

OCTOBER 1961

**INTERNATIONAL REVIEW**  
**OF THE**  
**RED CROSS**



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**INTERNATIONAL COMMITTEE OF THE RED CROSS**  
**GENEVA**

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## SUPPLEMENTS TO THE REVIEW

\*

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Reconocimiento de la Cruz Roja del Togo (Circular Núm. 435). — Informaciones del mundo entero. — Intercambio de prisioneros. — Visita del Presidente del CICR a Noruega.

### GERMAN

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# **The gift of blood and some international aspects of blood transfusion**

## THE RÔLE OF THE RED CROSS

Mention of blood transfusion is to be found from the very beginning of medicine. In fact, tradition has it that Aesculapius used venous blood for therapeutic ends. Pythagoras, and later Ovid, tell of the miraculous results obtained from the practice of transfusion. There is the widely known primitive custom, still practised in Europe less than five centuries ago, which consisted of drinking the blood of one's adversary in order to acquire his virtues.

Considered thus throughout the ages as the basis of vitality and health, blood and its transfusion were the object of research which we know more precisely from the XVIth century onwards produced very inconclusive results. It was not until 1900 that Landsteiner made the discovery, already foreseen thirty years before by Landois and Muller, of the incompatibility of certain types of blood and the existence of blood groups, thus explaining at the same time the alternation of the ancient writers between success and failure.

A decisive stage had therefore been reached. In a few decades the considerable progress of transfusional therapy in the treatment of certain illnesses and accidental traumatisms made transfusion an essential part of modern medicine. Moreover, the possibilities offered by transfusion opened up a new development of medicine itself and surgery, making possible open-heart operations, the use of artificial kidneys and exsanguino-transfusion, permitting the treatment of the seriously wounded and badly burnt who had hitherto been despaired of.

Thus, by meeting the demands which are made of it, transfusion brings about fresh needs and the demand for blood grows unceasingly. Let us take one example: in Switzerland, according to Dr. A. Hässig, Director of the Central Blood Transfusion Laboratory of the Swiss Red Cross, the utilization of whole blood has increased tenfold over ten years and this progression shows no signs of diminishing.

\* \* \*

This growing extension of the use of blood leads to the following considerations:

In peace time transfusion poses a number of complex problems for every nation. However, taking into account the possibilities, the necessities and local conditions, these problems are shown to be more or less basically identical from one country to another.

But it should be stressed that a number of countries have not managed to meet their own blood needs (whole blood, plasma and blood fractions) in a completely satisfactory manner. For those less fortunate in this respect, external aid would be not unimportant while waiting till they are in a position to meet their current needs, besides which, for most of them, a widespread national catastrophe resulting in a sudden and considerable influx of wounded would inevitably entail an appeal for blood from abroad<sup>1</sup>.

Finally, the problem would become practically insoluble for all nations in the event of a conflict in which thermo-nuclear weapons were used. The horrifying number of burnt and wounded would cause such a demand for blood that it would probably be difficult for a nation under the circumstances obtaining to meet its own needs.<sup>2</sup>

It is in this threefold sense that blood transfusion takes on an international character.

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<sup>1</sup> The rôle of blood transfusion centres in the event of a national or international disaster—appeal, warning, information and press, collection and despatch of blood, national and international co-ordination—was recently dealt with in the Revue "Transfusion" (Vol. IV, No. 1, 1960) by Dr. J. P. Soulier, Director of the National Blood Transfusion Centre in Paris.

<sup>2</sup> This particular question has been the subject of an article by Professor Paul Moureau, which appeared in *Les Annales du Droit International Médical* (Monaco, December 1958) under the title "The Problem of Blood on the International Level".

## INTERNATIONAL ASPECTS OF BLOOD TRANSFUSION

### SOLVING THE PROBLEM OF DONORS

Taken as a whole, blood transfusion is made up of a number of aspects which can be summed up, in a general manner, as follows :

Scientific and clinical research with the aim of improving techniques and extending the use of blood and its derivatives as a therapeutic agent ;

The installation of reserves and transfusion centres, necessitating highly qualified personnel and adequate premises and material ;

The collection of blood which should be sufficient to meet all needs ;

*In fact, the collection of blood or more precisely the blood DONOR himself, is the fundamental question and remains the essential problem of transfusion throughout the world.*

To date no substitute has been found for blood and only human blood can be used for the human species, which amounts to the fact that the truly enormous quantities of blood, which are called for everywhere, can only be taken from man, necessitating a considerable and evergrowing number of donors. Thus, side by side with purely scientific questions of transfusion, a problem arises which, because it concerns everybody and because it is expressed through the relations which are established between the blood transfusion service and the donor, can truly be called social.

This problem—which has two aspects :

(a) the ways and means of recruiting donors ; (b) the criterion of qualifications for donors and the protection of health—is on three levels : the hospital, the locality and the country.

With regard to the hospital, the problem already existed at the time when collection was still on an individual basis. Blood requirements were then assured by donors coming to the hospital for what were called direct transfusions. The advantages and disadvantages of this method are too well known to be gone into here. It should be remembered, however, that the major objection to direct transfusion is the difficulty of finding immediately donors of a given group in the number required and wherever the transfusion is taking place.

This system has been generally abandoned in favour of the blood bank, which is of course founded on the principle of reciprocity. The patient is required to supply through the intermediary of his family or his friends a quantity of blood at least equal to that which he has received or will receive. It is acknowledged, however, that such a system very easily shows a debit balance. Moreover, it is not suited to meet all the requirements for blood.

This is why the blood bank is slowly being considered less as an isolated unit and more as a link in the series of banks serving the sick of a whole region and above that, of a whole nation. From this stems the birth of the public transfusion services, which group together all the resources of the community, allowing shortage and abundance of blood of different groups to be balanced and thus meeting the needs in quantity and quality over the whole area.

These public transfusion services, given their activities, can recruit all the personnel they need and possess all the appropriate installations. On the other hand, it is difficult for them to find a large number of blood donors among the public without making a direct appeal for solidarity towards the sick person. One knows that there are countless spectacular self-sacrifices when blood is required for a particular "case". Enthusiasm falls when it is a question of giving blood for reserves which are for the use of an unnamed community.

How can these public transfusion services recruit the very high number of donors which they need? Two fundamental methods exist: recourse to paid donors, on the one hand, and to voluntary donors, on the other.

#### PAID DONORS — COMPULSORY DONORS

1. **The paid donor.** — It is by no means impossible to find a sufficient number of paid donors, as the experience of certain countries has proved. This system offers certain advantages. Being paid, the donor abides by his summons, the correct time-table and instructions. Furthermore, under these conditions, blood donating, while not constituting a profession, remains a welcome financial contribution to a number of people.

But the disadvantages would seem to outweigh the advantages. Payment of the donor leads to excesses, attempts at records and exaggerated performances. Remuneration varies according to the cost of living in each country, but one could say that in principle it should correspond to the value of at least two days' work to attract the public. This results in a considerable increase in the cost price of blood, the burden of which will fall on the transfusion services on the one hand and on the patient receiving the transfusion, on the other, for whom the blood, which is of vital importance, should really be given free. In fact, remuneration of the donor poses a moral problem : it debases the generous act of the donation which, it would seem, should remain an act of pure charity ; it takes away from the donor himself and from the whole body which blood donors constitute among themselves, the character of generosity which one expects from them. Finally, it deprives the community of the considerable recruitment of a number of people who would be ready to give their blood from purely altruistic motives, but who are kept from so doing through fear of attracting attention by refusing a payment or of being confused with those donors who are not only moved by the feeling of solidarity.

2. **The compulsory donor.** — It is perfectly possible in certain cases to envisage the compulsory donation of blood ; but the essential condition is that the donors should be bound by a complete discipline. These conditions are rarely found together other than in military service, where it is possible to make the donation compulsory while maintaining the humanitarian principle which dominates it.

#### THE VOLUNTARY DONOR

The voluntary donor is the basis of all the blood transfusion services, just as he is an indispensable complement to the system of blood banks.

During the Second World War, when the system of paid donors and the blood bank were not meeting the growing need for blood, the system of voluntary donors gave complete satisfaction. In the years following, the State transfusion services and those of the Red Cross have succeeded, in the majority of countries, in main-

taining the principle of voluntary donations, in developing them and in relegating the paid donation to the background. As Dr. A. Hässig points out, this is an achievement whose true worth is not often accorded the credit it deserves, given the circumstances in which it was brought about : an evergrowing demand and the continually increasing anonymity of the donors.

One recognizes that blood, as a therapeutic product of human origin, should remain free from all commercial profit. It should form the object of an act of altruism and its gift should be free. One cannot stress too highly the personal character of blood donating and the essentially individual act which it constitutes. In these conditions, preserved blood and its derivatives should only be charged at the correct price, although it should be mentioned that the blood transfusion organizations in several countries pay for these costs, either partially or completely, in order to leave blood its character of complete gratuitousness.

However, as we have pointed out above, it is difficult to obtain a response for voluntary donors when it is a question of a public blood transfusion service, since the recruiting is not inspired by the direct knowledge of a " case ". For this reason, a truly civic education of the public is necessary to create in the anonymous donor a feeling of solidarity towards the unknown patient and to set a chain in motion <sup>1</sup>.

" The blood donor, when he is voluntary and anonymous, is carrying out one of the noblest, most disinterested and most efficacious gestures which it is possible to conceive ; the only motive which moves him is the ideal and it is the appeal to this ideal which constitutes the basis of publicity " <sup>2</sup>.

Recruitment of donors thus necessitates publicity destined to make the population conscious of its duties in the face of the im-

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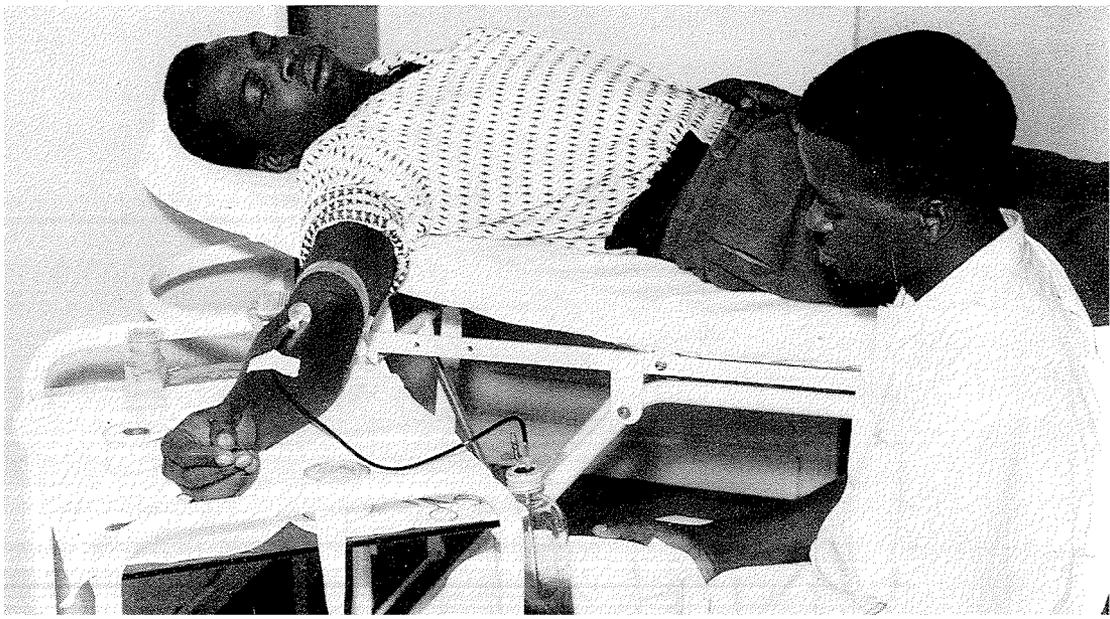
<sup>1</sup> It should be mentioned in this respect that in 1960 a test on the " motivation " of the blood donor was undertaken by Dr. George Miller, National Director of the Blood Transfusion Service of the Canadian Red Cross. These are the results taken from a thousand replies from donors coming from different social levels of the population : 72 % indicate as a motive the desire to help an unknown person ; 56 % became donors thanks to personal contacts ; 98 % feel better after giving blood and 99 % intend to continue being donors.

