

DECEMBER

FOURTH YEAR — No 45

International Review of the Red Cross



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GENEVA
INTERNATIONAL COMMITTEE OF THE RED CROSS
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INTERNATIONAL REVIEW OF THE RED CROSS

FOURTH YEAR — No. 45

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FRENCH EDITION OF THE REVIEW

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

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SUPPLEMENTS TO THE REVIEW

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SPANISH

J. Pictet : Los médicos al servicio del Comité Internacional de la Cruz Roja. — Índice, vol. XVI (1964).

GERMAN

J. Pictet : Die Ärzte im Dienste des Internationalen Komitees vom Roten Kreuz. — Inhaltsverzeichnis, Band XV (1964).

THE INTERNATIONAL REVIEW OF THE RED CROSS

*is published each month by the
International Committee of the Red Cross*

7, Avenue de la Paix, Geneva, Switzerland
Postal Cheque No. 12.1767

Annual subscription : Sw. fr. 25.— (\$6)
Single copies Sw. fr. 2.50 (\$0.60)

Editor: J.-G. LOSSIER

DOCTORS IN THE SERVICE OF THE INTERNATIONAL COMMITTEE OF THE RED CROSS ¹

Introduction

From the very beginning, the Red Cross has been closely linked with doctors and with all whose task it is to heal, the finest of vocations.

The Red Cross was in fact created a hundred years ago to provide against deficiencies in the Army Medical Services. This was an essentially medical factor which has continued to exist in every facet of Red Cross work, even when this work has exceeded its bounds and extended not only to the various victims of conflicts, but also in time of peace to life's victims—the sick.

Both the Red Cross and doctors have the same aim : to struggle against suffering and death. There can therefore never be too close co-operation between them. Without doctors the Red Cross would be nothing. The Red Cross, for its part, has obtained bases for doctors rendering their action possible in time of war and which are precisely contained in the Geneva Conventions.

The task of a delegate of the International Committee of the Red Cross (ICRC) is not defined in the Conventions, since it consists chiefly in seeing to their proper application. The delegate's rôle has become more and more difficult, I feel I must tell you now. For the period in which we live is notable for a hardening of hearts and a weakening of international morality. The two world wars and their sequels have accumulated so much suffering and destruction to which one has ended by growing accustomed, one is no longer revolted.

¹ Extracts of a talk given to doctors called upon to assist the work of the Red Cross.

War is now fought with hatred and fanaticism. Suffering has become a political weapon, an important source of propaganda and agitation, so much so that the Red Cross is sometimes reproached for putting an end to it !

One should realise, therefore, that the work of the Red Cross demands more and more courage from those who serve it. Today, to be faithful to the Red Cross in a relentless world can involve risking one's life.

In this connection, I would recall a characteristic episode during the Second World War. In a town sorely tried by the turmoil of war, the whole population, headed by the mayor and the brass band, festooned with flowers and with mixed feelings of joy and anxiety, awaits the arrival of the train bringing home repatriated sick prisoners. Now it pulls into the station. The crowd surges forward to board the train. But alas ! This is not the one they were so eagerly awaiting ; it is full of wounded enemy soldiers. Suddenly the crowd, swarming throughout the carriages, turns upon the disabled men, insulting them, even kicking them. The voice of the ICRC delegate goes unheeded in the uproar ; he has to resort to force. His firmness finally predominates : the onslaught subsides, the crowd leaves the train, with the sudden realization that the Red Cross stands for tolerance.

General principles

At the root of all humanitarian law, there is one principle of humanity which demands that the life and dignity of the individual shall be respected.

On the other hand, there exists a principle of necessity. A state of war justifies resorting to violence.

The combination of these two principles results in this principle of humanitarian law, namely that the life and dignity of the individual shall be respected, in so far as military considerations permit.

From this notion stems, in its turn, the principle of the rule of war : belligerents will not inflict damage on their adversaries out of proportion with the object of the war, which is to destroy or weaken the military strength of the enemy.

This then is the principle which governs the Geneva Conventions : belligerents will respect and protect non-combatants and humanely treat persons falling into their hands.

Amongst the rules of application which can be inferred from the preceding principle, I would mention that of non-discrimination : the individual will be treated without any distinction founded on race, sex, nationality, language, social condition, wealth, political, philosophical or religious opinions, or other similar criteria. Only urgent medical grounds will allow priority in the order of treatment.

This principle, which the Red Cross considers to be fundamental and which it seeks to impose on the world, is a principle which is already old in the history of medical ethics. However, one looks for it in vain in the ancient Hippocratic Oath. This is one of the great achievements of modern humanitarianism.

Rules in force

The *First Geneva Convention* of 1949, which is none other than a revised version of the 1864 Convention, whose centenary we have been celebrating, stipulates above all that military wounded or sick, who have since become defenceless, shall be protected in all circumstances. In 1864 mention was made of the " neutrality " of the wounded. Since then the expression " respect and protection " is used, respect being the negative notion of not firing upon, whilst protection has the positive qualities of defending and of bringing aid and support.

This then is the Convention's cardinal principle upon which practically all other obligations are based. Members of the armed forces who have been placed *hors de combat* shall be treated in the same way as those of the national army.

In consequence, around these wounded has been created a zone of immunity, whose red cross emblem is the visible sign. This immunity extends to hospitals and ambulances which shelter the wounded, to vehicles which transport them and to the medical equipment placed for their use.

I wish above all to speak today about the protection of medical personnel.

I would first of all stress that, if doctors and nurses are thus granted such considerable privileges, it is solely because they care

for the wounded. It is indeed through them that one is aiming at the victims. Doctors are protected in their capacity as healers and it is, moreover, the finest tribute one can pay them.

In return for the immunity granted them, medical personnel must naturally observe strict military neutrality, that is to say to abstain absolutely from all interference, whether direct or indirect in operations of war. They are entitled to be armed, but solely for the purpose of ensuring order or in their own defence or that of the wounded in their care against individual acts of pillage.

Who has the right of protection under the First Convention? Foremost and above all, the personnel of the Army Medical Service, whether it be personnel giving care to the wounded and sick or those carrying out administrative duties, then only one part of the personnel of National Red Cross Societies, namely those assisting the Army Medical Service and who are incorporated in this Service, and only those. In certain countries this forms the largest part of the Society, in others it is only a minority.

Delegates of the ICRC are not assimilated to medical personnel, nor are they protected by the First Convention, which only grants them immunity for the carrying out of exclusively medical tasks. ICRC delegates do not benefit either from diplomatic status, although they often receive diplomatic passports.

However, diplomatic custom recognizes that the ICRC and its delegates are entitled to the prerogatives of an institution of international law. States can, if they wish, grant them extensive facilities. Later on it will be seen that the armlet can ensure them a certain measure of protection.

Finally, private individuals can be protected under the Convention in cases in which the population gives shelter to the wounded. In 1949, we obtained the introduction of a new provision in this connection. No one shall henceforth be molested or convicted for having cared for the wounded or sick. In fact, doctors have too often in the past been imprisoned or even killed for having given treatment to partisans or, conversely, to the occupying forces. Such penalties are the very negation of the Red Cross spirit, as it is of medical ethics, which requires that anyone suffering shall be cared for without even being asked his identity.

One problem which also aroused heated discussion during the revision in 1949, was that of the retention of medical personnel fallen into the hands of the adverse party. According to the traditional

notion, this personnel should be immediately released and returned to their own armed forces. However, during the course of the Second World War, the belligerents agreed with each other to keep the greater portion of medical personnel in the camps, in order for them to care for their own compatriots whilst prisoners. It was said that captives were healed more effectively when treated by their own people. Consequently, the British and the Americans were entirely opposed to the repatriation of doctors and nurses ; whilst they were to be treated as ordinary prisoners of war, they would however, be engaged in medical duties.

In the end, a compromise was reached. This was that medical personnel would only be retained in proportion to the state of health and the number of prisoners concerned. During their retention they would not become prisoners of war, but would benefit from all the latter's rights. The famous French dramatist, Edmond Rostand, in his play " l'Aiglon ", makes Napoleon Bonaparte's son say these words : " The world believes that I am free, but I am really a prisoner ". This is more or less the case here and such a solution has the disadvantages of every compromise.

Although I cannot go into details of the Convention's provisions, I would, however, stress the following points.

Armed forces which have to abandon their wounded during a retreat, will leave with them sufficient medical personnel and equipment to care for them.

Every effort must be made to search for and collect the wounded, as well as the dead. These will not be buried until a medical examination and a communication of their identity have been made. Local cease-fires can be arranged, together with the evacuation of the wounded in areas which have been surrounded.

Once in the power of the adverse party, hospitals and medical units should be able to function, as long as the captor has not taken the wounded in charge.

Until 1949, medical equipment had to be returned to its army of origin. This is now no longer the case. This is a consequence of the modification which was agreed concerning the possible retention of medical personnel. This also applies to vehicles, which are protected in the fighting areas, but once captured they are no longer to be returned.

Medical aircraft marked with the distinctive emblem, will only be protected at times, altitudes and flights agreed in advance

between the belligerents. For, nowadays, aircraft are fired upon before they are even seen.

