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INTERNATIONAL REVIEW OF THE RED CROSS

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THE PROHIBITION OF TORTURE

In a world in which violence is rife and gives rise to retaliation, forming a vicious circle, torture, physical or mental, becomes extensive particularly during internal conflicts. Such practices stand condemned by Red Cross thought and action. In addition, the Fourth 1949 Geneva Convention relative to the protection of civilians in time of war, in its article 32, forbids torture by civilian or military agents.

It is now twenty years since International Review published an article by the late Henri Coursier, a member of the ICRC Legal Service, on this interdict under the Fourth Convention. The writer showed in a broad historical background how the attitude towards torture had evolved and how its practice had declined, only to be revived and to spread again in our times. We therefore think it not inappropriate to reproduce his article, while deploring that it is still today only too tragically topical. (Ed.)

* * *

Torture is so odious a form of outrage in relation to the individual as to be inconceivable except in connection with (alleged) claims of the community, e.g. in the case of judicial torture, to which resort is had in order to prove or to prevent crime. Judicial torture is a form of penal proceedings. It is open to question both on ethical grounds and in regard to its efficacy.

There is another form of torture however, which cannot even claim to serve for the protection of the community, and is merely an abusive employment of force without public authority against individuals to compel them to commit acts against their will. Such forms of torture occur in connection with common brigandism or outrages committed during disturbances.

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Torture has prevailed more or less generally in history in the different countries of the world, its extent varying according to the views held in regard to the respect of the human person.

In the civilised countries of Europe judicial torture was abolished towards the end of the 18th century. Other forms of torture seemed to have disappeared with the memories of the Thirty Years War and the exploits of Cartouche, Mandrin and their kind, only to appear once more in the present era in connection with racial and political persecutions which have shocked the conscience of the world.

It is proposed at this point to give a brief sketch of the problem of torture in its relation to the traditions and activities of the Red Cross. Ample use will be made in connection with the history of the subject of the work of M. Alec Mellor, Advocate at the Paris Court of Justice, and the author of an intrepid arraignment of torture¹. We shall then indicate some of the ethical considerations which led the International Committee of the Red Cross to present to the XVII International Red Cross Conference in July-August 1948 the text which, a year later, was amended by the Diplomatic Conference of Geneva to become Article 32 of the Convention for the Protection of Civilian Persons in Time of War, which was signed by sixty-one States. In conclusion we shall refer to the possible influence of this Convention in the drawing up of the Universal Declaration of Human Rights, approved and proclaimed by the United Nations General Assembly on 10 December 1948, which also (Article 5) solemnly declares the abolition of torture.

* * *

In ancient times, both in Greece and in Rome, torture was associated with the institution of slavery (and also with the status of foreigners): citizens were exempt. There could be no better gauge of the aristocratic character of ancient communities. The most famous democracies of antiquity, in whose name the liberties of the present day were proclaimed, limited complete legal capacity to a very small number of persons. The multitudes of slaves (originally prisoners of war) were treated like beasts of burden and deprived of

¹ Alec MELLOR, *La Torture*, in "Les horizons littéraires", 9 rue Clairaut, Paris, 1949.

all rights. The same applied to foreigners. The *Jus Quiritium*, applicable to citizens only, prohibited their being put to torture. St. Paul, on the point of being tortured, proudly protested that he was a Roman citizen, and his torturers at once stayed their hand.

With the close of the Roman Republic however, the Empire by the *Lex Julia majestatis* (of which it is not known whether Caesar or Augustus was the author) established the *crimen majestatis*, which suspended the citizen's immunity from torture whenever the security of the State was involved. It was a dangerous principle which, in spite of the spread of Christianity in the Roman world, was to lay the foundation for the police excesses of the Emperors of the Later Empire.

Now begins the conflict between reasons of State on the one hand, which sacrifice the individual, and religion on the other hand, which protects him on the ground of the dignity attaching to him as a being created in the image of God and redeemed by the blood of Christ. In the early 5th century St. Augustine¹ writes: "When a judge tortures an accused person for fear of sending an innocent to death by mistake, he is causing, in woeful ignorance, the death of a man both innocent and tortured whom he tortures in order to prevent his dying innocent." The principal argument of the Bishop of Hippo against torture is that it is a penalty in itself and, even if the accused person is guilty and is sentenced accordingly, he suffers both the penalty attaching to the crime and the torture, while, if he is innocent, the torture is an unwarranted punishment. Such is the attitude of the great precursor of medieval scholasticism; and we have here the origin of the theories of the canonists, which are much more reserved than those of the secular legislators, on the subject of torture, in spite of the moral value attached by the Church to the principle of confession. Such is the moderation of Canon Law. To the Gospel and also (to the honour of Israel, be it said) the Mosaic Law, torture was quite unknown. In 866 Pope Nicholas I wrote to Boris, Prince of Bulgaria, as follows: "I know that after catching a thief you put him to torture until he confesses; but no law either of God or man justifies such a practice. Confession should be spontaneous, and not extorted by force. If the torture yields no proof, are

¹ *De civitate Dei*, XIX. 6.

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you not ashamed? Do you not recognise the iniquity of your action? If the sufferer, lacking the strength to resist the torture, confesses to the crime without being guilty, who then is guilty of the crime, if it be not he who forced the false avowal? ¹”

At the time of the Crusades, in spite of great bloodshed and indescribable cruelties, torture and mutilation were on principle forbidden ².

With the formation of modern States the authority of the Roman Law, revived by the jurists in the interests of the civil power, prevailed over the precepts of the Christian hierarchy. Justinian, codifying Roman law at the close of the 6th century, reverted to the *Lex Julia majestatis* (*Digest*, XVIII, 4), and attached to it an inquisitorial machinery, to which the Bologna school had recourse for the technique of torture in the 13th century. The *De quaestionibus*, a doctrinal treatise on the subject and of which the civil power made use, contained a certain number of rules which became part and parcel of criminal procedure, so that we find that, always in accordance with the *Digest*, “one starts with the most timorous or the youngest of the accused, and torture will not be applied except on strong presumptions.”

The development of torture was particularly marked in Italy. The dramatic sessions of the Council of Ten in Venice are notorious. Incidentally, it is interesting to note, Macchiavelli, the master-theorist of the absolute authority of Princes, had himself to submit to torture.

In England on the contrary, where the royal prerogatives were early disputed and the rights of the subject were proclaimed by *Magna Charta* in 1215, torture was never in use. Henry VIII, Elizabeth and Cromwell had recourse to torture on occasion, but only (the English historians are careful to point out) “as a part of the machinery of State and not as an instrument of the Law” ³. Apart from these exceptions, British tradition remained resolutely opposed to torture. During the Felton trial (1628) the Judges resolved that it would be illegal to put the accused to the rack, since no punishment

¹ Quoted by MELLOR, *op. cit.*, page 123.

² See *Etudes sur la formation du Droit humanitaire* in the “*Revue internationale de la Croix-Rouge*”, July 1951, page 570.

³ BLACKSTONE, *Commentaries of the Laws of England*, 23, No. 3.

of that description was known to, or authorised by, the law. In 1679 the promulgation of the Habeas Corpus Act on the liberty of the individual by Charles II definitely confirmed this doctrine, and torture was unknown in England at a time when it was rife elsewhere.

In Spain the use of torture was specially concerned with the extirpation of heresy and the proceedings of the Inquisition. The Church has often been unjustly blamed for this institution. Although its object was the repression of confessional "crimes", and it was in consequence based on theological principles, the Inquisition was in reality a political weapon in the hands of the civil power. In 1478 the "Catholic Kings" made a radical change by giving it as its principal organ the Council of the Suprema, which was a royal council, and by leaving prosecutions to the Fiscales, who were royal officials. Torquemada had to defend himself in Rome against the extremely bitter complaints which were lodged against him; and in 1519 Pope Leo X actually excommunicated the Inquisitors of Toledo.

When the King of Spain in the person of Charles V assumed the imperial power in Germany, he regulated torture by the *Constitutio criminalis Carolina* (1532), which exempted sexagenarians, children under 14 years of age and pregnant women from torture, though children under 14 could be flogged "in moderation". Luther's Reformation did nothing to change the established ideas concerning torture. On the contrary it lent them the authority of the great Reformer in connection with the repression of sorcery. The Protestants burned after torture just as many sorcerers as the Catholics, both sides being actuated by the belief that in these unfortunate people they were harrying the Devil himself and the earthly manifestations of his terrible power¹.

In France such an eminent jurist as Jean Bodin had no hesitation in conforming to the prevailing ideas. For the torture of sorcerers he recommended the "Turkish Bane" (which meant tearing their nails out) as being superior to any other form. Soon however the moralists began to lift their voices in protest. In a celebrated passage of the *Essais* (Book II, Chapter V) Montaigne wrote: "Torture is indeed a dangerous invention. It is a trial of endurance

¹ See Th. DE CANZONS, *La magie et la sorcellerie en France*, III, pages 61-66.

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rather than truth: for both he who can endure it and he who cannot conceal the truth. Why should pain make me confess what is, rather than make me say what is not, true? ...It seems to me that this invention depends upon the strength of conscience, inasmuch as it seems to weaken the conscience of the guilty and on the other hand to strengthen the innocent to bear the pain. Truly it is a most uncertain and dangerous means. What would a man not say to escape such great dolour? *Etiam innocentes cogit mentiri dolor*. Thus it comes to pass that he whom the Judge hath tortured so as not to let him die innocent is made to die both innocent and tortured.”

