ACC

10000 | 120 | 1974

000 | 120 | 1974 4 B Receipt Vouchers or Issues Made

Feb. 1944 - Dec. 1946

Telephone
Rome 489081 Ext 515

LAND FORCES SUB COMM. AC (MMLA) CMF

M/4B

12 Dec 46

Medical Liaison Officer
7 B.L.U.

SUBJECT : AF I 1230

Ref your 1/47/46 dated 29th Nov 46.

A.F. I. 1230 approving "write off" of Water Bottles lost in transit is returned herewith. Please retain A.F. I. 1230 with this correspondence attached with your records.

Major RAMC,
D.A.D.M.S.

MAB/ml

Telephone
Rome 489081 Ext 515

LAND FORCES SUB COMM. AG (MMLA) CMF

M/4m

12 Dec 46

Medical Liaison Officer
7 P.L.U.

SUBJECT : Captured Equipment

Reference your 1/43/46 dated 29th Nov 46.

1. Attached A.F. I. 1209 should be receipted and forwarded to D.M.S., G.H.Q., C.M.F. for disposal.

2. As, however, these appear to be Italian Medical Stores the question of cost and payment does not now arise. In any case if you are satisfied that the Italian offer is reasonable this will be the figure to accept should the question arise in the future.

MAB/ml.

Major RAMC,
D.A.D.M.S.

Medical Liaison Officer,
Land Forces Sub-Commiss, AC, CMF,
c/o 7 BLU, (MMIA) FLORENCE.
Ref:- 1/48/46.
29th Nov 46.

To :-

D.A.D.M.S.
M.M.I.A.

854

Ref. attached.

Will you kindly advice me what action I should take in this matter as 10 Command Medical Stores disbanded 7/11/46.

B/T.

H.A. Suffens.
Capt.R.A.M.C.
Medical Liaison Officer,

3266

(14)

Subject:- Captured Equipment.

Medical Liaison Officer,
Land Forces Sub-Commiss,
AC, (MMIA), CMF,
c/o 7 BLU, FLORENCE.

Ref:- 1/44/46.
20th Nov 46.

To:-
O.C.,
10 CDMS,
CMF.

Ref. attached Voucher C/120 dated 24/8/46.

The Italian Military Authorities will not accept the articles at the price charged by you as the majority of the items are very much part worn and others U/S.

Also six of the Syringes arrived broken.

The prices offered by the Italians are shown on the attached list.

As the items were received per registered post, will you kirdly confirm that the Freightage should be charged at 18% which is somewhere in the region of L. 7. 0. 0.

Capt. R.A.M.C.
Medical Liaison Officer.

Copy to:-
DADMS, MMIA. Ref my letter 1/19/46 dated 24/8/46.

B/T.

3265

List attached to letter Ref:- 1/44/46 dated 20/11/46 of Medical Liaison Officer, Land Forces Sub-Commission, AC (MMIA), CMF.-

				L.	s.	d.
Forceps, Various	No.	106	Price:-	11	9	-
" "	"	4	U.S.	-	-	-
Scissors	"	1	U.S.	-	-	-
Needles for Syringes	"	108	Price:-	0	16	9
Syringes, all glass, 2cc	"	16	Price:-	0	12	0
Ditto, 2 & 10cc	"	6	Broken.	-	-	-

3264

13

Telephone:
Rome 489081 Ext 515

LAND FORCES SUB-COMM, AC
(MMIA) CMF

4 B/1/M

4. Nov 46

MEDICAL LIAISON OFFICER.
c/o 7. British Liaison Unit,
FLORENCE.

Subject:- Issue VOUCHERS.

Issue Voucher No: c/120 from Central Italian Depot Medical Stores ROME is forwarded for necessary action.

Major,
DADMS: MMIA.

MAB/WF

Medical Branch
Land Forces Sub Commission
A.C. (AMIA)

Central Italian Depot Medical Stores,
ROME.

Cattolica Stephens
1 Bk.

DMS
S/Capt
File Ref M/43.
Date Received 14 NOV 1946

FILE.

(11)

SUBJECT:- Issue Vouchers.

Land Forces Sub Comm. AC,
(M.M.I.A.) R O M E.
M 4B 14. Oct.46.

To :- D.M.S., Medical Directorate,
C.H.Q. C.M.F.

(4.)

Ref your letter No. 4132, dated 12 Aug. 46.

Receipted vouchers returned herewith as requested.

Major,
D.A.D.M.S.
M.M.I.A.

3262

Med

10.

SUBJECT: Repatriation Italian P.W. - Accounts.

Medical Directorate,
G.H.Q., C.M.F.
M. 4132.
10 October 46.

D.A.D.M.S.,
M.M.I.A.,
Land Forces Sub Commission,
A.C. (M.M.I.A.) ROME.

See file 4

Reference our M. 4132 dated 12 August 46.

Will you please say when the receipted vouchers may be expected.

FJD/WEP.

55
RECEIVED 14 OCT 1946

Brigadier, D.M.S.

3261

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen

LADMS
S/Capt
File Ref M/46
Date Received 14 OCT 1946

(9)

Subject: Shipping Tickets.

Land Forces Sub Commission.
A.C. M.M.I.A. ROME.
Reference: M/Mty/9
10 October 1946.

Capt. Stephens,
c/o 7 British Liaison Unit,
FLORENCE. C.M.F.

Attached is returned for further report please.

I have examined Acceptance Notes Nos. 135 and 128 and they do not refer to the stores mentioned on attached vouchers.

Major,
D.A.D.M.S.,
M.M.I.A.

3260

198

LROF V MBGE NR 2765 Dto 41174-

(8)

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

FROM 'Y' GERMAN HOSPITAL FOR POWS AND SEPS CESENATICO 271520B
TO ADMS MMIA ROME
GR -- BT

331/1 . UNCLASSIFIED .
REF. THIS OFFICE LETTERS REF 335/M/4 DATED 25TH AUGUST AND
321/M/1 DATED 16TH SEPTEMBER . WOULD YOU PLEASE EXPEDITE
DESPATCH ~~OF COSTED~~ VOUCHERS FORWARDED TO YOU UNDER COVER THIS
OFFICE LETTER 335/M/4. OF COSTED

BT 271520B
SENT PJMS B X

Seen
ADMS
S/Capt
File Ref M/46.
Date Received 1 OCT 1946

423
30 SEP 1946

3259
6/30.
SIGNALS

COPY OF SIGNAL.

IRO# V MOGS IE 27058

FROM 'Y' GERMAN HOSPITAL MOI PORT AND STPS CESEMATICO 270900B
TO DADSS MTA ROME.
CR ---- BT

301/2 (.) UNCLASSIFIED (.)
FOR THIS OFFICE LETTERS REF 305/M/4 DATED 25TH AUGUST AND
301/M/1 DATED 16TH SEPTEMBER (.) WOULD YOU PLEASE EXPEDITE
DESPATCH OF COSTED VOUCHERS FORWARDED TO YOU UNDER COVER THIS
OFFICE LETTER 305/M/4 (.)

IE 270900B
SENT PJRS B K

Capt Stephens.

For action please and report of completion. My telephone message (Majors Hamilton-Butler speaking) of 4th refers.

M.A. Butler
Major.
D.A.D.M.S.,
M.M.I.A.

3258

Med (7)

No.: Med/46
Medical Liaison Officer
Att. 7 B.L.U.
C.M.F.

Officer Commanding
Y Germen Hospital
C.M.F.

Florence, 2nd Oct. 1946

Reference your letter No.301/M/1 dated 16 Sept.46.

I am unable to cost the Voucher concerned until the X-ray sent has been tested by the Italians. I have requested them to get this done as soon as possible.

Capt. R.A.M.C.
Medical Liaison Officer -

Copy to :- DADMS, M.M.I.A.
HOME

Ref. 6

Subject : Issue Vouchers.

Medical Directorate,
G.H.Q. C.M.F.
M. 4132.
9. Sept. 46.

D.A.D.M.S.,
M.M.I.A.,
Land Forces Sub. Commission,
A.C. (M.M.I.A.) ROME.

Reference your letter M/4B/4 of 3 Sept. 46.,
and enclosed issue vouchers.

It is hereby confirmed that the prices charged
are acceptable.

for Brigadier, D.M.S.

JHM/WEP.

2165

3256

Vouchers "Q" passed to accounting for disposal.

Subject :- Issues to Italian Forces.

10 Command Depot Medical Stores
A.P.O. S/592 C.M.F.
Tele :- Naples 51414 & 50648.
Ref :- CMS/43/46.

Date :- 30th August 1946.

O.C. Central Italian Depot Medical Stores.
(Istituto Farmaceutico Militare).
FLORENCE.

Herewith my Issue Vouchers Numbered 7127 (8 sheets), and 7184 in quadruplicate, in respect of Stores supplied to you and despatched by rail on 29th August 1946.

Kindly sign and return four copies of each at your earliest convenience.

Major R.A.M.C.
Officer Commanding,
10 Command Depot Medical Stores.

Seen

Copies to :- D.M.S., C.M.F. (Captured microscopes referred to in your M.4206 of 14th August '46 have been despatched under my I.V. 7184).
D.A.D.M.S. Land Forces Sub-Commission A.C. (MFIA) Rome (for information).
CMS/1/46.

3255

F 114

Land Forces Sub Commission.
A.C. M.M.I.A. ROME.
Reference: M/4B/4
3 Sept 1946.

Subject: Issue Vouchers.

D.M.S.,
Medical Directorate,
G.H.Q. C.M.F.

With reference to your letter No. M.4132 dated 12 August 1946.

The attached vouchers are returned priced in accordance with the last known Italian prices and charged at the rate of 90 Lire to the pound.

Before passing to the War Ministry for payment will you please confirm - or otherwise - that the prices charged are acceptable to you. Should it be necessary for the items to be charged at South African prices will you please cause the consignor to forward a costed voucher. Further action will then be taken by this office.

R. Harvey.
Major,
D.A.D.M.S.,
M.M.I.A.

3254

18.3.7.
Prices acceptable
per memo dt 9.9.46
Vouchers passed
" Q
18/9/46. Mab

SUBJECT:- Repatriation Italian P.W. - Accounts.

Med

MEDICAL DIRECTORATE,
G.H.Q., C.M.F.
M.4132.
12th August 1946.

D.A.D.M.S.,
M.M.I.A.,
Land Forces Sub Commission,
A.C. (M.M.I.A.) ROME.

RECEIVED 5259 14 AUG 1946

The attached copy of U.D.F. letter No. A.G. (POW) 29A of 1 June 1946 is forwarded for information.

Will you please arrange for the attached Vouchers to be priced, receipted by the Italian Authorities, and returned to this Directorate for disposal.

f. [signature] Major
Brigadier, D.M.S.