The sign of immunity, the visible mark of protection, as I have said, is the red cross emblem on a white ground, created in 1863 by the promoters of the Work and, so it appears, without any conscious intention at that time of reversing the Swiss Federal colours. This notion only came later and it was not until 1906 that it became official.

A distinction must be made between the protective sign, for example, red cross markings of large dimensions placed on the roofs of buildings and the armlet on the left arm, and the purely indicatory sign which only designates persons or objects connected with the Red Cross. Only military medical installations and personnel, and partly civilian, have the right to use the protective sign, as will be seen further on.

Until 1949, the ICRC did not have, and this was a serious omission, the recognized right to make use of the red cross sign, of which it was the originator. This strange gap has now been filled. The international bodies of the Red Cross and their duly legally accredited personnel have, in the Convention, been given formal authorization to use the sign. This provision can be interpreted in the following manner : when circumstances demand this, the sign will assume a protective quality. This will be the case on a hospital, as in the Yemen, and on ships such as those which transported relief during the world war. A valid claim for protection can also be given the armlet worn by delegates of the ICRC.

As you know, the unity of the red cross sign, so essential moreover, was broken by Turkey and the other Moslem countries which, in 1929, obtained the right to make use of the red crescent and in Iran only, the red lion and sun, in the place of the red cross. Since then about a dozen other attempts have been made to have different signs accepted, such as the red shield of David for Israel, which is also known as the Jewish star and even in the African countries, those of the red sheep and rhinoceros.

Disturbed by these facts we attempted, moreover in vain, at the Diplomatic Conference of 1949, to return to the unity of the red cross sign, since it is both illogical and dangerous to want to substitute for a universal and neutral sign a proliferation of national emblems, symbols of belligerency and attracting armed attacks. For the sign of the red cross, it can never be too often repeated, is

devoid of any national or religious significance. It was chosen, moreover, in a somewhat unfortunate manner since it has led to some dispute, in order to extend over the whole earth, for peoples of all beliefs or for those with none. We will continue to work for a return in the long run to the sole emblem of the red cross.

I will not speak much of the *Second Convention*, since it is the adaptation to maritime warfare of the principles of the First Convention. There is, however, this difference that it gives protection to vehicles, that is to say to hospital ships without reservation whether full or empty. Neither these nor their crews can ever be retained.

The *Third Convention* is relative to the treatment of prisoners of war. The Power which takes prisoners is responsible for their treatment. It is in particular bound to give them treatment free of charge as required by their state of health.

You know that the official controlling body of the Geneva Conventions is the Protecting Power, in other words neutral States charged with representing the interests of the belligerent countries with their adversaries. In this way, during the Second World War, Switzerland ended by being the Protecting Power of nearly all the belligerents. The ICRC, for its part, also ensures that the Conventions are properly applied, but this it does in a subsidiary capacity. It can also, however, act as substitute for the Protecting Powers, should the latter not be able to arrange protection.

The most effective method of control available to the Protecting Power and the ICRC in order to check arbitrary acts by the Detaining Powers, are visits to prisoner-of-war camps. On these visits doctor-delegates can render invaluable help, since they can immediately assess the prisoners' health.

Here again, I can but briefly mention the principal provisions which are of a medical character.

Medical personnel of enemy nationality, retained in prisoner-of-war camps, shall enjoy the privileges necessary for the accomplishment of their mission, although their liberty will in fact, by the force of circumstances, be restricted. They will exercise their functions in accordance with the standards of their professional conscience ; they cannot be forced to undertake work which is outside the scope of their mission. They can visit hospitals and labour detachments.

Every prisoner shall undergo a complete medical examination at

least once a month, at which in particular his aptitude for work will be evaluated.

All measures shall be taken to ensure the cleanliness of the camps, the prevention of epidemics, the isolation of contagious cases, the transfer of the seriously sick to hospital, etc...

Mixed medical commissions, consisting of three members, two of whom neutrals appointed by the ICRC, will visit prisoners of war and shall decide cases whose condition justifies measures as laid down by the Convention as regards the seriously wounded and sick, such as, either repatriation or hospitalization in a neutral country. A model agreement annexed to the Convention enumerates in detail the disabilities and sicknesses to be taken into consideration. It will form the basis of the work of the Mixed Medical Commissions.

We will now pass on to the *Fourth Convention* (entirely new), dating from 1949, which finally grants guarantees to civilians, so grievously lacking during the course of the Second World War. In the field in which we are concerned here, it extends to civilian wounded and sick, as well as to the infirm and children, those principles at first intended for wounded military alone and of which I have already spoken.

Civilian hospitals recognized as such by the State, will be protected in the same way as military hospitals and can henceforth be marked by the red cross emblem, which was not possible before 1949.

Persons regularly and solely engaged in the operation and administration of civilian hospitals shall be protected, as are military personnel, and authorized to wear the red cross armband and carry the identity card.

Convoys of the sick shall be protected under certain conditions.

However, when not carrying out hospital duties, civilian medical and auxiliary personnel are not especially protected and do not have the right to wear the red cross emblem. The intention was in fact to avoid extending the use of the emblem too widely for fear of abuses. Now these doctors and others, in their capacity as civilians, already benefited from a general sort of protection. If the protective sign was created in 1864 for military medical personnel, this was because it concerned soldiers in uniform, upon whom, otherwise, it would have been legitimate to fire. According to the general principles of international law, however, attacks cannot be made against civilians carrying out peaceful activities.

But civilian doctors consider, and I entirely share their anxiety, that these provisions are inadequate and that their position has been incompletely regulated in the Fourth Convention. They maintain that their very duties expose them to face risks, to go into the fighting areas and that identification and movement facilities are necessary for them. We are therefore now studying new legal rules for civilian medical personnel and have proposed the creation of a new emblem for their benefit : the staff of Aesculapius, red on a white ground, which is often employed in the medical world. Several countries have already adopted this emblem.

Mention should also be made of special regulations. In conquered territory, the occupying authorities have the responsibility of maintaining public health. Medical personnel of all categories, as well as Red Cross and other relief societies are permitted to continue their tasks.

All civilians who may be interned will benefit from similar provisions applying to prisoners of war, of which I have already spoken.

Finally, the Convention foresees the possibility of creating hospital and safety zones in which shall be assembled the wounded, the sick and certain other categories of the civilian population, together, naturally, with the necessary medical personnel. The Convention makes this point optional and not obligatory. Much has been spoken about such zones, but, in fact, few examples of these have actually been found in the past. They undeniably offer the risk of weakening the safety of other parts of the territory. If one says : these zones are protected, one thereby assumes that the rest are less so. The creation of such zones can, however, no doubt be envisaged in urgent cases of necessity and limited locally.

* * *

I have just called to mind the letter of the Geneva Conventions. More important still is their spirit. Now, the spirit of the Geneva Conventions is the spirit of the Red Cross, which is much older and considerably larger. The Ist Geneva Convention contains one great humanitarian idea which goes far beyond what it lays down, namely that all wounded shall be treated without distinction of nationality. The result of this is that the aid which is brought, even to adversaries, is always lawful, that it never constitutes a hostile act or interference in the struggle.

Certainly, if one were to hold a purely egoistical or utilitarian point of view, the Geneva Convention would appear to be an aberration. Is not the characteristic of war to attack the enemy's forces ? If the most immediate military interests, moreover badly understood, had prevailed in 1864, it would have been considered that the wounded, who can be healed, remained potentially harmful adversaries. Similarly, the Medical Service which gives its support to the military potential in so far as it allows itself to " recover " combatants, would not have been protected. There would not then have been a Geneva Convention and those caring for the enemy would have been regarded as traitors. This conception, however, did not triumph and the States, by signing the Geneva Convention, consented to sacrifice national interests to the demands of conscience. This then is the great achievement of the Red Cross.

JEAN PICTET

Director for General Affairs
of the International Committee
of the Red Cross

INTERNATIONAL COMMITTEE OF THE RED CROSS

SUNDRY ACTIVITIES

News Items

Yemen

The cease-fire agreement which has taken place in the Yemen after two years of fierce fighting has not ended the activity of the International Committee of the Red Cross, whose representatives, on the Republican as well as on the Royalist side, still face important tasks. These consist chiefly in giving medical aid to the victims of the war and assistance to prisoners held by both parties to the conflict.

As regards the medical activity, the field hospital at Uqhd in the Royalist zone in North Yemen continues to give care to some sixty hospitalized sick and wounded, as well as to large numbers who attend daily for consultations. The ICRC could obviously not suddenly terminate such an activity, but it is however now studying possible ways of an eventual withdrawal.

As for prisoners, the ICRC delegation has made representations for exchanges and repatriations.

The head of the delegation, Mr. André Rochat, is having to deal with these various problems with the leaders of the two parties. He will submit a report to the ICRC which will then take a decision regarding the future of its activity in the Yemen.

*

In Sanaa, capital of the Arab Republic of the Yemen, ICRC delegates are continuing to distribute milk at the Republican Hospital, at the Red Crescent orthopaedic hospital and at the Souk al-Baghar dispensary, daily to women and children. Distributions also take place at two schools.