It is curious to note how Montaigne here repeats (in identical terms) the argument of St. Augustine. As to the moral argument—well placed in this chapter, which is headed “De la conscience”—that a good conscience withstands the effect of torture, while a bad conscience is a factor tending towards avowal, it is evident that Montaigne does not press this point: he puts it only as a point against the advocates of torture. His real argument against them is based on the ineffectiveness of torture. Montaigne’s opinion is at the origin of the movement against torture, which developed in France in opposition to the Justice Courts (*Parlements*). The latter upheld it on the authority of the Roman Law ¹.

Torture was regulated in France by the fundamental laws (*ordonnances*) of 1498 and 1549, and in particular by the Grande Ordonnance of 1670, which is really a code of criminal procedure. It stipulates that for recourse to torture the offence must be evident, and there must be “considerable proof” (Chapter XIX, Article 1). Moreover, the torture may not take place except on an initial warrant issued by the Court after careful deliberation. Torture was classified as “ordinary” or “extraordinary” according to the degree of its severity. The Judge had at all times full powers to graduate the degree of torture. There was a further distinction between “preparatory” torture, the purpose of which was to wrest from the accused an avowal of his crime, and “preliminary” torture, which was only applicable to convicted persons in order to force them to divulge the names of their accomplices.

¹ Montaigne was himself a Councillor of the Bordeaux *Parlement*; but this was not the only issue on which he showed himself to be in advance of his time.

In 1695 President de Harlay, when passing through St. Pierre-le-Moustier, had a fancy to inspect the places where these operations of justice took place. "He was much surprised to see the enormous size of the weights to be attached to the feet and hands of persons undergoing torture, who were at the same time raised to a height of 22 to 23 feet. On being questioned, the officers of the Bailliage, the Civil Lieutenant and the Criminal Assessor had to admit that two accused persons (one of them a woman) had died in the process¹." The Paris *Parlement* consulted the tribunals under its jurisdiction; and memoranda from Saint-Dizier, Chartres, Blois, Orleans, Montargis and Beaugé all urged the mitigation of torture. Certain changes were then made, which proved the forerunners of the great current of opinion which in the next century was to do away with torture altogether.

In Russia the movement was slower, and torture continued to be in high esteem, so much so in fact that Peter the Great had no hesitation in torturing his own son on a charge of having fomented a rising for the repeal of the reforms. Under the knout the Tsarevitch made a false confession. In the words of Voltaire²: "This last statement of the Prince has a very forced appearance. He seems to make efforts to prove himself guilty; and what he says is contrary to the truth on one capital point... In his last confession he seems to be afraid he did not accuse himself sufficiently in the earlier confessions, or bring out his real guilt by merely describing himself as 'bad-tempered' and 'evil-minded' and by imagining what he would have done, had he been the master. He laboriously sought to justify the sentence of death which was to be pronounced... In any case his sentence of death was unanimous... Of the hundred and forty-four judges, not one was prepared even to consider a lesser penalty than death."

"An English publication", Voltaire adds, "which attracted much attention at the time, said that, if such a case had been tried by the English Parliament, there would not have been a single one of the hundred and forty-four judges who would have imposed any penalty at all, however slight".

¹ Alec MELLOR, *op. cit.*, page 113.

² VOLTAIRE, *Histoire de Russie sous Pierre le Grand*, Chapter X, pages 472 ff.

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These events occurred in 1718. They were only a little anterior in date to the period when enlightened opinion made itself heard throughout Europe—in Russia, as elsewhere—against torture. The “Philosophers” of the Encyclopedia attacked the criminal procedure of their time, not only on account of its ineffectiveness, but also on ethical grounds. They evoked the great name of Nature, which for minds disabused of religious beliefs was the keystone of the social structure. Montesquieu said ¹: “So many clever people and men of great genius have declared against this practice that I hardly dare to speak after them. Otherwise I might have said that torture may be the proper thing under despotic governments which rule by fear. I might have said that the slaves of the Greeks and Romans... but I hear the voice of Nature raised against me!”

The great theoretical advocate of the abolition of torture was Beccaria. In his *Traité des délits et des peines* published in Milan in 1764 he repeated systematically in eloquent language all the classical arguments. “Torture”, he wrote, “is a penalty disguised as a form of enquiry, and no man should be penalised before being judged... Either the offence is proved, or it is not. If it is proved, he needs no other punishment than that which is inflicted by the law. If it is not proved, it is shameful to torment an innocent man.” And again he says: “To make pain a test of truth is an unailing means of acquitting the robust rascal and condemning the innocent weakling.”

But it was above all Voltaire, who in a large number of his works repeatedly attacked the institution of torture with pitiless sarcasm, and in the end definitively discredited it.

One after another the principal Sovereigns of Europe, who made it a point of honour to declare themselves “philosophers” and to correspond with the Encyclopedists and Voltaire, abolished torture.

Frederick II did so as early as 1740. In his *Dissertation sur les raisons d'établir et d'abroger les lois* he said (in French): “Nothing is so cruel as torture. The Romans inflicted it upon their slaves, whom they looked upon as a species of domestic animal: no citizen

¹ MONTESQUIEU, *Esprit des lois*, VI, 17.

was ever subjected to it. May I be pardoned if I protest against torture! I venture to side with Humanity against a practice which is the shame of Christians and of all social peoples and, I may add, a practice as useless as it is cruel." This last point reveals the *macchiavellian* spirit of this Prince. He had written in a very different sense to Voltaire in 1777: "In regard to torture, we have entirely done away with it, and for thirty years it has ceased to be in use. There may however be justification for exceptions in republican States in the case of crimes of high treason—for instance, if there were in Geneva citizens wicked enough to plot with the King of Sardinia against their fatherland. Supposing one such conspirator were to be discovered, and it became necessary to ascertain the names of his accomplices, in order to get at the root of the conspiracy, I believe that in such a case the public welfare would call for the torture of the culprit."

In Sweden torture was abolished in 1734, but remained in use for certain serious cases. Gustavus III suppressed the last vestiges of the practice, when he closed the "Vault of Roses" in 1772.

The Empress Maria-Theresa, on becoming an adept of "enlightened despotism", forbade the use of torture in her dominions, but did not abolish it in law.

Catherine II, also under the influence of the "Philosophers", published several notes on the forms of criminal justice, in which she expressed herself emphatically in favour of the abolition of torture¹.

Meanwhile in France torture still remained in force thanks to the support of the *Parlements*. But the day arrived when Louis XVI at last put an end to it, actuated not by "philosophical" motives but by a generous impulse. On 24 August 1780, the eve of the Feast of St. Louis, he suppressed "preparatory" torture in celebration of his birthday. Finally on 8 May 1788 at a *lit de justice* he overrode the resistance of the *Parlement*, and suppressed "preliminary" torture. These two measures were confirmed by a Decree of the Constituent Assembly of 8 and 9 October 1789. It was thus thanks to the last Sovereign of the *ancien régime* that the new and more humane era opened. In spite of its excesses and its acts

¹ It was not abolished however until 1801 by a ukase of Alexander I.

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of cruelty the Revolution respected these decisions, and even the Reign of Terror was without torture.

The Declaration of the Rights of Man and of the Citizen, based like all the Revolutionary legislation on the individualist ideology, inspired the successive Constitutions in France; and, when the Empire proceeded to distil the essence of the vast political and moral ferment of those troubled times, it promulgated a Criminal Code, which lays down (Article 186) that: "When an official, a public officer, an administrator, an agent or superintendent of the Government or of the Police, an executor of judicial orders or sentences, a superior or inferior public servant uses, or causes to be used, violence, without legitimate cause, against persons in the exercise of, or in connection with, his functions, he shall be punished according to the nature and gravity of his violence, the penalty being graduated in accordance with the regulation prescribed in Article 198 hereafter." The celebrated Chief of the Imperial Police, Fouché, never employed torture. From this time onwards torture may be taken to have definitely ceased in France. No subsequent regime reversed this development; and it may be said that the spirit of Article 186 of the Criminal Code is characteristic of the judicial system, which spread over all Europe during the 19th century.

* * *

The present age has seen the revival of torture, and in a form even more horrible than in past centuries.

On the one hand scientific progress has made it possible to effect a more subtle variation of the different forms of torture up to the extreme limit of the victim's strength. Use of the electric current is especially favoured.

On the other hand it would seem that human sensitiveness, and *pro tanto* the liability to suffering, has increased in present day societies. The use of drugs like antipyrin and aspirin have for years past made the human frame independent of nervous suffering. The use of anaesthetics in surgical operations has eliminated occasional sufferings. In the past dental decay caused pain, for which there was no remedy other than the loss or extraction of the tooth: today there is hardly anyone who cannot obtain treatment

almost without pain. Mankind has become accustomed to this elimination of suffering to such an extent that we can hardly believe what seem to us the astonishing accounts of Napoleon's Grande Armée in Russia. We read, for example, that Larrey "would dislocate the shoulder of a wounded man, sitting on a drum, without even making him lie down, and the patient would say nothing... perhaps make a face for a moment". Professor René Leriche, who reports this story, concludes that "the sensitivity to pain of present-day man is more refined and more subtle than that of his predecessors in the past"¹.

