

AL335

REVIEW  
AND  
INFORMATION BULLETIN  
OF THE  
LEAGUE OF RED CROSS SOCIETIES

PUBLISHED MONTHLY



✕ TO COMMEMORATE FLORENCE NIGHTINGALE.

HOW THE RED CROSS IS COMBATING TUBERCULOSIS IN ITALY'  
*by H. E. Signor Filippo Cremonesi, President-General of the Italian  
Red Cross.*

DISASTER RELIEF ORGANIZATION OF THE BULGARIAN RED  
CROSS.

FROM MONTH TO MONTH

CONFERENCES & MEETINGS — ITEMS OF GENERAL  
INTEREST — MEMBERSHIP & PROPAGANDA  
METHODS — RELIEF ORGANIZATION — HEALTH  
ACTIVITIES — NURSING DEVELOPMENTS — JUNIOR  
RED CROSS WORK — LEAGUE HEADQUARTERS  
NOTES — PUBLICATIONS RECEIVED.

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Peace is the outcome of a normal, active and healthy mode of life in which each member of the community toils for the general weal of himself, his family and his fellow-men.

The Red Cross is actuated by the same spirit when it devotes its efforts to the education of the public, and, in so doing, it serves the cause of peace even more effectively than if it confined its rôle to combating war in general.

The Red Cross has realized the full gravity of the present hour and it is the spirit of the Red Cross which must conquer the world.

**Alice G. MASARYKOVA.**

President of the Czechoslovak Red Cross.

## TO COMMEMORATE FLORENCE NIGHTINGALE

### TOWARDS A FLORENCE NIGHTINGALE INTERNATIONAL FOUNDATION

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It is significant that the chapter in Sir Edward Cook's life of Florence Nightingale which is entitled «The Founder of Modern Nursing» relates to the year 1860. The Nightingale School at St. Thomas's Hospital in London was started on June 24th of that year. Seventy-two years later almost to a day—on June 9th 1932,—there was held in the Nightingale School the inaugural meeting of the Florence Nightingale International Memorial Committee of Great Britain. *This meeting was the first official step taken with a view to the establishment of a permanent international memorial to Miss Nightingale.*

As all the world knows, her work in the Crimea was done more than half a century before her death in 1910. It was her Crimean reputation—her refusal to be daunted by the obstacles in her path while the Crimean war lasted, and her equally determined refusal to allow the lessons of that war to be forgotten in the years that followed—which won her the respect of Ministers and an enduring place in the heart of the public. From those initial victories over difficulties she derived the strength to realize her vision; and it is because she realized that vision, and because her vision was keen and penetrating and farsighted, that those who think of Florence Nightingale today think of her as the founder of modern nursing.

The movement to commemorate her life and work was initiated within two years of her death. A meeting of the International Council of Nurses at Cologne, in 1912, formulated a definite proposal in this sense, but no measures had been taken during the ensuing two years and, of course, from 1914 onward action on a really international basis was for a time rendered impossible. It was not until the 1929 meeting of the International Council of Nurses that the matter was brought forward again.

Mrs. Bedford Fenwick, President of the National Council of Nurses of Great Britain and one of the pioneers of the activities of the International Council, was then appointed chairman of a committee to examine and consider the question of the proposed memorial. This committee reported in Geneva two years later a recommendation "that the Foundation should be in London, that it should be of an international character and a living memorial, not a museum. The suggestion... is that the memorial should take the form of an endowed foundation for post-graduate nursing education".

This recommendation came at a most opportune moment.

One of the earliest and most substantial enterprises fostered by the League of Red Cross Societies had been to arrange, in 1920, for facilities to enable outstanding nurses, on the recommendation and with the support of the national Red Cross Societies of their countries, to obtain post-graduate education of a very distinctive kind. Thanks to the interest shown in this scheme by the British Red Cross, which in its turn enlisted the support of the College of Nursing, a system was worked out by which Bedford College for Women (University of London), in conjunction with the College of Nursing, provided special courses in public health nursing each year for a group of fifteen to twenty international students presented by the League. In 1924 the initiative of the President of the Czechoslovak Red Cross, Dr. Masarykova, supported by generous help from a number of countries, the American and British Red Cross Societies taking the lead, produced a conspicuous improvement in these arrangements; and the League became proprietor of the lease of a house in Manchester Square, where the students were housed during their year in London. A further improvement introduced somewhat later was the institution, parallel with the public health course, of a second course designed specially to meet the needs of nurses destined to undertake important responsibilities as administrators or teachers of nursing.

In 1931, when Mrs. Bedford Fenwick's resolution was adopted in Geneva, the facilities for post-graduate nursing provided by the League of Red Cross Societies had had ten years to prove their value: and they had proved it most abundantly. In almost every European country, in China, in Japan, in South Africa and New Zealand, leading posts in the nursing profession were already occupied by "Old Internationals" (1), and their achievements everywhere had shown how immense a contribution able women, backed by such training, could make. In many countries they had been instrumental in raising the status of the nursing profession; in some they had shown themselves successful pioneers of modern methods and modern technique in the public health field; in almost all they had proved towers of strength to their national Red Cross Societies, and attained positions of leadership in the campaign for the improvement of health and the prevention of disease.

About a year earlier, at the meeting of the Board of Governors of the League of Red Cross Societies in 1930, it had become evident that the League could not indefinitely continue to carry the whole burden of this enterprise.

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(1) The nurses who have graduated from the London courses speak of themselves always as "Old Internationals" and keep in touch through their "Old Internationals' Association".

The economic crisis then impending could not be expected to spare the Red Cross Societies on whose support the League's resources depend; and the continuance of that support could only be ensured by budgetary restrictions, of the most rigid character compatible with the vigorous pursuit of the essential parts of the League programme. The value of the London courses was contested by nobody—but while it was admitted that their abandonment by the League would entail the loss of a most valuable asset, it could not be claimed that their continuance was a matter of life and death. They represented an enormous contribution to the cause of nursing; but the number of nurses possessing the high qualifications given by the London courses, who could be directly employed by Red Cross Societies at a time when these Societies had to husband their resources most carefully in order to meet increased responsibilities on restricted budgets, was obviously limited. These considerations prevailed, and it was resolved that, unless the financial support of the London courses could be ensured from outside sources, they must be closed down in 1932.

During the year following this decision, different methods of approach to organizations from which such support might be hoped, were explored in vain. In October 1931, the Executive Committee of the League took definite action with a view to closing down the courses this year.

But barely two months later came the Geneva resolution followed by the informal suggestion that the courses initiated by the League might be considered the best available basis on which to build the proposed memorial to Florence Nightingale. The leaders of the Red Cross movement in Great Britain and in the United States were deeply impressed by this suggestion, and the American Red Cross, with its usual generosity, promptly undertook to underwrite the expenses of the courses for an additional year, in order to give time for the proposal to be carried out. Immediate advantage was taken of the breathing space thus secured, and a scheme was drawn up, in consultation between representatives of the League and the International Council of Nurses, through the initiative and under the chairmanship of Sir Arthur Stanley. The scheme was approved in April by the Executive Committee of the League and endorsed by Mademoiselle Chaptal, President of the International Council. It has been communicated to national Red Cross Societies all over the world and to the national nursing organizations represented on the International Council of Nurses.

Briefly summarized, it provides that the Florence Nightingale International Foundation shall be governed by a Grand Council comprising, in addition to representatives of the International Council of Nurses and the League of Red Cross Societies, delegates from each country participating in the scheme. Subject to the policy decisions of the Grand Council, the management of the Foundation will lie in the hands of an Executive Committee consisting of representatives of the International Council of

Nurses, the League, and the educational bodies in London co-operating in providing facilities for post-graduate nursing education. The scheme contemplates the formation, in all countries where interest can be aroused, of Florence Nightingale Memorial Committees, and it is hoped that those committees will be formed on a broad basis through the joint initiative of the national Red Cross Societies and the national nursing organization in each country.

The task of these committees will be no easy one, for it is upon their success in raising funds for the Foundation that the future of the scheme must ultimately depend. It is encouraging to note that the distinguished nursing representatives from a dozen countries who attended the brilliantly organized "Nightingale Week" arranged by Mrs. Bedford Fenwick in London in July, expressed themselves enthusiastically in favour of the scheme and showed no discouraging degree of pessimism as regards this aspect of it. Nevertheless, it must be recognized that the present moment can hardly be regarded as a favourable one for the raising of large sums of money for international purposes. The endowment of the scheme on a permanent basis, so as to enable the Foundation itself to cover all expenses, will require a capital in Sterling running well into six figures. The endowment even of the essential overhead charges would call for a capital of forty thousand pounds sterling.

Fortunately, however, the problem of complete endowment can be allowed to wait for the return of better times. The scholarships provided for nurses following the courses, either by national Societies or by the League, have of late years been fixed at £200 a year, this representing the student's board and tuition expenses, while all other overhead charges have fallen directly upon the budget of the League. Since this charge upon the League's budget is no longer to be admitted after July 1933, the proposal now under consideration is to raise the amount of each scholarship to £250. With the scholarships at this figure it will be possible for the Nightingale Foundation, if it is constituted in 1933, to carry on the present work on a satisfactory basis, if a minimum of twenty such scholarships can be guaranteed.

It is confidently felt that there need be little doubt as to such guarantee being obtained. In addition to the British Committee inaugurated in July, similar committees are already formed, or are in process of formation, in France and elsewhere. It will be hard indeed if the combined efforts of these committees, backed by the enthusiasm and the money-raising capacities of the Red Cross and the nursing profession in their respective countries, cannot provide the Foundation with £5000 a year for the next few years; and their eventual success in placing the scheme on an endowed basis may, it is hoped, be predicted with equal confidence.

The question today confronting the sponsors of the scheme in each country is a simple one: can they, between now and the end of the year 1932,



collect contributions and obtain promises which will justify them in guaranteeing one or more such £250 scholarships for the year 1933-34, and, if possible, for the four ensuing years?

If the Nightingale Committees are quickly formed, and fix their attention resolutely on obtaining an affirmative answer to that question, the maintenance of the courses will be assured. Arrangements can go forward, once twenty such guarantees are in the hands of the joint committee representing the International Council of Nurses and the League of Red Cross Societies which will take provisional responsibility for the scheme, pending the formal constitution of the Foundation. The scheme itself may of course undergo revision at the inaugural meeting, which it is hoped to hold next July in order to bring it into official existence. If these twenty scholarships are guaranteed in time, it is certain that such a meeting will be convoked, and that there will emerge from it such a Foundation as Florence Nightingale herself would have deemed a worthy memorial to her work.

It can be no mere coincidence that Sir Edward Cook's summary of the essential principles underlying the Nightingale training school, which she founded in 1860, can be applied with equal accuracy to the facilities provided at Manchester Square, at Bedford College, and by the College of Nurses: "1) Technical, a training school; lectures, examinations, reports, etc.; 2) Moral, a home."