Cyprus

As a result of the representations made by the delegate of the ICRC in Cyprus, Mr. Max Stalder, as well as by the representatives

INTERNATIONAL COMMITTEE

of the United Nations, the Makarios Government has decided to grant exemption from all entry duty on relief supplies sent to the island by the Turkish Red Crescent for displaced persons and the unemployed. This decision will make an opportune improvement in the difficult situation in which the recent events have placed part of the Turkish Cypriot population.

As regards the appeal which the ICRC sent this autumn to 102 National Societies on behalf of the victims of the conflict in Cyprus, this has so far produced an amount of approximately 110,000 Swiss francs.

Mr. Stalder has left Cyprus, where he worked for six months. He has been replaced by Mr. Jacques Ruff, who had directed the first interventions of the ICRC in the island at the beginning of January 1964.

Viet Nam

Devastating typhoons have made thousands of victims in Viet Nam. At the request of the League of Red Cross Societies, the Committee placed its delegate at the disposal of the Red Cross of the Republic of Viet Nam. He is at work in the devastated regions and concerting his efforts with it in the reception of donations and the purchase of relief supplies for the victims. The League, which is the organizing body for international relief actions in cases of natural disaster, has launched an appeal to its members and has decided to send a delegate to the spot.

*

Mr. Werner Muller, ICRC delegate in Saigon, accompanied by leading members of the National Red Cross, visited several places of detention during the course of September and October. He effected a distribution of soap offered by this Red Cross Society and cigarettes contributed by the ICRC. The latter also handed over mosquito nets for the infirmaries of these centres.

Laos

The International Committee is pursuing its activities for the benefit of victims of the events in Laos, particularly civilians who have had to flee from the danger areas.¹ Their numbers have increased by the arrival of refugees who had left the Thakhek region as a result of recent fighting.

Dr. Jürg Baer, the ICRC doctor delegate in Laos, has again organized distribution of relief supplies received following the joint

¹ *Plate.*

appeal by the League and the ICRC. On October 19 and 20, 1964, he visited several villages in the areas where he gave food and other necessities to refugees who are suffering extreme privation.

Some villages have been constructed in the forest for the benefit of the refugees who have cleared areas of bush and are tilling the land thus reclaimed from the forest. In Thakhek itself, the ICRC delegate visited and delivered medical supplies to the hospital.

On November 6, he went to Paksane where he was received by the local chieftain and by the doctor of the local infirmary to which he handed a gift of multivitamin products, tonics and quinine. He noted that certain basic articles were lacking, such as antibiotics, aspirin and barbiturates etc.

Dr. Baer also delivered the same products to the Indian hospital at Paksane.

Repatriation of Koreans living in Japan

The 119th sailing of Koreans wishing to leave Japan to return to a place of their own choice in their country of origin, left Niigata on October 30 with 308 persons on board. The total number of Koreans repatriated in this way since December 1959, under the auspices of the Japanese Red Cross and in the presence of ICRC delegates, has now reached a figure of 82,294.

Congo

We mentioned in our last number that the ICRC was, at the beginning of November, continuing to take steps with a view to pursuing and extending its humanitarian mission in the Congo. We can now add that in the early morning of November 25, the aircraft of the International Committee of the Red Cross left the airfield of Bujumbura (Burundi) where it had been stationed for several weeks and reached Stanleyville. Three delegates, of whom one was a doctor, flew in this aircraft which carried about a thousand messages to civilians who had been separated for a long time from their families, as well as a consignment of medicines and food.

The task of the ICRC representatives was to give aid to all victims of the events without any racial or political discrimination. They had been instructed to see to the fate of captured combatants and persons detained in connection with the conflict. They would also attempt to collect all possible information concerning persons who had been held in Stanleyville, in order to reply without delay to the very numerous requests for information which the ICRC has received for the past two months.

RED CROSS RADIOCOMMUNICATIONS SET UP BY THE INTERNATIONAL COMMITTEE

At the foot of the rocks, worn smooth by the desert winds and burning to the touch, the surgeons of the ICRC field hospital at Ughd in the Yemen are consulting each other about a wounded case. The X-ray apparatus has just broken down and it will not be possible to operate. How many days will pass before the news reaches Geneva and how many weeks before spare parts are received ?

One of the ICRC's short-wave transmitting and receiving posts installs its antenna above the camp¹. At the headquarters of the International Committee in Geneva the main station is on watch and soon wireless engineers collect around the microphone. They ask questions, detect the fault and give instructions to the electrician who, 3000 miles away, then manages to make the necessary repairs. The surgeons can now continue to operate and save lives.

Many other examples could still be found on looking through the log-book of HBC 88, the ICRC's main station, where a series of rapidly transmitted abbreviations summarizes the lives of these teams which bring the Red Cross to all the corners of the world. Swift action has to be taken since the victims of conflicts and disasters cannot be kept waiting. Appeals and replies cross each other with lightning speed. Now delegations are no longer isolated and they can maintain direct contact with the International Committee, inform it of their needs and receive instructions, wherever they may be. To-morrow, a world network of emergency Red Cross radiocommunications will ensure the immediate transmission of messages and the effective organizing of relief.

The success of these radiotelegraph and radiotelephone links is the result of methodical preparation and close co-operation between men of the Red Cross, voluntary technicians and representatives of the telecommunications services. Since 1943 the ICRC had been interested in the possibility of developing broadcasting for the transmission of

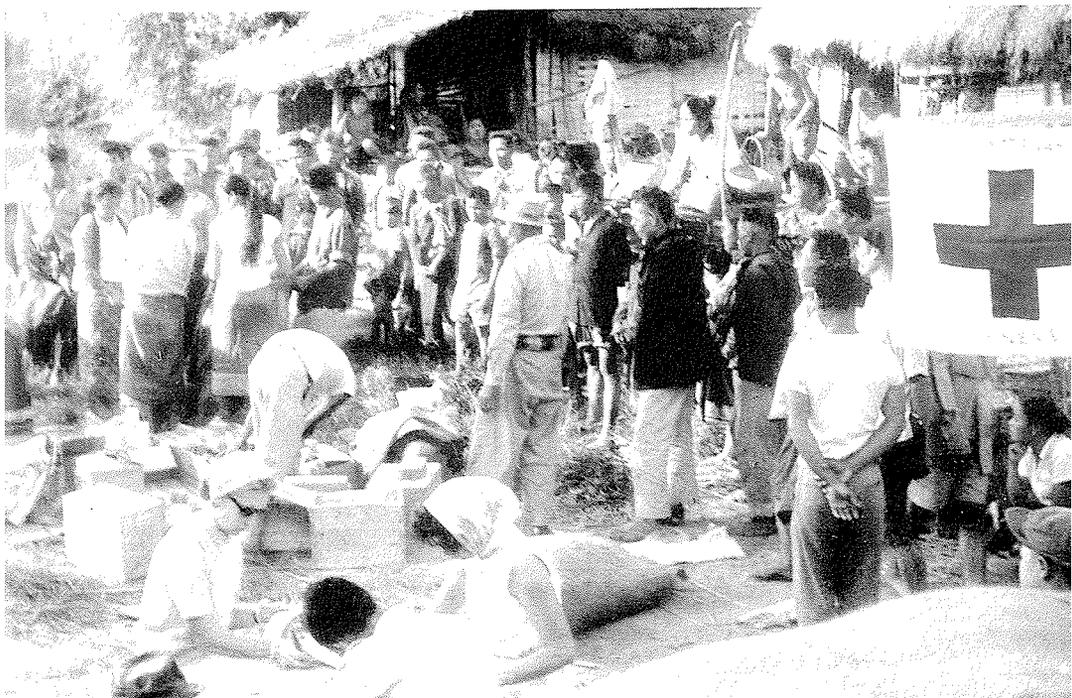
¹ Plate.



Dr. Jürg Baer, delegate of the ICRC, handing milk and soap to a refugee.

LAOS

ICRC relief distributions organised with the help of the Laotian Red Cross (Left foreground, Mrs Oudom Souvannavong, wife of the National Society's President).

