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# **international review of the red cross**



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# INTERNATIONAL REVIEW OF THE RED CROSS

DECEMBER 1970 - No. 117

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*DURING THE FRANCO-PRUSSIAN WAR OF 1870-1871*

## The Birth of Red Cross Solidarity

by V. Segesvary

### INTRODUCTION

1870-1871: the Franco-Prussian war! A terrible event which shook all Europe; the slaughter of battle, blood, suffering, hundreds of thousands of prisoners, privation both for civilian populations and the military forces—horrors which, nevertheless, gave rise to an entirely new phenomenon of capital importance in the history of humanity. It was a war which marked the beginning of the great universal movement of Red Cross solidarity.

“Political neutrality is not human indifference”. This motto of the Belgian Red Cross Society was understood by millions of men and has for 100 years resounded among all people who work to save lives or improve the lot of mankind.

That solidarity has assumed many forms and convinced people who previously had been sceptical of the necessity and utility of the Red Cross mission.

“The flood of charity has continued unabated and we cannot think without a feeling of horror of what the plight of thousands of wounded who benefited from its salutary effects would have been if the official medical service had been left to its own devices, as was nearly always the case in wars previous to the advent of the Red Cross”.<sup>1</sup>

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<sup>1</sup> Gustave Moynier—*Bulletin international des Sociétés de Secours aux militaires blessés*, Geneva.

## THE BIRTH OF RED CROSS SOLIDARITY

National Aid Societies for the nursing of the sick and wounded in the field—as Red Cross Societies were then known—from twelve countries not involved in the conflict—Austria, Belgium, Great Britain, Holland, Italy, Luxembourg, Norway, Portugal, Russia, Spain, Sweden and Switzerland—participated in this great surge of solidarity. Doctors and relief supplies arrived also from the United States of America which at that time did not have a Society.

Of course, the Red Cross Societies of the two belligerent countries, France and Germany (Prussia was the leading power of the German Federation, its partners being associated in the operations) made enormous efforts and were the first on the fields of battle to alleviate without distinction of nationality the suffering of the soldiers. Many reports and abundant literature on the subject mention the activities of these societies and show the value and scope of the vast amount of work they accomplished. However, we shall not deal with that here, our subject being the solidarity displayed by the Red Cross Societies of other countries.

The International Committee, in Geneva, directed by the Berlin Conference in 1869 to set up in time of war a mail and information bureau for the purpose of facilitating “the exchange of communications among committees and the forwarding of relief”, founded in July 1870 the International Agency in Basle. The latter received and forwarded much relief and many letters and messages. To the areas where the fighting was raging, it sent medical and nursing personnel recruited from volunteers or made available by governments and National Societies.

A full account of the work in favour of wounded and sick soldiers and distressed civilian populations would cover hundreds of pages. We shall limit ourselves here to giving an outline by analysing the main activities and characteristics of the assistance given by each society or country.<sup>1</sup>

\*

Obviously the foreign Societies' efforts in solidarity, like the action of the Societies of the belligerent States, were to follow

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<sup>1</sup> *Plate.*

## THE BIRTH OF RED CROSS SOLIDARITY

very closely the development of the military operations. Consequently there were two distinct phases to the movement of Red Cross solidarity in 1870-71:

The first phase lasted for about three months, starting on August 5th, the day on which the battle of Wissembourg was fought. The work of the ambulances and the relief and medical supplies were concentrated at that time in the North-East of France along the frontiers with Belgium, Luxembourg and Germany, particularly in the regions of Metz and Sedan where the gory battles of Froeschwiller, Forbach, Gravelotte, Saint-Privat, Beaumont and Pont-à-Mousson took place. Assistance from neighbouring countries such as Luxembourg and Belgium and from the International Agency in Basle, adjoining Alsace, was of major importance, although the relief supplies, medical personnel and ambulances sent by the English and Dutch Societies also played a considerable role.

The second phase lasted from November 1870 to March 1871. Assistance moved to the north-west, centre and east of France following the rapid advance of the Prussian offensive towards Paris and following the movement of the armies of the Loire, the North and the East. During that time, the assistance provided by the British, Dutch, Swiss and Russian Societies increased whilst that from the countries surrounding the initial theatre of operations virtually ceased in the case of Luxembourg, or was reduced in the case of Belgium.

The concentration of assistance in the areas mentioned did not mean that material assistance was no longer necessary behind the lines, hundreds of kilometres from the front in places to which the seriously wounded, the sick and the prisoners were taken. Red Cross solidarity, taking the form of material and financial relief as well as medical assistance was in evidence everywhere. Consignments sent by the British Society from its large depot in London made their way as far as the provinces of the West, South-West and South of France. A Dutch ambulance rendered signal service at Bordeaux. These are but two examples of the action undertaken by Societies of countries not engaged in the conflict.

The same solidarity was in evidence also in Prussia and other States of the German Confederation in the course of the two

## THE BIRTH OF RED CROSS SOLIDARITY

phases of the war. The extent and rapidity of the French defeat and, consequently, the large number of wounded or sick prisoners taken to the medical establishments in towns and villages on German territory, took the various Prussian and other organizations which looked after the military wounded and sick by surprise. In spite of their excellent preparation, their equipment which would have been satisfactory had conditions not been far worse than anticipated, and their well trained staff, they were overwhelmed. The tragic events of autumn 1870 and the early months of 1871 brought them some 300,000 French prisoners, most of them in need of medical care, clothing and special restorative feeding. Medical facilities and material assistance provided by the Societies of other countries were therefore very welcome.

A word must also be said about the manifestations of solidarity in the countries surrounding the theatre of military operations. Belgium and Luxembourg set up field stations and ambulances which took in a large number of military wounded and sick. Switzerland not only followed that example; she gave shelter to the whole of General Bourbaki's army; some 90,000 men with nothing but some remnants of their clothes were distributed among the country's hospitals and convalescent homes or in well-appointed camps where the necessary care was lavished upon them.

### AMBULANCES AND MEDICAL PERSONNEL

During the war of 1870-71 the term "ambulance" was used for a wide variety of foreign operational units: field ambulances, mobile ambulances, station ambulances, fixed ambulances or depots for the wounded and even ambulances attached to a hospital of one of the Parties to the conflict (but in which foreign personnel served) equipped and financed by a Society of a country not involved in the conflict. It meant, in any case, mobility, the possibility of following the army in its movements. Indeed, several foreign ambulances working in France or in Germany were sent to other regions after discharging the mission which they had been assigned. Their medical personnel joined other ambulances or returned home to form new units ready to go to some other destination.



## THE BIRTH OF RED CROSS SOLIDARITY

Foreign ambulances fulfilled several missions simultaneously:

— in the field ambulances, the wounded at the battlefield were bandaged and sent to the fixed medical establishments behind the lines;

— in the fixed ambulances, the wounded and the numerous victims of epidemics, exhaustion, cold and hardship were cared for. When the ambulance had to move or was withdrawn from service the wounded and sick who had not recovered were transferred to a military or civilian hospital.

Railway station ambulances were of particular importance. The wounded and the sick suffered during their conveyance. They were packed in convoys of third-class coaches or goods wagons. There were neither doctors nor medical supplies; sometimes there was nothing to eat. The men were knocked about during transport, they were hungry, their wounds were re-opened by the movement and fatigue. In the station ambulances their dressings were changed, medicaments were administered and, even more important, they were fed and were able to refresh themselves. It was the doctors and delegates of the British Society who stressed the need for this inestimable service.

### BELGIUM

The Belgian ambulances were the first on the field of battle. The central committee of the *Association belge de secours aux militaires blessés en temps de guerre*<sup>1</sup> in Brussels sent ambulances to Sarrebrück (200 wounded and sick), Trier (200 wounded), Valckenberg (40-50 wounded), Sedan (100 wounded and sick), Givonne, Balan (60-65 wounded), Brévilly (50 beds), Mouzon (more than 80 wounded cared for simultaneously), Pourru-Saint-Rémy (25 wounded), Metz (300 French wounded and sick and some wounded Germans), Maubeuge (30 beds), Arleux (20 beds), Ruitz, near Arras (20 beds), Saint-Quentin where there were two Belgian ambulances, the Faubourg Saint-Jean ambulance (30 wounded) and the Anglo-Belgian ambulance (20 beds), Cambrai (105 beds), Lehaucourt and Bellen-

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<sup>1</sup> The future Belgian Red Cross.

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glise (40 wounded) and Paris, the headquarters of the Belgian mobile ambulance which rendered enormous service by collecting the wounded from the battlefields at Epinay, Petit-Brie, Villiers-sur-Marne, Champigny, Charenton, Bourget and Montretout. This mobile ambulance comprised 150 persons forming eight teams each of which was split into four-man detachments.

In addition to the Brussels Committee, local committees were formed in the towns—the more active being those of Antwerp and Liège—which made appeals to the local population and sent relief and ambulances to areas where fighting was raging. The Antwerp Committee, for example, fitted out an ambulance which was installed at Arras. Several mobile ambulances were organized by private individuals, such as Mr. and Mrs. Leroy whose ambulance scoured the battlefields from Willer and Beaumont to Bazeilles and Sedan and from Bapaume to Saint-Quentin.

The Belgian association also equipped ambulances on its own territory to receive the wounded who came in large numbers. At Brussels there was a large Red Cross field hospital of six huts each containing 30 beds. There were ambulances at Anderlecht-Cureghem (40 beds), Laeken (22 wounded), Saint-Gilles (20 beds), Uccle (40 beds), Bouillon (80 wounded), La Soye near Virton (20 wounded) and at Tirmont (11 wounded). The ambulance at Bouillon acquired considerable importance; the town was a stopover for convoys of wounded to Germany and Belgium.

## LUXEMBOURG

Luxembourg also made strenuous efforts from the outset of the fighting. When needs were at their height, the Luxembourg Committee sent to the fields of battle more than 50 persons, including ten doctors, seven clergymen, pharmacists, nurses, and workers to forward relief supplies. At that time there were in the Grand-Duchy 48 doctors and surgeons, 27 of whom took part in this surge of solidarity, working in the field hospital set up in Luxembourg itself.

