

BOOKS AND REVIEWS

JEAN DE BLONAY: "1870: A REVOLUTION IN SURGERY"¹

A doctor and a former ICRC delegate, the author of this book has subtitled it: "The origins and development of modern civilian and military surgery". He describes the history of surgery in the last century, particularly during the Franco-Prussian war of 1870-71. This leads him to discuss the growth of the Red Cross and the enormous humanitarian effort expended at that time on the battlefields, the historic aspect of which has been covered in the *International Review* in December 1970 and January 1971.²

The period was extremely important, partly because of the relief—which became organized as a result of the rapid and widespread application of the first Convention—provided for the victims of the war and partly for the huge strides made in medicine, surgery and pharmacology, so that care of the wounded steadily improved. As Dr. de Blonay points out, antiseptics and anaesthesia had just been introduced, making possible great advances in surgery. At this time too, the original concept of the Red Cross began to become a practical reality, with the enthusiasm and failings of all beginnings. It was during the Franco-Prussian war that the Red Cross first had to face unpleasant realities on such a large scale, and it was as a consequence of the experience gained in ambulances and field hospitals that surgeons discovered and consolidated the principles of modern surgery and the treatment of wounds.

The book is thus of absorbing interest, as well as being easy to read, with well chosen illustrations. It explains how the medical services of the time evolved, and sketches in the social and political background. In his preface, Professor J. C. Rudler, director of the university surgical unit at the cantonal hospital of Geneva, says that the author "has succeeded in presenting a vivid picture of the state of the two armies

¹ Editions Médecine et Hygiène, Geneva 1975, 150 pages. The book is in French.

² See V. Segesvary: *The Birth of Red Cross Solidarity*.

involved, especially the organization of their medical services and the activities of the Red Cross”.

Certainly, there were initial difficulties arising from ignorance, among some military and civilian doctors and surgeons, of the underlying significance and limitations of the protection granted to victims by the first Geneva Convention. One case of abuse of the Convention is cited by Dr. de Blonay. A certain Dr. D’Espine boasted, after the capture of a village by German troops, that he “had prevented them capturing French soldiers who were not entitled to Red Cross protection, since they were neither wounded nor sick”. In fact, on that day, a German officer, with a drawn pistol, had come to the hospital and demanded its immediate evacuation on the grounds that it was hiding French officers. The person in charge of the hospital refused categorically, but could not prevent a search being made. In a short time the Prussians came out again empty-handed. D’Espine wrote, “Of course, we had hidden the officers!”.

As Dr. de Blonay remarks, this kind of misbehaviour was later avoided by establishing severe penalties and better information. “National Societies for help to the wounded were set up rapidly all over western Europe. Their activities were co-ordinated by the International Committee, working in Geneva under the presidency of Gustave Moynier. Eager to serve, these National Societies in 1870 demonstrated the extent of their commitment with all the impulsiveness and shortcomings of youth. Yet the trial exercise was amazingly convincing in spite of a good many problems and reservations.”

“But”, the author continues, “it is impossible to study the historical climate in which surgery developed without glancing, if only briefly, at the range of surgical equipment then available. In fact, although so many civilian surgeons would not have been involved without the Red Cross, itself a direct consequence of political and social events, neither would they have been so numerous without the confidence and self-assurance they derived from the advances made in their art, which were equally engendered by the social and political climate.”

The author’s intention was not to draw up a complete surgical catalogue, but principally to give an idea of surgery before 1870 and what the war required it to become. From that time on, “the surgeon was no longer the last resort, but the healer”. The subsequent chapters explain the character of the medical units, the help provided by civilians, the medical services, and the changes they underwent. After the war, the surgeons “were sure that science would continue to offer them new means of improving their results. This certainty was to produce a

generation of pioneers who, in the space of thirty years, would establish the bases of modern surgical techniques." It is with these words that Dr. Jean de Blonay ends his book, a work containing a wealth of references and illuminating a moment in medical history that was of great significance not only for the progress of science but for the advance of humanitarian ideas and their application to new spheres of activity.

J.-G. L.

Health in the village, Anne-Marie Raimbault, Assignment Children, United Nations Children's Fund, Geneva December 1975.

The majority of the population in countries of the Third World live in rural areas, and yet health services and personnel are concentrated in the cities.

Lack of resources and personnel are among the factors which make it difficult to provide a suitable health service for every rural community. Health coverage is inadequate, nearly non-existent.

The most serious problem, however, perhaps lies in the fact that the services are ill-adapted to the needs of the rural population, as are the training programmes for medical and paramedical personnel.

In many areas, one child out of two dies before the age of five. An analysis of mortality and morbidity among children under five in developing countries reveals that the causes are everywhere the same: malnutrition, diarrhea, respiratory infections, and communicable diseases such as measles, malaria, and various parasitoses. The plight of these populations cannot be improved through a simple multiplication of health services as they are presently conceived, nor through an increase in curative efforts. For far too long health has been confused with equipment, and a population's health equated with the responsibilities of the Ministry of Health. Other aspects are just as essential: rural water supply (potable water), community hygiene, education for mothers, environmental sanitation. Today it seems evident that village health can best be improved through integrated development programmes aimed at improving living conditions.

In addition, every member of the population must become a "health agent" within his own sphere. It is indispensable for any programme undertaken to be preceded and complemented by health education related to its specific objectives.