If events so shape themselves that the League of Red Cross Societies will prove to have made an essential contribution to the institution of a worthy permanent memorial to Florence Nightingale, this will be something more than an honour to the League: it will be the payment by the Red Cross of a just debt. Florence Nightingale was not only the founder of modern nursing—she was and remains in the public imagination "The Lady of the Lamp"—the precursor, the example, and the collaborator of Henri Dunant. "What inspired me to go to Italy during the war of 1859", said Dunant thirteen years later, "was the work of Miss Florence Nightingale in the Crimea".

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## HOW THE RED CROSS IS COMBATING TUBERCULOSIS IN ITALY

BY H. E. SIGNOR FILIPPO CREMONESI

*President-General of the Italian Red Cross*

THE anti-tuberculosis activity of the Italian Red Cross dates back to the final stages of the Great War when the urgent problem arose of caring for the vast numbers of combatants who had contracted this dreadful scourge as a result of the hardships and privations of war.

On December 31st, 1919, the Italian Red Cross possessed ten sanatoria scattered over different parts of the peninsula, with a total of 1,450 beds which, during the period 1917-19, accommodated 15,893 patients. These figures give some idea of the importance of the work accomplished during that period, comprising as they do approximately half of the total cases of war tuberculous declared.

After the close of hostilities, the Italian Red Cross kept these sanatoria going and today, enlarged and equipped with the latest improvements, they represent a first-class contribution towards the offensive which the Government is waging against tuberculosis.

Below, in brief, are the principal characteristics of each of the sanatoria functioning under the auspices of the Red Cross in Italy.

The *Cesare Battisti* Sanatorium is situated amid agreeable and healthy surroundings just outside Rome. Last year, 351 patients were received for a total of 46,917 days in the institution. Adjoining the main edifice is the *Somaglia-Frascara* Pavilion, exclusively reserved for children affected with tuberculosis of the lungs. Thanks to the kindly interest displayed by the Chief of the Government, who has decided that part of the syndical contributions should be allotted regularly towards the upkeep of the sanatorium, the Red Cross was enabled, a short time ago, to have the establishment enlarged.

The *Eremo di Lanzo* Sanatorium (Province of Turin) was re-opened in 1927 after complete renovation. This institution is reserved for women with a pre-disposition towards tuberculosis or presenting closed lesions. During 1931, 469 patients were accommodated for a total of 60,467 days.

The establishment at Cuasso al Monte, in the Province of Varese, has now been re-christened the *Emanuele Filiberto di Savoia, Duca d'Aosta* Sanatorium. It is situated at a certain altitude and surrounded by a forest of beeches to which have been added 4,000 square metres of pine-

trees. The technical and administrative services have recently been re-organized and important transformations made to bring the institution into line with the latest scientific improvements. The number of patients admitted last year was 759, representing a total of 85,387 days.

Another Red Cross sanatorium for tuberculosis of the glands and bones has now been opened on the shores of the Gulf of Oltra (Province of Trieste), bearing the name of *H. R. H. the Duchess of Aosta*. Included in the installation is a hydro-therapeutic service enabling patients to take baths all the year round. Thanks to the temperate climate in that region, sun-bathing is possible in winter and summer alike. Thus far, 701 patients have been received for periods aggregating 99,581 days. The therapeutic services are equipped with every modern improvement and the Red Cross has done much to embellish the surroundings of the institution.

In addition of its sanatoria, the Italian Red Cross maintains seven new anti-tuberculosis dispensaries at Turin, Camerino, Piansano, Palazzolo sull'Oglio, Chiari, Bazzanti (Florence) and Faenza, opened last year.

\* \* \*

Child welfare is closely associated with the campaign against tuberculosis; it may, indeed, be regarded as the first stage in that campaign, for, if the child is to be saved from falling a prey to the scourge, he must be carefully watched over from his earliest infancy. This vital responsibility is entrusted to the Red Cross preventoria, where pre-tuberculous children are submitted to special diets and returned to their parents only when all danger of the disease has been eradicated. The greatest possible extension has been given to this movement; the number of preventoria is being constantly augmented and the summer colonies are gradually being converted into permanent institutions.

Statistics reveal that, while there are relatively few children affected with tuberculosis of the lungs, a great many are pre-disposed to tuberculous maladies, either because their parents are tuberculous or because their environment is such as to expose them continually to the risk of contagion. Unless they are removed from this peril, properly looked after and given healthy living conditions, they are doomed to fall an easy prey to the disease and to become a menace to those about them. The aim of the Red Cross is to provide such children with rational medical aid calculated to fortify them physically and morally, so that they may ultimately grow into healthy and useful members of the community. Only when Italy shall have been endowed with an organization capable not only of caring for pre-tuberculous children but of seeking them out in their homes—where the parents' ignorance, poverty or neglect condemn them to a life of fatigue and suffering—and transforming these frail little beings into vigorous young folk

equipped to affront the adventure of life with confidence and serenity; only then can the campaign against tuberculosis in Italy be considered to have secured its first and most decisive victory. By such action alone can we hope ultimately to bring about a diminution in the appalling death rate from tuberculosis.

Among the more important Red Cross preventoria are the following: the *Emilio Maraini* Preventorium for boys and the *Yolanda di Savoia* for girls, at Fara Sabina, both situated over 1,200 feet up on the flank of the beautiful Fara Sabina hill, and separated by a forest of secular trees rich in shade and coolness and admirably adapted to the open-air life of the little guests. These two institutions have just undergone complete transformation and have been considerably enlarged; they have been provided with running water, central heating and equipped with the most improved types of medical apparatus. In the course of last year, 150 boys were admitted to *Emilio Maraini* and 131 girls to *Yolanda di Savoia*, representing a total of 26,093 days.

In addition to the foregoing, there are the *Enzo Valentini* preventorium at Bettona (Perugia); the *Biadene* at Montebelluna; the *Anna Torrigiani* at Camerata (Province of Florence), founded in 1917 and the first institution of its kind to be established by the Italian Red Cross; others are to be found at Mergozzo, Villa Cristina, Limone, Cava Zuccherina, Enego, Ancona and elsewhere.

In Testaccio, one of the most squalid and densely-populated quarters of Rome, is established the *Principessa di San Faustino* heliotherapeutic colony; this institution functions under the direct patronage of the Princess of San Faustino, who consecrates the major part of her time and energy thereto.

In Rome, again, may be found what is perhaps the most important of all the Red Cross anti-tuberculosis organizations, representing as it does the very first stage in the campaign against the scourge. This is the *Emilio Maraini* Preventorium for infants born of tuberculous mothers. At the time of its foundation, this institution filled a long-felt need. The infants, removed from intimate contact with the diseased mother at a moment of their existence when they are most prone to contagion, are confided to wet-nurses—usually unmarried mothers—admitted with their own babies into the institution, where they are given the necessary care and taught the elementary principles of breast-feeding, which are practically unknown or ignored among the lower classes. There is also a section for weaned children who cannot safely be allowed to return home until they have reached the age of four.

The most perfect example of this type of institution in Italy is the *Umberto di Savoia* Preventorium at Pozzuoli, which was inaugurated last December by Their Royal Highnesses the Prince and Princess of Piedmont

and the Duchess of Aosta. Constructed in a magnificent site, on the hill of Pozzuoli overlooking the gulf of that name, it has been equipped on the most modern technical lines laid down for sanatoria.

The *Giornale d'Italia* Sanatorium at Ariccia has now been handed over to the Italian Red Cross.

Acting on the principle that it is superfluous, if not harmful, to duplicate the efforts of the State and other agencies when they are directed wholeheartedly towards any purpose, the number of temporary children's colonies maintained by the Italian Red Cross has been greatly reduced during the last few years. Most of the permanent colonies have been handed over to the Women's Fascist Associations, who have organized them admirably, and the Italian Red Cross has had no hesitation in lending them every possible assistance and in providing them with all the material necessary to the success of their efforts.

In addition to four children's clinics and two open-air schools, school medical services are maintained by the Red Cross in 395 schools of the Latium, Umbria, Apulia, the Basilicata, the Abruzzi and the Roman Marches.

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## DISASTER RELIEF ORGANIZATION OF THE BULGARIAN RED CROSS

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By Decree of 22nd December 1930, the Bulgarian Government charged the Bulgarian Red Cross with organizing and directing relief operations, in conformity with the principles of the International Relief Union Convention.

In order to conform to this mandate, the Bulgarian Red Cross has established a special *Regulation and General Instructions on the Procedure to follow in the Event of Public Disaster* which read as follows:

### A. REGULATION

#### I. INTRODUCTION

ART. 1. — The Bulgarian Red Cross, in accordance with that part of its peace time programme (art. 5, § II of its statutes) dealing with public disasters striking Bulgaria, undertakes the responsibility:

- a) of assembling the necessary resources for the mission it has to fulfil in case of war or public disaster;
- b) of giving immediate relief to the population in the event of natural calamities: earthquakes, floods, epidemics, famines, etc.

ART. 2. — The Executive Council of the Bulgarian Red Cross undertakes

the work of organizing and directing the relief activity for the help of the peoples of Bulgaria stricken by public disasters.

ART. 3. — On the Executive Committees of each Section of the Red Cross devolves the task of organizing and directing the local Red Cross activity for assistance to victims of a disaster taking place in its vicinity and also, when necessary, of coming to the help of neighbouring sections in similar circumstances.

*Note:* In virtue of Decree of 22nd December 1930, passed by the Cabinet, the Bulgarian Government requires the Red Cross to represent it on the body of the International Relief Union. This function will be fulfilled by the Executive Council of the Bulgarian Red Cross.

ART. 4. — The fundamental principle which should guide the Bulgarian Red Cross in the fulfilment of its mission in public disasters is that of coming forward and giving first aid to sufferers whose life and health are in danger without, however, compensating them for the damage and loss they have sustained.

ART. 5. — To achieve this aim, the Bulgarian Red Cross intends henceforward to seek and to organize the collaboration of all the philanthropic bodies of the country, with a view to mobilizing the resources and strength necessary to enable it to fulfil its task with skill and promptitude.

## II. RÔLE OF THE EXECUTIVE COUNCIL IN RELIEF WORK

The rôle of the Executive Council is:

a) to study, in collaboration with the competent scientific organizations of Bulgaria, the public disasters which strike the country most frequently, their periodicity, their nature, the possibility of strengthening the population against their effects, the measures to take following each catastrophe of this kind, and the utilization of experience gained in previous catastrophes;

b) to work out a guiding plan for each disaster: the method of giving help to the victims;

c) to work out a plan of mobilization when the disaster has occurred starting with the following considerations: to act and go to the help of the sufferers promptly because each minute wasted may cost human lives and each minute gained may guard men and animals against suffering, hunger, cold and even death.

ART. 7. — In order that the Executive Council may fulfil the task required of it, it must endeavour

a) to train in advance a competent and experienced personnel;

b) to constitute a depôt containing emergency material indispensable in public disaster, i. e.

