

MAY

EIGHTH YEAR — No. 86

International Review of the Red Cross



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GENEVA
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INTERNATIONAL REVIEW OF THE RED CROSS

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BOOKS AND REVIEWS

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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 to the English edition and may be obtained under the same conditions.

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SUPPLEMENTS TO THE REVIEW

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SPANISH

Vigésimoprimerá concesión de la Medalla Florencia Nightingale.

GERMAN

Einundzwanzigste Verleihung der Florence-Nightingale-Medaille.

THE
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responsibility only for material over its own signature.

TWENTY-FIRST AWARD
of the
FLORENCE NIGHTINGALE MEDAL

Defining the spirit of the Red Cross, Max Huber once said that "it is to accept to sacrifice oneself to help others". He added that, in order to preserve the essence of this spirit, "there must be spontaneous action . . . there is a kind of silent heroism in the work carried out daily for the sick".

Who can show this better than nurses who devote all their energies to others? It is this disinterested service in a world which is more often than not obsessed by material success, which is the finest of examples given due recognition by the awarding of the Florence Nightingale Medal.

This high distinction, as is generally known, is awarded every two years by the International Committee, on proposals submitted beforehand by the National Societies, to nurses and voluntary aids who have distinguished themselves by caring for others by devoted service, perseverance and their faithfulness to Red Cross principles.

In 1967 at the request of the ICRC all National Societies gave a ceremonious character to the presentation of the award. They have sent us for the first time all the necessary details for an article, thus enabling the International Review to pay tribute to all recipients without any omissions.

*

AUSTRALIA

Miss Constance Lawson is a Registered State Nurse and Matron. In 1940 she enlisted in the Nursing Service of the Australian Army and served for five years in the South West Pacific, part of that period in the hospital ship "Wanganella". She was mentioned in Despatches for her devotion to the sick and wounded.

After the war she occupied senior posts in various hospital establishments and was appointed Matron of the Royal Women's Hospital, Melbourne the major maternity hospital in Victoria.

She was one of the first to introduce refresher courses for nurses wishing to resume professional work. She has also been responsible for introducing other innovations with much humanity.

On July 28, 1967, she was presented with the Florence Nightingale Medal at a ceremony at the Headquarters of the Australian Red Cross by the President of the Society, Lady Casey, wife of the Governor-General of Australia. There were some fifty guests present, including five previous Australian recipients of the award, leading members of National Headquarters and senior officials of the State of Victoria.¹

BELGIUM

On May 21, 1967, the President of the Belgian Red Cross, H. R. H. Prince Albert bestowed the Florence Nightingale Medal on *Miss Gabrielle Revelard*.¹ Commenting on the event, the Belgian press stressed the outstanding merit shown by her during the course of forty years devoted to other people's safeguard and their increased well-being.

After studying at a school in Kaiserwerth, which had also once had Florence Nightingale as a pupil, she then, together with Edith Cavell, directed courses for young trainees at the "Maison des Diaconesses" in Brussels where she later opened a dispensary. She was Directress of a Nursing School at Charleroi and founded a similar establishment at Tournai. During the two world wars her spirit of sacrifice was demonstrated on many occasions often in tragic circumstances. In 1914 she installed a Red Cross ambulance

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

where the wounded and the badly burned were collected and treated. She also at the same time trained first-aiders from young boys and girls. She indeed fulfilled the traditional duty of the Red Cross, which is to collect the wounded from the battle-field. She protected and saved many wounded from being deported.

The Second World War found her with the Red Cross Committee of Tournai as Directress of Medical Services. She there carried out her task under bombing, entirely without thought for her own personal safety. Imprisoned in 1944, she shortly afterwards assumed the direction of the military hospital which the occupying forces had just abandoned and which contained 120 wounded.

Thus, for forty years, the recipient of the Medal has lived her vocation fully and with effectiveness. Her conduct during the two world wars was exemplary, although in time of peace she has known how to look towards the future actively in the many spheres of teaching and social work.

CANADA

Miss Alice M. Girard was presented with the Florence Nightingale Medal on May 8, 1967 by Mr. Samuel A. Gonard, President of the ICRC, in Montreal during a visit which he made to Canada.¹ The ceremony was organized by the Canadian Red Cross and took place at the annual meeting of the Central Council of the National Society.

Having started to follow a teaching career, she then turned to nursing and attended nursing courses at the St. Vincent de Paul Hospital, Sherbrooke. She has had varied experience in all branches of her profession, then, returning to teaching, she instructed at the Faculty of Nursing at the University of Montreal.

Today she is Dean of that Faculty, the first woman to occupy that position in Canada. To attain this stature she continued her studies in different universities in public health, nursing education and hospital administration. In 1961 the Government appointed Miss Girard a member of the Royal Commission on Health Services in Canada, three years before which she had been elected President of the Canadian Nurses' Association. Further recognition was given her when she became President of the International Council of Nurses.

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

The Montreal press published photographs of the recipient and articles stressing her high sense of duty and her continuous work, on the international as well as on the national level, to improve the professional status of nurses.

CHILE

There was a festive air about the Aula of the Santa Maria University of Valparaiso on June 23, 1967. With a profusion of flowers it was prepared that day to receive a large gathering come to pay tribute to a Chilean to whom credit was due, *Señora Joaquina Escarpenter de Segeur*, Adviser to the Chilean Red Cross Central Committee, President of the Valparaiso and Aconcagua Red Cross regional Committee.

The Florence Nightingale Medal was presented to her by the National Society President, Dr. Inostrosa, in the presence of the Governor of the province, political, civilian, military and medical notables and all the delegations comprising the Valparaiso Committee.¹ Several speeches were made, particularly by the Society President who mentioned that this Medal symbolized "the true Red Cross spirit of sacrifice, love and self-denial for those who suffer, no matter what their race, religion or political ideology". He said the Government of Chile joined in paying tribute to a nurse whose qualities were well known and who was active in so many spheres.

In her reply, the medalist expressed in moving terms her joy and pride, referring to "the Lady with the Lamp" whose example was a lesson to us all.

Señora Joaquina Escarpenter de Segeur is a voluntary nurse in the Chilean Red Cross. In 1936, she was one of the founders of the Valparaiso Red Cross Regional Committee. She subsequently worked in the city hospital blood bank.

Her relief work was outstanding during the 1939, 1960 and 1965 earthquakes and during the devastating hurricanes of 1965. Her dedication and competence fitted her to meet the tasks to which those dramatic events gave rise.

In the reorganization of the Yungay local committee, with which she was entrusted, she set up new services such as the poli-

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

clinic, courses for voluntary nurses and first-aiders, and free dental service. She was later appointed President of the Valparaiso Regional Committee where she devoted her energies to the inspection and reorganization of local sections. As the Central Committee's Technical Adviser she is concerned with the setting up of a blood bank as part of the Chilean Red Cross blood transfusion programme.

CZECHOSLOVAKIA

Miss Marta Anna Šindlerová received the Florence Nightingale Medal on September 26, 1967 in Prague on the occasion of the session of the Presidium of the Czechoslovak Red Cross, amidst acclamation and expressions of general sympathy.¹ The press as well as the television and broadcasting service fully publicised the ceremony and demonstrated that this was also a tribute to Czechoslovak nurses.

The recipient of the award received the State Diploma in Nursing in 1918 and started as a nurse at the Prague General Hospital. Then from 1922 she worked for the Czechoslovak Red Cross. From 1930 to 1937 she occupied posts in various State organizations: Central Office for the Protection of the Mother and Child, State School of Public Health where she was instructress and then assistant Directress. She was again in the service of the Red Cross until 1940, when she was called to the Ministry of Public Health, Nursing Section. Between 1951 and 1959 she was Head Nurse for the organization of medical care of the young. She is now retired, but still actively serves the Red Cross from her own home.

These are mere facts briefly described. However one should also recall the deep sense of humanity, the courage and decisive spirit shown by Miss Šindlerová in the most difficult circumstances. Thus in 1945, when fighting was in progress, she organized the Red Cross Voluntary Nursing Service, as she had done before the war. Similarly, during the occupation of her country she aided families of persons arrested. Mention should also be made of the high standard of the work she accomplished as Head Nurse in taking part in the creation in 1922 of the first consulting dispensary of the Czechoslovak Red Cross and, after the Second World War, in providing

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

the National Society with training schools for qualified nurses. These two examples are also a testimony to her initiative in serving the humanitarian ideal.

Forty years have thus passed in the service of others. Modesty, devotion and competence, these are qualities of which the recipient has shown constant proof.

FINLAND

At the General Assembly of the Finnish Red Cross on December 2, 1967, a member of the Central Committee, in the President's absence, bestowed the Florence Nightingale Medal on *Miss Aino Jenny Durchman*.¹

After studies in her own country and in the United States she was Ward Nurse in a provincial hospital, then appointed Matron at the Helsinki General Hospital. Some time later she made study visits to Sweden and Denmark and obtained scholarships of the Rockefeller Foundation and WHO, enabling her to pursue her studies in Canada, France, Poland and in the United States.

In 1936, she became Principal of the Helsinki Nursing School and in 1959 of the College of Nursing. The wide extent of the knowledge she gained during her travels and her steadfast determination to impart this to the benefit of her country enabled her to give fresh impetus to the training of nurses. It is due to her experience and initiative that nursing training has attained the high level it has now reached in Finland.

Miss Durchman has served the Red Cross for the purpose of imparting her knowledge to help in improving the teaching of nursing in her country and she has always shown in a strictly practical sense the reality and the responsibilities required of nurses.

FRANCE

On June 16, 1967, at the French Red Cross Central Headquarters in Paris, two nurses were honoured, namely *Mlle Lucie Roques*, State Registered Nurse and social worker, and *Mlle Marie Loprestis*, State Registered Nurse.

¹ *Plate.*

Mr. François-Poncet, then President of the French Red Cross, pinned the Florence Nightingale Medal on the uniform of each medalist, in the presence of a large audience.¹ His speech recalled the work of Florence Nightingale “ whose noble example brightened the history of nursing in the last century ”; he also spoke on the merits of the two nurses being honoured that day, and whose outstanding services are resumed below.

M^{lle} Roques' career started in hospitals. During the Second World War, as an *infirmière major*, she had responsibility for a light ambulance and subsequently for a hospital for the wounded.

In 1944 she was Director of the *Service Médico-Social de la Maison du Prisonnier* and later Head Social Assistant to the *Service de l'Inspection des Sanatoriums militaires de la Croix-Rouge française en Allemagne*. After returning to France she assumed various major functions. From 1946 to 1956 she was Assistant to the Director of the National Society's Child Welfare Service.

Over the last twenty years she has devoted a considerable part of her time to social work in a district in Paris. She now presides over the district committee of the Red Cross and discharges her mission under our common sign with sensibility and intelligence.

M^{lle} Loprestis has been nursing at the French Red Cross Hospital School, *l'hôpital des Peupliers* in Paris for the last forty years. She gave her service voluntary for twenty years. In 1943, as *infirmière-major* her efficiency and dedication earned her a leading rôle at that hospital and the confidence of the medical profession. She still fulfils this function today, lavishing by day or night the benefits of her presence and her nursing skill. The Red Cross movement would be the poorer without such people who dedicate their lives to charity.

Her service record shows her to be “ in the forefront of her generation for her moral value, intelligence and professional efficiency ”. The younger generation of nurses she trains will be able to deal effectively with the difficult situations which crop up in many Red Cross missions in France or abroad.

¹ *Plate.*

GERMANY
DEMOCRATIC REPUBLIC

In October 1967 more than a hundred active members met in the Zwinger Palace in Dresden on the occasion of the anniversary of the foundation of the German Red Cross in the German Democratic Republic. Amongst them was a nurse of seventy-five years of age to whom the Florence Nightingale Medal had been awarded by the ICRC. The recipient was *Mrs. Toni Stemmler*, Red Cross Voluntary Aid and Nursing Aid.

