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International Review of the Red Cross



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INTERNATIONAL REVIEW OF THE RED CROSS

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FRENCH EDITION OF THE REVIEW

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

Carl J. Burkhardt : El espíritu de la Cruz Roja. — El Comité Internacional y la Liga reciben el Premio Nobel de la Paz.

GERMAN

Carl J. Burkhardt : Der Geist des Roten Kreuzes. — Das Internationale Komitee und die Liga erhalten den Friedensnobelpreis.

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Editor: JEAN-G. LOSSIER

A UNIQUE ORGANIZATION, INDEPENDENT AND UNITED :

THE RED CROSS

We have pleasure in publishing the text of the lecture which Mr. F. Siordet, member of the ICRC and President of the Centenary Commission of the Red Cross in Switzerland, gave in August 1963 at the University of Geneva. During the next few months two further talks will appear, one by Mrs. S. Gabru, Vice-Chairman of the Board of Governors of the League, and a member of the Ethiopian Red Cross, and the other by Mrs. G. Pecson, Chairman of the Philippine Red Cross—relating to the Red Cross, its tasks and principles. One should here briefly recall in what circumstances these lectures took place.

Certain events organized in Geneva on the occasion of the Centenary were not only meant for members of the Red Cross. There were, for example, a series of lectures by which the organizers wanted the general public to have a fairly extensive view of the principal aspects of the Red Cross in the world today. It was arranged that each of these would be followed by a discussion in which the audience could take part by asking the lecturer questions on the subjects concerned and in general on the Red Cross. These discussions enabled certain problems of topical importance to be brought up and also often to be defined.

In this connection we would mention the following in particular : the rôle of the ICRC in the Cuban crisis, the possibilities of the International Committee participating in the control of a disarmament agreement, the extension of Red Cross tasks in countries in the process of development, the origin of the red cross emblem, the observation of the Geneva Conventions by the United Nations Forces, the work of the Red Cross for a mutual understanding between peoples, and finally, the

rapprochement between East and West and the rôle which the ICRC might be able to play therein.

These events aroused the public's interest on account especially of those personalities who accepted to take an active part in them. We are not only thinking here of the lecturers themselves, amongst whom we would also mention Mr. Jacques Pirenne of the Belgian Royal Academy, but in addition, of the presence of the Chairman of the Standing Commission of the ICRC and the League and of the President of the Swiss Red Cross, each of whom took the chair at one of the meetings. One should also mention Professors B. Gagnebin and O. Reverdin, of the University of Geneva, who led some of the discussions.

Finally, we would recall that there were present amongst the lecturers, two leading female personalities, one from Africa and one from Asia. Such a choice clearly demonstrated the universal character of our movement in which, furthermore, the female contribution plays such a valuable part. They had come to testify what the Red Cross meant to them. As the President of the Swiss Red Cross declared on introducing the first lecturer: "Indeed, Madame Gabru—and this appears to me to be something wonderful and unique this evening—has not come from such a distance to speak to us of her experiences as Vice-President of an African Red Cross Society. She has come to talk of something great, the Red Cross, which was created some five hundred yards from this very spot, which belongs to her as much as to us, of a benefit common to all peoples and to all those especially who, like herself, have known the suffering of others and have alleviated it".

How has this work, which has become common to all humanity, developed, then been diversified in a number of institutions, in the interest itself of the effectiveness of its action? This is what Mr. Siordet will now explain. (Edit.)

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Many involved relationships exist between the action and the institution, which have certain similarities between thought and language. A people's own form of thinking in fact often influences its vocabulary and conversely the latter exercises some influence on thought itself. In the same way action demands a certain form of organization and this, once established, canalises activities or even inspires them, if it does not even create them. To such general rules the Red Cross is no exception.

No one could pretend that the Red Cross has a simple, uncomplicated structure. This is indeed far from being the case. There are many who find difficulty in making distinctions between its various bodies and who are apt to lose themselves in the maze of these National Societies, the International Committee and of the League of Red Cross Societies. At first sight all this appears to be somewhat complex. However, none of these bodies started by chance : each one of them in fact fulfils a very definite and concrete necessity. How could one explain them better than by returning to their origins to find the needs which gave them birth.

Have no fear ! I do not propose to give you minute details of the origins of the Red Cross. These have been fully presented to you over the past few months by the press, radio and television. It is only necessary therefore to recall certain essential facts, or more precisely, several periods in its history : the beginnings, the creation of the National Societies ; the period from 1870 to 1890 during which the ICRC's rôle was slowly being defined, its relations with the whole, then 1919 and the founding of the League.

At the origin of it all was the observation made by Dunant on the day after the battle of Solferino of the utter abandonment in which the battle-wounded were left. This shocking and monstrous indifference, the appalling condition of the wounded, were described in vivid terms by Dunant in the book which you all know, *A Memory of Solferino*. This is a true book. General Trochu made a point of emphasizing : " All that has been said by Mr. Dunant is perfectly exact, if anything, he understates the facts ". Marshal Canrobert, whom Dunant met shortly afterwards, expressed himself in similar terms : " All you have said is only too true ".

It is hardly worth saying that Dunant was not the only one to make the same observations, many others had made them before him or at the same time. They did not however all draw the same conclusions. Whilst all agreed that an end should be made to this excessive suffering of the wounded, they did not all propose the same remedies.

Many of them suggested the certainly radical solution that war itself should cease. When the Red Cross was founded they heaped the strongest reproaches upon it. Indeed they accused it of coming to terms with war, of accepting it, even of smoothing its path.

They considered, not without a certain cynicism, that the Red Cross rendered a very bad service to humanity. They would

have preferred war to be left with all its attendant horror so that everyone might feel the necessity all the more in order to fight against it. That was the first remedy proposed to put an end to the suffering of the victims of war.

Florence Nightingale, who during the Crimean War, had found herself face to face with scenes identical with those described by Dunant, had another point of view. When he appealed to private charity she raised somewhat violent objections to such an idea. " Voluntary Societies ", she wrote, " would then take upon themselves the duties which in fact are incumbent on the governments of each country. To wish to remove a responsibility which is really theirs and which only they can assume, would have the effect of giving them more chances of embarking on a new war ".

The lack of training, the amateurism of the women volunteers who had accompanied her had convinced her that these were fit for nothing except to hinder the official services. Hence her idea, which she had her own country accept, of making a complete reorganization of the medical services for them to reach the requisite strength to meet demands. The same opinion was vehemently expressed, it must be admitted with much logic, after the Italian war by the illustrious and much respected Dr. Palasciano who was working in military hospitals at the same time as Dunant. Indignant at seeing these fine soldiers risking amputation after being wounded for economy's sake, or their waiting upon public charity for aid to which they had an undoubted right, he continued : " I cannot admit that whilst the law forbids a ship-owner from allowing his vessel to make a long-distance voyage without carrying doctors and medicines, it permits States to wage war without having sufficient personnel to care for the sick and wounded on a regular basis and without having taken every possible step to prevent their chances of being mutilated ".

Florence Nightingale, Palasciano and all those expressing their views to the same effect were certainly not in the wrong and history has in fact proved them to have been right to a certain extent. The medical services of the small-sized armies during the first part of the XIXth Century, gradually improved their methods. Since then, they have considerably expanded and today in quite a number of armies one could dispense with the Red Cross and its voluntary auxiliaries. This moreover is not the least progress due precisely to the creation of the Red Cross and the Geneva Convention.

But could one, at that time, expect the medical services to carry out their reforms? Undoubtedly not. For nearly all the armies in the world thought along the same lines as the spokesman for the Prussian General Staff: "One could not agree with the principles of a wise State economy, if one were to give, in time of peace, in a continuous manner to the Army Médical Service the amount of attention and make the improvements it asks for with regard to all the requirements of war."

This is precisely the conclusion which Dunant reached as a result of his experiences of things military. He was a man of peace. Solferino had filled him with a horror of war. He knew, however, that the way to peace would be long and arduous: "Since the hopes and aspirations of the Society of the Friends of Peace must be abandoned, like the dreams of the abbé de St. Pierre and the noble aspirations of such men as the Count de Sellon . . ." he wrote, and:

"Since new and terrible methods of destruction are invented daily, with perseverance worthy of a better object, and since the inventors of these instruments of destruction are applauded and encouraged in most of the great European States, which are engaged in an armament race;

And since finally the state of mind of Europe combines with many other symptoms to indicate the prospect of future wars, the avoidance of which, sooner or later, seems hardly possible . . . why could not advantage be taken of a time of relative calm and quiet to investigate and try to solve a question of such immense and world-wide importance? . . ."

Dunant was well aware that the medical services would continue to be inadequate for their task for a long time to come. He did not want to resign himself to this. He looked for what people who, like himself, had no power and wielded no authority over the conduct of wars, could start doing at once. His own action had shown him what private charity could do. Like Florence Nightingale, however, he could assess its defects. That is the reason why he suggested that help should certainly be given by volunteers, but they should be *prepared* in advance for their task, and no longer be on an improvised basis. This notion which greatly attracted Gustave Moynier, which was adopted by the Committee of Five and submitted in its turn to the 1863 Conference, was to give birth to the Red Cross. Without waiting any longer, a committee should be established in each country whose duty it would be, in time of

war and if the need arises, to assist the Army Medical Services by every means in its power. "In peacetime, the committees . . . shall take steps to ensure their real usefulness in time of war . . . by seeking to *train* and *instruct* voluntary medical personnel. On the request or with the consent of the military authorities, Committees may send voluntary medical personnel to the battlefield . . ." Such are the very terms of the *Resolutions* adopted by the Conference of 1863 which form the constitutive charter of the Red Cross.

How should these Societies, which will later be known as Red Cross Societies, be organized ?

This is where we enter Gustave Moynier's special sphere ; for, in fact, if Dunant gave the initial impetus, the vital spark to the Red Cross, it was Moynier who was to be its architect.

Moynier was convinced first of all that these aid Societies should be of a *national* character. He had two reasons for thinking this. He considered above all that these Societies should not be cast in the same mould, that they should adapt themselves to the laws of their country, to the temperament and the customs of the population. It was only thus that they could be fully effective and arouse enthusiastic goodwill around them. Moynier, also thought that it was most important for these Societies to be completely independent. In no case should they be or appear to be subject to some supranational authority. These Societies should in fact work in perfect harmony with the country's Health Service. They should also win its confidence. Now, how could they be accepted if the armed forces, with which they were to work, felt that they were in any way answerable to some body outside the country ? Moynier carried his concern so far as to take the view that the International Committee, which had founded these Societies, ought itself to disappear. He wrote many times to that effect, since he maintained that governments should be fully reassured on that particular point.

Amongst its resolutions, the Conference of 1863 had stipulated that the committees of the belligerent nations could request the help of committees belonging to neutral countries.