FJD/EFH

3253

Slwe - ?
Please cost the vouchers and forward acceptance note to me

ADMS
S/Capt
File Ref M/4 B
Date Received 1? AUG 1946

COPY.

PHONE : 21031 Ext 505

No. A.G. (POW) 29A

UNION OF SOUTH AFRICA - UNI VAN SUID-AFRIKA

Office of the Adjutant General
KANTOOR Van Die Adjutant Generaal

Union Defence Forces
Unie-Verdedigingsmag.

Pretoria

1 Jun 46

The War Office (DWP)
LONDON. - By Air

Supreme Commander,
A.F.H.Q.,C.M.F. - By Air

IPW Sub Commission
HQ Allied Commission
ROME - By Air

PW IB, M.E. - By Air

Comdr
203 Brit, Mil Mission - for information

REPATRIATION OF ITALIAN POW

1. Enclosed are 4 copies of Nominal Roll i.r.o. 69 Italian POW, comprising 1 Med Officer and 68 OR's, who were transferred from PW 3252 Camp, Zonderwater on 21 May 46. They are being repatriated to Italy on S.S.NIRVANA via Trieste and are to serve as Mule Tenders for UNRRA during the voyage.

2. Further enclosed for second addressee is issue voucher No. M.59 dd 22 May 46, covering the medical equipment issued to the MO.O in charge of the party, in triplicate. Will second addressee kindly arrange to have this voucher acquitted by the authorities concerned after the arrival of this draft in Italy and return the acquitted voucher to this office. Kindly also forward two copies of the nominal roll to UNRRA authorities in Trieste, as the correct address is not known to thi this office.

SGD ?? for Brig
A/ADJUTANT GENERAL

D.A.D.M.S.

This Acceptance Note has been priced at Italian prices at 90 lire to the Pound, the last known price before the war, taking for granted that this was captured material.

Should these stores be of British or South African origin, then this Acceptance Note should be charged at the local prices.

27 August 1946.

FILE 3

Land Forces Sub Commission.
A.C. M.M.I.A. ROME.
Reference: M/43/3
3 Sept 1946.

Subject: Issue Voucher

D.M.S.,
Medical Directorate,
G.H.Q. C.M.F.

With reference to the attached Issue Voucher No. C/120

1. The Italian Military Authorities are not prepared to accept the stores at the price stated on the voucher, most of the items are very much part worn, others are unserviceable and six of the syringes arrived broken.

The price offered by the Italians is as shown on attached list.

2. As these items were received by registered post will you please confirm that the charge of 18% for freightage is correct.

3. If you agree to the prices offered by the Italians will you please cause the vouchers to be amended and returned to this office in due course. If you do not agree, will you please inform me to whom the stores should be returned.

3250

L.J. Harvey.

Major,
D.A.D.M.S.,
M.M.I.A.

Copy to:- C.O.
No. 10 Command Medical Stores,
C.M.F.
Medical Liaison Officer,
Florence. C.M.F.

Subject:- Captured Equipment.

Medical Liaison Officer,
Land Forces Sub Commiss.
A.C. (MMIA) ROME,
c/o 7 B.L.U. FLORENCE.

Ref. 1/19/46.

24th August 1946.

To:- D.A.D.M.S.,
Land Forces Sub Comm.,
A.C.(MMIA) ROME.

Reference attached I.V. C/120 received from 10 C.M.S.-

The Italian Military Authorities will not accept the articles at the price charged by O.C. 10 C.M.S., as most of the items are very much part worn & others U.S., also six of the syringes arrived broken.

The price offered by the Italians are shown on attached list which is forwarded for your remarks please.

As these items were received per registered post, will you kindly confirm that the Freightage should be charged at 18% which is somewhere in the region of L. 7 - 0 - 0.-

3249

Capt. R.A.M.C.
Medical Liaison Officer.

Forceps Various	106	£11 - 9 - 0
" "	L 4/s	———
Scissors	1 4/s	———
needles for syringes	108	16 - 9
Syringes all glass 2cc	16	12 - 0
" "	6 broken	———

Med. 2

Subject:- Shipment of Stores ex East Africa to Italy for Italian Military

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.
M. 4207.
25th JULY 1946.

D.A.D.M.S.,
Land Forces Sub-Commission.
A.C. (M.M.I.A.)
NAAF.

The attached Issue Vouchers No. 872 and 885 dated 6 May '46 and 15 May '46 respectively, in respect of medical equipment being issued ex No. 2 (E.A.) Base Depot Medical Stores, NAIROBI, KENYA, to the Istituto Chimico Farmaceutico Militare, Florence, Italy, are forwarded for information and onward transmission to the Italian Depot concerned.

Please acknowledge receipt.

3248

(A. Med.) Branch
Land Forces Sub Commission
A. C. (MMIA)
Caserta

D/AS
Sec'pt
File Ref M4/48
Date Received 29 JUL 1946

FJD/AM.

for Brigadier, D.M.S.

Copy to:- Officer Commanding,
No. 2 (E.A.) Base Depot Medical Stores,
Nairobi, KENYA.

FILE

Subject: Issue Vouchers.

Land Forces Sub Commission,
A.C. M.M.I.A. D.U.S.
Reference: M/4B/1
1 Aug. 1946.

Medical Liaison Officer,
c/o 7 British Liaison Unit,
MOSCOW.

Issue vouchers Nos 872 and 885 from No. 2 (S.A.) Base Depot of Medical Stores are forwarded for necessary action.

Major,
D.A.D.M.S.,
M.M.I.A.

Copy to :- D.D.M.S. Medical Directorate,
G.H.Q. C.M.F.

(reference your No. M. 4207 dated 25 July 1946)

3247

FILE

Subject: Issue Vouchers.

Land Forces Sub Commission,
A.C. (M.M.I.A.) ROME.
Reference: M/4B/
26th June 1946.

O.C.,
No.1.Indian Base Depot of Medical Stores,
c/o G.H.Q., India Command,
INDIA.

With reference to your Issue Vouchers Nos. 20, 37, and 93 in respect of 127 packages of captured medical stores forwarded to the Iti-Iti Medical Stores,C.M.F.

These stores have not yet been received. To enable me to trace this consignment will you please inform me of date and any other particulars of dispatch that may be available.

Copy to Capt Stephens
7 BLU.

/egm

Major,
D.A.D.M.S.,
M.M.I.A.

3246

Medical Branch.
HQ Brit Tps IRAQ.
Tel. No. Mil 70.
Ref. 1776/ 58/ M.

2 June 46.

Land Forces Sub Commissioner,
A.C. (M.M.I.A.) ROME.

Subject :- Medical Supplies.

Reference your letter No. M/4/265 dated 16 May '46.

It is regretted that no information can be given as the vouchers in question were issued by No. 1 Base Depot Med Stores which is now in India.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
L. DMS
S/Capt
File Ref CM/HIST/2
Date Received 13 JUN 1946

gda.

3245
(J.E. FERRIS), Major,
for Colonel A.D.M.S.

Subject: Issue Vouchers.

Land Forces Sub Commission,
A.C. (M.M.I.A.) MEMO.
Reference: M/48/
26th June 1946.

Medical Liaison Officer,
c/o No. 7 British Liaison Unit,
PLAISTOW.

The attached Issue Vouchers Nos. 14098 and 14115 together with Advice Notes (Issue vouchers nos. 14099, 13420 and 12425) received from CMQ Medical Stores, ME. are forwarded.

H Harvey.
Major,
D.A.D.M.S.,
M.M.I.A.

/ogm

Land Forces Sub Commission,
A.C., (M.M.L.A.)., ROME.
Reference: M/4IV/3.
20th May 1946.

Subject: Issue Vouchers.

Medical Liaison Officer,
c/o No. 7 British Liaison Unit,
FLORENCE.

Herewith Issue Vouchers, numbers, 12748, 12646, 13357, 13775, 12552, forwarded by O.C. G.H.Q. Medical Stores and Base Spectacle Depot, M.E.F.

Major,
D.A.D.M.S.,
M.M.L.A.

3243

/gcw

Subject: Issue Vouchers.

Land Forces Pub Organisation,
A.C., (N.W.T.A.), HQS.
Reference: L/4J/2.
15th May 1946.

W.N.S.,
Medical Storekeeper,
C.E.F., C.M.F.

847, 848, 849, 862.

Receipt is acknowledged of Issue Vouchers Nos. D.7, G.B, G.9, and 862, from O.C., No. 2 (RA) Base Depot Medical Stores forwarded under your letter No. M.4307 dated 11th May 1946.

Major,
D.A.D.M.S.,
N.W.T.A.

Copy to:- Officer Commanding
No. 2 (RA) Base Depot Medical Stores,
P.O. Box 1075, NAIROBI, KENYA.

Medical Liaison Officer,
c/o 7 British Legion Unit, FLORENCE. (Together with vouchers referred to.)

3242

/2577

Subject: Procedure - Issue and Receipt Vouchers.

Land Forces Sub Commission,
A.C., (M.M.I.A.)., EGYPT.
Reference: M/4B/1.
29th April 1946.

Financial Adviser
G.H.Q., C.M.F.

With reference to your letter No. D/52/3 dated 23rd April 1946.

The procedure adopted in respect of medical stores issued to the Italian Government is as follows -

Costed issue and receipt vouchers are prepared, these, together with a Shipping Ticket signed by a representative of the Italian Government, are forwarded to the Chief Commissioner, A.C., who holds them for record purposes until such time as a definite financial agreement has been arrived at.

Minute 17 of Conference held at G.H.Q. on 18th March 1946, a copy of which was attached to G.F.Q., C.M.F. letter No. ESD/81/3 dated 27th March 1946, refers.

Major,
D.A.D.M.S.,
M.M.I.A.

3241

/gcw

Financial Adviser's Office.
G. H. Q. C.M.F.

Subject:- Issues to Italian Military.

Ref:- D/52/3.

23rd. April 1946.

Land Forces Sub Commision
(M.M.I.A.)
Rome

Medical Branch
Forces Sub Comm
A.C. (MMIA)

DADMS
S/Capt
File Ref M/48/407.
Date received 25 APR 1945

Reference the attached copy letter from Medical Directorate this HQ, and the vouchers attached thereto.

Can you confirm please that these issues will be charged against the Italian Government.

3240

RECEIVED 25 APR 1946

A. McKenzie, Capt.,
for Brigadier,
Financial Adviser.

copy.

SUBJECT:- Issues to Italian Military Authorities-
CEM - Medical Equipment.

Medical Directorate,
G.H.Q. C.M.F.
M.4322.
15th. April 1946.

The Financial Adviser,
G.H.Q.
C.M.F.

