if it were mere routine in normal administrative procedure, no more than local in scope—that it received no attention from historians of the law of war and was not mentioned in the official records of the belligerents involved.

The deed of safeguard granted to the French military hospital at Marchienne-au-Pont on August 23, 1677, thus appears to be a local measure, tentative and frail like any beginning. And yet, in substance and form, it must be considered a forerunner of the humanitarian Conventions, or a seed sown by the hand of fate which brought about the meeting of certain men to husband it in the midst of war.

The Duke of Villa-Hermosa's action fell into oblivion like so many others in a long tradition of charity. Gürlt in his study which was published in the years immediately following the 1864 Geneva Convention, showed how rich and profuse were such acts. But Villa-Hermosa's escaped his attention.

Yet this deed of 1677 is one of the most significant. As such, it deserves to be brought out of its seclusion to take its place with all the ancient documents in which the " humanity " of our ancestors is expressed.

THE BASIC HOSPITAL'S FUNCTION

The concept of what a hospital should be has continuously evolved over the centuries. Today the hospital must be adapted to changes in health programmes which themselves depend on the population's medical requirements. In a recent article [1] *of which we give quotations below, Dr. R. F. Bridgman shows that the* basic hospital, *whose functions he defines, has replaced the rural hospital, and he gives also his view of future developments.*

We can now see the results of the " dispensary " concept which has been applied on a large scale in the USSR. Simple, inexpensive methods have been used successfully to restrain the growth of

[1] See *World Health*, the World Health Organization magazine, Geneva, December 1970.

many of the commonplace, slowly-evolving ailments. Now that the incidence of contagious disease has been cut back, this seems to be the direction public health will take in the years ahead.

Either of their own accord or encouraged by the health authorities, the public are going to demand ever-increasing basic medical care. For one thing, their needs are growing with increased life expectancy, which brings with it greater prevalence of the chronic degenerative diseases; for another, the rapid and extremely serious drop in the proportion of general practitioners, in contrast with the multiplication of specialists, leaves a bewildered and unsatisfied mass of sufferers who happen to be afflicted by everyday complaints. Finally, the education of the public is improving daily, thanks to the power of the information media. At one time, the symptoms which accompanied the ailments of old age used to be accepted with resignation; today this has given way to a demand for treatment. No one any longer accepts avoidable suffering.

It follows that the call for institutions to meet basic medical needs will soon make itself heard in no uncertain fashion. What are these needs?

They might be divided into three categories.

The first is for the recognition of pathological conditions at an early stage. Such conditions include, for example, arterial hypertension, rheumatism, tuberculosis, glaucoma, cancer of the uterus, of the tongue, of the breast and of the skin, diabetes, chronic bronchitis, congenital malformations, irregularities in the gestation and growth of the child, psycho-neurotic disorders, disorders of the sensory organs, venereal diseases and occupational illness—in other words common ailments which can generally be more or less easily diagnosed and so receive attention in good time.

The second category covers basic medical care in the traditional field of curative medicine and general surgery. It includes cardio-vascular and cerebral ailments, chronic nephritis, diseases of the lungs, intestinal ulcers, appendicitis, hernia, prolapsus of the uterus, fibroma and so forth. To these should be added the usual facilities for obstetrics, gynaecology and pediatrics.

Our third category of basic medical needs covers the rehabilitation of the victims of accidents or diseases who suffer from permanent injuries usually affecting the locomotor apparatus.

In all three groups, treatment may be on an out-patient basis or may require periods of hospitalization.

The institution where these services can be made available to the public is the *basic hospital,* manned by general practitioners and surgeons, midwives, pediatricians, nurses and rehabilitation technicians. It is essentially an establishment equipped to treat the everyday ailments which occur in a community enjoying the protection of the usual range of preventive medical services; unusual cases should be referred to the specialist departments of big hospitals . . .

. . . Under no circumstance should the basic hospital be regarded as existing in a vacuum. It must be part of a public health network organized on regional lines. In other words, it must constitute the central reference point for basic health institutions situated in the villages and suburbs, each of which would serve about 20,000 persons. Further, there should be a two-way flow of patients between the basic hospital and the regional hospital centre, one made up of persons whose condition calls for specialized hospital treatment and, in the other direction, convalescents who would benefit from rehabilitation facilities in their own communities.

Conceived in this way, the basic hospital becomes the key element in a comprehensive health programme. It has the great virtue of operating both economically and efficiently, while at the same time offering attractive working conditions to doctors, nurses and other medical and social personnel . . .

. . . So far, we have considered the basic hospital in terms of its role as an essentially practical and direct instrument for the execution of an integrated health programme. To complete the picture we must look also at the administrative framework in which it will function. *The basic hospital of the type we are considering is something entirely different from the traditional general hospital.* The inclusion of dispensaries providing preventive, curative and rehabilitation services, the participation of all branches of the medical profession, its integration in a regional health system, are all features which give it a new character, and this implies the creation of equally new administrative machinery . . .

. . . Last, the architecture of the basic hospital will call for new thinking. Here, adaptability in the use of the building must have

high priority. One can easily imagine that an energetic basic health policy might lead to increased employment of the dispensaries for out-patient treatment, with a relative reduction in the numbers of hospital cases. It will be necessary therefore to continually readapt the physical premises. Only standardized buildings designed on the unit construction principle can be expected to provide a flexible enough structure to allow for the changing demands which the general public will make. . .