In the presence of senior officials from the Ministry of Health, Professor Werner Ludwig, President of the National Society recalled the often perilous stages of a life entirely devoted to others, and then handed her the medal with the accompanying diploma.¹

After having been a teacher for over twenty years, Mrs. Stemmler decided to devote herself to the sick, as an assistant nurse. In 1941, she was arrested and deported, first to Ravensbrück then to Auschwitz.

At the risk of her own life she treated the internees there and used all her energy to alleviate the plight of the sick and of the victims of pseudo-medical experiments. She assumed, entirely alone, without medical supervision the direction of a section of the hospital situated outside the Auschwitz concentration camp.

On returning home in 1945, although suffering from bad health, she again worked in public health bodies until 1953 when she went into retirement.

Today, she is an active member of her country's Red Cross. In addition, in recognition of her constant devotion and of her experience in matters of hygiene, Mrs. Toni Stemmler was elected, for the period 1950-1954, member of the People's Chamber of the German Democratic Republic. She is also the holder of several decorations.

During the war, the recipient of the award, as so many of her companions, knew how to give entirely of herself, risking her own life the better to save those of others.

¹ *Plate.*

GERMANY

FEDERAL REPUBLIC

The German Red Cross in the Federal Republic of Germany presented the candidatures of three outstanding nurses to the ICRC to whom the Florence Nightingale Medal was awarded. These were: *Matron Henni Thiessen*, *Sister Anna Kellner*, *Mrs. Jula Müller*.

Matron Henni Thiessen is at present Matron of the Red Cross (Wuppertal-Barmen Branch). She is a Registered Nurse.

In 1939 she was appointed "Armeeoebin", then "Feldoberin" and since the beginning of her career, her courage and firmness had an invigorating effect on her companions, whether in the appalling conditions on the eastern front, especially during the battle of Kharkov, or when on her return to Germany she worked in a hospital which was destroyed by bombing. Since 1952, she has been Vice-President of the Association of the Parent Establishments of the German Red Cross in Bonn. The Wuppertal-Barmen Branch possesses one large school for hospital care and another for pediatrics. She is responsible for training registered nurses, a task which she carries out with entire selflessness.

Sister Anna Kellner is at present "Gemeinde-Schwester" in Bad Tölz. A Red Cross nurse, she was from 1940 to 1945 a member of German army mobile units in France, Rumania, Bulgaria, Greece and lastly as Sister-in-Chief in Russia. In the last mentioned country, her mission was to bring wounded and sick soldiers back to Germany.

After the war, she resumed her duties at Bad Tölz where she is in charge of hospital duties and gives instruction, with official co-operation, in first-aid and home care.

With thirty-eight years of helping others, she still keeps her enthusiasm and gives valuable help to the Bavarian Red Cross.

These two medals were presented at a ceremony in Kiel on May 30, 1967 during the Annual General Assembly of the Branch Associations of the German Red Cross in the presence of a thousand nurses. The President of the Association, "Generaloberin" Ilse von Troschke handed medals and accompanying diplomas to the recipients.¹

¹ Plate.

FLORENCE NIGHTINGALE MEDAL

Mrs. Jula Müller is at present “Landes- und Bezirksbereitschaftsführerin” with the Red Cross for all auxiliary aids and nursing assistants in the Rhineland-Pfalz. During the First World War she was a nurse in hospitals and railway stations. From 1918 to 1939 she was in charge of welfare and medical services of the Red Cross.

In the Second World War, she was “Armeeschwester” in France, in charge of all German Red Cross nurses in three hospitals and numerous hospital trains.

On returning to her country, she continued to care for German prisoners of war and the families of those killed in the war and assumed increasingly responsible positions connected with nursing care.

The Florence Nightingale Medal was presented to her on July 19, 1967 in Mainz, on the occasion of the meeting of the Provincial Council of the Red Cross¹. In his speech, the President recalled the recipient's exceptional qualities and how she always demonstrated the “Red Cross spirit”. In her reply, Mrs. Müller described all that this spirit means to her and how selflessness is a spontaneous act, not to be gainsaid.

GREAT BRITAIN

At the meeting of the British Red Cross Society's Council held on July 13, 1967, in the presence of H.R.H. Princess Alexandra, Vice-President and Patron of the Junior Red Cross, H.R.H. The Duke of Gloucester, Chairman of the Council presented the Florence Nightingale Medal and the accompanying diploma to *Miss Elaine Hills-Young, M.B.E.*¹

Thanks to her numerous qualifications she was able to undertake important tasks, chiefly in the Sudan where she held senior appointments such as Principal of the Midwifery Training School and Supervisor of Midwives and Child Welfare Organizations and of the Sudan Nursing Service. She was thus in direct contact with the local population and closely involved in the establishment and organization of the Branch of the British Red Cross in the Sudan. In addition, owing to her knowledge of the country's language she laid the foundations of training in Home Nursing and in Maternal

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

and Child Welfare, which she rendered easier by writing a book in Sudanese Arabic and took every opportunity to extend the Red Cross field of action.

On her return to Europe, she escorted prisoners of war in 1944 from Sweden to England and treated the severely wounded and sick amongst them. She was then Matron-in-Chief to the British Red Cross Relief Commission for North-West Europe and from 1949 to 1965 she was Divisional Director of the Hertfordshire Branch of the British Red Cross (St. Albans). She is still actively concerned with the Florence Nightingale International Nurses Association of which she has been Honorary Editor for many years.

She has in all circumstances shown tireless determination and zeal in her care for the sick and wounded. She has given outstanding service to the Red Cross and its development and the press was unanimous, when commenting on the event, in stressing the high quality of the help given by the recipient of the award to the National Society's work and of her aid to those who were suffering.

GREECE

On September 14, 1967 at the Red Cross School of Nursing in Athens, there took place the inaugural session of the Conference organized by the International Association of Florence Nightingale Nurses.¹

The medal was presented on that occasion to *Mrs. Maria Eleftheriou*, during a ceremony in keeping with the wishes of the founders of this high distinction.² Many notables were present, as well as members of the Central Committee of the Hellenic Red Cross, and nurses from nineteen countries, medalists of previous awards.

Mrs. Eleftheriou graduated from the Red Cross School of Nursing in Athens. She did further training in the Bedford College of London University and at the Royal College of Nursing. She returned to London later and also went to other countries to study hospital methods and new techniques in pedagogy.

She dedicated herself to teaching at the Hellenic Red Cross School of Nursing. From Assistant Instructress, she became Director of Studies and took part in implementing the plan to modernize

¹ See *International Review*, March 1968.

² *Plate*.

FLORENCE NIGHTINGALE MEDAL

studies. She was later appointed Director of Hospital Services and Inspector of Red Cross Nursing, and in 1961 was elected to her present position of General Director and Inspector.

Mrs. Eleftheriou's record of service, both international—she was Vice-President of the League's Nursing Advisory Committee from 1959-1961—and national, speaks volumes for the important part she took in her country's National Society. Her self-denial and decision enabled her effectively to discharge the many tasks with which she was entrusted.

IRELAND

On January 27, 1967 in Dublin, at the headquarters of the Irish Red Cross, the National Society organized a reception attended by many senior officials, diplomatic representatives including the Swiss Ambassador, as well as Red Cross leaders. The occasion was the presentation of the Florence Nightingale Medal to *Miss Elizabeth Kenny*, the fifth Irish nurse to receive this high award¹.

The Society's Chairman, Mrs. Tom Barry, delivered an address in praise of the medalist: "I am very proud to present you with this splendid award in recognition of your work; your outstanding efficiency as a nurse in helping the wounded and sick at home and abroad brought honour to your profession and credit to those in Ireland who trained you. Your conduct at all times had shed lustre on our country".

The many newspaper cuttings we have received show the interest displayed by the Irish press in the importance of this event and the consideration enjoyed in Ireland by Miss Kenny and the Irish Red Cross in general.

The medalist is a young nurse and midwife who, in 1963, volunteered for service in Vietnam with the Dr. Tom Dooley Fund of Ireland. She first worked in a leprosarium not far from Saigon and later, at the request of the Ministry of Health, also gave her services at the region's maternity clinics and gave training in nursing and midwifery. Later she went to Qui Nhon, North of Saigon to a mission hospital, where she was in charge of the operating theatre, held a clinic for fifty tuberculosis patients daily and helped in the vaccination programme of outlying villages. In 1964,

¹ *Plate.*

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Miss Kenny was working for the 12,000 refugees who flowed in from all parts bringing with them typhoid, cholera and the plague. This went on until 1966, when the town became the centre of fighting and the authorities, concerned for her safety, ordered her to cease her work. She then returned to Ireland where she resumed her position as Staff Nurse at St Michael's hospital.

The press paid tribute to the young nurse for her courage and spirit of self-sacrifice.

JAPAN

The ICRC has recognized the outstanding merit of three nurses nominated by the Japanese Red Cross, by awarding them the Florence Nightingale Medal. The medalists were *Miss Shizu Kaneko*, *Miss Iwano Niki* and *Miss Moyo Suzuki*.

Miss Shizu Kaneko is a Japanese Red Cross nurse. Senior Nurse in 1928, Nursing Director in 1949, she is now Head Nurse at the Maebashi Red Cross Hospital.

Like many of her colleagues, Miss Shizu Kaneko, during her forty years of service, has known a period of war, when, in addition to her professional qualifications, she gave proof of calm courage in the face of danger, and a time of peace when she displayed, as she continues still to do, a remarkable talent for organization in her work of improving hospital services, teaching student nurses and in prompt relief work when natural disaster strikes. Thus, in a number of ways, she finds scope for fields of action demanding various skills, having dedication to humanitarian work in the true Red Cross spirit as a common denominator. This is of course a remark which applies equally to the other two medalists.

Miss Shizu Kaneko's war-time activity was that of Head Nurse on hospital ships. She displayed dedication equal to all trials, performing with courage the difficult tasks of her profession and earning the affection of the sick and wounded.

In time of peace, she was first of all a nurse in various Red Cross hospitals and took an active part in training student nurses. When typhoons struck the regions of Kanto and North-East Japan, she organized relief teams and cared for the victims. The reputation she acquired over so many years of service to the community, and her important contribution to the administration of the Red Cross hospital, earned her the consideration of all who came in contact with her work.

FLORENCE NIGHTINGALE MEDAL

Miss Iwano Niki is another Red Cross nurse, a Matron since 1927 and Director of the Komatsushima Red Cross Hospital Nursing Department.

During the Sino-Japanese War she was Nurse-in-Charge of Red Cross relief teams aboard three hospital ships, with responsibility for the transport and evacuation of the wounded and sick on which she lavished her care, regardless of danger to herself and the hardships of the climate. Her warm-heartedness, her equanimity even in the face of danger, combined with wide experience of nursing, earned her widespread recognition. She discharged the same duties during the Second World War, again aboard hospital ships, as a member of one of the Japanese Red Cross Society's relief teams.

She occupied managerial positions in various State and Red Cross hospitals and later became *Senior Nurse* at the Tokushima University Hospital Nursing School. She was appointed a member of the Council of Nurses, Social Assistants and Midwives. In 1962 she was appointed to the office she still holds today—Director of the Nursing Department of the Red Cross Hospital at Komatsushima.

As can be seen, Miss Niki has had important responsibilities for forty-five years both in the training of nurses and the improvement of their social and working conditions.

Miss Moyo Suzuki has been a Japanese Red Cross *Senior Nurse* since 1918. She is now the holder of that position at the Shōwa University Hospital.