The attached copies of Issue Vouchers Nos. C/88, C/100, C/101 and C/103 costed and receipted, in respect of issues of Medical Stores of Italian origin to the Central Italian Military Medical Stores Depot from No. 10 Command Depot Medical Stores are forwarded for information.

Brigadier, D.M.S.

Copy to:- O.C. No. 10 Command Depot Medical Stores, Naples, C.M.F. (your CMS/4/46 of 21.3.46 and CMS/48/46 of 13.3.46 refers).

O O Ref.

Subject:- Receipt Vouchers.

Medical Liaison Officer
Land Forces Sub Comm AC,
M.M.I.A., ROME.
Ref. 1/6/46.

17 April 1946.

Officer Commanding,
No.3 Base Depot Medical Stores,
M.E.F.

Ref.your letter N° 9/46 dated 4.4.46.

I regret to inform you that I am unable to return without delay the Vouchers referred to in the above quoted letter as they have not been received in this office. No stores forwarded under Issue Vouchers Nos. 1413, 1677, 1719, 1722 & 1727 have at any time been received at this Depot.

Capt. R.A.M.C.
Medical Liaison Officer.

Copy to:- D.A.D.M.S., HQ M.M.I.A., ROME.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
DaDMS
S/Capt
File Ref M46/388.
Date Received 31 APR 1946

RECEIVED 20 APR 1946
5655

SUBJECT:- Issues Medical Equipment (CEM) to Italian Military Authorities.

Medical Liaison Officer
Land Forces Sub Comm A.C.,
M.M.I.A., ROME.
Ref.1/5/46.

12 April 1946.

To:-

Command Paymaster
N°8 Base Command Pay Office
C.M.F.

Reference your letter No: Debits/OBS 1517 dated 30.3.46 to A.D.M.S, G.H.Q., C.M.F.-

The attached receipted and costed Issue Voucher No ECE 182. dated 15/10/45 of N° 5 Base Depot of Medical Stores is returned herewith in duplicate duly amended as requested.

Capt.R.A.M.C.
Medical Liaison Officer MMIA

Copy to:-

D.A.D.M.S., M.M.I.A., ROME. (Shipping Tickets & Acceptance Notes were previously adjusted).

RECEIVED 15/[illegible] 1946

Capt.R.A.M.C.
Medical Liaison Officer MMIA

Copy to:-

D.A.D.M.S., M.M.I.A., ROME. (Shipping Tickets & Acceptance Notes were previously adjusted).

RECEIVED 15 APR 1945
5327

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

Seen

L.=DMS

T/Capt

File Ref M/48/359.

Date Received 15 APR 1945

2135

20. 15,000 Bks. 4/43. G.B.&Co.,Ltd. 51-0138.

W.O. or R.A.F. Issuing No.

'orm 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Officer Commanding,

Italian Medical Store Nearest Railway Station C.M.F.

*No. of Beds (Army) *No. on Station entitled to

For Period

treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section X111	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					IN ACCORDANCE WITH LIST ATTACHED.
	LIGHT GROUND EQUIPMENT.					
	TWO-MAN MEDICAL TRICKS.	NO.			10	ISSUED UNDER INSTRUCTIONS OF D.M.S., A.A.I., C.M.F.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by Rank Date 3236

Signature At C.M.F.

To be filled in only when used as an invoice.

Issued by COMMAND MEDICAL STORE.
Date and mode of conveyance DELIVERED.

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2714
Account 10 ITEMS.
Date Account commences 21/12/42

Received the above stores
Signature Capt. A. Jacobson
Rank con riserva di verificare
Date al ricevimento

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account
Date Account commences

Tel. NAPLES 51414
50694

M/4B/1903

Subject:- Medical Supplies
Reference:- CMS/4/45

A.D.M.S.,
Army Sub Commission,
A.C. (M.M.I.A.),
ROME

The attached costed and receipted copy of this Depot's Issue Voucher No. 2177 is forwarded in accordance with existing regulations.

3235

Major R.A.M.C.
Officer Commanding,
10 Command Depot Medical Store.

56 Area CMF
26th Apr '45
AGB/lb

P/A

*INDENT Serial No 2
~~*Demand~~/Issue/RECEIPT/VOUCHER/
FOR †MEDICAL EQUIPMENT

W.O. or A.F. | Issuing No. 213
Air Ministry
Demand No.

No. 4130/12
S. ONE
A. 18 ONE
Unit Ital Armed Forces
Address for Stores: ITT, TI Med Store / EIBOW

Period July 45
No. of Beds (Army) 20000
No. on Station entitled to treatment (R.A.F.)
Nearest Rly. Station

Unit Stamp
A.F.H.Q. SERIAL No. 1819

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date

I RECOMMEND the supply of the articles demanded.
Signature
A.D.M.S., D.D.M.S. or P.M.O.
Date
Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 5A (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1074	Syringe Hypo A.M. washerless needles 7/8" for, tubes of 6 Tubes	150	60	70	70	£ 1 ~ 15-0
					less 3½%	1 3
						1 :13: 9
					Plus 18%	6 0
						£1 :19: 9

PLEASE SIGN & RETURN

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY Major DRUMS. for Surgeon DMS APHQ. Date 3 MAR 1945
SIGNATURE Rank and Appointment At

To be filled in only when used as an invoice.
Issued by
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2177
Account 10 C.D.M.S.
Date Account commences 1/11/44

RECEIVED THE ABOVE STORES.
Signature
Rank Capt. RAMC
Date 14/Apr/45
MEDICAL LIAISON OFFICER M.M.A.

Army use only. To be completed by Receiving Officer.
Receipt Voucher No Med/23/45
Account I.T.I. Stores
Date Account commences 31/Mar/45

(GV514) W1 52137/1385 17,500 Pads 5/44 B. & S. Ltd. 51-8451

Tel.NAPLES 51414
50694

Subject:- Issues to Italian Armed Forces
Reference:- C.M.S/4/45

D.A.D.M.S.,
Land Forces Sub.Commission,
M.M.I.A.,
A.P.O.394

The attached copies of this Office Issue Vouchers 3715 and 4012 have been costed in accordance with instructions received from D.D.M.S., 3 District. Each item has been assessed as accurately as possible to the prices quoted in the current price list.

It is requested that these be attached to the original signed vouchers which were uncosted.

Capt.R.A.M.C.
Offg. Officer Commanding,
10 Command Depot Medical Store.

56 Area CMF
23rd Mar.1945
AGB/lb

Copy to:- D.D.M.S., 3 District reference 617 M. of 21st Mar '45.

P/A M/4B/3233/1336.

2.13.7

Army Form 11209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. | Issuing No.....
Air Ministry Demand No.....

Unit's Indent No. 1
No. of Sheets 6
Sheet No. 1
Unit O.C., Central Italian Med. Dept.
Address for Stores | Cimino / Taranto

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sections under SECTION IA (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armoured)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2) ENEMY CAPTURED	(3)	(4)	(5)	(6)	(7) £. s. d.
	Ethyl Chloride 10 c.c.	tubes			70.	1. 11 11.
	Chloroform Tubes	"			26.	1. 3 0.
	Iod. and Pot. Iod. Xtls	"			150.	1. 2 6
	Liq. H202 Powder for making	boxes			33.	4. . .
						4 . 1 . 5
					carried forward.	

Boxes | Cases | Casks | Hampers | 3 Wrappers

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by C.C. 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance M. F.D. 17.10.44

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 21/12/42

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1365. 2,500 Pads. 10/43. K. & H., Ltd. Gp.57/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 6
Sheet No.....
Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Unit O.C., Central Italian Med. Dept.
Address for Stores } Cimino / Taranto
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION A (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armyonly)	Present Demand	No. of quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ENEMY CAPTURED					
	Ethyl Chloride 10 c.c.	tubes			70.	1. 11. 11
	Chloroform Tubes	"			26.	1 3
	Iod. and Pot. Iod. Xtls	"			150.	1 2 6 D.M.S.
	Liq. H202 Powder for making	boxes			33.	4 4 : 1 : 5

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY..... 3231

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by O.C. 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance M. F. O. 17-10-44

Army use only. To be completed by Issuing Officer

Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 21/12/42

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.....
Account.....
Date Account commences.....

30029. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd. G657/110

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

INDENT
***ISSUE and RECEIPT VOUCHER**
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. | Issuing No.....
Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 6
Sheet No. 2

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....

Unit C.C.S. Central Italian Medical
Address for Stores | Depot Cimino / Taranto
Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order. SECTION J (Separate sheets for each section)	Present stock plus Dues In	Average monthly issue rate (Annually)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	CAPTURED				Brought forward	£. s. d. 5
	Tablets:					
	Quinine Bisulphate	No.			291300.	509 15 6
	" Comp.	"			182000.	182 0 0
	" Dihydrochlor	"			500.	1 3 6
	" Itelchina	"			70000.	70 0 0
	" Quinine Chlor.	"			25000.	45 3 0.
					Carried forward	£812 3 5

Boxes | Cases | Casks | Hampers | 3 Wrappers

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by 10 C.D.M.S. At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 3719
Account 10 B.D.M.S.
Date Account commences 21.12.43

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd. G627/110

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. 6
No. of Sheets
Sheet No. 2

Period
No. of Beds (Army)
No. on Station entitled to treatment (R.A.F.)
Nearest Rly. Station

Unit O.C., Central Italian Medical
Address for Stores: Depot Cimino, Taranto

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.
Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 11 (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Approved)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ITALY CAPTURED					
	Tablets:			Brought forward		£ 1 . 1 . 5
	Quinine Bisulphate	No.		291300.	509	15 6
	" Comp.	"		182000.	182	0 0
	" DiHydrochlor	"		500.	1	3 6
	Italchina	"		70000.	70	0 0
	" Quinine Chlor.	"		25800.	45	3 0
				Carried forward:	£ 812	. 3 . 5

Boxes Cases Casks Hampers 3329 Wrappers

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice
Issued by 10 C.D.M.S. At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 21.12.42

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed on Receiving Unit.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 R. & H., Ltd G657/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. 6
No. of Sheets
Sheet No. 23

Period
No. of Beds (Army)
No. on Station entitled to treatment (R.A.F.)
Nearest Rly. Station

Unit O.C., Central Italian Medical
Address for Stores } Depot Cimino, Taranto

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Section under SECTION III (Separate sheets for each section)	Present stock plus Due In	Average monthly issue rate (Armoury)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand	£ s. d
(1)	(2)	(3)	(4)	(5)	(6)	(7)	
	ENEMY CAPTURED						
	Bandages 2" White	No.			490.		1. 0. 0
			Brought Forward		812.		3 5
			Carried Forward		813.		3 5

3228

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY.....

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by O.C.10 Command Depot Medical Store At.....