As early as August 7th 1870, seven Luxembourg doctors with a good number of volunteers set out for Sarrebrück where, for

## THE BIRTH OF RED CROSS SOLIDARITY

eight days, they lavished indispensable care upon the French and German wounded. From August 16th, following the terrible battle near Metz, eight doctors and eight assistants went to that town; two other doctors went there to help them a few days later. Several others who set out for Metz were held up at Thionville and had to return. Seven doctors and their assistants—a complete ambulance—reached Sarrelouis in order to give first aid to the military wounded who were in that town. They moved to Ars-sur-Moselle in order to be nearer to Metz.

At La Moncelle, 600 wounded were cared for in four ambulances with three Luxembourg doctors. There were also Luxembourg medical personnel at Douzy and in the Château de Bazeilles. On September 9th a medical team of six doctors and 13 male nurses went to Sedan.

### THE NETHERLANDS

The Netherlands Society Central Committee decided to send fully equipped ambulances to the theatre of operations, together with medical personnel, nurses, instruments, beds, stretchers, medical supplies and the necessary food. In addition, the ambulances of the regional and town committees—Amsterdam, Rotterdam, The Hague—undertook the organization and equipping of ambulances. This was typical, throughout the Franco-Prussian War, of the medical assistance with which the Netherlands provided the belligerent armies. There were some exceptional cases in which the Central Committee agreed to send several doctors and not a fixed ambulance. It did so for the German field and general hospitals at Düsseldorf, Wesel and Neuwied, which were distressingly short of doctors but did not require complete ambulance units.

Although the central committee had a good number of doctors available, it soon became obvious that it could not meet all demands. It therefore applied to the Netherlands Army Medical Service for reinforcements. Officers of that service were then authorized to join the Netherlands Red Cross ambulances: twenty-one army doctors and four navy doctors took part in this demonstration of solidarity in France or in Germany.

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Holland provided eight fixed and one mobile ambulance, the latter in Paris where it was known as the Franco-Netherlands ambulance but was in fact international: the four doctors were Dutch but the remaining personnel comprised one German (from Hanover), one Swiss, one Rumanian, one Belgian, one Italian and fifteen French. It was a railway wagon with a large marquee capable of giving shelter to eighty patients. This ambulance took care of 120 wounded at Pouilly-sur-Meuse, then returned to Paris. At the beginning of October 1870 it ceased to function when the French ambulances were reorganized and its own funds were exhausted.

The Netherlands fixed ambulances were based at:

- 1) *Sarrebrück-Trier*. With twenty-two doctors, nurses and other workers, this ambulance operated for six weeks from August 16th. Between 200 and 300 wounded were being treated there at the end of August. Twelve members of its staff went to Trier where they cared for 250 wounded. This ambulance, which had been organized by the Amsterdam Committee, received large consignments of medical supplies, food and clothing from Nimègue, Bois-le-Duc and Maastricht.
- 2) *Mannheim*. The ambulance here had been organized by the Utrecht Committee. It consisted of a field hospital and several tents. The personnel included five doctors, five medical students, seven male and female nurses and other employees. It cared for thirty-four patients simultaneously. Some of its doctors also worked in the town's dressing-stations and hospitals to help the local medical service, and also in the station dressing-post where they dealt with more than seventeen thousand men who came through in sixty trains. This ambulance was disbanded at the end of October.
- 3) *Versailles*. Four doctors and several employees worked at this ambulance from mid-October to the beginning of December. It was installed in the Palais de Versailles and until the arrival of the Prussian troops it was not used to anything like capacity. In spite of its facilities for the treatment of two hundred wounded or sick, it had only 25 inmates in all. Following the surrender of Versailles it was reorganized under the authority of the occupation army. During that time, the Dutch doctors tended 70

## THE BIRTH OF RED CROSS SOLIDARITY

soldiers, only eight of whom were French. This rather upset the Dutch officials who, according to their instructions, were to take care of the casualties of the retreating army rather than those of the victor. Nevertheless, that did not prevent the Dutch and Prussian medical personnel from working smoothly together. Even when the ambulance was disbanded, two Dutch military doctors stayed behind to help their Prussian colleagues.

- 4) *La Chapelle*. The ambulance here was provided by the Rotterdam Committee. It had five doctors, eleven male and female nurses and assistants and two administrators. It was equipped to take 100 wounded or sick. The ambulance operated for six weeks from September 13th 1870 and tended 83 wounded. In addition, its personnel pitched a marquee for use as a station ambulance.
- 5) *Balan*. "According to reliable news from eye-witnesses, there was the most frightful accumulation of sick and wounded imaginable at Sedan towards mid-September"<sup>1</sup>. These casualties had neither medical care nor the most elementary relief.

At that time, the French ambulances had been disbanded following the siege of Paris. The Balan ambulance, which had been equipped by the Bois-le-Duc Committee, was set up in four villas some twenty minutes from Sedan. It had room for seventy casualties. The personnel comprised three military doctors, one civilian doctor, four medical students and three male nurses. This ambulance tended 67 wounded, eight of whom were Bavarians or Prussians. It ceased its work in the second fortnight of November after two months of strenuous operation. Even two months after its departure, sixteen of its inmates were being treated at Sedan, due to the lack of artificial legs. According to the Sedan hospital, the Dutch had these artificial limbs made and sent them to their former *protégés*.

- 6) *Metz*. The ambulance here, after operating from mid-October 1870 to the 1st March 1871, was divided into two sections: one in a wooden construction in the Jardin Fabert, where four doctors and two Dutch ladies worked; the other in a private villa, operated by three doctors, one medical student and one lady. The nursing service was provided by the nuns from the Peltre convent. Throughout the winter the number of wounded cared for varied between 55 and 58; most of them were French.

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<sup>1</sup> Report by the Netherlands Central Committee.

## THE BIRTH OF RED CROSS SOLIDARITY

The store shared by both sections contained medical supplies, foodstuffs, clothing, bedding and blankets, provided not only by the Dutch Red Cross but also by the Amsterdam, Bois-le-Duc, Eindhoven, Breda, Groningen and Utrecht Committees.

Provisions were also distributed in the German dressing-stations in the town.

In this ambulance, as in most others, the doctors discharged their mission with the greatest dedication. Dr. Praeger, head doctor of the second section, himself contracted an epidemic disease which proved fatal.

Two other aspects of the work undertaken by this hospital were the vaccination of the Metz and neighbouring population against smallpox, and the distribution to local doctors of vaccines provided by Amsterdam and Rotterdam.

- 7) *Le Havre*. The advance of the German troops towards the north and west of France being an omen of large-scale battles in that region, the Netherlands Red Cross Central Committee decided to send an ambulance to Le Havre. It arrived on December 16th and was set up in the Frascati hotel in Sainte-Adresse, where 100 beds were available. Its equipment was provided by the Committees of Amsterdam, Rotterdam, The Hague and Delft. The personnel comprised three doctors of the Netherlands Royal Navy and male nurses whose services were made available by the Delft Committee. In all there were five doctors—one being the Swiss Dr. Kunzly—two medical students and seven male nurses.

It turned out to be a white elephant. During its first fortnight it was without patients. When the first casualties did arrive toward the end of 1870, they were suffering from such commonplace ailments as bronchitis, rheumatism, angina, etc. The medical staff was most disappointed: they had expected to make themselves valuable to the wounded and to be nearer to the fighting. The number of patients during its nine weeks of activity amounted to 166.

When, in February 1871, the armistice was prolonged and seemed to augur well for peace, the Netherlands ambulance was disbanded. Much of the equipment was given to Dr. Monod's French ambulance at Mézidon in the Calvados area.

- 8) *Bordeaux*. The Loire Army having no satisfactory medical service, the Dutch Red Cross set up at Bordeaux an ambulance

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with capacity for 150 inmates. It was led by the former Netherlands commissioner for Sarrebrück. The rest of its personnel comprised three doctors—including Dr. Vermyne, former chief physician of the Balan ambulance, and Dr. van der Horst, formerly head of the Franco-Dutch ambulance—five medical students and six male and female nurses as well as several ladies.

From December 22nd 1870 to March 4th 1871, the ambulance tended 360 men of the Loire Army, most of them sick but not wounded. Due to the severe temperature changes and unsatisfactory accommodation a good part of the staff left the ambulance.

The town became the new headquarters of the Government which had first transferred to Tours. The equipment, valued at 15,000 francs, was handed over to the Bordeaux Committee of the French Red Cross which, as a sign of gratitude, retained the Netherlands flag and the name *Ambulance Néerlandaise*.

- 9) *Lille*. The equipment for this ambulance was transferred from those at Balan and Le Havre and the Dutch personnel—Dr. Veendam and two medical students, among others—arrived when the German dressing-station at Neuwied was closed. They were joined at Lille by Colonel Dr. de Heyfelder, who had been sent from Russia and had worked at Neuwied. There were also three male nurses and three nuns. During the 82 days from February 11th to May 5th 1871 the ambulance received French wounded; there were no sick. Many of the wounds were of scientific interest—amputations or abscissions. According to Dr. de Heyfelder, the results demonstrated that “wounds, even when improperly treated or completely neglected, can still be cured by intelligent and intensive treatment”.

In addition to these ambulances, the Dutch Red Cross Society also sent doctors and assistants to the Düsseldorf, Wesel and Neuwied dressing-stations. Düsseldorf became one of the main stations for the wounded of the German Army of the North, due to its healthy situation and its many roads, and this explained the shortage of local resources and of doctors to meet the needs of the many wounded and sick who streamed into the town.