<sup>2</sup> Dr. Louis Revol, director of the Lyons Transfusion Centre (Extract from *Notre Sang*, quarterly review of the National Blood Service of the Belgian Red Cross, No. 25, 1961).



*Collective blood donation at the headquarters of the Yugoslav Red Cross.*

*The Congolese Red Cross recruits blood donors.*





*Transfusion of blood collected at a Chilian Red Cross centre.*

*Blood is collected and despatched to all parts of the country by the Canadian Red Cross.*



portance of blood transfusion, to fight against unjustified fears and too widely held prejudices and to promote the ideal of blood donating. This educational action should take into account the psychology of each community group and correspond to the possibilities which exist for collecting and handling the blood thus received. The radio, cinema, television, press, posters and tracts, conferences, exhibitions, "blood days", official displays, are so many means which, carefully brought into operation and wisely used, will contribute to recruitment. But the fact remains that the donors themselves, by their direct evidence and their example at home and at work will without doubt constitute the most effective and continuous means of bringing in new "recruits".

It should be pointed out here the rôle which can be played by voluntary organizations such as the Red Cross and other humanitarian and cultural institutions, donors' associations, sports clubs and automobile clubs, etc. This rôle requires previous understanding and close co-operation with the transfusion services responsible in order to avoid weakening the efforts undertaken, and duplication, always a regrettable waste of effort and moral influence.

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In the relations which, as we have said, are established between the donors and the transfusion service the latter has obligations to fulfil on its side. Apart from the normal protection of donors (medical examinations, insurance etc.) it must give them an account of the work of the service and the costs of the production of blood and its derivatives.

Thus transfusion is seen as a public utility service which calls on the help of the life forces of the nation : the civil and military health services, the university, the professional organizations, medical and para-medical and the voluntary organizations such as the Red Cross and the donors' associations. It is this mobilization which, in the final analysis, will be able to draw the public's attention to the extension of the use of blood and the difficulty of procuring it, and spotlight the service which every individual should render to society.

TOWARDS INTERNATIONAL TECHNICAL CO-OPERATION

If the problem of donors has claimed a good deal of our attention it is because, as we have seen, it constitutes the essential problem of blood transfusion. But finding donors does not solve the problem entirely. There remains the question of scientific and clinical research and, furthermore, the installation of transfusion centres and the formation of qualified personnel. And here, moreover, the problem is an international one because, where blood transfusion is concerned, international co-operation is more than an exchange of blood between countries at the time of a grave disaster. In fact, the exchange of blood can be seen as an urgent measure or even a last resort. Clearly, the ideal arrangement is for each country to be self-sufficient for its own needs. This intention reveals that comprehensive international co-operation consists in helping little favoured countries to develop their transfusion services.

Three of the principal international organizations are endeavouring to respond to the different needs of this technical co-operation :

**The World Health Organization (WHO)**, a specialized agency of the United Nations is, as everyone knows, an organ of technical assistance to governments ; one of its sections is concerned with biological standardization, the formation of qualified personnel and the problems inherent in the installation of transfusion centres.

**The International Society of Blood Transfusion (IBTS)**, which groups together scientists and experts from all countries on the research level with a view to ameliorating techniques and extending the use of blood.

**The League of Red Cross Societies (LRCS)**, the international federation of all the Red Cross, Red Crescent and Red Lion and Sun Societies, whose job is to ensure and to develop the co-operation of these societies on an international level<sup>1</sup>.

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<sup>1</sup> Mention should also be made of the International Organization for Standardization (ISO) one of whose numerous technical committees studies the standards of transfusion equipment. Finally, it should be remembered that the member States of the Council of Europe have established an agreement aiming at the international exchange of therapeutic substances of human origin.

## INTERNATIONAL ASPECTS OF BLOOD TRANSFUSION

In the matter of blood transfusion, the rôle of the Red Cross and consequently the League, seems to be less clearly defined than that of the other organizations, which is why we will now endeavour to state it precisely.

### THE RED CROSS AND BLOOD TRANSFUSION

The institutions of the Red Cross had already realized the importance of transfusion at a time when this was still in its embryonic state. The first transfusion service was set up in London in 1921 by the British Red Cross, followed some months later by the Australian Red Cross and the Netherlands Red Cross.

As far back as 1936, the Board of Governors of the League pointed out that the development of blood transfusion services gave the Red Cross an opportunity to render new services to the population, which were of great importance and it recommended the League Secretariat to put all the necessary information at the disposal of the National Societies.

In 1948, after a period which had led to the setting up of already numerous transfusion services, the XVIIth International Red Cross Conference, meeting in Stockholm, adopted a resolution recommending :

- “ that National Societies take an active part in the matter of blood transfusion and co-operate with their respective governments in the establishment of blood transfusion centres or, if necessary, themselves organize such centres ;
- that so far as possible the principle of free blood given and received be universally applied ;
- that the standardization of supplies, equipment and methods of transfusion be studied.”

This resolution shows the multiple aspects of the task of the Red Cross.

Now to meet this, it is impossible to establish a Red Cross programme of blood transfusion for universal use. It is easily understood that the Red Cross transfusion services which exist at present, offer differing aspects, as each one of them has been organized to meet conditions peculiar to the area which it serves.

## INTERNATIONAL ASPECTS OF BLOOD TRANSFUSION

Moreover, the rules relating to blood transfusion, if they exist, differ from one country to another. Therefore, the programme has to be adapted to the needs and possibilities of the country and the National Red Cross and, in each case, the extent and the nature of the co-operation between the Red Cross and the government authorities have to be precisely determined.

However, the fundamental organization of a transfusion service is, by and large, everywhere the same. A complete service comprises three principal elements : a register of regular donors, a blood bank system or regional collection centres and one or more centres for the production of dried plasma and blood fractions. It is within this general plan that the rôle of the Red Cross varies from one country to another. However, in a general manner this rôle is exercised in three principal directions :

1. To publicize and possibly to recruit donors for the national service (an activity of the most elementary nature) ;

2. To recruit donors, train auxiliary personnel and technicians, receive blood, preserve it, distribute it to hospitals, carry out scientific research or

3. Over and above the aforementioned activities, to determine the blood groups and Rhesus factor of the population, effect serological tests, prepare plasma and blood derivatives and form stocks in case of disaster or conflicts (the most comprehensive type of activity).

From this type of activity, we would like to give an example of the blood transfusion service perfected by a National Society responsible for the whole of the national transfusion service. This transfusion service is in the form of an undertaking independent of the government, and its functioning, under Red Cross responsibility, is ensured jointly by the provincial authorities who supply the premises, the Red Cross, which supplies the personnel and the equipment, the citizens, who give their blood free, and the medical research laboratories of a university (to which the Red Cross is bound by contract) which prepare the blood plasma. Whole blood and dried plasma are supplied free to the hospitals which, on their side, undertake to supply blood plasma, also free.

This Society also has agreements with the armed forces for the transport of blood in case of urgency. Eight other National Societies have similar programmes. Bilateral agreements on the exchange of blood exist between some of them.

One can say that 65 of the 85 National Red Cross, Red Crescent and Red Lion and Sun Societies take an active part in blood transfusion.<sup>1</sup> With regard to this, here are a few features taken at random from Red Cross publications :

*The American Red Cross, in 1959-1960, collected 2,422,000 bottles of blood, distributed 995,900 units of gamma globulin free, and used 60,000 volunteers (doctors, nurses and aids) per month. It has just collected its thirtieth million flask of blood since the end of the Second World War.*

*From 1947 to 1958, the Canadian Red Cross supplied blood and its derivatives free to 1,250,000 people.*

*In 1960, the Finnish Red Cross numbered 60,000 permanent donors and collected 102,405 bottles of blood.*

*In 1960, the Swiss Red Cross had 148,090 registered donors and collected 160,320 bottles of blood.*

*In 1957, the Alliance of Red Cross and Red Crescent Societies of the USSR had 500,000 regular donors.*

*The Austrian Red Cross succeeded in recruiting 9.6 % of the population in the province of Linz alone, as voluntary donors.*

#### THE RÔLE OF THE LEAGUE OF RED CROSS SOCIETIES

In 1957, the XIXth International Red Cross Conference, meeting in New Delhi, requested " the Secretariat of the League to continue to encourage and to assist the National Societies in their blood transfusion and blood donor recruitment programmes, by making available information based on the experiences of sister Societies, and by encouraging mutual assistance and the exchange of technicians and scholarship holders between National Societies."

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<sup>1</sup> *Platz*. (Photographs kindly lent by the League).

## INTERNATIONAL ASPECTS OF BLOOD TRANSFUSION

This Resolution, which perfectly defined the task and future work of the League,—and particularly of the Medico-Social Bureau—in the sphere of transfusion, is coming to fruition in a series of activities which we would now like to specify :

**International co-operation.** — As we have indicated above, close and intimate relations exist between the international organizations interested in transfusion problems. In 1956, the League organized an information meeting with the aim of promoting an exchange of views between these organizations. Delegates of the World Health Organization (WHO), the International Society of Blood Transfusion (IBTS), the International Organization for Standardization (ISO), the International Committee of the Red Cross (ICRC) and the League, examined the problems posed by the standardization and the interchangeability of equipment, biological standardization and the recruitment of blood donors. After taking note of the development of the work of their respective organizations in these different spheres, the delegates adopted a series of recommendations to determine in what measure it could be useful for one or other organization to take a given question in hand. As a result of this we are now awaiting the outcome of the work of the International Organization for Standardization concerning the standardization of equipment whilst the World Health Organization is making a detailed study of the question of biological standardization.

**Technical advisers.** — In order to have a better knowledge of local conditions and therefore to give more effective help to the National Societies, the League has secured the co-operation of specialist advisers on blood transfusion for the different regions of the globe.

**Red Cross International Seminars.** — These meetings, which are generally held during big international congresses on blood transfusion and which group together experts on blood transfusion and those responsible for this question in the National Societies, have as their aim the comparison and the pooling of problems, experience and techniques. In 1954, representatives of twelve National Societies gathered at a Red Cross meeting in Paris, to examine questions of equipment and to take note of the first experi-

ments concerning the use of plastic bags in place of bottles. In 1958, some 120 technicians and experts, including members of 21 National Societies, gathered in Rome, for the first Red Cross International Seminar on Blood Transfusion, the first part of which dealt with the methods of recruiting donors and with co-operation between the Red Cross and government services. The second part was devoted to the study of a basic technical problem, that of bacteriological contamination of preserved blood. A second Red Cross International Seminar on Blood Transfusion, in which 29 National Societies were represented, took place in Tokyo in September 1960 and was devoted to the particular problems of blood transfusion in Asian countries. A third seminar is scheduled for September 1962 and should take place in Mexico, at the same time as the First International Congress of Red Cross doctors.

**Team of experts.** — The League is examining at the moment, in collaboration with the World Health Organization and the International Society of Blood Transfusion, certain aspects of technical assistance in the field of blood transfusion towards newly developing countries. It is as a result of this that a draft manual laying down the minimum requirements for the organization and operation of a blood transfusion service was examined in May 1961 by a group of experts drawn from those three organizations with a view to its being put before an Ad Hoc Working Group of experts on blood transfusion meeting in Vienna in August of the same year. In order to increase technical assistance in the field of blood transfusion, the Ad Hoc Working Group recommended a system of sponsorship and collaboration between sister Societies in the development of blood transfusion programmes.

**Sending specialists on the spot.** — Specialists have been sent to National Societies at the request of these latter to help them to organize their blood transfusion services. In certain countries, experts sent by the World Health Organization have given the Red Cross the benefit of their experience.

**Grants and study courses.** — Grants are offered as far as is possible and under certain conditions to those responsible for the blood transfusion services of National Societies by certain sister Societies and by the League.

