7TH SESSION DE L'OFFICE INTERNATIONAL DE DOCUMENTATION DE MÉDECINE MILITIAIRE.

This session was held at Bucarest immediately after the close of the IXth International Congress of Military Medicine and Pharmacy.

Several very important papers were read at the meeting, and amongst them was one on "A Proposal for the Creation of Hospital Zones in War," by Colonel P. Jinga, Chief of the Medical Staff of the Roumanian Army. This paper excited considerable interest and we reprint it from the records just received from Colonel Voucken, Liège.

Later on we hope to print notices of other papers read at the meeting.

A PROPOSAL FOR THE CREATION OF HOSPITAL ZONES IN WAR.

By Colonel P. Jinga,
Chief of Medical Staff, Roumanian Army.

I.—HISTORICAL.

The International Committee of the Red Cross (I.C.R.C.) addressed its Circular No. 336 to the Central Committee of the National Red Cross Societies of the various countries with regard to the creation of hospital towns and areas. This proposal was to be put before the appropriate Ministers in order to ascertain the opinions of general staffs, and to nominate a representative to a military commission which would meet later.

The idea of hospital towns and areas dates from the Franco-Prussian War of 1870; no voice has ever been raised against so purely humanitarian an idea, but it has nevertheless remained entirely undeveloped. The fact is that the proposal discloses on examination many purely military problems.

Many attempts have been made to formulate a number of general principles to serve as a basis of construction, separating the humanitarian from the military aspect and leaving the study of the more technical points to military experts.

The I.C.R.C., charged with the problem by Resolution XXXVII of the I.R.C. Conference of Tokio (1934), and in reply to the proposition of the Permanent Committee of the International Congresses of Military Medicine and Pharmacy (I.C.M.M.P.), decided to call a conference of experts at Geneva on October 15, 1936. This Conference brought together representatives of several National Red Cross Societies and delegates to the Medico-legal Commission of the I.C.M.M.P., the League of Red Cross Societies, and the International Union for Child Welfare.

The Conference, though unanimously of the opinion that the creation of hospital towns and areas was most desirable, confined itself to formulating general principles for a Convention relating to hospital towns, leaving to military experts the ulterior study of technical considerations.

In order to simplify the future task of the military experts, the I.C.R.C. summarized the decisions in twelve Articles to serve as the framework of a
Convention, but acknowledged that their substance is still incomplete and must be reviewed.

At this evolutionary stage the time has come for the question to be studied by military medical services, after which it will be put into its final form by the general staffs and lastly signed by the appropriate Ministers of Governments.

II.—PRINCIPLES PROPOUNDED BY THE ROUMANIAN ARMY MEDICAL STAFF.

This proposition is animated by uncomplicated realism and founded on the following principles:

(a) Complete separation of the humanitarian idea from the military question of application. We believe that this will result in a greater number of countries agreeing to participate.

(b) Settlement of the number of hospital zones in proportion to the population of the country concerned. Settlement of the extent of the hospital zones, to consist of towns or areas, as desired.

(c) Secrecy with regard to the names of the hospital zones, maintained until the outbreak of hostilities. A certain number of zones to be nominated by competent authorities to an approved body (I.C.R.C.), which will select some of them but will observe secrecy with regard to those not used.

(d) Full power to be accorded to the President of the I.C.R.C., sitting with a staff of neutral officers, to select zones within the approved proportions and to distribute the neutral Commission of Control (C.C.) according to a list approved by the various Governments. The date on which the hospital zones of two or more belligerents will come into operation will be regulated by the I.C.R.C., which will appoint one date for all or by groups proportionately arranged.

(e) No preparation of hospital zones of any sort to be made in time of peace. This should be adhered to because, the sole object being the protection of sick and wounded, foreknowledge of locality would allow privileged persons to acquire land or property with a view to their ultimate personal protection or financial gain.

(f) Plenary powers for the neutral C.C. in the zone in applying the Regulations, with special regard to the strict maintenance of the population of the zone, allowing no increase from without; and the strict maintenance of material neutrality in the sense of restricting all activity of these zones to the special needs of the medical services to the total exclusion of military uses or those calculated to facilitate the conduct of warlike operations.

(g) Permanent neutrality of hospital zones in all situations of warfare throughout the whole duration of hostilities. No marks of identification (signalization), since all flying and staff maps will show the boundaries of the zones.

(h) Completion in time of peace of operational Regulations for the neutral C.C. by the I.C.R.C. and the permanent committee of the I.C.M.M.P.
The high signification and importance of the idea will be fully appreciated, but great ideas of this sort, to be practicable, must be free from all complications and based on sincerity and confidence. I place my modest proposal before the distinguished military representatives of medical science who honour this meeting with their presence. Starting with its three cardinal features—simplicity, sincerity and confidence—I think that it should be possible to show that man is capable of applying that splendid sentiment, Humanity.

