course, such a vast publicity campaign involves heavy expenditure. Since it is impossible to send fresh copies every year, thus enabling each pupil to take home his own handbook, for reasons of economy, the ICRC recommends that the books should remain the property of the school. In this way, teaching the Red Cross and the Geneva Conventions can be spread over a number of years.

It is to be hoped that hundreds of thousands of African schoolchildren will become familiar with the basic humanitarian principles, without which any fostering of the spirit of mutual assistance and peace among men would be futile. The result of the experiment is, therefore, positive, and plans are already on the drawing board for a similar initiative in the countries of Asia.

RED CRESCENT HELP TO PILGRIMS

The *International Review*, in May 1967, published an article under this heading describing how Red Crescent Societies help the ever increasing number of pilgrims to Mecca. It is interesting to note that the League Secretary-General, Mr. H. Beer, on his return from Saudi Arabia, reported on this National Society activity.

As more than 1,500,000 pilgrims congregate in Mecca this month, the Saudi Arabian Red Crescent is on the alert assisting the Government with health and first-aid work among the faithful massed in a huge tent city. National Red Crescent/Red Cross Societies in countries of origin and along the annual pilgrimage route also contribute to the health education and well-being of the millions who flock to Saudi Arabia by every conceivable means of transport — even on foot. In the Mecca region, Saudi Arabian Red Crescent first-aid posts and mobile units are in action all along the roads leading to the holy places.

Belgium

Hospital Libraries

National Societies' interest in working out and implementing in their own countries programmes intended to improve not only the physical but also the moral condition of hospital patients is well known.

The International Review *has several times mentioned the initiative taken by the Red Cross in this field, such as the organizing of distractions of an artistic nature in hospitals, therapy through distraction in institutions for the mentally sick, the introduction, particularly in convalescent establishments, of handicrafts. Hospital libraries services are also an important part of these efforts and we think readers will be interested in the following article in which the Countess I. G. Du Monceau de Bergendal explains how books are selected by the Belgian Red Cross libraries for hospitals.*[1]

This Society's work in this field has been increasing. In 1967 it set up 13 new libraries, bringing the total of libraries with which it is concerned to 109. The following figures for the same period are also of interest: in one year, more than 5,000 new books were chosen and catalogued; nearly 22,000 were lent out in 86 institutions; 595 critical review cards were issued by the Reading Committees; more than 4,000 books and albums were bound. The libraries were active in civilian and military hospitals, homes for the aged, for the mentally sick, and in sanatoria.

The " Comité National des Bibliothèques d'Hôpitaux " (C.N.B.H.) set up by the Belgian Red Cross in 1937, has a permanent central executive staff of qualified librarians, assisted by 500 voluntary workers. The latter, aged from 18 to 60 years, distribute books at least once a week in 114 civilian and military hospitals, maternity wards, institutions for the mentally sick and homes for the elderly.

[1] From the official publication of the Belgian Red Cross: *Mieux-Vivre*, Brussels 1968, No. 4.

Although the women distributing the books are of exemplary good will, they cannot always have read everything they distribute. We considered we should give them the chance of acquiring a general idea of the contents of all the books they distribute and that they should be enabled to keep abreast of the various categories of latest issues.

We also wanted those running the distribution services to be able to give knowledgeable advice, that is to say suitable to the intellectual standard of the borrowers. We do not try to educate the sick whilst they are in hospital, but neither do we wish to discourage them by offering them books which are too great a strain on the intellect. We prefer to arouse their interest for reading whatever their standard may be and thus divert them from their own personal problems.

During book distributions we realised that not all books are suitable to all patients. Some books are suitable to none of them and we have been required systematically to eliminate those which are critical of hospitals, describe sicknesses in detail, or undermine the confidence which a patient must have in his doctor.

Two categories of patient require special choices: tuberculosis cases and the mentally sick.

In sanatoria we avoid books which mention death by tuberculosis and also novels which are too sensuous for patients whose illness makes them abnormally sensitive in this respect.

In institutions for the mentally sick, we avoid books which cause worry or abnormal excitement, that is to say dealing with excessive mysticism, suicide, sexual perversion, introspection, none of which can have a good influence when psychic equilibrium is disturbed.

In the most usual case, when no censorship is called for, we desire to be able to draw the attention of the circulating library staff to demoralising books so that they may forewarn the reader.

As can be seen, it was for essentially practical reasons that we thought we must set up book selection committees

We know of course that in some countries it is held that the patient like any other citizen is entitled to read what he wants and make his own judgment with full knowledge of the issue and free of censorship. We know also that the patient may have books

brought to them by relatives, but we do not wish to take the responsibility of giving out books which might depress a patient whose attention is already centred about his own problems due to his illness itself.

We even go further in that we never distribute under the sign of the Red Cross reference books, medical dictionaries or technical works on illnesses. All these books soon go out of date and are always liable to conflict with the viewpoint of the doctor in charge of a case. In addition, we all know from experience that reading a medical dictionary can add imaginary to the genuine symptoms.

Following the Edinburgh meeting of the International Federation of Librarians' Associations we discussed in Belgium whether it was or was not useful to give patients technical works of real value to teach them to live with their illness. We came to the conclusion that this type of book should not be distributed through our services, but by the doctor if he deemed it expedient.

To carry out this study of books with an eye to patient welfare, we have therefore set up French and Flemish Reading Committees and we have little by little adopted standards which facilitate and co-ordinate the work of the Readers' Committees.