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 3715
Account 10 C.D.M.S.
Date Account commences 21/12/42/

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329 Wt.W32137/1386. 2,500 Pads. 10/43. K. & H., Ltd. G657/110

2142

Declassified E.O. 12356 Section 3.3/NND No. 785020

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

...NDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. | Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets.....6.....
Sheet No.....3.....

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....

Unit Stamp

Unit O.C., Central Italian Medical
Address for Stores | Depot Cimino
Tarento
Nearest Rly. Station

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION III (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armywide)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ENEMY CAPTURED					£ s. d.
	Bandages 2" White	No.		490.	1. 0 0	
			Brought forward	812	3 1 5	
			Carried forward	813	3 1 5	

Boxes | Cases | Casks | Hampers | Wrappers 3227

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by.....O.C.10 Command Depot Medical Store
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 3715
Account 10 O.I.T.S.
Date Account commences 21/12/42

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd G637/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 6
Sheet No. 4
Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Unit O.C., Central Italian Med. Depot
Address for Stores } Cimino Taranto
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.
†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sections) order SECTION V.A. (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Average)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2) ENEMY CAPTURED	(3)	(4)	(5)	(6)	(7) £ s d
	Catheters E.I. Gum Cylindrical size 8				4.	4 . 8
	" Self Retaining				1.	3 . 10
			Brought Forward			813 3 5
			Carried Forward			813 : 11 : 11

Boxes Cases Casks Hampers Various 3225

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by O.C.10 C.D.M.S. At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 21.12.42.

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd (6657/10

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....

Air Ministry Demand No.....

Unit's Indent No. 6

No. of Sheets 6

Sheet No. 4

Period.....

No. of Beds (Army).....

No. on Station entitled to treatment (R.A.F.).....

Unit O.C., Central Italian Red. Depot

Address for Stores } Cimino Taranto

Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....

Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....

A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....

(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION V.A. (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ENTRY CAPTURED					
	Catheters F.J. Gum Cylindrical Size 8				4	4 8
	" Self Retaining				1	3 10
				Brought Forward	813	3 5
				Carried Forward	813	11 11

Boxes ..... Cases ..... Casks ..... Hampers ..... 3225 Wrappers

APPROVED TO BE SUPPLIED BY.....

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice

Issued by O.C. 10 C.D.W.S. At.....

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. 3715

Account 10 B.D.W.S.

Date Account commences 21.12.42.

RECEIVED THE ABOVE STORES.

Signature.....

Rank.....

Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....

Account.....

Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & E., Ltd G607/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry Demand No.....

Unit's Indent No. 6
No. of Sheets 6
Sheet No. 5
Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Unit O.C. Central Italian Fed. Store
Address for Stores } Depot Cimino Taranto
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature.....
Date..... Officer Commanding or Medical Officer-in-Charge, R.A.F.

I RECOMMEND the supply of the articles demanded.
Signature.....
Date..... A.D.M.S., D.D.M.S. or P.M.O.
Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION VI (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armies only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ENETY CAPTURED					£ s d
	Bougies, Female	No.			9.	11 3
	Forceps Bone, Bibbling	"			1.	3. 3 6.
	" Vulsellum	"			2.	2 1 0
	Mallet, Metal	"			1.	13 8.
	Retractors 2 pronged small	"			4.	3 13 0.
	Forceps Artery 7"	"			4.	1. 7. 4
	" Urethral	"			2.	5. 15. 0.
	Needles Spinal				8.	1. 2. 0
	Scissors 8" B.P.	"			1.	8 9
	Razors all metal scales				2.	6 8
	Engines Farabeouf's Curved	"			2.	17 2
	Syringes Transfusion 5 o.z.				1.	8 10
				Brought forward		£ 8 13s 11 : 11
						£ 34 : 0 : 1

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY.....
SIGNATURE.....
Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by O.C. 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 21/12/42

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed on Receiving Units.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329 Wt.W32137/1385 2,500 Pads. 10/43 K. & H., Ltd G657/110

2146

Declassified E.O. 12356 Section 3.3/NND No. 785020

Army Form, I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

...NDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets 10
Sheet No. 5
Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Unit O.C. Central Italian Med. Store
Address for Stores } Depot Cimino Taranto
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....

Date..... Officer Commanding or Medical Officer-in-Charge, R.A.F.

I RECOMMEND the supply of the articles demanded.

Signature.....

Date..... A.D.M.S., D.D.M.S. or P.M.O.

.....(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION VI (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	ENEMY CAPTURED					
	Bougies, Female	No.			9.	11 3
	Forceps Bone, Nibbling	"			1.	3 3 6
	" Vulsellum	"			2.	2 1 0
	Mallet, Metal	"			1.	13 8
	Retractors 2 pronged small	"			4.	3 13 0
	Forceps Artery 7"	"			4.	1 7 4
	" Urethral	"			2.	5 15 0
	Needles Spinal				8.	1 2 0
	Scissors 8½ F.P.	"			1.	8 9
	Rasors all metal safes				2.	6 8
	Rugines Farabeouf's Curved	"			2.	17 2
	Syringes Transfusion 5 c.c.				1.	8 10
			Brought Forward		813	11 11
					834	0 1

Boxes Cases Casks Hampers 3223 Wrappers

APPROVED TO BE SUPPLIED BY.....

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by O.C. 10 Coms and Depot Medical Store At O.T.T.

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. 3715
Account 10 B.D.M.S.
Date Account commences 22/12/42

RECEIVED THE ABOVE STORES.

Signature.....

Rank.....

Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43. K. & H., Ltd. G657/110

2147

Declassified E.O. 12356 Section 3.3/NND No. 785020

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

N.O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets 6
Sheet No. 6
Unit O.C., Central Italian
Address for Stores } Medical Depot

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION..... (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Carried Forward					£ 834 - 0 - 1.
		less	3½%			29 - 3 - 10.
						804 - 16 - 3.
		plus	18%			144 - 18 = 0.
					£	949 - 14 - 3.

3222

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY O.C. 10 Command Medical Store

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Store At C.M.F.

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 3715
Account 10 C.D.M.S.
Date Account commences 1.11.44.

RECEIVED THE ABOVE STORES.

Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1365. 2,500 Pads. 10/43 K. & H., Ltd Gp57/110

2148

Army Form 14209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 6
Sheet No. 6
Unit O.C. Central Italian
Address for Stores } Medical Depot

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S., or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION..... (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Arrangedly)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Carried Forward					C 834 - 0 - 1
		less	3½%			29 - 3 - 10
						804 - 16 - 3
		plus	18%			144 - 18 - 0
					£	949 - 14 - 3

Boxes Cases Casks Hampers 3221 Wrappers

APPROVED TO BE SUPPLIED BY O.C. 10 Command Medical Store
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice

Issued by 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. 3715
Account 10 C. D. M. S.
Date Account commences 1.11.43

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. WLW32137/1385. 2,500 Pads. 10/43 K. & H., Ltd G657/110

2149

Declassified E.O. 12356 Section 3.3/NND No. 785020

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*ISSUE and RECEIPT VOUCHER FOR †MEDICAL EQUIPMENT

*...DENT

...O. or R.A.F. | Issuing No.....

Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 5
Sheet No. 1
Unit Italian Med: Store Depot
Address for Stores | Naples

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 11 (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armyonly)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Benzamdehydum	lbs.			21.	1. 1. 0
	Bismuth Subgall	Kg.			48½.	58 4
	Burnol Antiseptic Cream	tubes.			44.	1 9 4
	Calcii Sulphidum	lbs.			21½.	3 13 6
	Derris Root Powdered	Kg.			5.	5
	Diastase	G.			19.250.	9 10. 0
	Emplastrum Belladonnae	yds.			28.	3 17
	Glycerin Pepsin	lbs.			69.	3 10
	Haemoglobin	G.			11.250.	8 16
	Hazeline Compound Suppositories	tins.			35.	2 12 6
	Ipecac Rad.	Kg.			92½.	4 12 6
	Lactosum	lbs.			70.	5 16 8
	Lin. Belladonnae	lbs.			80.	17 0 0
	Listerine, 14 oncebottles	No.			28.	2 2 0
	Mustard ½ lb. tins.	Nos.			35.	17 6
	Pea Flour	lbs.			98.	3 6
	Pil. Pot Permang. gr. 2 Enteric Coated	No.			55.000	20 0 0

Boxes | Cases | Casks | Hampers | Wrappers

APPROVED TO BE SUPPLIED BY..... Carried forward: 137 : 13 : 0

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Store At C.M.P.

Date and mode of conveyance DELIVERED 1-11-44

Army use only. To be completed by Issuing Officer

Issue Voucher No. 4042

Account 10 C.D.M.S.

Date Account commences 1/11/44

RECEIVED THE ABOVE STORES.

Signature.....

Rank.....

Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....

Account.....

Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43. K. & E., Ltd. G657/110.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

M.O. or R.A.F. | Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets 5
Sheet No. 1
Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Unit Italian Med: Store Depot
Address for Stores | Naples
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.
Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 14 (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Benzamdehydum	lbs.			21.	1. 1. 0
	Bismuth Subgall	Kg.			48½.	5 8 4 0
	Burnol Antiseptic Cream	tubes.			44.	1 9 4
	Caloii Sulphidum	lbs.			21½.	3 13 6
	Derris Root Powdered	Kg.			5.	5
	Diastase	G.			19.250.	9 10 0
	Emplastrum Belladonnae	yds.			28.	3 17 0
	Glycerin Pepsin	lbs.			69.	3 10 0
	Haemoglobin	G.			11.250.	8 16
	Hazeline Compound Suppositories	tins.			35.	2 12 6
	Ipecac Rad.	Kg.			92½.	4 12 6
	Lactosum	lbs.			70.	5 16 8
	Lin. Belladonnae	lbs.			80.	17 0 0
	Listerine, 14 oncebottles	No.			28.	2 2 0
	Mustard 1 lb. tins.	Nos.			35.	17 6
	Pea Flour	lbs.			98.	3 6 0
	Pil. Pot Permang. grs.2 Enteric Coated	No.			55.000	2 15 0 0

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY..... Carried forward: 137 : 13 : 0
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance DELIVERED 1-11-44

Army stn. cab. To be completed by Issuing Officer
Issue Voucher No. 4012
Account 10 C.D.M.S.
Date Account commences 1/11/44

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army stn. cab. To be completed by Receiving Officer
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43. K. & H., Ltd G657/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....

Air Ministry Demand No.....