With the creation of the first aid Societies for the wounded, solidly based on their own countries, one question was raised. Did these possess a community of interest, or not ? In case of war, were the Societies of neutral countries bound to respond to an appeal ? The question was asked, but remained unanswered. This in itself is characteristic of the Red Cross, as it never reaches a

satisfactory solution where abstract questions are concerned. Indeed, only facts dictate its actions and soon facts were to be in evidence.

The war of 1870 between Prussia and France had just broken out. The Prussian Red Cross as well as the French Society were on the spot alongside the medical services of their own armies which had much need moreover of their help. All the other societies in existence then spontaneously collected and despatched an incredible quantity of relief. They did not restrict themselves to merely supplying clothing or bandaging equipment. They formed entire ambulance units and sent personnel which showed itself remarkably efficient to various parts of the front. In no previous war had so much goodwill been seen in support.

The existence of a community of interest between the National Societies was not the only thing to be revealed from the 1870 war. Here was another no less important point in the destinies of the Red Cross, experienced by both the French and Prussian Societies. How did these events take place ?

Let us place ourselves, for example, on the French side. It cares for the wounded fallen on the battlefield, but it knows that the Prussians, during their rapid advance, have collected large numbers of French wounded. These are sent to military or civilian hospitals in the rear. What happens to these wounded ? The French Society does not know, but urgently wishes to show its sympathy, to have parcels sent to them, it would like to obtain news to transmit to their families who are ignorant of whether these men died on the battlefield or have been collected. The Prussian Society also has the same preoccupations. But what is to be done at a time when all communications have been interrupted between the two countries ? It seems that some part of the Red Cross machine is missing. Must a new body be created ? This will not be necessary since there is the International Committee in Geneva, the founder body composed solely of Genevese, and consequently neutral. The Conference of 1863 had in fact foreseen no rôle for it. Moreover, as we have seen, that Committee had thought that once Societies had been formed in most of the European countries and with the signing of the Geneva Convention, its task was accomplished and it should dissolve itself. If it did not do this, it was because the national committees themselves had asked it, having been their promoter, to remain their link. And this is how the International Committee defined that link :

“ The rôle in which we have enclosed ourselves until now and which satisfies our ambition is merely that of a central correspondence bureau or office ” . . .

By virtue of that resolution, the International Committee had opened an agency in Basle in July 1870, which was the forerunner of the Information Agency which exists in Geneva today. This Agency, which set to work very rapidly, went far beyond the terms and provisions of its mandate. Since it was not just a matter of writing to it (more than a thousand letters received and despatched each day), Societies of neutral countries also sent it large quantities of relief supplies. It was thus in a position to supply the wounded of both sides with relief equivalent to three million francs of that time.

Thus precipitated into action, the Committee was not long in taking numerous initiatives itself. One example amongst many others can be quoted. It knew that in the hospitals of both sides there were many wounded in such a serious condition that they would be unable to fight again. The Committee therefore negotiated with both governments. Having obtained their agreement, it was able to organize convoys, which were to bring the mutilated, the seriously wounded and sick through Swiss territory to their own country. During one such transfer, a seriously wounded Algerian died in the hospital at Geneva. Moynier, always laconic and precise, wrote on that occasion : “ I was present, alone, at his burial, wearing my armband.” What a splendid thing, that armband, with which the cold man of law makes both a family and a country for this unknown soldier who died on foreign soil !

Here was another initiative taken by the Committee. Prisoners of war becoming more and more numerous were rotting in the camps. In order to lessen their suffering and re-establish the link between them and their country, their families, the Committee set up, parallel with the Basle Agency, a special agency for prisoners of war. However, because of legal scruples, it entrusted responsibility for them to others and placed it under the sign of the green cross, as the red cross still only covered the wounded and sick, and not men fit to bear arms, under the Convention.

It was in this way, therefore, in order to fulfil a need which was felt by the whole of the Red Cross, that this very Committee, which had been destined to disappear, became a cog and a most important one at that, in the machine. But that was not all. The Committee

also understood that it had a rôle to play in time of peace. Since its origin, its primary task has been to work for the extension of the Red Cross, to encourage the creation of new National Societies.

Now, the Conference of 1863 had not determined the conditions which Societies had to fulfil in order to be admitted into the Red Cross family. Some of these were entirely satisfactory, but others were of such a strange character that their proliferation under the Red Cross flag would have constituted a real danger. There were also certain orders claiming to come under the Red Cross, whose main activity was to sell honorary diplomas, at very high prices.

Who was then in a position to put a brake on these abuses ? It certainly could not be done by the National Societies who did not feel themselves within their rights to take action in a neighbouring country. Here again the Committee understood that it had a responsibility to carry out. It therefore decided to submit new Societies to a sort of entrance test, by assuring itself that the newcomer was determined to respect the letter and the spirit of the 1863 Resolutions. One example will show how wisely Gustave Moynier and his colleagues fixed certain conditions of entry into the Red Cross family. Moynier wrote to a group of missionary doctors who had formed a Chinese Red Cross Society in Seoul, which was then part of the Chinese Empire :

“ We are unable officially to recognize the existence of a Red Cross Society in a State which is not a signatory of the Geneva Convention . . . So long as the accession of China to that treaty has not been diplomatically regulated, the recognition of any such Chinese Red Cross Society must be rejected.”

It must not be forgotten that the use of the emblem of the Red Cross is regulated by the Convention of 1864. It belongs to Governments. Consequently by only permitting Societies to call upon the Red Cross in States parties to the Convention, abuses in the use of the sign and hence its weakening were thereby avoided. Moynier imposed another no less important condition. He continued:

“ And here I must add that in the event of China acceding to the Geneva Convention, it would not seem to me that the Society of medical missionaries would be qualified, in spite of its importance and usefulness, to be affiliated to the Red Cross. We can only recognize one Society alone for each State, and that Society must possess a *national* character ; your own, since it consists exclusively of foreigners, would not therefore fulfil this essential condition.”

These Societies which were springing up one after the other in more and more countries, risked a great and insidious danger. They were independent and they could organize themselves as they wished.

We have seen that this was a necessity, although a dangerous one, since these Societies developed, each one following its own way, to such an extent that their destinies risked diverging. Sooner or later, they could become so different, that the whole unity and the community of interest in the movement would be affected. This accounts for the multiple efforts made by the Committee to ensure that they kept that family spirit which they possess today. The Committee had no power whatsoever over them, having no other resource but that of persuasion. This is in fact what led it to formulate the doctrine of the Red Cross of which it became the guardian. Gustave Moynier's great merit lies in his having kept the various Red Cross Societies on parallel tracks by producing a mass of books, pamphlets and documents. This work continued without interruption. After Moynier, Max Huber took up the torch in his writing filled with such a rare quality of thought as to be given world-wide respect.

This then is the Committee, and if I have been led to talk about it to you at such length, it was not to inflate its rôle, but because it was towards it and at that time that were raised those problems of structure which still govern all relations between the national and the international institutions of the Red Cross. Here we have then the International Committee called upon by the very nature of things to perform new tasks which none could have foreseen. In the Red Cross world and within the Committee itself one question was then raised, which was for nearly twenty years to be the object of passionate discussion. This was the question :

Is the Committee, formed as it is of some few Genevese, the body which best corresponds to such functions ? There were several currents of opinion on this subject.

Some held the view that there should be some modification in the composition of this Committee which was only international in name. Moynier was the first to consider that, as the Committee would, in time of war, very soon be given information on the needs of both sides, since it controls relief in countries at war, the best solution would be to include in it one member from each National Society.

Others, on the other hand, believed that in time of war men

belonging to the belligerent countries would find the greatest difficulty in working together. The harmony indispensable to the Committee's activity would thus be seriously jeopardized. The best thing would therefore be to stake in some sort on Switzerland's perpetual neutrality.

To this divergence of opinion, there was added yet another view. The Committee, as we have seen, had no power itself over the National Societies and did not claim to be other than an information bureau. Some saw in this a serious defect. They considered that the Committee, being called upon to play a regulating rôle in time of war, should be given a certain amount of authority.

Opposing these partisans of a hierarchical organization, there were many who maintained that the independence of the National Societies was an asset which should on no account be discarded.

Let us rather hear the different views expressed by the leading figures of the Red Cross.

First of all, there was the famous Clara Barton, foundress and President of the very powerful American Red Cross Society. With that passion which she brought to everything, she defended the authoritarian point of view. "The American Central Committee", she said, "approves and supports the idea of a central power which it considers indispensable for the implementation of the Pact of 1864. No one should have any doubts that by strengthening the powers of the International Committee, the National Societies would increase their own effectiveness, just as in a living organism one would seek to strengthen the heart in order to improve the circulation of the blood." Clara Barton had weighty allies amongst the members of the Russian Society, whose spokesman the celebrated Frederick de Martens went even further. He wanted not only that the Committee had power over the National Societies, but that these powers should be enshrined by a treaty of international law. He drew attention to the position of the International Committee, which is "singular, almost bizarre. I do not know", he said, "any part of jurisprudence or of human science to which that body, which calls itself the Geneva Committee, can attach itself. A child was born in Geneva in 1863 which we all cherish. That child received the name of the International Committee, it was baptised, but it was not registered; it has never been given civil status. One admits the existence of that child, but we refuse to recognize it. This is a most extraordinary situation."

We find no less convinced views expressed by those holding opinions opposed to a rational organization. The Belgian Committee declared that "the International Committee as it exists has rendered great service during the last war. Its moral authority has been accepted and praised by the whole world, precisely because it was entirely unofficial and in no way imposed itself." Marshal Mac-Mahon, President of the French Aid Society for the Wounded, thought along the same lines. He considered that "the National Red Cross Societies, whilst being united by a bond of fellowship, must retain in their relations between each other as in their sphere of action, a freedom which no obligation, even if it is made in principle, could in any way impair."

The Red Cross had to make a choice between two such currents of opinion. It did so at the International Conference at Karlsruhe in 1887. There had been many wars since 1870, during which the rôle of neutral intermediary played by the International Committee had increased its authority and the confidence placed in it by National Societies as well as by governments. This was so much the case that the Commission charged with deciding upon the Committee's composition and powers was to put an end to a controversy which had lasted for more than twenty years by pronouncing in favour of the "status quo". In the words of the Marquis de Vogüé, Rapporteur of that Commission, "There is one factor which dominates the history of the origins and the development of the work of the Red Cross : that is the existence in Geneva of a special Committee whose action has only been demonstrated by the rendering of services, which has deserved the respect of all by its disinterestedness . . . This Geneva Committee has exercised its benevolent action with an authority which has been all the greater for its having been entirely of a moral character and which was voluntarily accepted. Now, the formal recognition of certain rights would of necessity imply definitions, an interference in the recruiting and functioning of the Committee, which would raise a host of delicate questions, the discussion of which might risk compromising the very existence of the Committee. . . . Let the Geneva Committee remain therefore as it is, having more duties than rights, and not having the exclusive monopoly of any of the works of the Red Cross, but continue to be the expression of its international action."

This is the very definition of the International Committee as it is today.