This conclusion intensifies pity, for the torture of the present day fills us with even greater horror than the torture of antiquity. "Pity", writes Bergson², "consists in putting oneself in the place of others, and suffering in their sufferings. But if, as some have maintained, pity was nothing more than this, it would incline us to shun the afflicted rather than to succour them, for all suffering naturally fills us with horror. It is possible that this feeling of horror is at the origin of pity; but a new element soon mixes with it—an urge, namely, to help our fellow-men and alleviate their suffering. We may think with La Rochefoucauld that this so-called fellow-feeling is a calculated feeling, 'a shrewd forecast of evils to come'; and it is possible that fear has in fact something to do with compassion. But these aspects of pity are not its higher aspects. True pity consists less in shrinking from suffering than in desiring it. The desire may be slight: its fulfilment may hardly be welcome: but one forms the desire in spite of oneself, as if Nature had done some great wrong, and all fear of complicity with her had to be removed. The essence of pity therefore is a craving for self-humiliation, an aspiration towards belittlement. This painful aspiration has incidentally its charm, inasmuch as it raises us in our own esteem, and makes us feel superior to those material objects from which our thoughts are thus momentarily detached."

This admirable analysis well defines the spirit of the Red Cross, and helps us to understand the devotion of pioneers of relief work like Florence Nightingale and Henry Dunant. As the same feelings

¹ René LERICHE, *La Chirurgie de la douleur*, Paris, 1937, pages 52-149.

² Henri BERGSON, *Essai sur les données immédiates de la conscience*, page 14.

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animate those who are called to follow the example of these pioneers, the Red Cross could not possibly remain indifferent to the revival of torture.

But there is more to it than that. Torture calls in question the fundamental rights of man. If then it is true that the idea of respect for the human person is at the base of humanitarian law, how could the Red Cross do otherwise than raise the question, and show in what way torture is contrary to the very fundamental of this law?

From the moral point of view torture degrades the person who inflicts it, and even more horribly the person on whom it is inflicted. Certain scientific discoveries have made it possible to violate the very secrets of conscience, and by means of the action of barbiturate substances such as pentothal to force avowals of tendencies and conceptions which the will had always resisted. Instead of judging a man by his acts, the modern torturer probes his secret sentiments. Professor Graven of Geneva University has shown that the "right to silence" is one of the attributes of personality¹. We may go further and say that torture deprives its victims not only of their prerogatives as human beings, but also of their powers of resistance to self-inflicted dishonour and degradation.

Prominence was given to this aspect of the problem in a Report addressed by M^e Joseph de Coulhac-Mazerieux to the French Bar Council (*Conseil de l'Ordre des Avocats*)². "The Bar Council", he wrote, "has the duty of ensuring respect for this 'inviolability' of the human person, which is one of the established principles of our liberal and individualistic juridical system. When we speak of the inviolability of the human person or of the 'right to personal inviolability', it must be understood that for the jurist 'the human person is inseparably body and soul', as Professor Carbonnier felicitously puts it... When guilt is in issue, doubt in the minds of those with whom it rests to investigate and to judge is so unbearable that, to overcome it, they are sorely tempted to have recourse to exceptional measures of force and coercion. It is from this temptation and from its inevitable concomitant misuse that the individual must be protected. It is for the law, and the law alone, to arbitrate

¹ J. GRAVEN, *L'obligation de parler en justice*, published by the Faculty of Law of Geneva University, 1946.

² Dated 13 July 1948.

when the conflicting rights of the individual and of society are in question. The law has regulated arrest, search of the arrested person, detention pending trial and imprisonment. It has laid down the limits for lawful coercion, whether physical or moral. Beyond those limits any coercion is arbitrary, and constitutes an abuse and a violation of the law... All violence has disappeared from our Code of Criminal Procedure, and the Judge cannot place beside the pen of his Registrar either the policeman's bludgeon or the psychiatrist's syringe. ”

Such is the condemnation of torture from the standpoint of the law. For the Red Cross it is a confirmation of their motto “ *res sacra miser* ”. Any suffering calls for action; but, when suffering is thus glaringly inconsistent with the fundamental rights of the human person, further effort must be made to mitigate it by humanitarian law.

It was with these considerations in mind that the International Committee of the Red Cross was inspired to insert the Article on torture in the draft Convention for the Protection of Civilian Persons in Time of War. As has already been mentioned, the draft was submitted to the XVII International Red Cross Conference at Stockholm in July-August 1948; and the text proposed by the International Committee (“ Torture and corporal punishments are prohibited ”) was adopted. Some months later the United Nations General Assembly met in Paris, and on 10 December 1948 approved and proclaimed the Universal Declaration of Human Rights “ as a common standard of achievement for all peoples and all nations ”... This Declaration also condemned torture. Its fifth Article stated that: “ No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment. ”

It remained to introduce these texts into positive law. This was done in the case of the humanitarian Convention by the Diplomatic Conference which met in Geneva in April 1949. It took the Stockholm text, as submitted to it by the Swiss Government, and made it in amended form into Article 32 of the Civilians Convention. It reads in its final form as follows:

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“The High Contracting Parties specifically agree that each of them is prohibited from taking any measure of such a character as to cause the physical suffering or extermination of protected persons in their hands. This prohibition applies not only to murder, torture, corporal punishments, mutilation and medical or scientific experiments not necessitated by the medical treatment of a protected person, but also to any other measures of brutality whether applied by civilian or military agents.”

At the Geneva Conference, discussion on this important Article was opened by the Soviet Delegation, which said in substance: “The crimes committed against the civilian population during the last World War will for ever be remembered by the whole world as one of the most grievous stains on the history of mankind.” The Soviet Delegation estimated the number of civilian persons exterminated in Europe alone during the Second World War at more than 12 millions, and suggested that the Article should brand as “serious crimes” all infractions of this prohibition, and establish rigorous penalties for such crimes. The United States Delegation paid tribute to the humanitarian character of the Soviet proposal, and was itself in favour of sanctions, but preferred to include the provisions for the purpose in the part of the Convention which dealt with sanctions. It was decided accordingly.

Torture is thus placed amongst those crimes which constitute an attack on the fundamental rights of the human person.

A draft preamble giving prominence to these fundamental rights had been drawn up by the French Delegation, seconded by the Finnish Delegation, with a specific reference to torture. It ran as follows:

“The High Contracting Parties, conscious of their obligation to come to an agreement in order to protect civilian populations from the horrors of war, undertake to respect the principles of human rights which constitute the safeguard of civilisation and, in particular, to apply, at any time and in all places, the rules given hereunder:

.....

“ (4) Torture of any kind is strictly prohibited.

“These rules, which constitute the basis of universal human law, shall be respected without prejudice to the special stipulations provided for in the present Convention in favour of protected persons.”

The text was not adopted by the Conference, the latter preferring to do without a preamble; but the substance of it was incorporated, partly in Article 3, paragraph 1, and partly in Article 147 (“ Grave breaches ”) which imposes penalties in accordance with the procedure above indicated. There is a specific reference to torture.

In conformity with the Fourth Convention, the three other Geneva Conventions exclude torture in the case of the persons they protect—viz. sick and wounded, shipwrecked persons, prisoners of war (Articles 12 of the First Convention, 12 of the Second Convention and 13 of the Third Convention).

It should be noted however that the Conventions relate only to times of war and to the “ protected persons ”, i.e. to “ non-nationals ”. Nationals, i.e. citizens or subjects, remain outside the Convention, which respects the autonomy of sovereign States, and does not interfere with their domestic affairs.

This limited character of the Conventions draws attention to the need for enforcing the Universal Declaration of Human Rights.

But it must be admitted that “ reasons of State ” still constitute the chief obstacle to the ideal proclaimed by the General Assembly of the United Nations.

In any case, the Civilians Convention does in a particular circumstance limit the consequences of the power of the State vis-à-vis its nationals. This is in Article 3, where it says that in case of civil war “ the following acts are and shall remain prohibited at any time and in any place whatsoever... murder of all kinds, mutilation, cruel treatment and torture ”.

Consequently, when “ nationals ” are in the greatest danger and within an ace of being treated as rebels, they are expressly protected against torture. That is an important step forward taken by the law of Geneva in support of human rights.

INTERNATIONAL COMMITTEE OF THE RED CROSS

EXTERNAL ACTIVITIES

The President of the ICRC in Africa

From 17 July to 8 August 1971, Mr. Marcel A. Naville, President of the ICRC, accompanied by Mr. Georg Hoffmann, ICRC Delegate-General for Africa, went to Ethiopia, Kenya, Senegal and Cameroon. The purpose of the trip was, on the one hand, to contact government authorities and Red Cross leaders in each country and, on the other, to visit the two ICRC regional delegations set up a year ago in Yaoundé and Addis Ababa.

In *Ethiopia*, where they stayed until 24 July, the President of the ICRC and Mr. Hoffmann were received in audience by His Imperial Majesty Haile Selassie I. They also met the Minister of the Imperial Court and the Ministers of Foreign Affairs, Defence, Health and Justice.

Mr. Naville and Mr. Hoffmann met leaders of the Ethiopian Red Cross and visited the Society's premises in Addis Ababa. They also went to the seat of the OAU (Organization of African Unity).

In *Kenya*, contact was made with the Ministries of Foreign Affairs, Defence and Health, and also with the Attorney-General.

Mr. Naville and Mr. Hoffmann were received by Mr. Charles W. Rubia, President of the Kenya Red Cross Society, and visited the Society's local committees in Nairobi and its surroundings.

On 31 July, the President of the ICRC and the Delegate-General left Nairobi for *Senegal*. They met Mr. Rito Alcantara, Vice-President of the League of Red Cross Societies and President of the Senegalese Red Cross Society, who accompanied them throughout their stay in the country. At government level, Mr. Naville and Mr. Hoffmann had talks with the Prime Minister and with the Ministers of Foreign Affairs and Health.