The Netherlands assistance “consisted in remedying the shortage of medical personnel, food, drink and other primary necessities,

## THE BIRTH OF RED CROSS SOLIDARITY

and in providing whatever was required to raise the standard of treatment for the wounded and the sick in the barracks to that of treatment in a well-organized hospital".<sup>1</sup> As early as August 22nd 1870, five doctors and two medical students left for Düsseldorf with surgical instruments. They were followed by a male nurse and four female nurses. The expedition was under the authority of a member of the Central Committee acting as an administrative officer. He it was who organized a large depot in Düsseldorf, supervised activities and took note of needs in the other two localities, Wesel and Neuwied. He also had built, with assistance from the Dutch citizens residing in the area, three wooden huts to be used as dressing-stations in order to overcome the constant shortage of premises.

Two doctors and two medical students went to Neuwied where they rendered signal service up to the end of February 1871. In Wesel, three Dutch army doctors worked with the local medical staff until mid-March 1871, tending daily from 400 to 535 typhus and dysentery patients.

### ENGLAND

In England the Red Cross Society was founded in 1870 in order to respond to the appeal for solidarity which was launched during the Franco-Prussian War. It organized fewer complete ambulances but sent many doctors and nurses to the ambulances and hospitals belonging to the belligerent armies and to the Societies of other neutral countries. Indeed, the British Society's strength in the field was considerable during the Franco-Prussian War of 1870 to 1871: 62 surgeons, 25 female nurses and nuns, 23 nurse-stretcher-bearers and 103 agents, representatives, heads of warehouses and other employees.

The ambulance which must first be mentioned is the one which was known as the Anglo-American ambulance, part of its personnel being American. It was run by Dr. Sims (American) and Dr. MacCormack (British) and had 14 surgeons on its staff. It was organized in Paris and left the capital for Sedan on August 28th 1870 just before the big September battle. It was set up in the Ashfeld barracks

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<sup>1</sup> Report by the Netherlands Central Committee.



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at Sedan. In the early days of its existence it treated 400 wounded French and German.

Two of the British doctors, Dr. Frank and Dr. Blewitt, left the ambulance at Sedan to start the Balan ambulance at Bazeilles on August 31st 1870. This ambulance treated 200-300 wounded.

During the first phase of the Franco-Prussian War the British personnel attached to the belligerents comprised:

5 surgeons and 1 male nurse at Douzy	1 surgeon at Bouillon (Belgium)
3 surgeons at Briey	3 surgeons at Arlon (Belgium)
1 surgeon at Châlons-sur-Marne	1 surgeon at Sarrebrück
2 surgeons at Stenay	2 surgeons at Metz
4 surgeons at Beaumont	1 surgeon at Pont-à-Mousson and
1 surgeon and 2 male nurses at Donchery	2 surgeons at Autrecourt

At the same time the British Society endeavoured to supplement the medical personnel in the German hospitals who were overwhelmed by the flow of wounded and sick. There were four English surgeons at Darmstadt, two at Hanau and one at Cologne. At Bingen, the British, with the help of the Prussian Society, set up a field hospital operated by twelve surgeons. It was, however, too far from the front and was never fully used.

During the second phase of the war, that is the campaign on the Loire, the Anglo-American ambulance, having completed its work at Sedan, went to Orleans. It was there directed by the British Dr. Pratt, and staffed by English and American surgeons.

The "Woolwich Ambulance" set up by the British Army Medical Service, was the largest undertaking of the British Society. The ambulance was capable of caring for 200 patients. It included an operating theatre, tents and a kitchen, and could operate as a fixed hospital. It had equipment for eight field ambulances and twelve wagon-loads of all the necessary supplies. It was under Dr. Guy, Assistant Inspector General of the British Army Hospitals. His staff consisted of 12 doctors and 27 male nurses and auxiliaries. It was installed at Versailles in the second fortnight of October and it cared for 200 soldiers stricken by typhus and dysentery.

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When difficulties arose between the managers of the ambulance and the authorities of the Prussian Army, its activities at Versailles suddenly ceased and it was split into three smaller units. The first of these scoured the battlefields in a triangle of which the angles were Versailles, Le Mans, and Beaune-la-Rolande, its sides passing through Châteauneuf, Nogent, Châteaudun, Chartres, Tours and Orleans. It gave care to wounded and sick in 28 places. All its trucks were permanently in use for the transport of French and Prussian wounded from the field of battle. The second and third ambulance units were also mobile in the same region. Each visited some 30 places. The second worked from bases at Auneux, Chartres, Meung, Le Mans and Connerré, while the third made longer stops at Saint-Germain, Angerville, Beaune-la-Rolande, Blois and Le Mans. At Blois, it took over for a month the old castle where 300 casualties were tended, many of them seriously wounded. The three ambulances were supplied by the British Society's large store at Versailles.

### SWITZERLAND

Details of the medical assistance given by Switzerland are dispersed and no overall report has been published on such activities. Most of the medical personnel having gone into action through the International Agency at Basle, that organization's reports are the best sources of information.

From the very start of the conflict, General Hans Herzog, Commander-in-Chief of the Swiss Army, launched an appeal authorizing and inviting military physicians to render assistance to the medical services of the two belligerent armies. By November 1st 1870, 146 doctors and 40 medical students had offered to go to the theatre of operations. Apart from these doctors, who were sent officially, others took part in the movement of solidarity, either through the Agency in Basle or through the National Aid Societies for the nursing of the sick and wounded in the field. For instance, Professor Socin, of Basle, was for several months in charge of the large station dressing-post at Karlsruhe, where he was assisted by several other doctors from Basle. Dr. Louis Appia, one of the founders of the Red Cross and a member of the International Com-

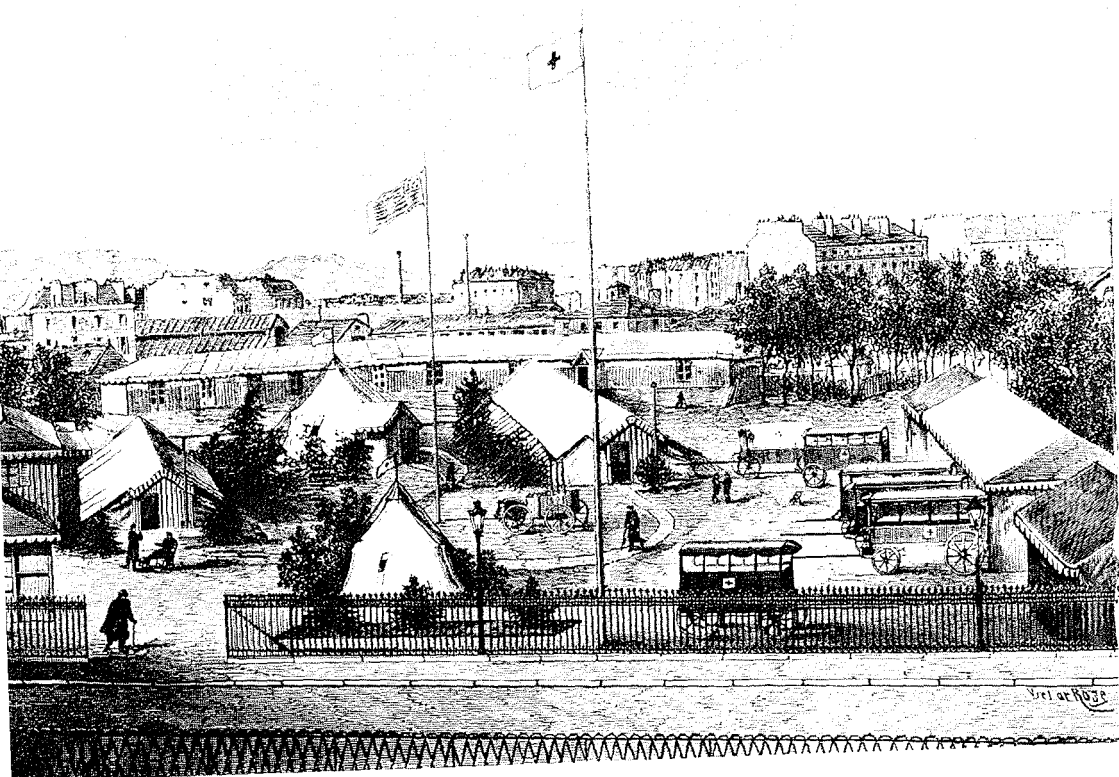




At Metz, a Belgian Red Cross ambulance...



... and a British Red Cross food depot.



Under the sign of the red cross: an Anglo-American ambulance in Paris, 1870.

## THE BIRTH OF RED CROSS SOLIDARITY

mittee in Geneva, gave his services in dressing-stations, particularly at Epernay and Versailles, throughout the duration.

During the first phase of the war, many Swiss doctors were working in the ambulances and hospitals in the north-east of France: six at Pont-à-Mousson, one at Remilly, one at Montceaux-Mines and one at Trémery in the region of Metz.

At that time a Swiss ambulance, comprising 14 doctor volunteers from the French-speaking part of Switzerland, under Dr. Rouge, Head Physician of the Cantonal Hospital in Lausanne, was organized in Paris under the auspices of the French Committee. The Swiss Federal Council made doctors available. The ambulance left the French capital for Châlons-sur-Marne, on August 21st 1870, with twelve French male nurses and the Swiss doctors. Its objective was to set up a field hospital at Châlons. However, instructions were changed at Reims, due to the evacuation of the Châlons camp, and the ambulance was attached to the Seventh Corps. It followed that army and set up at Vouziers, in the Ardennes, where it organized a hospital in which 300 to 400 wounded and sick were cared for. During the large battles which were fought in that region, the Swiss ambulance personnel roamed the region of Sonmauthe, Beaumont and Sedan, collecting the wounded. After the defeat of the French Army and the surrender at Sedan, the Swiss ambulance considered its mission terminated. It was disbanded and the doctors returned to Switzerland.

When the theatre of operations moved toward the centre and west of France, Swiss doctors went to Orleans, Puiseaux, near Pithiviers, to the north of Orleans and to Tillay-le-Peneux, between Orgères and Arthenay, on the northern edge of the battlefield of Orleans.