* * *

We spoke a short while ago of " International Conferences of the Red Cross ". We must now see in what these Conferences consist, as they are an important cog in the machine. These assemblies are one of the oldest institutions of the Red Cross, or rather an old custom which has become established. The first of these took place in Paris in 1867. The last, the XIXth, was held in New Delhi in 1957.

One can see how useful are these international conferences. The Red Cross Societies have a large number of common problems, there is therefore nothing more natural for them to have shown the need, from the outset, of coming together to study them, to exchange their experiences and together to look for the best solutions. One might be tempted to think that these Conferences would have been attended only by representatives of all the Red Cross institutions. But since these were Red Cross Conferences they had to be unlike any others. In fact, all States signatories to the Geneva Conventions are invited to be represented. This is self-evident. The sign called for by the National Societies as well as by the International Committee is a military emblem, whose protective use is regulated by the Geneva Convention. This sign does not belong to the Societies, but to the States parties to the Convention. And this, we must not forget, constitutes the second leaf of the diptych suggested by Dunant: Aid Societies-International Convention. There has indeed always been a parallel development of these two aspects of the Red Cross, the former arousing the other and the latter legalising and facilitating the other's action. What was unexpected was not so much that the States were invited to the Conferences, but that they accepted to take an active part in them, at the risk of seeing themselves, as sovereign States, being placed in a minority by mere private associations. They have shown themselves to be most assiduous in their participation and reap much benefit therefrom.

For one of the tasks of the Red Cross consists in drawing conclusions from experience gained after every conflict. And precisely because they followed this work with such close attention and because they assessed the degree of confidence which can be placed in the Red Cross, they were to bend the laws of war in the direction for which they were hoping, in other words by finding the best way of assisting the victims of armed conflicts.

The International Conferences of the Red Cross constitute the highest, I would even go so far as to say, the only deliberative authority of the Red Cross. They adopt resolutions, sometimes in most categorical terms. But on whom are these resolutions imposed ? On no one ! The National Societies are generally prone to be inspired by them, but no one obliges them to be so. This also applies to the International Committee. It is not otherwise for the League of Red Cross Societies of which we must now speak.

In order to understand the rôle of this new and latest arrival in the Red Cross movement, one should return for a moment to the special relationship existing before its foundation between the National Red Cross Societies and the Geneva Committee, which was the only international body. The International Committee is composed exclusively of Swiss nationals, recruited by co-optation.

As regards the latter, the National Societies have complete freedom of action and autonomy. The very needs of their action in time of war demand this, as they would assuredly lose the confidence of their countries' authorities if they were in any way to owe allegiance to some foreign authority.

Inversely, the International Committee in no way depends on the National Societies nor is it in any manner beholden to them. It only answers for its actions to itself. How could one, in fact, believe that governments would allow its delegates to penetrate camps, visit prisons, talk without witnesses, if they felt that the Committee were to make a report to all and sundry ? The whole strength of the Committee as regards governments at war resides in this sovereignty and in its discretion. It was for these reasons that the " status quo " of 1887 was maintained. As Pierre Boissier, the author of *L'épée et la Balance* and of the *Histoire du Comité international de la Croix-Rouge*, the first volume of which appeared for the Centenary, has so aptly said . . . " This is a strange arrangement but it is based on the necessities of war, it is a tracing of the features of the world such as it appears when conflicts divide and cut it into fragments, and it is a fact that this whole functions very well, thanks to the extreme suppleness of its articulation. In the eddies of war it is like a seal in the waves. But in peace one must admit that its steps are somewhat strange and clumsy."

Moynier was not entirely wrong in hoping to add a member from each National Society to the Committee. His idea, however, was premature so long as the Red Cross was only expected to act in

time of war. For the internationalisation of the Committee or the addition of a new body to the Red Cross to be justified, it was necessary to find a set of most exceptional circumstances.

Now, these combined circumstances were found at the end of the First World War. Throughout the conflict the Red Cross Societies of the belligerent countries as well as those of several neutral countries, had accomplished superhuman tasks. Five years of a particularly ferocious world war, in which the victims, both military and civilian, were no longer to be counted by tens of thousands, but by millions, had demanded from them, as from the International Committee, prodigies of improvisation and devotion and a great variety of actions. With the armistice they had at their disposal vast quantities of relief supplies and numbers of people of goodwill which it appeared urgent to use, with the arrival of peace, to come to the aid of populations, the victims of the war, in order to contribute to rebuilding from an accumulation of ruins and misery such as history had never seen before. All these impassable barriers, the front line or the maritime blockade which had prevented the carrying out of direct acts of international fellowship, obliging them to pass through the neutral intermediary of Geneva, all these barriers had now fallen.

To these one should add one other factor of a psychological nature. The world war, it was everywhere thought, was the "war to end all wars", the very ultimate conflict. Amidst universal embracing one believed that the Armistice of 1918 would open up an era finally of lasting peace. To ensure such a peace and concord amongst the nations, the League of Nations was created. In such a climate, the original rôle of the National Societies, as that of the International Committee, suddenly appeared as a somewhat archaic survival from barbarous times which would never again return. Hence the idea which came from the National Societies of the allied countries of themselves also creating a League, of federating, with a view first of all to accomplishing this work of aid for the raising from the ruins, then for new peacetime tasks, this reservoir of men of goodwill, this vast amount of devotion and experience which they had accumulated and tested under fire through five years of war.

For if, it was thought, the suffering caused by the war between States had been forever abolished, there remained those which are the results of that other sort of war which nature wages against man : cataclysms, earthquakes, floods, famine and epidemics, not

to mention a lack of hygiene and misery too. A new field of action with apparently unlimited horizons offered itself to men of goodwill mobilized by war. It was thus that the League of National Societies first saw the light of day in 1919, for the realignment of Red Cross activities.

It is a real federation of National Societies. Its supreme authority, the Board of Governors, is an assembly composed of one representative from each member National Society. It should be emphasized that whilst this federation originated from a group of allies of the First World War, it tended straight away towards universality. This goal it has reached since nearly all the existing National Societies belong to it, although it is an association, membership of which is optional by its statutes. A Society could not enter or resign or be excluded without losing its entity as a recognized Society or as a member of the International Conference. Thus it seems that the League has reconciled, at least as regards its activities in time of peace, these tendencies towards internationalism on the one hand with the setting up, on the other hand, of a certain authority which the Karlsruhe Conference of 1887 had discarded, when the Red Cross was still only thought of for time of war. It really seems as if it has reconciled these tendencies with the independence necessary for the National Societies. These find a certain authority in the councils of the League for federation affairs, and in its Secretariat, a body which is at their disposal, a Study centre, instrument of co-ordination of their activities and a vehicle of international fellowship in time of peace. It is under the impulse of this federation that the National Society has become in many countries a pioneer in matters of hygiene, of the prevention of sickness, blood-transfusion and many others besides, thanks to the example and support of other Societies, as well as making great efforts for educating the young. As for the rôle of the League as collector and co-ordinator of relief, the names recently heard of Agadir, Lar and Skopje are eloquent witness.

Finally, there is the Standing Commission, a body which has a special character. Emanating from the International Conference which it symbolizes to a certain extent in the interval between sessions, it has an administrative rôle. It makes preparations for the next Conference : it also acts as referee in the event of disputes arising from the interpretation and the application of the Statutes. Its task is also to assure, if need be, the co-ordination and the

harmonization of the efforts of the International Committee and the League, although any decision it may take cannot in any way affect the independence and the initiative of either.

National Societies, International Committee, Red Cross Conferences, League of Red Cross Societies, Standing Commission, we now have the main bodies of the Institution. The whole which they constitute leads one to a number of reflections by way of conclusion.

The first thing which must be said is that the Red Cross was not born like Minerva, fully armed, from some international Jupiter. The various weapons with which it is accoutred have appeared one after the other and each one has an entirely concrete need. The Red Cross does not deal with the abstract, but with facts or rather a succession of facts.

However, thought is not absent, but springs from the act which precedes it. From this it has forged an instrument which has in turn enabled it to renew it, by extending aid to new categories of victims. One can see this process from the days of lint to the control of vessels on the high seas, which was the subject of yesterday's lecture.

You will also certainly not have failed to observe that all these elements of the Red Cross originated from private enterprise. This International Committee, which was created on February 17, 1863 and which had sufficient temerity and enough authority to convene an international Conference comprising government representatives, possessed no statutes of any sort until 1915, that is to say in the very midst of a world war. Is this fully realized ? It was in fact a group, without legal basis, of a few private individuals who had no mandate apart from that which they had assigned to themselves.

Today, this same Committee is mentioned sixty times in the Geneva Conventions. The forty million prisoner-of-war card-indexes of its Agency, the 450,000 tons of parcels transported during the last world war across the various fronts and through blockades show what tasks it may be called upon to perform. Its legal status it holds neither from these Conventions nor from any supra-governmental authority. Its status is that of a private law association under the Swiss Civil Code no more in fact than that of a mere bowling club ! Its authority it holds from no legal text, but from a hundred years of action.

Did you know that the International Conferences of the Red Cross have only been governed by statute since 1928 ? And do you

think that the League of Red Cross Societies could have been created so rapidly in 1919 if there had not previously been such close co-operation, during the war, between the National Societies which founded it ? Finally, were you aware that the " Red Cross principles " of which one constantly speaks, were not thought of being formulated straightaway by the founders of the movement ? It was only gradually, based on acts and step by step, that a doctrine was evolved. One had still to wait a century, after a systematic study had been made by Mr. J. Pictet, before a Red Cross assembly undertook to promulgate a coherent list from it.

All this and this extraordinary margin of liberty and independence which exists between the various bodies forming the Red Cross, are one of the most astonishing characteristics of our work. This is what made Moynier call the Red Cross an elusive thing. He added, not without malice, that such an organization was doubtless not to be recommended to those wishing to found some other philanthropical organization.

This structure of the Red Cross is unique of its kind. It cannot be compared with any other international body. But it is unique also in its sphere of action, since there are circumstances and in spite of, or perhaps because of this organic weakness, which leaves it all its freedom, where the Red Cross alone is able to go to certain places, to cross frontiers and the battle line, force its way through the barbed wire of camps and into prisons. It alone enabled the founders and our predecessors to choose this outstanding motto, an active protest against war : " inter arma caritas ".

Is this not a challenge to our successors to accomplish more and more actions of peace through the new hundred years to come " in the service of mankind ".

F. SIORDET

Member of the ICRC
President of the Centenary
Commission of the Red
Cross in Switzerland.

INTERNATIONAL COMMITTEE OF THE RED CROSS

INTERNATIONAL COMMITTEE'S ACTION IN THE YEMEN

The Hospital at Uqhd

The *International Review* has already published several accounts of tasks undertaken in the Yemen by the ICRC. The following information concerns the hospital which has been set up in the desert.