Finally, in *Cameroon*, the President of the ICRC and the Delegate-General were received by Mr. Ahmadou Ahidjo, President of the Republic. They also met the Prime Minister of East Cameroon, the Prime Minister of West Cameroon, and the Ministers of Foreign Affairs, Defence, Health and Education.

Dr. S. P. Tchoungui, President of the Cameroon Red Cross Society, received the President of the ICRC and the Delegate-General, who visited the seat of that National Society.

In each country, warm relations were established with Government officials and members of the National Societies. The contacts he made gave President Naville an opportunity to speak about the ICRC's activities, especially in the sphere of international humanitarian law, to the development of which it was hoped African States would contribute to a larger extent.

Sudan

Ten tons of powdered milk, a gift of the Swiss Confederation, were sent to the Sudan through the ICRC for the children of Khartoum, Khartoum North and Omdurman. Sudanese Red Crescent teams undertook distribution of the milk, from July 1971.¹ At Khartoum North, Mr. René Weber, ICRC Regional Delegate, took part in the distribution.

Pakistan

Following the agreement given on 26 July by General Yahya Khan, President of Pakistan, to Mr. Victor Umbricht, member of the International Committee, the ICRC has sent to East Pakistan a mission comprising Dr. Otto Lehner, head of delegation, and Mr. Nicolas Vecsey, assistant head of the Central Tracing Agency.

The mission, which left Geneva on 19 August, will concentrate mainly on the setting up, in close co-operation with the Pakistan Red Cross, of a tracing service to seek missing persons and to put them in touch with their families.

¹ *Plate.*

Khmer Republic

Medical examinations.—As mentioned in our August 1971 issue, Dr. Werner Hinden, ICRC doctor-delegate in the Khmer Republic, recently started a programme of medical visits to various refugee camps at Phnom Penh.

The mornings were devoted to the Chak Angré and Cao Dai camps and to medical examinations at the Khmer Red Cross infirmary, where Dr. Hinden was assisted by a Khmer medical officer. In the afternoon, Dr. Hinden and his team of two male nurses, an instructor in hygiene, an interpreter and a driver, visited the Khmer refugee camps and displaced Vietnamese in various places in the town, for which they were lent an ambulance by the Ministry of Health. The programme includes a visit to each camp once every ten days or so.

During these itinerant medical visits, medicaments, supplied mainly by the municipal authorities, were administered. The team's limited technical resources permit it to deal only with relatively simple cases, the treatment of which would not require complicated equipment. The more difficult cases are sent to the Phnom Penh hospital. The sicknesses most frequently met among adults were lung infections, bacillary and amoebic dysentery, parasites and virus infections. Among children, the ICRC doctor sometimes observed inanition atrophy due to prolonged breast feeding, and parasitosis (ascariasis, oxyurid). On an average, Dr. Hinden examined some 50 persons each afternoon.

Visit to refugee centres.—In Phnom Penh, there are now 30 refugee centres sheltering almost 5,500 persons (1,259 families). The ICRC delegate and doctor-delegate visit the centres regularly to enquire into the health situation and the refugees' living conditions, and to examine the sick.

At the end of July, the delegates continued this activity and made a tour of all the camps in Phnom Penh, accompanied by the Chief Nurse and by Dr. Nguon Hoa, Deputy Director of Municipal Health. In addition, during the week from 19 to 23 July, the ICRC doctor-delegate examined nearly 200 persons in five refugee camps

(the Trea Bun Long, Tuon War, Mong Huoth, Chruai Changwar centres, and the BKC centre sheltering Loeu Khmers).

Republic of Vietnam

Visits to places of detention.—From 22 to 25 June 1971, the ICRC delegates and doctor-delegates in the Republic of Vietnam visited the Qui Nhon prisoner-of-war camp. They talked in private with male and female prisoners of war. Previously they had visited the Vietnamese Duy Tan military hospital at Danang for sick prisoners of war, to whom they gave toilet articles. On 6 and 7 July, they visited the State prison at Chi Hoa. They did not interview detainees without witnesses, as this is not allowed in State prisons and correctional institutes.

Laos

Visits to places of detention.—On 30 June 1971, the ICRC delegate in Laos visited the Chinaimo military camp and prison at Vientiane, where he saw persons detained for political reasons and servicemen imprisoned under disciplinary charges. The report on these two visits, as customary, is sent to the detaining authorities.

Relief distribution.—The ICRC delegate in Laos was at Thakek, in the south of the country, from 3 to 5 July 1971, to distribute relief supplies to refugees. Some 200 families received 400 straw mats, 400 blankets and 400 mosquito nets bought by the ICRC and the Lao Red Cross. In addition, parcels of cigarettes, coffee, tea, sugar, condensed milk and tinned food were given to wounded soldiers at Thakek. A stock of blankets, straw mats and mosquito nets was left with the local Red Cross for distribution to further refugees.

Ceylon

Following the mission of the ICRC delegate to hospitals and places of detention in Ceylon¹, two members of the Ceylon Red

¹ See *International Review*, August 1971

Cross visited detainees in the Polonnaruwa "rehabilitation centre". Thanks to the aid furnished by the ICRC, the authorities in the centre were supplied with school equipment, sports items and textiles for clothing, to be distributed to detainees.

Japan

The second phase of the Korean repatriation operation is continuing, as already indicated in our previous issue. The third sailing from Niigata took place on 16 July with 134 passengers, bringing the total of repatriated Koreans from May this year to the beginning of August to 507.

Near East

Visits to prisoners of war

Visits to prisoners of war were carried out by ICRC delegates in Israel, the United Arab Republic and Syria. As customary, the delegates talked in private with detainees of their own choice. The reports on the visits are delivered by the ICRC to the Detaining Power and to the detainees' own government.

In Israel, on 25 July, ICRC delegates visited all Arab prisoners of war held in the Sarafand military prison, namely 75 Egyptians, 41 Syrians and one Jordanian. Further, they saw a wounded Syrian prisoner of war in the hospital where he was being treated.

In the United Arab Republic, on 24 July, the delegates visited ten Israeli prisoners of war interned in the Abassieh military prison; one of the wounded prisoners had left the hospital and was with his comrades in prison. The remaining wounded prisoner of war, still receiving treatment in a Cairo hospital, was visited on 25 July.

On 7 August, the ICRC delegates in the United Arab Republic again visited the ten Israeli prisoners of war held in the Abassieh military prison and, on the following day, the wounded Israeli prisoner of war receiving treatment in hospital.

In Syria, on 20 July, the ICRC delegate visited the three Israeli prisoners of war.

Re-uniting of families and repatriations

An operation for the re-uniting and repatriation of families was carried out by the ICRC at El Qantara on 7 July. It enabled 99 persons to cross to the west bank of the Suez Canal and 19 to the east bank. On that occasion, the delegates repatriated seven UAR fishermen whose boats had been captured by the Israeli armed forces in the last few months. On the same day, four students from Cairo were able to join their families in the occupied territory of Gaza.

At Roshanikra, two operations for the re-uniting of families, carried out on 3 June and 8 July, enabled one person and a family of six to join their kin in Lebanon.

Two persons were repatriated on 3 and 22 June, and two Lebanese nationals on 2 July. On 20 July, two Netherlands nationals were able to re-enter Israeli territory, which they had inadvertently left, while two Palestinians and three Lebanese were brought back to Lebanon.

Israel and the Occupied Territories

Exchange of family messages.—During the month of June, the ICRC delegation in Israel and the occupied territories transmitted 1,241 family messages from Arab countries—including 702 from Jordan and 108 from the Lebanon—and 3,814 to Arab countries, including more than 3,000 to the United Arab Republic and almost 400 to Jordan.

Arab civilian detainees: family visits.—Every month, the ICRC provides for the transport of persons unable to bear the cost of a trip to see a detained relative in prison. In June, 42 buses carried more than 2,000 persons to various prisons in Israel and the occupied territories, enabling them to visit 657 Arab civilian detainees.

Visit to Abu Zeneima camp.—On 14 and 16 June, ICRC delegates in Israel and the occupied territories visited 24 families whom the Israeli authorities had transferred from Gaza to the Sinai for

internment at Abu Zeneima. The delegates enquired into the conditions under which they were living. As customary, the report is sent to the detaining authorities.

Visit to St. Catherine Monastery.—The St. Catherine Monastery, on Mount Sinai, has been regularly visited, since the war of 6 June 1967, by ICRC delegates who have enquired about the problems with which the monks are faced. On 15 June last, three delegates went to the Monastery, where they had an audience with Mgr. Gregorios Maniatopoulos, Archbishop of Sinai.

Half-yearly statistics.—During the first half of 1971, the ICRC delegation in Israel and the occupied territories carried on its customary activities:

- In the course of 74 visits, 129 Arab prisoners of war were visited. Eleven of these were repatriated—ten Lebanese on 23 March and one UAR wounded prisoner of war on 28 March.
- The ICRC delegation received 27 requests for the tracing of missing army men. It was able to reply to 26 of them. In addition, about 100 requests concerning civilians were submitted to the delegates, who were able to reply to 56.
- The delegation received 18,376 family messages from Arab countries and transmitted 21,379 to those countries.
- Various ICRC operations for the re-uniting of families enabled 107 persons to return to their homes in the territories occupied by Israel and 234 to join their people in Arab countries.