Most of her work has been for the benefit of Koreans. She was first a *Senior Nurse* on the staff of the General Government in Seoul. She immediately took an interest in local hygiene conditions, which she worked to improve. She put her nursing knowledge into practice with enthusiasm; took a keen interest in the teaching of nursing and spread knowledge of home nursing in mountainous and isolated regions.

In 1921 she assisted Korean refugees. Overcoming material difficulties thanks to her energy and dedication, she accomplished work of such utility that it was quoted in a Korean school textbook as an example. During the Sino-Japanese War she was called upon to serve on hospital ships crossing between Shanghai and Japan. She cared for the wounded and the sick; some she saved by donating her own blood. During the Second World War she worked at the Shōwa University Hospital where she had to contend with a con-

FLORENCE NIGHTINGALE MEDAL

TWENTY-FIRST AWARD

GERMANY (Democratic Republic)

The President of the Red Cross, D' Ludwig congratulates Mrs. Toni Stemmler.



GERMANY (Federal Republic)

From left to right: Sister Anna Kellner, Generaloberin Ilse von Troschke, the Honorary President of the German Red Cross, Mr. von Lex, Oberin Henni Thiessen.



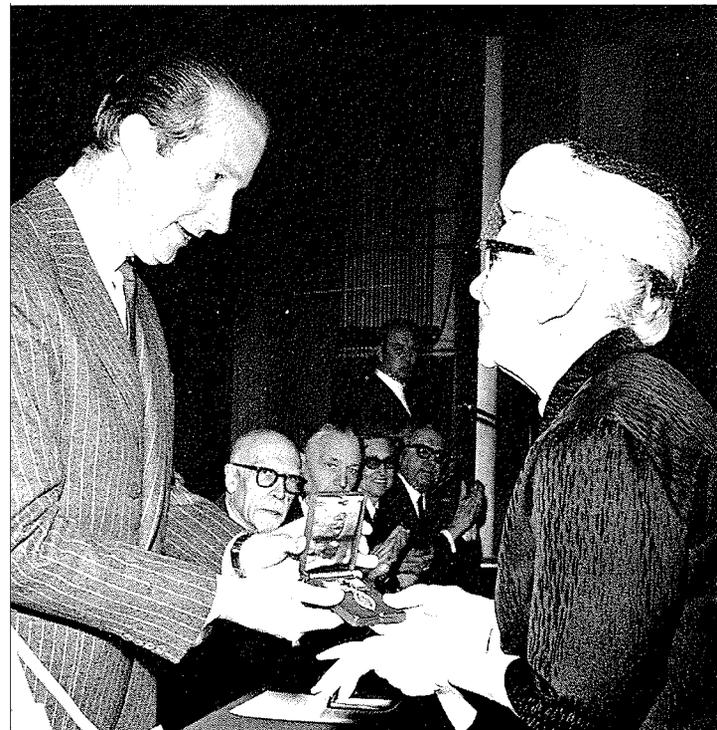


GERMANY
(Federal Republic)

The President of the Mainz Red Cross Section presents the medal to Mrs. Jula Müller.

AUSTRALIA

Miss Constance Lawson, Australian Red Cross medalist.



BELGIUM

The President of the Belgian Red Cross, H.R.H. Prince Albert, presenting the medal to Miss Gabrielle Revelard.



CANADA

In Montreal Mr. S.A. Gonard, ICRC President, presenting the medal to Miss Alice M. Girard.

CHILI

Dr. Inostrosa, President of the National Society, pins the medal on Mrs. Joaquina Escarpenter de Segeur.





KOREA (Republic of)

The President of the National Red Cross congratulates Mrs. Kim Ahn Kuy-Boon, who has just been presented with the medal by the wife of the President of the Republic (left).

FINLAND

A member of the Finnish Red Cross central committee presents Miss Aino Jenny Durchman with the medal and diploma.





FRANCE

Mr. A. François-Poncet, President of the French Red Cross at the time, presents the medal to Miss Lucie Roques and...



... Miss Marie Loprestis.

GREAT BRITAIN

The medalist, Miss Elaine Hills-Young, M.B.E., between the Duke of Gloucester, President of the British Red Cross Council, and H.R.H. Princess Alexandra, Vice-President.





GREECE

The President of the Hellenic Red Cross presents the medal and diploma to Mrs. Maria Eleftheriou.



IRELAND

Mrs. Tom Barry, Chairman of the Irish Red Cross, congratulates Miss Elizabeth Kenny (right).

JAPAN

H.M. the Empress, Honorary President of the Japanese Red Cross, presents the medal to the three medallists: Miss Moyo Suzuki, Miss Iwano Niki, and Miss Shizu Kaneko.



PHILIPPINES

In Manila, honorary ICRC delegate, Mr. Calderara, presenting the medal and diploma to Mrs. Socorro Salamanca Diaz.





SWITZERLAND

Professor von Albertini, President of the Swiss Red Cross, presenting the medal to Miss Hélène Nussbaum.



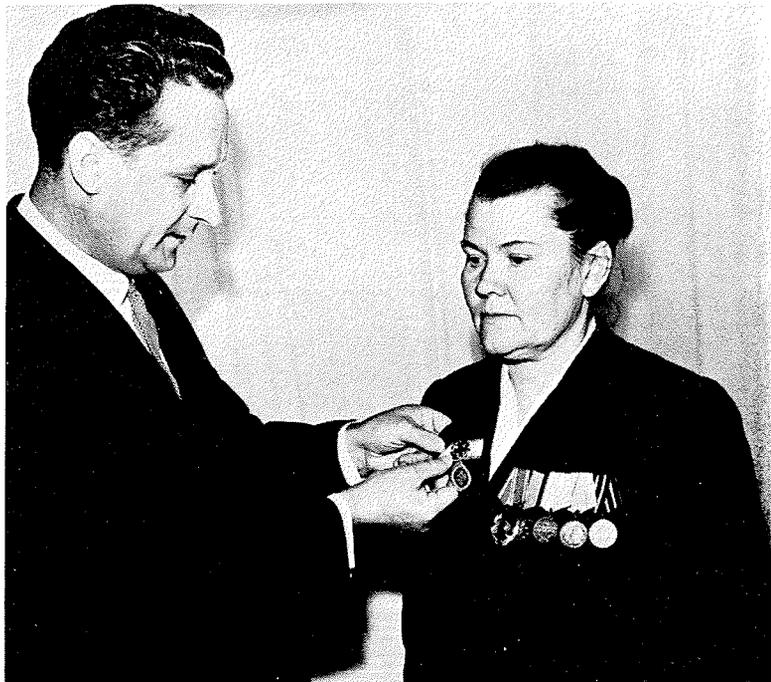
CZECHOSLOVAKIA

The late lamented President of the Czech Red Cross, Dr. Stich, pins the medal on Miss Marta Anna Sindlerová.



THAILAND

H.M. the King of Thailand, patron of the National Red Cross, accompanied by H.M. the Queen, the Society's President, presents the medal to Miss Tawinwang Dutiyabodhi.



USSR

The President of the Byelorussian branch of the Red Cross presenting the medal to Mrs. Eugenia Chevtchenko.



USSR

The Vice-President of the Red Cross of the Russian Soviet Federal Socialist Republic congratulating Mrs Irina Klykova.



Mrs. Klaudia Boutova after receiving the medal.

Miss Anna Kousnetzova's friends rejoice over the award to her of the medal.



FLORENCE NIGHTINGALE MEDAL

siderable influx of victims of the intense air-raids on the town. Throughout the forty-four years of her career, Miss Moyo Suzuki has shown, and continues to show, outstanding qualities of generosity and intelligence.

The official ceremony for the presentation of the medal to the three winners took place on July 3, 1967 in the auditorium of the Japanese Red Cross Nursing College at Shibuya. H.M. the Empress of Japan, as Honorary President of the National Society, presented the diplomas and pinned the medals on the recipients.¹ The Crown Princess and the three Imperial Princesses, all four of whom are Vice-Presidents, also attended the ceremony, as did the President of the House of Representatives and the Minister of Public Health. The ICRC was represented by its honorary delegate.

The President of the Japanese Red Cross declared the ceremony open and H.M. the Empress delivered an address in which she stressed the great significance of the award of the medal by the ICRC to three Japanese nurses. Other speakers included the ICRC delegate and one of the medalists who spoke also in the name of her colleagues.

KOREA

REPUBLIC OF KOREA

The 18th anniversary of the Red Cross of the Republic of Korea, on October 27, 1967, was the more auspicious for the exceptional importance which the Society attached to the ceremony for the presentation of the Florence Nightingale Medal to two particularly deserving nurses, *Mrs. Kim Ahn Kuy-Boon*, and *Miss Kim Eul-Ran*.

The ceremony took place at the Seoul Drama Centre before a large audience and in the presence of many distinguished guests, and the wife of the President of the Republic herself presented the medal to Mrs. Kim Ahn Kuy-Boon.¹ The diploma and medal for Miss Kim Eul-Ran were sent to her in Canada where she now resides.

Mrs. Kim Ahn Kuy-Boon, holding the lighted symbolic lamp passed over to her by a previous medalist, recited the Florence Nightingale pledge, which was repeated by all nurses present. The ceremony was given wide coverage by the press, radio and television.

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

Mrs. Kuy-Boon began her chosen career when war broke out in 1937 between China and Japan. She had just completed her third year studies at the Shanghai Sanatorium and Hospital. She was sent to Seoul where she resumed her nursing work at Seoul Sanatorium and Hospital. She later went to Pusan where she served as a nurse, taught and worked in various ways to improve health and hygiene among the population. On her return to Seoul in 1950 she resumed her teaching and practical work in a special ward for war orphans and refugees wandering in the streets, when she became known to patients and colleagues as the mother of orphans. In fact she did adopt two orphans, one of whom with a serious spinal defect was cured after the grafting of a bone taken from her own leg.

Today she continues to serve in organizing and developing the Korean nurses' association; she was appointed President of Seoul City Nursing Association in 1965. Mrs. Kim, during the three wars to which she was a witness, unceasingly displayed a spirit of human solidarity.

Miss Kim Eul-Ran joined the Seoul Red Cross when she graduated as a nurse in 1938. In 1946 she was transferred to Pusan as Head Nurse of that City's Civic Hospital, where she was also in charge of education at the hospital's school of nursing. She soon displayed her outstanding efficiency when, in the summer of 1946, a serious epidemic of cholera broke out. Miss Kim worked day and night with the special medical team sent from Seoul. Through her skill and devotion more than 200 serious patients were cured.

After the outbreak of the Korean War, she was called upon in 1951 to serve as Korean Chief Nurse in a field combat hospital where prisoners of war were hospitalized and where, with complete impartiality, she upheld the principles of the Red Cross.

Upon her return to Seoul a year later she devoted her time and efforts to caring for refugees and war orphans. She was transferred in 1956 to Incheon Red Cross Sanatorium where she tended consumptive war orphans. In 1959 she was transferred to the National Kongju Hospital for consumptives. She took part in the struggle against epidemics of typhoid, encephalitis and diphtheria. She was, with her team, always one of the first on the scene in concerted action with the Public Health authorities. In 1964 she was again transferred to Seoul Civic Southern Hospital, of which she is today the Nursing Director, with undiminished dedication. Throughout her life, in a ceaseless struggle against disease and suffering, she has drawn strength from her noble calling.

PHILIPPINES

The Philippine Red Cross availed itself of the occasion of its National Convention on December 10, 1967, to pay tribute to its voluntary workers and particularly to *Mrs. Socorro Salamanca Diaz*, who was presented with the Florence Nightingale Medal during a ceremony which took place in one of Manila's large hotels, and in the presence of senior government officials including the Vice-President of the Philippines. A message from the President of the Republic recalled the significance of the Red Cross principles which, he said, must be the concern not only of members of the Red Cross but of all Filipinos. The medal was presented to Mrs. Diaz by Mr. Calderara, honorary ICRC delegate to the Philippines.¹ The medalist wrote to the International Committee expressing her gratitude and pride at being given this distinction which—as may be seen below—is a token of recognition of service to mankind.