Medical supplies, dressing materials, beds, bedding, blankets, stretchers, means of transport, tents, means of disinfection, linen, clothes or clothing material, water supply apparatus, field kitchens, etc.

ART. 8. — For First Aid relief measures, the Executive Council draws its resources:

a) from the sums provided for in paragraph 22, art. 50 of the statutes of the Bulgarian Red Cross.

- b) from the "Public Disaster Fund" of the Bulgarian Red Cross;
- c) from the "Public Disaster Fund" of the Ministry of the Interior;
- d) from sums drawn from the national subscription eventually opened for the benefit of the sufferers;
- f) from State contributions;
- g) from relief granted by the International Relief Union or international or national organizations of the Red Cross;
- h) from unforeseen receipts of the Public Disaster Fund.

### III. EXECUTIVE COMMITTEES OF FIRST AID UNITS

ART. 9. — Over and above the general aims indicated in articles 6 and 7, it is important that the Executive Committees of the sections should:

- a) possess a list of the personnel with the exact addresses of their members;
- b) endeavour as soon as a public disaster has overtaken them to give immediate relief to the sufferers, to ensure their material wellbeing, etc. They will have to get in touch at once with the local administrations and scholastic establishments, the ecclesiastical authorities and other philanthropic societies, in order to organize conjointly collaboration for the relief of the victims. And they must have worked out in advance a plan of action;
- c) The Executive Committees of the Sections will inform the Executive Council as soon as possible:
  1. of the nature and extent of the disaster;
  2. of the injuries sustained (dead, wounded, persons without shelter, homes destroyed, families threatened, etc.)
  3. of the personnel and material needed to render relief to the victims.

ART. 10. — The Executive Committees draw their resources:

- a) from sums set aside for disasters in the budget of the Section;
- b) from relief given by neighbouring populations and districts not affected by the disaster;
- c) from subsidies given in cash and in kind by the Executive Council.

### IV. DIFFERENT TYPES OF RELIEF

ART. 11. — The first relief to be given to the suffering population must depend on the nature and extent of the disaster and of the need, i. e.

1. medical assistance;
2. maintenance of the sufferers;
3. shelters;
4. supply of clothing.

Each of these tasks should be entrusted by the Committee to a special committee composed of persons capable of fulfilling conscientiously the mission entrusted to them.

#### 1. *Medical Assistance.*

ART. 12. — The question of medical assistance to populations stricken by disaster is most important, being the first of all the needs felt by the majority of sufferers.

After any disturbance of the normal conditions of life, public health is more or less affected. It is therefore necessary to take measures to ensure that the state of health of the sufferers and the economic life of the region are safeguarded.

ART. 13. — Moreover, from the very outset, medical emergency aid posts should be set up.

At the same time hospitals should be organized (where those already existing are inadequate) for serious cases.

ART. 14. — All sisters of charity and samaritans, those of the district as well as those from neighbouring districts, must be called in for the service of medical assistance, or, failing this, request must be made for them to the Executive Council.

ART. 15. — The direction of medical assistance in the afflicted region is entrusted to a doctor nominated by the Executive Council, in agreement with the public health authority, until the arrival of the doctor specially appointed for this work by the public health authority or by the Executive Council, if the collaboration of such a doctor appears necessary.

ART. 16. — All the available means of transport and all the public health resources of the district are kept at the disposal of the medical assistance authorities.

ART. 17. — The victims, as well as the medical officers, should be given the strictest instructions on the health measures to be employed to avoid the outbreak and spread of epidemics and if necessary on vaccination, disinfection, etc. to be undertaken.

## 2. *Maintenance.*

ART. 18. — The maintenance of the sufferers will be provided for from the outset by means of foodstuffs contributed by the local authorities and inhabitants of the district affected or of districts not touched by the catastrophe and also by means of foodstuffs bought in the market and subsequently by means of gifts in kind received through the Executive Council.

ART. 19. — If circumstances demand, and if practicable, free canteens and refectories can be set up to provide hot food for the sufferers and to distribute milk among the children. Foodstuffs can also be distributed among families, according to an established rule.

ART. 20. — The purchase of foodstuffs should be entrusted only to a competent person. The same person, and if necessary a commission, will be required to distribute the necessary provisions among the sufferers.

ART. 21. — If necessary, coupons can be used to prevent supplies being misappropriated or re-sold.

ART. 22. — The person or commission in charge of maintenance must have at his disposal all the means of transport and all the necessary helpers.

ART. 23. — In the first moments after the catastrophe, distribution of relief among the sufferers will be carried out without regard for their comfort and with the sole aim of preserving their life and health; it must be remembered that this relief is intended not only for those who have suffered the greatest losses, but for all those whose life and safety might be menaced by great privations.



### 3. *Housing.*

ART. 24. — If the catastrophe is accompanied by destruction of houses, the question will arise, after medical care and maintenance have been guaranteed, of setting up shelters for the sufferers.

ART. 25. — To this end, the following measures will be resorted to:

- a) requisition of the necessary number of public buildings (schools, barracks, etc.);
- b) construction of a camp of tents;
- c) construction of huts;
- d) provisional housing of the sufferers in boats, if any are available;
- e) transport of a part of the suffering population to neighbouring districts not affected by the catastrophe.

ART. 26. — Care should be taken that the members of each family are grouped together and not scattered in different buildings.

ART. 27. — Before starting the building of a hut for a family, it is well to find out if it would not be better to restore the old home. If the rehabilitation of the house costs the same price or even 25% or 30% more than the construction of a hut, it is preferable to repair the house.

### 4. *Clothing.*

ART. 28. — The Clothing Commission will distribute as soon as possible: 1) garments located in the depôt of the Executive Committee of the Red Cross; 2) clothes received as gifts from neighbouring villages or collected as gifts in kind after the appeal of the Administrative Committee; 3) the garments sent from Sofia by the Executive Council, ready-made clothes bought from the trade.

Before resorting to this method, it should be considered whether it would not be better to buy material from the factory, so that charitable helpers could make up clothes, linen, etc.

The members of the Junior Red Cross can be employed to this end; they will be given work at certain hours; sewing workrooms where women and children can do voluntary work can also be organized.

ART. 30. — Ready-made articles and articles already worn should be disinfected before being distributed.

## V. TRAINING OF PERSONNEL

ART. 31. — The training of competent personnel is one of the essential duties of the Red Cross. The use of inexperienced or ill-trained personnel can often be more harmful than useful.

ART. 32. — The question of relief personnel should be closely studied. To this end, a relief personnel, consisting of students, sisters of charity, samaritans, stretcher-bearers, sports clubs, young people, firemen, policemen, municipal employees, etc. should be sought out and set to work.

ART. 33. — The Red Cross should organize special instruction courses in First Aid in case of public disaster, determining for each group the kind of relief it is required to render and also the manner in which the instruction should be given.

ART. 34. — First Aid service in public disaster is regarded as voluntary

until it is considered necessary to give some remuneration for time employed in very special and prolonged work.

ART. 35. — The Red Cross should, from time to time, arrange refresher courses for the voluntary personnel and organize competitions and manœuvres, so that its personnel may attain the requisite standard of proficiency.

ART. 36. — The training of relief personnel should bear on:

- a) the care that must be given from the moment of the disaster in administering first aid;
- b) the rescue and evacuation of the wounded, and generally speaking medical care;
- c) food supply;
- d) on protective measures against epidemics.
- e) the management and distribution of resources.

#### VI. MATERIAL

ART. 37. — The Executive Committee and the local Committees of the Red Cross should possess all the material necessary for rendering First Aid in public disaster.

Generally speaking, the Red Cross should have available in its depôts: medical supplies, dressings, bedding, stretchers, means of transport, beds, tents, linen, clothing, gas masks, disinfection, lighting and water supply apparatus, field kitchens.

ART. 38. — The necessary material should be inspected and checked each year and after each time it is used.

#### VII. COLLABORATION WITH OTHER INSTITUTIONS

- a) Collaboration with *national* institutions.

ART. 39. — The Bulgarian Red Cross should come to a previous understanding with national relief organizations, so that their efforts can be concentrated on a common end and on the execution of a preconceived plan.

- b) Press collaboration.

ART. 40. — The collaboration of the press must be sought. Its support is very valuable in forming a public spirit of charity and solidarity at a moment when success depends on the union of good wills under well-organized and technically experienced guidance.

- c) Collaboration with *international* bodies.

ART. 41. — If the disaster is too great for the strength and resources of the country, the Red Cross will, after obtaining the consent of the government, seek the aid of international organizations. It is a matter in the first place for the International Relief Union, but, until the Convention which founded it has been ratified and until the Union begins to function, the Red Cross can approach with the same intent the International Red Cross Committee and the League of Red Cross Societies.

#### VIII. CONCLUSION

ART. 42. — Generally speaking, it is very important that every contingency should be provided for in the organization of relief. It is in

the first place necessary, as far as possible, that a detailed plan of assistance should be prepared, under the control of a single authority, remembering that relief should be received and dispensed promptly, that the personnel should be practised and that the material should be made available as easily and as quickly as possible.

#### B. GENERAL INSTRUCTIONS ON THE PROCEDURE TO FOLLOW IN THE EVENT OF PUBLIC DISASTER

1. As soon as a public disaster strikes a village or district, the executive committee of the local Section of the Red Cross, assisted by representatives of the commune, the school master, the ecclesiastical authorities, representatives of sporting and philanthropic societies, students, tourists, firemen etc. must transform itself at once into a local relief committee. The executive committee of the Section of the Red Cross is the executive body of this popular committee.

2. If the circumstances in which the disaster has occurred require it, this local popular committee nominates different commissions with the duty of:

- a) caring for the sufferers;
- b) feeding them;
- c) lodging them;
- d) providing for their clothing;
- e) collecting and distributing relief.

3. After it has carried out its rescue work, the first care of this local popular relief committee will be:

- a) to draw up the exact list of the victims;
- b) to draw up an approximate list of what the victims would be likely to need;
- c) to determine the number of individuals and families who have absolute need of relief and the form that this relief ought to take;
- d) to come to an agreement with the neighbouring communes and with all those which have not suffered, so that they may hasten to the relief of the victims so far as they are able;
- e) to undertake in a general manner all that the requirements of the situation demand.

4. When the extent of the damage is beyond the powers of the local administrative committee to remedy, the committee solicits the help of the Executive Council of the Bulgarian Red Cross, which estimates exactly the nature and extent of the disaster as well as the nature and importance of the necessary relief.

5. The Executive Council of the Red Cross allots a part of the relief asked for and sends its delegate at once to the scene of the disaster, so that he can gather more precise information on its extent as well as on the nature and importance of the relief which the sufferers require, data which enables the Executive Council to determine:

- a) if the proportions of the disaster allow it to supply emergency relief of every kind to the sufferers, unaided and with its own resources;
- b) if, where the proportions of the disaster are beyond its resources, it should have recourse to the State or to a national subscription;

c) finally, if the range of the disaster is such that the work of assistance requires resources beyond the strength and the means of the entire country, in which case it would be necessary to resort, after obtaining government consent, to international assistance through the International Relief Council or the International Red Cross organizations.