Sixteenth series of visits to prisons.—The ICRC delegates in Israel and the occupied territories carried out the sixteenth series of visits to prisons from 31 May to 30 June. They went to 13 places of detention, where they saw more than 3,000 Arab civilian detainees. The delegates were able to talk in private with detainees of their choice, with the exception of those still being interrogated by the police, whom the ICRC was not allowed to visit. As customary, the ICRC's reports are sent to the detaining authorities.

Distribution of parcels in prisons.—During the month of July, standard ICRC parcels containing fruit, biscuits, cigarettes and soap were distributed to 670 Arab civilian detainees in 11 prisons in

Israel and the occupied territories. These parcels are provided for detainees who have had no visit from their family for over three months.

Visit to "feddayin".—Following the events in Jordan, a number of "feddayin" surrendered to the Israeli armed forces. The ICRC asked to be allowed to visit these men. On 27 July, an ICRC delegate was able to visit the Nablus prison, where he saw 77 "feddayin" interned there.

Operation for the re-uniting of families.—On 4 August, an operation carried out by the ICRC for the re-uniting of families enabled 17 persons to join their families on the Golan plateau, in occupied territory.

Jordan

Visit to Aljoun and Jerash hospitals.—Following the events in northern Jordan, the ICRC delegate in that country visited the Palestinian refugee camps and civilian hospitals of Aljoun and Jerash, and distributed emergency medical supplies to the inmates there. As the situation quickly returned to normal and the medical organization was satisfactory, there was no need for him to negotiate for the evacuation and treatment of the wounded.

Visit to detainees.—On 16 July, the ICRC delegate in Jordan visited 58 recently captured Palestinians in the Deir Alla camp. As customary, the report on the visit is sent to the detaining authorities.

Yemen Arab Republic

The two Yemeni technicians who left Sana'a on 6 July, to follow a six-month course in Iran, have arrived in Teheran. Their training has already started in the International Training Centre for Technical Orthopaedics of the Red Lion and Sun Society. It will be recalled that they were awarded two fellowships, one by the Iranian Red Lion and Sun Society and the other by Oxfam, and that their travel was financed by the Government of Yemen.

During the month of June, the Sana'a workshop for orthopaedic appliances continued its activities in the production of artificial limbs and the rehabilitation of invalids.

The patients enrolled at the Centre total 230. Ten who have had a leg amputated and two who have lost an arm have begun to learn how to wear an appliance, while nine others who are already equipped are training to walk. Fourteen invalids are already using their artificial limbs (12 legs and 2 arms). Lastly, it should be noted that the workshop has completed the manufacture of 92 orthopaedic appliances and 12 different supporting appliances.

The Physiotherapy Department is going through a period of intense activity, as it is treating a great many patients, some of whom come from remote areas and are in urgent need of care.

Latin America

Opening of a delegation

The International Committee of the Red Cross, on 19 August 1971, opened a regional delegation for Latin America in Caracas (Venezuela), with two delegates, Mr. E. Leemann and Mr. J. Moreillon. With these two permanent delegates in the field, it will be possible to step up the already authorized visits to detention centres in more than a dozen countries, to strengthen links with National Societies, and to ensure the better dissemination of those humanitarian principles which underlie the ICRC mission.

Bolivia

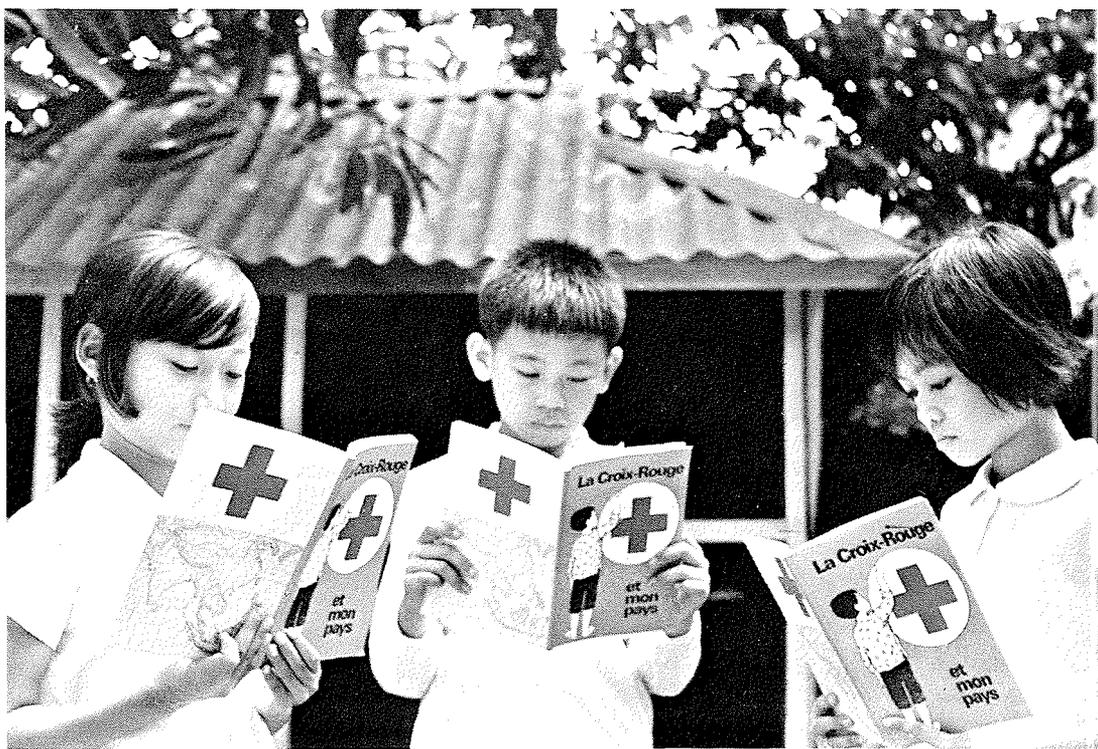
Early in August, three places of detention in Bolivia were visited by Mr. Serge Nessi, ICRC Delegate-General for Latin America, accompanied by Mr. Jacques Moreillon, Regional Delegate. They were the *Cárcel San Pedro*, the *Cárcel Mujeres* and the *Prisión del Departamento Investigación Criminal*, where the delegates saw about thirty persons detained for political reasons or offences. Medical supplies were distributed to the detainees. As usual, reports on the visits are sent by the ICRC to the detaining authorities.

SUDAN



Photo René Weber/ICRC

Teams of the Sudanese Red Crescent distributing milk
to children in Khartoum.



Laotian schoolchildren reading the school textbook,
The Red Cross and My Country.

“ The Red Cross and My Country ”

A widely distributed school textbook

The International Review has already on several occasions given information about the school textbook, nearly a million copies of which have now been published by the ICRC. The article below contains a statement on the different editions at the end of August 1971.

On the shelf, the eleven small books are carefully lined up. All are of the same format; all have the same picture, or nearly the same, for a closer look shows that the costume of the little boy with almond eyes differs from book to book and that the title changes into progressively more complicated signs, ending up with Chinese ideograms.

These eleven Asia editions ¹ of *The Red Cross and My Country* and the editions for Africa, Latin America and the Middle East represent quite a venture. At the start, the idea was to make the Red Cross known to the youth of developing countries. How was this to be done? By radio? By television? By films? It was soon realized that the simplest medium was the written word, and the most extensive channel for distribution, the school.

A team at ICRC headquarters started the general planning and the drafting of the texts. These, brief and simple, had to be the means of inculcating into school children between the ages of 8 and 14 years the basic humanitarian principles. The illustrations were assigned to an artist whose descriptive style made them clear to everyone.

¹ *Plate.*

INTERNATIONAL COMMITTEE

In Africa

Two pilot editions, one in English and one in French, were prepared for Africa. The ICRC delegated to that continent Mr. Laurent Marti and later Mr. Jean-Marc Laverrière to obtain the agreement and suggestions of interested African government departments. Twenty-five English-speaking and French-speaking States agreed to introduce the textbook and the accompanying "Teacher's Manual" into their primary schools. This first edition, of which 240,000 copies were printed, met with pronounced success, and a second edition for Africa is now being planned, for although the books are school property, there are clearly too few in circulation. The ICRC is considering having a further 500,000 printed.

In Asia

While English and French are "official" in Africa, with many local languages in current use, the situation is rather different in Asia where vernacular languages are spoken and written. For that reason it was necessary to adapt not only the illustrations but also the text of the school book for the Far East.

This adaptation was carried out with the valuable help of governments and National Societies. In each country, representatives of the Ministry of Education and the Red Cross formed a joint commission to study the drafts and make the changes necessary for their own country's edition of *The Red Cross and My Country*.

Yet further problems arose: where was a printing shop with the typographic characters of the various Asian languages to be found? How could the proofs be checked? How could publishing and especially transport costs be reduced? The solution was found in Singapore, where a government undertaking was able to handle the printing in eleven languages of 600,000 school textbooks and 70,000 copies of the "Teacher's Manual". It was also able to handle their despatch to ten countries.

In the Arab countries

The next step was to introduce the school textbook into the Arab countries. The Lebanese Red Cross artist adapted the illustra-

tions appropriately and the text was translated in Beirut. Two versions were printed in that town, one with the red cross and the other with the red crescent. The school textbook and the "Teacher's Manual", of which respectively 100,000 and 10,000 copies were printed, are now being distributed in 17 Middle East and Maghreb countries.