These Committees, which meet on the average once a month, consist of a score of readers. They are chosen for their interests and special knowledge in literature from among the distributors having several years service in hospitals, which gives them an insight into the psychology of the patient. We also prefer that they continue distributing in hospitals in order to maintain contact with borrowers.

Each member of the Committee reads at home several books chosen at meetings and appropriate to her personal taste and qualifications. Each book is read by two members.

The members each complete a standard form which they read aloud, point by point, to the following meeting of the Committee. The two points of view are compared heading by heading and should coincide. If the two members do not agree a third acts as referee and decides the issue during fresh discussion at a further meeting. The Reading Committee members sign and date these forms.

The two initial forms are merged in a single index-card. These index-cards are then used to form a reference catalogue at the

central library which is consulted for the compiling of new library collections and for bringing existing libraries up to date.

At the end of each year the Central Library technicians draw up a list, with comments, of books recommended by the French and Flemish Reading Committees. This list is then sent to the various libraries.

The French Committee of the C.N.B.H. also co-operates in the work of the library service of the Ministry of National Education which each year entrusts it with the criticism of a number of books. These appraisals are then included in the Ministry Library Index for use in the country's public libraries.

The Reading Committees started in 1945. After 23 years, we have 20,000 books on our index.

Of all books appraised, 2 % were considered completely unsuited, 7 % were approved, subject to reservations for general medical reasons, 5 % were deemed unsuited for sanatoria, and 9 % were eliminated from the choice available to mental patients.

THE UNITED NATIONS AND THE GENEVA PROTOCOL

It is well known that the Protocol signed in Geneva on 17 June 1925 forbids the use in war of asphyxiating, poisonous or other gases and of bacteriological methods of warfare. The text was given in the February 1967 issue of *International Review*. The same issue underlined the fact that the United Nations General Assembly on December 5, 1966, adopted a resolution inviting all States to conform strictly to the principles and objectives of the Protocol, condemned any act contrary to those objectives and also invited all States to accede to the Protocol.

In its plenary session on December 20, 1968, the United Nations General Assembly adopted a further resolution re-stating the Protocol principles and asking all States to observe them. The text of this important resolution is given below:

The General Assembly,

Reaffirming *the recommendations of its resolution 2162 B (XXI) calling for strict observance by all States of the principles and objectives of the Protocol for the Prohibition of the Use in War of Asphyxiating, Poisonous or other Gases, and of Bacteriological Methods of Warfare signed at Geneva on 17 June 1925, condemning all actions contrary to those objectives and inviting all States to accede to that Protocol,*

Considering *that the possibility of the use of chemical and bacteriological weapons constitutes a serious threat to mankind,*

Believing *that the people of the world should be made aware of the consequences of the use of chemical and bacteriological weapons,*

Having considered *the report of the Eighteen-Nation Disarmament Committee which recommended that the Secretary-General appoint a group of experts to study the effects of the possible use of such weapons,*

Noting *the interest in a report on various aspects of the problem of chemical, bacteriological and other biological weapons which has been expressed by many Governments and the welcome given to the recommendation of the Eighteen-Nation Disarmament Committee by the Secretary-General in his Annual Report for 1967-68,*

Believing *that such a study would provide a valuable contribution to the consideration in the Eighteen-Nation Disarmament Committee of the problems connected with chemical and bacteriological weapons,*

Recalling *the value of the report of the Secretary-General on the effects of the possible use of nuclear weapons.*

1. Requests *the Secretary-General to prepare a concise report in accordance with the proposal in part II of his Introduction to the Annual Report for 1967-68 and in accordance with the recommendation of the Eighteen-Nation Disarmament Committee contained in paragraph 26 of its report (document A/7189);*

2. Recommends *that the report be based on accessible material and prepared with the assistance of qualified consultant experts appointed by the Secretary-General;*

3. Calls upon *Governments, national and international scientific institutions and organizations to co-operate with the Secretary-General in the preparation of the report;*

4. Requests *that the report be transmitted to the Eighteen-Nation Disarmament Committee, the Security Council and the General Assembly at an early date, if possible by 1 July 1969, and to the Governments of Member States in time to permit its consideration at the twenty-fourth session of the General Assembly;*

5. Recommends *that Governments give the report wide distribution in their respective languages, through various media of communication, so as to acquaint public opinion with its contents;*

6. Reiterates *its call for strict observance by all States of the principles and objectives of the Geneva Protocol of 17 June 1925 and invites all States to accede to that Protocol.*

WORLD HEALTH [1]

While health problems and developments from place to place naturally vary, they have certain common features forming the background against which WHO's work in the past ten years must be viewed.

Population. General and infant mortality has been decreasing, while the expectation of life at birth has been increasing. There is less preventable loss of life, in particular from infective and parasitic diseases. In the so-called developed countries this has been balanced by a reduction in births, resulting in moderate population growth. In developing countries, however, population increases have created serious social and health problems.

Diseases. Preventable diseases, especially such communicable diseases as malaria, yaws, and poliomyelitis, are decreasing. However, there has been a recrudescence of some communicable diseases (for example, syphilis), while cholera is spreading to more countries in a new form. Diseases such as virus hepatitis and haemorrhagic fever are sources of concern.

The diseases of aging, especially cancer and cardiovascular diseases, are more difficult to cope with and are becoming major problems in an increasing number of countries. Mental illness, drug dependence, and adverse reactions to drugs are on the increase.