It is now several months since the establishment of the field hospital at Uqhd in north-eastern Yemen, which is functioning effectively in spite at times of immense difficulties. In sending a medical team to aid the victims of a cruel civil war in this desolate region of the Yemen, the International Committee knew that its action was supplying an urgent need. It did not, however, imagine that the setting up of a modern field hospital would ever instil a new determination into the local population, namely the will to be healed. Men and women, who were accustomed to accepting suffering and death with resignation, are now arriving in their hundreds at Uqhd, drawn to the village with the red cross markings on white canvas.

The seven doctors and their assistants recruited by the Swiss Red Cross have in fact to deal with a veritable flood of patients. Needless to say they are being nearly swept off their feet. During the day they operate, give treatment, sound chests and bandage without a pause. Nearly every night they have to get up to receive one or more lorry loads of wounded and sick arriving from the fighting zones.

The most thorny problem is that of accommodating all these patients. Owing to lack of space, cases of contagious illness often

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have to share the same tent with the war wounded. There are also many who have to lie on the ground itself.

However, in spite of the difficulties of supplying food and medicines, in spite of the shortage of tents and in spite of their fatigue, the members of the medical team led by Dr. Pidermann, who has replaced Dr. Schuster, fallen sick, are working with great devotion and find real satisfaction in their work as pioneers.

For those Yemenis who are seeing a doctor for the first time in their lives, any relief from suffering, each healing, is a matter for amazement. Their gratitude to the Red Cross doctors and nurses is most touching. A Bedouin woman, the victim of a bombing attack and from whom several shell fragments were extracted, never stopped clutching the hands of the nurse who was looking after her and kept on repeating through her pain: "Choukrane, choukrane!" (thank you! thank you!).

One night there arrived a young man of twenty, paralysed from chest to feet by a machine-gun bullet which had reached the spine. His case is desperate, but stretched out immobile on his camp bed, he finds the strength to smile at the doctors who, he believes, will succeed in healing him.

The speed with which the hospital's pharmaceutical reserves are being depleted can be seen in this remarkable case. A Yemeni soldier suffering from bilharzia presented himself one morning to the polyclinic. To his great disappointment, he learnt that the appropriate medicine for his condition had run out. He left without saying a word, but returned the next day and to the surprise of the doctor he handed him a box of that particular medicine. Feverish, this man had covered more than sixty miles to fetch it from the small hospital of Najran, in Saudi Arabia.

A French journalist who had come to make a report on the hospital, spontaneously gave 500 grams of his own blood for a wounded man whose right leg had just been amputated.

These few following figures will give a fairly definite idea of the activity until December of the medical team delegated by the ICRC to Uqhd.

More than 800 sick have been treated at the polyclinic. Each of these receives a cardboard tag with a serial number, which enables the doctors immediately to identify those who return for a second or a third visit. This applies especially to those suffering from tuberculosis (an illness frequent in the Yemen) who present themselves twice a week to receive streptomycin injections.

The percentage of wounded does not exceed thirty per cent of the total number of patients. It is true that it was for the former above all that the ICRC hospital was intended, but the doctors soon realized that they could not accept some and refuse others. Both, in fact, are the direct or indirect victims of the conflict.

The number of patients hospitalized amounts to about 80, and men and women arrive daily to whom one had to say some time before, due to lack of space, to return one, two even three weeks later. This time they cannot be sent away again and they have been accommodated for better or for worse in native tents.

In spite of an interruption due to running out of medical oxygen, good use has been made so far of the "Clinobox". A dozen major operations have been performed in this miniature clinic, and there have been 16 cases of minor surgery. Figures given for the laboratory, itself also under canvas, mentions 350 analyses, whilst the X-ray apparatus was used 120 times.

The sand, which penetrates everywhere and constitutes one of the hospital's major problems, one day caused the X-ray machine to cease functioning. The system of switching from transistor to electronic setting had broken down. The medical mechanic and the hospital's wireless technicians then thought of replacing it purely and simply by a pocket torch battery. The X-ray apparatus is now working again as a result.

A case such as this, amongst dozens of others, illustrates the spirit of the Red Cross medical team, which, isolated as it is in the heart of the Arabian desert, has recourse to the most unexpected methods of improvisation in order not to disappoint a population which has placed all its hopes in it.

According to recent information, we would also mention that until now nearly 1500 wounded or sick have been cared for. Owing to a lack of additional beds, the number of hospitalized patients has scarcely increased recently, but is maintained at between 75 and 80,

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which already exceeds the expected capacity. This obliges Red Cross personnel to sleep on the ground.

The "Clinobox", a veritable clinic in miniature, is made use of each day and 71 major operations under drugs have been carried out there. Figures recently sent to Geneva also mention 758 laboratory analyses and 195 X-rays.

One of the hospital's tasks is to train, within available means, native Yemeni male nurses. Three of these are at present following an elementary course, which will then enable them to propagate the essential rules of modern hygiene amongst their compatriots.

As has already been stated, most of the members of the medical team of Uqhd have been relieved. An aircraft of the Balair Company, chartered by the ICRC, left Geneva on January 25 for Najran via Jeddah. In addition to a considerable amount of equipment for the hospital, it carried seventeen persons, doctors and various assistants recruited by the Swiss Red Cross.

The return of the aircraft and the personnel relieved was arranged to take place on January 30. The new head doctor of the field hospital is Dr. Middendorp, who will be replaced in mid-February by Dr. de Puoz.

Mention should also be made of Mr. C. Ammann, head of the ICRC relief section, who visited Jeddah and Uqhd, in connection with supply and organization.

Medical teams ¹

The two mobile teams, each consisting of a doctor and a nurse, returned to the hospital at Uqhd after having been in the interior of the Yemen.

Based on Walah in the fertile valley of Achoua, Dr. Müller treated 130 patients and sent about ten serious cases to the hospital. Dr. Piderman approached the fighting in the Jauf region. He gave treatment to more than 180 wounded and sick, about fifteen of whom are now at Uqhd. He took that opportunity of giving instruction and handing over medicines to the sole native male nurse, who, owing to the lack of a permanent doctor, is working in this area which is particularly exposed to bombing.

¹ *Plate.*



Mr. Rochat, the delegate of the ICRC, arriving at Washaa...

THE ICRC IN THE YEMEN

...talking with Egyptian prisoners of war held in the fortress.

Photos Y. Debraine





Dr. Bartlett, of the medical team of the British Red Cross, giving treatment to the Yemeni population.

The delegates of the ICRC in the mountains of the Yemen.

Photos Y. Debraine



During the course of their mission, these two doctors were able to observe the very primitive sanitary conditions in which both civilians and military are living. The needs of the population are in fact so great that five hospitals, such as the one installed by the ICRC, would not be sufficient. That is to say that the action of assistance undertaken by the International Committee is but one lone furrow in fallow soil.

Three new mobile teams consisting of doctors and male nurses from the hospital recently went to the interior of the Yemen, at times close to the fighting zone, and gave treatment to all wounded and sick they met on their way.

Dr. Schuster, who has since returned to Switzerland for health reasons, traversed the Jauf region. Dr. Leuthold and Dr. Kuhl, for their part, carried out their mission of aid in the valley of Achoua.

In the western part of Royalist Yemen, the medical team composed of Dr. Bartlett and male nurse Plummer, generously placed at the ICRC's disposal by the British Red Cross, is still at work in the neighbourhood of the Imam El Badr's headquarters¹. Its task however had been too onerous and a new British doctor, Dr. Wilson Pepper, joined the team in January.

The problem of prisoners¹

Faithful to the spirit of the Conventions, as well as from the necessity of balancing its humanitarian action, the ICRC takes the greatest care to alleviate the conditions of prisoners of war, both Egyptian and Yemeni.

During the course of his mission in the Jauf region, Dr. Schuster distributed a considerable amount of relief to eleven Egyptian prisoners, held for the past seven months in a cave at Hagleh. This consisted of warm clothing, woollen slippers, blankets, vitamin flasks and cigarettes. Each prisoner was able in addition to write a letter for his family.

At Amleh, above the valley of Achoua, another twenty Egyptian prisoners were visited by Dr. Leuthold, who made a similar distribution and treated some of the sick.

¹ *Plate.*

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The problem of fourteen Egyptian prisoners of war held in Saudi Arabia at the Imam's request, was the subject of recent approaches by Mr. André Rochat, head of the ICRC mission, to the Saudi authorities. Audiences were accorded him, notably by King Saud and by the Prime Minister, Prince Faisal.

At Sanaa

At Sanaa, Republican capital of the Yemen, an important relief action has been undertaken on behalf of 800 war orphans. Assisted by the Yemeni Red Crescent, the two ICRC delegates, Mr. Charles de Blonay and Mr. Maurice Rouge, make a daily distribution to them of milk.

They are also concerning themselves with 148 children whose parents are fighting in the Royalist ranks and who are being held as hostages.

Mission of a Vice-President of the ICRC

Mr. Samuel Gonard, Vice-President of the International Committee of the Red Cross left Geneva on January 16, for the Middle East. He first visited Saudi Arabia and from there went to Uqhd in north Yemen to see the field hospital installed by the ICRC for the victims of the conflict in that country. His route took him to Sanaa, capital of the Arab Republic of the Yemen, where the ICRC is also represented by a delegation. During his journey Mr. Gonard was accompanied by Mr. Georg Hoffmann, delegate of the ICRC. We will be returning later to this important mission.

SUNDRY ACTIVITIES

News Items**Cyprus**

By reason of the events in Cyprus, the International Committee of the Red Cross offered its services, according to its traditional rôle, to the Cyprus Government. This offer having been enthusiastically received, the ICRC delegated Mr. J. Ruff, who left Geneva for Nicosia, where he arrived on January 1.

Mr. Ruff was charged with a mission of protection and assistance on behalf of the victims of the conflict. He immediately set to work, in co-operation with the local Red Cross and the Cyprus authorities.

Because of the existing tense situation, which places the inhabitants, both Greeks as well as Turks in often distressing predicaments, a new delegate of the ICRC, Mr. A. de Cocatrix, Assistant Director of the International Tracing Service, left for Cyprus several days later. He has been charged with organizing a tracing bureau to identify persons missing or presumed detained during the recent events.

The ICRC delegation was then increased by two other delegates, Mr. J.-P. Schoenholzer and Mr. P. Vibert, in order to go to the aid of displaced persons and other victims of the events, in agreement with the authorities, representatives of the two communities and the local Red Cross, and generally speaking to obtain from all the application of the Geneva Conventions and of the humanitarian rules of the Red Cross. A tragic occurrence then befell the ICRC delegation, when Mr. Schoenholzer died suddenly from a stroke.

Its task in the island is proving to be particularly difficult with so many humanitarian problems involved. In addition to its tracing activity, it is also assisting the local Red Cross which is trying to come to the aid of all the victims of the conflict, which in spite of periods of calm, has not yet been regulated between the two communities.

On the other hand, Mr. M. Borsinger, Secretary to the ICRC Presidency, went to London for discussions with the British Red Cross and the authorities. He examined with them the humanitarian aspects of the situation in Cyprus and ways of co-ordinating relief for the victims.