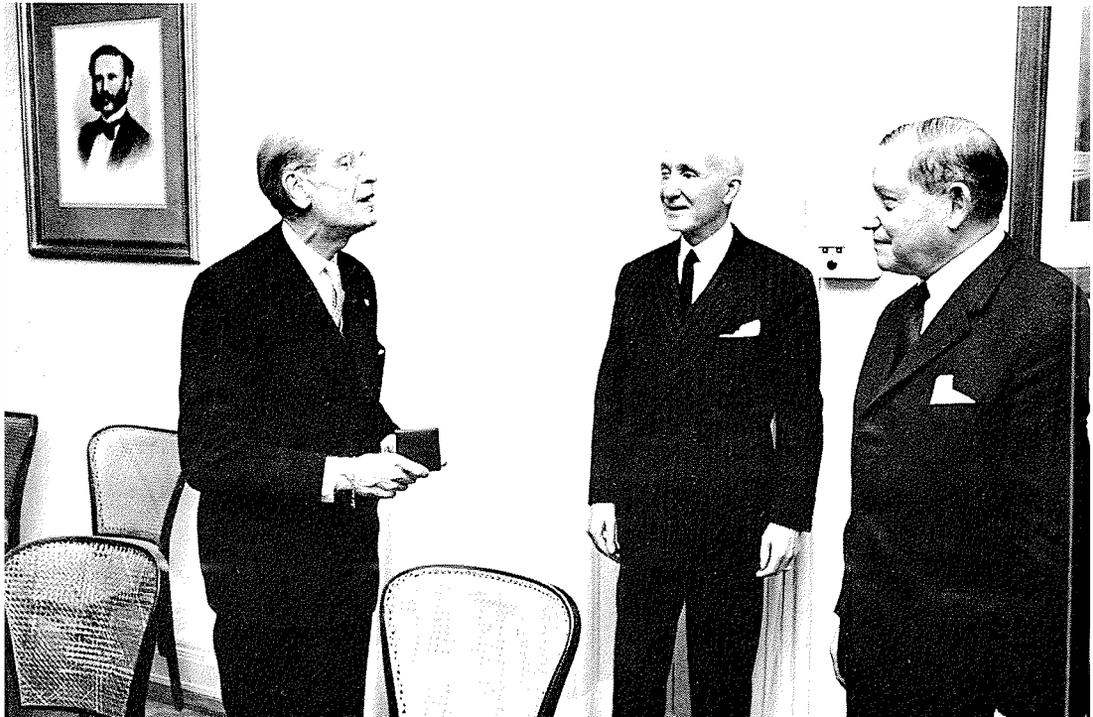


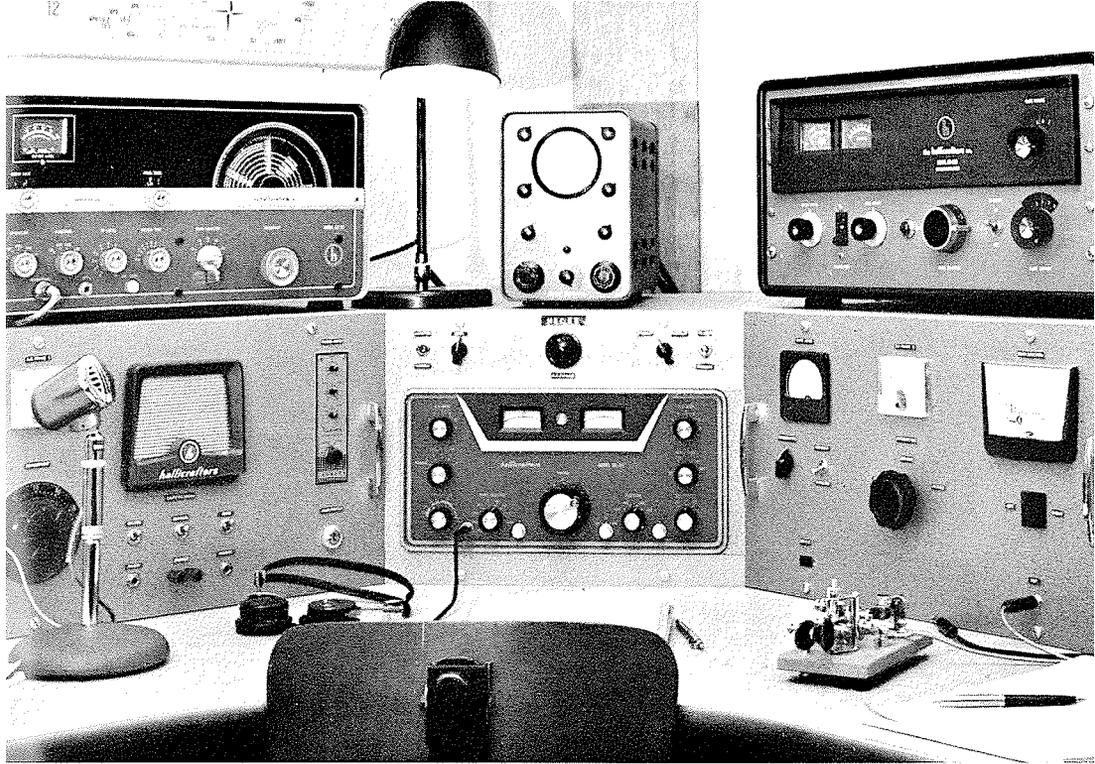


Meeting of experts on civil defence, convened by the ICRC.

IN GENEVA

Mr. de Rueda receiving the ICRC silver medal (right and centre: Mr. Gonard and Mr. Boissier, President and Member of the ICRC respectively).





From the ICRC wireless station at Geneva...

Photos Jean Zbinden - Genève

...messages are sent across the air.





ICRC wireless station installed at Uqhd in the Yemeni desert.

messages concerning prisoners of war and, in agreement with the Swiss authorities, obtained the use of a wave-length on the 41 metre band. Regular broadcasts which were made for several months from the autumn of 1944 enabled thousands of displaced persons to find their families again. The allocation of this special wave-length of 41.61 m or 7210 kc has since been confirmed by the International Telecommunication Union. In 1959, the ICRC in its capacity as observer at the Administrative Radio Conference meeting in Geneva, submitted a report motivating and supporting a suggestion of the German Red Cross providing for certain frequencies to be set aside for Red Cross use.

The Conference unanimously adopted Recommendation No. 34, recognizing in particular "that for international relief work it is necessary that the National Red Cross Societies involved be able to communicate with each other, as well as with the International Committee of the Red Cross and the League of Red Cross Societies", and recommended that the necessary frequencies be assigned for this purpose.

The equipment has indeed proved its worth. An emergency network exists in embryo. It is now time to associate National Societies to the organization of a world-wide Red Cross emergency radiocommunications network¹.

In agreement with the League, the International Committee will send the National Red Cross, Red Crescent and Red Lion and Sun Societies, before the end of the year, a circular giving all the necessary technical data to establish this radiocommunication network.

P. E. B.

¹ We would recall that the *Revue internationale* published in March 1960 (English Supplement) an article on "The Red Cross and the Administrative Radio Conference". This Conference was held in Geneva from August to December, 1959 and its agenda included several questions of direct interest to the Red Cross.

This article contained the text of Recommendation No. 34 relating to the use of radiotelegraph and radiotelephone links by the Red Cross organizations, which was unanimously adopted by the plenary Assembly of that Conference.

**MEETING OF EXPERTS
CONVENED BY THE INTERNATIONAL COMMITTEE**

In order to follow up the wish expressed by the International Red Cross at its Centenary Conference in 1963, the International Committee of the Red Cross recently convened a meeting of legal experts and specialists in civil defence.¹ The opening session took place in Geneva on October 27, 1964.

Assembling some forty experts and observers appointed by Governments or Red Cross Societies from a dozen countries, this meeting, of a preliminary and private nature, was convened to examine the possibility of strengthening in international humanitarian law the guarantees and facilities to be granted to personnel of the civil defence services. It was, in fact, a question of conferring on these bodies a status enabling them, in the case of armed conflict, to carry out their humanitarian tasks in all circumstances, in the interest of the civilian population stricken by hostilities.

The meeting appointed its officers as follows: Chairman, Mr. F. Sjordet, member of the International Committee; Vice-Chairman, Mrs. T. Barry, Chairman of the Irish Red Cross; Rapporteurs, Mr. I. Müller, Deputy Director-General of Swedish Civil Defence and Mr. H. Haug, Secretary-General of the Swiss Red Cross.

In his opening address, after having stated the objects of the meeting, Mr. Gonard, President of the ICRC, underlined how much the participants shared the desire of mankind to see disputes between communities resolved by peaceful methods, which would, in case of need, enable these civil defence bodies increasingly to place

¹ *Plate.*

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their experience and resources at the service of the victims of disaster in time of peace.

After holding fifteen sessions, the meeting finished its work on November 6.

Thorough discussions in a spirit of co-operation and understanding enabled the experts to convey useful opinions and recommendations to the International Committee. The outcome of the proceedings, which will be submitted to governments and National Red Cross Societies, provided the essential basis for drawing up a future set of regulations within the framework of international law.

The *International Review* will have occasion to revert to this subject at greater length in a future issue.



CENTRAL TRACING AGENCY

We give below two articles, both concerning the same subject. The first is a general survey by the Head of the Agency, Mr. E. L. Jaquet. Readers are aware that the Swiss Government, on the occasion of the Centenary of the Red Cross, decided to donate to the ICRC a new building to house the Agency, for, indeed, this service is today in a building which is not suitable for the protection of irreplaceable records against the effects of light, fire, humidity and dust.

The second article deals with the legal bases for the work carried out by the Agency. It is one of the last studies by J. P. Schoenholzer, who died recently in Cyprus whilst on mission for the International Committee.

Agency Activities. — The records of the Central Tracing Agency constitute an impressive monument to the tragic events of two world wars ; a monument which is irreplaceable, for its like is to be found nowhere in the world.

Its forty million index-cards, compiled from millions of documents—mostly official—and its millions of case histories, are consulted and put to use every day and will continue to be so for another quarter of a century or more. Already in 1945 these records required a floor space of over 118,000 square feet and had been called by a journalist “ the department store of humanity ”.