Environment. Urbanization, industrialization, tourism, and migration all create problems of water supply, waste disposal, pollution, and a higher risk of accidents. Land reclamation and irrigation schemes give rise to special hazards. Many countries are faced with these problems, but it is the developing countries that have most difficulty in finding solutions.

Material resources. The material resources devoted to health are increasing, but still fall short of the needs, particularly in the newly independent and developing countries. The cost of health

[1] *WHO Chronicle*—World Health Organization, Geneva, 1968, No. 7.

care is heavy and continues to rise. Countries are reviewing their needs and evaluating their services more systematically in order to achieve more efficient results. Others have to make very difficult choices between the ideal, what is wanted by a few, and a more realistic system to serve the many. In other cases, health development plans are integrated with plans for economic development as the best means of marshalling limited material resources to the best advantage.

Trained manpower. The importance of increasing the pool of trained manpower—not only physicians, nurses, sanitary engineers, and health educators, but also those in some of the newer professions, such as physical and occupational therapy—has become more widely recognized. New schools for basic professional training are rapidly being created, while postgraduate education is developing. The role of auxiliaries is gradually gaining recognition in both developed and developing countries. The needs in medical manpower, however, outpace the supply. In many countries there is no reservoir of persons with sufficient general education to enable them to go on to higher education in the health professions. Medical schools cannot be established or developed because of the scarcity of teaching staff. There is too often a tendency to continue traditional methods of education and service that are ill-adapted to local needs and conditions. Some countries are losing their trained manpower to others offering better opportunities for work or research.

New knowledge. Unprecedented amounts of money are being devoted to the acquisition of new knowledge by governments and institutions, and by industry. New insecticides and new vaccines are changing the prevalence of disease, while new chemotherapeutic agents and antibiotics are changing its course. A beginning has been made with the production of inexpensive protein-rich foods.

Research is, however, becoming more difficult and expensive. In most disease conditions now emerging as major problems, it is recognized that there is multifactorial causation, which is not so easy to elucidate as simple cause-and-effect mechanisms. The systematic testing of drugs, vaccines, and insecticides has often to

be carried out in those developing countries where a disease is particularly prevalent, but where the means for research are lacking. These countries also need more operational and educational research than the developed countries.

REHABILITATION OF THE MENTALLY RETARDED

The quarterly publication of the International Society for Rehabilitation of the Disabled [1] *contains an article of which we give the following extracts by way of information. The subject is both topical and of genuine human interest. The authors, Rosemary and Gunnar Dybwad, describe the progress achieved and the problems still to be solved on the international level to extend rehabilitation to the mentally retarded.*

Following World War II, rehabilitation agencies began to extend their services increasingly to a new client—the person recovering from mental illness. More recently, the field of rehabilitation is opening its doors to yet another group, the mentally retarded.[2]

Who are the mentally retarded? The answer to that question, quantitatively as well as qualitatively, will vary from country to country. The reason lies in the complex nature of this problem. To the extent that mental retardation is due to such biological causes as chromosomal errors, metabolic disorders, infections, etc., no major variations have been noted between countries. Quite the opposite, however, is the case when it comes to mental retardation as a consequence of specific socio-economic and cultural deprivation. Further, it is generally assumed that with increasing industrialization and the break-up of the extended family system, persons of limited intelligence will be less able to adjust to the complexities of life. There remain considerable differences between countries as to the point at which such persons are labeled mentally retarded.

[1] *International Rehabilitation Review*, New York, Vol. XIX, No. 2, 1968.

[2] Since WHO has discontinued use of the term mental subnormality in favor of the term mental retardation, this article does likewise.

There is as yet no general consensus on terminology, but it is hoped that there will be increasing acceptance of WHO's four level classification (WHO, 1968), mild, moderate, severe and profound mental retardation (replacing the traditional three level classification of moron, imbecile and idiot).

As a result, there is no international agreement on an overall figure of the incidence of mental retardation. Estimates of the total number of mentally retarded individuals in the general population vary from one per cent to three per cent and above. More specifically, recent studies in a variety of industrialized countries have indicated that about one to two persons per 1,000 population are so retarded as to require some type of 24 hour care away from home, and that between three and five persons per 1,000 manifest such a serious intellectual deficit as to score on a general intelligence test an I.Q. of less than 50.

For a long time the field of rehabilitation avoided the mentally retarded, since it was felt that their lack of intelligence made these persons unsuitable subjects for training and subsequent employment. When vocational training centers and sheltered workshops were first developed for the mentally retarded in many countries, admission was limited to those considered mildly retarded, i.e., those with intelligence quotients between 50 and 70/75. This was the group considered " educable " in special education classes, and thus educability was equated with suitability for vocational training and placement.

However, gradually there developed growing recognition that the degree of intellectual defect by itself was not a sufficient indicator of the rehabilitation potential. For a proper assessment it had to be coupled with the mentally retarded person's capacity for social adaptation, i.e. his social performance in day to day living normally expected from a person of a particular age by the community or culture of which he is part.

Thus, a tremendous change developed on the basis of research and demonstrations in various countries, but nowhere better and more fully documented than in England and the Netherlands, which proved that moderately and severely retarded individuals could perform useful work and could do so not just in the artificial environment of the laboratory but in a realistic job situation.

Subsequent demonstrations showed that these individuals could be taught other elements of adult living, such as using public transportation, going unaccompanied to and from work, eating in a public dining hall, etc. Today, one can observe in selected workshops in various countries experimental work demonstrating that even some profoundly retarded adults can, on a selective basis, perform work on a regular schedule in the sheltered workshop. This is indicative of a broad move upward—some of those formerly considered capable of adjustment only in a sheltered workshop are now being placed out in freer forms of sheltered employment (e.g. special units in a normal factory) from which they may eventually progress into free employment.