In Latin America

Efforts are also being made in Latin America. Some 3,000 copies of a pilot edition have been translated into Spanish and sent to all governments and National Societies in that area. Several countries have made known their desire to print the school textbook and "Teacher's Manual" at their own expense. Ten governments wish to receive the booklet. However, demand already exceeds six million copies! Having only relatively modest means, the ICRC encourages the publication of *The Red Cross and My Country* locally, hoping that, for its part, it will be able to have half a million copies printed and distributed free, as was done on the other continents.

*

In some countries, National Societies have decided to adopt the textbook at their own cost. The Australian Red Cross, for example, has issued an edition for Papua and New Guinea.

The school textbook circulation throughout the world today amounts to nearly one million. Its illustrations, whether of an African straw hut, a Nepalese dwelling, a Bedouin tent or a house in the Cordillera of the Andes, impresses the Red Cross principles on the minds of thousands of children.

It is a paradox that there is no similar instruction in European schools. Nevertheless, a European edition is now being planned which is expected to take the form of a strip cartoon. Contact has already been made on this subject with experts.

*

Dissemination of the school textbook throughout the world

Africa

No. of copies printed : 240,000 ¹

Languages : English and French

Circulation in 25 countries, namely: Botswana, Burundi, Cameroon, Central African Republic, Congo (People's Republic), Congo (Democratic Republic), Dahomey, Ethiopia, Gambia, Ghana, Ivory Coast, Kenya, Lesotho, Liberia, Madagascar, Mali, Niger, Nigeria, Rwanda, Sierra Leone, Tanzania, Togo, Uganda, Upper Volta, Zambia.

Latin America

No. of copies printed : At present, 3,000 ¹

Language : Spanish

Circulation in 10 countries, namely: Argentina, Colombia, Ecuador, El Salvador, Guatemala, Mexico, Nicaragua, Panama, Peru, Venezuela.

Asia

No. of copies printed : 600,000 ¹

Languages : English, Chinese, Bahasa Indonesia, Burmese, Korean, Khmer, Laotian, Malay, Nepalese, Sinhala and Thai.

Circulation in 9 countries, i.e.: Burma, Ceylon, Indonesia, Korea (Republic), Laos, Malaysia (English, Chinese, and Malay), Nepal, Philippines (English) and Thailand.

¹ This figure does not include the "Teacher's Manual".

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Middle East and Maghreb

No. of copies printed: 100,000 ¹

Language: Arabic

Circulation planned in 17 countries, namely: Abu Dhabi, Algeria, Bahrain, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Saudi Arabia, Sudan, Syria, Tunisia, United Arab Republic, Yemen Arab Republic, and the People's Democratic Republic of Yemen.



¹ This figure does not include the "Teacher's Manual".

INTERNATIONAL COMMITTEE

ICRC RELIEF ACTIVITIES IN THE NEAR EAST

Last year the *International Review* published an article on the Middle East activities of the International Committee of the Red Cross from June 1967 to June 1970, which also dealt with the relief sent or transmitted by the ICRC.¹ Thanks to gifts received from various sources, including the European Economic Community and the Swiss Confederation, the ICRC was able to continue providing relief for refugees, displaced or destitute persons, in the manner shown in the table below:

**Relief sent by the ICRC to the Near East
January to July 1971**

<i>Syria</i>			
564 tons of flour	SC ²	}	approximately 6 million francs
4,428 tons of cereals (flour)	EEC ³		
115 tons of powdered milk	EEC		
100 tons of powdered milk	ICRC		
750 kg of medicines	ICRC		
20 tons of Vigor, a cleaning product	ICRC		
<i>United Arab Republic</i>			
500 tons of cereals (flour)	EEC		Frs. 400,000.—
<i>Occupied territories</i>			
3,600 tons of cereals (flour, semolina)	EEC	}	Frs. 3.5 million
400 tons of cereals (flour)	SC		
<i>Jordan</i>			
50 tons of milk	ICRC	}	Frs. 257,000.—
25 tons of biscuits	ICRC		
1 electric generator	ICRC		
<i>Lebanon</i>			
10 tons of powdered milk	ICRC	}	Frs. 53,000.—
5 tons of biscuits	ICRC		
1 electric generator	ICRC		
			<u>Frs. 10.210.000.—</u>

¹ See *International Review*, August and September 1970.

² Swiss Confederation.

³ European Economic Community.

**An Edict of Cyrus Foreshadows
the Declaration of Human Rights**

Festivities will be held at Persepolis in October to celebrate 2,500 years of Iran's empire since its foundation by Cyrus the Great. And the symbol of that commemoration is an edict which may be regarded as a prefiguration of the Universal Declaration of Human Rights adopted by the United Nations. Although the edict was limited to only one country, it bore witness to a new spirit and to a generous attitude towards the inhabitants of a conquered country.

The *International Review* has already published several studies on the emergence and the gradual affirmation of the humanitarian ideal through the ages. Thus it has printed articles on Hinduism, Buddhism, Islam, and other religions or civilizations. A few years ago, it published a study by Dr. Abbas Naficy, Vice-President and Secretary-General of the Iranian Red Lion and Sun Society, on the origins of humanitarian feelings in ancient Iran, and this is what the author wrote about Cyrus the Great: ¹

“ We have recalled the religious atmosphere of ancient Iran to show that the great Achaemenid kings—Cyrus, Cambyses and Darius—proclaimed for all to hear that they were the servants of the God of good and light. They looked upon themselves, so to speak, as missionaries of a moral and religious revolution, and set themselves the task of carrying through the world a new conception of enlightened imperialism, characterized by moral and humanitarian ideas and spiritual in its essence. They ordered their subjects and their armies to wage war with moderation and to treat those

¹ *International Review*, English supplement, August 1957.

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whom they conquered gently and benevolently. They were proud to proclaim in their indestructible inscriptions their good deeds and their struggle against evil, lies, injustice and perfidy. Finally, they preached moral precepts and love of one's neighbour.

Among the Achaemenid kings it is above all to Cyrus that the honour falls of having waged war with clemency and humanity. This great monarch, who is " indisputably one of the greatest figures in history " ¹, had for the first time the brilliant idea of organizing and unifying the world and ensuring that not only order, prosperity and peace—the peace of the Great King—but civil liberty and justice prevailed upon the earth. The Greek historians Xenophon and Herodotus have drawn a striking picture of Cyrus. They admired him above all for having been always " good to his friends, tolerant towards the vanquished, certain of their confidence, and for having abided by treaties and promises ". (Xenophon) And again, " the Persians gave him the title of Father and would never have dared to compare anyone with this great prince ". (Herodotus)

Cyrus ordered his subjects to treat the wounded of the enemy army with the same care as those in his own army and to give them the same attention. This idea—an idea of genius at that time—is perhaps the most ancient evidence of the Red Cross idea and it marked the beginning of human respect, charity, kindness and pity, which until then had been unknown in wartime. This sovereign, " full of wisdom and goodness, decked with all the virtues ", appeared to the Jews as the messenger of Jehovah and to the Greeks as " an ideal figure ", almost " a legendary character ".

What Dr. Naficy wrote in this article was strikingly shown in the edict promulgated by Cyrus after the fall of Babylon, in 538 B.C. On an earthenware cylinder discovered on the site of Babylon, the text was engraved in cuneiform characters, and we are happy to give below a few lines embodying the substance of the edict:

¹ C. Huart: *L'Iran antique et la civilisation iranienne* (L'Evolution de l'humanité), Paris, page 51.

My great army has conquered Babylon. I have given orders that my soldiers shall not harm the inhabitants of this country, who shall live in freedom and shall have the right to practise whatever religion they please. I have demanded that no house shall be destroyed, that no heart shall be wounded, that all shall be free to choose their gods. May the Almighty be pleased with me, Cyrus, king of kings. I have given orders that the peoples whose countries have been conquered by my army shall be free, entirely free.

TWENTIETH INTERNATIONAL CONGRESS OF MILITARY MEDICINE AND PHARMACY

The Congress was held in Brussels from 27 June to 2 July 1971, under the chairmanship of General Dr. E. Evrard. Sixty-four countries were represented. It marked the fiftieth anniversary of the foundation of the International Committee of Military Medicine and Pharmacy (ICMMP). In 1921, the first meeting was held which gave birth to the Standing Committee, the first step towards a medical council whereby army doctors proposed to set up, across frontiers and without regard for any possible national antagonism, confident links of friendship, mutual esteem and cordial solidarity.

Dr. R. Marti congratulated the Congress on behalf of the ICRC and wished it success. Recalling the close relations and unflinching co-operation existing between the ICMMP and the ICRC, he associated himself with the tributes paid to the late Colonel Hans Meuli, a former member of the ICRC and doyen of the ICMMP, and to General Dr. Voncken, Secretary-General of the ICMMP and its guiding spirit for several decades.

At the closing meeting, Dr. Marti said that the ICMMP's ever growing vitality over the past half century was reflected in an

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increasingly large membership. In the forefront of the advances which had been made in the field of military medicine, it had placed those subjects which were most worthy of study and which, as the papers presented at the session had shown, were of vital importance to the future.

The Congress agenda included three subjects:

1. *The army hospital of the future*

A great many studies were submitted which showed the importance of data processing to the centralization and redistribution of medical information. In peace time, the army hospital, which with its various types of specialization has always had close links with civilian hospitals, plays a big part in a country's medical organization.

The "revolution" in this field consists in an adjustment—which should be accelerated—of medical and para-medical staff and of technical methods to multi-purpose hospital training. Increasingly specialized staff are required, and the computer will be the essential basic instrument. The assembly of information is of vital importance.