The work of the Agency is carried out on the basis of immutable principles, but is adapted to circumstances. It entails the receipt of information concerning the victims of war and civil disturbances, i.e. : prisoners, internees, persons displaced either of their own accord or forcibly. These details are analysed, classified and inscribed either on ordinary index-cards or by means of punched cards.

Similarly, the Agency receives and handles requests for information from the families of persons reported missing.

When an index-card corresponds to an enquiry card—which we call a “tally”—the system of individual communication to the family or the family representative is set in motion. It is here that the flair and intuition of the staff involved in filing the cards comes into play. For instance, how shall one particular Martin be distinguished from 30,000 Martins, 2,000 of whom have the first name Jean? How shall we identify one particular Johann Muller from the 6,000 mentioned in the 55,000 cards bearing the name Muller?

The lists of prisoners of war or civilian internees received by the Central Tracing Agency from the Detaining Powers are transmitted as soon as possible to the Government of the prisoners' country of origin. During the Second World War, these documents were transmitted in the form of photocopies or lists, some of which had been drawn up from punched cards.

Since then, the use of microfilm has become established as the most rapid and certain method of communicating information received, because it eliminates errors. For example, the 600,000 standard-size photocopies which constituted the lists of French prisoners of war in German hands 20 years ago, would today be contained in several hundred reels of film in a single case which could be transmitted immediately by air at low cost.

We shall proceed in this fashion when, in the near future, we have the appropriate equipment. But whether the system involves the use of microfilms or typing there will be a great advantage for the Central Agency in that all documents will be in duplicate, one copy being for the reserve records, so that we shall no longer be haunted by the fear of loss or destruction of the originals.

Apart from the receipt and communication of information, the Agency institutes thousands of enquiries involving National Red Cross Societies, government offices, civil registration offices and the International Tracing Service which operates from Arolsen under the responsibility of the ICRC.

An impressive proportion of the cases dealt with refer even now to victims of the Second World War. These may involve tracing military or civilian persons who have been posted as missing, establishing proof of death if possible or finding out the place of internment. We deliver certificates of captivity, of hospitalization

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or death to former POW's, civilian internees and deportees or their heirs. These documents are sometimes also requested by the official authorities in many former belligerent countries whose own records have for one reason or another been destroyed or lost. These certificates enable the persons named therein to establish their status, or claim an indemnity or to obtain some other social benefit.

Several thousands of these certificates are made out by us each year, not counting several hundred referring to POW's of the First World War.

Even today the Agency transmits thousands of family messages on behalf of prisoners cut off by the interruption of normal postal services. Red Cross messages know no frontiers.

But the Agency has also been entrusted with other tasks necessitated by current events. In the post-war period additional sections or at least special index-records had to be set up at the outbreak of conflict :

in Indochina ;

in Palestine ;

in Greece ; where civil war called for action having a twofold aspect :

- a) intervention on behalf of military and civilian victims ;
- b) registration of displaced children, necessitating efforts by the ICRC to seek news and arrange repatriation. In these operations, the ICRC and the Central Agency—and this was something new—were acting at the request and on behalf of the United Nations, as no other institution had the practical means of carrying out this action on such a wide scale ;

in Korea ;—involving the use of several hundreds of thousands of individual records and punched cards.

in Hungary ;—from the outset of which the ICRC set up an office in Vienna, as a subsidiary of the Agency, for a census of refugees, whilst at the same time a section was earmarked in Geneva, to maintain a general index and to establish contact between the refugees and their families ;

in the Suez Canal Zone.—On the spot records of POW's were established and information was communicated to the government concerned and to the families who flocked in such numbers to the ICRC delegation in Egypt that the police had to regulate the crowd.

in the Congo.—Here, during the civil disturbances, tracing activities were organized on the spot to find European and native civilians reported missing, as well as to regroup families which had been dispersed throughout this vast country ;

in Goa.—The ICRC communicated to the Portuguese authorities information (capture cards and personal messages) concerning military personnel who had fallen into the hands of the Indian forces.

in Algeria.—As early as 1956, thousands of files were opened in respect of military and civilian persons posted missing. A special mission was at work in Algeria from March to September 1963, which set up a tracing service to enquire into the fate of persons who had disappeared following the cease-fire on March 19, 1962. The results of the enquiries were transmitted to the French Government which alone was empowered, under the terms of prior agreements, to communicate with the families.

The conflict between the Iraqi forces and the Kurds.

The Yemen—Here again the intervention of the ICRC was called for as well as the traditional activities of the Central Tracing Agency.

As can be seen, the work of the ICRC over the last few years has extended to three continents. For the first time, for a limited period, the Agency branched out by setting up regional tracing services in one place after another, for instance in Cairo, Léopoldville, Elisabethville, and in Algeria. It may be possible that this positive experience, three times repeated, may be made necessary yet again by circumstances.

It must be stressed that two activities were made possible only by the use of punched card equipment : the action on behalf of Greek children and that undertaken during the Korean war. Not

having such machines ourselves, we were obliged to contract the work to a firm specialized in this field. But it becomes more obvious every day that, with the ever-increasing difficulty of staff recruitment, the Agency ought to be provided with electronic equipment and qualified staff. This, of course, applies wherever the rapid and accurate reproduction of documents is called for.

In a world eager for peace, it is an elementary precaution to seek ways and bring to bear the means appropriate for the alleviation of the misery engendered by new conflicts. Modern techniques show us the way and make these means available to us.

The International Committee must take this into account in order the more rapidly and the more surely to relieve the anguish of the victims of war and of natural disasters throughout the world.

* * *

The Central Tracing Agency in International law.—It was in 1870, during the Franco-Prussian war, that the first official Agency was started for centralizing information on the wounded and the sick, on prisoners and the dead. The initiative for this was taken entirely by the ICRC and it was found to respond to such a great need that the ICRC opened a second bureau in Trieste in 1877 and a third in Belgrade in 1912.

In 1914, it opened a fourth in Geneva. This immediately assumed considerable importance and it was here that the ICRC, with the assistance of over 1,000 specialists, evolved the system by which this complex machinery functioned in order to maintain contact among people separated from their families by war.

This task proved to be so necessary and the machinery—the like of which was not to be found elsewhere—so useful that in 1929 a Diplomatic Conference for the revision of international law, decided to give the force of law to this spontaneous private initiative by the ICRC.

Thus, for the first time, we find the following provision in the 1929 Geneva Convention relative to the treatment of prisoners of war : “ A Central Agency of information regarding prisoners of war shall be established in a neutral country. The International Committee of the Red Cross shall, if they consider it necessary, propose

to the Powers concerned, the organization of such an Agency ”.

When war broke out anew in 1939, the ICRC did not even have to ask itself whether it should open a new Agency : it just did so. Since that time, the Agency has never ceased to function and whenever conflicts break out, whether large or small, whether national or international, the Agency offers its services to belligerents. Moreover, even today, it receives enquiries referring to the Second World War and even to the First.

From 1939 to 1945, the activity carried on by the Agency was vast in scope. Some 3,000 persons were employed on its staff, its floor space exceeded 118,000 sq. ft. and its index system contained 36 million cards, 6 million of which referred to civilians, each and everyone representing a message of hope, of love or suffering.

The 1949 Diplomatic Conference paid tribute to this work. It desired to strengthen further the 1929 regulation by transforming the ICRC's option to open the Agency into an obligation, but the ICRC itself insisted that the 1929 formula be maintained as it stands. It is the best arrangement, allowing flexibility and the possibility of other institutions carrying on, should the International Committee ever be prevented from so doing.

The Conference conceded this point, but added a provision to the 1929 text inviting belligerents to contribute to the financing of the Agency. The new Geneva Convention of 1949 relative to the treatment of prisoners of war and the Convention of the same date relative to the protection of civilian prisoners introduced into international law the wish of States that the Central Tracing Agency be given the character of a permanent obligation.

Thus, what was but a small office due to the initiative almost a hundred years ago of the ICRC—a private organization—is today an official institution sanctioned by international law.

TRIBUTES TO Mr. LÉOPOLD BOISSIER

Two National Red Cross Societies have wished to demonstrate their appreciation of Mr. Léopold Boissier, who recently resigned his office as President of the ICRC, by conferring their highest awards on him. The citation accompanying that of the Irish Red Cross mentions the exceptional services rendered by Mr. Boissier to mankind and to the Red Cross during the grave international crises of the past few years.

During the course of a brief ceremony which took place privately in Geneva on October 30, 1964, Mrs. Tom Barry, Chairman of the Irish Red Cross, presented the National Society's Diploma of Honour and Merit to Mr. Léopold Boissier, who is thus the first citizen of a foreign country to receive such a distinction.

The Spanish Red Cross, for its part, awarded its Grand Cross to Mr. Boissier. This presentation was made at a ceremony which took place at the headquarters of the ICRC on November 12, 1964, by the President of the National Society, Mr. Antonio Maria de Oriol y Urquijo, who had come especially from Madrid to bestow this high award on Mr. Boissier. Mr. S. A. Gonard, President of the ICRC then spoke recalling the close ties which had been created between the International Committee and the Spanish Red Cross since the latter's foundation a hundred years ago.