Many countries, such as France, Switzerland and Australia, are providing pre-vocational programs for adolescent mentally retarded youth. Some countries, Uruguay for instance, have developed vocational training centers under the public school program where the teaching program is geared to actual industrial production. Other countries feel that the responsibility of the public schools rests with pre-vocational instruction only.

A wide variety of programs can be observed between these two viewpoints. In Yugoslavia, for example, after completion of the eighth grade, the entire class of one boarding school for the mentally retarded is routinely transferred to a large factory in the vicinity. There the young people, both boys and girls, are assigned on an individual basis to appropriate work stations in a two-year training program. Although they continue to live at the school and are considered pupils, they are admitted to the youth activities which are part of the factory's program.

In the United States, " work-study " programs provide for half-day attendance at classes and half-day placement in a job in industry or commerce, selected and supervised by the school.

A major problem has been to make pre-vocational training in the school a realistic preparation for the world of work. A promising arrangement was recently noted in a Polish city where, after leaving the special school, retarded pupils were to be placed in a factory of the Invalids' Cooperative. The teacher spent time in the factory to learn about job requirements, while a factory supervisor made

frequent visits to the school to observe and make recommendations for adjustments in the curriculum. Collaboration of this type will result in more functional schooling for the retarded.

While most countries initially organized sheltered workshops and vocational training centers limited to mentally retarded individuals, there is an increasing trend toward larger, better equipped centers serving both physically and mentally handicapped men and women. However, the actual number of retarded younger and older women in these centers is small, due to resistance on the part of families.

In the United States, government agencies have opened a large number of simple jobs for the employment of mentally retarded adults and more than 6,000 are now so employed by the Federal Government alone. A good indication of the change in attitudes toward the mentally retarded adult is the fact that in an ever increasing number of countries, most recently e.g., Spain, the ministry or department concerned with labor and employment is taking steps toward including the mentally retarded in its program, whereas formerly it was felt that this was a job for welfare or mental health authorities. Thus, parallel with the hard-fought-for right to education, the mentally retarded adults are about to be granted the right to employment. Obviously, this will involve a number of legal adjustments in statutory provisions which regulate labor.

With the increasing number of mentally retarded capable of leading a life of semi-dependence in the community, away from their family, in quite a few countries attention has been focused on the development of hostels, small group homes where mentally retarded adults can live with a relative degree of freedom. The Netherlands is probably the country which has moved the farthest in this, but hostels exist in other countries as well, and an even larger number of countries is planning towards this.

One might say that increasingly the old stereotype of the mentally retarded as an *eternal child* is waning, and instead the mentally retarded adult is coming to be accepted, with his problems as much as with his potential contribution.

MODERN HOSPITAL PROBLEMS

A special issue of the World Medical Journal [1] *contains contributions from a number of countries on problems of the modern hospital. We quote extracts therefrom in which our readers will doubtless be interested.*

None of the contributors reveal any complacency about the state of the hospital today, and many other authors around the world have recently published on similar themes. In the U.S.A. *World Medical News* has begun a series of articles on " The hospital in a changing world " and in the first of these it points out that within only twenty post-war years in the United States admissions to hospital rose by 65 % though bed numbers rose by only 21 %. On the other hand, the number of employees in hospitals rose by 131%, a figure brought home to us by the picture on page 59 showing the number of people needed to care for a hospital patient in 1967 in a leading U.S. institution.

An article in *Lancet* [2] compared the cost of medical care in three countries—Sweden, the U.K. and the U.S.A.—in which about the same proportion of the gross national product (circa 5%) is spent on this commodity, a high percentage of this going to hospital care. In an analysis of this document, one of its authors, Smedby,[3] points out that the chief problem of knowing whether we are getting value for money by our present use of hospitals and other methods of medical care is lack of basic information. Would we do better to strive to cut down hospitalization in favour of care in the home, for example? Would it be better if all doctors giving medical care were concentrated in hospitals and their polyclinics instead of being scattered around? Should we be spending more on prevention, or will this simply mean an increase in total costs? These are questions hard to answer. All we know is that medical care seems to cost more and not less when a population becomes healthier, as it has done in recent decades in all the three countries surveyed.

[1] Paris, 1968, No. 3.

[2] *Lancet*, 1967, I.

[3] *Läkartidningen*, 21 Feb., 1968.

There are two tendencies in the hospital world; one is a tendency to take on more and more of the total health care, as has been manifest in the United Kingdom, for example, where general practioners by and large do not cover as wide a range of functions as they did, or in the U.S.A., where urban hospitals tend to get involved with outside care and with social agencies. The other and reverse situation is that in which efforts are made to stop hospitals wasting their time on attending to cases which do not need their resources. Outpatient departments and casualty departments tend to be thronged with clients who could have well been attended to by their family doctor, as a British study showed last year. In Britain it is common practice for patients to drop into the hospital outpatient department for casual care instead of enduring the often long wait in the doctor's office, thus transferring the load from one place, to another. The experience related in an Ohio hospital that only 20% of " emergencies " are really emergencies could be duplicated in many places in the industrialized world.