**Advice and Information Centre.** — The Medico-Social Bureau has collected, for the use of National Societies wishing to develop their transfusion activities, information and documentation emanating from the blood transfusion services of National Red Cross Societies as well as from national and international specialized agencies. Investigations have recently been undertaken on legislation regarding transfusion, on the financing of blood transfusion services, on the insurance policies protecting donors and on the diplomas, badges and rewards to donors.

Audio-visual material (posters, films, etc.) is put at the disposal of National Societies, together with a geographical map in colour showing the participation of the Red Cross in blood transfusion around the world. This material is intended for exhibitions and campaigns of recruitment of donors organized by the National Societies.

**Publications and surveys.** — Renewing a tradition which was current when the *International Health Bulletin* was published by the Medico-Social Bureau, the League has concluded an agreement with the International Society of Blood Transfusion to co-operate in the publication of its official bulletin *Vox Sanguinis*. This review serves as an international rostrum for the blood transfusion services of the National Societies. In addition, the Medico-Social Bureau has devoted several numbers of its *Medico-Social Documentation* series to transfusion, notably No. 16 entitled "Blood Donor Recruitment—ideas and suggestions".

**Gifts of dried plasma.** — For some years the Netherlands Red Cross, with the agreement of its Government, has placed important quantities of dried plasma at the League's disposal in order to relieve the urgent needs of National Societies, whilst awaiting the development of their blood transfusion services. The League has shared out this assortment of dried plasma between the National Societies of some thirty countries.

**Gifts of equipment.** — In exceptional cases, certain National Societies make gifts of equipment under the heading of assistance to other sister Societies who wish to extend their transfusion programmes.

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**Rôle of the Junior Red Cross.** — Although young people do not give blood themselves, they are in a position to give important help in contributing to the education of parents and families and their influence represents a force to be reckoned with in every educational programme.

It is therefore of the greatest importance for the very existence of the future programme to stimulate in children and in those who are concerned with youth an active interest in this programme and its execution. The Junior Red Cross, with 55 million members from 75 countries, the greater part of which are at school, is uniquely situated to break new ground and set an example when the opportunity of an educational programme for youth is presented. The possibility of an active service is therefore offered to these young people until they themselves can join as donors.

As far back as 1955 the League organized a joint meeting in Geneva of the Junior Red Cross Advisory Committee and members present from the Health Advisory Committee. This meeting recommended to the National Societies the analysis of the problems inherent in the participation of members of the Junior Red Cross in the blood transfusion programme and particularly recourse to help from schools for publicity within the framework of the teaching programmes with a view to encouraging the recruitment of donors.

#### CONCLUSION

Blood transfusion is seen as one of the major problems of modern medicine and it is a problem which should hold the attention of us all at a time when mankind throughout the entire world has a growing concern for better health.

But the job is too vast to be successfully carried through everywhere, which is why it is indispensable, by reason of the particular difficulties of each country, to have an effort of international co-operation to which a movement of solidarity without barrier such as the Red Cross can effectively contribute. Through its federal organ, the League, it helps and encourages the National Societies to back up government efforts through their pilot activities, the help of their volunteers or even by taking total or partial responsibility for the national transfusion service.

## INTERNATIONAL ASPECTS OF BLOOD TRANSFUSION

Furthermore, and above all, every programme of transfusion requires, as a fundamental prerequisite, the active participation and support of the population ; an increasing number of donors is necessary. Experience has proved that such participation depends on how well the programme is understood by the public, hence the importance of developing educational methods amongst the latter and of creating and promoting a disinterested spirit of co-operation, free from all prejudice and fear. That is why the Red Cross, which has a very high moral influence with the public, is perhaps the ideal organization and the most logical, through which the recruitment of donors can be made all over the world.

It is precisely to underline this universal effort that the celebrations of the Red Cross Centenary, in 1963, will probably include a Donors' Day which will illustrate, in Geneva and the different countries, the fundamental ideal of the Red Cross service to one's neighbour being applied to the solution of an actual problem of particular urgency.

Dr. Z. S. HANTCHEF,  
Director of the Medico-Social Bureau  
of the League of Red Cross Societies

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# THE CENTRAL LABORATORY OF THE NETHERLANDS RED CROSS BLOOD TRANSFUSION SERVICE

(Director: Dr. J. J. van Loghem)

The Central Laboratory of the Netherlands Red Cross Blood Transfusion Service, the origin of which dates from 1939, is guided by a foundation in which participate the Dutch Government, the Netherlands Red Cross and the Municipality of Amsterdam.

A staff of physicians, chemists, pharmacists and biologists is charged with the leading of the different departments and laboratories. The Central Laboratory which is operating on a non-profit basis, is the medico-technical centre of the blood transfusion organization in the Netherlands.

It provides the majority of Dutch hospitals with blood transfusion equipment and blood derivatives. Besides the large-scale investigations in blood grouping and antibody screening in pregnant women and Red Cross donors, research work is done on various subjects covering the large field of blood transfusion, immunohematology, immunopathology, immunochemistry, biochemistry of proteins and blood clotting.

The Central Laboratory comprises 4 producing departments and 9 laboratories. <sup>1</sup>

The producing departments are in charge of :

1. **The production of sterile, pyrogenfree transfusion equipment and infusion fluids.** — The taking and giving sets are made of disposable plastic material. About 260 hospitals are regularly provided with blood transfusion material. The production of

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<sup>1</sup> *Plate.* (Photographs L. M. Tangel, The Hague.)

transfusion equipment increases with the growing number of blood transfusions. At the present time about 180,000 blood transfusions are given annually in the Netherlands (40,000 hospital beds).

Utmost care is given to prevent untoward reactions due to pyrogens or bacterial contaminants.

**2. Freeze-drying of blood plasma, plasma fractions and human milk.** — The blood for the preparation of plasma and plasma fractions is collected by mobile teams. Yearly 40,000 to 50,000 bottles of citrated blood are used. (The donors for the procurement of blood plasma form a separate group of Red Cross donors ; they do not spend their blood for direct transfusion of whole blood in hospitals.)

Plasma is prepared from fresh human blood, that is to say, within 12 hours after taking, the blood is centrifuged by means of Laval centrifuges ; a second centrifugation is performed in a turbine centrifuge (Sharples). The clear liquid plasma is irradiated, frozen and lyophilized.

The plasma is prepared from pools containing not more than twelve separate donations, to minimize the risk of transmitting homologous serum jaundice. Human plasma is used for stockpiling and is further applied in cases where whole blood is not immediately available for the prevention and treatment of shock. For the treatment of burns human plasma is indicated.

Part of the remaining blood cells are used for the preparations of washed red cells suspensions, white cell-poor blood or purified platelet suspensions for patients who need this special treatment.

**3. Fractionation of plasma proteins.** — The plasma proteins are separated following the aethanol fractionation method developed by Cohn and slightly modified in the Central Laboratory. The raw protein fractions are isolated and purified following the scheme presented below :

**Plasma from citrated blood :**

Ethanol concentration 8 pCt. pH 7.2

temp.  $-3^{\circ}\text{C}$ .

ionic strength 0,14

precipitate : fibrinogen (+ anti-hemophilic factor).

## NETHERLANDS RED CROSS BLOOD TRANSFUSION

Ethanol concentration 25 pCt pH 6.9  
temp.  $-5^{\circ}\text{C}$ . ionic strength 0,09

precipitate :  $\gamma$ -,  $\beta$ -globulin, prothrombin

Ethanol concentration 40 pCt. pH 5.8  
temp.  $-5^{\circ}\text{C}$ . ionic strength 0,09

precipitate :  $\alpha$ - and  $\beta$ -globulin

Ethanol concentration 40 pCt pH 4.8  
temp.  $-5^{\circ}\text{C}$ . ionic strength 0,11

precipitate : albumin.

A recent development in the field of plasma protein fractionation is the preparation of a pasteurized plasma protein solution, containing albumin,  $\alpha$ - and  $\beta$ -globulin, which is equivalent to normal plasma as far as the colloid-osmotic pressure is concerned, and which has the advantage over plasma that there is no risk of transmitting homologous serum jaundice. Human albumin, a preparation of the protein component which forms about 80 % of the total protein content of the plasma of whole human blood, is used for the treatment of shock and in cases of hypalbuminemia.

Human gamma globulin, a preparation of the plasma proteins, prepared from whole human blood containing the antibodies of normal adults, is obtained from pooled liquid human plasma from not less than 1000 donors. This 'normal' gamma globulin is used for the prevention of infectious diseases (measles, infectious hepatitis, chicken-pox and mumps).

Normal gamma globulin is also used for the treatment of bacterial infections frequently occurring in patients with  $\alpha$ - or hypogammaglobulinemia.

Besides this, gamma globulin is produced from the plasma of rubella convalescents for the prevention of rubella in pregnant women and antivaccina gamma globulin prepared from the blood of adults shortly after smallpox vaccination. This last product is applied in the Army to prevent encephalitis postvaccinalis after primovaccination.

Human fibrinogen, a dried preparation of the soluble constituent of liquid human plasma which, on the addition of thrombin is transformed to fibrin, is used in cases of fibrinogenopenia and fibrinolysis.

Fibrinogen with anti-hemophilic factor, prepared from fresh plasma, is used to produce a temporary correction of the deficiency of the anti-hemophilic factor in hemophilia.

Fibrin foam, prepared from fibrinogen by the addition of thrombin, is usually applied in combination with thrombin in case of hemorrhages.

**4. The production of blood typing reagents.** — The majority of blood typing reagents is prepared from human blood. The test sera anti-A, anti-B and anti-A + -B are prepared from human blood with a high titre of anti-A and anti-B antibodies (mainly obtained from the Military Blood Transfusion Service).

The great majority of anti-Rh and other sera with immune antibodies is obtained from subjects immunized by pregnancy or blood transfusion. Anti-M and anti-N sera are generally prepared in rabbits, but sometimes from human serum with naturally occurring antibodies.

Anti human globulin serum is prepared in rabbits.

It has also been possible to prepare useful blood grouping reagents from extracts of certain seeds, especially anti-N from seed extracts of *Vicia Graminea*.

A special laboratory is in charge of the control of all products prepared in this institute. All preparations meet the minimum requirements laid down in the protocol of the European Agreement on the Exchange of Therapeutic Substances of Human Origin (Council of Europe).

### Laboratory investigations

**1a. Blood typing of pregnant women.** — In 1952 the Dutch Government initiated the prenatal Rh testing of all pregnant women. This is organized in the following way :

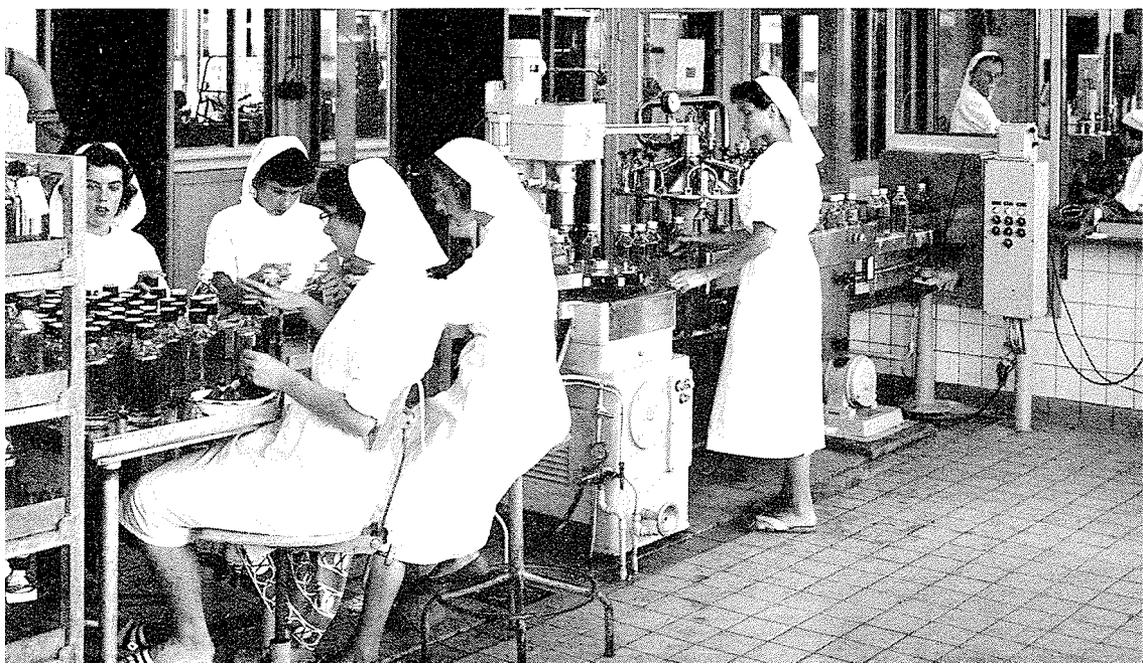
In the 17 regional laboratories of Public Health, ABO and Rh (D) typing is performed of pregnant women in the third month of