The Marquis of Vellisca, Spanish Ambassador in Berne, as well as several members and staff of the ICRC were present at this ceremony,

DISTINCTION

Mr. Juan José Gómez de Rueda y Abril, on his return from Mexico, where he passed several months during which he took part in the highly effective activities of the National Red Cross, presented a report on November 5, 1964 at an ICRC's plenary session. He described the problems facing a National Society in a country which is fully expanding, the urgent tasks it is required to undertake and its need to continue and strengthen the bonds with the Geneva institution.

This report gave rise to wide discussion and was followed by the presentation of the ICRC's silver medal to Mr. de Rueda.¹ The International Committee in this manner wished to demonstrate its appreciation of his unceasing efforts and devotion to the work of the Red Cross. The President, Mr. Samuel A. Gonard, expressed these sentiments as follows, to which Mr. de Rueda replied affirming his deep attachment to the Red Cross.

In presenting you with this award, I would like to recall that, in 1946, you were appointed delegate of the Mexican Red Cross in Europe in succession to your most venerated mother, Mrs. Abril de Rueda, who had performed those duties since 1920 and whose memory I would like to recall, since she herself played such a prominent rôle in the Red Cross world and has been an inspiration to you throughout your career in the service of mankind.

In addition to your duties as delegate of the Mexican Red Cross, you shortly afterwards entered the service of the two international institutions of the Red Cross, sharing your time between them, as adviser for Latin America. Thanks to your experience, to your wide-spread contacts and your literary talent, you have given us very

¹ *Plate.*

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valuable service, for which I would like to thank you today most sincerely. Need I recall that, from 1953 to 1963, namely, a period of ten years, you gave no less than 235 broadcast transmissions in Spanish which had such a resounding effect throughout Latin America? Is it necessary also to recall the preponderant part you took in elaborating the principles of the Red Cross and our movement's doctrine, as well as your participation in conferences and committees of experts in which your advice had such weight? You summarized all these facts and ideas in your book which appeared last year under the title, "The Red Cross in my life, my life in the Red Cross", and which will remain a valuable source of information for all Spanish-speaking people concerning our movement.¹

In the last few months, you have just undertaken a long journey overseas, to your own country and to several others, which you have now described to us and there again you devoted all your time and energy to the Red Cross.

You are leaving us today after many years of most fruitful co-operation. We know, however, that you will continue to serve the Red Cross and that we will always be able to depend on your active support.

Rest assured that we, for our part, will not forget you and that you will always retain our esteem and friendship.

¹ See article in the *International Review* of August 1964 on this work, originally published in Spanish, entitled "La Cruz Roja en mi vida y mi vida en la Cruz Roja" (Editorial Castalia, Valencia, España 1963).

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

XVIIth INTERNATIONAL CONFERENCE ON TUBERCULOSIS

The Bulletin of the International Union against Tuberculosis publishes, in its Vol. XXXV (September 1964), the Final Record of the XVIIth International Conference on tuberculosis, which took place in Rome in September 1963. It is known that, in spite of the progress of modern medicine, tuberculosis has not been entirely eradicated and that it still continues to ravage numbers of human beings.

The address delivered at that Conference by Professor A. Omodei Zorini, President of the International Union against Tuberculosis and President of the Italian Federation against Tuberculosis, sums up the position and pays a fitting tribute to the extraordinary results achieved by medical and scientific research.

A number of interesting papers were submitted which dealt not only with the diagnostic and prophylactic treatment of tuberculosis, but also with the problems connected with the very struggle against this disease and the help which can be given by voluntary workers and by official and private associations.

We now reproduce certain extracts of these talks.

Professor A. Omodei Zorini.—We are living in a particularly happy epoch of the progress of our science. Fifteen years ago we arrived at the era of the biological treatment of tuberculosis, which in the past had been merely a distant vision believed in by many clinical workers and bacteriologists, striving after this most noble objective. For fifteen years, bacteriology and biochemistry have provided us with formidable means to fight with, which have enabled us to witness real miracles of tuberculosis therapy and prevention ; and the disease has already declined rapidly in many countries, so as to make feasible, in the not too far-distant future, that dream of mankind's salvation from what was once referred to as the " cancer of human youth " .

In this heroic struggle which has been raging for over a century, there are some eternal names which mark an equal number of victorious stages : Morgagni, Laennec, Virchov, Villemin, Koch, Röntgen, Philip, Calmette, Forlanini, and among the living, Selman Waksman, the discoverer of streptomycin.

But woe unto us, should we stop, overcome by a sense of pride, considering only the past, like hesitant mountaineers who are content to enumerate the difficulties and dangers behind them, and do not cast their eyes towards the still-distant summits . . . The task awaiting us is still an immense one : “ *ars longa, vita brevis* ” ; our life is but a flicker, like the sudden light of a star which at once goes out, following its age-long trail—even if this light sometimes shines on and illuminates the whole world with its beneficent effects. The difficult task is awaiting you, young ones ! Two-thirds of the world are still, today, awaiting their salvation !

It is in this atmosphere of work and enthusiasm that the Seventeenth International Conference opens. The Conference deals essentially with doctrinal problems and those concerning the practical application of modern methods of anti-tubercular chemotherapy and chemoprophylaxis. The Scientific Programme committee of the Congress, made up of eminent European and overseas colleagues, which took on the difficult task of choosing the subjects of the Symposia, wished thereby to reaffirm the idea of universal brotherhood, and to stress this highly social direction of the scientific work, of dealing with the serious situation of developing countries, where tuberculosis is still in the epidemic phase and is public enemy number one of the younger generations. The vote we carried in 1959 at Istanbul concerning the right of the antituberculosis campaign in the world to priority, was at once accepted by the World Health Organization, this great Institute which is an offshoot of UNO, and which for many years has included this noble aim with its many others.

The aims of this International Conference are chiefly three :

1. to discuss and outline numerous problems regarding chemo-antibiotic therapy of tuberculosis, in its doctrinal aspects such as the pathogenic strength of Koch's bacilli in the various parts of the world, the metabolic and endocrine types of complication produced

by various drugs, the anatomic-clinical and functional residua in subjects cured after chemotherapy ; and in its clinical aspects, in the anxious search for the best therapeutic regimens either for those suffering from early attacks, with bacilli which are sensitive to the various drugs, or especially for subjects with resistant germs. In this context there is an important international experiment organized by our Union, and also the study of therapeutic programs and regimens to be adopted in keeping with the economic resources of the developing countries.

2. to review the results of the great experiments on the chemoprophylaxis of tuberculosis carried out in many countries. This is—as is well known—a new and highly topical preventive method, which is something of a creation of ours, in the applied sphere of the human and bovine species, and should take its place alongside vaccination in the specific prophylaxis of tuberculosis, accomplishing its defensive work. After eight years of intensive experiments, the present Congress should establish its value and the limits of its application. A special indication for this method also concern silico-tuberculosis, a clinical tubercular form which is currently increasing in relation to the spreading of underground extractive industries, its diagnosis and treatment will form the subject of a suitable Symposium.

3. the social aim which is, I should say, the “ heart ” of our Congress, and which ought to draw the attention of governments, of the general lay public, of sufferers and of doctors throughout the world, leading to intense and intimate collaboration. This theme occupies various Symposia, which deal with physical and working activity in the course of treatment of pulmonary tuberculosis ; with the identification, in countries where morbidity is slight, of those population groups which are most exposed to risks of infection ; with problems concerning the development of voluntary anti-tubercular associations in countries which have recently become independent ; with the best way of utilizing non-medical personnel in the anti-tubercular campaign programs, and the welfare and social treatment of non-hospitalized patients. This is meant to stress the need for a close union of aims, on the part of governments, of medical staffs, and especially of non-medical volunteers, who should act as

the vanguard of the great army, living with and beside families and in contact with patients undergoing home and ambulatory treatment. Today, non-hospitalized patients and their contacts have to subject themselves to long and systematic remedies taken orally, which must be absolutely regular, under guidance and control, if the objectives of the therapy are to be achieved.

Two years ago, the Union commenced—thanks to its Executive Director, Dr. Holm—the publication of an interesting journal, entitled “T” (Tuberculosis), which is aimed at the non-medical public, this publication points out the tragic conditions of two-thirds of the countries of the world, and deserves to be circulated widely. In the first issue of this journal, entitled “The poor man’s disease”, there are two articles: “If I were a sufferer from tuberculosis in Asia”, and “If I were a sufferer from tuberculosis in Holland”. These two articles portray the opposing extremes of two parts of the world. “If I were a sufferer from tuberculosis in Asia”—says the first writer—“I could certainly not allow myself the luxury of obtaining streptomycin, and I should go on spending down to my last halfpenny on providing my children with bread”. “If I were a sufferer from tuberculosis in Holland”, says the other writer, “I would be amazed, and ask myself: “why should it happen just to me, to get this strange disease?”. On the one hand, there is a great throng at the dispensaries, their faces emaciated and their limbs like skeletons, with their bare arms proffered for anti-tubercular vaccination, their hands open and asking for isoniazid tablets; on the other hand, the dispensaries and the sanatoria are almost deserted. I recently had the occasion to visit one such country and for a few days to accompany the diligent health-visitors in their calls at people’s homes: hovels made of mud and straw, patients on the bare earth; neither bed nor chair; swarms of chattering children, wives constantly pregnant . . . yet a spirit of goodness and gratitude was reflected on those emaciated faces, a true image of Christ the sufferer. But it was not mere fatalism, for the will to live and to get better for the love of their families illuminated them; and their collaboration with the doctors and the nurses in their work seemed to be good . . . What a lesson in bearing human poverty there is in these countries, almost completely lacking in hospitals and sanatoria, and what instruction and hope for

the future . . . The cry of pain and the desperate appeal which rise from these hovels cannot go unheard, and WHO, UNICEF and the International Union must intensify their efforts, in close cooperation with the various governments, to study and to overcome the enormous difficulties which stand in the way of the application of the program of anti-tubercular vaccination, chemotherapy and chemoprophylaxis on a large scale.