That the hospital world is changing is also emphasized by Burkens in the Netherlands journal *Medisch Contact* [1]. Formerly, says he, the hospital was a place of work for certain doctors and also a medical hotel, but this concept is obsolete. The hospital has developed into a centre for medical care of all sorts including preventive activities. It has also assumed a growing role in education (formerly confined to only a few hospitals) and in reserach. It is now the centre for medical teamwork, an essential in modern treatment. The patient no longer has one doctor to care for him during his hospital stay; *de facto* he has a team, and the responsibility is really no longer that of his admitting doctor but of the whole hospital.

Can the share of the hospital in modern medical care be cut down ? One method of doing this was reviewed in *Concours Médical* [2] by Charbonneau, who described the efforts in Paris to arrange " hospitalisation à domicile "—hospital care at home. A system of early discharge and continued supervision by the hospital has been developed by the Public Assistance authority in this area. Thus this

[1] *Medish Contact*, 15 Dec.'67.

[2] *Concours médical*, 17 June 1967.

type of care is a true continuation of hospital care with eventual discharge to the total care of the family doctor, although in practice during the period of home hospitalization he is in charge under guidance from the hospital, an excellent way of improving liaison between hospital and family doctors. The head of the hospital department decides which patients may go home, with the consent of the family doctor and the family. A social worker is the key to the situation, for she has to decide whether the home conditions are suitable . . .

. . . One thing is certain—most hospitals in the world have some features of obsolescence about them, and changing a building costs an inordinate amount of money and is often unsatisfactory. Maybe what we need for the hospital of the future is a temporary structure designed to last only a few years or constructed out of units which can be moved around to serve different purposes. It will not look so nice but it may solve such problems as finding room for an intensive care unit or a burns unit–or even a heart transplantation unit.

BOOKS AND REVIEWS

HENRI COURSIER: " RED CROSS AND PEACE " [1]

The author, who was for many years a legal adviser to the ICRC, has collected a series of texts which, by their very diversity, illustrate the complexity of a subject to which the Red Cross today attaches considerable importance. Whilst it was founded a century ago to protect the victims of war, it subsequently became oriented increasingly towards work for peace. Mr. Coursier's aim was to give an account of this new perspective of its organization and work. After describing the origins of the Red Cross, its international structure, its relief operations in time of war and the significance of the Geneva Conventions, he discusses in turn the ICRC and the League and their respective missions. Outlining the International Committee's contribution to the maintainance of peace, he recounts in a detailed manner the Cuba crisis of autumn 1962 and the appeal to the ICRC by the UN Secretary-General at that time when the outbreak of nuclear war was feared. It is clearly in keeping with the spirit of the many peace promoting statements of the International Conferences of the Red Cross that reliance was placed on Geneva to co-operate in the peaceful settlement of this crisis.

Mr. Coursier also emphasizes that the traditional ICRC action in the event of war is in itself a contributory factor to the restoration of peace. This is carried even further by the Round Table discussions organized by the International Committee on the theme " The Red Cross as a Factor in World Peace " which study that contribution which the Red Cross makes and can continue to make to the spirit of peace, mutual understanding among the nations and thus to the prevention of war. Also important in this field is the work of the League and the National Societies, to which Mr. Coursier devotes a chapter. He defines the role of the National Societies' federation in the Red Cross movement and the main aspects of the humanitarian work carried out in time of peace in the great majority

[1] Spes, Paris, 1968, 128 pp.: Editions ouvrières, 12 avenue Sœur-Rosalie, Paris (13e).

of the countries of the world, such as the training of medical personnel, medico-social action, welfare assistance, international relief, Red Cross Youth.

He then continues with a brief historical background of ideas on peace, what it represents and what outstanding thinkers have to say about it.

" Modern law ", he writes, " has established the idea of peace on scientific notions independent of theology but not unrelated to the moral aspect which elevates and dignifies it ". The great American jurist Lieber, the author of the code of laws of war promulgated by Lincoln in 1863, was wont to think of peace in the light of the ancient adage: *pax tranquilla libertas* (peace is peaceful liberty).

This understanding of peace is based on two essential principles: human dignity and respect for life.

For the religious, human dignity resides in God's creation of man in His own image. Respect for one's fellowman is respect for God. All religions agree on this. A protestant pastor travelling in Thibet thanked his hosts for their hospitality and courtesy; they exclaimed that it was quite natural for, they said " the part of God which is in us respects that which is in you ".

When the law of nations was established as a discipline distinct from theology, the dignity of the human person remained the chief idea of legal organization, without any reference to the idea of God but, in fact, with the same consequences.

The rule of law is a feature of peace. War permits only what it admits as the law of war to prevail.

Respect for life also is based on the authority of philosophy and religion.

In an article published in the *International Review of the Red Cross* Mr. Demiéville pointed out that " the principal tenet of the Buddhist moral code is the prohibition to the taking of life " or as is said in Sanskrit, " to attack life ". Hence the refusal to resort to violence, an attitude still characteristic today of certain political leaders in India. " Thou shalt not kill " is also a Christian precept.

This precept, like that of human dignity, has spread from theology to the common law of all nations. In our own time, Dr. Schweitzer, of whom somebody wrote " the life of this dedicated European gives significance to the word peace which has fallen into such disrepute ", became the apostle of veneration of life. " Any life is a value of itself ", used to say this

missionary of Lambarene, and from that he drew noble philosophic conclusions. According to him, good consists of saving, raising and developing life; evil of destroying, abasing or preventing its development.

Respect for life is synonymous with peace. War, on the other hand, abolishes this respect for life except within the limits of the laws of war.

Peace, then, as the affirmation of human dignity and respect for life, is not " peace at any price, but the peace which safeguards the life of people delivered from fear and oppression ".