By the end of January, the Delegation of the International Committee in Cyprus had already achieved positive results in its

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activity on behalf of persons deprived of their liberty by reason of the events. It had visited 27 detainees in various prisons and places of arrest on the island and also secured the release of 30 other detained persons. The ICRC is continuing its representations with a view to having more prisoners released and is thus attempting to assist both Greek and Turkish Cypriots.

Following a Frontier Conflict

Following the recent hostilities between Morocco and Algeria in the Sahara, the International Committee of the Red Cross sent one of its delegates, Mr. J. Muralti, to visit the prisoners detained in Morocco and to bring them relief. This delegate recently returned to Geneva, after completing his mission on behalf of the Algerians held prisoner and five Egyptian officers captured behind the lines on Moroccan territory, following their forced landing. They have since been repatriated.

In close co-operation with the Moroccan Red Crescent, Mr. Muralti was able to clarify certain questions connected with the application of the Geneva Conventions and he was also allowed to visit the Algerian prisoners in their detention camp. He distributed several forms of relief, such as underclothing, books, games and cigarettes. As usual, he delivered his report on his visit to the prison camp to the Moroccan authorities.

Mr. Muralti successfully intervened on behalf of the five Egyptian officers held in Morocco. He spent some time with them and also gave them relief supplies. He then discussed their situation with representatives of the Government of Morocco and shortly after, the latter decided to release the five Egyptian officers.

The ICRC also sent a delegate, Mr. J. de Heller, to Algeria, where, in co-operation with the Algerian Red Crescent, he carried out visits at the beginning of January to Moroccan prisoners captured during the hostilities in the western Sahara.

After these visits, Mr. de Heller went to Oujda, a Moroccan town near the Algerian frontier, where he met his colleague, Mr. Muralti. The two ICRC delegates exchanged lists of prisoners, capture cards, and correspondence which was subsequently transmitted to the families of the prisoners.

Repatriation of Koreans from Japan

The delegate of the ICRC in Japan, Mr. Michel Testuz, went to the port of Niigata to attend the 113th sailing of Koreans wishing to return to the place of their choice in their country of origin. On board the vessel there were 114 persons who were thus able to reach

the Democratic People's Republic of Korea before the end of the year. This transport has brought to 80,843 the total number of Koreans repatriated since December 1959, during the course of this action undertaken under the auspices of the Japanese Red Cross and in the presence of ICRC delegates.

Bolivia

At the time of the incidents in the tin mining area of Catavi in Bolivia, where the miners' trades-unions in conflict with the La Paz authorities had seized seventeen hostages, amongst whom were several foreigners, the ICRC had been requested to intervene. It had then proposed to the Bolivian Government to send a delegate to the spot, in order to ensure the prisoners' safety and negotiate their release. The ICRC immediately appointed as delegate Mr. Pierre Jequier who was about to leave, when a compromise was reached between the Government and the Catavi trades-unions. The Bolivian Government however made a point of thanking the ICRC for its good offices in this internal dispute of a social character.

Ruanda

The International Committee has received various communications drawing its attention to disturbances in the African Republic of Ruanda where, as the press has already revealed, the Watutsi tribe are said to be the victims of serious reprisals. Having had this matter laid before it, the ICRC decided to send Mr. G. C. Senn, delegate, to the spot. He has spent many years in Africa where he has accomplished numerous humanitarian missions. Mr. Senn is charged with examining the situation and with intervening so that the victims of these events may be assisted.

Jordan

The Jordan press has just announced that King Hussein's Council of Ministers in session in Amman has decided to adopt the staff of Aesculapius as the official emblem of the medical professions. This decision is in conformity with the recommendations made by the International Red Cross institutions, the World Medical Association and the International Committee of Military Medicine and Pharmacy. The sign of the staff of Aesculapius, red on a white ground, was chosen by the ICRC, in order to put an end to abuses of the red cross emblem whose use is strictly defined by the Geneva Conventions.

† JEAN-PIERRE SCHOENHOLZER

The International Committee of the Red Cross has recently suffered a severe shock in the loss of Jean-Pierre Schoenholzer, who died suddenly in Cyprus on January 22, 1964. He had arrived a few days previously to carry out a mission on behalf of the victims of recent events.

Having entered the service of the ICRC in 1940, he at once showed his value, thanks to his personal qualities and his wide knowledge. He was first of all engaged in the administration and editing of reports on visits to camps in which millions of prisoners of war were interned. He then specialized in medical law and in the legal protection of the wounded and sick, on which subjects the *International Review* published several important studies of his. In 1949 he acted as Secretary to the Diplomatic Conference which led to the signing of the four new Geneva Conventions. He was also one of the principal organizers of the Centenary Congress of the International Red Cross which was held last year.

With courage and enthusiasm, he successfully accomplished several missions in circumstances which were often delicate. He went to the Sierra Maestra, in Cuba, during the civil war which preceded the fall of the Batista regime, and was then sent to Indonesia, to the Congo and to various other countries.

At his funeral which took place in Geneva, Mr. L. Boissier, President of the ICRC, paid a moving tribute to his qualities and to his devotion. Mr. J. Pictet, Director for General Affairs of the ICRC, then stressed all that J.-P. Schoenholzer had been for his colleagues, the intelligence and sensibility he had shown in practical, as well as in theoretical matters. Finally, Mr. Beer, Secretary-General of the League, recalled the many services he had rendered to the National Societies as well as to their federation, and the grateful memory they will always keep of him.

The sorrow which everyone felt on hearing of Jean-Pierre Schoenholzer's sudden and so untimely end is proof of the friendship which he knew how to create around him. The International Committee feels this cruel loss of one who had devoted his forces to humanitarian work.

PUBLICATIONS

PUBLICATIONS PRODUCED BY THE ICRC IN 1962

551. — Jean S. PICTET. **La doctrine de la Croix-Rouge.** — 1962. In-8, 18 p., Fr. 1.50.

552. — Jean S. PICTET. **The Doctrine of the Red Cross.** — 1962. In-8, 19 p., Fr. 1.50.

553. — Jean S. PICTET. **La doctrina de la Cruz Roja.** — 1962. In-8, 19 p., Fr. 1.50.

554. — Jean S. PICTET. **Die Doktrin des Roten Kreuzes.** — 1962. In-8, 20 S., Fr. 1.50.

555. — Groupe de travail sur la situation des organisations de protection civile en droit international, Genève 12-16 juin 1961. **Rapport analytique.** — 1962. 23 p. + xxxii p., ronéo., Fr. 3.75.

556. — Working Party on the Position of Civil Defense Organization in International Law, Geneva, June 12-16, 1961. **Analytical Report.** — 1962. 22 p. + xxxi p., mimeo., Fr. 3.75.

557. — Grupo de trabajo sobre la situación de las organizaciones de protección civil en derecho internacional, Ginebra, 12-16 de junio de 1961. **Informe analítico.** — 1962. 24 p. + xxix p., ronéo., Fr. 3.75.

558. — Arbeitsgruppe für die völkerrechtliche Stellung der Zivilschutzorganisationen, Genf, 12-16. Juni 1961. **Analytischer Bericht.** — 1962. 24 S. + xxxiii S., vervielf., Fr. 3.75.

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559. — CICR. **Rapport d'activité 1961.** — 1962. In-8, 86 p., pl., Fr. 5.—.

560. — ICRC. **Annual Report 1961.** — 1962. In-8, 86 p., ill., Fr. 5.—.

561. — CICR. **Informe de actividad 1961.** — 1962. In-8, 89 p., ill., Fr. 5.—.

562. — IKRK. **Bericht über die Tätigkeit 1961.** — 1962. In-4, 120 S., vervielf., Fr. 5.—.

563. — CICR. **Le CICR et le conflit algérien.** — 1962. In-8, 23 p., pl., ronéo., Fr. 2.25.

564. — ICRC. **The ICRC and the Algerian Conflict.** — 1962. In-8, 22 p., ill., mimeo., Fr. 2.25.

565. — CICR. **El CICR y el conflicto argelino.** — 1962. In-8, 23 p., ill., ronéo., Fr. 2.25.

566. — IKRK. **Das IKRK und der Algerienkonflikt.** — 1962. In-8, 25 S., ill., vervielf., Fr. 2.25.

567. — Henri COURSIER. **Cours de cinq leçons sur les Conventions de Genève.** — 1962. In-4, 114 p., ronéo., Fr. 4.50.

568. — Henri COURSIER. **Course of Five Lessons on the Geneva Conventions.** — 1962. In-4, 109 p., mimeo., Fr. 4.50.

569. — Henri COURSIER. **Curso de cinco lecciones sobre los Convenios de Ginebra.** — 1962. In-4, 115 p., ronéo., Fr. 4.50.

570. — Henri COURSIER. **Kursus von fünf Vorlesungen über die Genfer Abkommen.** — 1962. In-4, 120 S., vervielf., Fr. 4.50.

571. — **Vorträge gehalten auf der 2. Juristentagung veranstaltet von der Österreichischen Gesellschaft vom Roten Kreuz, Wien, 18. und 19. Mai 1962.** — 1962. In-4, 73 S., vervielf., Fr. 3.75. Enthält:

— Jean S. Pictet. **Die Entwicklung des humanitären Völkerrechts**, S. 1-14. — **Die Doktrin des Roten Kreuzes**, S. 15-28.

— Jean-Pierre SCHOENHOLZER. **Genfer Abkommen von 1949 zum Schutze von Zivilpersonen in Kriegszeiten und seine Anwendungsbestimmungen**, p. 29-48. — **Aufbau, Organisation und praktische Tätigkeit des IKRK** S. 63-73.

— René-Jean WILHELM. **Zivilschutz und Völkerrecht**, S. 49-62.

572. — **Les Conventions de Genève du 12 août 1949. Résumé succinct à l'usage des militaires et du public, en kikongo**. — 1962. In-12, 12 p., Fr. 1.50.

573. — **Le même, en lingala**. — 1962. In-12, 11 p., Fr. 1.50.

574. — **Le même, en luba**. — 1962. In-12, 12 p., Fr. 1.50.

575. — **Le même, en swahili**. — 1962. In-12, 12 p., Fr. 1.50.

JOINT ICRC AND LEAGUE PUBLICATIONS

C.L. 74. — Barbara WARBURTON. **The Robinson Family. A short story about the Geneva Conventions**. Illustrations by Pierre Leuzinger. — 1961. 43 p., Fr. 1.50.

PUBLICATIONS PRODUCED BY THE ICRC IN 1963

576. — **Commission d'experts chargée d'examiner la question de l'aide aux victimes des conflits internes**, Genève, 25-30 octobre 1962. **Rapport**. — 1963. In-8, 11 p., Fr. 1.50.

577. — **Commission of Experts for the Study of the Question of Aid to the Victims of Internal Conflicts**, Geneva, October 25-30, 1962. **Report**. — 1963. In-8, 11 p., Fr. 1.50.

