

dered adequate by WHO. But in some parts of Europe the ratio is as low as one nurse to 12 000 and in Africa it can fall to two or three for an entire country. Only about 37 000 nurses are available for the whole of South America . . .

Polemology and Pacifism, by G. Bouthoul, *World Justice, Louvain, 1968, No. 3.*

In the hypersensitive world in which we now live, a prey both to the acceleration of history and an unprecedented population explosion, all humane scientific studies inevitably have a bearing on the future. Planning and providing are no longer a matter of speculation but of absolute necessity. Overriding all other problems is the question of war, for this is the ever-present threat which may well invalidate all our hopes and efforts in every other sphere

Does this mean that we must wait for a complete science of 'the war phenomenon' to be worked out? This would mean leaving the field open to all the elements of aggression, which grow daily more virulent, and passively helping potential catastrophes to come to a head.

At the present moment we can try to affect the structures conducive to war. The most serious of these today is the population inflation which threatens to crush humanity under its own weight. We can influence psychological structures and mentalities by demonstrating that war is a social malady, a mental epidemic. In a word, we can take the worship out of war and the politics out of peace.

Success is far from certain, but so is failure. For there are no historical inevitabilities; there is only the struggle between a passive routine and the creative spirit of man. Every invention is equivalent to a biological mutation of our species. In war as in anything else, according to Bergson: 'The future of humanity is uncertain, since it depends on humanity'.

International quarantine, *The Courier—Unesco, Paris, March 1968.*

Of the six quarantinable diseases, two, typhus and relapsing fever, seem to present no longer any international danger and may soon be dropped from the list of diseases subject to quarantine. The situation for the four others is:

Plague, after declining in the late fifties, is on the upswing; the Republic of Viet-Nam is the hardest hit with 4,532 suspected cases

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reported in 1967. No vaccine has yet been developed as an effective preventive measure. The plague does not seem to be spreading internationally, but vigilance is necessary.

Yellow fever still occurs in tropical Africa and America; an outbreak in Ethiopia caused over 3,000 deaths in 1961. Yet yellow fever vaccine affords complete protection.

Smallpox seems to be rising again. Here again proper vaccination is effective and WHO is tightening up the regulations. The International Certificate of Vaccination against smallpox now requires vaccine up to WHO standards and the origin and batch number of vaccine used; a doctor's signature is also needed.

Cholera is on the march and in Asia it has been reported from the Philippines in the East to Iran and Iraq in the West. Vaccines are only partially effective.

WHO constantly reviews the International Sanitary Regulations in an attempt to keep them abreast of world conditions. The new health regulations for international trade and travel will go into effect, if approved by the World Health Assembly, as of May 1968. They will extend medical health services not only in international ports and airports but inland wherever large movements of population occur. The object remains to speed trade and travel while safeguarding health.

Relations between Nurses and Nursing Aids, *Revue suisse des infirmières, Berne, May 1967.*

... The nursing aid takes over at the sick person's bedside, having, like the nurse, to comply with his or her needs, but she has to do this immediately and give satisfaction in essential matters. She leaves it to the nurse to make use of complicated appliances, the handling of difficult techniques, the planning of long-term treatment, administrative questions and the mastery of intricate situations. She is responsible for matters of hygiene and comfort, for seeing that correct posture is maintained, the feeding of the helpless patient, the prevention of bed-sores and their treatment, as long as these do not develop into wide-spread infection, and the moving of the aged. She also has to keep close observation, give accurate reports of what she sees and also encourage the sick in normal life outside, or at least to limit the effects of damage. However, and this is only fair, she has permanent contact with the sick person and all the satisfaction which that can give her, the pleasure of being immediately appreciated, because the benefits which she obtains are immediate, the noting of some progress in the patient, often not very evident but a cause for much encouragement. If this has not been achieved, at least deterioration has been arrested.