Finally Mr. Coursier shows how this Red Cross vocation for developing the spirit of peace in the world by service in the name of human solidarity is true to the spirit of Henry Dunant. Humanitarian work each day implies a spirit of fraternity among men and also contributes to understanding among the nations.

The author concludes his very useful and topical work with an appendix of various documents relating to the joint mission of the ICRC and the League and he also includes the fundamental principles proclaimed by the XXth International Conference of the Red Cross.

J.-G. L.

CONSIDERATIONS ON THE FUTURE DEVELOPMENT OF THE SWISS RED CROSS [1]

Professor Hans Haug, President of the Swiss Red Cross has now published under this heading the address he delivered in May 1968 at the 83rd Ordinary Assembly of the National Society delegates. Three years ago in Zurich he recalled the past on the celebration of the centenary of the Swiss Red Cross. He now outlines the future development of the Red Cross in Switzerland, its certain expansion whose services coincide with so many sectors of the community.

First of all he describes the tasks which impose themselves in a world where everything evolves so rapidly and where tensions and difficulties continue to increase. He then mentions the methods

[1] Berne, 1968.

necessary for sustained action and reviews the material organization at the disposal of the Swiss Red Cross and the realizations which, it can be expected, will expand still further. By way of conclusion, he alludes to the fact that the ideal of humanity should inspire all those working for the Red Cross. " The struggle for humanity ", he writes, " at a time which threatens man and the human race, the struggle for humanity in work accomplished outside and in our inner life represents the core of the task imposed on us men and especially on us of the Red Cross. If we unceasingly continue this struggle and these efforts, in spite of disappointments and the setbacks we may experience, the future development of the Swiss Red Cross will be fortunate, certain and flourishing ".

J.-G. L.

PAUL LOGOZ: « ALFRED GAUTIER »[1]

The author, an honorary member of the ICRC, recalls the memory of a man who played an important part in the International Committee, half a century ago. Is not the work of our predecessors a lesson worth remembering? We quote below what the author wrote on Alfred Gautier (1858-1920), a jurist and member of the Red Cross:

Alfred Gautier bequeathed us several striking aphorisms, such as the one I have already mentioned " Hesitation is better than prejudice ". He also said " Charity transcends justice ", and he suited his actions to his words.

From 1888 until his death Alfred Gautier was an active member of the ICRC, then presided over by Gustave Ador. He naturally was willing to attend to legal matters. Thus in articles in the *Revue Internationale de la Croix-Rouge*, he spoke, particularly after

[1] Off-print of an article published in *La semaine judiciaire* (1968, No. 23) Geneva, on the occasion of the 50th anniversary of the *Société genevoise de droit et de législation.*

the war, of the provisions of the Treaty of Versailles concerning those responsible for war. Again in 1919 the *Revue* published a moving article by him, entitled " *Protection de l'enfance et Croix-Rouge* ".

Before the war, moreover, he had occasion to submit a well-documented report on the misuse of the signs and the name of the Red Cross. He had presided over a commission to consider measures to be taken in this field and, at the Rome conference in 1892, he had reported on the results.

He also concerned himself—and in this he was a pioneer—with the improvement of conditions for prisoners and with legislative measures which might have relieved their often miserable plight.

He drew up a veritable " Code for the treatment of prisoners " and he knew the gratification of achieving considerable success in this field.

But he went even further: in 1914, he persistently sacrified himself, without ostentation, by assuming a voluntary position at the *Prisoners of War Agency* in the ill-lit and badly ventilated basement of the Musée Rath, to take in charge, day after day, the department which perhaps required the greatest prudence and tact, that which was concerned with the recording of deaths and communicating with bereaved families.

It was Alfred Gautier who was charged to represent the ICRC (of which he became one of the Vice-Presidents in 1917) at Paris in 1919 for the ceremony of the founding of the League of Red Cross Societies. He then had the opportunity to describe in public in glowing terms, the mission and role of the International Red Cross.

The Rights of the Disabled, according to the Rt. Hon. Noel Baker, *World Health, WHO, Geneva, Oct-Nov. 1968.*

. . . Thanks to the progress of science, man, on average, lives longer than he used to do. This is also true of children born with physical or mental handicaps. It means that a greater number of them will survive and form part of adult society, thus setting a new problem.

The Declaration of Human Rights, in its article 25, justly recalls that " Motherhood and childhood are entitled to special care and assistance. All children, whether born in or out of wedlock, shall enjoy the same social protection ". It is obvious this applies to handicapped children even more than to others.

Until fairly recently the fate of handicapped children was harsh if not cruel. They have, however, the same right as others to lead a normal life. We must stop treating them as outcasts. They must be integrated into our society and assured of a fair chance of a satisfying life. A great collective effort is necessary which itself requires a vast information campaign.

We must all be convinced that mentally retarded or physically handicapped children have the right to a happy, normal life. It is urgent and imperative that we all realize it.

Indeed, at a strictly medical level great progress has been achieved on the preventive side as much as on the curative. The part, for example, played by certain infectious diseases among pregnant women has now been accurately assessed. It is known that German measles (rubella) in the first three months of pregnancy may affect the baby who then has one chance out of two of coming to life with a handicap. So every precaution needs to be taken to protect the pregnant woman from German measles. Furthermore, the role of malnutrition and its ill-effects on the normal development of the brain is now also better understood. Certain social factors can also hamper mental development and the possibility of alleviating, through mass social measures, damages resulting from early exposure to unfavourable conditions seems to be nowadays at hand.