The fierce fighting between the French and German armies in the regions near Switzerland was an occasion for medical personnel to dedicate themselves to the alleviation of the distress of those suffering from wounds, disease and exposure. After the battles of Villersexel and Montbéliard, many doctors and nurses were sent by the Agency in Basle to the main centres. More than 30 Swiss doctors, mostly from Zurich, worked in a triangular area, between Belfort, Lure and Pontarlier. Others served at La Chapelle, near

## THE BIRTH OF RED CROSS SOLIDARITY

Belfort, at Héricourt, at Contenas, at Baume-les-Dames, at Châtenois and at Montbéliard.

The Winterthur Committee sent to Lure a fully equipped 50-bed ambulance at which several doctors, three male nurses and four nuns gave invaluable service. A good number of Swiss nuns and deaconesses devoted themselves from the outbreak of the war to the relief of suffering of soldiers: a dozen worked in the dressing-stations at Karlsruhe, Heidelberg, Schwezingen, Mannheim and Speyer.

On orders of the Swiss Federal Council, Dr. Lehmann, Head Physician of the Swiss Army, founded in November 1870 a Swiss Federal ambulance at the western frontier, with its headquarters at Porrentruy. It operated from November 14th 1870 to February 28th 1871. "The purpose of the Swiss international ambulance at Porrentruy was to be a sort of fixed, second line, field hospital to which the wounded were to be evacuated from the more forward mobile ambulances . . ." <sup>1</sup> The ambulance comprised five doctors and six male nurses. It took care of 65 soldiers, 35 of them French and 30 of them German. The Agency at Basle granted it 10,000 Swiss francs for its needs and permanently supplied its stores, from where relief material was sent to the ambulances and field hospitals throughout the region.

## RUSSIA

The Russian Red Cross took steps immediately on the outbreak of fighting. It delegated Professor Hübbenet of Kiev University to Basle, where he arrived in August, accompanied by seven doctors. The medical personnel finally reached a total of 32 members and was dispersed to several places. Later on, when Professor Hübbenet was travelling the fields of battle, another delegate, Dr. Bachmakoff, became the liaison official between the Agency and the International Committee on the one hand, and the Russian Society on the other.

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<sup>1</sup> Report by Dr. Göldlin, head doctor of the Swiss international ambulance at Porrentruy.



## THE BIRTH OF RED CROSS SOLIDARITY

The doctors had been instructed to help the wounded without distinction of nationality but to observe, nevertheless, the proposal made by the Central Russian Committee at the Berlin Conference to the effect that preference should be given to the army in retreat.

In the confused situation then prevailing in France, especially during the first phase of the war, many Russian doctors had discouraging experiences. They sometimes reached a field hospital where they were given to understand that their services were not needed. They then had to return. Several worked successively in a number of towns: for instance, Dr. Betling tended casualties at Nancy, then at Orleans, Tours, and Clerval; Dr. Milliot, former assistant to Professor Hübbenet, was the chief surgeon of an ambulance at Sedan before he went to Paris.

The Russian doctors were distributed as follows: <sup>1</sup>

*In the North-East of France:* Sainte-Marie-aux-Chênes (3), Nancy (6), Toul, Metz (1), Sedan (2), Pomponne (1), Clerval (1), Bar-le-Duc (1), Vitry (1), Châlons-sur-Marne (2), Mourmelon, Epernay (5), Soissons, Reims (3), Rethel (1), Saint-Quentin, and Lille.

*Centre of France:* Lagny, Tournan, Corbeil (1), Versailles, Paris (1), Chartres, Orléans (1), Tours (1) and Le Mans.

*In Germany:* Aachen (2), Neuwied (1), Mannheim (3), Heidelberg (2), Wissembourg (2), Koblenz (2), and Wendenheim (1).

In addition, six Russian doctors served in the station ambulances at Mannheim and Ludwigshafen.

## ITALY

An ambulance was sent from Italy to the battlefields of France by the Turin Red Cross Committee. It was led by Dr. G. Spantigati, and, when it set out, comprised four doctors and surgeons, six medical students and three male nurses. When it arrived in Paris, on September 2nd 1870, its strength was supplemented by ten French male nurses and a number of auxiliary nurses. It left on September 4th for Aunoye, near the Belgian frontier, and had

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<sup>1</sup> Only the figures known for sure are given.

## THE BIRTH OF RED CROSS SOLIDARITY

considerable difficulty in finding a suitable place as a base. The situation was extremely confused. Bitter fighting occurred every day and the fact that bridges had been destroyed made it difficult for the ambulance to move about. After being at Hirson and later at Charleville-Mézières, the ambulance personnel set out for Sedan but were unable to reach it. At Donchéry, they loaded 600 wounded in a train to take them to Hirson. The ambulance finally settled at Saint-Michel-sur-Aisne, where it took over a 100-bed hospital. The local mayor provided an additional 20 beds. By the 8th September, it had 123 casualties in its care.

With the advance of the German troops, the French ambulances retreated, passing through Belgium to return to the centre of France. Following the movement, the Turin ambulance decided to go to Tours, where the Central Committee of the French Red Cross had taken refuge. On the advice of that Committee, the Italian doctors renounced their intention of going to Paris. They were recommended to wait some three weeks at Tours until the French army was reorganized and to give their services to the Army of the East like the Lyons and Marseilles hospitals; the discouraged Italians then returned home. The ambulance was back in Turin on the 13th October after 46 days service. The expenditure incurred by the Turin Committee amounted to 21,154 lire<sup>1</sup>, the wages of the nurses and other French employees having been covered by the French Red Cross.

## SCANDINAVIA

Of the Scandinavian medical personnel working in the regions where fighting was going on, a word must be said about four doctors sent by the Swedish Society. In addition, some doctors from Norway volunteered to work with the army medical services. A Danish doctor, Dr. Fenger, tended wounded in the Lure ambulances.

The main work of the four Swedish doctors during their two months service was to inspect tents and huts for the wounded and the sick and also the transport facilities used by the two belligerents.

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<sup>1</sup> The lira, Italy being a member of the *Union Monétaire Latine*, was equivalent to the French and Belgian Francs.

## THE BIRTH OF RED CROSS SOLIDARITY

In the course of their mission, these doctors went to Cologne, Neuwied, Koblenz, Hamburg, Frankfurt-on-Main, Darmstadt, Heidelberg and Karlsruhe in Germany, and to Strasbourg, Nancy, Epernay, Château-Thierry, Tournau, Corbeil and Versailles in France. They helped their overworked colleagues in the field hospitals and ambulances in those towns.

### AUSTRIA

The predecessor of the Austrian Red Cross, the *Österreichischer Patriotistischer Hilfsverein für verwundete Krieger, Militär-Witwen und Waisen*, sent four doctors to the theatre of war, two to each side of the front. All four contributed throughout the duration to the relief of military wounded and sick. Those working with the French stayed in Paris from the time it was besieged until it capitulated.

[*To be continued.*]

**Victor SEGESVARY**  
Head, Research Department,  
Henry Dunant Institute

# INTERNATIONAL COMMITTEE OF THE RED CROSS

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## RED CROSS RELIEF ACTION IN JORDAN

In our October and November issues we published detailed articles on the relief work undertaken by the Red Cross in Jordan. We stated that a new phase, begun on 1 November, would last for several weeks, and we underlined the scope and effectiveness of the action. <sup>1</sup>

The work of the medical teams was carried on in November in the following manner.

Long term treatment continued to be given to the 150 or so casualties of the recent fighting.

The following figures indicate the situation as at 23 November:

### ICRC Personnel

*Amman*: 8 persons, i.e. a doctor, a co-ordinator for the whole relief and medical programme, 2 administrators, 3 relief specialists, 1 pharmacist and 1 radio technician.

*Beirut*: 4 persons, i.e. 2 administrators and 2 radio technicians.

### Medical teams

Three full surgical teams from Denmark, Finland and the Soviet Union were still in Amman. They consisted of some forty persons in

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<sup>1</sup> *Plate.*

## INTERNATIONAL COMMITTEE

all. In addition, since the beginning of the month a plastic surgeon, a nerve surgeon, two physiotherapists and ten male and female nurses from the United States, Finland, Greece, Norway and Switzerland, have been working at the King Hussein Hospital, the hospital of the International Red Cross.

By the same date, three convoys of trucks had conveyed 300 tons of relief goods from Beirut to Amman. Distributions by the Jordan Red Crescent and the "Palestinian Red Crescent" are supervised by the ICRC. Some donations still not having reached the Jordan capital, the ICRC continues to receive the various goods which the co-ordination group sends to these Red Crescent Societies for distribution in accordance with needs.

The value of donations in cash had reached the total of 2,400,700 Swiss francs.

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At the beginning of December a new appraisal, for the third phase of International Red Cross action, is to be carried out, and the last two medical teams will have left the hospital. It is expected that all stores will by then have been received in Amman and their distribution will be nearing completion.

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*EXTERNAL ACTIVITIES***ICRC President in the Federal Republic of Germany**

At the invitation of the German Red Cross in the Federal Republic of Germany, the President of the ICRC, Mr. Marcel A. Naville, together with the ICRC Delegate-General for Europe, Mr. Melchior Borsinger, went to Bonn on 14 November for a five-day visit. He there met Dr. Gustav Heinemann, President of the Republic, and several members of the Government.

The President of the ICRC and Mr. Borsinger had talks at the German Red Cross headquarters with Mr. Walter Bargatzky, President, and his colleagues. They were also received by the Bavarian Section and visited the Service for the tracing of missing military personnel which was founded by the National Society.

**Greece**

In October, the ICRC continued the mission it began on 24 November 1969, consistent with its agreement with the Greek Government.