But the Union also has other objectives of notable importance. It embraces seventy-eight national anti-tubercular associations from every continent, which carry out tasks of great social interest, and have been doing so since the Commission of General Secretaries was set up in 1951. This Commission has so far tackled numerous problems, such as the organization of the voluntary associations in the fight against tuberculosis, the methods which might be used in the anti-tubercular stamp campaign, the training of social assistants and of technical personnel, and, recently, mutual assistance among the various national associations, in the noble aim of assisting and helping the formation of new associations in developing nations.

Professor Etienne Bernard.—The use on a large scale of preventive methods, especially those requiring patient application, needs co-operation from the public. Today, we have to fight not only on the front of the germ and the cavity, but also against public apathy and lack of interest on the part of doctors of the future who think of tuberculosis as a solved problem. Yet this is a disease which causes such infinite suffering in the countries of ancient Europe. It is our duty to awaken interest, no, enthusiasm, not only among doctors, but also among lay people, and demonstrate to them the fascination of problems which have still to be solved, both scientific and social. Awaken people's curiosity, arouse pricks of science, this is the function of our international agencies. Let us not fail today.

To quicken the sense of responsibility—let me make one suggestion. We have in our hands today, both to prevent and cure tuberculosis, methods which at the beginning of the century would have been thought powers proper to a sorcerer.

Whether it be B.C.G. vaccination, or early discovery of pulmonary lesions by mass radiography, or chemotherapy applied to the

discovered, or even suspected case, we have the means we need for victory. In fact, on paper the battle is won, yet victory is still a long way off in daily practice.

To explain this discrepancy, numerous reasons are advanced : that more people avoid systematic examinations ; that a number of parents withhold their children from vaccination ; that many patients break off their treatment prematurely. One is inclined to say, this is the fault of families, of patients. Perhaps we ought to play the game differently and say—this is our own fault, we doctors, educators, administrators. If so many subjects avoid systematic examinations and vaccinations, it is because our own efforts are not sufficiently energetic to teach them the importance of these methods, their freedom from harm and their effectiveness. It is the duty of the Union and voluntary associations to carry out health education unceasingly.

Perhaps we should also consider whether the treatment services for pulmonary tuberculosis are really unique, compared with those for other diseases. In the latter, when the temporary or more serious problems have been dealt with, the moment quickly comes when there is no need for more treatment. It is not the same with tuberculosis. The patient has long since recovered the appearance of normal health, but still has to continue taking his medicine several times a day, and for several months, even years, to the moment when his troubles are no longer those of the lung disease, but indeed, precisely the heavy load of therapy. In fact, one needs to be grown up in the health sense to persist in the discipline of this prolonged cure, without fail, once signs of the original complaint are no longer obvious. Such insight into one's own health is not given to everyone, far from it. We must reflect upon this : that the actual treatment of tuberculosis is too much a slave of its own duration. In a period when one can travel around the world in 18 hours, it is a bore to have to take 18 months curing this ailment.

Here is the problem, we all have to realize it and we may not rest on our oars prescribing isoniazid. Other anti-bacillary agents equally effective and well-tolerated will be welcome. If three months of treatment were enough to obtain a really lasting negative result on sputum examination, the whole appearance of the fight against tuberculosis would be different.

Assuredly, we have already attained a big victory by being able to produce this negative result at the end of one year and in almost all cases, even with serious lesions, as we shall hear described in one of the principal sessions of this Conference. Such a result is obtained under special conditions : the patient is in hospital, and the drugs are given strictly, and daily for a whole year under rigid medical control. It is true to say that the chemotherapy of tuberculosis is victorious, but this is precariously so, and only under special conditions. These conditions have their failures, even in well-equipped countries, and they are rarely met with in countries still undeveloped.

Our therapeutic success in tuberculosis is still too much influenced by uncertain factors, and the results of the inequality of the human situation. We must be aware of this, must we not ?

Fresh progress is necessary to narrow the margin, which we must admit is enormous, between two kinds of countries : those in which tuberculosis has declined, and where it will decline more and more rapidly towards elimination, and those where there are grave problems of public health because our work meets with tremendous obstacles, economic, social and medical.

MODERN SOCIAL SERVICE

In the Deutsches Rotes Kreuz, published by the German Red Cross in the Federal Republic of Germany (1964, No. 6), Dr. Hans Peter Mehl, Director of the Red Cross College of Social Studies at Hagen, repeats some of the ideas on which he had already expounded during an address to the Ladies Section of the Westphalia-Lippe Red Cross Society at Berlebeck in the summer of 1963. We give below a summary of his main ideas :

“Social service is Society’s conscience; but Society does not know it”, or at least not yet. This might seem a rather bold statement and the author considers it worthwhile to examine it closer.

Under the effect of economic expansion, the enormous growth in industrial production and the increase in leisure time; the social workers who endeavoured during the war and the after-war years to offset the direct effects of the conflict and the sequel thereto, have come to be faced with new problems. Their task has become one which calls for method, specialisation and greater co-ordination to achieve efficiency and results. Since 1961 the profession has been subject to legal regulations in the Federal Republic of Germany.

However, the author expresses the opinion that neither legal provisions nor practical experience in social welfare can safeguard that dignity which alone enables us to become conscious of the society to which we belong and aware of the social character which gives essential cohesion to the community. No one will deny that the social services have become necessary but it must also be

admitted that their functions are provisional. Indeed, the individual must first and foremost be helped to use his own abilities in order to provide for himself. Self-reliance of this kind should in turn arouse in the subject a sense of social responsibility. In this way social services will attain higher standards and become the creators of conscience in those they help.

The statement that social services are necessary needs no explanation or justification; they are taken for granted nowadays, but the corollary to this is that the task of assisting can only be carried out by qualified personnel well versed in socio-pedagogy and administrative matters.

In order properly to fulfil his rôle as guide and mentor to those people for and with whom he is concerned, the social worker must know how to give wise counsel at the proper time — often a more efficient remedy than material assistance. He must also show discretion and not substitute for the priest, the psychiatrist or the doctor. This will not prevent him from seeing things through the eyes of his client and from showing that compassion which is essential in all humanitarian activities.

It is not for the social worker to judge those to whom he gives assistance, nor to assess the extent of their responsibility for their predicament. His rôle, as we have said, is “to help those in need to help themselves”. But in any case the importance of psycho-pedagogy in social work must be stressed, especially in modern communities where it fulfils a constantly increasing educative and cultural need.

INTERNATIONAL SPORTS MOVEMENT FOR THE DISABLED

The International Sports Organization for the Disabled was created on June 19, 1964, at a meeting held in Paris by representatives of national sports groups for the disabled from eleven European countries.

The aim of this new organization is to unite in international cooperation the national organizations in this field in order to encourage the further development of sports programs for the disabled on the national and international levels. It is meant to provide an international forum for the exchange of opinion, results of experience and resources related to sports for the disabled ; to prepare and disseminate international principles and standards recommended for application in all programs in this field ; to plan, promote and coordinate international events and activities designed to stimulate and assist the further development of sports programs for the disabled in all nations, including specifically : international sports meetings, technical and educational seminars and conferences for the dissemination of relevant information, and international exchanges of technicians and disabled sportsmen. The organization is also to provide appropriate assistance to individuals and organizations working for the development of sports programs for the disabled.

All national organizations whose sole or principal purpose is to promote and support sports for the disabled have been invited to join the new organization which is the successor to the " International Working Group on Sports for the Disabled ". The latter

had been meeting since 1960 under the sponsorship of the World Veterans Federation.

The Working Group had been set up by a group of individuals and organizations interested in developing the means for improved international cooperation in this field. Its primary purpose was to prepare the way for a permanent international organization. Its existence led to the creation, in several countries, where sports groups for the disabled existed as committees, local groups or sections, of national federations. These are now among the founding members of the new organization.

It was under the auspices of the Working Group that an International Seminar was held, April 1962, while the First International Sports Games for the Disabled were organized, July 1963, under direct authority. Its Medical Committee set up Basic Rules for the handicapped, and its Sports Committee put out Directives governing sports activities and competitions for the disabled.

B O O K S

DUNANT PARMi NOUS¹

by

LOUIS GERMOND

With all its vicissitudes, its periods of brightness alternating with those of gloom, Henry Dunant's life could hardly fail to inspire writings of widely varying types. Admiration hardly admits of disparaging nuance and criticism dealing with such a complicated personality almost invariably lays stress on trivialities to the detriment of the essential values which, in this case, are much more genuine and of greater significance in the eyes of posterity.