Unit's Indent No.....
No. of Sheets 5
Sheet No. 2.
Unit Italian Med.Store Depot
Address for Stores } Naples

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order. SECTION 1A contd (Separate sheets for each Section)	Present stock plus Due In	Average monthly issue rate (Armypoule)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Pulv. Ipecac Rad	lbs.			491.	12. 15. 6
	Pot. Guaiacol Sulphonate	lbs.			1.	0 2 0
	Sapo Durus	lbs.			5.	0 8 4
	Sinapis Charta Tins of 10	No.			48.	1 4 0
	Spiritus Aetheris	lbs.			108.	7. 4 0
	Strophanth. Sem.	Kg.			19 3/5	1 10 0
	Ung. Acid Tannic	tubes.			1044.	43 10
	Valerian Rad	Kg.			172½.	8 12 0
	Solustrbosan 6 cc. amps.	No.			1368.	25 19 2
	Stearine	lbs.			35.	2 3 9
	Pil. Yatren	No.			61.500	375 0 0
	Strophanthin gr.15 tubes	No.			78.	1 19
	Sulphonamide 2.5% 5 cc. amps.	No.			313.	4 12 6
	Sulphonamide 10? cc. amps.	No.			45.	14 10
	Syrup Ferri Iodide	lbs.			12.	18
	Tinct Calumbae	lbs.			25.	1 2 0
	Tinct Cinnamae Co.	Kg.			5.4.	17 5
	Tinct Opii Simp	bots.			25.	4 . 13 . 9
		Brought Forward				137 13 0

Boxes Cases Casks Hampers 3 Wrappers

APPROVED TO BE SUPPLIED BY Carried Forward 631 : 0 : 3

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by..... At.....

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. 4012
Account 10 C.D.M.S.
Date Account commences 1/11/44/

RECEIVED THE ABOVE STORES.

Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43. K. & H., Ltd G657/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W.O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets 5.
Sheet No. 2.
Unit Italian Med. Store Depot
Address for Stores } Naples

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sections if ordered. SECTION II contd (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Annually)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	Pulv. Ipecac Rad	lbs. (2)	(4)	(5)	494. (6)	12. (7) 5. 6
	Pot. Guaiacol Sulphonate	lbs.			1.	2
	Sapo Durus	lbs.			5.	8 4
	Sinapis Charta Tins of 10	No.			48.	1. 4. 0
	Spiritus Aetheris	lbs.			108.	7. 4. 0
	Strophanth. Sem.	Kg.			19 3/5	1. 10. 0
	Ung. Acid Tannic	tubes.			1044.	43 10 0
	Valerian Rad	Kg.			172½.	8 12. 0
	Solustrbosan 6 cc. amps.	No.			1368.	25 19 2
	Stearine	lbs.			35.	2 3 9
	Pil. Yatren	No.			61.500	375 0. 0
	Strophanthin gr. 1/5 tubes	No.			78.	1 19
	Sulphonamide 2.5% 5 cc. ampp.	No.			313.	4 12 6
	Sulphonamide 10% cc. ampp.	No.			45.	14 10
	Syrup Ferri Iodide	lbs.			12.	18
	Tinct Calumbae	lbs.			25.	1. 13. 0
	Tinct Cinchonae Co.	Kg.			5.4.	17 5
	Tinct Opii Simp	bots.			25.	4 13 9
			Brought forward			37. 0. 3

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY..... Carried forward 3311. 0. 3

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.

Issued by..... At.....

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 4012
Account I.Q. C.D.M.S.
Date Account commences 1/11/44/

RECEIVED THE ABOVE STORES.

Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43. K. & H., Ltd G657/110

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

...IENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

...O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets.....
Sheet No.....
Unit Italian Depot Medical Store
Address for Stores } .....Depot.....

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Section and order SECTION.....D1 (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Pyramidon 0.25 G.	No.			1,000.	1. 10. 0
	Redoxan 0.25 G.	No.			3,000.	18
	Salol 0.5 G.	Kg.			21.	25 11 0
	Stammform	No.			13,300.	10 10 5
	Vitamin B & C	No.			97,750.	97 15 0
	Yennalbin 0.5 G.	No.			80,000.	60 0 0
			Brought Forward			631 0 3.
			Carried Forward			827 : 4 : 8

Boxes Cases Casks Hampers 3216 Wrappers

APPROVED TO BE SUPPLIED BY.....

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by 10 Command Depot Medical Store At C.I.F.
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 4012
Account 10 B/D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1365. 2,570 Pads. 10/43. K. & H., Ltd. G657/110

2154

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. .....
No. of Sheets 35
Sheet No. 3

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.) .....
Nearest Rly. Station .....

Unit Italian Depot Medical Store
Address for Stores } Depot

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Section/Unit order SECTION..... (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	Pyramidon 0.25 G.	No. (3)	(4)	(5) ~~X2~~	1,000.	1. 18. 0
	Redoxan 0.25 G.	No.			3,000.	18 0
	Salol 0.5 G.	Kg.			21.	25 11 0
	Stammform	No.			13,300.	10 10 5
	Vitamin B & C	No.			97,750.	97 15 0
	Yannalbin 0.5 G.	No.			80,000.	60 0 0
				Brought forward		601 0 3
				Carried forward		827 : 4 : 8

Boxes Cases Casks Hampers 3215 Wrappers

APPROVED TO BE SUPPLIED BY.....

SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by 10 Command Depot Medical Store At O.T.F.
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 4012
Account 10 B.D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd G657/110

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. 5
No. of Sheets 4
Sheet No.
Unit Italian Dept. Medical Store
Address for Stores C.M.F.

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 11 (Separate sheets for each Section)	Present stock plus Due In	Average monthly issue rate (Annually)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand £ s. d.
(1)	(2)	(3)	(4)	(5)	(6)	
	TABLETS:					
	Albucid 0.5 G.	No.			2.500.	2 5 0
	Analgetica	No.			2.400.	1 1 2
	Antimalariche	No.			9.000.	100 8 6
	Ascaridol	No.			300.	5.
	Atebrin 0.06 G.	No.			108,300.	351 0 0
	Atophan grs. 7½	No.			3,260.	2 16 6
	Potass. Iodide grs. 5	No.			51,000.	17 11 0.
	Bellergal Co.	No.			2,500.	11 3.
	Benzonaphthol	No.			84.200.	21 0 0
	Bismuth et Opii	No.			185,030.	57 16 0.
	Cardiazol pkts. of 10	No.			515.	25 15 0.
	Evipen 0.25 G.	No.			1,130.	1 1 0
	Gardan 0.5 G.	No.			720.	1 5 6
	Hypertonic "B"	No.			4,600.	10 3
	Prontosil Album 0.5 G.	No.			3,000.	1 10 3 4
	Prontosil 0.3 G.	No.			320.	9d 2 8
	Prontosil 0.5 G.	No.			2,700.	1 7 2.
				Brought Forward		827 4 8
				Carried Forward		1413 11 2

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY..... Date.....

SIGNATURE..... Rank and Appointment.....

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Store A/3214

Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 4012
Account 10 B.D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30,000. W.L.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd. G.57/110.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. .....
No. of Sheets 5
Sheet No. 4
Unit Italian Dept. Medical Store
Address for Stores } C.M.F.

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.) .....
Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.

Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.

Date.....

I RECOMMEND the supply of the articles demanded.

Signature.....
A.D.M.S., D.D.M.S. or P.M.O.

Date.....

.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION 11 (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Approx.)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7) £ s. d.
	TABLETS:					
	Albucid 0.5 G.	No.			2.500.	2 5 0
	Analgetica	No.			2.400.	1. 1. 2
	Antimalariche	No.			39.000.	100 8 6
	Ascarbdal	No.			300.	5
	Atebrin 0.06 G.	No.			108,300.	351 0 0
	Atophan grs. 7½	No.			3,260.	2 16 6
	Potass. Iodide grs. 5	No.			51,000.	17 11 0
	Ballergal Co.	No.			2,500.	11 3
	Benzonaphthol	No.			84,200.	21 0 0
	Bismuth et Opii	No.			185,030.	57 16 0
	Cardiazol pkts. of 10	No.			515.	25 15 0
	Evipan 0.25 G.	No.			1,130.	1 1 0
	Cordan 0.5 G.	No.			720.	1 5 6
	Hypertonic "B"				4,600.	10 3
	Prontosil Album 0.5 G.	No.			3,000.	1 10 0
	Prontosil 0.3 G.	No.			320.	3 4
	Prontosil 0.5 G.	No.			2,700.	1 7 8
				Brought Forward		827 4 8

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY.....
Carried Fwd. 14 13 : 11 : 2

SIGNATURE..... Rank and Appointment 3213 Date.....

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Store At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. 4012
Account 10 A.D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer

Receipt Voucher No.....
Account.....
Date Account commences.....

30329 Wt.W32137/1385 2,500 Pads. 10/43 K. & H., Ltd G657/110

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

O. or R.A.F. } Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No.....
No. of Sheets 5
Sheet No. 5
Unit Italien Med. Store Depot
Address for Stores } C.M.F.

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.).....
Nearest Rly. Station.....

Unit Stamp

*Cancel whichever is not applicable.

†Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.
Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order. SECTION 1A contd (Separate sheets for each Section)	Present stock plus Due In	Average monthly issue rate (Army only)	Present Demand	No. or quantity issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Tinct Valerian	lbs			10 and 6 ozs.	1. 0. 9.
	Tonical 2 cc. amps	No.			200.	1 13 4
	" 5 cc. "	No.			210.	3 10 0
	" 10 cc. "	No.			120.	3 0 0
	Triod. 2 cc. ampp	No.			290.	1. 16 0
	" 5 cc. "	No.			174.	1 4 6
	Ung Anaesthetic	tubes.			100.	6 5 0
	Ung. Ichthammol	Kg.			19.	4 15 0
	Ung. Iodi	Kg.			42.9	8 10 0.
	Ung. Salicylis 2%	tubes.			95.	11
	Yatren 3% 1 cc. amps	No.			138.	2. 2. 6
		Brought Forward			1413	11 2
					1447	19 3
		less 3½%			50	13 7
					1397	5 8
		Plus 18%			251	10 0
		Total.			£1648	15 8

Boxes | Cases | Casks | Hampers | Wrappers

APPROVED TO BE SUPPLIED BY.....
SIGNATURE..... Rank and Appointment 3212 Date.....

To be filled in only when used as an invoice.
Issued by..... At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 4012
Account 10 D.D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.....
Account.....
Date Account commences.....

30329. Wt.W32137/1385. 2,500 Pads. 10/43 K. & H., Ltd G6/57/110

Army Form 1209.
R.A.F. Form 1209.
(In Pads of 100.)

*INDENT
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

O. or R.A.F. | Issuing No.....
Air Ministry
Demand No.....

Unit's Indent No. .....
No. of Sheets 5
Sheet No. 5
Unit Italian Med. Store Depot
Address for Stores C.M.F.

Period.....
No. of Beds (Army).....
No. on Station entitled to treatment (R.A.F.) .....
Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature.....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date.....