Medicine has also made important strides on the curative side. Screening has become more efficient if nothing else because of the great improvement in public health services. Specialists also know far better how to stimulate visual, auditory, kinaesthetic and tactile responses and to promote appropriate body action.

. . . But important as the family is, it cannot replace society itself and today, in a time of far-reaching changes, the public must be called upon to accept the handicapped as equal members of society. People who might wish to make a career or give voluntary services to the handicapped should be stimulated to do so. Industry should be urged to give them the possibility of doing useful work. Finally, a climate of public opinion should be created that will regard the use of public resources for the handicapped as a well justified social investment.

The handicapped child is a normal child facing life with a disability. He has the *right* to a normal life. It is up to the entire community to give him the best chance it can.

Anti-tuberculosis Campaign in Developing Countries, *Médecine et Hygiène,* Geneva, 1968, No. 849.

As Dr. Mahler underlined, the drawing up of a national tuberculosis eradication campaign in developing countries is a complicated operation harassed especially by organizational and administrative problems. The best way must be found to restrict the spread of endemic tuberculosis with existing medical and hygiene facilities and with the resources which will be made available to combat tuberculosis in the years ahead. A " groundwork programme " is thus started: it is inadequate in the opinion of tuberculosis specialists in the advanced countries—for whom it is only a threadbare substitute—whilst our colleagues working in the countries of the Third World observe yet again that there is one type of medicine for the wealthy and another for the poor.

Nevertheless, they know that in public health matters a situation such as exists in developing countries calls not for costly individual medical attention, available only to a few of the privileged class, but for a programme on a modest scale adapted to existing resources and therefore applicable to the majority of the population. In this manner their efforts to eradicate tuberculosis will be valuable as they are the best possible under the circumstances.

Dr. Holm, Executive Director of the International Anti-tuberculosis Union, recently appealed to all National Anti-tuberculosis Associations in advanced countries to devote 1 % of the funds they collect, during their annual fund-raising drives by means of special stamp issues, to the starting up and development of national anti-tuberculosis associations in developing countries. This gesture of solidarity is of great symbolic value as it springs direct from public generosity and because the assistance of national anti-tuberculosis associations' voluntary workers is indispensable everywhere. Nevertheless, it is the essential aid given by international organizations and through bilateral or multilateral government technical assistance programmes which will enable the tuberculosis eradication programme to make rapid progress in underdeveloped countries. That is why we follow with interest the efforts of the International Anti-tuberculosis Union to start, with such aid, an effective anti-tuberculosis programme in Africa.

International Seminar at Tashkent, *Nouvelles du FISE/UNICEF,* No. 54-55, October-November 1968—Paris.

The 1967 International Seminar on pre-school-age children in Tashkent, at the invitation of the government of the USSR, was held as a result of the particular interest of UNICEF/FISE for children of that age group. Its aim was to enable the 22 participants from Africa, the

Middle East and Asia to profit from experience acquired in the field of health and social welfare of young children in the Uzbekistan Republic.

It was decided, in agreement with the Ministries of the Uzbekistan Republic on the one hand and the representatives of the Executive Committee of the Alliance of Red Cross and Red Crescent Societies of the USSR on the other hand, that participants would be chosen among directors of health services and of various departments responsible for education, pediatricians, psychologists and renowned specialists in other branches...

...Participants in the meeting, after listening to reports each day, were able to visit maternity wards, kindergartens, schools and hospitals, which constitute the medical and educational network of a modern system of health and nutrition. They were able to observe that a well planned economy had resulted in the elimination of the main communicable diseases and of illiteracy and had made possible the systematic prevention of chronic illnesses most frequently met with.

They had opportunity to study the activity of institutions for children, their organizations, budgets, staff problems and methods. They observed the high level reached by the services responsible for pre-natal care and midwifery which provide expectant mothers with complete medical assistance.

One field which was given importance was that of nutrition. Participants to the seminar at Tashkent saw that child nutrition problems no longer exist in Uzbekistan, as the Republic has all the necessary food and a highly developed infant food processing industry; suitable diets for children up to the age of one year are provided free by the State.

A considerable part of the programme was devoted to educational methods for pre-school-age children and based on fundamental principles applied in the USSR in this field and derived from studies of physical and psychological growth in young children. The aim is to achieve maximum development of children's aptitudes in order to fit them into the society in which they will become full members.

Cultural Rights as Human Rights, *UNESCO Chronicle,* Paris 1968, No. 12.

Just what are cultural rights? What conditions are necessary to make them effective? These were among questions discussed by experts from 13 countries at a meeting held at Unesco headquarters, from 8 to 13 July this year, attended by observers from four international non-governmental organizations.

The concept of " cultural rights " is relatively new: it followed the recognition of political and economic rights and is linked to the increasing industrialization and mechanization taking place in the world today, with the consequent need for some kind of creative activity. It is

also linked to the demands of the newly independent States seeking to rehabilitate or protect their traditional cultures. With the development of the mass information media, among other things, culture is no longer the privilege of the few. However, " cultural rights " are not easy to define.

The debates brought out the existence of a conflict between the right to culture and the rights of cultures. In the first case, what is involved is the individual's right to culture, a right of which he may be deprived by poverty or by political oppression; in the second, it is the right of cultures to survival in the face of radical changes taking place in the world today. The first of these rights calls for modernization: the second has much to fear from it.