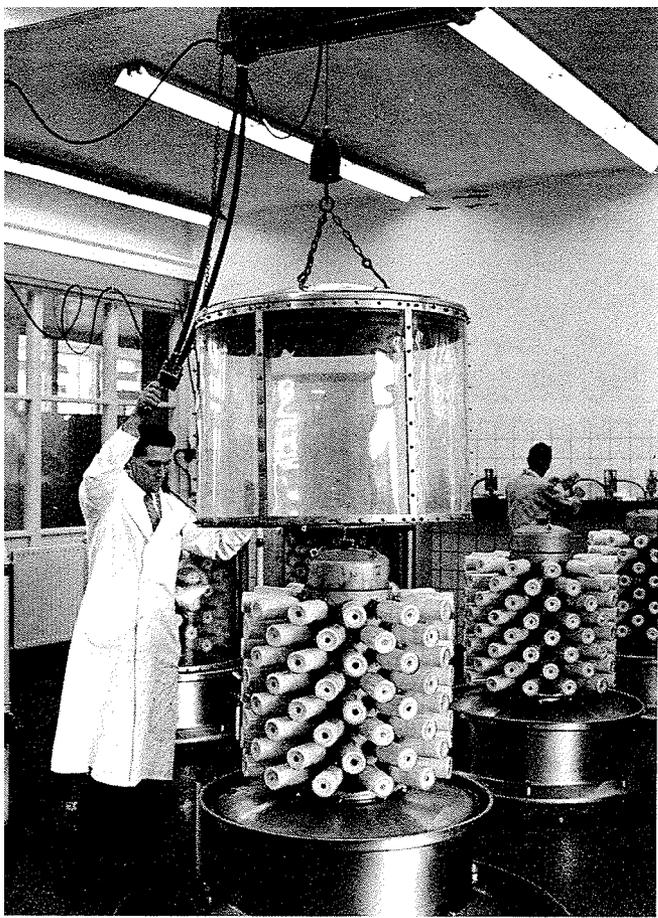


*Main entrance*

AMSTERDAM. — The Central Laboratory of the Netherlands Red Cross Blood Transfusion Service.

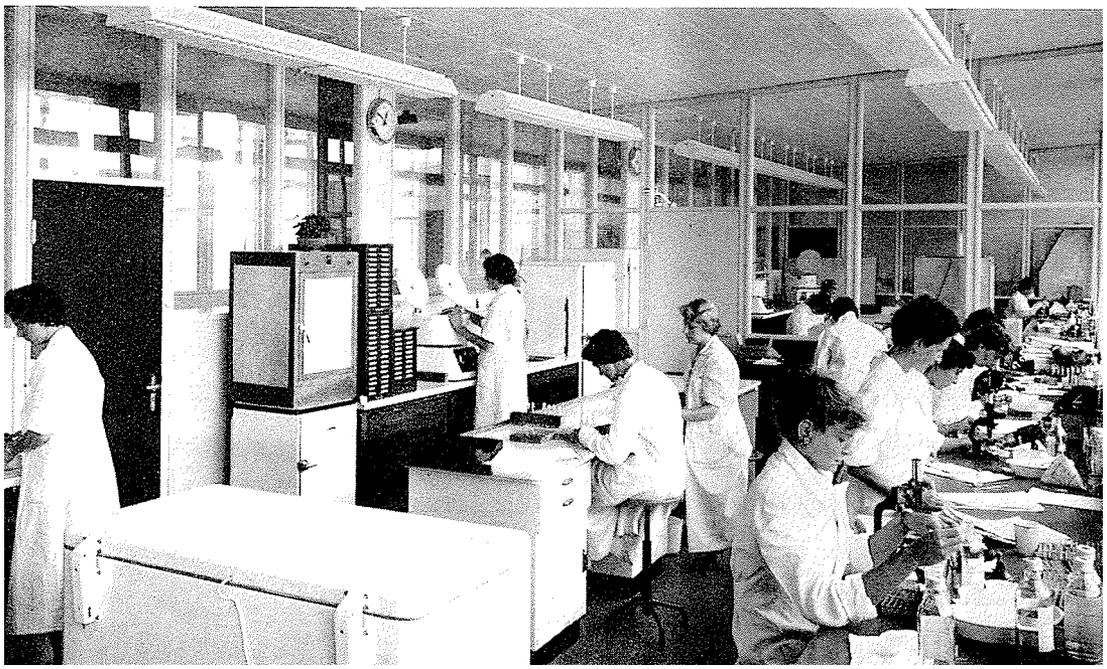
*Filling the blood-transfusion bottles with anti-coagulation fluids.*





*Drying of blood plasma.*

*Laboratories for the research of bloodgroups.*



pregnancy. At the same time are done the serological tests for syphilis.

The blood of all Rh negative (D-negative) women is sent to the Central Institutes for Blood Group Research for the investigations of Rh antibodies. For the three northern provinces the blood is sent to the Serological Laboratory at Groningen, for the 8 other provinces the blood is sent to the Central Laboratory at Amsterdam.

The purposes of this arrangement are :

*a)* to reduce the lethality from hemolytic disease in the newborn and to minimize the risk of cerebral damage and other sequelae, by adequate therapy (exchange transfusions);

*b)* to prevent Rh negative women from being immunized by Rh positive blood transfusion.

The organization of systematic prenatal Rh testing has greatly contributed to the prevention and adequate treatment of hemolytic disease in the newborn. Rh antibodies are found in about 4 % of the Rh negative pregnant women. The number of cases of Rh sensitization detected annually in the Central Laboratory amounts to about 700.

**1b. Blood typing of Red Cross donors.** — ABO and D-typing of the Red Cross donors is done in the regional laboratories. The blood of the D negative donors is sent to the Central Institutes for Blood Group Research, where additional investigations are performed for the C, E and D<sup>u</sup> antigen.

D negative, but C- or E positive subjects are marked as Rh positive donors, but as Rh negative recipients.

This service is also maintained by the Government.

**2. Serological studies in immunization by pregnancy or blood transfusion.** — Apart from the prenatally detected cases of Rh sensitization, a great number of cases suspected of hemolytic disease is studied. These are due to Rh sensitization or ABO-immunization; a minor percentage is caused by Rh antibodies other than anti-D, such as anti-o, anti-E, anti-e, anti-C<sup>w</sup> or other immune antibodies (anti-Kell, anti-Fy<sup>a</sup>).

Irregular antibodies in the serum of patients or donors are analysed. Serological studies are made in cases of transfusion reactions and cross-matching problems.

A large cell panel of fresh and frozen cells carrying all known blood group antigens in different combinations is maintained for the study of specific iso- and auto-antibodies.

**3. Serological studies in hemolytic anemia and allied diseases.** — A large number of blood samples of patients suffering from hemolytic anemia is continuously under investigation. The various types of auto-antibodies against red cells are analysed and eventually the specificity is determined.

Most of the auto-antibodies belong to the immune type and are of the incomplete variety. Besides this a number of patients with high-titred cold agglutinins and various types of auto-hemolysis have been observed.

**4. Antibodies against white cells and platelets.**

*a) Iso-antibodies.* — Studies on white cell and platelet iso-antibodies are performed in relation to blood transfusion reactions and immunization during pregnancy. A great number of febrile reactions and chills occurring after multiple transfusions are due to the occurrence of white cell antibodies, especially of the incomplete form.

These reactions can be prevented by the administration of white cell-poor blood.

Also platelet antibodies are sometimes the result of repeated blood transfusion, though their occurrence is far less frequent than white cell antibodies.

*b) Auto-antibodies.* — Auto-antibodies against white cells and platelets are mainly of the incomplete variety and may be a cause of increased destruction of these cellular elements.

Platelet antibodies are found in nearly 50 % of patients suffering from idiopathic thrombopenia, and in lower percentage also in secondary thrombopenia, associated with lupus erythematosus diffusus and other blood diseases.

The occurrence of auto-antibodies against antigens in the cytoplasm of white cells is very rare. They are sometimes observed in

patients with idiopathic leucopenia, panmyelophthisis and other hemopathias.

In the blood of all patients suffering from lupus erythematoses diffusus auto-antibodies against nuclear antigens are present. They are responsible for the formation of LE cells.

Much attention is given to the development of appropriate methods for the recognition of these types of antibodies.

**5. Auto-antibodies in other diseases.** — The recognition of antibodies against other autologous antigens is a subject of research, such as the detection of sperm antibodies in patients with a- or oligozoospermia, and auto-antibodies against thyreoglobulin in patients with thyroiditis, etc.

**6. Serological reactions in rheumatic diseases** are performed on a large scale.

Different methods are applied (AST, Rose test and other appropriate techniques).

**7. Blood group genetics and sero-anthropology.** — Genetical studies of blood groups are applied in cases of disputed paternity, exchange of babies, linkage with hereditary diseases, etc.

Mass blood typing of ABO and D factors of the Army in the Netherlands revealed significant differences in the blood group distribution between the population in large towns and countrymen.

Detailed sero-anthropological studies were made of other populations, such as aborigines of N. Guinea, Surinam, Iran, French Basques, and the African Goldcoast.

**8. Biochemical and immunochemical studies.** — The introduction of biochemical methods in addition to the serological investigations in patients suffering from blood diseases is of great help in the study of auto-immunization.

In general the following determinations are done :

*a)* estimation of haptoglobin values ; low hemoglobin levels are found in patients with increased red cell destruction ;

*b)* electrophoretic studies of serum proteins ; particularly the Oughterlony method, the immuno-electrophoretic technique of

Grabar and Williams, and the analysis of serum proteins by means of the ultracentrifuge have refined the study of serum proteins and antibodies ;

*c)* detection of abnormal hemoglobins by means of chromatography on Amberlite-columns, electrophoresis and alkali-denaturation ;

*d)* estimation of the survival rate of red cells and platelets with radioactive tracers ( $\text{Cr}^{51}$ ) to determine the site of cell destruction (liver and spleen) ;

*e)* the survival of serum proteins can be estimated with  $\text{J}^{131}$ , which is of practical importance in patients with hypo- and agammaglobulinemia.

In the field of immunochemistry attention is given to the determination of complement fractions by the kinetic method, and other serum factors (e.g. properdin) of importance in immunology.

**9. Blood clotting.** — Blood transfusion therapy is applied in many patients with disorders in the blood clotting mechanism. Sometimes more or less purified blood products are applied as therapeutic substances, anti hemophilic globulin for the treatment of hemophilia A and fibrinogen in large quantities in patients with afibrinogenemia.

Since 1954 studies are made in patients with disorders of the blood clotting mechanism; complete analysis can be made of the clotting factors.

### **Educational programme**

Blood group courses are regularly given for the education of laboratory technicians. A special laboratory has been reserved for continuous practical training of technicians working in the Dutch hospital laboratories.

In cooperation with the Military Blood Transfusion Service courses are given to medical and auxiliary personnel of the Army on the various aspects of blood transfusion therapy.

Since 1945 more than 2000 medical officers and 2300 other members of the Army Medical Service followed these courses.

**International relations**

The Central Laboratory is associated with several international organizations, such as the International Society of Blood Transfusion and the League of Red Cross Societies, and as far as standardization of blood transfusion equipment and exchange of blood products is concerned, with the International Organization for Standardization, the Council of Europe and the World Health Organization, the latter especially in regard to international scientific and educational programmes.