6. In the first case (a) the Executive Council rescues the victims with the resources in money, material and personnel at its disposal.  
*Constitution of a Popular Committee.*

7. In the 2nd and 3rd cases (b) and (c), a popular Committee for obtaining relief for the victims of public disasters is constituted alongside the Executive Committee of the Bulgarian Red Cross.

8. The popular Committee of the Red Cross is presided over by the President of the Bulgarian Red Cross.

9. The popular Committee of the Red Cross is composed of all the members of the Executive Council of the Bulgarian Red Cross; of delegates of the Prime Minister, of the President of the national Assembly (Sobranié), of the Minister of Public Works, of the War Minister, of the Minister of Education, of the Holy Synod.

10. The Executive Council of the Bulgarian Red Cross is the Executive body of the national popular Committee of the Red Cross.

11. The principal aim of the popular Committee of the Red Cross consists:

a) in preparing a list of all the humanitarian, scientific, economic and professional institutions and in inviting them to collaborate with the Red Cross;

b) in launching an appeal to the whole nation for the receipt of relief, in cash and in kind, by the intermediary of Commissions specially appointed in each district;

c) in making arrangements for all the sums collected by the Commissions to be sent to the Executive Council at Sofia and for the relief received in kind to be addressed to the popular Committee at the scene of disaster;

d) in directing that, in districts where there is no Section of the Red Cross, Committees shall be constituted (in conformity with art. 9 of the regulations of the Bulgarian Red Cross), for the collection of relief for the victims. The collection of relief within the radius of the Executive Committees will be carried out by Commissions nominated to that end;

e) to work out a set of rules showing in what manner the local committees should keep account of relief received, in the same way as the Executive Council of the Red Cross and the National Committee acting on the scene of the disaster;

f) in requesting the Commissions appointed to see to it that the mayors of towns and villages make allowance in their budget, with the least delay, for the largest possible subsidies for the victims.

12. All the Committees should send the sums received each day, or at the latest each Saturday, to the Executive Council at Sofia; the relief in kind should be addressed each day, or at the latest each Saturday, with an inventory, to the local Committee on the scene of the disaster.

## RECOURSE TO INTERNATIONAL ASSISTANCE

13. When the extent of the disaster is so great that assistance to the suffering population demands resources beyond those of the whole country, the Executive Council of the Bulgarian Red Cross, after having first provided itself with all the necessary information, approaches (with the consent of the Government) the Executive Committee of the International Relief Union at Geneva, to ask for relief, or, if this Union has not begun to function, to the International Red Cross Committee at Geneva and to the League of Red Cross Societies in Paris, or simultaneously to the International bodies of the Red Cross.

In support of this request, information as to the nature and extent of the disaster must be supplied: number of victims, number of buildings destroyed, etc. and in a general manner all the available data, in order that the International bodies may form an opinion of the nature and extent of the disaster, as well as of the nature and extent of the relief required.

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## FROM MONTH TO MONTH

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### CONFERENCES AND MEETINGS

#### CONGRESS OF THE INTERNATIONAL COUNCIL OF NURSES

Paris (July 10th to 12th, 1933)

Brussels (July 13th to 15th, 1933)

Meeting of the *Board of Directors* of the I. C. N.—July 4th to 6th,  
Meeting of the *Grand Council* of the I. C. N.—July 7th to 8th.

The method of *Registration for the Congress* is as follows:

(1) Those desiring to attend the Congress who come from the 23 countries in which the I. C. N. has member organisations must register through the headquarters of the national nurses' association in their country. The 23 countries are as follows: Belgium, Brazil, Bulgaria, Canada, China, Cuba, Denmark, Finland, France, Germany, Great Britain, Greece, Holland, India, Irish Free State, New Zealand, Norway, Philippines, Poland, South Africa, Sweden, U. S. A., Yugoslavia.

(2) Those coming from other countries must register through the Headquarters of the International Council of Nurses, 14, Quai des Eaux-Vives, Geneva, Switzerland.

The *Registration Fee* is: 50 French francs, plus 25 French francs if the report of the proceedings of the Congress is desired.

The *Official Languages of the Congress* are: English, French and German. The programme and the main papers of the Congress will be printed in these languages. At meetings involving discussions, translations will be undertaken.

*Regulations for Section Meetings*

Main papers read at a Section Meeting shall not exceed 15 minutes. The Speaker opening the discussion is allowed 10 minutes; speeches from the floor shall not exceed 5 minutes each apart from their translations.

No Exhibition will be arranged.

Luncheons: A great number of luncheons for nurses with common interests and work will be arranged and announced with the *Final Programme*.

Reception. — Sunday evening, July 9th.

Monday, July 10th.

9.30 a. m.—10.30 a. m.: *OPENING SESSION*. — General Session.

Chairman: Mlle Chaptal, President of the I. C. N., President, National Association of Trained Nurses of France.

Addresses of Welcome: M. le Ministre de la Santé Publique; Professeur Léon Bernard, Président, Conseil Supérieur d'Hygiène de France; M. Berthelemy, Président, Conseil Supérieur de l'Assistance Publique; Dr. Jules Renault, Président, Conseil de Perfectionnement des écoles d'infirmières; Miss E. M. Musson, Chairman, General Nursing Council, England and Wales; A Speaker from Germany.

10.45 a. m.—12.50 p. m.: *BUSINESS GENERAL SESSION*.

Chairman: Miss Clara D. Noyes, First Vice-President of the I. C. N.; National Director, Nursing Service, American Red Cross; Reports of: President, Treasurer, Secretary, Chairmen of Committees.

3 p. m.: *SECTION MEETINGS*.

A. *Mental Nursing and Hygiene*. — Chairman: Norway.

(1) The Opportunity of the Nursing Profession in Relation to the Mental Hygiene Movement.

(2) The Teaching of Mental Nursing and Hygiene in the Basic Course.

B. *Nursing in Colonies*. — Chairman: Holland.

(1) Training of Native Nurses.

(2) Conditions of Work.

C. *Aptitude Tests and Admission Standards to Schools of Nursing*. Chairman: U. S. A.

(1) Intelligence Tests.

(2) Personality Tests.

D. *Supply and Demand*. Chairman: Finland.

(1) Ratio of Nurses to Population and Area.

(2) The World-wide Economic Depression in Relation to Nursing.

(3) Placement Bureaux.

Evening: *Reception*.

Tuesday July, 11th

9.30 a. m.: *SECTION MEETINGS*.

A. *Industrial Nursing*. Chairman: Belgium.

(1) Insurance Societies and Nursing.

(2) Methods of Health Work in Industry.

(3) The Nurse in her Relation to the Employer and the Employee.

B. *Nurses as Secretarial Officers and Professional Journalists*. [Chairman: China.

(1) Training of Nurses as Secretarial Officers and Professional Nursing Journalists.

(2) Advertising and Advertisements.

(3) How to obtain Contributions to a Nursing Magazine.

C. *Private Duty Nursing. Chairman: Sweden.*

- (1) Hourly Nursing.
- (2) Schemes for Supervision and Regular Allowances for Private Duty Nurses.

D. *The Preliminary Course. Chairman: Great Britain.*

- (1) The Organisation of Preliminary Training Schools for Nurses.
- (2) When Should the Probationer be Allowed to Take Part in the Routine Work of the Hospital Ward.

Afternoon: *Excursion or Reception.*

Evening: *Reception of Newly Affiliated National Associations.*

*Chairman: Mrs. Bedford Fenwick, Founder of the I. C. N., President, National Council of Nurses of Great Britain.*

- (1) Introduction of National Representatives and Associate National Representatives of the I. C. N.
- (2) Introduction of Newly Affiliated Associations.

Wednesday, July 12th

10 a. m.: *SECTION MEETINGS.*

A. *School Nursing. Chairman: Norway.*

- (1) Development of Health Education as a Part of the School Curriculum.
- (2) Relation between the School Nurse and the Teacher.

B. *State Supervision of Nursing. Chairman: New Zealand.*

- (1) Compulsory State Registration of Nurses.
- (2) Function and Scope of Bureaux of Nursing Administered by National Governments.

C. *Hospital Nursing. Chairman: Denmark.*

- (1) Hours of Work in Public Hospitals.
- (2) Cost Studies of Nursing Service.
- (3) How to Maintain the Interest of the Nursing Staff in their Work.

D. *Demonstration of Nursing Technique in Communicable Diseases.*

*Sisters of Saint Joseph de Cluny, Pasteur Hospital, Paris.*

Afternoon: Visit to Versailles.

Thursday July 13th

Morning and Afternoon: Travel to Brussels with visits on the way. Two separate groups will be arranged for: one taking the road by Chantilly and Amiens and the other by Chantilly and Senlis.

Evening: *PUBLIC MEETING IN BRUSSELS.*

*Chairman: Mlle Jeanne Hellemans, President of the National Federation of Belgian Nurses; Son Excellence M. Hymans, Ministre des Affaires Étrangères de la Belgique: "International Cooperation and the Nurse". Dr. L. Rajchmann, Director of the Health Section of the League of Nations: "The Health Organisation of the League of Nations". Miss Hazel A. Goff, Temporary Member of the Health Section of the League of Nations: Report on her Work.*

Friday, July 14th

10 a. m.: *SECTION MEETINGS.*

A. *Rural Nursing. Chairman: Yugoslavia.*

- (1) Supervision of the Rural Nurse.
- (2) Formation of Committees and Organisation of Work.

B. *The Legal Aspects of Professional Conduct. Chairman: Belgium.*

- (1) The Nurse's Responsibility in relation to that of the Doctor.
- (2) How can the Nurse be instructed to meet her responsibility?

C. *The Basic Course of Training.* Chairman: Irish Free State.  
 (1) How to include Public Health Nursing in the Basic Course.  
 (2) What should be the Minimum Requirements of the Practical Experience in the Basic Course.

D. *A Summary of the Findings of Recent Nursing Surveys.* Chairman: Canada.  
 (1) U. S. A.: Committee on the Grading of Nursing Schools.  
 (2) Canada: The Survey of Nursing Education.  
 (3) Great Britain: The Lancet Commission on Nursing.  
 (4) Poland.  
 (5) Norway.

E. *Demonstrations of Nursing Procedures.* Chairman: Bulgaria.

Afternoon: Visits and Excursions.

Evening: *GENERAL SESSION.*

Chairman: Miss Annie W. Goodrich, Hon. President of the I. C. N., Dean, Yale School of Nursing, U. S. A.

"Inspection of Schools of Nursing by Nurses". Speakers: U. S. A., Sweden, France, New Zealand, Canada, The Philippines, Finland, Italy. Discussion from the floor.