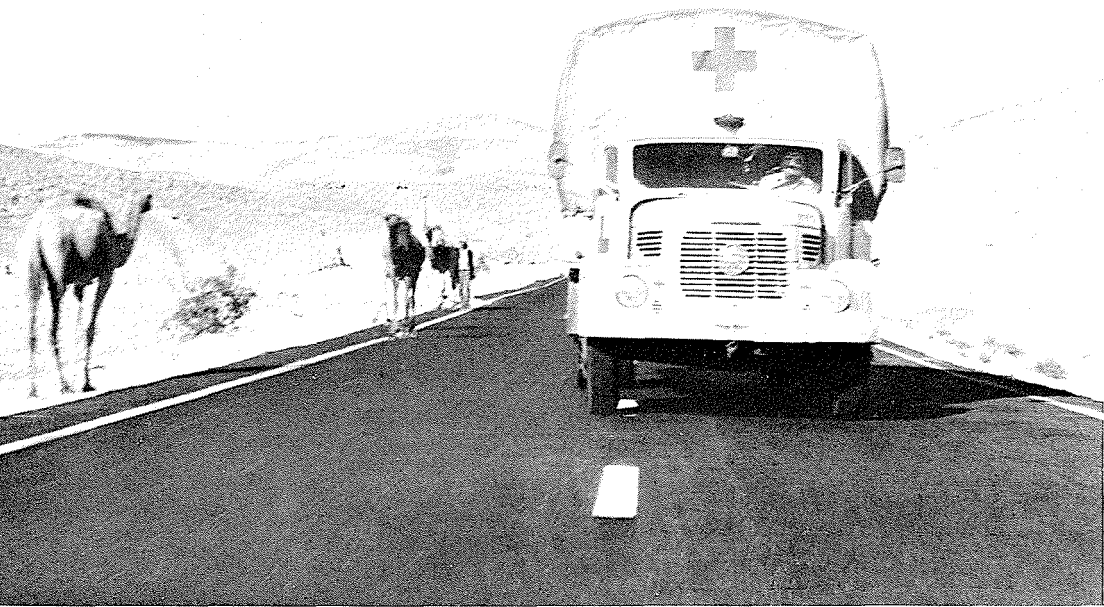
Its delegates visited in Athens the Aghios Savas, Aghios Pavlos and Athens General Hospitals (Athens Police, 5 and 6 October), the Chalkis prison in Euboea (Gendarmerie, 7 October) and Korydallos prison near Piraeus (Athens Police, 8 and 9 October). They visited persons under house arrest in the villages of Tsotyli, Pentalofo, Makrakomi, Gardiki, Carpenissi, Kerassochori, Granitsa and Thermon (Gendarmerie, 12 to 15 October). Finally, they went



**July 1970:** Repatriation by sea from the Republic of Vietnam of wounded prisoners of war and North Vietnamese fishermen, under ICRC auspices.



The President of the Cambodian Red Cross, Miss Phlech Phiroun, hands over to the Head of the Armed Forces Medical Service medical supplies donated by the ICRC for military wounded. (Right, Mr. Isler, ICRC delegate.)



**September 1970:** Red Cross convoy on its way to Amman with relief supplies for victims of the civil war in Jordan.



to the camps of Lakki and Partheni on Leros Island (Gendarmerie, 20 to 23 October).

In all these places of detention the ICRC delegates were free to go where they wished and to interview detainees of their choice without witnesses. A police officer was exceptionally present at the meetings during the visit of 19 October at the Bouboulinas Street Commissariat in Athens (Athens Gendarmerie). Moreover, the delegates were not allowed to visit in October the Nosileftikon Idryma Military Hospital.

When they visited the Leros camps, the delegates, assisted by the Hellenic Red Cross and the Ministry of Social Welfare, distributed physical culture equipment and various outdoor and indoor games. Relief supplies in the form of clothing were also distributed by the delegates, again assisted by the same two bodies, to needy families in the region around Athens.

## **Near East**

The ICRC delegates in Israel and the occupied territories and in the United Arab Republic organized a family reuniting operation which took place on 4 November 1970 at El Qantara on the Suez Canal. From the occupied territories 179 persons were able to join their kin west of the canal, while 77 from the United Arab Republic went back to their families in Gaza.

During the operation, the ICRC delegates exchanged parcels and family messages for delivery to prisoners of war in both countries.

In addition, five detainees from the prison at Gaza were repatriated to the United Arab Republic.

## **Israel and the occupied territories**

On 6 November 1970 the ICRC delegates in Israel again visited 69 prisoners of war from the United Arab Republic held at the Sarafand military camp prison. These prisoners are regularly visited by the ICRC.

### United Arab Republic

The Israeli prisoners of war in the United Arab Republic (a dozen in all) were visited by the ICRC delegates in Cairo in October and November. Two of them who are wounded and undergoing treatment in hospital were visited on 17 October and 10 November; the other ten were visited in the Abbassieh military prison on 19 and 22 October and on 11 November.

### Lebanon

*Student transfers.*—On 19 October 1970 nine Palestinian students from Gaza went to the Lebanon under ICRC auspices. The operation took place at Rosh Hanikra. In this way these young people will be able to continue their university studies in Beirut.

*End of ICRC socio-medical mission.*—The socio-medical mission which started last July at Saida (southern Lebanon) has ended. Its purpose was to help the civilian population of the border areas whose position had become precarious due to the many incidents involving firing in that region.

A delegate, a doctor and a male nurse co-operated with the Lebanese Red Cross in this programme for the civilian victims of military operations and provided medical and social assistance to the inhabitants of isolated villages where no other help was available. As the situation in the region no longer justified that assistance, the ICRC decided to withdraw its socio-medical team on 15 November 1970, after four months of field activities.

### Syria

On 22 October the ICRC delegates visited for the fifth time an Israeli civilian who had been detained in Damascus since the beginning of the year. They talked with him without witnesses and handed him comforts.

## **Republic of Vietnam**

During the autumn of 1970, the ICRC delegates in the Republic of Vietnam visited eight correctional institutions administered by the Vietnamese armed forces: the institutions concerned were at Tuy Hòa, the Phu-Yen provincial capital; Dalat, the Tuyên-Duc provincial capital; Phan Rang, the Ninh Thuận provincial capital; Long-Xuyên, the An-Giang provincial capital; Khanh Hung, the Ba Xuyên provincial capital; Quan Long, the An Xuyên provincial capital; Rach Gia, the Kiên Giang provincial capital; and at Kontum.

The delegates also went to the Phu-Quoc prisoner of war camp.

## **Khmer Republic**

The ICRC delegates in Phnom-Penh attended on 12 October 1970 a distribution of relief organized by the Cambodian Red Cross: condensed milk, donated by the Japanese Red Cross, and locally purchased salt, were given to some 3,500 Cambodian refugees.

This distribution is part of a weekly programme which the Cambodian Red Cross instituted on 28 September last and which it intends to carry on regularly.

## **Laos**

In October 1970, the ICRC delegates in Laos visited eight prisoners of war who were released a few days later by the Laos authorities.

## **Hong Kong**

Continuing his mission to places of detention in Hong Kong an ICRC delegate went to the Chi Ma Wan and Tai Lam prisons where he saw respectively one and five detainees imprisoned for political reasons or offences. He enquired into detention conditions

and interviewed the detainees of his choice without witnesses. The reports on these visits are delivered to the detaining authorities.

## **Philippines**

Accompanied by a member of the Philippine Red Cross, an ICRC delegate went to the camp Crame prison at Quezon City. He there saw 19 detainees held for political motives or offences. As customary, the report on the visit is sent to the detaining authorities.

The ICRC has been visiting political detainees in the Philippines for several years.

## **Ecuador**

Continuing the mission he began in Latin America on 6 September 1970, Mr. E. Leemann, ICRC delegate, went to Ecuador. Having received all the requisite facilities from the authorities, he visited nine places of detention where he saw some forty persons detained for political reasons.

Since the beginning of last year, the ICRC has visited places of detention in a dozen Latin American countries: Bolivia, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama, Peru and Venezuela.

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## RELIEF SERVICE ACTIVITIES

### A few statistics

The ICRC Relief Service sent several consignments of relief supplies in October 1970.

The *Venezuelan Red Cross* received eight first-aid kits, for a total value of 1,360 Swiss francs. Medicaments worth 23,600 Swiss francs, donated by the ICRC to the *Indonesian Red Cross*, were shipped from the port of Antwerp for Djakarta.

Relief supplies provided by various donors (National Societies, inter-governmental organizations, the Swiss Government) and by the ICRC itself were sent to *Jordan* by the ICRC. They included medicaments, food, clothing, various equipment (mobile water-purifying units, stretchers, blankets, etc), for a total value of 321,050 Swiss francs. The Swiss Government made a further gift of 400 tons of flour worth 320,000 Swiss francs. In addition, the European Economic Community gave 250 tons of powdered milk (value 1,000,000 Swiss francs) to *Jordan* and 500 tons of flour (value 400,000 Swiss francs) to the *Jordanian Red Crescent*.

The Common Market also donated 50 tons of powdered milk and 50 tons of flour to the *People's Republic of Southern Yemen* (total value 330,000 Swiss francs), and to the *United Arab Republic* and the *Sudan* 500 tons of flour each (total value 800,000 Swiss francs).

The Swiss Government donated 20 tons of powdered milk (90,000 Swiss francs) to the *Yemeni Arab Republic*, 300 tons of flour (177,000 Swiss francs) for Israeli-occupied territories (*Gaza-Sinai* and *West Bank of Jordan*), and 5 tons of powdered milk (27,800 Swiss francs) to the *Ivory Coast*. The latter is to receive also 2 tons of sugar (2,000 Swiss francs) provided by the Netherlands.

# IN THE RED CROSS WORLD

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## *LEAGUE OF RED CROSS SOCIETIES*

### **TO THE HELP OF EAST PAKISTAN CYCLONE VICTIMS**

The League of Red Cross Societies in Geneva launched an urgent appeal to all its member Societies on 14 November, for massive aid for the victims of the cyclone and tidal wave which devastated the Bengal region, the East Pakistan coastal area and its off-shore islands on the previous day.