578. — **Comisión de expertos encargada de examinar el problema de la asistencia a las víctimas de los conflictos internos**, Ginebra, 25 al 30 de octubre de 1962. **Informe**. — 1963. In-8, 12 p., Fr. 1.50.

579. — **Humanitärer Beistand an die Opfer innerstaatlicher Konflikte. Versammlung eines Sachverständigenausschusses in Genf**, 25-30. Oktober 1962. **Bericht** — 1963. In-8, 12 S., Fr. 1.50.

580. — Henri COURSIER. **Cours de cinq leçons sur les Conventions de Genève**. *Nouvelle édition revue et imprimée*. — 1963. In-8, 109 p., Fr. 4.50.

581. — Henri COURSIER. **Course of Five Lessons on the Geneva Conventions**. *New Edition revised and printed*. — 1963. In-8, 102 p., Fr. 4.50.

582. — Pierre BOISSIER. **Les premières années de la Croix-Rouge**. Conférence prononcée le 18 février 1963 à l'occasion du Centenaire du CICR, à l'Aula de l'Université de Genève. — 1963. In-8, 19 p., Fr. 1.50.

583. — Pierre BOISSIER. **The Early Years of the Red Cross**. — 1963. In-8, 18 p., Fr. 1.50.

584. — Pierre BOISSIER. **Los primeros años de la Cruz Roja**. — 1963. In-8, 21 p., Fr. 1.50.

585. — Pierre BOISSIER. **Die ersten Jahre des Roten Kreuzes**. — 1963. In-8, 20 S., Fr. 1.50.

586. — Anny PFIRTER. **Souvenirs d'une mission du CICR (Bergen-Belsen 1945)**. — 1963. In-8, 19 p., ronéo., Fr. 1.50.

587. — Anny PFIRTER. **Erinnerungen an eine Mission des IKRK (Bergen-Belsen 1945)**. — 1963. In-8, 20 S., vervielf., Fr. 1.50.

588. — Les Conventions de Genève du 12 août 1949. Trente diapositives, avec commentaires. — 1963. In-8, 31 files, ronéo. Fr. 25.— (le commentaire seul : Fr. 1.50).

589. — The Geneva Conventions of August 12, 1949. Thirty Slides with Comments. — 1963, In-8, 33 p., mimeo., Fr. 25.— (Comments only : Fr. 1.50).

590. — Los Convenios de Ginebra del 12 de Agosto de 1949. Treinta diapositivas con comentarios. — 1963. In-8, 33 p., ronéo., Fr. 25.—.

591. — Die Genfer Abkommen vom 12. August 1949. Dreissig Diapositive mit Kommentar. — 1963. In-8, 34 S., vervielf. Fr. 25.—.

592. — LE CICR A L'ŒUVRE. **Cent ans au service de l'humanité.** — 1963. In-4, 32 p. avec ill. en noir et en couleurs, Fr. 2.—.

593. — THE ICRC AT WORK. **A Centenary of Service to Humanity.** — 1963. In-4, 32 p. with Ill., Fr. 2.—.

594. — EL CICR EN ACTIVIDAD. **100 años al servicio de la humanidad.** — 1963. In-4, 32 p., con láminas en colores, Fr. 2.—.

595. — DAS IKRK AM WERK **100 Jahre im Dienste der Menschlichkeit.** — 1963. In-4, 32 S. mit Abb., Fr. 2.—.

596. — CICR. **Rapport d'activité 1962.** — 1963. In-8, 91 p., ill., Fr. 5.—.

597. — ICRC. **Annual Report 1962.** — 1963. In-8, 91 p., Ill., Fr. 5.—.

598. — CICR. **Informe de actividad 1962.** — 1963. In-4, 92 p., con láminas, Fr. 5.—.

599. — IKRK. **Bericht über die Tätigkeit 1962.** — 1963. In-4, 109 S., vervielf., Fr. 5.—.

600. — Conseil des délégués de la Croix-Rouge internationale, Prague les 3 et 5 octobre 1961. **Compte rendu des débats.** — 1963. In-4, 89 + cxx p. (22 annexes), ronéo., Fr. 7.50.

INTERNATIONAL COMMITTEE

601. — Council of Delegates of the International Red Cross, Prague, October 3 and 5, 1961. **Verbatim Report.** — 1963. In-4, 84 + cxx p. (22 Annexes), mimeo., Fr. 7.50.

602. — Congrès du Centenaire de la Croix-Rouge internationale, Genève, 23 août-10 septembre 1963. Conseil des délégués. **Rapport d'activité résumé de 1956 à 1962.** — Mars 1963. In-4, 17 p., Fr. 1.50.

603. — Centenary Congress of the International Red Cross, Geneva, August 23-September 10, 1963. Council of Delegates. **Summary Report 1956-1962.** March 1963. In-4, 16 p., Fr. 1.50.

603. *bis.* — Congreso del Centenario de la Cruz Roja Internacional, Ginebra, 28 de Agosto-10 de Septiembre de 1963. Consejo de delegados. **Informe de actividad resumido de 1956 a 1962.** — Marzo de 1963. In-4, 17 p., Fr. 1.50.

603. *ter.* — Kongress der Hundertjahrfeier des Internationalen Roten Kreuzes, Genf, 23. August-10. September 1963. Delegiertenrat. **Kurzbericht über die Tätigkeit des IKRK von 1956 bis 1962.** — März 1963. In-4, 42 S., vervielf., Fr. 1.50.

604. — Congrès du Centenaire de la Croix-Rouge internationale, Genève, 2-10 septembre 1963. Conseil des délégués. **Résolutions.** — 1963. In-8, 29 p., Fr. 1.50.

605. — Centenary Congress of the International Red Cross, Geneva, September 2-10, 1963. Council of Delegates. **Resolutions.** — 1963. In-8, 28 p., Fr. 1.50.

606. — Congreso del Centenario de la Cruz Roja. Ginebra, 2-10 de septiembre de 1963. Consejo de Delegados. **Resoluciones.** — 1963. In-8, 30 p., Fr. 1.50.

607. — Gertrud SCHWARZ. **Table des matières de la Revue internationale de la Croix-Rouge 1939-1961.** — 1963. In-8, 126 p., Fr. 5.—.

608. — **Catalogue** des publications 1863-1962 en langue française du Comité international de la Croix-Rouge (CICR). — Janvier 1963. In-8, 16 p., sans frais sur demande.

609. — **Catalogue** of the Publications of the International Committee of the Red Cross (ICRC). — January 1963, In -16, 8 p. without charge on request.

610. — Conventions de Genève. Brochure illustrée en couleurs en 9 langues : *Ed. E* : français, anglais, danois, russe, allemand, arabe, espagnol, portugais, italien. — 1963. In-16, 64 p., Fr. 1.50.

610 *bis*. — Conventions de Genève. Brochure illustrée en couleurs en 9 langues. *Ed. F* : français, anglais, kikongo, luba, swahili, lingala, espagnol, portugais, arabe. — 1963. In-16, 64 p., Fr. 1.50.

611. — La Croix-Rouge internationale. **Tableau** des différentes fonctions du CICR, de la Ligue des Sociétés de la Croix-Rouge et des Sociétés nationales de la Croix-Rouge, du Croissant-Rouge et du Lion-et-Soleil-Rouge. — 1963. Dépliant 7 × 15 cm par 100 ex., Fr. 6.—.

612. — The International Red Cross. **Chart** showing the duties of the ICRC, the League of Red Cross Societies and the National Red Cross, Red Crescent and Red Lion and Sun Societies. Leaflet. — 1963. 7 × 15 cm, 100 copies, Fr. 6.—.

613. — La Cruz Roja Internacional. Las diferentes tareas del CICR, de la Liga de Sociedades de la Cruz Roja y de las Sociedades Nacionales de la Cruz Roja, de la Media Luna Roja y del León y Sol Rojos. — 1963. Folleto plegable 7 × 15 cm, por 100 ejemplares, Fr. 6.—.

614. — Das Internationale Rote Kreuz. **Tafel** der Funktionen des IKRK, der Liga der Rotkreuzgesellschaften und der Nationalen Gesellschaften des Roten Kreuzes, des Roten Halbmonds und des Roten Löwen mit der Roten Sonne. — 1963. Faltprospekt 7 × 15 cm, per 100 St., Fr. 6.—.

SLIDES

615. — Série 101 HENRY DUNANT

616. — Série 102 HISTOIRE DE LA CROIX-ROUGE - HISTORY OF THE RED CROSS - HISTORIA DE LA CRUZ ROJA - GESCHICHTE DES ROTEN KREUZES.

617. — Série 103. LE CICR - THE ICRC - EL CICR - DAS IKRK.

— Série de 6 diapositives en couleurs avec notice explicative. — Series of 6 colour slides with explanatory notes. — Serie de 6 diapositivas en color con notas explicativas. — Serie von 6 Farbdiaapositiven mit Erklärungen. — 1963. La série Fr. 7.50 ; les 3 séries Fr. 20.—.

FOR FURTHER READING

Pierre BOISSIER. **Histoire du Comité international de la Croix-Rouge.** Tome I: De Solférino à Tsoushima. Paris, Plon, 1963. 512 p., Fr. 22.30.

Bernard GAGNEBIN et Marc GAZAY. **Encounter with Henry Dunant.** Geneva, Georg, 1963. In-4, 118 p., ill., Fr. 25.—.

Marcel JUNOD. **Le troisième combattant. L'odyssée d'un délégué de la Croix-Rouge.** Nouvelle édition avec une préface de Léopold Boissier et un résumé succinct des Conventions de Genève. Paris, Payot, 1963. In-8, 248 p., Fr. 5.—.

Juan José Gomez de RUEDA Y ABRI. **La Cruz Roja en mi vida y mi vida en la Cruz Roja.** Medio siglo de experiencia. Valencia, Editorial Castalia, 1963. In-8, 141 p., con láminas, Fr. 13.—.

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Notes on a World Congress

REHABILITATION OF THE DISABLED

The International Society for the Rehabilitation of the Handicapped held its 9th World Congress in Copenhagen in June 1963. Some 1700 people from 66 countries took part including representatives from the Danish Red Cross. The next Congress will take place in Munich in 1966.

Several articles have been published in the International Review relating to the rehabilitation of the disabled, many National Societies being concerned with this problem in their respective countries. Mr. Droin, the author of several articles which we have published on this same subject,¹ attended this important meeting, and gives us below details of the themes dealt with by the Congress and an account of the ideas discussed. (Ed.)

Although the problems affecting the disabled were discussed from all angles, the speeches and discussions were on the whole concentrated on the two themes of the Congress: *prevention* and *rehabilitation*. By the former is meant not only prophylactic measures against crippling diseases and precautions against accidents, but also the prevention of disablement and indirect consequences of any traumatic condition as soon as it is observed.