I RECOMMEND the supply of the articles demanded.
Signature.....
A.D.M.S., D.D.M.S. or P.M.O.
Date.....
(Area, District, Command, etc.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sections and order. SECTION 17 contd (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Armygroup)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Tinct Valerian	lbs			10 and 6 ozs.	1 : 0 : 9
	Tonical 2 cc. amps	No.			200.	1 : 13 : 4
	" 5 cc. "	No.			210.	3 : 10 : 0
	" 10 cc. "	No.			120.	3 0 0
	Triod. 2 cc. amps	No.			290.	1 16 0
	" 5 cc. "	No.			174.	1 4 6
	Ung Anaesthetic	tubes.			100.	6 5 0
	Ung. Ichthammoi	Kg.			10.	4 15 0
	Ung. Iodi	Kg.			42.9.	8 10 0
	Ung. Salicylis 2%	tubes.			95.	11
	Yatren 3% 1 cc. amps	No.			138.	2 2 6
			Brought Forward			1413 : 11 : 2
						1447 : 19 : 3
			less 3½%			50 13 7
						1397 : 5 : 8
			Plus 18%			251 : 10 :
			Total	£		1648 15 : 8

Boxes Cases Casks Hampers Wrappers

APPROVED TO BE SUPPLIED BY 3211
SIGNATURE..... Rank and Appointment..... Date.....

To be filled in only when used as an invoice.
Issued by..... At.....
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer
Issue Voucher No. 4012
Account 10 D.M.S.
Date Account commences.....

RECEIVED THE ABOVE STORES.
Signature.....
Rank.....
Date.....

Army use only. To be completed by Receiving Officer
Receipt Voucher No.....
Account.....
Date Account commences.....

30029. Wt.W32137/1385. 2,500 Pads. 10/43 K. & L., Ltd G657/110

SUBJECT :- [illegible]
Maintenance of
Italian Naval Ports.

6/577.
1 Jan 45.

A.D.S.,
Hr. Insp. 5 Army.

M/46/67

Reference your Ref. (Hr) 40 B dated 27 Dec 44, forwarding copy of D.D.S., 15 Army Group No. 4021 M. of 25 Dec 44.

This Depot issued a quantity of medical stores to 210 Italian Division on 17 Nov 44, but the priced receipted copy of the voucher (I.V.2071) was inadvertently forwarded ~~in error~~ to M.H.I.A., Eighth Army for disposal, under cover of my No. 6/470 of 26 Nov 44.

Copy of this voucher is being forwarded to H.Q., M.H.I.A., today.

Shipp Instr 4/7/44

A. J. Mills
(A.J. Mills)
Capt. D.A.D.S.

P/A

CHF. Cmdg. 3 Adv. Dep. Med. Stores.

3210

Copy 1- D.D.M.S., 13 Corps.
H.Q., M.H.I.A. (with copy of IV.2071
M.H.I.A., 8 Army. (please forward
the voucher in question to H.Q.,
M.Y

(COPY)

Wt.35514/1506 27,500 P... 12/41 M. & S. Ltd. 51/1891

Army Form I 1209.
R.A.F. Form 1209.
(In Books of 100.)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of 210 Italian Division.

Nearest Railway Station

For Period 1944/45 *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary	I recommend the supply of the articles demanded.
Signature	*Signature
Date 17.11.44 * Officer Commanding or Medical Officer-in-Charge, R.A.F.	Date A.D.M.S., D.D.M.S., or P.M.O.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Folio	Articles under Section I.	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required. Price	Number or quantity issued.	Remarks £. s. d.
	Irocain & Adrenaline, 2 oz. Botts.		2	1/4d.	4	5. 4.
	Liq. [illegible] Camph. Conc. oz.		lb.	3/5d.	4	10.
	Ung. [illegible]	lbs.	lb.	1/4d.	5	6. 8.
	[illegible]	not in [illegible]			2[illegible]	–
	II.					
	Sodii Bicarb. Tabs.	per 1000.		1/5d.	2000	2. 10.
	do. Brom. do.	do.		2/11	1500	4. 5.
	Sulphaguanidine Tabs.	do.		£1.6.0.	2500	3. 5. 0.
	III					
	Bandages, Suspensory.	per 100.		£[illegible].7.4.	2	2. 2.
	Gauze, 6 yd. pkts.	do.		£[illegible].2.7.	100	[illegible]. 2. 7.
	VA.					
	Thermometers, clinical.	per doz.		15.4.	12	15. 4.
						8. 5. 2.
				less 3¼%		5. 9.
				statement.		7. 19. 5.
				Plus 10%		1. [illegible]. [illegible]
				[illegible] etc.		

Boxes Cases 1. Casks Hampers Wrappers

Approved to be supplied by Total £ 3209 8. - 1.

Signature Rank Date

To be filled in only when used as an invoice.	Issued by 06. [illegible] A.D.[illegible] Stores. At C.[illegible]
	Date and mode of conveyance 17 Nov 44 By hand

Army use only. To be completed by Issuing Officer.	Received the above stores	Army use only. To be completed by Receiving Officer.
Issue Voucher No. 2071.	Signature X X X	Receipt Voucher No.
Account I[illegible]/1.	Rank Tenente.	Account Issued 17.11.44.
Date Account commences 1.4.44.	Date 17 Nov. 1944.	Date Account commences a. J. Hill Capt. R.A.M.C.

SUBJECT:- Issues to Italian Forces.

6/47E.
26 Nov 44.

H.M.I.A.
Fifth Army.

The attached casual Issue Voucher No. 2771 for medical stores issued to No. 21 Italian Division on 17 Nov 44, is forwarded in accordance with Appendix "H" to H.M.I.A. Adm. Instruction No. 12 dated 12 Oct 44.

H.J. Hills

H.J. Hills,
Capt. R.A.M.C.
Cmdg. 3 Adv. Dep. Med. Stores.

C.W.P.

D. A. D. M. S.

Phoned Registrar 67 General Hospital and ADMS Baseball - stores are captured but they have no knowledge as to when they were captured. The value is quite small, shall I treat as IRT property?

20/XII/44

Agreed! Yes.!

20/12

File

3207

M/4B.

Subject : Surplus Medical Equipment. Ref. 97/44.

21 Dec. 1944.

To : M.M.T.A.,
O.M.P.

Attached please find voucher for drugs issued to : -
MEDICAL STORE DEPOT
Miracoli Military Italian Hospital - Naples -
under authority ADMS 56 Area, letter M/4B/2643 dated 2 Dec. 1944.

Adl Cpl. 3206

Major,
for Officer Commanding,
67 Br. General Hospital.

Encld.

M/4B/2643

Sheet No. 1 No. of Sheets 1

W.35514/1506 27,500 Pads. 12/41. M. & S., Ltd. 51/1091

Army Form I 1209.
R.A.F. Form 1209.
(In Books of 100.)

W.O. or R.A.F. Issuing No. .....

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of Medical Store Depot - Hospital - Meplas

Harcourt Waterborne (Thailand) Nearest Railway Station .....

For Period ..... *No. of Beds (Army) ..... *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature .....
Date ..... Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature .....
Date ..... A.D.M.S., D.D.M.S., or P.M.O

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Lecithin 2 cc.ampoules				1775	
	Calc.Gluconate 10 % 2 cc."				100	
	" " 10 % 5 cc."				200	
	" " 10% 10cc."				25	
	Ferrin Citras 0-05c amps.				225	
	Adrenalin HCl 1 cc.amps.				90	
	Bism Salicyl 0.2c 2 cc."				25	
	Coffaine at Sod.Benz.0.2c amps				70	
	Mercur Binicdide & Sod Iodide aa.0.02c amps.				35	
	Sod Glycerophosph "				160	
	Sol. Methrasinite 1 cc.amps.				360	
	" Coccolytes, 1 cc.				10	
	Normal Saline 250 cc.amps.				5	
	5% Glucose Sol. 250 cc. amps.				6	
	10% Calcine in Normal Saline 10 cc. amps.				50	
	Vanadium 1 cc. amps.				20	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by Counter
Signature ..... Rank Major Date 20th Dec. 44

To be filled in only when used as an invoice.
Issued by O.C. No.67 (Br.) General Hospital At .....
Date and mode of conveyance handed over 19 dec.1944.

Army use only. To be completed by Issuing Officer.
Issue Voucher No. .....
Account .....
Date Account commences .....

Received the above stores
Signature Maggiore
Rank Guardiano Artiglieria
Date 19-12-944

Army use only. To be completed by Receiving Officer
Receipt Voucher No. .....
Account .....
Date Account commences .....

[illegible] COMANDO FERROVIARIO
([illegible])

2165

Sheet No. 2. No. of Sheets 2

Wt.35514/1506 27,500 Pads 12/41 M. & S., Ltd. 51/1891.

W.O. or R.A.F. Issuing No.

Army Form I 1209.
R. F. Form 1209.
(In Books of 100.)

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Medical Store Depot,

Miracoli Military (Italian) Hospital, Harlas.

Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Officer Commanding or Medical Officer-in-charge, R.A.F.
Date 16.12.44

I recommend the supply of the articles demanded.
Signature
A.D.M.S., D.D.M.S., or P.M.O
Date

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Equivalent during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Ames.					
	B/Carbacol 0.75 cc.					
	Emetin tol 3.0 cc.					
	Iodoform 1/3 gr.				110	
	Al. Acetylsal. 1 cc.					

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by ADMS letter M/4/2143 dated 2 December 1944
Signature Rank Date 3.12.44

To be filled in only when used as an invoice.
Issued by 3.C.U. 67 (Br) General Hospital At
Date and mode of conveyance Handed over 19 Dec. 44.

Army use only. To be completed by issuing Officer.
Issue Voucher No.
Account
Date Account commences

Received the above stores
Signature Maggiore
Rank Gaurlind Hutchinson
Date 19-12-944

IL MAGGIORE CHIMICO FARMACISTA
(Charles Coll. Hutchinson)

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account
Date Account commences

Tel. NAPLES 51414 (TWO LINES)
50694

Subject:- Issue Vouchers
Reference:- CMS/4/44
- - - - - - - - - - -

D.A.D.M.S.,
Land Forces Sub. Comm.,
A.C., M.M.I.A.
ROME
- - - - - - - - - - -

The attached copy of this Office issue voucher No.3610 is forwarded in accordance with D.D.M.S., No.3 District memorandum No. 617 M. of 20th., Nov., 1944.

A discrepancy report on this consignment has been raised by Medical Liason Officer, M.M.I.A., who states that 3 cases containing 24.175 ccs. of Vaccine Typhus (Durand and Giraud) were deficient.

Correct despatch of the consignment has been confirmed at this Depot and with R.T.O., Naples and A.F.I 1230 submitted to Higher Authority for authority for "write-off".

Major.R.A.M.C.
Commanding,
10 Command Depot Medical Store.