This contradiction between the respect for man and the respect for cultures is related to a certain duality of meaning in the word "culture ": it can be used in the " élite " sense, meaning something which is in short supply, especially for the underprivileged sections of mankind, or it can be used in the anthropological sense meaning, roughly, the distinctive mode of life of a given community. The élite meaning is relevant to the rights of individuals to culture, whereas the anthropological meaning concerns the right of cultures to survive.

There was unanimous agreement that, in the developing countries, the right to culture is in substance the right to education, and many participants felt that in these countries the improvement of economic and social conditions is the first, basic prerequisite for the existence of a culture and for the possibility of enjoying it. They also agreed that the problem of culture is just as acute in the affluent countries.

Other questions discussed at the meeting included mass culture, world culture, the democratization of culture, the existence of a cultural " non-public ", the importance of cultural interchange, the relationship between artistic creation and the political and social environment, the artist and society, science, technology and culture, etc. The experts frequently referred to the powerful influences of the mass information media which, under existing economic conditions, constitute a barrier between cultural producers and the general public. The meeting concluded by preparing a Statement on Cultural Rights as Human Rights.

Water Pollution and the Law, *The UNESCO Courier*, Paris, January 1969.

Almost every country in the world has tried to meet the threats of water pollution by means of legislative action. But passing laws does not automatically bring the situation under control. Unless legislation is supported by a strong climate of public opinion and unless adequate funds and staff to enforce the regulations are provided, the results are usually disappointing.

Because of the importance of legislative measures, both national and international, increasing attention has been directed toward this feature of pollution abatement. In recent years, the International Water Supply Association has devoted much time to the legal aspects of this problem. Similarly, the International Law Association, the International Association of Legal Science and the International Institute of Administrative Sciences have taken up these questions.

Where watercourses have formed the boundaries of, or crossed states, agreements, conventions and treaties have been entered into. Significant examples are those between Belgium and France, Bulgaria and Yugoslavia, and Switzerland and Italy.

Experience in the joint international management of watercourses is of long standing and is sometimes effective. But more often there have been delays in taking action to maintain an agreed quality of water acceptable to all countries concerned. Among other examples, this has occurred in the case of international arrangements on the Rhine and Lake Constance in Europe, on the Great Lakes in North America, and on the Rio Grande in Central America.

Wherever population density is high and hence pollution abatement calls for constant vigilance, continuing efforts will no doubt be made to establish at least common criteria and standards of water purity, and increasing discussions are likely to take place on the best ways of preserving the purity of waters.

The history of national legislation abounds with examples of declarations of good intention and high aspiration, but nowhere are these matched by equally high standards of implementation. Abatement of pollution has not been at a standstill. On the contrary, a great deal has been done, but not enough and not fast enough.

The situation was summed up succinctly a few years ago by a World Health Organization expert committee which declared: " Countries with severe laws against pollution have not in fact avoided the occurrence of widespread pollution. One reason for this may be that laws calling for no pollution at all do not represent a practical policy and therefore fall into disrepute. In a world becoming rapidly urbanized and industrialized, it is not possible to preserve rivers in their natural condition. The law should aim at controlling pollution."

In spite of such clear definitions of the situation, countries, large and small, under the lash of perfectionists and opportunists, continue to pass acts designed to recapture the pristine purity of past eras. The record of such legislation is far from gratifying as is pointed out by two important analytical studies published by the World Health Organization.

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EXTRACT FROM THE STATUTES OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

ART. 1. — The International Committee of the Red Cross (ICRC) founded in Geneva in 1863 and formally recognized in the Geneva Conventions and by International Conferences of the Red Cross, shall be an independent organization having its own Statutes.

It shall be a constituent part of the International Red Cross.[1]

ART. 2. — As an association governed by Articles 60 and following of the Swiss Civil Code, the ICRC shall have legal personality.

ART. 3. — The headquarters of the ICRC shall be in Geneva.

Its emblem shall be a red cross on a white ground. Its motto shall be " Inter arma caritas ".

ART. 4. — The special rôle of the ICRC shall be:

(a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies;

(b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition;

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[1] The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term " National Red Cross Societies " includes the Red Crescent Societies and the Red Lion and Sun Society.

(c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions;

(d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties;

(e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities;

(f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;

(g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any questions requiring examination by such an institution.

ART. 6 (first paragraph). — The ICRC shall co-opt its members from among Swiss citizens. The number of members may not exceed twenty-five.

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ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana.*

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ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires.*

AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1.*

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BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5.*

BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz.*

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BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon.*

BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 1324, *Bujumbura.*

CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-Penh.*

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CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile.*

CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E.*

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CUBA — Cuban Red Cross, Ignacio Agramonte, 461, *Havana.*

CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18. *Prague I.*

DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo.*

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KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait.*

LAOS — Lao Red Cross, P.B. 650, *Vientiane.*

LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut.*

LIBERIA — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia.*

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SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg.*

SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10.*

SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum.*

SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14.*

SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne.*

SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus.*

TANZANIA — Tanzania Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam.*

THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok.*

TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé.*

TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain.*

TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis.*

TURKEY — Turkish Red Crescent, Yenisehir, *Ankara.*

UGANDA — Uganda Red Cross, 57 Roseberry Street, P.O. Box 494, *Kampala.*

UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo.*

UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou.*

URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo.*

U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6* D.C.

U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36.*

VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas.*

VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi.*

VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hông-Thâp-Tu, No. 201, *Saigon.*

YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade.*

ZAMBIA — Zambia Red Cross, P.O. Box R. W. 1, Ridgeway, *Lusaka.*

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