Dr. Rübli's conclusion is worthy of note:

Observance of article 3 of the Geneva Conventions in international conflicts, whatever form they may take, is first and foremost a problem of moral principle : parties to a conflict should desire to observe the humanitarian principles contained in the Geneva Conventions. In addition, they should also desire to co-operate with the ICRC.

Application of this article in such conflicts is a criterion of the political maturity and civilization of the parties involved."

Medical officers in the armed forces can undoubtedly play an important role in this field by urging their governments to ensure that military rules and regulations take the Geneva Conventions into account.

In this connection, it was underlined, during the discussion, that the position of doctors, both military and civilian, in time of international conflict, should be studied thoroughly with a view to defining their status and the protection which might be granted them.

C. P.

FOR AFRICAN CHILDREN

In Unicef News *(1966, No. 35), Dr. Roland Marti, who had been one of the ICRC's most devoted and effective delegates during the Spanish Civil War and the Second World War, has written a most moving article on the tasks he has been carrying out for the past fifteen years in Africa in the service of UNICEF. We now publish some passages which will give an idea of conditions in which an international enterprise of aid to children was initiated in Africa.*

I had devoted my preceding eighteen years to the International Committee of the Red Cross, moving about the world as the major theaters of conflict shifted: from Europe to the Middle East, then

Asia, especially India and Indochina. UNICEF offered me the Brazzaville post in Africa, which I did not know at all.

. . . But, as it eventuated, not just the Congo and Gabon were entrusted to me, but the whole African continent south of the Sahara: 49 countries and islands, 130,000,000 inhabitants,20,000,000 square kilometers—the whole African continent with its maddening distances: 9,400 kilometers from Mauritania to the Seychelles, and 6,600 kilometers from the Tibestis to the Cape. I was to explore all these countries, not through the bush as did Stanley and Livingstone, but through government offices, collecting the basic data—economic, financial, political, medical and human—which we had to obtain before we could plan a network of field offices. This was a sizeable mouthful to bite off, all the more so as I was to be quite on my own at first, since the Supply Officer who has to assist me was not scheduled to arrive for several months.

A few days at my Regional Office in Neuilly had given me some idea, still quite vague, of what UNICEF was in a position to accomplish. It was up to me to promote programmes in the various countries of Africa from which children would benefit.

My mission was all the more attractive, as the instructions were the simplest : " Tell us the situation in the field and what can be done."

On September 26, 1962, I landed at Brazzaville, four days after WHO's Regional Office was established there, still in a rudimentary form. With the directors of the FAO and WHO Nutrition services, I first visited the authorities in Brazzaville, the capital of French Equatorial Africa, and Leopoldville, the capital of the Belgian Congo. We then pursued our mission in the field for several weeks, visiting the interior of the Middle Congo, Ubangi-Shari, the Belgian Congo and Ruanda-Urundi. We concentrated on the single programme which UNICEF was then in a position to support in these regions : combating malnutrition through the distribution of powdered skimmed milk to children.

And yet, after India which I had just left, what I saw in the Congo in those first weeks seemed extremely reassuring : though later, my impressions were somewhat modified; the people at first seemed healthy to me compared with India's vulnerable populations, prey to so many diseases and to such pronounced malnutri-

tion. In any event, I plunged straightway into the problem of malnutrition.

UNICEF had just sent the milk and we were going to be present at the first distributions. Through an information campaign, women and children had been assembled in distribution centers, awaiting the powder which they did not yet know, but concerning which the government was saying wonderful things. Such crowds pressed in upon some of the centers (in Brazzaville, for example) that the fire brigades had to be called in to hold them back with water from their fire hoses. So began the first UNICEF-aided programme in Africa, a programme on which we built high hopes.

At that time, we thought the remedy to malnutrition was very simply to distribute powdered skimmed milk. But in our naiveté, we forgot that Africa is an immense continent, and that skimmed milk distribution helps only a very small minority, and perhaps not those most in need. Besides, the early popular enthusiasm soon evaporated. According to our instructions, the reconstituted milk had to be heated, then cooled again very rapidly. But how, far off in bush, is one to cool rapidly a large cauldron of milk, which has been brought to a boil only after hours of heating over a brush fire ? We simply had to wait for it to cool of itself, and it took longer to heat. The women crouching around the large cauldron waited in the mornings for the milk to heat and in the afternoons for it to cool. After a few sessions, weary of this process and obliged to return to their work in the fields, they stopped coming. The milk was then distributed to patients in health institutions and to school children. Several years later, nutrition programmes based on more extensive research (and on an understanding of the importance of nutrition education) were launched in areas where malnutrition was really rife.

It was in this early period that our supply officer visited Dr. Schweitzer in Lambaréné to see the shipments of milk which had been delayed somewhere at the edge of the Ogoué. My colleague retained a memory of two days of austerity spent with the physician's team.