Saturday, July 15th

9.30 a. m.: *SECTION MEETINGS.*

A. *Insurance Schemes for Nurses.* Chairman: Germany.

- (1) Superannuation or Pension Schemes for Nurses.
- (2) Sickness and Disablement Insurance.
- (3) Unemployment Insurance.

B. *How to Stimulate the Interest of the Public in Nursing.* Chairman: Poland.

- (1) How to Stimulate Interest in Nursing Education.
- (2) How to Stimulate Interest in the Nursing Profession.

C. *Public Health Nursing and Social Work.* Chairman: France.

- (1) The Family as the Basis for Social Work.
- (2) Hospital Social Service and the Nurse.

D. *New Developments in Nursing.* Chairman: Brazil.

- (1) Research Work in Nursing Technique.
- (2) Principles and Ideals in Education. Their Application to Nursing Education.

E. *Demonstrations of Nursing Procedures.* Chairman: Cuba.

2 p. m.-4 p. m.: *BUSINESS CLOSING SESSION.*

Chairman: Miss Jean I. Gunn, Second Vice-President of the I. C. N., Superintendent of Nurses, Toronto General Hospital, Canada.

Reports of Chairmen of Committees on: Nursing Education.—Public Health Nursing.—Private Duty Nursing.—Mental Nursing and Hygiene.—Resolutions adopted or not. Introduction of newly elected Officers. Any other business.

5 p. m.—6 p. m. : *FORMAL CLOSING SESSION.*

Chairman: Newly Elected President of the I. C. Professor Bordet: "The Influence of Medical Research on Nursing Service". Son Excellence M. le Ministre de l'Intérieur et de l'Hygiène.

Address of Farewell from Nurses of: Africa, America, Asia, Australasia, Europe.

Evening: *Final Reception.*



## ITEMS OF GENERAL INTEREST

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**Siam** *New Red Cross Headquarters.* — The offices of the Siamese Red Cross Society have been transferred to the King Chulalongkorn Memorial Hospital in Bangkok, and those of the Junior Red Cross to the Ministry of Public Instruction.

*New Red Cross Vice-President.* — His Excellency Chao Phya Bijayanati has been appointed Vice-President of the Siamese Red Cross Society in succession to H. R. H. Prince Paribatra of Nagor Svarga.

**Spain** *Distribution of Layettes.* — Each year, the Spanish Red Cross makes distribution, at its hospital in Barcelona, of a number of complete sets of baby-linen to needy mothers. These layettes are the gift of society ladies and nurses and are made, for the most part, in the Red Cross workshop.

**Venezuela** *New Red Cross President.* — Señor Carlos J. Bello having resigned from his functions as President of the Venezuelan Red Cross Society, Dr. Enrique Tejera has been appointed in his stead.

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## MEMBERSHIP AND PROPAGANDA METHODS

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**Guatemala** *The Red Cross and the Press.* — As an example of the support lent to the Guatemalan Red Cross by the local press, it is noteworthy that one leading newspaper, *Nuestro Diario*, recently devoted an entire edition to the Red Cross, turning over to the Society the sums received in payment for advertisements inserted in that edition. The "Red Cross" Week, held at the end of 1931, also received the [whole-hearted support of the press.

**India** *New Red Cross Branch.* — An active branch of the Indian Red Cross Society was formed, early this year, in the State of Mysore. It has already enrolled over 300 members and has collected 40,000 Rupees in the form of gifts or subscriptions.

The new branch is following the traditions of other Red Cross sections in India, and devoting its efforts mainly to Maternity and Child Welfare questions. With a view to launching this work, it held a Baby Week last March, the popularity of which far exceeded the [expectations of the organizers.

**Switzerland** *Red Cross General Assembly.* — The General Assembly of the Swiss Red Cross was held this year at Chur, the picturesque capital of the Grisons, on June 25th and 26th, under the chairmanship of Dr. von Schulthess, President of the Society, 137 delegates being present.

The mandate of the President, which had just expired, was renewed by acclamation.

Dr. Ischer, Secretary General of the Society, described to the Assembly the progress made during the preceding year in the different branches of the Society's activities: training of nurses, the Swiss Samaritan Alliance, popular health instruction, disaster relief, etc.

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## RELIEF ORGANIZATION

### INTERNATIONAL AID

**Refugee Relief** *Report of the Nansen International Office for Refugees.* — The Board of Administration of the Nansen Office, the Chairman of which is M. Max Huber (President of the International Red Cross Committee) and on which the League of Red Cross Societies is represented by its Secretary-General, Mr. Ernest J. Swift, has just submitted its report, covering the period from April 1st, 1931 to June 30th, 1932, to the Assembly of the League of Nations.

Among the activities described in the report are the following:

The settlement of 14,292 Armenian refugees in Syria.  
 The repatriation of 6,269 Armenian refugees from Greece to Armenia.  
 The transfer of 772 Russian Mennonite refugees from Siberia to South America.  
 The settlement, by small groups, of 3,266 refugees.

The report makes special mention of the relief work undertaken by the Greek Red Cross in connexion with the embarkation of the Armenian refugees, thanks to the gifts transmitted to it by the national Societies of the following countries and their Junior Sections, through the intermediary of the League of Red Cross Societies:

Belgium, France, Italy, Norway, Roumania, Spain, Sweden, Switzerland, Turkey, United States and Yugoslavia.

Emphasis is also laid on the assistance given by the French Red Cross to the Russian Mennonite refugees in transit across France.

**International Standing Commission for First Aid on Highways** The Commission will hold its next meeting on Thursday, November 24th 1932, at the headquarters of the League Secretariat, to consider the following agenda:

Equipment of first-aid posts.  
 International competition for staff of first-aid posts.  
 International emblem for medical conveyances.  
 Propaganda emblem for first-aid posts on highways.  
 Study of motor roads (autostrades).  
 Study of agreements between Red Cross Societies and Touring Associations.

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## NATIONAL ACTIVITIES

**Argentina** *The Seismic Phenomena of Mendoza.* — The showers of ashes which descended upon the region of Mendoza for several days last April were a source of considerable material loss to the inhabitants for they buried not only the crops but the roads as well.

As the preliminary accounts of the disaster which reached Buenos Aires were of a conflicting nature, the Argentine Red Cross resolved to despatch a commission to enquire into the situation on the spot. After visiting Malargue and Sosucado, the nearest centres to the volcano, the commission was able to judge of the effects of the calamity and to adopt appropriate relief measures. It first proceeded to combat an epidemic of diphtheria, the progress of which, it was feared, might be aggravated by the irritating effects of the ashes on the respiratory tracts, and an intensive campaign was launched by the Red Cross medical authorities among the inhabitants of the region, who were vaccinated and instructed in precautionary measures.

After receiving the report of the commission, the Red Cross expended a gift of 15,000 pesos received from the Town Council of Buenos Aires on the purchase of garments, food and medical supplies for distribution among the disaster sufferers.

**Brazil** *Red Cross Aid for Drought Sufferers.* — The persistent drought in the north-eastern area of Brazil early this year caused such distress among the inhabitants of that region that large-scale relief operations were necessary to cope with the situation.

A federal relief commission was set up by the Government, and the Red Cross was entrusted with the responsibility of rendering the needful aid to the persons affected. It was seconded in this task by the Ministries of Public Works, War, Agriculture and Public Health.

According to reports received from the chief of the Red Cross mission, crops have been completely destroyed and work paralyzed, over half a million persons being ruined.

The Red Cross made use, for its relief operations, of the first-aid posts situated at Ceará, Rio Grande do Norte, Parahyda and Pernambuco, each of which gave shelter to sick and homeless persons and provided food for the hungry. The Society also undertook the conveyance of the drought sufferers to the concentration camps and work camps organized for their benefit.

The medical mission of the Brazilian Red Cross had to undertake an energetic campaign against epidemics such as trachoma, dysentery and typhus, arising out of bad living conditions.

The feeding of the victims presented a difficult and costly problem by reason of the vast extent of the area affected.

**Guatemala** *Relief Activities of the Red Cross during 1931.* — The Guatemalan Red Cross has recently published a report on its activities during 1931, in which particular prominence is given to the disaster relief operations carried out by the Society in connexion with the Managua earthquake and other catastrophes. In addition to the relief

mission which it sent to Nicaragua, the Guatemalan Red Cross sent another mission to British Honduras in connexion with the Santo Domingo cyclone, and donated 2,358 francs to the Mexican Red Cross for the relief of victims of the Oaxaca earthquake. Besides sending a medical mission to Managua, the Society despatched 1,702 parcels of clothing and foodstuffs, and collected a sum equivalent to \$12,000 for the benefit of the earthquake sufferers.

#### FIRST AID

##### Customs Facilities for Motor Ambulances

Those Red Cross Societies which are endeavouring to organize a service of First-Aid Posts on the highways of their countries will be interested in the following summary of a statement made at the last Assembly of the International Touring Board (see August number of Review and Information Bulletin, page 280) by M. Louwet, speaking in the name of the General Customs Department of the French Finance Ministry, following a plea by the President of the Standing International Commission for First Aid on Highways in favour of according facilities to motor-ambulances, especially at frontiers.

M. Louwet described as follows the customs regulations at present applying to this class of vehicle in France:

In common law, these vehicles should be subject to customs dues and entrance fees. In view, however, of their humane character, the Administration has long since granted them temporary exemption under cover of a provisional permit, or, in the case of vehicles to which its attention has been specially directed, unconditional exemption. The Administration is prepared to give sympathetic consideration to any scheme for the entire suppression of customs formalities in this connexion, subject to the following conditions:

- a) application from the Associations and Red Cross Societies to the Central Administration of French Customs, notifying it of the characteristics of the vehicles which it is desired to import temporarily on to French territory and which would bear distinguishing marks specially adopted for the purpose;
- b) an undertaking to re-export the vehicles within the shortest possible delay;
- c) reciprocal treatment on the part of other countries.

Subject to these simple formalities, ambulances would be free to cross the frontier as and when they pleased without customs papers; the customs agents would simply examine them at the border and take notes concerning them.

There remains the question of the automobile tax to which these cars are also subjected. The Bureau of Indirect Taxation, which is the competent authority in this matter, would very probably be prepared to give favourable consideration to the possibility of delivering free permits on receipt of an application from the Associations.

M. Louwet added that, to bring the proposed arrangement into force, it would not be necessary to convoke a Customs Committee; it is sufficient that the Central Board should approve a recommendation from the French Administration, which was prepared to make that recommendation as soon as the Touring Association and Red Cross Societies formulated a written request to that effect.

Dr. Béhague, in reply, stated that the matter would be referred to the national Red Cross Societies through the International Standing Commission for First Aid on Highways, which is to meet on November 24th next, and that the Commission would then take steps, concurrently with the International Touring Board, to bring about the realization of the measures suggested by the French Customs authorities.