2. *Repercussions of advances made in modern methods of evacuation*

The helicopter is the first choice in the primary evacuation of the wounded and the sick. The papers submitted to the Congress laid stress on revival techniques, skills in first aid, rapid evacuation, along with the consequent burdening of advanced hospital training programmes and the need to make provision for secondary evacuation methods that are also rapid and well equipped.

3. *Field laboratory analyses and techniques*

This was the subject of intensive studies on methods to be used, reagents, field laboratory organization, and on the importance of accurate, compact and portable instruments. Automatic laboratory systems are now considered essential auxiliaries in the

running of new army hospitals, resulting as they do in more effective and less costly medical care for military and civilian services alike.

*

The delegates adopted a number of resolutions. In one resolution ¹, celebrating the fiftieth anniversary of its foundation, the ICMMP,

.....

Reaffirms *its faith in the universality of the humanitarian principles whose defence it proclaims and whose implementation it proposes to pursue by creating a permanent link among all the Health Services of the Armed Forces* ;

Being aware of

- (a) *the need to establish new forms of co-operation with national army health services,*
- (b) *the role assigned to it in the study and application of international medical law and humanitarian law,*
- (c) *the demands made by increasingly wide co-operation with other international intergovernmental and non-governmental organizations,*
- (d) *the humanitarian assistance granted by ICMMP to developing countries and the support given by this organization to the advance of medicine and pharmacy in these areas.*

.....

The Twentieth Congress was followed by the Thirtieth Session of the *Office international de documentation de médecine militaire*, held in Liège. The next ICMMP Congress is scheduled to be held in Rumania in two years' time.

¹Our translation.

LEGAL ASSISTANCE

In July 1971, a "Peace through Law" meeting was held in Belgrade. Mr. H. G. Beckh, a former ICRC delegate, reported on the work of the International Centre for Coordination of Legal Assistance (ICCLA), Geneva, of which he is Chairman and which provides legal assistance to refugees, stateless persons and migrants. The following essential points taken from his statement may be of interest to readers:

The International Centre was founded in 1958, on the initiative of the International Committee of the Red Cross. It adopted the same principles which inspired Henry Dunant: to aid victims regardless of race, religion and political views. Thus it is not concerned with the reasons why a given person may have become a refugee, stateless person or migrant, or with the circumstances surrounding that occurrence. Its purpose is to give the person legal assistance in the country where he is living, even if he has not the means to pay a lawyer's fee. Under the term "legal assistance" we understand:

- (a) legal opinion or advice;
- (b) representation of the parties concerned before the administrative authorities;
- (c) legal assistance in civil or penal courts.

Why are we especially concerned about refugees, stateless persons and migrants, and more particularly about those who are destitute?

Because they often receive no help from the authorities, or from the consulate of their country of origin, and moreover, because they may find themselves in a country which is utterly strange to them, whose language they cannot speak and with whose laws they are unacquainted.

The programme of the International Centre consists in coordinating efforts in this field and, if possible, establishing a National

Centre in every country where problems of this kind exist. And this still applies very much, for there are over fifteen million such uprooted people throughout the world today.

It should be noted that, apart from a very few countries, there is so far no satisfactory connection between the *social element* of a case, to which welfare organizations devote their attention, and the *legal element*, represented by assistance from legal advisers, members of the Bar, etc.

It is therefore imperative that co-operation be improved and that National Centres be set up which may work in close touch with the International Centre in Geneva, to coordinate locally legal assistance to refugees, stateless persons and migrants, in co-operation with the Legal Aid Association, London, which, as we know, is carrying out a considerable task.

THE FIGHT AGAINST TRACHOMA

In the *Newsletter* (1971, No. 67) published by the United Nations Relief and Works Agency for Palestine Refugees in the Near East may be found an article on the fight carried out by that organization, through education and medical aid among the refugees, against that terrible disease, trachoma. We give below, by way of information, some extracts from that article.

In large measure, the recession of the disease among the refugees has been brought about by the provision of essential camp sanitation services and facilities, including water supplies, waste disposal, bathhouses and insect control. In 1970 UNRWA spent \$1,455,833 on environmental sanitation in the camps.

The usual vector for transmission of the disease is the common fly, which transmits the trachoma virus in its secretions. This

MISCELLANEOUS

insect becomes particularly obnoxious when unsanitary environment, over-crowding and hot weather intensify its breeding cycle. Flies cluster round the eyes of children (who tend to play in groups and do not yet have the automatic response of brushing flies away), getting sustenance from dirty eyes and noses, and constantly infecting or re-infecting the children and the older sisters and mothers who watch over them.

In spite of limited financial resources, over its years of operation, UNRWA has been able substantially to reduce the incidence of trachoma among refugees, especially in camps. In 1970 the average rate of trachoma was 94 cases per 100,000 registered refugees. The 1962 average was 1,378 per 100,000. However, trachoma rates tend to fluctuate widely: in Gaza from 318 cases in 1968 to 98 in 1970, in Lebanon from 96 cases to 7 cases.

The Agency's health-education programme—with its emphasis on personal hygiene, clean environment and control of infectious diseases—has been a key factor in lowering the level of trachoma. Cooperation is the key. Health education workers have come to realize that much of the success of any health-education programme depends upon mothers, who must be convinced of the usefulness of treatment and willing to cooperate in environmental sanitation and regular treatment.

School teachers, too, play a major role in trachoma control. Many schools have regular treatment periods during which teachers assist a school-nurse in recording children's weight and growth rates, detecting disease, giving immunization, treating skin disorders—or putting ointment in the eyes of children with trachoma. Although trachoma is a difficult disease to diagnose, teachers have learned to recognize the symptoms and can refer suspected cases to the UNRWA doctor, who sends his nurse to the home to help the family.

According to Dr. J. Reinhardt, a WHO consultant, “genuine success in a trachoma campaign can be obtained only if the population as a whole undergoes treatment at the same time”, and, he adds, this presents difficulties.

Most UNRWA health clinics have ophthalmic rooms where a doctor examines eyes, prescribes treatment and turns over the

follow-up to a practical nurse. Each case is recorded on a special card for control purposes. Nurses run a follow-up programme aimed at completing treatment and preventing the spread of the disease by contact.

Although millions in the Middle East are now in danger of losing their sight from the ravages of trachoma, prevention and cure have come a long way in the last few years.

BOOKS AND REVIEWS

VICTOR SEGESVARY: "THE BIRTH OF RED CROSS SOLIDARITY"¹

In the collection "Studies and Perspectives", published by the Henry Dunant Institute, there now appears a second work devoted to the intervention of the Red Cross during the Franco-Prussian War of 1870-71: a historical study which shows that Red Cross solidarity is not merely an idea, but a fact. "It was never decided that the Red Cross Societies would help one another in adversity; they just did it."

The text of this study appeared previously, it will be remembered, in the *International Review*. But today it is accompanied by a map of remarkable accuracy, thanks to which the location of ambulances, field hospitals, aid-depots, as well as the places where medical staff are situated, can very easily be found; and one can clearly distinguish the nationality of those who, in 1870 and 1871, came to bring their aid to the war victims for the first time under the emblem of the red cross.

J.-G. L.

PHILIPPE BRETTON: «LE DROIT DE LA GUERRE»²

This work does not claim—and moreover could not do so in view of its size—to cover all law of war. One would wish it, however, to quote more of the Geneva Conventions and the work of the

¹ Editions L'Age d'homme, Lausanne, 1971, 42 pp.; price 14 Sw.fr. A special price of Sw. fr. 12 is accorded to members of the Red Cross.

² Publisher: Armand Colin, Paris, 1971, 96 pp.

ICRC in the field of humanitarian international law. But it has the merit of drawing attention to the *jus in bello* and of reproducing, at the end of the volume, extracts from various documents, in particular the Geneva Protocol of 1925, the Geneva Conventions of 1949 and the Hague Convention of 14 May 1954 for the protection of cultural property in the event of armed conflict.

The first part of the work studies the ambiguity of the law of war and the very idea of war. The author then examines the international sources of the law of war, the codification of which took place during the second half of the 19th century, and subsequently analyses the national sources.

A second part is composed of texts, of inter-State or internal origin, directly concerning the law of war. Finally, a third part deals with the direction of current research on these subjects and recalls that " what makes the codifying of the law of war so difficult is that it demands numerous compromises ": between the rights and interests of the belligerents and those of neutral countries; between the interests of the various belligerents; between military necessities and humanitarian demands.

J.-G. L.

Principles of organization of the anti-cancer campaign in the USSR, by A. V. Chaklin, International Union against Cancer, *Bulletin*, No. 4, 1970.

...Oncological dispensaries exist in the capitals of regions, oblasts and republics, in towns administratively subordinate to republics, regions and oblasts, and also in large district capitals (inter-district oncological dispensaries).

The oncological dispensary is a specialized therapeutic and prophylactic establishment at which patients with malignant tumours and pre-blastomatous diseases are kept under observation and receive treatment. Its main tasks are:

- To give assistance to departments of health in working out a composite plan for combating cancer on a scale appropriate to the size of the republic, oblast, region, ASSR, town or district;
- To give guidance on questions of organization and methods to other oncological establishments, oncological out-patients departments of

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hospitals and oncological clinics, and to direct and supervise their activities;

- To provide expert treatment (by surgical, radiological and combined methods), in accordance with the present level of scientific achievement, for tumour patients and patients with pre-blastomatous diseases, and to keep them under observation after they have been cured;
- To organize prophylactic medical examinations of the populations and to take a direct part in such examinations;
- To systematize and analyse statistical materials on the incidence of tumours and the mortality due to them, and also materials relating to the number of patients with tumours making use of medical establishments, the causes of the occurrence of malignant tumours;
- To take action to improve the qualification of doctors and intermediate medical personnel;
- To organize and to conduct anti-cancer propaganda among the population in collaboration with public health information offices.