Experience in the field opened our eyes to Africa's immensity and to its diversity. We realized that our programmes could not be

standardized, but had to be adapted to different countries and areas.

Late in 1952, a very vast project was set in motion to combat malaria in West Africa. The antimalarial program included five countries of French-speaking Africa as well as in Nigeria and Liberia, and for several years it absorbed the bulk of UNICEF's assistance in Africa . . .

. . . It was important to evaluate the results of the antimalarial drives as they proceeded, for UNICEF has always been concerned with the proper placement of its funds. But in 1954, after only one year of spraying, this was difficult to do. The so-called protected persons gratefully noted the disappearance of roaches and other more or less noxious vermin, but our concern was with the fall in mortality rates that should be occurring if the incidence of malaria was really being affected.

In the absence of exact data, I thought it would be enlightening to question chiefs possessing several wives and numerous children in order to get some idea of infant mortality trends. One evening, I visited a Lamino, a great local chief who reigned over several villages, who had 14 wives, several concubines and 77 children. He was perfectly satisfied with the antimalarial sprayings, for in that year only 7 of his young children had died, as against two or three times the number in previous years . . .

. . . The struggle against yaws began in 1953, and the struggle against leprosy the following year. There were more than 3 million lepers to be cured—a gigantic undertaking which is still far from completion, but which eventually will be completed through the use of sulfone drugs, introduced only in 1964.

In 1955, a whole series of mother and child health programmes were started. I remember one fine case in Sierra Leone. The rural midwives, after receiving training in the regional hospitals, were assigned to certain groups of villages. They were not always welcomed for the " empiric " midwives (traditional birth attendants) were afraid of their competition. One rural midwife had an extraordinary stroke of luck the very day that she arrived : a village woman who until then had given birth to none but stillborn

children called in the newcomer. The result was the delivery of a pair of well-formed and very alive twins. We visited the village a few days later, and found the rural midwife enjoying immense popularity.

Once in Madagascar—late in March 1959—I returned by plane to the capital, Tananarive, from a tour in the southern part of the island just after a cyclone had struck, causing ruinous floods. The other passengers of the DC-3 and I tried to reach the city proper in a bus, but the bus was soon lying on its side in a rice paddy. I waded out into the waist-deep water dragging my suitcase with one hand and holding the UNICEF documents bag on the top of my head (the only dry position) with the other. Thus encumbered, I followed the single-file procession of my fellow passengers down the road. We kept from losing our way in the darkness and the strong current by calling back and forth to each other as we waded forward. A long time later, quite out of breath, we emerged on dry land. The following day, our conversation was all about emergency aid—for we had fared better than most in the flood . . .

. . . But these are only anecdotes, little events lost in a mass of reports, plans of operation, statistics and deadlines, discussions and hearings. In the beginning, our reports were submitted monthly, then bimonthly ; this took up far too much of our time, which was so much more urgently needed in the field. The years passed, and UNICEF offices were set up in East Africa, than in West Africa. The year 1960 witnessed a sprouting of independence : French Equatorial, French West Africa and the various British possessions burst into independent States. In this new Africa, everything had to be taken up again, explained, often started over almost from scratch. The struggle against malaria had to be given up, at least temporarily. But the systematic campaigns against yaws practically eliminated this disease in many places. And the campaigns against leprosy are contributing to its slow extinction. The mother and child health centers constitute nuclei, points of departure, for more complete public health programmes.

It has never been possible to carry out a plan of operations entirely to the letter, owing to unforeseen difficulties of all kinds

encountered along the way. But what is important is for the programmes to take root, like seeds carried by the wind to difficult soils—but which somehow sprout and grow, enabling a better soil to build up around them. Even if 90 % of the goals set are not reached, even if the level of success is much less, a start has been made, new trails have been blazed. The sum of the energies spent will not have been in vain. Others, much later, will perhaps know the results.

I believe that, in Africa south of the Sahara, UNICEF can make its most useful contribution by concentrating on two essential fields of development : public health, to retain and strengthen the achievements of the past decades ; and education, to enable all children to have access to schools. There we have ample matter for work for a long time to come.

THE FIGHT AGAINST TUBERCULOSIS

The Proceedings *of the XVIII International Tuberculosis Conference have just been published.*[1] *This meeting, organized by the International Union Against Tuberculosis, was held in Munich in October 1965 and was attended by delegates from many countries. It enabled an extensive and up-to-date report to be drawn up on efforts in developed and developing countries for research into this disease which plagues humanity at all ages and everywhere. Yet it must not be forgotten, as the Chairman, Professor E. Schröder of Berlin, reminded the Conference in his opening address, that these efforts, immense as they are, originated in research and initiative, on both a national and an international level, going back half a century. We believe our readers will be interested in the following extracts on this subject, taken from Professor Schröder's address.*

[1] International Congress Series No. 119, Excerpta Medica Foundation, 1966, 468 pp.