Mrs. Socorro Salamanca Diaz graduated from the Philippine General Hospital School of Nursing and is Bachelor of Science in Nursing of the University of Santo Tomas. For over fifty years she has been assuming responsibility in nursing. As early as 1918 she was First Superintendent of the Social Service Unit of the Bureau of Public Welfare, responsible for the organization and administration of infant welfare centres, maternity homes and schools of midwifery throughout the Philippines. At the outbreak of the Second World War, the Bureau of Public Welfare became the focal point for relief distribution. Mrs. Diaz undertook the difficult task of extending relief to the countless displaced persons. In 1944 Mrs. Diaz was appointed Administrative Officer of the Veterans' Bureau, in which she did pioneer work, for it was under her guidance that vocational activities were initiated for the disabled, particularly the manufacture of artificial limbs and Braille-writing instruments. She visited sick prisoners of war and arranged for their transfer to convalescent homes and hospitals; she assisted repatriates from Hong Kong, improvised a mail service between prisoners of war and their families, and generally contending effectively with situations calling for great courage. After the war, Mrs. Diaz was appointed to further important functions which she still discharges today in nurse training and the administration of her country's major humanitarian institutions.

¹ *Plate.*

SWITZERLAND

By awarding the Florence Nightingale Medal to *Miss Hélène Nussbaum* the ICRC paid tribute to a nurse whose exceptional merits can be summed up in two words: determination, efficiency. Mention must also be made of her intelligent understanding for all problems.

She began her career as a volunteer nurse with the Italian Red Cross during an earthquake in Sicily. After obtaining the Swiss nursing diploma, she worked from 1932 in various hospitals in Switzerland and later devoted herself for many years to humanitarian tasks in Greece.

In 1946, with UNRRA, she was assigned the reorganization of sanatoria for consumptives in Greece and the setting up of a school to train nursing aids specializing in the care of consumptives. In 1947, WHO commissioned her to reorganize in Greece certain hospitals which had been damaged during the war.

In 1951, she joined the ICRC, serving it in Greece, where she undertook the difficult task of tracing tuberculosis cases in detention centres and among the population. She spent three years visiting the larger detention centres, distributing relief sent to Athens by the ICRC and negotiating with senior civil servants, prison superintendents and prison doctors. In addition, after an earthquake in the Ionian islands, she organized and directed a camp for the homeless.

From 1951 to 1954 she dedicated herself entirely to this outstanding work. But her task in Greece was not finished and she continued working in that country from 1955 to 1958, after writing a "Preparatory Course for Red Cross Volunteers". She founded and directed a kindergarten and the country's first school for pediatric nursing.

In 1961 she was appointed Secretary and later Executive Director of the General Secretariat of the International Council of Nurses, then in London and since 1966 in Geneva. Until 1967 she held a very important office calling for wide knowledge. Once again, she displayed the highest moral qualities and practical experience.

The Florence Nightingale Medal was presented to Miss Hélène Nussbaum during a Swiss Red Cross management committee meeting in Berne on October 26, 1967.¹ The National Society President, Professor A. von Albertini, bestowed the medal on the recipient. The Swiss press mentioned the significance of the medal and the importance of the award which does credit to the land of Henry Dunant.

¹ *Plate.*

THAILAND

The presentation of the Florence Nightingale Medal to *Miss Tawinwang Dutiyabodhi* took place at Chitrlade Palace on August 23, 1967.¹ She had been selected by the ICRC for the outstanding services she had given in carrying out her duties.

The presence of H. M. The King, Patron of the Thai Red Cross and of the Queen, President of the Society, added to the splendour of the ceremony. The award was presented to the recipient by the King himself after the Executive Vice-President of the Society had reported on the significance of the distinction and the merits of the person receiving it. Members of the Royal suite, of the National Society and nurses in their white uniforms were present and the highlight of the event was the address given by the King in which he expressed his satisfaction over the award, saying that it was an honour for the National Society as well as for his country's nurses. Not only was it a tribute to the recipient, it was also an encouragement to continue efforts in the cause of humanitarian service.

Miss Tawinwang Dutiyabodhi received the Red Cross Diploma in General Nursing and Midwifery in 1929 and started graduate nursing training in obstetrics. After a period as Supervisor of Midwifery, then Head Nurse of the Obstetric Department and assistant Directress of the Chulalongkorn Hospital School of Nursing, she subsequently became Directress of that establishment. She is at present Directress of Nursing Services and of the Red Cross School of Nursing. Miss Dutiyabodhi was able to assume these important administrative duties owing to the thorough and extensive knowledge she had acquired. Thanks to a fund provided by the Red Cross of her country she was able to follow a course of study and further education in the United States and a few years later she went to London under the Florence Nightingale Scholarship. She was thus fully qualified to organize in Thailand courses in Home Nursing for volunteers and, showing considerable initiative, to develop instruction in the field of nursing.

It should be added that during the Second World War she cared for the wounded and sick with the greatest solicitude and looked after their families.

¹ *Plate.*

U.S.S.R.

The four candidates whose names were submitted by the Alliance of Red Cross and Red Crescent Societies of the USSR were deemed worthy of the award of the Florence Nightingale Medal. Each was a heroine of the Second World War who carried out the duty of saving lives on the battle-field, namely *Mrs. Evgenia Maximovna Chevtchenko*, *Mrs. Anna Romanovna Kousnetzova*, *Mrs. Irina Ivanovna Klykova* and *Mrs. Claudia Vassilievna Boutova*.

After graduating as a nurse from the Vitebsk State Medical College, Mrs. Evgenia Maximovna Chevtchenko began her nursing career in a polyclinic in the Minsk region.

In 1941 she decided to join the partisans. Faithfully carrying out the duties of her profession, she worked without regard for herself, seeking the wounded on the battle-field, removing them and tending them. She displayed not only courage but complete disregard for her own safety for three years in which she saved many wounded at the risk of her own life.

One incident in this eventful life deserves particular mention. In April 1944 she went to the help of a casualty who had had arms and legs blown off by a mine. As he lost consciousness he murmured "leave me comrade I am lost". All about her bullets whined through the air but little by little she managed by supreme effort to remove the wounded man from the battle-field to safety.

For her courage and her exploits for the benefit of the wounded, Mrs. Chevtchenko was honoured by the award of the country's highest distinction, the Order of Lenin.

Today she works in a policlinic in the Grodno region, exerting herself indefatigably to improve public health. She is an active member of the Red Cross and promotes blood donation.

She was presented with the medal on October 10, 1967, in the course of the ceremony which took place in Union House in the town of Grodno in Byelorussia. A large attendance of notables from the town and of nurses was present, and it was the President of the Central Committee of the Red Cross of the Byelorussian Republic who presented the medal.¹

Mrs. Anna Romanovna Kousnetzova is a graduate Red Cross nurse. As one of the Society's nurses accredited to the army she

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

was, from the beginning of the Second World War, well fitted to help the population exposed to enemy air-raids: in addition, she was a duty nurse in hospitals to look after the wounded.

In August 1941, eager to play a more direct part, she volunteered for duty at the front and served with the army until the end of the war, first as a nurse and later as Senior Nurse. Being constantly in the front line she was always active throughout the fighting near Moscow, Rjev, etc. and thanks to her exceptional courage under fire she saved more than one hundred wounded soldiers and officers. She was herself severely wounded in 1943 and though she could have returned to the rear when she recovered she resumed active service with the army at her own request and once again displayed bravery in her task as a nurse.

She is an active member of the Red Cross and President of a Red Cross section in one of Moscow's industrial districts. In addition she gives courses in schools on the humanitarian activities of the Red Cross and the work of female doctors and nurses attached to the army.

In Moscow on October 4, 1967, in the forecourt to the "House of Friendship with Foreigners" Mrs. Kousnetzova received the Florence Nightingale Medal from the Deputy President of the Central Committee of the Alliance, to the applause of an audience consisting of members of the capital's medical profession and many comrades.¹

Red Cross graduate nurse Mrs. Irina Ivanovna Klykova was appointed Head of the Orenburg Red Cross army medical unit. Under her guidance, this unit, the regional Committee's first, was outstanding for efficiency in first-aid.

At the beginning of 1942, she went to the front at Stalingrad as a volunteer with the army medical corps. She conducted herself remarkably. During violent fighting, under artillery fire, she conveyed wounded soldiers across the Volga, aflame with burning petroleum, and at the risk of her own life saved hundreds of wounded soldiers.

After the war, Mrs. Klykova resumed her functions with the Orenburg Regional Committee of which she has been President since 1963. Under her guidance, this Red Cross section renders useful service to the Public Health Department and is extending its activities, particularly in the fields of nursing, home nursing, first-aid training, prevention of infectious diseases.

¹ *Plate.*

FLORENCE NIGHTINGALE MEDAL

Mrs. Clavdia Vassilievna Boutova is a specialized operating theatre nurse, at present working in the Red Cross hospital at Sebastopol.

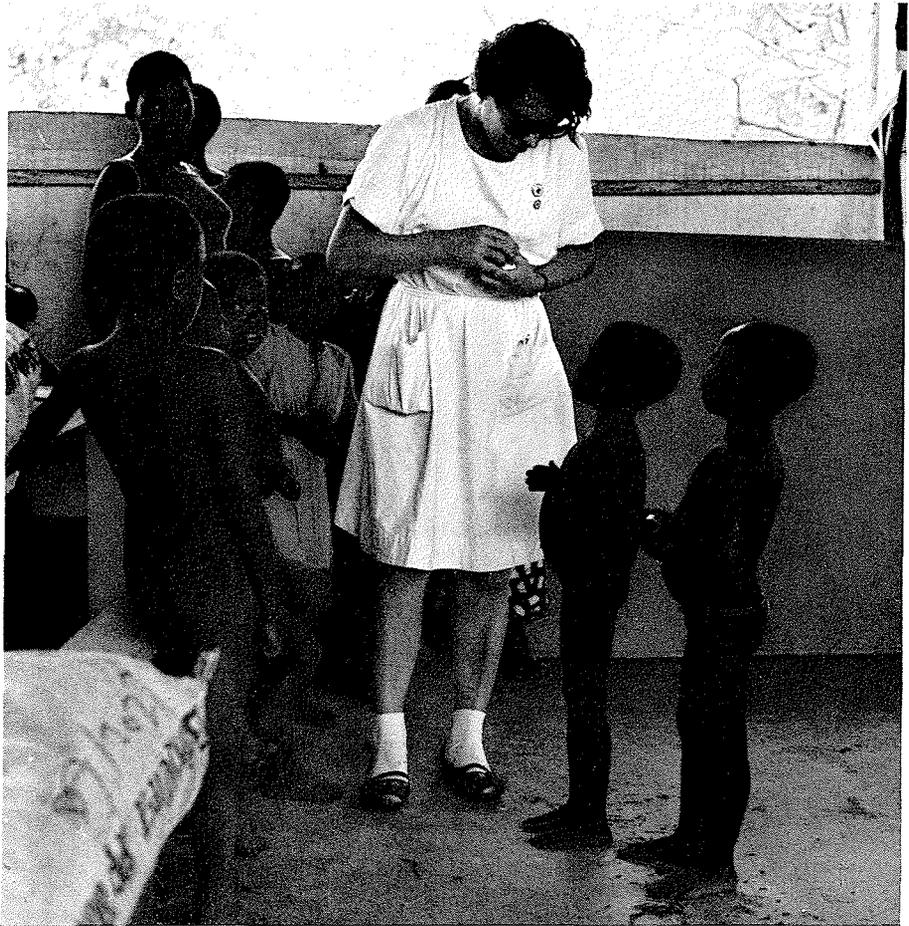
During the Second World War, she was active in assisting the victims of the fighting. On the battle-field, she displayed extraordinary courage in saving many wounded.