56 Area CMF
27th Nov. 1944
AGB/lb

P/A

87.

Wt.50238 1120. 15,000 5/44. 7/43. [illegible] Ltd. 51-6486.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

COPY.

One sheet only.

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Central Italian Medical Depot

Nearest Railway Station Cimino, Taranto.

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section 1D.	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	vaccine Typhus (DURAND & GIRAUD). (doses of 1 cc	ccs			574000.	Issued in accordance with DMS, AFHQ, letter No. M. 4611 date 19. 9. 44.
	Section XIII.					
	Cases wood packing.	No.			66.	

At a cost of one shilling per cc (1 cc = 1 dose) = £28700. 0. 0.

Information regarding cost of above obtained from DMS, AFHQ, (DADMS 3) on 21. 9. 44.

Please sign and return to O.C.
10 "A" Command Depot of Medical Stores.
At 56 Area Club

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by Command Medical Store.

Signature See above. Rank Date

To be filled in only when used as an invoice.
Issued by 10 Command Depot of Medical Stores. At CMP 3202
Date and mode of conveyance Rail, 23 September 1944.

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 3610
Account 10 BMS
Date Account commences 21.12.42.

Received the above stores
Signature [illegible]
Rank [illegible]
Date [illegible]

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 25
Account [illegible] Store
Date Account commences 31st March 45
[illegible]

Tel FLES 51414 (TWO LINES)
50694

Subject:- Issue Vouchers
Reference :- CMS/4/44
- - - - - - - - - - -

D.A.D.M.S.,
Land Forces Sub Com.,
M.M.I.A.,
RCME
- - - - - - - - - -

The attached signed and priced copy of my I.V. No.32 in respect of Sulpharsphenamine issued to Central Italian Medical Depot is forwarded in accordance with D.D.M.S., 3 District, memorandum No. 617 M. dated 20th., November, 1944.

Major.R.A.M.C.
Commanding,
10 Command Depot Medical Store.

56 Area CMF.
21st Nov. 1944
AGB/1b

P/A
Acceptance Note m/426/23444 3201
Raised

Form 1209.
A.F. Form 1209.
(In Parts of 100.)

*INDENT.
*ISSUE and RECEIPT VOUCHER
FOR †MEDICAL EQUIPMENT

W. or R. } Issuing No. .....
Air Ministry
Demand No. .....

U69

Unit's Indent No. 1
No. of Sheets .....
Sheet No. .....
Period .....
No. of Beds (Army) .....
No. on Station entitled to treatment (R.A.F.) .....
Unit Central Italian Medical Depot
Address for Stores } 52 Area G.M.F.
Nearest Rly. Station .....

Unit Stamp

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I CERTIFY that the articles demanded are necessary.
Signature .....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date .....

I RECOMMEND the supply of the articles demanded.
Signature .....
A.D.M.S., D.D.M.S. or P.M.O.
Date .....
(Area, District, Command, &c.)

P.L.M.E. Cat. No.	ARTICLES To be arranged alphabetically in P.L.M.E. Sectional order SECTION ... (Separate sheets for each Section)	Present stock plus Dues In	Average monthly issue rate (Average)	Present Demand	No. or quantity Issued	REMARKS Will include reason and authority for demand
(1)	(2)	(3)	(4)	(5)	(6)	(7)
	Sulphapyridine 0.45 G. ✓	Ample.			2030.	45. 13. 6.
	Sulphapyridine 0.60 G. ✓	"			3930.	93. 6. 9.
					£139.	0. 3.
	Coated in accordance with Priced List of Medical Equipment, 1942.					
	Issued in accordance with D.M.S., A.E.H.Q. Instructions No. 1430 of 26.10.42.					
	Cases, Wood Packing				3	

PLEASE SIGN & RETURN

Boxes ..... Cases ..... Casks ..... Hampers ..... Wrappers .....

APPROVED TO BE SUPPLIED BY ..... 10 Command Depot Medical Store .....
SIGNATURE ..... Rank and Appointment ..... Date .....

To be filled in only when used as an invoice.
Issued by ..... 10 Command Depot Medical Store .....
Date and mode of conveyance ..... M.F.D. 5/XI/42 ..... £200

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 32
Account 10 C.D.M.S.
Date Account commences 1-11-42

RECEIVED THE ABOVE STORES.
Signature .....
Rank .....
Date 15/11/42

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 49
Account 111 Sect.
Date Account commences 31st March 43

(GY594) W1. 70737/1885. 17,500 Pads. 3/44. R. & S. Ltd. 51-0451.

Subject:- Issues to Italian Co-operators
Reference:- GMB/M./504.
- - - - - - - - - - -

D.A.D.M.S.,
M.M.I.A.,
Military Mission,
Italian Army,
R O M E
- - - - - - - - - -

The under-mentioned receipted copies of my issue vouchers in respect of issues of Medical Stores from this Depot to the Italian Central Medical Depot are forwarded herewith for your retention:-

Issue Voucher 3632	in respect of Filters Water	41.
Issue Voucher 3535	in respect of Sulpharsphenamine 0.45 G.	amps. 1510.
Issue Voucher 3535	in respect of Sulpharsphenamine 0.60 G.	amps. 1510.

Your M/M/504 dated 11th. March, 1944, refers.

Major.R.A.M.C.
Commanding,
10 Command Depot Medical Store.

56 Area. GHQ.
19th Oct. 1944.
AGB/LB

3199

Wash.
23/10/44

Lt. C. attention.

M/485

Subject:- Issues to Italian Co-operators
Reference:- CH3/h/hd.
- - - - - - - - - - -

D.A.D.M.S.,
M.M.I.A.,
Military Mission,
Italian Army,
R O M E
- - - - - - - - - -

The under-mentioned receipted copies of my issue vouchers in respect of issues of Medical Stores from this Depot to the Italian Central Medical Depot are forwarded herewith for your retention:-

Issue Voucher 3632	in respect of Filters Water	41.
Issue Voucher 3535	in respect of Sulpharsphenamine 0.45 C.	amps. 1510.
Issue Voucher 3535	in respect of Sulpharsphenamine 0.60 C.	amps. 1510.

Your M/4/504 dated 11th. March, 1944, refers.

Major.R.A.M.C.
Commanding,
10 Command Depot Medical Store.

56 Area. CMF.
19th Oct. 1944.
AGH/LB

3199

Wash. Lt. C. attached.
23/10/44

M/45/2078

2172

One sheet only

W 4238/1150. 15,000 Bks. 4/43. G.B.&Co.,Ltd. 51-6436.

Army Form 1 1208.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No. M 152

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of CENTRAL Italian Medical Depot

Nearest Railway Station ~~Naples~~ 52 AREA

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION XLA	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Filter Water, (Enemy Cont.)			41.		Authy: AFHQ M.4170 dated 22/9/44
	Cases Wood Packing.			41		Please sign acknowledgement to C.C. No 10 Command Depot Medical Store C.M.F

Boxes Cases Casks Hampers. Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Stores At C.M.F.
Date and mode of conveyance Rail 26.9.44

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 3632
Account D.M.S.
Date Account commences 21.12.42.

Received the above stores
Signature R G Neighbour
Rank Lt/Qm/Lt Col
Date 5/10/44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3108
Account L of S Store
Date Account commences 21st August 44

Ending

MEDICAL LIAISON OFFICER M.E.L.F.

Declassified E.O. 12356 Section 3.3/NND No. 785020

One sheet only

WT 30238/1150. 15,000 Bks. 4/43. G.B.&Co., Ltd. 61-6456.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of O.C. Central Italian Medical

_____ Depot Nearest Railway Station Cimino, TARANTO

For Period _____ *No. of Beds (Army) _____ *No. on Station entitled to treatment (R.A.F.) _____

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature _____
Date _____
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature _____
Date _____
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Sulpharsphenamine 0.45 G amps		amps.		1510.	Issued in accordance
	Sulpharsphenamine 0.60 G. amps		amps.		1510.	with D.M.S., A.A.I. letter 4024 M. of 28 June 1944. being second consignment transferred (See my I.V. No. 3157)
	XIII					
	Cases Wood Packing				1.	

Please sign & return to
O.C. 10 Command Depot
Medical Store

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by _____

Signature _____ Rank _____ Date _____

To be filled in only when used as an invoice.

Issued by 10 Command Depot Medical Store At C.M.F.
Date and mode of conveyance

3197

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 3535
Account 10 B.D.M.S.
Date Account commences 21.12.42.

Received the above stores
Signature [signature]
Rank Lt (Qm)
Date 5/10/44

MEDICAL LIAISON OFFICER

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 23
Account 7th S Corps
Date Account commences 31st March 44
Cadey

Declassified E.O. 12356 Section 3.3/NND No. 785020

Wt.54238/1120. 15,000 Bks. 4/43. G.B.&Co.,Ltd. 61-0436.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No. .....

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of - Central Medical -

Nearest Railway Station .....

For Period Store Depot TARANTO *No. of Beds (Army) ..... *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature .....
Date ..... *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature .....
Date ..... *A.D.M.S., D.D.M.S. or P.M.O.*

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Thermometers clinical Centigrade (captured enemy equipment)	11		11		Issued under verbal instructions of D.A.D.M.S. (Stores) A.F.H.Q. 12th August 1944.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Please sign and return to O.C. "A" Command Depot of Medical Stores. At 57 Rue Curt.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by .....

Signature ..... Rank ..... Date .....

To be filled in only when used as an invoice. Issued by ..... At 3196

Date and mode of conveyance and Dep. of Medical Stores Rec'd 23.8.44

Army use only. To be completed by Issuing Officer. Issue Voucher No. 5238
Account .....
Date Account commences 10 E.D.M.S.

Received the above stores
Signature .....
Rank 2/Lt RAMC
Date Aug 27 44

Army use only. To be completed by Receiving Officer. Receipt Voucher No. 10
Account ITI/STORE
Date Account commences 1/4/44

21.12.42.

MEDICAL LIAISON OFFICER M.M.A.

ITALIAN CENTRAL DEPOT OF MEDICAL STORES

CORY TO D MS. ASC ACC.

(6)

WL.50938/1150. 15,500 Bks. 4/43. G.T.A.Co.,Ltd. 51-C138.

Army Form 1 1209.
R.A.F. Form 1700.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Central Medical Depot,

52 Area, CMF. Nearest Railway Station CMF

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section 1A	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	~~Sulphaguanidine~~	C.606	amps.		5658	Authy: IMS., HQ., AAI.,
	"	0.450	"		4327	letter No.1024 M dated 28/6/44 and MMS., ASC letter H/4/1486 of 30th July, 1944.
	PLEASE SIGN AND RETURN TO O.C. 'A' COMMAND DEPOT MEDICAL STORE					
	Cases W.P				6.	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by 1A Command Depot Medical Stores. At CMF
Date and mode of conveyance via [illegible] August 1944

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 3157
Account 10 MMS
Date Account commences 21/12/43

Received the above stores
Signature [illegible]
Rank 2/Lt RAPC
Date 21 Dec 43

MEDICAL LIAISON OFFICER

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 8195
Account 1A/STORE
Date Account commences 1/4/44

AUSTRALIAN CENTRAL DEPOT C

Subject: Captured equipment.