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# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## RECOGNITION OF THE TOGOLESE RED CROSS SOCIETY

GENEVA, September 8, 1961

*435th Circular*

*To the Central Committees of the National Red Cross  
(Red Crescent, Red Lion and Sun) Societies*

LADIES AND GENTLEMEN,

We have the honour to inform you of the official recognition, on September 7, 1961, of the Togolese Red Cross Society by the International Committee of the Red Cross.

This Society applied for recognition in a letter dated August 14, 1961. The application was accompanied by a document from the Togolese Ministry of the Interior according the Society official recognition, together with the text of the Society's Statutes.

The study of these documents has shown that the ten conditions for recognition of a new Society have been duly fulfilled. These documents have also been examined in conjunction with the Secretariat of the League.

The International Committee has pleasure therefore in announcing the recognition of this Society, which brings the number of member Societies of the International Red Cross to eighty-seven. The Togolese Red Cross becomes, moreover, the eleventh National Society to receive recognition on the African continent.

## INTERNATIONAL COMMITTEE

Until Togoland acceded to independence, the French Red Cross carried out its work in the country. It was succeeded by the new Society, founded during 1959 under the name " Association of the Togolese Red Cross ". According to its Statutes and the Declaration of the Association, it is recognized by the authorities as an auxiliary to the public and military health services in all the fields specified by the Geneva Conventions. It has, moreover, taken upon itself the mission of providing relief for victims in the event of disasters, contributing towards the fight against epidemics and the prevention of disease and training nursing and first-aid personnel. Three regional branches have already been opened, while three more will be opened shortly. The Society already numbers over 500 members in the capital alone.

The Republic of Togoland is a party to the Geneva Conventions of 1949 by virtue of their ratification by France in 1951.

The Togolese Red Cross is presided over by Mrs. Régina Savi de Tové ; the first Vice-President is Mr. Raphaël Amedjogbé and the Secretary-General, Mr. Boniface T. Dovi. Its headquarters are in Lomé.

The International Committee of the Red Cross has great pleasure in welcoming this new Society into the International Red Cross, accrediting it by this notice to all other National Societies and recommending it to their kind attention. It expresses its best wishes for the Society's future and for the success of its charitable work.

FOR THE INTERNATIONAL COMMITTEE  
OF THE RED CROSS

**Léopold BOISSIER**  
President

## SUNDRY ACTIVITIES

### News Items

**The activity of the ICRC in Laos.** — *Since the last weeks of 1960, the International Committee of the Red Cross has, in various ways, come to the aid of victims of the conflict which broke out in Laos, in particular by distributing relief and visiting detained persons.*

*It recently received an appeal from the Government of Vientiane on behalf of a certain number of displaced persons. This concerned civilians who had left those areas in which fighting had taken place. Amongst these refugees there are notably 6,000 Meos lodged in camps in the Mekong valley.*

*Mr. A. Durand, delegate of the ICRC, proceeded to the spot to discover the amount of relief which was needed for these refugees and to discuss the problem with the Laotian Red Cross and with the authorities of Vientiane.*

*On his return to Geneva on August 4, when submitting his report, Mr. Durand gave further information on the needs of the population in the Northern provinces, based on that which he had collected on the spot during his visit at the end of June to the Red Cross and to the authorities at Xieng-Khouang.*

*The ICRC has opened credit accounts, by way of advances, out of its own relief funds, in order to come to the aid of these displaced persons, as well as of the civilian population in the Northern provinces.*

*In addition, in view of the extent of the need, the ICRC forwarded on August 11 a memorandum to a certain number of National Societies requesting them to contribute to its relief action. At the end of August*

*favourable responses had already been given by the American, Australian, Indian, Netherlands, Norwegian and Swiss Red Cross Societies.*

*In order to carry out the execution of the first steps of this plan on the spot, Mr. J.-J. Muralti, a specialist in relief matters, recently arrived in Vientiane.*

*Emergency relief distributions are taking place at present through the Laotian Red Cross in the refugee camps at Veintiane, Luang-prabang, Savannakhet, Pakket and Paksé.*

*Mr. André Durand, delegate, has now returned to Laos in order to direct the relief action which the International Committee of the Red Cross decided to carry out. The beneficiaries will be mainly the members of the Meo tribes who left the areas where fighting was in progress and who have been lodged in territories administered by the Government of Vientiane.*

*The ICRC is, moreover, trying to send a further consignment of relief supplies on behalf of the civilian population in the northern provinces of Phong Saly, Sam Neua and Xieng Khouang.*

*After the appeal which the ICRC sent to various National Societies on August 11, notification was received of the following contributions towards the relief action in Laos :*

*Cash contributions from Red Cross Societies (Sfrs.) : United States, 43,125 ; Norway, 6,035 ; Australia, 4,801 ; Great Britain, 9,300 ; Switzerland, 20,000 ; Canada, 42,000 ; Thailand, 1,024.*

*The Red Cross Societies of the following countries have notified us of contributions in kind (Sfrs.) : Netherlands, 30,000 (blankets & blood plasma) ; India, 10,000 (cloth & medicaments) ; France, 3,000 (blankets & milk) ; Poland (medicaments—value not yet stated).*

*Furthermore, the Swiss Government has also donated 30,000 Sfrs. for this action in Laos. With the addition of the credit of 50,000 Sfrs. already voted by the ICRC, the total amounts to over 200,000 Sfrs.*

*Negotiations are also in progress in order to obtain surplus US food stocks which would enable 6,000 refugees to be fed for six months.*

*Mr. Jean-Jacques Muralti, also an ICRC delegate, visited the Mahosot hospital in Vientiane, where 82 sick and wounded military persons from the two sides were being treated. He handed over relief supplies to them.*

## INTERNATIONAL COMMITTEE

*The ICRC has also taken steps in order to trace missing persons. During his visit to Xieng Khouang in June, Mr. Durand presented the Government, at that time presided over by Mr. Khamsouk Keola, acting Prime Minister, with a list of about twenty missing American, French and Philippine nationals. He moreover obtained confirmation that the American Major Lawrence Bailey, reported missing as from March 23, had been captured, and he handed over to the authorities letters from this officer's family. The ICRC is continuing its efforts with a view to obtaining news of missing persons.*

**Delegates of the ICRC in Katanga.** — *The ICRC was considering bringing its mission in the Congo to a close when the recent events in Katanga developed. As soon as it was confirmed that the fighting which had broken out was continuing and spreading to several parts of the province, the ICRC made a point of carrying out its humanitarian activity of neutral intermediary there, in order to help all the victims of the conflict, ensure the respect of the principles contained in the Geneva Conventions and to protect the victims by means of the Red Cross emblem. One of the ICRC delegates in Leopoldville received instructions to proceed to Elisabethville; he was, however, obliged to wait until September 19 before being able to fly to Katanga. At the same time, the ICRC sent another delegate from Geneva to Rhodesia, from where he was to try to reach Elisabethville.*

**Compensation to victims of pseudo-medical experiments.** — *As the International Review of the Red Cross already mentioned in its edition of June 1961, the ICRC has agreed to act as an intermediary for transmitting financial assistance which the Government of Bonn has decided to allocate to certain victims of pseudo-medical experiments, inflicted on them in German concentration camps under the Nazi régime. This concerns those survivors who are at present residing in countries with which the German Federal Republic does not maintain diplomatic relations, chiefly in Hungary and Poland.*

*A mission of the International Committee consisting of Dr. J. de Rougemont and Mr. J.-P. Maunoir went to Poland in order to complete on the spot, in agreement with the Polish Red Cross, the files which the German Federal Republic had already forwarded to the ICRC, to examine the victims, to study their medical documents and*

to make contact with their medical practitioners. A similar mission was carried out in Hungary by Dr. F. Züst and Mr. J.-P. Maunoir.

The files were then handed over to a neutral-commission consisting of three experts appointed by the ICRC. These were : Dr. Jean Graven, Professor at the Faculty of Law, Vice-Rector of the University of Geneva, Dr. René S. Mach, Professor at the Faculty of Medicine of Geneva, and Dr. Sylvain Mutrux, Assistant Medical Director of the Bel-Air Psychiatric Clinic in Geneva. Dr. Edouard Loizeau, Head of the Clinic at the Cantonal Hospital of Geneva, was appointed a deputy member.

The Commission held its first meeting from August 21 to 24 at the headquarters of the ICRC, at which also took part the rapporteurs : Dr. J. de Rougemont, doctor-delegate of the ICRC for Poland, and Dr. F. Züst, doctor-delegate of the ICRC for Hungary ; the observers, Mr. Viktor Karasz, Assistant Secretary-General of the Hungarian Red Cross, Dr. Joseph Nowkunski, doctor-delegate of the Polish Red Cross, and Miss Danuta Zys, Head of the Department of External Relations of the Polish Red Cross, and the secretary of the meeting, Mr. J.-P. Maunoir, delegate of the ICRC.

This Expert commission, which had 63 Hungarian and 73 Polish cases before it, had the task of :

- 1) pronouncing on the substantiation of the claims submitted, by basing itself on criteria which had been applied in the cases of victims residing in countries maintaining diplomatic relations with West Germany ;
- 2) deciding upon the amount of financial assistance to be allocated, such assistance being intended in particular to contribute towards the rehabilitation expenses of each victim.

**Conference of Non-Governmental Organizations interested in Migration.** — The 8th Conference of Non-Governmental Organizations interested in Migration was held in the United Nations' building, Geneva, from August 7-11 and presided over by Mr. H. Coursier, representing the International Committee of the Red Cross.

Convened under the auspices of the Secretary-General of the United Nations Organization and of the Director of the International Labour Office, the Conference adopted a certain number of proposals.

concerning the following subjects: accommodation for immigrants, children and migration, non-European migrants, the mental health of migrants and refugees, the prevention of silicosis, legal and social aid for migrants, the elimination or reduction of the status of stateless person.

It also adopted a resolution concerning the future of the Conference and providing for its fusion with the Standing Conference of Voluntary Agencies working for Refugees within a body intended to succeed it, whose statutes will be definitely drawn up by a joint commission appointed by the two Conferences.

During the closing meeting, Mr. A. Durand, ICRC delegate, gave a survey of the position of the refugees in Laos.

**Action on behalf of political detainees.** — As is known, the ICRC is continuing its action on behalf of political detainees. Thus, various places of detention are being visited in countries whose authorities grant the International Committee the necessary facilities.

Within the framework of such action, Mr. H. G. Beckh, delegate of the International Committee, went once more at the end of August to West Germany where he was received by the Attorney-General of the Federal Republic and his assistant, as well as by a senior official of the Federal Ministry of Justice. These personalities made a point of emphasizing how much they appreciated the work accomplished by the ICRC in this field and they reaffirmed that the delegates of our institution would always have free access to places of detention on the territory of the Federal Republic.

Mr. Beckh visited three prisons where he spoke freely and without witnesses with political detainees in those establishments, 12 persons in all.

It should be pointed out in this connection that since the beginning of this action until the end of August 1961, the delegate of the ICRC made 57 visits to prisons in West Germany and 5 visits to prisons in West Berlin. He had a total of 274 interviews with political detainees.

**Visits to political detainees in Rhodesia and Nyasaland.** — Since the beginning of 1961, the delegate of the International Committee of the Red Cross in the Federation of Rhodesia and Nyasaland visited ten prisons in which Africans, detained for political reasons and under common law, had been incarcerated as a result of the events.