In one battle she was seriously wounded but after her recovery she returned to her army duties, continuing from 1945 to 1946 her heroism on the Far East front where on the battlefields she again exerted herself to treat the wounded.

Since the end of the war she has played an active part in Red Cross activities. As a Deputy for the President of the Sevastopol Red Cross hospital she is concerned particularly with the training of nurses for service with the army and as health visitors.

The Central Committee of the Alliance has informed the ICRC that the presentation to Mrs. Klykova and Mrs. Boutova took place in the homes of the medalists and were events of great solemnity. Red Cross workers were in attendance as well as representatives of the medical profession, and the ceremonies were given wide publicity by the press, radio and television.¹

¹ *Plate.*



Nsukka, Nigeria: A Finnish Red Cross nurse on the ICRC relief programme issuing pills.



Achi hospital in the secessionist state of Nigeria (Biafra): ICRC doctor-delegates tend the wounded and sick.

INTERNATIONAL COMMITTEE OF THE RED CROSS

ICRC in Action in Nigeria

When war broke out last year in Nigeria, the International Committee started a relief action. Its delegates worked in both camps. As early as July 1967 it sent medical supplies and equipment. The International Review has published each month news of this relief work which has been expanding continuously both in Federal and Secessionist territory (Biafra).

The following description of developments at the beginning of May attest to this expansion of the action.

CURRENT ACTIONS

Medical relief. — Through its delegations and the mobile surgical teams made available by various National Red Cross Societies and other charitable institutions, the International Committee of the Red Cross is continuing its relief action for the benefit of victims of the conflict.

At Nsukka a Finnish team running the town hospital reports that the civilian population's need for medical assistance calls for unremitting work. The ICRC delegates and Nigerian Red Cross are distributing food supplies, particularly milk and vitamins provided by UNICEF.¹

Two mobile teams working in the Ogoja and Enugu sectors are providing treatment to the civilian population, of which many have sought refuge in the bush after fleeing the fighting.

In Biafra, where the ICRC is represented by two delegates, the local Red Cross helps victims of the fighting as well as it can. The

¹ *Plate.* — Nsukka, Nigeria: A Finnish Red Cross nurse on the ICRC programme issuing pills.

INTERNATIONAL COMMITTEE

ICRC is endeavouring to send it the most urgently required medical supplies as well as milk provided by UNICEF. These will be distributed under the control of the ICRC delegates.

Visit to detainees. — As in Nigeria, the ICRC delegates in Biafra have been authorized to inspect several prisons and detention centres in which prisoners of war and interned civilians are held. The ICRC is also negotiating with the authorities to obtain lists of these prisoners and is endeavouring to provide mail facilities for prisoners and their families.

Reliefwork. — In regions controlled by the federal forces, the ICRC continues its usual activity of distributing relief supplies and inspecting detention conditions. Stores on Fernando-Po, consisting of about 110 tons of medical supplies, powdered milk and vitamin products, have been despatched to Biafra, where they were distributed immediately by ICRC and local Red Cross delegates in view of the shortage of food and emergency medical supplies.

AN APPEAL BY THE ICRC

In response to requests from the Nigerian Red Cross Central Committee, the Red Cross organization in the Secessionist region of Nigeria (Biafra), and its delegates to each of the two parties in conflict, the International Committee of the Red Cross, in the second half of April, launched a pressing appeal to National Red Cross, Red Crescent and Red Lion and Sun Societies on behalf of the very numerous victims of the conflict.

Since July 6, 1967, the civil war has been creating havoc among the population.

In the fighting areas adjacent to the territory controlled by the Federal forces on the one hand and the Biafran forces on the other, there is no definite front or battle-field. Many are the villages which have been destroyed; vast numbers of women and children wander about in search of food and shelter.

The situation is aggravated by the blockade which the Lagos Government has been maintaining for months by land, sea and air against Biafra, with its 10 million inhabitants.

The result is widespread malnutrition and illness due to diet deficiencies and shortage of essential medical supplies.

Apart from cash donations which would permit purchases of foodstuffs and other essentials on the local market and cover transport costs, the ICRC hopes that the National Societies will send relief in the form of foodstuffs, medical supplies, clothing and personnel, to enable it to continue and increase its activity for the benefit of victims of this conflict.

Following this appeal the ICRC assigned delegate J. de Heller to a mission in Lagos. He left Geneva on April 26 and in agreement with the Head of the ICRC delegation in Lagos, the Nigerian Red Cross, and the representative of Scandinavian Red Cross Societies, he is endeavouring to co-ordinate the distribution of relief supplies resulting from this appeal to National Societies and other institutions.

AS NARRATED BY TWO DOCTORS

Two Swiss doctors who went to Nigeria in 1967 have described some of the problems they have had to overcome during the mission they undertook for the ICRC. We give below extracts from their reports. These testify to the vast needs in this war-torn country and to the urgency with which relief is called for by the distressing situation which the ICRC is endeavouring to remedy as far as possible.

We first quote from an ICRC doctor delegate's report on his return from Nigeria, where the ICRC sent its surgical team in July 1967; the relay was taken up by Norwegian, Swedish and Finnish teams.

A relief committee was set up in Lagos. Its aim was to provide help to the sorely tried civilian population. The Nigerian Red Cross, the ICRC and other humanitarian institutions are represented on this committee. It instituted an assistance programme appropriate to its resources in personnel and funds. Its practical activity is planned in three successive phases. The first of these is to provide emergency relief. The second is to provide food for the majority of the destitute population and to organize an emergency administration. The third phase will be concerned with reconstruction. According to the results obtained in the first and second

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phases the aim of this plan will be to restore the situation to normal and consequently make living conditions tolerable.

The first thing is to save human lives, to save starving people from death and to supply clothing. Emergency first-aid posts must be installed immediately behind the lines but they will provide assistance only for a few days, that is to say, until the wounded and sick have received first-aid, until the starving have been grouped and issued with food and water for a few days, and persons who have been saved for the moment may recover the will to live and help themselves with organized aid. Then, during the second phase, foodstuffs and extra vitamins for several months will be distributed, until, in the third phase, thanks to gifts of seeds, for example, and increased medical assistance, favourable conditions can be created to restore the plantations and reconstruct schools, bridges, markets and small artisanal businesses.

The success of such a programme is not contingent only on finance but also on the qualifications of the personnel and the transport facilities available. So far several ICRC teams and food distributing groups from Scandinavian Red Cross Societies, reinforced by members of the Nigerian Red Cross, have intervened and their experience will be most useful for the mobile teams.

The wide extent of the hardship in areas of Nigeria where the war is being waged is distressing. Whoever has witnessed it feels an irresistible urge to make this tragedy known and to seek ways and means which will provide a remedy. The Red Cross gives its assistance, without consideration of race, religion or political opinion, to the extent that it is provided with the means. I know that in Nigeria the disaster is so great that there is no limit to the service to be given.

In April an ICRC doctor delegate working in Biafra wrote the following:

There is an increasing shortage of medical supplies and equipment, particularly blood plasma, plaster bandages, X-ray films and vaccines. The war drags on, risk of epidemics increases and right now there is no vaccine left to combat smallpox. Food is running short, particularly milk, meat and preserved food.

When, after the intensification of the fighting and air-raids on the civilian population, the shortage of hospitals equipped for surgery became obvious, especially in the eastern sector of the country, the ICRC decided, in conformity with the principle of neutrality, to set up in both camps surgical teams which would at the same time see that the Geneva Conventions for the protection of prisoners of war and interned civilians were applied and help refugees everywhere. In Autumn 1967 it was decided that our surgical team in Biafra would be based at the Achi Hospital some forty miles South-West of Enugu. This hospital, known as the Achi Joint Hospital, had begun its operations in March 1966. It was a government "bush" hospital run by a Catholic mission, hence its name "Joint Hospital". It has 66 beds for adults and 10 for children.¹ When we arrived it was more or less empty, the doctor-in-charge having moved out.

There was no X-ray, blood transfusion or anaesthetic equipment available. Elementary requirements of an operating theatre were non-existent, such as good lighting, a lung pump, etc. Surgical instruments were inadequate. A great deal of work and preparation was necessary to make intense war-time surgery possible. A blood bank was organized, the operating theatre was improved, and subsequently X-ray equipment was imported from Switzerland, but could not be brought into operation until October 19, 1967. Unfortunately, it had suffered during the voyage and because of its frequent break-downs we had to dispense with its services, relying solely on clinic examination. Most fractures caused by gunshot being open wounds, X-ray was often unnecessary and could be reduced to the minimum. The same applied to stomach wounds. Diagnosis was much more difficult however in cases of closed fractures and damage to the skull and to vertebrae.

Laboratory facilities were also inadequate. We had no sufficient means of performing blood examinations.

To decide on the need for operation, it was therefore necessary to rely almost entirely on clinical examination. The result of this lack of modern resources was a rather "rougher" type of surgery,

¹ *Plate.* — Achi hospital in the secessionist state of Nigeria (Biafra). ICRC doctor-delegates tending the wounded and sick.

INTERNATIONAL COMMITTEE

especially on suspected intestinal wounds or obstruction. And yet we managed to do good surgery. In one night alone our five-member team (1 surgeon, 1 assistant, 1 anaesthetist and 2 nurses) treated nine shrapnel and gun-fire casualties, three of them wounded in the stomach.

During the second half of September 1967 the decisive battle for Enugu was building up and we at the hospital could hear the artillery fire and the air-raids. At that time, we were working almost round the clock; casualties were brought in towards the end of the afternoon and during the night, when transport was possible. September 28 was disastrous; apart from the war wounded, we had to admit to our hospital and tend the sick from the military hospital which had been bombed and from the Enugu Hospital School which had to be evacuated. These unfortunate convalescents had been wounded a second time during the bitter fighting for Enugu. There were even some who had been wounded for the third time; during the fighting itself; when their hospital was attacked; and in a collision one night, in front of our hospital, in pouring rain, of two lorries loaded with casualties. Our stamina was put to a severe test. The situation was aggravated by the fact that some of the casualties had tetanus and there was the ever present danger of gas gangrene. As the wounded came in batches at intervals we were always able to have a respite and find time for post operation treatment in our various wards.

One of the problems was that beds were occupied by convalescents. This was overcome when the well organized Army Medical Corps set up an out-station to which we were able to transfer the less serious and convalescing patients.

A word must be said about the fine work of the local staff. The Nigerian male and female nurses have reached a remarkably advanced stage in their training and their sense of duty and capacity for work are no less praiseworthy. Although it is difficult in general in Africa to find blood donors this does not apply in Eastern Nigeria. We have had as many as twenty donors volunteer in a single day. When our activity was at a peak we were short of staff. The Red Cross organization in Biafra soon made available twenty female nurses (including staff nurses) who had been evacuated

from Enugu hospital. We thus had X-ray assistants, pharmacists, and other personnel for auxiliary services.

We were also joined by a Medical Corps Captain, who took charge of the polyclinic which I had previously run myself; a medical student who took charge of the blood bank, and later on a gynaecologist.