## HEALTH ACTIVITIES

**Costa Rica** *Red Cross Baby Clinic.* — To give effect to a resolution passed by the Central Committee of the Costa-Rican Red Cross last May, a baby clinic has been established at the headquarters of the Society in San José.

The installation comprises a waiting room, an office, a lecture hall and a dispensary. The clinic works in close collaboration with the local child welfare agencies, and receives subventions from various sources, including the Chamber of Commerce and the Rotary Club.

During its first month of activity, the clinic treated 286 infants. The pupils of the Girl's High School at San José attend the clinic to receive instruction in child welfare; several of them have taken needy children under their wing and are tending, feeding and clothing them.

The management of the clinic has been entrusted to Dr. Mario Luján who, some years ago, studied maternity and child welfare in Paris under the auspices of the League.

**India** *Campaign against Tuberculosis.* — In pursuit of its popular health instruction campaign, the Indian Red Cross Society has translated into Urdu two pamphlets: "Prevention of Tuberculosis" and "Prevalence and Causation of Tuberculosis", and is preparing to issue a series of wall-charts on the following subjects:

- Prevention of Tuberculosis: Public measures,
- Prevention of Tuberculosis: Marriage and Tuberculosis.
- Causation of Tuberculosis.
- Signs and Symptoms of Tuberculosis.
- Diet in Prevention and Treatment of Tuberculosis (illustrated).
- Prevention of Tuberculosis (illustrated).
- Prevention of Tuberculosis: The Sower (illustrated).
- Anti-Tuberculosis Scheme (illustrated).
- Functions of a Tuberculosis Dispensary (illustrated).

An educational film on the causes and prevention of tuberculosis is also in preparation. The length of the film will be approximately 2,500 feet and titles will be in English, Urdu and Hindi.

*Child Welfare.* — A model child welfare centre was recently inaugurated at Chetput (Madras Province), and has been given the name of "Lady Beatrix Stanley Child Welfare Centre". The main building comprises quarters for the health visitor, a small lying-in ward with two beds, a bathroom, a veranda, two consultation rooms—one for clean cases and the other for skin diseases—a clinic, a breast-feeding room and a waiting room.

The object of this model welfare centre is to provide health-school students with an opportunity for practical training and to render much-needed assistance to the mothers and babies of the region.

**Turkey** *Campaign against Tuberculosis and Trachoma.* — In order to show its practical interest in the campaign against social diseases, the Turkish Red Crescent placed at the disposal of the Anti-Tuberculosis Society of Smyrna, during August, fifty tents to be used for the organization of a summer camp.

The Red Crescent has purchased from the Dresden Health Museum twenty chests of propaganda posters which it has presented to the Ministry of Health and Social Welfare for use in educating the public as to the causes and prevention of trachoma.

**United States** *Holiday Camp for Diabetic Girls.* — The first diabetic camp for girls is being founded this year at North Oxford (Massachusetts)—the birthplace of Clara Barton, founder of the American Red Cross—on the site of a fresh air camp where formerly, for eight weeks each year, little girls from the city slums laid in a store of fresh air and health to help them face the rigours of the winter months. This initiative is due to the combined efforts of the Women's National Missionary Association of the Universalist Church, the Clara Barton Birthplace Committee, the Massachusetts Young People's Christian Union and Dr. Elliott P. Joslin, an eminent authority on diabetes.

The Clara Barton Diabetic Camp will not only give expert care to the little patients but will serve as an educational centre for all interested in the battle against this disease. It is the first camp of its kind and its sponsors hope that, from this modest beginning, similar camps will eventually dot the country. The services of the medical staff, the supplies and the laboratory will be furnished by the Boston Deaconess Hospital, and the free service will be for children of poor families. The camp will be conducted for eight weeks each year and the girl patients will be admitted upon the recommendation of hospitals and their own physicians.

The children are to come under the expert care of two head nurses, and a dietitian of experience will supervise their nourishment. Two graduate nurses have volunteered to act as counsellors, assisted by two adult diabetic patients.

Because the mortality from diabetes is much higher in children than in adults, the camp represents an important step in the fight against the disease, for in no other malady, perhaps, are diet and cooperation by the patients productive of such immediate and successful results. Not only will diabetic children benefit from a holiday in pleasant surroundings, but their parents will gain rest from the exacting responsibility of diabetic care.

**Uruguay** *Child Welfare Activities.* — The Canelones Sub-Committee of the Uruguayan Red Cross announces the forthcoming inauguration of a third kindergarten with place for 40 children. As soon as its installation is completed, the Society will proceed to organize a home for children under six years of age whose mothers are engaged in work outside their homes.

The Uruguayan Red Cross provides meals each day in its canteen to fifty indigent children and administers tonics to ailing children.

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## NURSING DEVELOPMENTS

**Canada** *Red Cross Nursing Services.* — During 1931, the 88 nurses attached to the fifty nursing outposts of the Canadian Red Cross Society were very active, not only in nursing the occupants of the 291 beds and 111 cots provided in the outposts but also in caring for patients in their homes.

The Red Cross Seaport Nurseries, a type of institution peculiar to Canada, were in operation in Quebec from April 30th to November 30th, in St. John from January to April and in Halifax all the year round. The nurses attached to these establishments met 3,350 women and 4,480 children on their arrival in Canada from 259 ships and rendered them every assistance.

The Canadian Red Cross has continued its support of the public health nursing services in Ontario, New Westminster and British Columbia. The Red Cross public health nursing service of Prince Edward Island was taken over by the Government on July 1st, 1931. During the first half of 1931, the nurses inspected 4,813 children in 39 schools, made 804 home visits, gave 145 health talks and organized special chest clinics and diphtheria immunizing clinics at which, in 1930-31, over nine thousand children were safeguarded against diphtheria.

The Red Cross nurses last year organized fourteen Crippled Children's Clinics in the Maritime Provinces. Twelve of these were held in Nova Scotia and two in Prince Edward Island.

In 1924, the Red Cross initiated courses of instruction in Home Nursing and Domestic Hygiene which, up to the end of 1931, had been attended by 20,509 women and girls. During 1931, ninety-three classes were organized in five Divisions, attended by 1,783 pupils.

*Enrolment of Nurses.* — Early in 1927, the President of the Canadian Nurses' Association and the National Commissioner of the Canadian Red Cross Society decided that it would be opportune to organize a nationwide enrolment of nurses for service in time of war or disaster. A Joint Committee, composed of representatives of the two bodies, was formed to elaborate the details of a plan for the national enrolment of nurses. Similar joint committees are established in each of the provinces.

The Provincial Nurses' Associations arrange for the enrolment, making use of a formula adopted by the National Joint Committee. They transmit the completed forms to the provincial offices of the Red Cross where the names, addresses and other details are recorded. The Provincial Red Cross Divisions prepare lists of the enrolled nurses and transmit them, through the National Office of the Red Cross, to the Director-General of Medical Services at Ottawa. They communicate at intervals with the nurses enrolled in their areas in order to assure the Provincial Joint Committee of their continued willingness to serve in war or disaster.

The Canadian Red Cross provides the forms required for the enrolment and bears the expense involved in maintaining the Register. It accepts the responsibility for the transportation, maintenance allowances and pay of nurses engaged in disaster relief work, and also undertakes to supplement the pay of nurses employed in military service.

The enrolment system came into being in 1930; by the end of 1931, there were 576 nurses enrolled.

**Germany** *Some Hints on the Training of Voluntary Aids.* — The German Red Cross attaches great importance to the enrolment of volunteers for training as assistants to rural nurses, whose numbers are inadequate to cope with all the hardships arising out of the present economic crisis. It is felt that the presence of a qualified voluntary aid, capable of looking after small children and infants, would be a boon to the community in general.

For the training of persons desirous of offering their services as rural child welfare workers, the German Red Cross suggests as a model the course for "child supervisors" organized by the Regional Public Welfare Office of Lower-Silesia.

This course, which was followed by *seventeen* pupils from the Marienstift Boarding School for Girls at Steinau, lasted three months and comprised practical training in addition to three or four theoretical lessons daily of 45 minutes each. At the end of each lesson, the pupils were required to give a written synopsis of what they had learned, the purpose of this being not only to implant the knowledge firmly in their memories and thus avoid misapprehension, but also to accustom them to grasp quickly the essentials of each lesson.

The syllabus of the course was as follows:

1. Care and feeding of infants—24 lessons given by the parish social worker.
2. Care and feeding of toddlers—24 lessons given by the " " "
3. Organization and direction of a day nursery in the country—4 lessons given by the director of the local Public Welfare Office.
4. Occupation and instruction of children in day nurseries—44 lessons given by a sister tutor.
5. Children's songs and games—44 lessons given by a sister tutor.
6. Simple handicrafts—66 lessons given by a sister tutor.
7. A few essential problems of social welfare—20 lessons given by the director of the local Public Welfare Office.
8. The organization of daily life—12 lessons given by a woman teacher.
9. German—12 lessons given by a woman teacher.
10. Physical culture—12 lessons " "
11. Discussion of work—10 lessons " "

The *child welfare course* was based on the following principles:

General introduction to child welfare—the importance of child welfare—rural hygiene conditions—the economic situation—the importance of health—superstition and quackery.

Physique, characteristics and behaviour of the normal new-born child.—Physical and mental development of the infant up to the age of two years.—Characteristics of the prematurely-born child and the problems involved in its care and nourishment. Do's and don't's for mothers in caring for new-born infants.—Common malformations and their treatment.

Appropriate clothing, cleansing of baby-linen, how to dress and undress the sick and well baby.—Baby's bed and its important characteristics.—The nursery and how to keep it clean.—How to arrange a room for baby in the country at small cost.

Baby's bath.—Steam and mineral baths.—Change of swaddling clothes, care of the skin.

How to handle and carry baby and put him to bed; how to protect him against mishaps.—Permitted and forbidden playthings.—Where to address mothers in search of advice.—The importance of the maternal consultation.—The beneficent effects of air and sun baths.

Advantages of breast-feeding, composition of human milk; duration, intervals and technique of feeding; wet nurses.

Mixed feeding. Problem: Composition of meal for children at different ages. How to administer food.—Food testing, condition of bottle and teat, their



cleansing and care.—The fly danger and how to eliminate it.—The use of authorized medicaments.

Symptoms of diseases and preliminary measures to be taken (breathing, pulse, temperature, examination of throat, infusions, isolation, protective mask, skin diseases, anti-smallpox vaccination.—Diseases justifying exclusion of affected children from the day nursery.—In what circumstances should the establishment be closed down?

Teething, convulsions, thrush, over-feeding, under-nourishment, disorders of the stomach and intestines, lung troubles.

Rickets and their cure.

Pupils were invited to work out the fundamental principles of child welfare by making comparisons between infant mortality statistics. Special importance was attached to practical exercises.