*On each of these visits the representative of the International Committee was able to speak without witnesses with detained persons of his own choosing.*

*As has been customary, the reports relating to these visits have been submitted to the Federation authorities and the delegate of the ICRC has given further support to these reports by a number of personal representations.*

**The repatriation of Koreans resident in Japan.** — *The repatriation of Koreans resident in Japan, which has been in progress since the end of 1959 under the auspices of the Japanese Red Cross and in the presence of ICRC delegates, was momentarily interrupted from September 11 to October 2. This was due to the need to repair, after 74 trips since December 14, 1959, the Soviet ships which have been carrying out a shuttle-service between the Japanese port of Niigata and that of Chonzjin, in the Democratic People's Republic of Korea. Until that date, 72,000 persons left Japan for Northern Korea, according to their own freely expressed wishes. The number of persons registered for the coming departures is still 20,000.*

**Relief consignments.** — *To the Congo: At the request of the Central Medical Depot at Leopoldville, transmitted to Geneva through the Delegation of the ICRC, the International Committee forwarded to the latter in August 250,000 doses of anti-smallpox vaccine, basic pharmaceutical products and laboratory equipment to a total value of 26,000 Swiss francs. The necessary funds for this consignment were made available by the British Red Cross.*

*Furthermore, and in co-operation with the League of Red Cross Societies, a considerable consignment of medicaments and test serum, the donation of the Danish Red Cross, left the stores of the ICRC in mid-July and was despatched on board the SS "Baden" for Matadi.*

*To Greece: A mission of the ICRC consisting of Mr. Germain Colladon and Dr. René Bergoz left for Greece at the end of August to visit exiles and Greek political detainees once more and to distribute food, medicaments and clothing to them. The delegates of the International Committee were also entrusted with handing over relief supplies to the families of the detained persons.*

*Relief consisted of gifts in kind which had been offered by the Hungarian and Czechoslovak Red Cross, as well as by private individuals, and to which the ICRC contributed a donation out of its own relief funds.*

*To Tunisia : At the end of August, the ICRC despatched two consignments of 10,000 packets of cigarettes each, one intended for military and civilian Tunisian prisoners in French hands, the other for French civilians interned by the Tunisian authorities.*

**Compensation to former prisoners of war in Japanese hands.** — *The Revue internationale has mentioned on several occasions, in particular in its number of February 1961, the successive stages in the task undertaken by the ICRC with a view to allocating and distributing shares to former prisoners of war in Japanese hands, nationals of the Powers Party to the Peace Treaty of San Francisco, by way of compensation as provided by Article 16 of that treaty.*

*Continuing the distribution of the balance of the Japanese funds, namely some ten million Swiss francs, including interest, the subject of a second distribution, the ICRC has made payments to the Belgian, British, Canadian, Chilean and Norwegian Governments.*

**Revised handbook of the International Red Cross.** — *The tenth edition of the handbook of the International Red Cross, published jointly by the ICRC and the League of Red Cross Societies, consisted of a collection of the Conventions (in particular of the Geneva Conventions of 1864, 1906, 1929 and 1949 and the Hague Conventions of 1899, 1904 and 1907), the Statutes and regulations of the various organs of the Red Cross, as well as the resolutions of the International Conference of the Red Cross and of the Board of Governors of the League.*

*It should be pointed out that the International Committee and the League are at present in the process of preparing a new edition of this handbook, which will appear on the occasion of the XXth International Conference of the Red Cross.*

**International Office for military medicine documentation.** — *The ICRC was represented by Mr. F. Siordet, member of the International Committee and Mr. J.-P. Schoenholzer, of the Legal Depart-*

ment, at the 23rd session of the International Office for military medicine documentation which was held in Athens between September 19 and 22, 1961.

**Competition in Arabic.** — *In co-operation with the League, the ICRC organized a competition within the frame-work of its broadcasts in Arabic. The competition, which opened in October 1960 and closed in March 1961, was an undoubted success, since 133 entries were submitted for scrutiny by the jury. The first prize was won by Mr. Numan Abdel-Dayim, of Jordan. Further mention of this competition will be made at a later date.*

**Visits to the ICRC.** — *The following: Abbé Jacques Kapanga, member of the Committee of Kasai Province of the Congolese Red Cross; Mr. James H. Browne, member of the Board of Directors of the Wyandot branch of the American Red Cross; the Permanent Norwegian delegate in Geneva, Mr. Sören Chr. Sommerfelt; Mr. Arne Fremm, Director-General of the Danish Red Cross; Mr. Sisouk Na Champassak, permanent Laotian delegate with the United Nations in New York; the President of the Portuguese Red Cross, Dr. Leonardo de Castro Freire and Colonel José Victor Mateus Cabral, Secretary-General of that Society; the Tunisian permanent deputy in Geneva, Mr. Mohammed Memmi; the deputy director of the Arab League bureau in Geneva, Mr. El Wakil; Mr. Peter Benenson, one of the two directors of the "Appeal for Amnesty" on behalf of political detainees; Mr. W. Nicuta, acting legal adviser to the UNO's Secretary-General's representative in the Congo; Dr. Robert G. Gordon, national director of the Education Office of the American Red Cross; Mr. K. Shanker Nigam, deputy secretary to the Indian Red Cross, director of the Junior Red Cross of that country and who has been appointed special assistant to the Secretary-General of the League; Dr. Daoud S. Ali, member of the executive Committee of the Iraq Red Crescent; Mr. Frank de Vivie de Régie, Secretary-General of the French Red Cross in Algeria; Mr. Wilhelm von Starck, head of the legal commission of the German Red Cross in the Federal Republic; Mr. François Silou, first Vice-President of the Congolese Red Cross; General Georges Glain, new head of the Foreign Relations section of the French Red Cross; the Delegate-General of the French Red Cross in Algeria, Mr. Jules Lefèvre-Paul; the President of the Red Cross of the Republic*

## INTERNATIONAL COMMITTEE

of Korea, Mr. Doo-Sun Choi ; Dr. Chadli Zouiten, Vice-President of the Tunisian Red Crescent, and Mr. Salah Boulakbèche, Secretary-General of that Society.

*The ICRC also had the pleasure of receiving the visit of a certain number of groups such as the "Red Crusaders" ; two groups of pupils attending holiday courses of the Ecole Benedict in Neuchâtel, students attending courses on international institutions organized by the University of Geneva, Junior Quakers, members of the American Red Cross in Europe, Juniors of the Canadian Red Cross, pupils of the "Geneva Summer School", Juniors of the British Red Cross, members of trade-unions from Algeria, Cameroun, the former Belgian and French Congo, Morocco, Tunisia, on study visits to Switzerland, and a group from the British National Union of Teachers.*

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## GENEVA CONVENTIONS

By the terms of a letter which was received by the Federal Political Department in Berne on June 20, 1961, the Government of the Federation of Nigeria has confirmed the participation of that State in the Geneva Conventions of 1949, participation which took effect on the date of the independence of that country, namely on October 1, 1960.

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## EXCHANGE OF PRISONERS

Facilitated by the steps which the ICRC had been undertaking for several weeks, an exchange of French and Tunisian prisoners took place on September 10, 1961 in Bizerta. Shortly after President Bourguiba's press conference announcing this exchange, a delegate of the International Committee promptly went to the spot. Acting as an intermediary, he contributed, in co-operation with the Tunisian Red Crescent, towards the accomplishment of this humanitarian operation.

Prisoners who were exchanged consisted, on the Tunisian side, of 778 persons, of whom 361 were civilians and 417 military, and, on the French side, of 217 persons, of whom 34 were military and 183 civilians. The exchange took place under the auspices of the ICRC at Menzel Djemil, in no man's land at Bizerta, in the presence of representatives of the Tunisian Red Crescent and the French Red Cross. Each released prisoner presented himself before two control commissions, one Tunisian and the other French.

Since the events of July, the ICRC had, moreover, been bringing its assistance to the Tunisian prisoners in Bizerta and the French held at Sousse.

## THE VISIT OF THE ICRC'S PRESIDENT TO NORWAY

Mr. Léopold Boissier, President of the International Committee, went to Norway last month, having been recently invited by the Students' Associations of the Polytechnicum of Trondhjem and of the University of Oslo to explain to their members the work of the Red Cross and the problems facing the ICRC in the world today.

On September 9 at the Students' centre of the Trondhjem Polytechnicum, he spoke to nearly a thousand young people and representatives of the National Red Cross Society of that town, on the theme: "What contribution can youth bring towards the establishment of a lasting peace?", taking as an example the charitable action of the Red Cross. On the next day at the headquarters of the Nobel Foundation at Oslo he spoke about the problem of "the protection of the individual in modern conflicts" to an audience consisting of representatives of students' associations, youth movements, academic circles and of the directors of the National Red Cross.

During his short stay in Norway, Mr. Boissier had long discussions on questions of mutual interest with Mr. Ulf Styren, President of the National Red Cross, who accompanied him during his journeys between Oslo and Trondhjem. He also met other members of the Committee at the Society's headquarters. On that occasion Mr. Styren invested Mr. Boissier with Norway's highest Red Cross decoration, the Meritorious Medal with Palms.

Mr. Boissier also took the opportunity of saying how grateful the ICRC had been to the people of Norway and to the National Society for the most valuable aid which they had given during the recent relief actions in the Congo; six doctors and two nurses having taken part in the medical action and several hundred tons of dried fish having been sent in aid of the population in South

Kasai. Doctors and nurses of the Norwegian Red Cross at Luluabourg, Matadi and Popokabaka had worked under the Red Cross emblem with great devotion and under most difficult conditions.

After holding a press conference within the frame-work of the Annual Red Cross Fortnight, the President of the ICRC finally visited the new Oslo district hospital, one of the most modern establishments and the adjoining Nursing School. This school is in fact one of the triumphs of the National Red Cross Society. The new buildings, in which it has only recently installed itself, constructed in a very modern style are set amongst trees and grass. In the central block there are class-rooms, training and conference halls which are admirably arranged and equipped. One hundred and twenty nurses are accommodated in four wings, each of which consisting of twenty bed-rooms, small lecture and conference rooms, libraries, laundries and other offices.

The representatives of the ICRC — Mr. Boissier accompanied by Mr. Melchior Borsinger, Secretary to the Presidency — were everywhere most warmly welcomed, and this visit to Norway has demonstrated the excellent relations which have existed between the ICRC and the National Society since 1865, when the latter was founded.

# INTERNATIONAL RED CROSS

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## DEATH OF THE LEAGUE'S DEPUTY SECRETARY-GENERAL

On September 11, 1961, the death occurred of Mr. Wilfrid J. Phillips in Prague, where he was directing the preparations for the 26th Session of the Board of Governors. After having held high positions in the British Red Cross since 1940, he had been associated, since 1950, with the work of the League of Red Cross Societies.

He had been appointed Deputy Secretary-General last June. Amongst his many responsibilities, he had taken on that of drawing up and implementing the programme of technical assistance for the development of the new National Societies. In this capacity, he had recently visited several countries in Asia and Africa. Whilst with the League, he visited more than thirty National Red Cross Societies on the five continents.

Profoundly grieved by the sudden death of Mr. W. J. Phillips, the ICRC offered its sympathy to the League, which has thus lost a most valuable member who had been entirely devoted to the cause of the Red Cross and who had shown such remarkable ability. The International Committee had always had trusting and courteous relations with him and of whom it will keep very grateful memories.

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## CHRONICLE

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### Fridtjof NANSEN

*On the 10th October, 1961, the Centenary of the birth of Fridtjof Nansen was celebrated throughout the world and his adventurous life was recalled from his first journeys in the polar regions up to the time when, still an indefatigable traveller, he devoted all his energies to the problem of prisoners and refugees.*

*He was certainly a great explorer of the arctic regions and his exploits on the vessel Fram (Forward—a wonderfully suitable name) remain legendary. He was also an extremely enthusiastic authority on oceanography and a historian of the early Vikings, but his most fitting title is that of philanthropist which he merited more than anyone. At a time when problems are often resolved by force, he showed by his everyday actions the power of the mind and the way in which a man with all his faith can profoundly stir the hearts of men and nations.*

*In April 1920 the League of Nations authorized him to study the relief measures to be taken in favour of prisoners of war and for hastening their repatriation. As he himself declared before the Assembly of the League of Nations in November of the same year, a means of repatriation was already being organized by the International Committee of the Red Cross, to whom he then paid a very fine tribute.<sup>1</sup> Having seen it in action he gave it all his support and, following his nomination as Special High Commissioner for Repatriation, he established the closest co-operation with the ICRC.*

*From then on he embarked upon the great adventure which was to occupy him completely: organizing the repatriation of prisoners of war who, in their hundreds of thousands, were waiting in despair for the moment of return to their own country. But when a heart becomes so attentive to despair, misery and loneliness of every sort cry out to it*

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<sup>1</sup> See *Revue internationale*, December, 1920.

for help. The situation of the refugees, too, was dramatic, and in February 1921, the International Committee of the Red Cross asked the League of Nations to set up a High Commission which would deal with the amelioration of the plight of Russian refugees, with particular regard to their legal status and the organization of their means of existence through work. Some months later Nansen was nominated High Commissioner of the League of Nations for Russian refugees and in this work he co-operated closely with the two organizations which had already begun a relief action, the International Committee and the Save the Children International Union. Later, in 1924, his mandate was extended to Armenian refugees, then, in 1928, to Assyrian, Assyrian-Chaldean and Turkish refugees.