The team, thus reinforced by the three Ibo medical personnel, worked smoothly for two reasons: first, the fine team spirit of the Ibo doctors and second the fact that we had taken over the entire hospital and were completely responsible for it. This had been settled in an agreement between the organization of the Red Cross in Biafra and our delegation. This agreement provided that the Red Cross mission would also tend wounded prisoners of war as well as civilian and military patients. Red Cross traditional independence was also safeguarded in this agreement, by proclaiming the hospital a neutral area. This was communicated to the government authorities in Lagos which respected the hospital's status. The Achi hospital was never attacked, whilst sections of other hospitals were completely destroyed.

With the intensification of the war and the blockade, our continued activity in Biafra became contingent on two things: 1) direct radio communication between the delegation and Geneva, and 2) an air lift to bring in relief teams and supplies and take out the old team. The first of these requirements was made necessary because, since the end of September, the radio connection we had been provided with was unserviceable and telephone communication from Port Harcourt to Douala in the Cameroons was disrupted by the fighting in the region of Calabar.

In November an airplane chartered by the ICRC landed in Port Harcourt with a fresh medical team and 5½ tons of medical supplies. The direct radio communication between the ICRC in Geneva and the Achi hospital was introduced after overcoming a number of difficulties.

The second Swiss medical mission returned to Switzerland at the end of January 1968 after an intense two month course of duty. The hospital was then run by local doctors until the beginning of February, when it had to be evacuated with the approach of the advancing Federal troops. The removal of the patients and material

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was carried out in a single night. It is to be hoped that it will be possible to have another Swiss medical team working in Biafra. For the moment, the ICRC is endeavouring to continue its relief action by sending to Biafra air consignments of urgently needed medical material, as well as powdered milk and other relief supplies for refugees. Two ICRC delegates on the spot are organizing this action which is made very difficult by military operations.

At all costs this humanitarian mission must go on. The only gleam of hope, feeble as it is in this war in Nigeria, is the ICRC's determination to continue and develop its medical work in both camps.

EXTERNAL ACTIVITIES

Indonesia

Assistance to Refugees in Borneo.—In compliance with the Indonesian Red Cross request to the International Committee of the Red Cross in February, Mr. André Durand, delegate general for Asia, was in Indonesia from March 7-25 to examine the critical situation of some 50,000 people of Chinese descent who fled from their villages last October after violent demonstrations against them.

The Indonesian government had requested the National Red Cross to assist in providing for the needs of these 10,000 families concentrated at Pontianak and Singkawang in West Borneo.

The ICRC delegate confirmed the Society's need for assistance in the form of foodstuffs and medicines for about 6 months, pending resettlement of the displaced families. Nothing short of an international appeal to National Societies would provide the humanitarian assistance so urgently required. This appeal was launched on April 19.

Donations have already been sent, both direct to Indonesia and to ICRC headquarters.

Vietnam

Geneva Conventions. — Following the appeal on February 9 to all belligerents urging them to respect the essential humanitarian rules in the conduct of the conflict in Vietnam, the ICRC received from the Republic of Vietnam and US governments the assurance that the Geneva Conventions would continue to be respected. The Vietnamese authorities denied the reports of summary executions.

Mr. Robert Jenny, Head of the ICRC Delegation in Saigon, also conveyed to the authorities the ICRC's concern about the air raids carried out on certain districts of the towns during the February fighting and the losses which occurred among the civilian population.

Visits to detention centres in South Vietnam. — In the first quarter of 1968, ICRC delegates visited prisoner of war camps at Bien-Hoa, Can-Tho, Da Nang, Phu-Quoc and Qui-Nhon, the screening centres at Nui-Dat (under Australian control), Dong-Tam, Can-Tho, Chu-Lai, Phu-Bay and Da Nang (under American control) and the Da Nang camp under Korean control. They also visited North Vietnamese prisoners held by the Americans at Da Nang and the Cong-Hoa military hospital.

The number of prisoners thus visited was 10,540. The delegates talked freely without witnesses to prisoners of their own choosing and later conveyed their observations and requests to the Detaining Authorities, following up with written reports.

Middle East

Visits to detainees. — The delegates of the International Committee of the Red Cross in Israel have been continuing since the beginning of the year to make regular visits to detainees in prisons at Nablus, Tulkarm, Hebron, Ramallah, Gaza, Ramleh and Damoun. They were able to speak without witnesses with prisoners of their own choosing.

Thanks to the delegates' visits appreciable improvements were made in the detention conditions.

Jordan West bank. — The ICRC has continued the large-scale relief action for civilians in need undertaken since October 1967. It has sent out there a further stock of 20 tons of powdered milk which has been distributed in schools, orphanages, etc. and to needy persons by its delegates and with the help of the local branches of the Red Crescent.

Kuneitra. — On March 20, 1968, the Syrian authorities returned to the Israeli authorities, through the intermediary of the ICRC, the bodies of two Israeli soldiers who had been missing on Mount Hermon since November 20, 1967.

Syria. — As a result of a fire which destroyed a relief depot belonging to the Syrian Government in Damascus, the ICRC has forwarded to Syria, 30 tons of used clothing from the German Red Cross (Federal Republic). The Swiss Red Cross has also handed

over to the ICRC, for Syrian use, 3 tons of worn clothing, 2,000 blankets and some new clothing.

Visit to El Fatah prisoners. — The ICRC delegates in Jerusalem recently visited sixty El Fatah prisoners captured during the fighting on March 21 and who were in the Jenin prison on the Jordan West Bank. They had not so far been able to talk alone with these detainees by the end of April.

Representations are being pursued to obtain for all detainees arrested on March 21 treatment similar to that of prisoners of war, namely the right to visit them without witnesses and separate detention.

Relief to El Arish. — The delegates of the ICRC in Gaza have undertaken, in cooperation with the CARE Agency, relief distribution to some 10,000 persons in need at El Arish.

Seventy-five tons of food from the Egyptian Red Crescent are at present being distributed as daily rations to the beneficiaries of this action.

A further consignment from the UAR Red Crescent has been announced and will be distributed shortly. This will consist of food relief, cloth, clothing and first-aid medicines. Discussions are being held between the ICRC delegates in Israel and the country's authorities to decide upon methods of routing these supplies.

El Arish Red Crescent. — As a result of a number of representations made by the ICRC delegates to the Israeli authorities, the El Arish branch of the Egyptian Red Crescent has recently been reformed.

Its Committee of seven members has declared its readiness, in co-operation with the delegates of the ICRC, to draw up a plan of humanitarian work designed among other things to reactivate a first-aid dispensary.

ICRC action in Sinai. — The ICRC sub-delegation installed in Gaza has as its task to assist in the application of the Fourth Geneva Convention, not only on behalf of civilians living in the Gaza strip, but also for persons throughout Sinai. A programme of action has therefore been drawn up with the agreement of the Israeli authorities which will enable a team of two delegates freely to traverse

this vast area. They will there see to the application of the humane principles by visiting the inhabitants of Sinai so as to be in a position to draw the attention of the authorities concerned to all difficult situations, in particular in connection with food and medicine.

Repatriation to El Qantara. — The ICRC delegates in Tel Aviv and in Cairo met each other at El Qantara on March 21, 1968 at a large-scale repatriation operation of about 200 Egyptians living at El Arish and 200 Palestinians repatriated to Gaza.

On that occasion, the Israeli authorities agreed to the release and return to their own country of 7 Egyptians detained for several years. These operations were carried out in very good order.

Then, in April, two large-scale repatriations took place at El Qantara, with ICRC delegates from Cairo and Tel Aviv present.

The first of these on April 4 concerned about 200 Egyptians from El Arish and returning to the UAR and of 170 Palestinians returning to occupied territory at Gaza. The second operation repatriated 114 Egyptians also from El Arish and returning to the UAR and 114 Palestinians returning to Gaza.

Yemen

Attack against a medical unit. — On March 21, the ICRC medical unit which has been working for the past few months in the mountains near Sanaa, the capital, was attacked from the air. According to the first report received in Geneva two Yemeni porters were wounded. One of them had to have a limb amputated. Stocks of medical supplies and fuel were completely destroyed. The unit, which tended military and civilian wounded, has had to withdraw to a less dangerous area. The place where it was installed and where it was attacked from the air was nowhere near any military objective. One doctor and a medical orderly have stayed to treat patients who are in no condition to be moved.

New medical team. — Leaving Najran on April 18, a medical relief team for North Yemen guided by Mr. André Rochat, head of the ICRC delegation in the Arab Peninsula reached its destination in the interior on April 21. The convoy also comprised twelve lorries.

On arrival the team was split into two groups. The first, headed by Professor Jens Larsen of the Danish Red Cross with two Swiss male nurses has been installed on a site suitable for a dressing station which will shortly be set up.

The second group comprising Dr. Johann de Puotz, Swiss and Dr. Dagfinn Arne Ronhovde, of the Danish Red Cross with two Swiss male nurses is temporarily established on the site on which the previous medical team had been installed. They have taken over from the doctor and male nurse, placed at the ICRC's disposal by the Swiss Red Cross, who have thus been able to return home. The new team is organizing an advanced surgical post there from which seriously wounded cases will be evacuated to the dressing station in the rear.

Rwanda

Last December the *International Review* published a detailed article on the ICRC's work in Rwanda. We are now able to give the following additional information:

As a result of protracted negotiations led by Mr. Ismail El Azhari, President of the Sudanese Council, acting in his capacity as Chairman of the OAU Commission dealing with the question of the mercenaries, and with the understanding of Mr. Georges Hoffmann, Delegate General of the International Committee in Africa, an agreement was finally concluded between the ten member countries of the Sub-Commission of the Organization of African Unity (OAU), charged with settling the problem of the evacuation of mercenaries outside Africa.

The mercenaries' repatriation operation, under ICRC supervision, took place between April 21 and 25. The International Committee had chartered two DC6 aircraft from a private Dutch company. The conducting delegates were Mr. Otto Burckhardt and Mr. Jean Della Santa who were accompanied by 14 members of the "Société de surveillance Securitas". One of the aircraft, carrying about 80 mercenaries belonging to three different nationalities landed in Belgium. The other flew to three European capitals with 55 people from 8 countries, comprising mercenaries and their families.

IN GENEVA

Norway's King Visits ICRC

On April 4, 1968, H. M. Olav V, King of Norway, honoured the International Committee of the Red Cross with a visit.¹ He was welcomed by the institution's President, Mr. S. A. Gonard, who conducted His Majesty to the assembly room and there presented the ICRC's Vice-Presidents, members and senior staff, as well as the Secretary-General and Assistant Secretary-General of the League. After the King had signed the Golden Book, Mr. Gonard delivered an address from which we quote:

It is not my intention to dwell here on the aims and activities of the International Committee, but rather to pay a tribute to Norway and its people, as personified by Your Majesty, for what they have done for Red Cross and for the sustained and generous assistance they have always granted to our institution.

From its very foundation, the Norwegian Red Cross Society took an active part in the relief actions organized by the International Committee during the many conflicts which have caused so much bloodshed in Europe. It displayed the full measure of its effectiveness during the First World War, when the great figure of Fridjoff Nansen emerged.

By his spirit, his courage, his bold initiative, he demonstrated that Norway was in the very forefront of international solidarity.

Nansen's relationship with the International Committee was one of unwavering confidence as may be seen, notably, from the letters he wrote and which Your Majesty may see displayed on this table with

¹ *Plate.* — ICRC President, Mr. S. A. Gonard, welcomes H.M. King Olav V of Norway to the institution's headquarters.

His Majesty at the Central Tracing Agency.

other documents. He later became the League of Nations First High Commissioner for Refugees, when, in a different yet vital manner he showed his capacity for giving effect to actions launched by our institution.