**Draft Articles to Serve as a Basis for a Convention Relative to the Creation of Hospital Towns and Areas.**

(The same number of articles as in the Draft referred to in Circular 336 of the I.C.R.C.)

*An Agreement to Create Hospital Zones.*

**Designation and Notification of Hospital Zones.**

**Art. 1.**—The Contracting Parties undertake to recognize the obvious necessity of creating protected hospital zones (including areas or towns) for the sole purpose of sheltering the sick and wounded in war in the proportion of one zone (areas or towns) per two million inhabitants. (The estimate shall be in millions, a fraction counting as the round number. To the total of an uneven number of millions, one million to be added to keep the number of zones integral.) The maximum extent of a zone (areas or towns) shall be ten square kilometres. The zone shall be, as far as possible, clearly visible and bounded by rivers or other natural features. It is desirable that it should possess its own source of potable water.

Zones proposed in countries, colonies or dominions, shall correspond with the population of those countries, colonies, or dominions.

**Art. 2.**—During times of peace each Contracting Party shall have the right of proposing a general list of zones of the extent hereinbefore indicated. This list shall be deposited with the I.C.R.C. under sealed cover with all precautions necessary for secrecy. The documents envisaging armed conflict arising from no matter what direction shall include a triple number of zones, the depositor having full liberty to select the best way of keeping his secret and of identifying and describing them.

**Art. 3.**—The choice of hospital zones is reserved to the President of the I.C.R.C., sitting with two or four neutral staff officers. Choice shall be made by a majority vote. The operation of choosing shall take place at Geneva on the outbreak of hostilities, and the zones chosen shall be subject to acceptance by the belligerents with no more than slight delay. Objection shall take effect only in favour of the Contracting Party raising it, and must be dealt with in not more than fifteen days.

**Art. 4.**—The final list shall be notified to the belligerents by the I.C.R.C. with all possible urgency.

*Conditions of Use of Hospital Towns and Areas.*

**Art. 5.**—Once put into operation, hospital towns and zones shall be reserved solely for the needs of medical services to the exclusion of all
military purposes or those which are such as to facilitate the conduct of war-like operations. The cases provided for in Article 8 of the Geneva Convention are not hereby excluded.

Art. 6.—The protection due to hospital zones shall cease if they are used for purposes harmful to the enemy. Such purposes shall be defined in advance by an International Commission of Inquiry (I.C.I.), which shall complete the inquiry begun by the C.C.

Art. 7.—Any zone threatened with inclusion within the area of combat shall not be evacuated, the belligerents taking all measures for its protection.

Art. 8.—In the event of capture by the enemy, the hospital may continue to be used as such by the occupier under the same C.C. and receiving the sick and wounded of both sides who become casualties in its proximity, up to the limit of its capacity. The occupier shall guarantee the provisions of the Geneva Convention to persons entitled thereto. The civil population shall be under the general rules of international law.

Control of Hospital Zones.

Art. 9.—Hospital zones shall be compulsorily placed under the control of a C.C. composed of persons under neutral jurisdiction nominated by the I.C.R.C. and accepted by the belligerent concerned. The list of Presidents of the Commissions and their personnel shall be drawn up provisionally in time of peace. No hospital zone shall function except in the presence of at least one member of the C.C. The commencement of operation of the zones shall be regulated equitably by the I.C.R.C.

Art. 10.—Belligerents shall do all in their power to facilitate the work of the C.C., which shall be governed by Regulations. These Regulations shall be drafted by the I.C.R.C. and submitted for the approval of the various Contracting Parties. The Regulations shall have a common form, or forms, applying to two or more States accepting the same meaning of the constituent Articles. It is highly desirable that these Regulations shall be drawn up without delay. The C.C. shall include at least one member of the I.C.I., appointed in time of peace with the same formality. The personnel of the C.C. and the member of the I.C.I. shall be remunerated by the municipalities within the hospital zones and shall be accommodated with free quarters.

Application and Execution of the Convention.

Art. 11.—An I.C.I., composed of neutral persons accepted by the Contracting Parties, shall be constituted in time of peace. On the demand of a belligerent, or of the C.C. of a hospital zone, this Commission shall open an inquiry into any alleged violation of the Convention. On confirmation of the violation, belligerents shall terminate it and proceed against the offenders as promptly as possible. The I.C.I. shall take note of the inquiry begun by the C.C. and its original representative.

Art. 12.—The dispositions of the Convention and of the Regulations to be prepared shall be respected in all circumstances by Contracting Parties.