Winds which blew at over 140 miles (200 kms) an hour and waves 60 feet (20 metres) high wrecked hundreds of thousands of dwellings. The number of victims is incalculable and cattle and harvests have been wiped out.

The Chairman of the Pakistan Red Cross, Justice B. A. Siddiky, asked for immediate despatch of blankets, warm garments, powdered or concentrated milk, multi-vitamins and cash for local purchases. The League immediately sent a liaison officer, Mr. Jurg Vittani to Pakistan, to ensure co-ordination with the National Society whose relief teams were at work in the disaster area.

In the 24 hours following the appeal, donations announced by National Societies had topped the Sw. Frs. one million mark. By 20 November they exceeded 11 million.

Offers of help were in cash and kind, and the goods covered a wider than usual range: blankets, clothing, many items of food, all sorts of medicines, tents, water purification units, boats, oil, candles, bales of cloth.

Delegate Vittani cabled on 20 November that the water situation was still critical and that "only helicopters or flat-bottom boats" were suitable for distribution of relief supplies. The British Red Cross responded with 20 inflatable flat-bottom boats, with outboard-motors and personnel, each boat with a pay-load of one ton.

During the latter days of November, there were 13 Red Cross teams working with the Pakistan Army, which was assigned by the Pakistan Government to undertake the overall direction and co-ordination of the relief operation.

“ Kindly convey our gratitude and thanks to all members League which contributed so generously to our relief operation stop ” said Pakistan Red Cross Chairman Mr. Justice Siddiky on 24 November. Red Cross relief work was then in action.

Seventeen helicopters were in action, eight British, three French and six United States. Helicopters were in many places the only way to get food and medicine distributed rapidly, because of the extensive flooding of the devastated land. Flat-bottom boats were also needed: British Royal Navy vessels with 600 men and flat-bottom boats, are scheduled to set to work establishing a main supply dump at Patuakhali, from where they would cover Patuakhali District and South Bhola Island, one of the worst-hit areas.

League Vice-Chairman and Finnish Red Cross Secretary-General Kai Warras and Swedish Red Cross Dr. Lars Troell left Geneva for Dacca on 23 November, to strengthen the League team on the spot. They contacted the Pakistan Red Cross and other organisations, to examine some of the most urgent problems and to seek ways of speeding relief work.

It will be a long uphill fight to get life going again. The League has received the following message “ Pakcross continuing sustained action until at least end of year and we are counting on continued support from League members. Apprehending coming winter which will be extremely hard for survivors ”.

Simultaneously an agreement to co-operate with the United Nations in East Pakistan relief was worked out at UN Headquarters in New York by League Secretary-General Mr. Henrik Beer. The arrangement will be especially valuable in co-ordinating the relief efforts of the UN agencies which work to distribute relief and medicine.

At the end of November, a fortnight after it was launched, the League's appeal is still bringing in responses. Forty National Societies had by that date made donations in cash and in kind to a value of 16,443,811 Swiss francs. The League then issued, on 26 November, the following news release:

## IN THE RED CROSS WORLD

*The Red Cross relief action in devastated East Pakistan is now rolling smoothly into its second phase, with helicopters and boats distributing supplies regularly.*

*According to the delegate in Dacca "Pakistan Red Cross action now proceeding satisfactorily, with teams on Bhola Island and air-drops from Chittagong, but needs for blankets and clothing are still unlimited, and cash still needed for local or regional purchases".*

*Mr. Kai Warras has made a preliminary survey of the situation. The first urgent life-saving phase lasted four days, and the rescue and relief workers have now moved straight on to the next phase, which is in full swing.*

*The whole disaster area will be reached and carefully checked, to obtain a thorough knowledge of the full needs of surviving victims this forthcoming winter. A subsequent and third phase of the relief operation will then go on until the next harvest, in April.*

*Delegate Vittani underlines that this medium-term relief programme is essential now that the short-term emergency relief has been brought in. The bulkier needs of the survivors must still be met, but these can be brought in, he explains, by sea. All their simplest needs of daily life, even such things as cooking utensils and hurricane lamps, must be replaced after the cyclone and tidal wave which swept down on to them just two weeks ago.*

\*

The ICRC has been in constant touch with the League from the time the catastrophe in East Pakistan became known. It contributed to the League's assistance programme on 22 November with a radio transmitting/receiving station which is now in Dacca to overcome difficulties of communication between Dacca and Geneva and maintain a permanent link.

In addition, the European Economic Community has drawn from its stocks for Nigeria 1,200 tons of food which the ICRC has made available to the League for its relief operations. The EEC has asked the ICRC to provide air transport of these goods to Dacca and has undertaken to pay the 850,000 dollar freight.



## Spain

The Spanish Red Cross Review is celebrating this year the hundredth anniversary of its founding and the *International Review* is happy to extend to it, on this occasion, its sincerest congratulations. The first issue came out in April 1870, through the efforts of Dr. Nicasio Landa, an eminent humanitarian and the true originator of the Red Cross movement in Spain.

At that time, the journal was called "La Caridad en la guerra" and appeared once a month in Pampeluna with the motto "Hostes dum vulnerati, fratres". After its thirteenth issue, it began to be edited in Madrid, and continued to appear in the capital, except for a few brief interruptions, at first in a four-page edition, and later in its present form, consisting of over a hundred pages.

The first issue contained an article describing the deeper significance of the movement born a few years earlier. Further on, after some observations on "Charity during civil wars", readers could find news items on the development of the Red Cross in Spain and in Austria and on the work of the International Committee in Geneva.

## Tunisia

The Tunisian Red Crescent is to issue a half-yearly periodical, which, it hopes, will subsequently appear quarterly. The first number, very attractively presented and illustrated, came out in 1970 and includes a section in French and one in Arabic.

It contains some interesting news of the National Society's work, as described at the last General Assembly. An article recalls the significance of World Red Cross Day and the participation in it of the Tunisian Red Crescent; another draws the lesson of the International Conference of the Red Cross at Istanbul and of the resolutions adopted by it; and, finally, three papers describe the principles and practice of first-aid and the importance of providing adequate training for medical personnel, in everyday life as much as in hospitals.

## IN THE RED CROSS WORLD

As one can see, the editors have as their aim the broadening of their readers' horizon by showing them progressively various aspects of humanitarian action and thought. The editorial declares:

*“ . . . The essential task of our periodical will be to make known and loved the noble principles on behalf of which our societies have never ceased to strive for over a century. Those principles will constitute the rule of our publication and if, unhappily, in a world torn by strife, there are sometimes people who are not aware of them, who better than the Red Cross, Red Crescent and Red Lion and Sun Societies could let them be known, cherished and respected?”*

*The work to be done here is tremendous and uplifting: to recall to all men of goodwill the principles of the Geneva Conventions and to insist that the latter be respected absolutely and without any restrictions. It is thus that men will discover that they are, first of all, interdependent with all other men, without any distinction, and that wherever they may find themselves, to whatever creed or race they may belong, they are brethren of all who suffer and are in need of assistance.*

*Friend, wherever you may be, this review is for you, for you belong to mankind, and by you and for you, it shall live...”*

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

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### UNIVERSAL CHILDREN'S DAY

The United Nations Children's Fund and the International Union for Child Welfare chose *The role of education in child care* to be the theme for Universal Children's Day, commemorated on 5 November 1970. The United Nations Assembly, which had instituted sixteen years ago the principle of commemorating this day, had decided that it should be "a day of fellowship and world understanding among children". The Secretary General of the IUCW ended his message for the day as follows:

*" Services for children and youth should be conceived in the light of the global development of the society for which they have been created. It is thus that, together with the family and the school, these services participate in the general educative process which converges with the total effort of each nation to improve its population's well-being. The 110 organizations affiliated to the International Union for Child Welfare, in 51 countries on all continents, should work in this perspective. Now that UNESCO has proclaimed 1970 to be the International Education Year. . . . it is especially useful to recall the responsibilities incumbent on organizations specializing in child welfare and preventive work, in all the regions of the world "*

In 1970, Universal Children's Day fits well within the framework of International Education Year, and on this occasion the Director General of UNESCO spoke of the crisis witnessed today in numerous countries.

*" In education, periods of crisis have always coincided with profound transformations of society and civilization. I believe we are approaching such an era. Everywhere the need of society and of individuals to look up to a new human ideal begins to make itself felt.*

## MISCELLANEOUS

*There comes the realization that, though education by itself cannot accomplish such complex creations, the latter too cannot be achieved without education ”.*<sup>1</sup>

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### FOR THE PROTECTION OF LIFE

The Swiss section of the “ Institut de la Vie ” has issued an appeal in the form of an “ Open Letter ”, in which it voices its anxiety at the ravages that are being caused to our natural and social environment. The primary object of progress must be the improvement in the quality of life, on the physical as well as on the intellectual plane. This is a general problem, and we believe it is worth while reproducing the central passage of the document as a matter of general interest:

“ To that end, and so that life may continue, we believe there are four essential conditions:

- 1) All efforts must be exerted so as to preserve our human environment and respect its biological cycles.
  - 2) The principle of quantitative growth and the trend aiming at continual expansion should give way to a concern for stabilization, whether it be in the number of men or in the increase in built-up areas.
  - 3) Existing economic systems, implying permanent expansion and leading to the progressive destruction of the environment, must be altered radically.
  - 4) Priorities in experimental research and technological organization must be directed towards qualitative progress. Forward-looking thinking must be substituted for the obsession of immediate gain, in order that harmful effects may be reduced.”
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<sup>1</sup> Our translation.

## BOOKS AND REVIEWS

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ELIZABETH BARNES: "PEOPLE IN HOSPITAL" <sup>1</sup>

Hospital organization is one essential of medical care programmes. Doctors, whether general practitioners or specialists, should be able to count on well-organized hospital services. The modern hospital has an active role to play in the implementation of medical and social action plans, and hospital administration may be a determinant factor in the rapid development observable in most countries.