To each of our appeals, and sometimes even anticipating them, under the dynamic impulsion of its President, General Dale, the Norwegian Red Cross responded generously by donations of all kinds. To list them would but be a catalogue of all the actions our institution has undertaken over the past years for the benefit of the victims of internal disorders and conflicts which have successively erupted in the Congo, in Laos, in the Yemen, in Cyprus, in India and Pakistan, in Vietnam, in the Near East and recently, in Nigeria where the Norwegian Red Cross was the first to make available last Autumn a medical team which performed magnificent work in difficult and often dangerous circumstances.

At the same time the International Committee has viewed with appreciation the valuable assistance which the Norwegian people, through their Red Cross, have extended to the victims of natural disasters which have devastated so many unfortunate countries these last few years. That is why I particularly wished to have the Secretary-General and Assistant Secretary-General of the League of Red Cross Societies with us here, during the visit with which Your Majesty honours us. When disaster strikes, the League co-ordinates international Red Cross relief action. I know, in addition, how deeply grateful our sister institution—the League—is for the invaluable support its development programme receives from the Norwegian Red Cross Society.

Norwegian Red Cross backing, both of the League and of the International Committee, is effective because the Society is strong, popular and active in Norway itself, under the high patronage of Your Majesty and that of His Royal Highness the Crown Prince for its Junior Section.

I should stress that despite the extension of the 1949 Geneva Conventions, in which Norwegian diplomatic representatives and legal experts played so active a part, humanitarian law does not yet cover every field of human suffering ; by which, Your Majesty, I mean the

suffering caused by the troubles and conflicts which occur within a State and that to which civilian populations with inadequate protection are exposed from the fearful dangers of modern weapons of war.

My colleagues and I warmly appreciate the concern which the Royal Norwegian Government and Red Cross constantly display for these problems as well as that of the prevention or peaceful settlement of conflicts.

Confronted with these vast problems and difficulties, the International Committee might lose courage were it not sure of being able to rely on receiving from certain governments, such as that of Norway, that understanding and support which alone enable it to accomplish its mission.

In this room, in which are displayed the first Nobel Peace Prize awarded to Henry Dunant and the three attributed to the International Committee by the Norwegian Parliament, symbolic of our relationship with Norway, Your Majesty's visit is a striking testimony of the unstinting support which you personally and your noble people give to our Committee's principles and action.

On behalf of my colleagues, of all the personnel of our institution and of our delegates who, in distant lands, risk their lives in the defence of our ideal, I express to Your Majesty our profound and respectful gratitude.

Replying to the ICRC President, His Majesty said:

May I say just a few words in answer to all the very kind and generous words which you pronounced to me. First of all, I would like to say how very pleased I am to be able to be present here, in Geneva, at the center of the International Red Cross. An institution which as you also mentioned is held in very great esteem in my country. This is one of the fundamental humanitarian international organisations which was designed to be the assistant in war and peril for the peoples and also to be the assistant when difficulties and natural catastrophes occur. It has for over a hundred years covered the field which its founder hoped it would. It has shown the world that it is possible to co-operate over the frontiers, even in times of stress, unrest and war. It is one of the links which give us all a hope for a future better and safer world

ICRC President, Mr. S. A. Gonard, welcomes H. M. King Olav V of Norway (right) to the institution's headquarters.



His Majesty at the Central Tracing Agency.



in which people from all parts of the world will be able to live in peace and understanding between each other. Even then the organisation of the Red Cross will not be superfluous because it is also in peace time, in more normal times, able to solve and assist in difficulties in innumerable parts of the world. It has given also the lead in how assistance can be given to people in need and distress because even if we get, which we all hope, lasting peace we would not have solved all the problems of mankind and it will be necessary under certain conditions always to have an organisation which is ready and capable of stepping in when mankind, with all his shortcomings can no longer keep going. With these words may I express again my gratitude for your kind words of recognition; for this opportunity of seeing you in your own home and residence; and the hope that the organisation you represent will continue to thrive and to grow in evidence and respect throughout the world.

After the projection of a short documentary film on the ICRC's work in the Yemen, made possible by generous and effective support from the Norwegian and other Red Cross Societies, His Majesty was conducted round the Central Tracing Agency. He then took leave of the ICRC, thus concluding a visit which testified to the excellent connection between Norway and the International Committee, and to the will to maintain and strengthen that link.

Meetings in Geneva

A delegation of the Alliance of Red Cross and Red Crescent Societies of the USSR consisting of Dr. Fiodor Zakharov, Vice-President and Mrs. Lilia Tcherkasskaya, Head of Foreign Relations, visited the ICRC in March 1968 to discuss questions of mutual interest.

Mr. S. A. Gonard, President of the ICRC, and Mr. R. Gallopin, Director-General for External Affairs, had a meeting on April 5, 1968 with U Thant, Secretary-General of the United Nations.

The discussions were connected with various points of common interest and the work which the ICRC is carrying out in the theatre of several armed conflicts.

On 11 April 1968 H.E. Mr. D. T. Arap Moi, Kenya's Vice President and Minister of Internal Affairs, took advantage of a trip to Geneva to pay a visit to the ICRC. The institution was honoured to receive him in company with his colleague the Hon. S.O. Ayodo, Minister of Tourism.

Mr. Arap had discussions with the institution's leading officials. He also saw a film on the present-day tasks undertaken by the Red Cross and listened to talks on the International Committee's work in various parts of Africa. He then expressed, in his own name and on behalf of the Republic of Kenya, his keen interest in the ICRC's humanitarian mission.

Further accessions to the Geneva Conventions

In its issue of October 1967, the *International Review* stated that 116 States were parties to the Geneva Conventions of August 12, 1949. Since then, the International Committee of the Red Cross has been informed by the Federal Political Department of the participation of two new countries to these Conventions.

This was first the accession of the Republic of Malawi which was received in Berne on January 5, 1968.

Then on March 29, 1968, the Swiss authorities received the declaration of accession of the Republic of Botswana.

The accession of these two countries therefore brings to 118 the number of States expressly parties to the Geneva Conventions of 1949.

IN THE RED CROSS WORLD

INTERNATIONAL RED CROSS

The heads of the three institutions which, together with the National Societies, constitute the International Red Cross, met on April 22, 1968 at ICRC headquarters in Geneva. These are the Countess of Limerick, Chairman of the Standing Commission of the International Red Cross, Mr. Samuel A. Gonard, President of the ICRC and Mr. José Barroso, Chairman of the Board of Governors of the League of Red Cross Societies.

They discussed various Red Cross problems. The following points were on the agenda:

- The current activities of the ICRC and the League, including the efforts of the Red Cross for achieving peace, the co-ordination of relief, Vietnam, the Nigerian conflict and the Near East.
- The organization of the XXIst International Conference of the Red Cross, to be held in Istanbul in 1969.

This is one of the regular meetings provided for in the statutes of the International Red Cross.

MEETING OF LEAGUE PRESIDENT AND VICE-PRESIDENTS

At a meeting from April 19-20, 1968, in the headquarters of the League of Red Cross Societies, Geneva, the President and Vice-Presidents of the League approved plans for continued Red Cross relief work in Vietnam. Since last January donations to a value of

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some 3 million Swiss francs have been announced by National Red Cross Societies, for approximately equal division between North and South Vietnam.

In the field of disaster relief, the committee expressed concern over difficulties encountered recently in the co-ordination of Red Cross relief in certain disasters, where large amounts of spontaneous gifts were sent to countries whose National Societies had not made international appeals. The League is to continue promoting disaster preparedness planning and improving communications to avoid unnecessary relief shipments and secure better co-ordination.

National Societies in Africa, the Near East, South-East Asia and Latin America will again receive in 1969 and 1970 a variety of technical assistance aimed at improving their humanitarian services under the League's Development Programme. Projects approved by the President and Vice-Presidents will be submitted next September to the League Executive Committee for final approval. They range from help to National Societies to get on a sound administrative footing, to training of personnel and supply of equipment for first-aid, health education, home nursing, disaster relief and blood transfusion.

Countries which will receive aid in 1969-70 from National Societies other than their own include: Algeria, Argentina, Bolivia, Central African Republic, Republic of the Congo, Gabon, India, Indonesia, Jamaica, Malawi, Malaysia, Senegal, Togo and Uganda.

The President and Vice-Presidents approved plans for a European Regional Red Cross Conference, proposed by the French Red Cross, and to be opened in Cannes, France, on April 14, 1969.

One of the main topics of the conference will be co-ordination and pooling of aid from European Red Cross Societies under the Development Programme. It will coincide—in time and place—with the celebration of the fiftieth anniversary of the League which was set up by five National Societies during an International Medical Conference in Cannes in April 1919.

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Medical assistance on the high seas — *Panorama, ILO, Geneva, No. 20.*

Who has not known the discomfort —sometimes even the terror— of being sick far from home? Worse yet, who has not experienced the anguish of watching someone else suffer and been powerless to help?

Consider, then, the predicament of the seafarer, lying sick or injured in his bunk on a merchant vessel. There is no doctor aboard, and the next port of call, several days away, may not have a doctor who speaks the crew's language.

This situation, centuries old, is unfortunately ever new. An estimated 750,000 men now sail with the merchant navies of the world. Yet, since the vast majority of vessels carry no doctor, and since many have inadequate resources for ministering to the sick and injured, seafarers often lack full medical care when they need it most.

By tradition, or by law, if there is no doctor aboard, the master of the ship is responsible for the health of his crew. Yet he is already severely burdened with a multitude of other concerns. The peculiar microcosmic characteristics of a ship seem to demand that its master be not only all-powerful, but all-knowing.

The master has this alternative: he can either retain complete responsibility for the crew's health himself, or he can delegate it to a deck officer. In most countries, whoever performs the function has to have some kind of training in first aid or caring for the sick. Yet in many cases, this knowledge has been acquired years ago. Time has dimmed its details, and scientific progress has made some of it obsolete. Even the shipboard resources—the medical guide and medicine chest prescribed by many maritime countries—may be inadequate in an emergency. As a last resort, the officer may decide to radio for advice, only to find that his signal code lacks the necessary symbols for a really useful medical conversation.

All this, however, is about to be improved. The Joint ILO/WHO Committee on the Health of Seafarers has just unified, modernised and co-ordinated the three existing forms of nautical medical aid: the ship's medical guide, the medicine chest and, in co-operation with the Inter-Governmental Maritime Consultative Organization, the means of obtaining medical advice by radio. A mighty undertaking, five years in fulfilment, the ILO/WHO Co-ordinated Scheme for Medical Assistance to Ships at Sea can be another turning point in helping to improve the sailor's lot.

BOOKS AND REVIEWS

Dr. I. J. Corbett, a former Medical Superintendent of the Peninsular and Orient (P. and O.) Group, was invited by the secretariats of the International Labour Organisation and the World Health Organisation to draft the preliminary documents. Experts on maritime medicine came from seven countries to work with Dr. Corbett on this first attempt, at the international level, to co-ordinate existing medical aids within one effective project. Shipowners' and seafarers' representatives on the Joint Maritime Commission of the ILO contributed their experience. The result: a modern three-part medical assistance scheme, to serve as a model for ships of all nations. First, the ship's Medical Guide...

The new Medical Guide is far more than the usual first-aid manual; it gives the master (or his appointee) a basic knowledge of the broad aspects of medicine, so that he can:

- give first aid;
- administer practical treatment over a prolonged period;
- make a radio call to a distant doctor for help or advice.

What kind of illnesses befall the seafarer? Exact statistics on the incidence and causes of sickness and death at sea are scanty because of the short-term service of many seamen and because of a lack of universal seafarers' medical documents. In 1958 research by WHO revealed a markedly higher frequency of accidents and invalidism in seafarers as compared with the general population. Since ancient times, the risk of a seafarer carrying infection from one port to another has been recognised. And because of his calling he is more exposed to certain illnesses than most land dwellers. With the expansion of navigation in the fifteenth and sixteenth centuries, certain diseases such as syphilis and scurvy became more prevalent and for centuries remained a scourge of seafarers. Scurvy has long since lost its terrors, but venereal diseases remain a health problem. Gastro-intestinal disorders, accidental injuries, skin diseases, mental illness, dental diseases, and in some countries tuberculosis, all have a high incidence among seafarers.