Rehabilitation involves the faculty of working out satisfactory solutions even for the most serious cases as well as concern that the patient, never left to fall into an attitude of passivity, is instilled with confidence from the outset. This is not only a medical, surgical, educational, economic, technical and vocational problem, it is also a social problem which is of concern to the whole community. Active participation by everybody is on the way to being put into practice

¹ See notably *Revue internationale*, March 1961.

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in most of our countries. However, the President emphasized the need for co-operation among official and private organizations. Rehabilitation specialists will not be able to cope with their tasks without the assistance of non-specialized and voluntary workers. Rehabilitation is the *right* of the handicapped and the *duty* of the community.

This was to be the predominant idea throughout the Congress for this is one of the invariable factors in any action undertaken for the benefit of the disabled.

1) **Prevention.**—Year by year the concept of a cripple or a disabled person becomes wider and the rehabilitation programmes progressively develop and go deeper into the problem. On the one hand, certain illnesses which formerly were sooner or later fatal can be cured today, but nevertheless leave the patient handicapped (for example : leprosy, eye diseases in hot countries). On the other hand, accidents are increasing to a greater extent, at work, in sports and on the roads. Each of these three categories of accidents is the subject of study and research as well as special preventive measures.

Industrial accidents are perhaps easiest to prevent. The systematic analysis of accident causes is constantly bringing about improvements in working conditions, in plant layout, equipment, tools and safety precautions. As the human element plays a large rôle, professional training of workers is called for in the first place in order for them to assimilate the automatic processes and acquire the indispensable reflexes ; machinery must be adapted to suit the operatives at the same time as workers must be adapted to the machines. Proof of this is given by the high proportion of accidents involving the do-it-yourself amateurs, insufficiently trained and working with unsuitable tools, who fall into the error of carrying out processes for which they are unqualified and taking initiatives of which they are unable to assess the danger.

A thorough study of accidents in the field of sport leads to a reconsideration of the instructions given to athletes and players in order to ensure that they take certain precautions which are consistent with the rules of their game ; this, it will be understood, is a psychologically delicate problem since the impulse behind the athlete urges him to take risks, specially in competitive sport.

The modern highway is a "battlefield" which causes more deaths and injuries than the most devastating wars in history. The comparison of injured on the road with military wounded is not limited merely to the numerical aspect. Like victims of armed conflicts, those on the highway come from the most active sections of the population; just as in war, injury is brutal, affecting individuals who are sound physically and mentally and therefore particularly suited for rehabilitation. The same conditions making for successful rehabilitation are therefore to be found among road accident victims as among the wounded of the Second World War, who provided a source of decisive experience from which was evolved in a few years the science and technique of rehabilitation.

Particularly worth mentioning is the work in this field by the international organizations, such as that of the International Labour Office regarding social legislation affecting work and social insurance; the United Nations and the World Health Organization as regards technical assistance and public information. With respect to road accidents, no less a matter is involved than the awakening of world opinion and the rousing to unremitting action against this scourge of modern times. Let us also not omit the work of certain National Societies of the Red Cross, especially the French Red Cross with its first-aid organization and the Italian Red Cross with its ambulances and first-aid posts on the main highways.

In all trades and professions, disablement and chronic ill-health, giving rise to absenteeism, are not caused solely by accidents or industrial illnesses (such as various forms of toxic poisoning). The cause may well be the harmful and cumulative physical or mental effects due to detrimental movements or position of the body, to an unhealthy atmosphere and to psychological and social errors at any level in the hierarchy of the enterprise or administration. These problems are being investigated thoroughly. They are important in sickness and accident insurance. As soon as trouble is spotted, even in a mild form, efforts are made to eliminate the cause and, if need be, to modify working arrangements or induce the patient to undergo a course of functional training. Special attention must be paid, for example, to even slight disablement due to spinal defects, among both manual and sedentary workers. There are also certain

ailments and abnormal fatigue which sometimes affect domestic workers and housewives, due often to lack of adjustment, house-work rarely being the subject of systematic training.

Examination into the origin of accidents, whether on the road or at work, and even when they occur with sudden violence, reveal them to be the culmination of a chain of events which was not noticed early enough. Analysis often reveals an accident to be the consequence of a series of negligent acts or omissions, often of no importance in themselves but of which the result or the cumulative effect has caused the accident. It is for this reason that statistics lay the blame more frequently than is generally thought on the human element, which apparently plays the major rôle in road accidents. It has been said that 90% of the cause is the human element, as against 10% for technical factors.

2) **Rehabilitation.**—The general principles of rehabilitation (medical, occupational therapy, social and industrial) and the rules governing the continuous process of rehabilitation are well known. There is therefore no need to dwell on them here, except to stress a few points which were particularly emphasized at Copenhagen.

One of these was the importance of initial diagnosis and prognosis. Present-day methods of physiological, psychological and psychotechnical investigation enable rapid and sufficiently accurate *evaluation* of remaining capacities, latent possibilities which can be developed, and the subsequent deterioration to be prevented. Once the situation is assessed the rehabilitation programme can be drawn up and instituted without delay, its approximate duration calculated and its ultimate objective determined. This implies defining at what stage of social and professional reintegration the patient may complete his rehabilitation treatment either by normal work in a factory or office (after following courses in a technical school with fellow students who are in good health or at an industrial rehabilitation centre for the disabled) or by employment in a "sheltered" workshop or as an inmate of a home equipped with a workshop, or by work at home. In the last resort, when there is no possibility of undertaking, even partially, a productive occupation, the patient may be accommodated in a place where daily leisure is planned in a manner suitable for the patients' tastes and abilities.

The methods used to make this evaluation vary from country to country. Several remarkable expositions, too technical to be reproduced here, explained the high degree of accuracy attained nowadays by a combination of psychotechnical tests and short-term trials at the work bench based on principles of continuous orientation procedure. In this respect, mention may be made, in particular, of the Tower system in use in the U.S.A. and which covers a wide range of simulated job functions.

The final objective should, on the one hand, aim at maintaining at as high a level as possible the patient's morale by positive motivation, but at the same time should not be based on too optimistic a forecast. Indeed, to prepare a disabled patient for a normal job in a factory or office and subsequently to realize that the degree of disability makes it after all necessary for the patient to be employed in an occupational workshop for the disabled, is more harmful than the converse error. In the first of these two eventualities, both the disabled person and the employer would be disappointed, whereas in the second hypothesis favourable results attained in the workshop would facilitate the patient's accession to normal employment.

For this reason the establishment of a large number of occupational workshops for the disabled, or "sheltered" workshops for observation or "selection" of certain marginal cases is being advocated more and more frequently. To interest industrialists in the organization of such workshops would be useful not only with a view to obtaining their orders, but also to giving them the assurance that efforts would not be made to foist onto their business, persons whose disablement prevented them from coping with the demands and output schedule of the factory or office.

In "sheltered" workshops, which may *a priori* be expected to show a deficit, the psychological, social and economic difficulty lies in the fact that remuneration earned by the disabled worker must not be based on output, but on the needs both of the patient and of his family. A different solution is applied to this problem from one country to another depending on the social insurance systems in force.

The compromise solution, consisting of an enterprise reserved solely for disabled workers which aims at paying normal wages and

at being self-supporting, more often than not gives disappointing results, both economically and psycho-socially.

Success in occupational rehabilitation is necessarily affected by the patient's age when the injury occurs, by his or her degree of intelligence, mental stability and the attitude prevailing in social and family environment.

The most difficult cases are those in which the physical disablement or handicap is complicated by effects on the mentality or character. It is obvious that in readjustment, intellectual development, mental behaviour and adaptability are preponderant factors, whatever the degree of physical injury.

3) **The Aging Factor.**—This has only recently been receiving study by specialists. It sometimes happens that a disabled or chronically sick person, whether from childhood or from maturity, after successful rehabilitation and integration, and after many years of a normal career, becomes prematurely old as a result of the physiological toll of the disability. For example, vascular disorders suffered by patients having had amputations; deformation of bones in paralysis cases, giving rise to motory difficulties and general fatigue; visceral complications in paraplegic patients; and in other cases a progressive decline of physical and mental substitute abilities. Regular medical check up, coupled where necessary with occupational therapy may sometimes postpone these complications, but in many cases retirement from work before the normal age is essential and consequently this requires reconsideration of social insurance benefits.

4) **Technical Progress.**—Rehabilitation techniques have today attained an amazing stage of development: with recovery surgery, appliances for functional training, fittings for amputation or paralysis cases, tools and mechanical or electronic devices for rheumatic cases, for the deaf and the blind, we are witnesses to an era in which art and craftsmanship substitute for nature in offsetting man's physical shortcomings.

An exhibition of aid appliances, organized as an item in the programme of the Congress, displayed the most amazing achieve-

ments of inventors and research workers : a typewriter worked by breathing, each variation in the force or length of expiration corresponding to a particular sign or character ; electrically powered armchairs equipped with caterpillar tractors to climb stairs ; motor cars with special gadgets ; and the most moving of all, artificial upper limb attachments in metal or plastic intended for use by phocomelia children, the victims of thalidomide, who are fitted already at eighteen months of age in order to enable the mental adjustment to take place as early as possible, together with the development of muscles in the shoulders, thorax and back in the exercise of the use of these delicate appliances, each control lever of which is connected to a minute amplifier.

5) **Housing.**—Various countries are concerned with the provision of accommodation especially designed to simplify the daily life of the disabled. Whilst this requires special architectural arrangements (such as elimination of threshold and entrance steps, flats on ground floor level, lifts wide enough for wheelchairs, special kitchen and sanitary fittings), the building of blocks of flats exclusively for the disabled is to be avoided. It is preferable, from a social standpoint, that buildings should have no more than a fraction of such specially designed accommodation, for any concentration of invalids should be avoided. Indeed, what would be the use of efforts to re-integrate the disabled into normal life if they are gathered together in a housing scheme, thereby creating a settlement apart for them. Sociologists and architects concerned nowadays with large housing estates and new towns advise against any form of segregation according to age, social strata, profession, etc. This is equally valid for the disabled who should not be condemned to live on the fringes of society. For want of a better solution, this has still no doubt to be adopted for the greatly disabled without any family and in need of regular nursing care, but if possible only in homes having a few patients.

However, even for this category, there is an exemplary design of a block of buildings, of recent construction, in the Copenhagen orthopaedic hospital complex. A large proportion of these buildings house "normal" families without any invalid member, some families with one disabled member and there are also specially

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fitted flats for couples or single disabled persons. The living quarters are directly connected by a lift to the underground garage where the disabled park their cars. If any of these disabled persons requires help or special care, the hospital staff are available, and indeed by a corridor they have direct access to the hospital in order to go for regular treatment or to the workshop. This is a fine example of de-segregation.

6) **Team Work and Case Work.**—For the last 20 years the main pioneers in rehabilitation have been insistent on close team work. Surgeon, doctor, therapist, psychotechnician, educator, trainer, employment officer, social worker, should not each have an independent approach one after the other ; their action should be concerted. The validity of this principle is proving to be more and more undeniable ; and yet in many countries team work has not been instituted. The reason is often the lack of qualified personnel or an inability on the part of these specialists to get together.