But the question of the relationship within the hospital between patients and staff is particularly important, as the author shows, in a summary of the findings of study groups which had been conducting an enquiry for three years. The enquiry highlighted a number of very real difficulties to be overcome if the mental and therefore physical health of patients is to be safeguarded. Several problems, social rather than medical, are dealt with, such as the problem of the elderly:

"Another illustration of the elderly at cross-purposes with the acute hospital is seen when they present themselves for medical examination. The hospital, geared to action, speed and the tyranny of the clock, finds that medical examinations of the elderly take longer—twice as long as those of younger people, it was reported. Old people cannot be hurried. They need to talk more to their doctors and nurses. Coming from a community which takes little notice of their many problems of daily living, they hope for a listening ear when they arrive in hospital. The disease, the legitimate reason for their being there, is not the only problem they bring. And it may not be the most important problem".

In the chapter on hospital visits certain remarks are made which though they seem obvious are none the less well met:

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<sup>1</sup> Macmillan and Co. Ltd., London, 1961, 155 pp.

## BOOKS AND REVIEWS

“ In trying to show their concern for the patient, visitors often find themselves at variance with the hospital. There is often nowhere for them to hang up hat and coat and, sometimes, nowhere to sit down. Usually, all they are allowed to do is to bring a few flowers, fruit and other tokens of their concern and try to keep up the patient’s morale. Anything else seems to be wrong. They often feel awkward and out of place, and leave feeling vaguely dissatisfied with themselves, as if they have in some way let the patient down.”

In conclusion the book draws attention to the complexity of human problems:

“ The groups found that every situation which at first glance seemed to contain human problems only for patients also involved those of doctors, nurses and other medical workers and threw light on their training, the organisation of medical and non-medical work and the social structure of the ward and hospital, and could have been viewed from any of these angles. Also, any problem which seemed to be primarily a medical or nursing matter usually involved the administration. And any situation which appeared to be exclusively a hospital affair also included the hospital’s relationship to the community. These things are bound up together, and while some separation was necessary to the examination of a situation, a full appreciation of it could not be reached unless its different components were viewed within the total setting ”.

On the basis of the groups’ work, Miss Barnes denounces the de-humanisation of hospitals, which is accentuated by the progress of modern medicine and she puts forward some observations and proposals for sweeping reforms for doctors, administrators and nurses.

*J.-G. L.*

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### JEAN RODHAIN: “ CHARITÉ A GÉOMÉTRIE VARIABLE ”<sup>1</sup>

The author, who is Secretary General of Secours Catholique (Catholic Aid) and President of Caritas Internationalis, casts a look at the world around him, and, gathering at random from among the swift and penetrating observations that he has made,

composes together the elements of a sort of wall-painting of charity: tales of people he has met, and thoughts on world events, great and small; for he has witnessed and has helped to bring alleviation to much suffering in our time, from Haiphong to Jerusalem, and from Paris to Bogota.

In a book of this kind where the personal atmosphere is so important, we cannot do better than to quote a few passages, as, for example:

“ It is enough to have lived for only a few hours amid the ruins and among the victims of Skopje to realize the value of the parcels that we bring. A food ration, warm blankets, a milk bottle for a child are things beyond price. All political discussions, signed or unsigned manifestos, all those congresses addressed by famous speakers, all these take on the appearance of tiny clouds, far, far away. It is as clear as the midday sun that, at that particular instant, what is essential is to provide immediate relief ”.

Basing himself on concrete facts, Mgr. Rodhain points out that charity itself cannot escape the necessity of labour well performed, of that law of labour which “ restricts us in the choice of those to whom we bring aid as well as in the methods employed for relief ”. Charity must not slumber and the exactness of the work which it inspires is itself a source of perpetual renewal. As the author so aptly writes in his closing chapter:

“ Every occupation contains its peculiar difficulties, and the humblest tasks may hold unsuspected responsibilities. A small error on the part of a laboratory worker may turn a medicine that cures into a death-dealing drug. A fitter who handles his tools inaccurately may well cause an aircraft to fly towards disaster ”.

The Red Cross, cited several times by the author, meets with similar problems, needs and joys; their evocation here enlightens and moves us. It is essential that those who find themselves involved in action should return, at times, to the original founts and that their motions of aid be rooted beforehand in meditation.

*J.-G. L.*

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<sup>1</sup> Editions S.O.S., Desclée de Brouwer, Paris, 1969, 320 pp.

## BOOKS AND REVIEWS

### ANDRÉ SOUBIRAN: "NAPOLÉON ET UN MILLION DE MORTS"<sup>1</sup>

In this book which is interesting for more than one reason, with a history of army medical services in the XIXth century, Dr. Soubiran explains certain aspects of the Napoleonic wars, through the medium of 17 imaginary letters written by a young medical officer between 1796 and 1814 to Bonaparte, first as a General, then as the First Consul and finally as the French Emperor. The letters are the more meaningful as their fictitious author served in all the campaigns with the exception of the second campaign in Italy: like the head-surgeons Percy and Larrey, he bore witness for thousands of his fellow medical officers to the terrible scenes he had seen after the fighting. Percy himself, in his "Journal des campagnes", stated that on 14 and 15 October 1806, after the battle of Iéna, just one of his ambulances had to tend nearly 3,000 wounded Frenchmen, including 400 officers, and on many of whom he had to perform an amputation.

By his letters, which Dr. Soubiran has preceded with an outline of the diplomatic and military situation, Turiot hoped to inform Napoleon Bonaparte of the worst shortcomings of the hospitals and ambulances. In any case they did reveal that the situation was critical in spite of the heroism and dedication of a great many doctors. In addition, Dr. Soubiran explains how slow were the improvements; Larrey's son, who was also a surgeon and Head of the Army Medical Service in Italy in 1859, drew attention to the same inefficiency during a campaign in which, in the author's own words, "on the field of battle at Solferino, assistance was so lacking that it inspired Henry Dunant's humanitarian vocation and the foundation of the Red Cross".

The inertia of the administration was to a great extent responsible for this state of affairs. By contrast, the medical service of the *Garde Impériale* was well organized, with mobile ambulances, teams of stretcher-bearer-nurses and a body of physicians and pharmacists selected with care and very experienced in surgery in wartime. The excellent results achieved by that medical service

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<sup>1</sup> Editions Kent-Segep, Paris, 1969, 424 pp.



## BOOKS AND REVIEWS

showed clearly that improved organization could considerably lower the mortality rate.

At the beginning of the XIXth century, an effort was made to provide military hospitals with protection and neutral status. However, not until the First Geneva Convention was signed was any permanent effective protection given to the wounded of all parties to a conflict and to the institutions which gave them shelter.

*J.-G. L.*

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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 role of the ICRC shall be:

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

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

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

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



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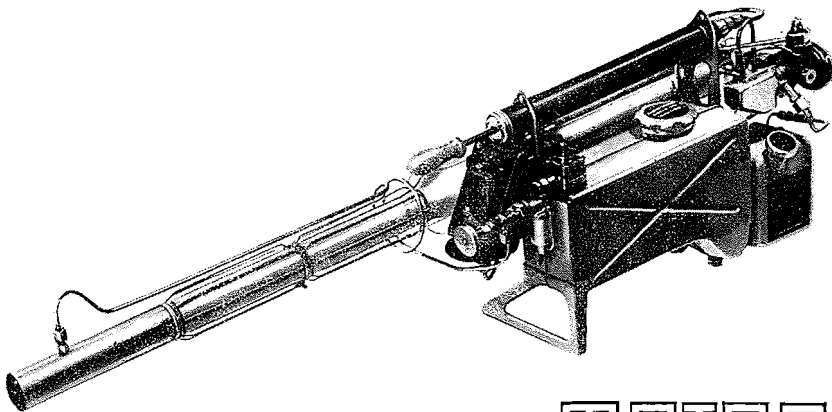
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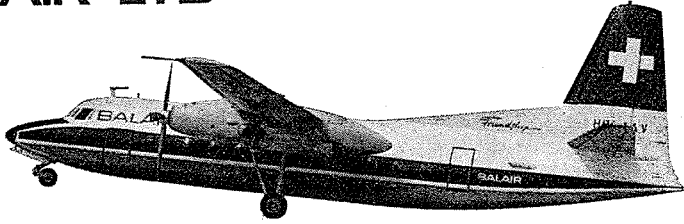