Oncological out-patients departments of hospitals are the organizing and consultative centre for the anti-cancer campaign in the areas served by general hospitals. They exist in those hospitals where provision is made for oncological patients or in hospitals at a great distance from the oblast out-patients centre.

The oncological clinic is a subordinate oncological establishment and is locally responsible for putting into practice organizational and prophylactic measures in the field of oncology. Such clinics are set up in district capitals of the Union and autonomous republics, of regions and oblasts, in towns, city districts and workers' settlements and at polyclinics.

The principal tasks of the oncological clinics are:

- To receive patients with tumours for consultations and to provide them with the appropriate diagnostic and therapeutic service (including arrangements for their admission to special hospitals); to organize home visiting of all oncological patients (both those lately detected and those who have already been treated) in the area served by the oncological clinic.
- To keep records of all patients with malignant tumours in the area served by the oncological clinic; to systematize and study statistical materials (on incidence, mortality and the efficacy of treatment).
- To organize and supervise prophylactic medical examinations of the population.
- To carry on propaganda against cancer in the district.

The principal tasks facing oncological establishments are formulated in an overall plan for combating cancer and are approved by departments of health and executive committees.

In the USSR the training of personnel is controlled by a predetermined plan and is effected by different means. Specialized courses

and courses for improving the qualifications of doctors are held mainly in the oncological departments of postgraduate medical institutes. In many cities of the Union these departments are based on oncological institutes. Courses for improving the qualifications of doctors and intermediate medical personnel are also held at a number of large oncological out-patients centres. A certain role in the training of personnel is played by courses for future scientific workers and clinicians at oncological institutes.

Not only medical establishments but also various social service organizations take part in combating cancer. In the USSR a great deal of this kind of work is being done by the Red Cross and Red Crescent organizations. The Red Cross organizations spread information on cancer among the general public...

The Horror of Bacteriological and Chemical Weaponry, *The UNESCO Courier*, November 1970

Because chemical and bacteriological weapons are unpredictable, in varying degree, either in the scale or duration of their effects, and because no certain defence can be planned against them, their universal elimination would not detract from any nation's security.

Once any chemical or bacteriological weapon had been used in warfare, there would be a serious risk of escalation, both in the use of more dangerous weapons belonging to the same class and of other weapons of mass destruction. In short, the development of a chemical or bacteriological armoury and a defence, implies an economic burden without necessarily imparting any proportionate compensatory advantage to security. And it imposes a new and continuing threat to future international security.

Were these weapons ever to be used on a large scale in war, no one could predict how enduring the effects would be, and how they would affect the structure of society and the environment in which we live. This overriding danger would apply as much to the country that initiated the use of these weapons as to the one which had been attacked, regardless of what protective measures it might have taken in parallel with its development of an offensive capability.

A particular danger also derives from the fact that any country could develop or acquire, in one way or another, a capability in this type of warfare, despite the fact that this could prove costly. The danger of the proliferation of this class of weapons applies as much to the developing as it does to developed countries.

The momentum of the arms race would clearly decrease if the production of these weapons were effectively and unconditionally banned. Their use, which could cause an enormous loss of human life, has already been

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condemned and prohibited by international agreements, in particular the Geneva Protocol of 1925, and, more recently, in resolutions of the General Assembly of the United Nations.

The Social Sciences in Medical Education, *WHO Chronicle*, Geneva, No. 10, 1970.

It is now widely accepted that an understanding of health and disease requires a frame of reference that includes the psychological, social, and cultural aspects of human behaviour. Within this framework the social sciences can extend the resources of the medical sciences, not only in the prevention, diagnosis, and treatment of disease but also in the organization and planning of health resources.

The growth of epidemiology and the emergence of social psychology as a major specialty have revived interest in the social aspects of health and disease. The increased prevalence of degenerative diseases involves problems of extensive disability and prolonged care in which social and psychological management are often as important as medical supervision.

Another way in which the social sciences are implicated in modern medicine is in their contribution to epidemiology; for example, where there is a known relationship between human behaviour and the etiology of certain diseases. It is desirable to know, for instance, how to persuade people to stop smoking in order to prevent lung cancer, to control their diet to prevent ischaemic heart disease, and to understand the relationship of emotional factors to road accidents. These matters lie outside the normal scope of traditional medical education.

Other aspects of medicine that require the knowledge of social scientists include the economic factors involved in medical care and the ethical problems that arise from such innovations as organ transplantation or the technical ability to keep people alive past the point of their being able to function autonomously.

The changing pattern of diseases in the western world over the past 25 years has increased concern with the problem of how to bring the benefit of modern medical science to all the people of the world, while the developing insights of medicine itself (especially in the field of psychiatry or social medicine) have awakened leaders of medicine to the desirability of collaboration with social scientists. At the same time social scientists have perfected a body of theoretical insights and research methods that make it possible for them to begin to meet these needs.

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 role 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 role 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.

SOME PUBLICATIONS ON THE RED CROSS ¹

Jean Pictet

	Sw. Fr.
— Red Cross Principles, 155 pp.	8.—
— The Principles of International Humanitarian Law, 61 pp.	8.—
— The Doctrine of the Red Cross, 19 pp.	2.—
— The Laws of War, 11 pp.	2.—

Henri Coursier

— The International Red Cross, 131 pp.	3.50
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Jean-Georges Lossier

— Fellowship—The Moral Significance of the Red Cross, 106 pp.	4.—
— The Red Cross and Peace, 31 pp.	3.—

Bernard Gagnebin and Marc Gazay

— Encounter with Henry Dunant. Geneva, Ed. Georg, 130 pp.	9.50
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The Red Cross. Lausanne, Ed. Rencontre, 32 pp.	1.—
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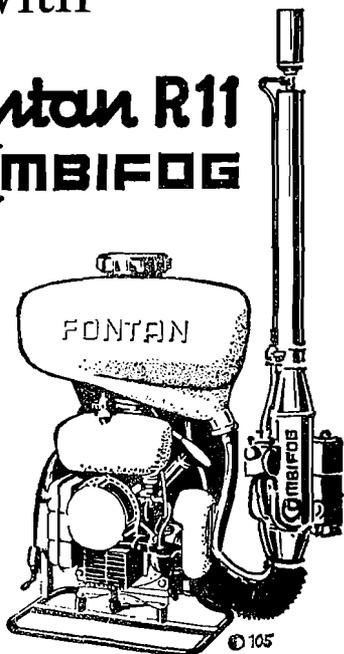
¹ Obtainable from the ICRC, 7 avenue de la Paix, CH-1211 Geneva I.

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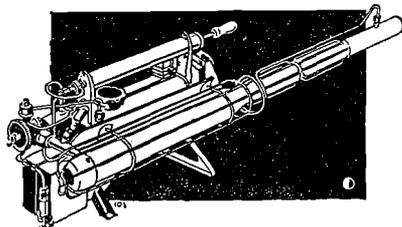
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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga e Barrikadavet, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARAB REPUBLIC OF EGYPT — Red Crescent Society of the Arab Republic of Egypt, 34 rue Ramses, *Cairo*.
- ARGENTINA — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98 Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon Bolivar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 12 zc/86, *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, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street, East, *Toronto 284* (Ontario).
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatha, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa María 0150, Correo 21, Casilla 246V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65, Apartado nacional 1110, *Bogotá D.E*.
- CONGO — Red Cross of the Congo, 41 Avenue Valcke P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, *Santo Domingo*.
- ECUADOR — Ecuadorian Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- EL SALVADOR — El Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- 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, 5300, *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3^a Calle 8-40, Zona 1, *Guatemala C.A.*
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Øldugøtu 4, Post Box 872, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Djalan Abdulmuia 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12 via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo 105*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KHMER REPUBLIC — Khmer Red Cross, 17 Vithei Croix-Rouge khmère, P.O.B. 94, *Phnom-Penh*.
- KOREA (Democratic People's 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-Donk, *Seoul*.

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- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, National Headquarters, 13th Street-Sinkor, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 234, *Luxembourg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clémenceau, P.O. Box 1168, *Tananarive*.
- MALAWI — Malawi Red Cross, Hall Road, Box 247, *Blantyre*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejército Nacional n° 1032, *México 10, 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 Benzakou, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureshar, P.B. 217, *Kathmandu*.
- 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 Noroeste 305, *Managua, D.N.*
- NIGER — Red Cross Society of Niger, B.P. 386, *Niamey*.
- NIGERIA — Nigerian Red Cross Society, Eko Akete Close, off St. Gregory Rd., Onikan, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Dr Dawood Pota Road, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, Zona 1, *Panamá*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Jirón Chancay 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila D-406*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Socialist Republic of Rumania, Strada Biserica Amzei 29, *Bucarest*.
- SAN MARINO — San Marino Red Cross, Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box 937, *Mogadiscio*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruis & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, 51, rue Boko Soga, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19 rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68 rue Bà-Triệu, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201 duong Hông-Tháp-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.
- ZAMBIA — Zambia Red Cross, P.O. Box R.W.1., Ridgeway, *Lusaka*.