And even when a team is a well organized and experienced unit, inexplicable failures occur, nevertheless. Study of such failures shows that although the team work principle is a fundamental necessity, there comes a time when the disabled person who is well on the way to rehabilitation should become not only an active, but even the main, member of the team and begin step by step to dispense with the team's help. This is the only way for the patient to resume his or her personal responsibilities. To attain this objective, it is important that at some intermediate stage between dependence and self-reliance, the social worker (trained in case work) takes up his place in the team and by association with his individual case induces him or her to make decisions and helps the person to recover that self-reliance which is the very keystone of rehabilitation.

The transition from concerted team work to a joint effort by two co-workers might appear to be a delicate phase, but as it is in the nature of things, it takes place without difficulty.

There is no conflict between team work and case work, but the former must progressively be replaced by the latter. It is then that it becomes obvious that the training and functions of social workers prepares them to make closer contact with the patient as an individual, whereas the other team members, whilst naturally

concerned with the patient, tend rather to treat the case in point in the general run of the mill.

7) **The Disabled Person's Vocation.**—The only truly disabled person is the one who has still to become adjusted to overcome his infirmity and to look upon it as an impetus. For his intimates and helpers, it is an honour to contribute to the success of the painful and laborious transmutation of a handicap into an asset.

The disabled person is equal to a person sound in body only when, thanks to the help he has received, he is reconciled to his disablement and enters with a will into a new career; not one imposed upon him, but a vocation freely chosen taking into account the new facts to be faced as a result of his disablement.

But a vocation once acquired needs constant mental stimulus and adaptation to circumstances. Like everyone else, the disabled have their ups and downs. As the believer must each day meditate and sustain his faith, so must the disabled each day accept his lot and persevere in his vocation. This is what enables him to feel in his element in a world of healthy people where he is accepted without reserve.

DENYS DROIN

M I S C E L L A N E O U S

ON THE SPECIAL MEANING OF "INTERNATIONAL WORK IN COMMON" AMONG MILITARY PHYSICIANS

A most interesting article by Dr. H. Meuli, member of the ICRC and former Director of the Swiss Army Medical Service, appeared under this title¹, showing that medicine, link between peoples, constitutes an element of peace ; especially in these times when mutual aid has become a rule amongst the different nations. Medicine, and especially military medicine in time of conflict, is one of the most active factors which can soften the horrors of war and prepare peace. The army medical officer has to study the problems of assistance, brought without discrimination to all victims of conflicts. It is the very spirit of the Red Cross which he must defend and practise. We have therefore thought it worthwhile to reproduce this article relating to problems of actual importance.

There is none who has a better knowledge of war, measures its horrors and hates it more, than the military medical officer. There is no one better placed than he, acting with full knowledge, to take up a position for *Peace* and against *War*. But the harsh realities of History, the uncertainties of the future do not allow mankind, nor doctors above all, to think of the cataclysm brought about by the eventuality of war, without attempting to find and to make opposition to it with measures of prevention or protection.

We would once more repeat the affirmation made by General H. G. Dufour and Gustave Moynier at the opening session of the first Geneva Conference which was summed up some 70 years later by Max Huber as follows : " To the objection which has often been raised and which continues to be in certain quarters, that it would be more important to prevent war than to care for its victims, that it would be better to create just and equitable situations in the world than to wish to make reparation for arbitrary action against an

¹ See *Revue internationale des Services de Santé des armées de terre, de mer et de l'air*, Paris, November 1962.

isolated victim, one should reply that the Red Cross only admits of the principle based on a realistic and objective knowledge of the facts. Man will always be the victim of fresh disasters which, provoked by nature, will overwhelm him, extending and materialising themselves through his sufferings. To the victims of such disasters, against this inescapable reality, the Red Cross brings a solution to the realisation of which each one can contribute either by direct aid or through indirect support. Whoever is prepared, by his immediate presence, to accept to be of valuable assistance, will surely not be the last to act for a more propitious future. The Red Cross can and must transmit the spirit of peace, by which its members can give an example of disinterested aid, thus diminishing the barriers set up between classes, parties, races and peoples. To enable Peace to be maintained and preserved it is not sufficient for a Treaty to be signed, this peace should also take root in the hearts of men and women."

We have, unfortunately, had recent experience of tragic events during which the criteria of humanity seem to have been forgotten in the paying off of old scores of a civil war and in which one could see how the most brutal forms of torture and assassination were employed.

* * *

Basing ourselves on these present observations we should insist on the place which medicine, and especially military medicine, ought to take in the world. It is only one cog in the machinery, but still one of the most important elements in the struggle for peace. Achieving peace through Medicine is an aphorism which has already found widespread understanding and we subscribe to it wholeheartedly.

Without any doubt, medicine constitutes a factor for peace among men, but it is only one of many factors and the pacific idea should deeply penetrate the minds and the hearts of men since it is the very essence of society.

Just as an individual cannot live entirely on his own or isolated from his fellows, so a country or a people cannot live by its own resources alone.

Each individual has responsibilities towards the community

and should feel himself bound to the people of his own country as well as to those of other countries. If this were not the case, he should at least understand, and this for reasons of common sense, that political conditions and social situations in other countries are constructive and can become decisive for better or for worse as regards its own prosperity.

This interdependence among peoples has become so evident that generous undertakings have been made from all over the world to organise aid appropriate to the under-developed countries, but this aid cannot be really efficient unless the confidence of the people in the countries concerned has been obtained. The Red Cross (Red Crescent, Red Lion and Sun) is a moral world force and a symbol of unconditional and free aid given. It is indeed an element for good, a means of understanding between peoples in our times which are so torn asunder and filled with such contrast. Under its sign, moreover, the fiercest political opponents find themselves together round the same table, prepared to negotiate and, under its protection, exchanges of prisoners can, for example, be made. Furthermore, the continuation of material and moral aid is rendered possible in time of war. For nearly a hundred years a considerable number of doctors, military medical orderlies, male nurses, nurses and Red Cross voluntary aids have worked for the Red Cross on many a battlefield, in medical centres, infirmaries and hospitals, often under most difficult conditions, in total disregard of their lives. For them there were neither friendly nor enemy wounded, there were only men, and comrades at that.

But this is the very principle of medical ethics and one of the most clearly defined objects of military medicine : to fight for real peace with justice and freedom, to combat war itself. We would however be failing in our duty if in conflicts, which today are still likely to occur, we do not ensure that the sufferings of the wounded, of the sick, of prisoners and of the civilian population are not mitigated to the greatest possible extent.

We all know these words of Montesquieu : " The Law of Nations is founded on the principle that countries should do each other as much good as possible in time of peace and the least possible harm in time of war." Mr. Léopold Boissier, President of the International Committee of the Red Cross, also spoke in the same vein on Septem-

ber 15, 1959 at the first international Refresher Course for young military medical officers : " If men must endure suffering, let this be as little as possible. This is the key-stone of the Geneva Conventions. Medicine also aims at the same end. The ICRC owes a great deal to doctors, several of whom having taken part in its creation and in drawing up the Conventions. By recognising and obeying this principle, the doctor of today is only applying these Conventions. He will, for his part, 'be helping to make them universal and to have them imposed on all men's consciences, as being one of the primary gains for civilisation."

We doctors must remain in the front line and should not only assure ourselves that the principles of the Geneva Conventions are known throughout the entire world, but also that the obligations deriving therefrom are observed and applied. The International Committee of Military Medicine and Pharmacy, since its foundation in 1921, fills an important and effective rôle in this sense. The international Congresses, the Sessions of the Office of Documentation which it organises, convening most of the Health Services, create and foster close co-operation and liaison between the members of these Services. Together with the " *Revue internationale des Services de Santé des Armées* ", it encourages the exchange of views, draws attention to technical discoveries and it attempts to bring about a standardisation of medical equipment and of medical treatment and to ensure closer co-ordination between different elements in the Health Services.

But personal contacts and real human relationships are no less important, if not more so, since they enable the establishment of a good spirit of fellowship with regard to ever-present demands of humanity and of medical ethics.

From this point of view the doctor's personality is far more important than that of the scientist. For the soldier in a war the fact of knowing that the doctor is beside him and his confidence in the Medical Service means for him, in the midst of danger and destruction, a better world, a guarantee of security and sympathy more important than the best technical aid.

Starting from this principle, the XIIIth International Congress of Military Medicine and Pharmacy which was held in Paris in 1951, expressed the wish that :

“ The International Committee of Military Medicine and Pharmacy endeavours to give to all members of the Health Services of all countries, a unique, identical training, from the moral as well as from the professional point of view.”

And finally, after years of effort, it was possible to organise at Macolin in Switzerland, from September 11 to 19, 1959, a *First International Refresher Course for young military Medical Officers* : much progress had therefore been accomplished to have achieved this end.

* * *

And now the success obtained by the IInd Course arranged in Florence by the Medical Services of the Italian armed forces, under the direction of Lieutenant-General Dr. Mennonna, has confirmed to a spectacular extent the faint hopes formulated more than twenty years ago by the ICMMP, to such a point that the President of the Swiss Confederation, in a message which he addressed to me, suggested that study should be made of setting up a permanent, durable body to ensure the continuation of organising these international meetings and the unity of the principle of training young military medical officers.

In fact, the best of our young comrades coming from every sort of different country have been able, thanks to these courses, to get to know and appreciate each other. On returning home, they will be able to publicise and make known the spirit of a work accomplished in common and of a sincere and fertile international friendship.

Knowledge and conscience, military virtues and medical ethics are the bases of instruction for young military medical officers, and I am convinced that these courses constitute striking progress towards the realisation of our ideal. This is, the absolute necessity of close co-operation between doctors of all countries, in the spirit of Henry Dunant and the Geneva Conventions, of the statutes of the World Health Organization, of the unalterable principles of medical ethics and of the fellowship between all men of good will ; a modest contribution, on the international level, not only towards humanizing war, but above all towards the abolition of war itself and the maintenance of peace.

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 ;

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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- ALGERIA — Central Committee of the Algerian Red Crescent Society, 8 bis, rue Henry-Dunant, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yriogoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 8 Phlaur Ang Nonn, P.O.B. 94, *Pnom-Penh*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- CONGO — Red Cross of the Congo, 24, avenue Valcke, P.O. Box 1712, *Léopoldville*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague III*.
- DAHOMÉY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Platanvej 22, *Copenhagen V*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, *Bonn*.
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a Calle entre 8.^a y 9.^a Avenidas, *Guatemala*.
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Thorvaldsensstraeti 6, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, *Baghdad*.
- IRELAND — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

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- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4^o piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C.2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — The Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas, *Asunción*.
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- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
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- 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 Red Cross, National Headquarters, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kouznetsky Most 18/7, *Moscow k.31*.
- 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-Triệu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.