The new Medical Guide advises the latest and most reliable treatment for all these diseases, with a full recognition of the special nature of the seafarer's way of life and of the social and psychological problems inextricably bound up with it.

But since illness is no respecter of persons, and is likely to appear when least expected, the Medical Guide covers almost the entire range of human disability: headaches to leprosy, varicose veins to bubonic plague, snake bite to maternity. Each ailment is explained in straightforward, uncomplicated language that becomes even clearer with the book's many illustrations. Considerable care was given to using medical terms that are standard around the world.

As every master knows, contagious disease can rapidly incapacitate a crew. The new Medical Guide, consequently, gives specific and essential advice on the isolation and care of communicable diseases. More importantly, it puts a great emphasis on preventive medicine and explains the necessity on board ship of personal cleanliness and hygienic surroundings. The kitchen crew, for example, is given advice on testing the freshness of foods before use. (A tin should be rejected as having lost its vacuum if its ends are wobbly and can be pressed in and out with the fingers. A dubious tin may be pierced and immersed in water ; if gas escapes from the hole, the contents have decomposed.)

A reference book of this size, however, would be ineffective without a corresponding supply of drugs and appliances. Therefore, every page of the book takes into account the contents of the new standard Medicine Chest...

In making the recommendations for the ship's Medicine Chest, the Committee on the Health of Seafarers began with the chest recommended in 1958 by the ILO for ships of all nations not carrying a doctor. The Committee added to it new essential medicines, instruments, appliances, dressings and general medical equipment. The contents of the chest, especially the drugs, had to be available in standard formulas and be suitable for administration by a layman. This last specification was met by including in the lists mainly standard drugs with only a small number of special drugs to be used either for a specific emergency or under instruction by radio. The amount of drugs and appliances recommended naturally varies according to the size of the ship's crew and the length of the voyage.

The Committee envisages, of course, that both the Guide and the Chest will be revised at periodic intervals to keep pace with the march of science. However, no matter how thorough the precautions, there are times when there is absolutely no substitute for a doctor's help...

The International Code of Signals was in even more drastic need of revision. The medical part of the Code, first published in 1931, provided only one-way service. One could communicate certain symptoms, but a code for treatment and recovery advice did not exist. This became all the more frustrating with the development of services provided by the International Radio-Medical Centre in Rome and the Atlantic Merchant Vessel Report System. Under these programmes, hundreds of coastal radio stations are authorised to receive medical requests from merchant ships. The radio station then telephones the requests to the resident doctor at the nearest hospital. Unfortunately, the decoded messages often left the ship's question in doubt or else the doctor's reply could not be properly coded. Ship or shore, could also, of course, communicate verbally, but in many cases they did not share a common language.

When the Inter-Governmental Maritime Consultative Organization was asked to revise the International Code of Signals, the opportunity

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was taken by the ILO and WHO to assist IMCO in bringing up to date and greatly expanding the Medical Section of the Code. The new Medical Section of the International Code of Signals, which also forms the final part of the Co-ordinated Scheme, has 600 different sentences. They are grouped for finger-tip reference in three sections: one for the ship's master, one for the replying doctor, and one with phrases common to both. The transmission of messages in cipher remains the quickest and most practical method, since a 100-word message can be transmitted in a few cipher groups. And, of course, ciphered messages totally overcome language barriers.

It remains, then, only for the seagoing nations of the world to adopt the proposals for improved medical resources. The model International Medical Guide can be accepted as a whole or it can be used to revise and expand existing guides. Great care was exercised to describe diseases and treatment in terms readily translatable into all languages. The Medicine Chest can serve as every ship's basic check list. The improved medical code of signals should be the easiest to implement, and it is hoped that copies will be sent to every radio room without delay.

Four centuries ago, a British master wrote in his account of a distant voyage:

"The said unknowen sicknesse began to spread itselife amongst us after the strangest sort that ever was eyther heard of or seene, insomuch as some did lose all their strength, and could not stand on their feete, ten did their legges swel, their sinnowes shrink as black as any coal. Others also had all their skins spotted with spots of blood... With such infection did this sickness spread itself in our three ships, that about the middle of February, of a hundred and tenne persons that we were, there were not ten whole, so that one could not help the other, a most horrible and pitifull case... There were already eight dead, and more than fifty sick, and as we thought, past all hope of recovery..."

In the past, the seafarer was largely ignored as a member of the community. His prolonged absences were certainly a factor in this. But he was also apt to be regarded, when thought of at all, as a potential disturber of the peace and as a possible carrier of strange and frightening maladies such as the one described above.

The situation is vastly different today. Now the seafarer is recognised as belonging to a large and vital industry, uniquely international in character, and a great deal has been done to improve his health and welfare. The ILO in particular has applied itself unremittingly to this problem over the years. The Co-ordinated Scheme for Medical Assistance to Ships at Sea therefore marks a new advance in a wide and continuing effort to provide the seafarer with conditions of life and work as close as possible to those enjoyed by workers in industries on shore.

Volunteer nursing aids in hospitals, by L. N. Hudon, *Les Cahiers du Nursing*, Montreal, n° 2.

We all know that for a long time the St. John Ambulance Association, the Red Cross and the Civil Defence service have been giving many willing pupils courses in the theory and practice of nursing; these are extremely useful especially in case of emergency. In addition to this primary training, since 1957, they have also been giving courses in home nursing, not only with the aim of providing patients with the usual care but also the better to help doctors and nurses in the event of disaster.

Last year a further step was made by the institution of a hospital training programme consisting of forty-four hours work under supervision in the hospital; this forty-four hour schedule is split up into weekly periods of eleven hours spread over three, not necessarily consecutive, days. It is not merely a question of contributing a certain number of hours' work free; the object also includes extra training in theory and practice in the hospital wards.

The immediate aims of the programme are to increase the number of non-professionals capable of giving doctors and nurses in emergency hospitals efficient assistance in the event of disaster; to constitute a reserve of experienced volunteers upon which hospitals may draw at any time. There is of course no intention to set up a new professional body, but to train volunteers willing to help regular hospital staff without of course taking their place.

In small groups of about a dozen, under the supervision of a hospital nurse, they become familiar with equipment (linen, appliances, medical supply, etc.); the hospital working schedule (meal times, the medical rounds, etc.); the patients (name, ailment, treatment, etc.).

The persons chosen for these courses are those who have successfully followed the home nursing courses (or the equivalent), have good health, are amenable to discipline, are punctual and comply with other requirements. Each candidate is escorted by a nurse. After the course, a report on each volunteer must be submitted by the nurse escort to the local Civil Defence Organization and the St. John Ambulance Association, which gives a copy to the candidate concerned if requested.

That is by no means all however. As far as possible these volunteers will come back to the hospital to devote some of their time to work there and to further training. In case of need they may take part in evening courses, conferences, practical exercises in disaster procedures, etc.

Several Montreal hospitals have co-operated in the training of groups of volunteers. In Quebec, the Laval hospital has the distinction of being the first to have tried this experiment a few months ago; it is gratified with the success achieved. On the one hand, the hospital is pleased to be able to stress the willing spirit of the fourteen applicants,

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their discipline and skill in nursing ; the volunteers themselves, on the other hand, take pleasure in the valuable contact they make with the hospital, the patients and particularly the hospital staff who have shown themselves so efficient and willing in initiating volunteers into the routine hospital tasks. The same experiment should be repeated with other groups.

Such a fine example is worth praising, encouraging and extending. This mutual assistance between graduate nurses—who pass on their knowledge—and these assistants—who offer their willingness—gives renewed lustre to the emblem of the hospitals which in former times were founded on the charity flowing from the hearts of such people as Fabiola in Rome, St.Hildegarde in Germany, St.Elizabeth in Hungary, St.Louise-de-Marillac in France, the Duchess d'Aiguillon—founder of the Hôtel-Dieu in Quebec, and Jeanne Mance to whom we owe the Hôtel-Dieu in Montreal.

The examples given by these voluntary hospital workers prove that, in spite of the cybernetic trends in our hospitals, altruism still flourishes.

Problems of waste disposal, *WHO Chronicle—World Health Organization, Geneva, No. 5.*

Sanitary engineering is constantly evolving. Not only are new methods being developed for tackling old problems but the growing size and improving living standards of communities and the appearance of new industries are continually changing the nature and the volume of waste products, such as fertilizers drained from the land, the waste from manufacturing processes, or the garbage deposited in household dustbins . . .

. . . It can be claimed with some justification that the immense improvement in health and well-being in industrial countries during the past century has been due more to improved sanitation than to any other single factor. But continued alertness and above all continued research are needed to maintain a reasonably healthy environment in face of the growth of populations and the ever-increasing industrialization of the countryside, and to improve the standard by eliminating the foulness of many rivers, the pollution of the atmosphere, and the spoiling of beaches. The efforts made in the past will need to be redoubled in the future.

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.

SOME PUBLICATIONS

PUBLISHED BY THE ICRC

Geneva Conventions of August 12, 1949. Essential provisions, 1965, 8vo, 3 pp. Sw. Fr. 0,50.—

Claude PILLOUD. Reservations to the 1949 Geneva Conventions, 1965, 8vo, 8 pp. Sw. Fr. 2.50

ICRC. Annual Report 1966. 1967, 8vo, 83 pp. Sw. Fr. 7.—

**PUBLISHED BY THE CENTENARY COMMISSION
OF THE RED CROSS IN SWITZERLAND**

World Conference of Educators (Lausanne, 19-23 August 1963), 1964, 8vo, 205 pp. Sw. Fr. 5.—

International Red Cross Meeting of First-Aiders, Macolin (Switzerland), 18-24 August 1963, 1963, 8vo, 55 pp. Sw. Fr. 3.—

The Red Cross and Philately (1863-1963), 1965, 8vo, 24 pp., Ill., Sw. Fr. 2.—

Seminar on the activity of the Red Cross on behalf of the victims of armed conflicts, Geneva, August 1963, 1965, 8vo, 238 pp., Ill., Sw. Fr. 7.—

Centenary Congress of the International Red Cross. Commemoration Day—Council of Delegates, Geneva 1963, Ill., 120 pp., Sw. Fr. 10.—



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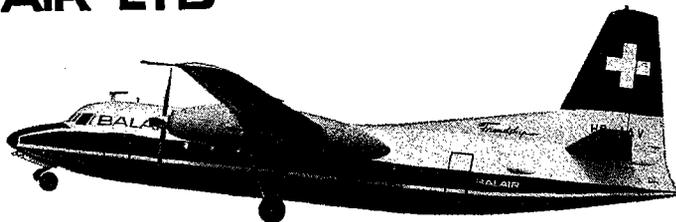
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- ALBANIA — Albanian Red Cross, 35, *Fruga Barrikadavet, Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon-Bolivar, 1515 (Casilla 741), *La Paz*.
- 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, rue du Marché 3, P.O. Box 1324, *Bujumbura*.
- CAMBODIA — Cambodian Red Cross, 17 R Vithei Croix-Rouge, P.O.B. 94, *Phnom-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 Kannien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke, P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle Zulueta 471, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague 1*.
- DAHOMY — Red Cross Society of Dahomey, P.O. Box 1, *Porto-Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Santo 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 1A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8^e)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.^o Calle 8-40 zona 1, *Guatemala C.A.*
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Ølduggotu 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, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan Red Crescent, P.O. Box 1337, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.

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- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.
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- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington 6 D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow W-36*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
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