Nansen spared neither time nor trouble, going to every place where his presence might signify help and hope. His practical approach served him under all circumstances. There was a terrible famine in Russia during 1921 and 1922 and he was detailed to organize a practical assistance work with which, once again, ICRC delegates were associated. Everywhere he observed that stateless refugees, deprived of their passports, could no longer travel and, therefore, could not go to countries where it would have been possible for them to find work. He immediately proposed a novel solution: the passport bearing his name, recognized by more than fifty countries and which marked a return to a new life for numerous refugees.

The Red Cross world joined whole-heartedly in the tribute to Fridtjof Nansen on the 10 October, 1961. A meeting took place in Oslo, which afforded an opportunity to remember this famous Norwegian who, in 1922, received the Noble Peace Prize, and on this occasion, the Nansen Medal was conferred on King Olaf of Norway to honour both the sovereign's personal contribution to the international work of aid to refugees and the long-standing Norwegian tradition of aid to refugees. The International Review cannot do better than reproduce an article originally published in French in its columns in May 1930, at the time of Nansen's death<sup>1</sup>. Written by Mr. Edouard-Aug. Frick, a former Delegate General of the ICRC, it describes in a most moving manner the personality and the work of a man who remains one of the great figures of our time.

(Editorial Note)

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<sup>1</sup> Translated by the Translation Section of the ICRC.

## In memory of Fridtjof NANSEN

As the afternoon was fine—the Nordic spring has a poignant softness about it—he wanted to sit down on the balcony of his house which overlooked the garden and the fjord. His daughter-in-law who was near him heard him say suddenly : “ How good it is to have planted these lime-trees in the garden . . . , their greenness is so fresh that it seems to prolong the spring ”. Then, as he appeared to nod forward, she went to him and lifted his head which had sunk to his chest. He reopened his eyes, gently kissed the forehead in front of him, said : “ Oh, yes ” and died.

I remember my first journey to Lysaker. The International Committee of the Red Cross had undertaken the enormous task of supporting and hastening the repatriation of prisoners-of-war : Russians from Austria and Germany to Russia; Germans, Austrians, Serbs, Rumanians, Italians etc. from Russia to their respective countries, often to new countries.

From the beginning the financial question was a redoubtable and seemingly insoluble problem. It was then that the League of Nations intervened and decided to ask Dr. Nansen to direct this great work of repatriation on its behalf.

The first feeling of the men already engaged on this work was one of apprehension : were they going to bureaucratize our enthusiasm ; would they act as quickly and as forcefully as circumstances demanded ?

As soon as we saw the great Nansen we were reassured ; his only thought was to serve well the work already begun, to give to it all that his name, his personal influence with Governments of different countries, his energy and his work could bring to it which would be of use.

He, who had remained apart from the struggle, lost no time in pointing out the horrors of war or the risks of victory ; he wanted

to act and act unceasingly. Nothing corresponded more directly to the intentions of the International Committee of the Red Cross and there was no occasion during the long campaign of repatriation and the subsequent effort of helping starving Russia and refugees, when Nansen did not reply immediately when he was asked for the support of his word, his pen or his active co-operation.

Need I say that he immediately conquered the hearts of those who, for ten years, were to work for him ? He possessed that gift of raising men to the level of his confidence in showing it to them, completely and absolutely, as the trusting confidence of a child.

Yet, few men know what it cost him to devote so many years to these humanitarian activities when, at his home at Lysaker his scientific work was waiting, which represented for him the life-work which he valued the most. It was nothing in his eyes to sacrifice his money, his well-being and his magnificent health, which he never spared, but not to carry through research on wind patterns, on currents, on problems of arctic navigation, that was the true sacrifice which he nevertheless offered to prisoners, those starving in the Ukraine and the Volga, to refugees of every sort and, finally, to the constant effort to introduce into the vast assembly of the League of Nations a breath of real unselfishness and altruism.

What did he look like ? Those who saw him will never forget the long silhouette to which the power of the head gave an impression of thinness ; in reality he was big and strong without an ounce of superfluous flesh on him, built to last a hundred years. One could recognize from afar his wide brimmed soft hat which he wore at a jaunty angle and his clothes, which often seemed too small for him, like those of an adolescent grown too quickly. He had a most magnificent head with a particularly vital form of thinness which gave great prominence to the bone structure. He had close-set hair, a Viking moustache and beneath the large clear forehead, eyes so blue, so alive, so frank that they revealed at a glance his great and generous heart, always ready to suffer injustice and baseness, to smile at the weak, to be enthusiastic with the young, to love the adventurous life of a crusader for good. He had the wonderful hands of a man who knew how to do everything, to construct and to repair, without forgetting how to be gentle. They moved with that tranquil firmness which security

inspires and which maintained that strength and clarity in his writing.

A film of his life should be made for the children of today and tomorrow, which would perpetuate the lesson which he taught us so many times and which can be summed up in three words : willpower, unselfishness, confidence.

We were all sceptical about the possibility of obtaining funds for repatriation. He went straight away to London, and saw members of the Government who were impressed by his reputation as an explorer and a scholar. He compelled these ever busy statesmen to consider the vastness of the problems about which he was telling them, a thing which nobody other than he could have done. He obtained promises and they knew that he would work unceasingly to see that they were kept. He recognized the importance of the Press. He interested the journalists in what he wanted to undertake and in a simple manner, like all those who achieve important results, he repeated to all those he saw a few simple ideas which they would not forget.

When it was a question of aiding Russia he left no stone unturned : journeying on the distant Volga, taking films, conferences, special appeals and appeals to the League of Nations. In all this he exerted his willpower and even today we are astonished at the results obtained.

Very few people could resist him, without doubt because of that shining unselfishness, the virtue of his which compels our respect more than any other.

I wonder if even those who thought they knew him realized that he lived an extremely modest life in his far-off Norway, that he brought his children up the hard way and that nothing gave him greater pleasure than to do himself the jobs of work in the garden and the garage. It is not generally known that he was so scrupulous in spending on himself the least portion of the considerable funds placed at his disposal for his work, that he frequently made long and uncomfortable journeys travelling second class. It is not generally known that this man, who sometimes could have done with a little more comfort around him, gave away all the money which came to him (including his Nobel Prize) in order, as he put it, to be able to accept with a clear conscience gifts such

## CHRONICLE

as that of the old Dane who, one day, sent him everything he possessed because he had been so deeply touched by Nansen's appeal on behalf of the starving.

Unselfishness and modesty, those were the two sources of his indefatigable youth and of that magnificent confidence in life and his contemporaries which he retained to the end. It was the constant theme of his talks and his books.

In substance, what he said to his readers was : Do not believe all the apostles of pessimism and anxiety. Life is beautiful, it is a magnificent adventure in which one conquers oneself by pursuing the most difficult objectives and by devoting oneself to the most arduous tasks, in seeking amidst the wastage of circumstances and the human race the silver lining from which light is suddenly diffused. Believe in the result of the struggle being waged, even if it escapes your notice.

Is not the confidence of the man who serves well, with all his strength, similar to that sense of well-being which perfect physical power gives ? Is not confidence the very root of true friendship between men, the most certain element of social balance, our obscure but constant defence against the forces of injustice, baseness and death ? And surely did he not, throughout his life, confidently follow through every work begun to its successful conclusion and did he not maintain right to the end that spirit of optimism which comes from a perennially young heart ; and that, surely, prolongs the springtime for us and for all those who still see it from afar in all our gardens, just as the lime-trees in his Norwegian orchard did for him on the day he died.

There is no need to ask ourselves what remains of the great Nansen, because we see him too well.

In the discouraging aftermath of war, which has more or less hit every one of us, he symbolizes the declaration of true youth and true faith. Just as he travelled alone or with a few friends across the vast tracks of Greenland or the moving ice-floes of the Pole, he was not afraid to stand up alone among all the doctors of politics and sociology of the time and affirm the necessity of immediate, beneficial and unselfish action wherever a cry of distress drew attention to misery which needed to be alleviated.

The generous ideas which were in the air, such as disarmament, economic liberty and ever closer ties between nations, always found in him a certain champion, and his powerful voice, accustomed to the vast, cold and echoless spaces, shouted them above all the pedantic arrangements of the diplomats and the compromises of the politicians.

None of that is lost ; forces thus exerted live on in the hearts and minds of men ; they now form part of our heritage of hope. Even now, side by side, with the grief of having lost him, there remains with us the encouragement of his shining example, the reproach and the appeal of his kindly eyes and that phrase which we shall always hear in times of duty and difficulty : " It is very important to do that at once ", because life does not wait and it demands that, like him, with the same simplicity, the same humility and the same passion for confidence, we give ourselves to it completely, even to our last " Yes ".

EDOUARD-AUG. FRICK

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## MISCELLANEOUS

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### UNIVERSAL CHILDREN'S DAY

The idea of a Universal Children's Day was launched by the International Union for Child Welfare in 1953. Indeed, on October 5, 1953, forty countries declared for the first time that a Universal Children's Day would be instituted with the purpose of "strengthening the feeling of international solidarity with regard to child welfare, emphasizing the value of efforts being undertaken in each country and on an international scale, and demonstrating what is being achieved in each country and throughout the world by private and governmental organizations."

Since then, each year UNICEF (the United Nations' organ responsible for the application of the Assembly's resolution) and the International Union for Child Welfare, with the same aim in view, stress the importance of the first Monday in October by proposing to all the countries of the world a topical theme connected with child education and protection.

Whereas in 1960 the theme which was chosen provided a contribution towards the World Mental Health Year, in 1961 the International Union for Child Welfare has aimed at drawing attention to the agents making the first and foremost contribution towards improving children's mental and physical health: the social welfare services.

*Social services for children, especially adequate preventive work, safeguard the community from delinquency and maladjustment*; this is the theme which was chosen for Universal Children's Day of October 2, 1961.

At the present moment, a theme such as this is likely to interest all the countries of the world, those which have social services for children which demand constant improvements and reorientations in keeping with new needs, as well as those which are organizing their own programmes for child welfare.

## B O O K S

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### INTERNATIONAL MIGRATIONS — 1945-1957<sup>1</sup>

As is well known, the International Labour Office, an inter-governmental organization set up in 1919, has been joined to the United Nations as a specialized Agency since 1946. Amongst the recent surveys which it has published, that dealing with international migrations since the end of the last world war merits special attention. These migrations form one of the most characteristic phenomena of contemporary life, and although they often engender much suffering, experience has proved that, on the whole, they have facilitated a better distribution of the human factors of production. It is important, however, that the migratory movements are accompanied, in the greatest measure possible, by guarantees as much for the migrants as for the host country. This is the object of the work of governments as well as the voluntary organizations which are endeavouring to solve the many problems of an economic and social order which international migrations pose, without neglecting the human aspect.

The first part of this important and clearly conveyed survey discusses political migrations: national refugees in Germany, displacement of population in Europe, immigration in Israel, displacement of population in the Middle East and Asia. In the second part, the survey goes on to analyse the question of economic migrations: trends, factors and consequences. A large number of tables illustrate and summarize the ideas and facts.