The training in *care for toddlers* is designed to familiarize the pupils with the elementary principles of hygiene and diseases of very young children, and with certain practical operations such as first aid, de-lousing, etc.,

The course in *education and occupation of the child* comprised the following subjects:

1. The purpose of the day nursery: material circumstances of the parents and the need for supervision and instruction of the children.
2. How can the day nursery compensate for the lack of home training?
3. A day in a day nursery.
4. Segregation of children into age groups.
5. Play:
  - a) What is play?
  - b) The development of the play instinct.
  - c) Different forms of play.
  - d) What games does the child prefer?
  - e) The plaything.
  - f) Open-air games.
6. Occupation of the child.
7. Drawing:
  - a) The first scribblings.
  - b) A meaning is given to the sketch; the child draws things as he understands them.
  - c) The outline.
  - d) Perspective—A few general rules on drawing.
8. Exercise of the sensory faculties.
9. The picture book—Recommended books.
10. How to tell a story.—Why is it necessary to tell stories to children?
11. The child's collaboration in the day nursery:
  - a) Why is importance attached to the child's collaboration?
  - b) Points to be observed in making the child work.
12. Children's gifts.
13. Church holidays:
  - a) What church holidays are observed in the day-nursery?
  - b) How they should be observed.
14. The year's work in a day nursery:
 

Why must there always be a guiding aim towards which all efforts are directed?
15. Education:
 

By example—in the physical, intellectual and moral domain.  
 By habit: When should the formation of habits be commenced?  
 By teaching: Why is it necessary? When should it begin?

## 16. The intellectual development of the child:

- |                    |                        |
|--------------------|------------------------|
| a) memory;         | g) impulses;           |
| b) attention;      | h) will;               |
| c) spiritual life; | i) ease of expression; |
| d) fear;           | k) thought;            |
| e) sympathy;       | l) untruthfulness.     |
| f) cruelty.        |                        |

The teaching of *handicrafts* is primarily intended to show the pupils how to make attractive playthings rapidly and at a minimum of cost.

The teaching of the principles of *social welfare* should take special account of rural conditions.

The teaching of the principles of *organization of daily life* entails talks on: the standard of living, physical culture, nutrition, clothing, work, utilization of leisure, civic problems, insurance, etc.

The practice of *physical culture* is designed exclusively for the pupils and does not comprise instruction in gymnastics for children.

In the *needlework class*, the pupils were taught to make underwear, children's garments and baby-linen.

At Steinau, a "parents' evening" was organized, and was attended by the pupils to enable them to form an idea of the necessity for co-operation between parents and educators.

The total costs of the course amounted to 5,000 marks, half of which were met by contributions from the pupils themselves.

**Greece** *Red Cross Nursing Regulations*. — Below is the text of the by-laws governing the nursing service of the Greek Red Cross:

*Article 1*

By decision of the Board of Administration, the direction of the Red Cross nursing service is entrusted to a section composed of six nurses.

*Article 2*

The members of this section are appointed by the Board of Administration for a term of three years, and are eligible for re-election.

*Article 3*

To the section is attached an advisory committee composed of three male members of the Board of Administration nominated by the section for three years and similarly re-eligible.

*Article 4*

The nursing section is entrusted with the responsibility of all matters connected with the nursing activities of the Society.

*Article 5*

The nursing section undertakes:

- a) to raise the standard of the nursing profession;
- b) to watch over the progress and technical training of nurses;
- c) to appoint nursing personnel to the different Red Cross services and other institutions, subject to the approval of the Board of Administration;
- d) to organize and supervise the regular management of one or more schools of nursing, subject to the prior approbation of the Board of Administration;
- e) to keep a register of certificated nurses and voluntary aids trained by the Greek Red Cross;
- f) to maintain between them a satisfactory *esprit de corps*;
- g) to maintain cordial relations with national and foreign bodies pursuing similar aims.

*Article 6*

From among the six members of the nursing section, the Board of Administration nominates a directress, who, in the event of absence, is replaced by another member of the section designated by her.

*Article 7*

The section meets in conference, at the invitation of the directress, at least once a month and three of its members suffice to constitute a quorum. At these meetings, the directress raises any questions pending relating to the school of nurses, the trained nurses' corps, volunteer nurses and voluntary aids. She is responsible for carrying out the decisions taken by the section, for supervising and regulating everything relating to the service and signing all correspondence. She is also charged with submitting the annual budget and extra expenditures to the approval of the Board of Administration.

*Article 8*

In the event of extraordinary questions of a general character arising, the advisory committee is convened by the directorate, two of its three members constituting a quorum. Apart from this contingency, the committee meets twice a year to take cognizance of the activities and projects of the nursing sections.

*Article 9*

The section is responsible for the correspondence relating to the preparation and execution of decisions taken by the Board of Administration in all matters bearing upon its sphere of activity.

*Article 10*

Any act of insubordination or misconduct on the part of a certificated nurse or voluntary aid is brought by the directress to the notice of the section.

In the case of a misdemeanour falling outside the jurisdiction of the board of administration of the institution to which the offender belongs, the matter is submitted to the judgment of the nursing section, which summons the offending nurse before it and reprimands her if necessary. If, however, it deems that a severer punishment, or even dismissal, should be inflicted, it submits a written report, accompanied by substantiating proofs, to the Board of Administration which, in turn, pronounces final judgment on the question.

*Red Cross Nurses and Voluntary Aids.* — In June 1931, the school of nursing which, since December 1930, has been attached to the Red Cross hospital school, awarded nine diplomas for hospital nursing, making a total of 41 diplomas issued since the foundation of the school in November 1924.

The greater number of these certificated nurses are engaged in Red Cross work, either at the Hospital, the Voula Asclepiion or the dispensaries; only twelve have been placed at the disposal of other institutions. One of them followed the 1930 International Course for Nurse Administrators in London with a view to taking up a position on the teaching staff of the school.

There are at present 19 third-year, 28 second-year and 25 first-year pupils attending the school.

Ten certificates were awarded early in 1931 to pupils of the 1930 courses for voluntary aids at the conclusion of their practical studies in the Red Cross hospital wards and dispensaries, thus bringing to 54 the total number of voluntary aids trained since 1925. These women perform secondary tasks under the supervision of trained nurses and are required to serve for two months each year in order to be ready to respond immediately in case of need, public disaster, etc., Thus, when an earthquake occurred in the Isle of Eubœa last autumn, a group of trained nurses from the school, assisted by voluntary aids, co-operated in the relief operations organized by the public authorities.

**Yugoslavia** *Beograd School of Nursing.* — The Nursing School at Beograd, founded by the Red Cross and subsequently turned over to the State, is today administered by a Board composed of delegates of the Government, the Health Ministry and the Red Cross. It is managed by a directress, an assistant directress and five sister-tutors, including Mlle Ruza Brodnik, a former graduate of the 1927-28 Course for Nurse Administrators at Bedford College, London.

Of the eighty-one candidates for admission to the school last year, thirty-eight were accepted for a probationary period and eventually passed the examination entitling them to definite admission. In 1931, there were 38 first-year, 24 second-year, and 17 third-year students. All of the latter passed the State test, two with the mention "Excellent" and twelve "Very Good". Several were awarded prizes, consisting of gold watches, fountain pens, etc..

All the students are vaccinated against diphtheria, typhoid and scarlet fever.

The State subvention having been reduced, the school budget is now having to be balanced by means of the students' fees. The number of admissions for the school year 1932-33 has been fixed at twenty paying pupils.

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### JUNIOR RED CROSS WORK

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**France** *Educational Authority's View of the Junior Red Cross.* — At the last General Assembly of the French Junior Red Cross, the Sub-Director of Elementary Education emphasized the importance attached by the Ministry of Public Instruction to the Junior Red Cross and the interest which its programme has awakened among the members of the teaching profession in France. Referring to the value of inter-school correspondence, he declared:

We, in our schools, endeavour to foster in the child a spirit of mutual comprehension, and what we seek to instil into their imagination the Junior Red Cross tries to make real to them. What we are doing for their minds, the Junior Red Cross is doing for their souls. Its teaching thus constitutes a happy complement —perhaps the best of all—to our own. Together, we are striving to "serve" convinced that devotion to a worthy cause is the source of happiness.

**Germany** *New Junior Red Cross Propaganda Brochure.* — The German Junior Red Cross has issued an informative and compact manual entitled: "The Junior Red Cross at the Service of the School".

*Seniors buy Magazine for Juniors.* — Members of the Red Cross First-Aid Unit at Burgstadt have found an ingenious way of furthering the work of the Junior Red Cross. During two years they subscribed to twenty-two copies of the Junior Magazine which they afterwards forwarded to as many schools. They also sent these schools a number of Health Game charts for distribution to the pupils.

**Great Britain** *Juniors Celebrate Florence Nightingale's Birthday.* — On the anniversary of the birth of the "Lady of the Lamp", which was observed throughout the Empire as Red Cross Day, every Junior Link in Great Britain received a Florence Nightingale poster and was asked to print a suitable motto beneath it. Some of the mottoes were original, others were quotations, and the large number which were sent to the Editor of the British Junior Red Cross Journal showed that a great deal of interest was taken in the choice. Here are some of the mottoes: "Service before Self". "I undertake and carry through", "The Lamp of Love glittereth in the Dark", "She served: *we* will serve", "Be strong Links in the Chain" "However small, your light may keep on shining", "Have courage, for light shall follow darkness".

**Greece** *Minister recommends First-Aid Boxes.* — The Minister of Education, having taken into consideration the recommendations of the Educational Committee, has advised school authorities to encourage the purchase of the portable pharmacies issued by the Greek Junior Red Cross as being the most suitable model made for schools.

The Minister also wrote a letter of congratulation to the Junior Red Cross on the occasion of the opening of the school baths, recently established in Corinth through the combined efforts of Greek and American Juniors.

**Hungary** *Annual Report of the Junior Red Cross 1931-32.* — The Hungarian Section reports that Juniors have been particularly active in their service work throughout the year. Eight hundred groups sent in accounts of their work. The President of the Junior Red Cross adds: "I think we can safely say that every single group took part in the work of mitigating suffering". Whenever the resources of the Juniors were insufficient to meet the demands made upon them, the Junior Red Cross united its efforts with those of other youth associations and welfare societies. Much of its relief work was thus accomplished in close collaboration with such associations as the National Public Health Societies, the Child Protection League, the Boy Scouts, the Parents' Association, etc.

*Financial Support from Ministry.* — An improvement has been made in the form of support granted by the Ministry of Education to the Junior Red Cross, showing in what high esteem the movement is held in official circles. Hitherto, the Section has received a subvention from the Ministry which varied from year to year according to budgetary possibilities. A new arrangement has been made which places the subvention on a more stable basis. From the school enrolment fee, which every pupil has to pay upon entering the higher grades of public school, a sum of 20 fillers (3.5 cents) will in future be set aside by the Ministry for the Junior Red Cross. This arrangement involves no extra expense for the pupils.