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- AFGHANISTAN — Afghan Red Crescent, *Kabul*.
- ALBANIA — Albanian Red Cross, 35, Rruga BARRIKADAVET, *Tirana*.
- ALGERIA — Central Committee of the Algerian Red Crescent Society, 15 bis, Boulevard Mohamed V, *Algiers*.
- ARGENTINE — Argentine Red Cross, H. Yrigoyen 2068, *Buenos Aires*.
- AUSTRALIA — Australian Red Cross, 122-128 Flinders Street, *Melbourne, C. 1*.
- AUSTRIA — Austrian Red Cross, 3 Gusshausstrasse, Postfach 39, *Vienna IV*.
- BELGIUM — Belgian Red Cross, 98, Chaussée de Vleurgat, *Brussels 5*.
- BOLIVIA — Bolivian Red Cross, Avenida Simon Bolivar, 1515 (Casilla 741), *La Paz*.
- BOTSWANA — Botswana Red Cross Society, P.O. Box 485, *Gaborone*.
- BRAZIL — Brazilian Red Cross, Praça da Cruz Vermelha 12 zc/86, *Rio de Janeiro*.
- BULGARIA — Bulgarian Red Cross, 1, Boul. S.S. Biruzov, *Sofia*.
- BURMA — Burma Red Cross, 42, Strand Road, Red Cross Building, *Rangoon*.
- BURUNDI — Red Cross Society of Burundi, rue du Marché 3, P.O. Box 324, *Bujumbura*.
- CAMEROON — Central Committee of the Cameroon Red Cross Society, rue Henry-Dunant, P.O.B. 631, *Yaoundé*.
- CANADA — Canadian Red Cross, 95 Wellesley Street, East, *Toronto 284* (Ontario).
- CEYLON — Ceylon Red Cross, 106 Dharmapala Mawatha, *Colombo VII*.
- CHILE — Chilean Red Cross, Avenida Santa Maria 0150, Correo 21, Casilla 246 V., *Santiago de Chile*.
- CHINA — Red Cross Society of China, 22 Kanmien Hutung, *Peking, E*.
- COLOMBIA — Colombian Red Cross, Carrera 7a, 34-65 Apartado nacional 1110, *Bogotá D.E.*
- CONGO — Red Cross of the Congo, 41, Avenue Valcke P.O. Box 1712, *Kinshasa*.
- COSTA RICA — Costa Rican Red Cross, Calle 5a, Apartado 1025, *San José*.
- CUBA — Cuban Red Cross, Calle 23 201 esq. N. Vedado, *Havana*.
- CZECHOSLOVAKIA — Czechoslovak Red Cross, Thunovska 18, *Prague I*.
- DAHOMEY — Red Cross Society of Dahomey, P.O. Box 1, *Porto Novo*.
- DENMARK — Danish Red Cross, Ny Vestergade 17, *Copenhagen K*.
- DOMINICAN REPUBLIC — Dominican Red Cross, Calle Juan Enrique Dunant, Ensanche Miraflores, *Santo Domingo*.
- ECUADOR — Ecuadorean Red Cross, Calle de la Cruz Roja y Avenida Colombia 118, *Quito*.
- ETHIOPIA — Ethiopian Red Cross, Red Cross Road No. 1, P.O. Box 195, *Addis Ababa*.
- FINLAND — Finnish Red Cross, Tehtaankatu 1 A, Box 14168, *Helsinki 14*.
- FRANCE — French Red Cross, 17, rue Quentin Bauchart, *Paris (8<sup>e</sup>)*.
- GERMANY (Dem. Republic) — German Red Cross in the German Democratic Republic, Kaitzerstrasse 2, *Dresden A. 1*.
- GERMANY (Federal Republic) — German Red Cross in the Federal Republic of Germany, Friedrich-Ebert-Allee 71, 5300 *Bonn 1*, Postfach (D.B.R.).
- GHANA — Ghana Red Cross, P.O. Box 835, *Accra*.
- GREAT BRITAIN — British Red Cross, 9 Grosvenor Crescent, *London, S.W.1*.
- GREECE — Hellenic Red Cross, rue Lycavittou 1, *Athens 135*.
- GUATEMALA — Guatemalan Red Cross, 3.<sup>a</sup> Calle 8-40 zona 1, *Guatemala C.A.*
- GUYANA — Guyana Red Cross, P.O. Box 351, Eve Leary, *Georgetown*.
- HAITI — Haiti Red Cross, Place des Nations Unies, B.P. 1337, *Port-au-Prince*.
- HONDURAS — Honduran Red Cross, Calle Henry Dunant 516, *Tegucigalpa*.
- HUNGARY — Hungarian Red Cross, Arany Janos utca 31, *Budapest V*.
- ICELAND — Icelandic Red Cross, Øldugøtu 4, *Reykjavík*, Post Box 872.
- INDIA — Indian Red Cross, 1 Red Cross Road *New Delhi 1*.
- INDONESIA — Indonesian Red Cross, Tanah Abang Barat 66, P.O. Box 2009, *Djakarta*.
- IRAN — Iranian Red Lion and Sun Society, Avenue Ark, *Teheran*.
- IRAQ — Iraqi Red Crescent, Al-Mansour, *Baghdad*.
- IRELAND — Irish Red Cross, 16 Merrion Square, *Dublin 2*.
- ITALY — Italian Red Cross, 12, via Toscana, *Rome*.
- IVORY COAST — Ivory Coast Red Cross Society, B.P. 1244, *Abidjan*.
- JAMAICA — Jamaica Red Cross Society, 76 Arnold Road, *Kingston 5*.
- JAPAN — Japanese Red Cross, 5 Shiba Park, Minato-Ku, *Tokyo*.
- JORDAN — Jordan National Red Crescent Society, P.O. Box 10 001, *Amman*.
- KENYA — Kenya Red Cross Society, St Johns Gate, P.O. Box 712, *Nairobi*.
- KHMER REPUBLIC — Cambodian Red Cross, 17, Vithai Croix-Rouge cambodgienne, P.O.B. 94, *Phnom-Penh*.
- KOREA (Democratic People's Republic) — Red Cross Society of the Democratic People's Republic of Korea, *Pyongyang*.
- KOREA (Republic) — The Republic of Korea National Red Cross, 32-3 Ka Nam San-Donk, *Seoul*.
- KUWAIT — Kuwait Red Crescent Society, P.O. Box 1359, *Kuwait*.
- LAOS — Lao Red Cross, P.B. 650, *Vientiane*.
- LEBANON — Lebanese Red Cross, rue Général Spears, *Beirut*.

## ADDRESSES OF CENTRAL COMMITTEES

- LIBERIA — Liberian National Red Cross, National Headquarters, Corner of Tubman boulevard and 9th Street Sinkor, P.O. Box 226, *Monrovia*.
- LIBYAN ARAB REPUBLIC — Libyan Red Crescent, Berka Omar Mukhtar Street, P.O. Box 541, *Benghazi*.
- LIECHTENSTEIN — Liechtenstein Red Cross, FL-9490 *Vaduz*.
- LUXEMBOURG — Luxembourg Red Cross, Parc de la Ville, C.P. 234, *Luxembourg*.
- MADAGASCAR — Red Cross Society of Madagascar, rue Clemenceau, P.O. Box 1168, *Tananarive*.
- MALAWI — Malawi Red Cross, Box 247, *Blantyre*.
- MALAYSIA — Malaysian Red Cross Society, 519 Jalan Belfield, *Kuala Lumpur*.
- MALI — Mali Red Cross, B.P. 280, route de Koulikora, *Bamako*.
- MEXICO — Mexican Red Cross, Avenida Ejército Nacional, n° 1032, *Mexico* 10, D.F.
- MONACO — Red Cross of Monaco, 27 Boul. de Suisse, *Monte-Carlo*.
- MONGOLIA — Red Cross Society of the Mongolian People's Republic, Central Post Office, Post Box 537, *Ulan Bator*.
- MOROCCO — Moroccan Red Crescent, rue Benzakour, B.P. 189, *Rabat*.
- NEPAL — Nepal Red Cross Society, Tripureshwar, P.B. 217, *Kathmandu*.
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- PORTUGAL — Portuguese Red Cross, General Secretaryship, Jardim 9 de Abril, 1 a 5, *Lisbon* 3.
- RUMANIA — Red Cross of the Socialist Republic of Rumania, Strada Biserica Amzei 29, *Bucarest*.
- SALVADOR — Salvador Red Cross, 3a Avenida Norte y 3a Calle Poniente 21, *San Salvador*.
- SAN MARINO — San Marino Red Cross; Palais gouvernemental, *San Marino*.
- SAUDI ARABIA — Saudi Arabian Red Crescent *Riyadh*.
- SENEGAL — Senegalese Red Cross Society, Bld. Franklin-Roosevelt, P.O.B. 299, *Dakar*.
- SIERRA LEONE — Sierra Leone Red Cross Society, 6 Liverpool Street, P.O.B. 427, *Freetown*.
- SOMALI REPUBLIC — Somali Red Crescent Society, P.O. Box. 937, *Mogadiscio*.
- SOUTH AFRICA — South African Red Cross, Cor. Kruijs & Market Streets, P.O.B. 8726, *Johannesburg*.
- SPAIN — Spanish Red Cross, Eduardo Dato 16, *Madrid*, 10.
- SUDAN — Sudanese Red Crescent, P.O. Box 235, *Khartoum*.
- SWEDEN — Swedish Red Cross, Artillerigatan 6, 10440, *Stockholm* 14.
- SWITZERLAND — Swiss Red Cross, Taubenstrasse, 8, B.P. 2699, 3001 *Berne*.
- SYRIA — Syrian Red Crescent, Bd Mahdi Ben Barake, *Damascus*.
- TANZANIA — Tanganyika Red Cross Society, Upanga Road, P.O.B. 1133, *Dar es Salaam*.
- THAILAND — Thai Red Cross Society, King Chulalongkorn Memorial Hospital, *Bangkok*.
- TOGO — Togolese Red Cross Society, Avenue des Alliés 19, P.O. Box 655, *Lomé*.
- TRINIDAD AND TOBAGO — Trinidad and Tobago Red Cross Society, 48 Pembroke Street, P.O. Box 357, *Port of Spain*.
- TUNISIA — Tunisian Red Crescent, 19, rue d'Angleterre, *Tunis*.
- TURKEY — Turkish Red Crescent, Yenisehir *Ankara*.
- UGANDA — Uganda Red Cross, Nabunya Road, P.O. Box 494, *Kampala*.
- UNITED ARAB REPUBLIC — Red Crescent Society of the United Arab Republic, 34, rue Ramses, *Cairo*.
- UPPER VOLTA — Upper Volta Red Cross, P.O.B. 340, *Ouagadougou*.
- URUGUAY — Uruguayan Red Cross, Avenida 8 de Octubre, 2990, *Montevideo*.
- U.S.A. — American National Red Cross, 17th and D Streets, N.W., *Washington* 6 D.C.
- U.S.S.R. — Alliance of Red Cross and Red Crescent Societies, Tcheremushki, J. Tcheremushkinskii proezd 5, *Moscow* W-36.
- VENEZUELA — Venezuelan Red Cross, Avenida Andrés Bello No. 4, Apart. 3185, *Caracas*.
- VIET NAM (Democratic Republic) — Red Cross of the Democratic Republic of Viet Nam, 68, rue Bà-Triệu, *Hanoi*.
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