The conclusion of the work is that "even if the present conditions persist which limit the volume of international migrations at the same time as their effectiveness on the economic plane, inter-

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<sup>1</sup> Survey published by the International Labour Office (Survey and Documents, New Series, No. 54, 1960).

## BOOKS

national action in this sphere would continue to be justified. The experience of the last twelve years has, in effect, largely demonstrated its usefulness. It has been linked with that of the national governments and a large number of voluntary organizations to encompass the migrants with a more vigilant care and to ensure a better protection of their rights ”.

H. C.

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### PANAMERICANISMO DEMOCRÁTICO <sup>1</sup>

by

DIEGO URIBE VARGAS

Some time ago, the appearance of this work by Mr. Diego Uribe Vargas, Professor at the Law Faculty of Bogotá and Doctor of the International Law Academy of The Hague, was eagerly hailed by specialists in International Law. The sub-title of the book states its purpose as aiming at laying the foundations for the transformation of the continental system for the defence of human rights.

Pan-american law is already well developed in this respect, especially since the Convention of Havana of 1928, which provided for the application of International Law in the event of civil war ; however, Mr. Diego Uribe Vargas proposes to go beyond the present stage by setting up a duly constituted Pan-american court of international justice able to ensure the respect of fundamental human rights. Private persons, as well as States, would have access to this court, which would take legal proceedings against slavery, bondage, torture, degrading sentences, cruel treatment, forced labour, arbitrary arrest or imprisonment. This plan is set forth in detail in the last chapter of the book. The enunciation of the rights to be guaranteed and the general ideas on the formation and pro-

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<sup>1</sup> *Ediciones Nuevo Signo, Bogotá.*

cedure of the court constitute a very original and constructive contribution towards a thorough examination of this important international question.

Those who are concerned about the future of humanitarian law cannot but be interested by this book with its clear, concise style and its reliable, scientifically presented documentation. It can be said that this subject is becoming daily more topical in view of the countless breaches of personal rights which are taking place so frequently everywhere in the world.

This was justly remarked by Professor J. M. Yepés, Honorary President of the American Hispano-Portuguese Institute of International Law, who, with the authority which his name inspires, has written a fine preface to the book. As Professor Yepés so rightly points out, "the position of the individual in the face of International Law is one of the problems with which law specialists are most occupied nowadays. In reality, this is perhaps the question which provides the most radical difference between the new International Law and that which could be called prehistoric International Law—which is unfortunately what is still taught in some of our universities. The place of the individual as the subject of International Law is a principle which is becoming more and more a part of the modern legal doctrine and practice of States".

*H. C.*

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

(AGREED AND AMENDED ON SEPTEMBER 25, 1952)

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

It shall be a constituent part of the International Red Cross<sup>1</sup>.

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

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

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

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

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

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<sup>1</sup> The International Red Cross comprises the National Red Cross Societies, the International Committee of the Red Cross and the League of Red Cross Societies. The term “*National Red Cross Societies*” includes the Red Crescent Societies and the Red Lion and Sun Society.

- (c) to undertake the tasks incumbent on it under the Geneva Conventions, to work for the faithful application of these Conventions and to take cognizance of any complaints regarding alleged breaches of the humanitarian Conventions ;
- (d) to take action in its capacity as a neutral institution, especially in case of war, civil war or internal strife; to endeavour to ensure at all times that the military and civilian victims of such conflicts and of their direct results receive protection and assistance, and to serve, in humanitarian matters, as an intermediary between the parties ;
- (e) to contribute, in view of such conflicts, to the preparation and development of medical personnel and medical equipment, in co-operation with the Red Cross organizations, the medical services of the armed forces, and other competent authorities ;
- (f) to work for the continual improvement of humanitarian international law and for the better understanding and diffusion of the Geneva Conventions and to prepare for their possible extension;
- (g) to accept the mandates entrusted to it by the International Conferences of the Red Cross.

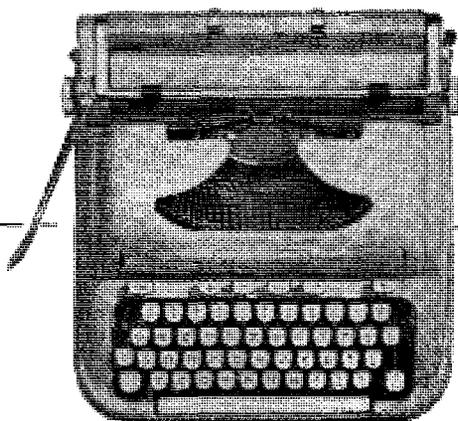
The ICRC may also take any humanitarian initiative which comes within its rôle as a specifically neutral and independent institution and consider any question requiring examination by such an institution.

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

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## ***Some publications of the ICRC***

The International Committee publishes works on law and on humanitarian ideas. The following have been published or reprinted recently :

**The Geneva Conventions of August 12, 1949.** *Geneva, 1949.* 249 p., Sw. fr. 8.—.

**The Geneva Conventions of August 12, 1949.** *Brief Summary for Members of the Armed Forces and the General Public. — Geneva, 1951.* 13 p., Sw. fr. 1.—.

**Commentaries** *published under the general editorship of Jean S. Pictet, Director for General Affairs of the International Committee of the Red Cross. (Translated from the original French):*

**I. Geneva Convention for the Amelioration of the Condition of the Wounded and Sick in Armed Forces in the Field.** — *Geneva, 1952.* 466 p., *paper-back Sw. fr. 12.—; bound Sw. fr. 15.—.*

**II. Geneva Convention for the Amelioration of the Condition of Wounded, Sick and Shipwrecked Members of Armed Forces at Sea.** — *Geneva, 1960.* 320 p., *paper-back Sw. fr. 15.—; bound Sw. fr. 20.—.*

**III. Geneva Convention relative to the Treatment of Prisoners of War.** — *Geneva, 1960.* 764 p., *paper-back Sw. fr. 30.—; bound Sw. fr. 35.—.*

**IV. Geneva Convention relative to the Protection of Civilian Persons in Time of War.** — *Geneva, 1958.* 660 p., *paper-back Sw. fr. 25.—; bound Sw. fr. 30.—.*

## ***Some publications of the ICRC***

**Reservations to the 1949 Geneva Conventions**, by *Claude Pilloud*.  
— Geneva, 1958. 29 p., Sw. fr. 2.—.

**The International Committee of the Red Cross (ICRC)**. *What it is—What it does*. Geneva, 1960. *Illus.*, Sw. fr. 0.50.

**Red Cross Principles**, by *Jean S. Pictet*. *Preface by Max Huber*.  
Geneva, 1956. 154 p., Sw. fr. 7.—.

**The Red Cross and Peace**, by *Jean-G. Lossier*.—Geneva, 1951.  
31 p., Sw. fr. 2.—.

**The Red Cross and Peace**, by *Jean S. Pictet*. — Geneva, 1951.  
11 p., Sw. fr. 1.—.

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— Geneva, 1951. 9 p., Sw. fr. 0.25.

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The above publications can be obtained from the headquarters of the ICRC, 7, avenue de la Paix, Geneva (Switzerland).

## ADDRESSES OF CENTRAL COMMITTEES

- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga Barrikadavet, *Tirana*.
- ARGENTINE — Argentine Red Cross, Victoria 2068 (R.72), *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3, Gusshausstrasse, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels*.
- BOLIVIA — Bolivian Red Cross, 135 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, High Court Building, *Rangoon*.
- CAMBODIA — Cambodian Red Cross, 8 Phlaur Ang Nonn, P.O.B. 94, *Pnom-Penh*.
- CANADA — Canadian Red Cross, 95, Wellesley Street East, *Toronto 5*.
- CEYLON — Ceylon Red Cross, 106, Turret Road, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, *Santiago de Chile*.
- CHINA (People's Republic) — Red Cross Society of China, 22, Kanmein Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross; Carrera 7a, 34-65 Apartado nacional 11-10, *Bogota*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a Sur, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Ignacio Agramonte 461, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague III*.
- DENMARK — Danish Red Cross, Platanvej 22, *Copenhagen V*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Galvan 24, Apartado 1293, *Ciudad Trujillo*.
- ECUADOR — Ecuadorian Red Cross, Avenida Colombia y Elizalde 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu I A, *Helsinki*.
- FRANCE — French Red Cross, 17, rue Quentin-Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, *Bonn*.
- GHANA — Ghana Red Cross, *Accra*.
- GREAT BRITAIN — British Red Cross, 14 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Greek Red Cross, rue Lycavitou 1, *Athens*.
- GUATEMALA — Guatemalan Red Cross, 4a Calle 11-42, Zona 1, *Guatemala*.
- HAITI — Haiti Red Cross, rue Férou, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Thorvaldsensstraeti 6, *Reykjavik*.
- INDIA — Indian Red Cross, 1 Red Cross Road, *New Delhi 2*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, *Baghdad*.
- IRELAND — Irish Red Cross, 25 Westland Row, *Dublin*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, *Tokyo*.
- JORDAN — Jordan Red Crescent, *Amman*.
- KOREA (Democratic Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyeongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, Korean Red Cross Building 32-3 Ka Nam San-Dong, *Seoul*.
- LAOS — Laotian Red Cross, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

## ADDRESSES OF CENTRAL COMMITTEES

- LIBERIA — Liberian National Red Cross, Camp Johnson Road, *Monrovia*.
- LIBYA — Libyan Red Crescent, Sharia Gasser Hamed, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, *Vaduz*.
- LUXEMBURG — Luxembourg Red Cross, Parc de la Ville, *Luxemburg*.
- MEXICO — Mexican Red Cross, Sinaloa 20, 4<sup>o</sup> piso, *Mexico 7, D.F.*
- MONACO — Red Cross of Monaco, quai des Etats-Unis, *Monaco*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, *Ulan-Bator*.
- MOROCCO — Moroccan Red Crescent, rue Calmette, *Rabat*.
- NETHERLANDS — Netherlands Red Cross, 27 Prinsessegracht, *The Hague*.
- NEW ZEALAND — New Zealand Red Cross, 61 Dixon Street, P.O.B. 6073, *Wellington C. 2*.
- NICARAGUA — Nicaraguan Red Cross, 12 Avenida Nordeste, 305, *Managua, D.N.C.A.*
- NIGERIA — The Nigerian Red Cross Society, 2, Makoko Road, P.O. Box 764, *Lagos*.
- NORWAY — Norwegian Red Cross, Parkveien 33b, *Oslo*.
- PAKISTAN — Pakistan Red Cross, Frere Street, *Karachi 4*.
- PANAMA — Panamanian Red Cross, *Panama*.
- PARAGUAY — Paraguayan Red Cross, calle André Barbero y Artigas, *Asunción*.
- PERU — Peruvian Red Cross, Tarapaca 881, *Lima*.
- PHILIPPINES — Philippines National Red Cross, 600 Isaac Peral Street, P.O.B. 280, *Manila*.
- POLAND — Polish Red Cross, Mokotowska 14, *Warsaw*.
- PORTUGAL — Portuguese Red Cross, General Secretarship, Jardim 9 de Abril, 1 a 5, *Lisbon*.
- RUMANIA — Rumanian Red Cross, Strada Biserica Amzei 29, C.P. 729, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente, 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross, *San Marino*.
- SOUTH AFRICA (Republic) — South African Red Cross, 304, Barclay's Bank Building, 14 Hollard Street, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid, 10*.
- SUDAN — Sudanese Red Crescent, *Khartum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, *Stockholm 14*.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse 8, *Berne*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés, P.O. Box 655, *Lome*.
- TUNISIA — Tunisian Red Crescent, 1, Avenue de Carthage, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir, *Ankara*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American Red Cross, National Headquarters, 17th and D Streets, N.W., *Washington 6, D.C.*
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Kouznetsky Most 18/7, *Moscow*.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No 4, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triez, *Hanoi*.
- VIET NAM (Republic) — Red Cross of the Republic of Viet Nam, 201, duong Hồng-Tháp-Tu, *Saigon*.
- YUGOSLAVIA — Yugoslav Red Cross, Simina ulica broj 19, *Belgrade*.