*Convalescent Juniors' Home Built.* — The building of the Home for which all Hungarian Juniors have been actively raising funds is now completed. This Home, situated at Sopron, is designed to house 54 children. The Juniors are now concentrating their efforts on endowing cots.

The Junior Red Cross also launched the plan for an open air school in Gödöllo. This is being carried out with the assistance of the Ministry.

*Junior Work during Child Week.* — In order to help the Juniors of Budapest in carrying out their Child Week programme, the Milk Propaganda Society donated 500 portions of milk and buttered rolls to the Junior Red Cross. These were distributed to needy children "adopted" by Juniors on the occasion of entertainments which the Juniors had arranged for them.

*Mother's Day.* — The Minister of Education issued a decree recommending the observance of Mother's Day in all elementary schools and informign teachers of what has already been accomplished in this connexion by the Junior Red Cross. Since the decree also drew attention to the educational value of the movement as a whole, it inspired a number of schools to enrol in the Junior Red Cross.

*Other Activities.* — Among the other outstanding activities of the year, some of which have already been mentioned, are the participation of Juniors in the Christmas relief project of the Governor's wife; the first-aid courses for teachers and pupils; the tree-cultivation programme of the Juniors, sponsored by the Ministry; and the teachers' meetings, held periodically at Junior Red Cross headquarters, when lectures were given by authorities on Red Cross, health and educational questions. The text of these lectures was afterwards forwarded to all enrolled schools to enable the teachers of the provinces to benefit by them.

**South Africa** *Report of Junior Conference.* — In the British Junior Red Cross Journal for June, 1932, appears the account of the first conference of Juniors held in Johannesburg, including an excellent report presented by a Junior on "The Junior Red Cross in relation to the City and the State". The Conference was opened by the Administrator of the Transvaal who paid a high tribute to the work of the Junior Red Cross in the schools of the country.

**United States** *Death of Junior Red Cross Leader.* — It is with deep regret that the Secretariat announces the death of Dr. Harry Bruce Wilson, National Director of the American Junior Red Cross from 1928 to 1931, when he resigned owing to ill health.

Before succeeding the late Mr. Arthur William Dunn in the directorship of the American Junior Red Cross, Dr. Wilson was Superintendent of Schools in Berkeley, California. He was the author of a number of books on educational subjects and a leader in his field of work, holding offices in many important educational associations. Dr. Wilson had a strong faith in the Junior Red Cross and during his directorship presented the educational values of the movement at many important conferences both in the United States and in other countries. In 1929 he attended the International Junior Red Cross Conference in Geneva, afterwards visiting Red Cross Societies in England, Central Europe and the Balkans, where he will be remembered with affection by many Red Cross leaders.

**International School Correspondence** *World Statistics.* — The latest statistics compiled by the League Secretariat show that Junior Red Cross school correspondence is at present being exchanged by groups in 48 countries and in 8,282 schools. The number

of schools in which correspondence in being carried on is as follows for the countries most active in this work:

United States . . . . .	2,780	Germany . . . . .	291	Greece . . . . .	164
Japan . . . . .	1,004	Poland . . . . .	268	Hungary . . . . .	136
Canada . . . . .	397	France . . . . .	260	Latvia . . . . .	124
Italy . . . . .	358	Australia . . . . .	208	Great Britain . . . . .	109
Czechoslovakia . . . . .	330	Belgium . . . . .	168	Bulgaria . . . . .	108
Austria . . . . .	326	Spain . . . . .	165	Estonia . . . . .	103

## LEAGUE HEADQUARTERS NOTES

### Organization of the Secretariat

The reorganization of the services of the Secretariat foreshadowed in the discussions of the Executive Committee at its meeting last April, with a view to enabling the reduced staff to handle a greater volume of work on a simplified basis, has been carried out by the Secretary-General during September. The arrangements now in force are as follows:

#### *Secretary-General's Office:*

Secretary-General: Mr. Ernest J. Swift.  
 Technical Counsellor: Dr. René Sand.  
 Field Staff (Under Secretaries-General) Mr. de Gielgud (English); M. Larrosa (Spanish, Portuguese), M. de Rougé (French, German).

#### *Information and Propaganda Service:*

Chief: M. Royon.

#### *Administrative and Financial Service:*

Chief: Mr. Oliver.

#### *Technical Divisions:*

Relief: Chief, Major Petersén. Assistant: Mr. Hodges.  
 Health: (under the direction of the Technical Counsellor). Assistants: Dr. Dzierzkowski, Dr. Lillingston.  
 Nursing: Chief: Mrs. Carter. Assistant: Mlle Lefebvre.  
 Junior Red Cross: Chief: M. Milsom. Assistant: Mrs. Irwin.

**Missions** *Mr. de Gielgud*, Under Secretary-General, went to Geneva on September 18th to discuss with Mr. Brown, of the International Red Cross Committee, questions connected with the forthcoming mission to the Far East. *Mr. de Gielgud* will leave Paris on October 15th, and visit the Red Cross Societies of Japan, China, the Netherlands East Indies and the Philippines Chapter of the American Red Cross.

*Mrs. Carter*, Chief of the Nursing Division, returned to Paris on September 26th from visits to the Red Cross Societies of Brazil, Uruguay and the Argentine.

*M. Milsom*, Chief of the Junior Red Cross Division, who had been seriously ill, has happily recovered and returned to his post at League Headquarters on October 1st.

**Study Visits** Colonel Marinkovitch, Secretary-General of the Yugoslav Red Cross, arrived at League Headquarters for a study visit on September 27th.

**Contributions to League Budget**

in previous numbers:

Chinese Red Cross . . . . .	10,423 French francs
Czechoslovak Red Cross. . . . .	20,000 Czech Crowns
Turkish Red Crescent . . . . .	£50.0.0.

The following contributions have been received towards the administrative expenses of the League for the current year, in addition to those announced

**Visitors**

*Red Cross.*

- American Red Cross: Mrs. William K. Draper; Miss Gallet, Miss Pettingill and Miss Verrall D. Wright, Director of Chicago Chapter J. R. C.  
 Albanian Red Cross: Mlle Andrée Cohadon, of the Red Cross Nursing School at Tirana.  
 Belgian Red Cross: Mlle Harty, School Correspondence Secretary, J. R. C.  
 Cuban Red Cross: Señor E. J. Conill, Vice-Chairman of the Board of Governors of the League.  
 French Red Cross: Mlle Brunet, nurse.  
 German Red Cross: Col. Draudt, Vice-Chairman of the Board of Governors of the League.  
 Japan Red Cross: M. Yamanouchi, representative in Europe.

*Others.*

- Mr. Waldo Adams, of the International Advertising Corporation.  
 Dr. G. Harvey Agnew, Canada.  
 Dr. Hans Frey, Director of the Insel Hospital, Berne.  
 Señor Placido Sanchez Herrera, Bogota (Colombia).  
 Mr. R. A. Leforgeais, of the American Express Company, Paris.  
 Mlle Levêque, French candidate for the International Course for Nurses.  
 M. Pichet, of the International Institute of Intellectual Co-operation.  
 Señor Manuel A. Pineda, Bogota (Colombia).  
 Miss Steele, Teacher at the American College in Sofia (Bulgaria).  
 Luang Visutra Virajjdes, Second Secretary of the Siamese Legation, Paris.  
 Professor C.-E.A. Winslow, Professor at the Yale School of Medicine, New Haven, Conn.

## PUBLICATIONS RECEIVED

**Junior Red Cross Primary First Aid Notes**, by E. MacKinnon, Hon. Director, J. R. C., New South Wales (Second Edition) Junior Red Cross Headquarters, Sydney. Pp. 64. Price 6d.

This little book was written to supply country children in New South Wales between the ages of eight and fourteen years with the simplest possible instruction in the ordinary illnesses and accidents of daily life. It may be objected that children of that age are too young to be of any real use when a leg is broken, when an arm is badly cut or when a serious illness makes its first appearance; but if there is not much that they can do there is much that they can be warned against doing, and even the little that a child is capable of may make all the difference to the final recovery of the patient. However, the greater part of the book is concerned with



the minor ills of childhood: cuts, burns, and bruises. It states in simple language the principles of fresh air and cleanliness, how to deal with a case of drowning; it gives notes on home nursing and on everyday hygiene and ends with some simple cooking recipes. From the simplicity of its language and the practical nature of its advice it deserves to circulate more widely than in New South Wales.

**Social Welfare and Professional Education**, By Edith Abbott, University of Chicago Press, 1931. 173 pages.

The author of this volume, who is the dean of the High School of Social Work Administration of Chicago University, lays great emphasis on the necessity of lending a university character to social work training and of closely linking it with social research. She deprecates hasty specialization and exclusive training in practical technique. The studies of pupils in the welfare agencies should be directed by woman instructors. A knowledge of public services is no less essential.

An excellent description is given of social service in the schools, as well as a highly interesting chapter on social work and social statistics: the author deplors the fact that statisticians lacking in social experience should act upon unreliable data, and that certain among them should make use of deceptive methods of numerically judging situations which can only be properly appreciated in their general perspective.

**The Purchase of Medical Care through Fixed Periodical Payment**, By Pierce Williams, National Bureau of Economic Research, New York, 1932.

In this volume, the National Bureau of Economic Research describes the medical services organized in the United States on the basis of fixed periodical contributions by those interested. These services may be found in a limited number of industrial undertakings, in different mutual aid associations and a few workers' syndicates; in certain towns, they are organized by the hospitals, philanthropic bodies or doctors; in others, they are the affair of the insurance companies; others again have appointed municipal doctors. In the aggregate, this system reaches but a small fraction of the population of the United States. A careful study of the question is interesting, however, in view of the future development of sickness and disablement insurance.

**The Social and Economic Aspects of the Drink Problem**. London: Gollancz, 1931.

A group of leading personalities has been formed in England for the purpose of making an objective study of the medical, economic and social aspects of the drink problem. The first have already formed the object of a book which appeared in 1931 under the title of : *A Review of the Effects of Alcohol on Man* (Gollancz, London). The group has now published its conclusions in regard to the economic and social aspects of the problem, arrived at after investigations conducted with a rare degree of conscientiousness and impartiality.

From these conclusions, it would appear that there has been a marked decrease in the consumption of alcoholic liquors, especially among young people and the working classes. Drunkenness is becoming rarer. The expenditure on drink, however, is substantially the same, but this is attributable to the increased cost of alcoholic drinks induced by high taxation. The productive capacity of the nation does not appear to be affected in any way, at present, by drinking habits. Nevertheless, if the sums devoted to this object were utilized for the betterment of living conditions, it is probable that the output of the nation would be improved.

The highest consumption is to be found among unskilled workers. Twenty-five to thirty per cent of cases of distress, 13 to 15 per cent of the cases needing relief, appear to be due to drunkenness. This applies also to 40 per cent of minor offences, 25 per cent of crimes, 15 per cent of cruelty to children and 25 per cent of divorce cases.

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