In his book written in French at the request of the Swiss Junior Red Cross, Mr. Louis Germond steers a course between the two extremes which are equally out of character. The foreword by Mr. P. Oguey, State Councillor of the Canton de Vaud and President of the World Conference of Educators, which met in Lausanne, recommends the book to young people.

"I had", wrote Mr. Germond, "imagined a young man full of zeal whose life had prepared him for a bold ideal: I retained the memory of the patriarch living in Heiden calmly and quietly. But between the two was the life of a man, his eccentricities, his faults and his mistakes".

To relate this life story without denigration or embellishment was a difficult task, the more delicate as the book was intended especially for the young. No doubt Mr. Germond considered Dunant's merits sufficiently well established to allow his weaknesses to be brought to light. He was right, for in Dunant there was no iniquity, and his faults as a business man were inseparable from the very qualities which gave life to the Red Cross, such as his faith in the institution, generosity, energy and incurable optimism.

Unlike some biographies, Mr. Germond's book carefully avoids the pitfalls of excessive imagination. No incident is invented or

¹ Published by the Swiss Red Cross, Berne, 1964; 200 pp.

built up from frail indications to fill the gaps of our knowledge of Dunant and his life. Readers will descry the painstaking care with which the author has assembled his facts, sifting out the superfluous, to evoke, account for and bring into proper perspective the climate of Dunant's time. The informed reader might at times regret some lack of detail, but this was assuredly designed to add vividness to the account and to avoid overburdening young minds. Mr. Germond's research has in any case made a psychological contribution. Mr. Germond even confides in his readers, relating his own experience when this proves useful in recreating atmosphere. In the light of this personal viewpoint, Dunant's childhood and adolescence can be looked at from a new angle.

We must also be grateful to the author for not concealing the serious differences of opinion between Moynier and Dunant and for having shown that the fundamental character of each of these men made some divergence of opinion inevitable. The author acknowledges their individual merits: the level-headedness of the one and the dynamism of the other were equally necessary to the inchoate Red Cross. Even more than this, differences of opinion might well be valuable in the lessons which can be learned. Those arising from Moynier's reasoning and Dunant's emotive force were of that type and we can say even today that they influence new actions undertaken by the Red Cross.

R. M.

THE RED CROSS ON STAMPS ¹

by

WILSON A. SWANKER, M.D.

This handbook, one of a philatelic series covering a wide range of subjects, is devoted to Red Cross stamps in the world. It includes a list of issues by countries in commemoration of Red Cross events

¹ Published by the American Topical Association, Milwaukee, Wisconsin, USA. 22 p.

BOOKS

or of the anniversary of the founding of National Red Cross Societies. A brief Summary is also given of the history of the International Red Cross, with notes on Henry Dunant, the founder of the movement, on the Geneva Convention and the origin and development of the American Red Cross. It can be seen that special issues are made to raise funds for the Red Cross, either as regular postage or with a surcharge, depicting the many varied facets of its activity. Supplementary information is also given on Red Cross seals.

M.C.S.P.

MEDICAL HISTORY IN PHILATELY ¹

by

DR. GERHARD J. NEWERLA

A catalogue has been produced which relates to personalities who have distinguished themselves in the medical field and to the times in which they lived, as shown by issues of commemorative postage stamps. In view of the large number of keen philatelists, Dr. Newerla's work is an effective way of making known to the public the men and women who cared and continue to care for the wounded and sick. Due tribute is thus paid to the founders of the International Committee of the Red Cross, of the National Red Cross Societies and to those who have devoted their lives to others by making researches into the most varied illnesses or by coming to the help of mankind in distress. Commentaries relating to certain stamp issues are accompanied by biographical sketches of those who have played a rôle in medicine, as well as by a list of medical congresses.

M.C.S.P.

¹ Published by the American Topical Association, Milwaukee, Wisconsin, USA, 22 p.

A GLANCE THROUGH THE REVIEWS

The Red Cross World. *League of Red Cross Societies, Geneva, 1964, No. 3.*

The United Nations and its agencies paid many tributes to the humanitarian work of the International Red Cross during its Centenary Year. Now it is the turn of the Red Cross to show to what extent it will cooperate in joint ventures for the benefit of mankind. It is obvious that no such decision can be made without an understanding of who our partners will be. These are facts which this issue of the Red Cross World has set out to provide. At the same time it gives the League the opportunity to make a tangible gesture of thanks to the United Nations family for the collaboration it has extended throughout its existence to the Red Cross movement and opens with the following article by U Thant, Secretary-General of the United Nations:

“At the outset of its second century, Red Cross continues to strengthen its broad principles of humanitarian aid around the world. The International Red Cross is increasingly co-operating with the United Nations. Historically the International Committee of the Red Cross and the League of Red Cross Societies, both of which as non-governmental organizations enjoy consultative status with the United Nations Economic and Social Council, have given active support to the United Nations and collaborated in joint programmes with it and with the specialized agencies. For example, the League of Red Cross Societies has worked with refugees in partnership with the Office of the High Commissioner, initiated training and feeding in the Congo jointly with Unicef and WHO, carried out rehabilitation for the Meknes victims of cresyl oil poisoning in Morocco in co-operation with WHO, collaborated with Unesco in the education of youth and has active relationships with FAO and ILO.

Red Cross has a long tradition in giving and co-ordinating aid for the relief of victims of national disasters and of civil disorders. It has also long shared its professional techniques through the loan of experts, provision of study visits to other countries, through the exchange of texts and films, and through regional and specialized seminars. The United Nations has taken note that these actions have been formalized by a unanimous vote of the 102 Societies in adopting a Red Cross development programme.

This programme is an example of international co-operation in a practical form. I hope that during 1965 which has been declared International Co-operation Year even closer ties will be developed between the Red Cross and the United Nations family. The past has shown us that Red Cross was born through international co-operation and its growing solidarity and universality constitute one of the great hopes of all mankind.”

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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

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

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

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

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

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

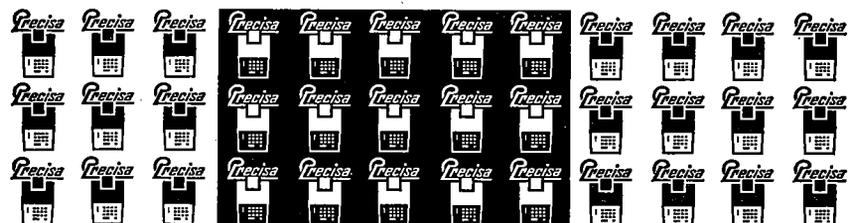
- (a) to maintain the fundamental and permanent principles of the Red Cross, namely: impartiality, action independent of any racial, political, religious or economic considerations, the universality of the Red Cross and the equality of the National Red Cross Societies ;
- (b) to recognize any newly established or reconstituted National Red Cross Society which fulfils the conditions for recognition in force, and to notify other National Societies of such recognition ;

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 cooperation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension ;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

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

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



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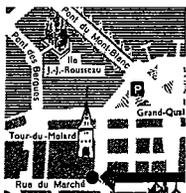
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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga BARRIKADAVET, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 8 bis, rue Henry-Dunant, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yri-goyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshaus-strasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 10-12, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, P.O. Box 1037, *Usumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Ruelle Preak Bat Trasak Paem, P.O.B. 94, *Pnom-Penh*.
- 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 5*.
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatte, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22, Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- CONGO — Red Cross of the Congo, 24, avenue Valcke, P.O. Box 1712, *Léopoldville*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Platanvej 22, *Copenhagen V*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293 *San Domingo*.
- ECUADOR — Ecuadorean Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P. O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1 *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^a Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggötu 4, *Reykjavik*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, *Baghdad*.
- IRELAND — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Dong, *Seoul*.

ADDRESSES OF CENTRAL COMMITTEES

- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
- LIBERIA — Liberian National Red Cross, Camp Johnson Road, *Monrovia*.
- LIBYA — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxemburg Red Cross, Parc de la Ville, *Luxemburg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAYA — Red Cross Society of the Federation of Malaya, Jalan Belfield 519, *Kuala Lumpur*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4^o piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, 27, Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureswore, 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 Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — Nigerian Red Cross Society, 2 Makoko Road, Yaba, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, Apartado 668, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas 33, *Asunción*.
- PERU — Peruvian Red Cross, Tarapaca 881, *Lima*.
- PHILIPPINES — Philippine National Red Cross, 860 United Nations Avenue, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon 3*.
- RUMANIA — Red Cross of the Rumanian People's Republic, Strada Biserica Amzei 29, C.P. 729, *Bucaresti*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent, *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOUTH AFRICA — South African Red Cross, 14 Hollard Street, 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, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- SYRIA — Syrian Red Crescent, 13, rue Abi-Ala-Almaari, *Damascus*.
- TANGANYIKA — 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, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 1, Avenue de Carthage, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kouznetsky Most 18/7, *Moscow k.31*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Trièz, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, đường Hồng-Thập-Tu, No. 201, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.