Italian Central Depot of Medical Stores
Cimino
TARANTO

Aug 26th. 44

O.C.
'1' Command Depot Medical Stores
57 Area,
C.M.F.

I. In accordance with instructions received from H.Q. M.M.I.A. (ref M/4E/1382 dated 13 July) instruments as per attached I.V. have been forwarded to you today through M.F.O. Taranto.

2. The instruments are not new, but are the best available.

2/Lt. R.A.M.C.
Medical Liaison Officer.
MMIA.

Copy to HQ. MMIA

One sheet only

Wt.35514/1508. 27,500 Pads 12/41 M. & S., Ltd. 51/1891

W.O. or R.A.F. Issuing No. .....

† Army Form I 1209.
† R.A.F. Form 1209.
(In Books of 100.)

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of O.C. Combined Depot Medical Store

....., Nearest Railway Station .....

For Period ..... *No. of Beds (Army) ..... *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required

I certify that the articles demanded are necessary
Signature .....
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date .....

I recommend the supply of the articles demanded.
Signature .....
A.D.M.S., D.D.M.S., or P.M.O.
Date .....

Folio	ARTICLES UNDER SECTION VI	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	Forceps, Vulsellum			No. 15		Authority HQ MMIA ref 1/MD/136 dated 15 July 41
	Specula, Vaginal, bi-valve			No. 15		
	for HQ MMIO					

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes ..... Cases ..... Casks ..... Hampers ..... Wrappers .....

Approved to be supplied by ..... Rank ..... Date .....

Signature ..... At .....

To be filled in only when used as an invoice.

Issued by OC Italian Central Depot of Medical Stores

Date and mode of conveyance 26 Aug 41 MT to Taranto

Army use only. To be completed by Issuing Officer.
Issue Voucher No. .....
Account .....
Date Account commences .....

Received the above stores
Signature .....
Rank .....
Date .....

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3193
Account .....
Date Account commences .....

Subject:- Issues of Medical Stores to Italian Co-operators.
Reference:-CMS/1151./44

D.A.D.M.S.,
A.S.C.,
Main Headquarters,
Lequile.

(1)Attached herewith lists of Captured and British Medical Stores issued fr
from this Store to Italian Forces. This is forwarded for your information; receipted
copies of Vouchers have already been passed to you. Copies of these lists have been
forwarded to D.M.S.,A.A.I., and Assistant Financial Adviser, A.A.I., in accordance
with existing instructions.

(2)Enclosed herewith receipted copy of this Office Issue Voucher 2807
in respect of Captured German and Italian E.N.T.equipment handed over to the Italian
Medical under instruction of the Adviser in Oto-Rhino-Laryngology, A.A.I.

Major.R.A.M.C.
Commanding,
Command Medical Store.

57 Area, C.M.F.
4th.July, 1944.
AGB.

Copy to D.M.S.,A.A.I., Our CMS/1150/44 dated 4th.July, 1944 refers.

3192

[illegible] Sheet 2.

Date.	Item.		Amount.	Issued to.
15 June 44.	SECTION VA.			
	Gloves, Operating.	Pairs.	80	Italian Army & Air Force. Western Italy.
	[illegible]	[illegible]	16	
	Plaster Adhesive [illegible]	No.	100	
	" " [illegible]	No.	100	
	SECTION [illegible]			
	Needles, Syringe, 10 and 20 cc.	No.	[illegible]	
	Syringes, Glass, 5 cc.	No.	74	
	SECTION [illegible]			
	Films X Ray 30 x 40.	Tins.	[illegible]	
	[illegible]	Tins.	[illegible]	
	[illegible]	Tins.	[illegible]	
	[illegible]	G.	[illegible]	
	[illegible]	G.	[illegible]	
	SECTION [illegible]			
	[illegible]	G.	[illegible]	
	[illegible] Amps of 2 cc.	No.	[illegible]	
	[illegible]	lbs.	[illegible]	
	[illegible]	G.	[illegible]	
	[illegible]	lbs.	[illegible]	
	Sodii [illegible]	lbs.	[illegible]	
	" [illegible]	lbs.	[illegible]	
	" [illegible]	G.	[illegible]	
	SECTION [illegible]			
	Gauze, Wool, packing.	No.	[illegible]	

3190

Date.	Item.		Amount.	Issued to.
21 June 44.	SECTION [illegible]			
	Ac. [illegible] pure.	lbs.	4	Italian Army & Air Force. [illegible] Italy.
	" [illegible]	lbs.	16	
	[illegible] General.	No.	100	
	" " Local.	No.	100	
	[illegible]			

SEC XIB.

Sheet 3.

LIST OF ITEMS ISSUED TO ITALIANS (Contd.)

Date.	Sec. III.	Items.		Amount.	Issued to.
21 June 44.		Sodii Salicylas.	lbs.	24	Italian Army & Air Force. Eastern Italy.
		Sulphanilamide.	lbs.	35	
		Theobromine.	lbs.	2	
		Thymol.	lbs.	[illegible]	
		Atropine Sulphate.	ozs.	[illegible]	
		Digoxin.	Tabs.	300	
		Insulin 40 U. per cc. 5 cc. amps.	Amps.	48	
		Procaine Hcl.	ozs.	4	
		Sodii Bol. Tabs. 4 gr.	No.	500	
		Sulphapyridine (Na. Salt.	Tabs.	5000	
		Sulphanilamide (Na. Salt.	Tabs.	5000	

SECTION IV.

Condoms.		Gross.	1344

SECTION VI.

Catgut 00.	20 day.	Gross.	1
0.	20 day.	Gross.	1
1.	20 day.	Gross.	1
2.	20 day.	Gross.	1
3.	20 day.	Gross.	1
Gloves, operating.	Size. 6.	No.	20
	Size. 7.	No.	20
	Size. 7½.	No.	20
	Size. 8.	No.	20
Needles, Syringe.	10 and 20 cc.	No.	200
" suture. Surgeons.		Sets.	16
Plaster adhes. Z.O. 1" reels.		No.	100
" " " 3" reels.		No.	100
Thermometer clinical.		No.	75

SECTION VIII.

Film, X Ray.	30 x 40.	Tins of 12.	No.	21
	24 x 30.	" "	No.	15
	13 x 18.	" "	No.	17
	18 x 24.	" "	No.	13

SECTION IX.

Ac. Hydrochlor. Conc.

[illegible]		Grs.	1
Gloves, operating.	Size. 6.	No.	20
	Size. 7.	No.	20
	Size. 7½.	No.	20
	Size. 8.	No.	20
Needles, Syringe.	10 and 20 cc.	No.	288
" suture. Surgeons.		Sets.	16
Plaster rolls. P.O.P.	6" reels.	No.	100
" " "	9" reels.	No.	100
Thermometer, clinical.		No.	75

SECTION [illegible].

Films, X Ray.	30 x 40.	Tins of 12.	No.	21
	24 x 30.	" "	No.	23
	13 x 18.	" "	No.	17
	18 x 24.	" "	No.	13

SECTION [illegible].

Ac. Hydrochlor. Com.	lbs.	4
" Nitricum. B.P.	lbs.	4
Agar Agar.	lbs.	2
Alcohol dehydratum.	lbs.	2
Argenti Nitras cryst.	ozs.	4
Benzidinum.	G.	100
Bromine. 2 cc amps.	No.	36
Cupri Sulphas (copper sulphate.	lbs.	1
Gelatinum.	lbs.	1
Paraffinum durum.	lbs.	1
Sodii citras. B.P.	lbs.	2
" hydroxidum.	lbs.	1
" nitris.	G.	50
" Nitro prusside.	G.	25
" [illegible] tartras.		

SECTION [illegible]

Gentian violet.	lbs.	2
Leishman, dry.	G.	5
Methylene blue.	G.	25

SECTION [illegible].

Shoes, Tool, [illegible].	No.	60

LIST OF ITEMS OF MEDICAL SUPPLIES ISSUED TO
ITALIAN COMBATANTS FROM CAPTURED MEDICAL SUPPLIES
HELD AT
COMMAND MEDICAL STORE
DURING THE MONTH OF JUNE 1944.

Date.	Item.		Amount.	Issued to.
15 June 44.	Sch. M. Aethylis chloridum (tubes.	No.	30.	Italian Army and Air Force. Western Italy.
	Chloroformum. 2 oz. tubes. (anaest.	No.	105.	
21 June 44.	Sch. M. Aether anaestheticum (tubes. (Etere Etilico Purissimo.	No.	110.	Italian Army and Air Force. Southern Italy. Eastern
	Sch. N. Thermometers, clinical.	No.	49	

Subject:- Issues to the Italian Armed Forces.
Reference:-CMS/985/44

M/4/3/1261

D.A.D.M.S.,
A.S.C.
A.C.C.
Main Headquarters,
Lecce.

(1) Attached herewith signed copy of this Office Issue Voucher No.2708 in respect of Issues of Medical Stores to Italian Army and Air Force, Naples, and is submitted in accordance with your letter M/4/504 dated 11th.March,1944.
The indent, at present in hand, for Bari is not yet completed. The signed copy of the issue voucher will be forwarded in due course.

(2) Attached herewith A.F.I.1209, duly signed, in respect of ten two ton Medical 'Bricks' issued to the Italian Medical Store, together with a list of contents. This list is applicable to all ten 'Bricks'.

3187

Major.R.A.M.C.
COMMANDING,
NO.10 BASE DEPOT MEDICAL STORE(COMMAND MEDICAL STORE)

18th.June,1944.
57 Area C.M.F.
AGB.

2187

SHEET I 7

Wt.50238/1120. 15,000 Bks. 4/43. G.B. Ltd. 51-6496.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION I (a) †MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NEAPLES WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Acetone, pure	2	Kg.	5	N.A	✓ 0/S
	Ac.aceticum conc.pure	0.7		3	6 LB	✓ 6 lb.
	Ac.acetylsalicylicum	9.5		22.5	24 "	2 [illegible] ✓ 24 lb
	Ac.citricum	4.5		2.5	5 "	✓ 5 lb.
	Ac.diaethylbarbituricum	0.3		0.375	N.A	✓ N.A.
	Ac.phenilchinolincarbonicum	0.2		8	—	N.A. Capt. Stores only
	Ac.salicylicum	1.5		1.5	N.A	✓ 0/S.
	Aethylis chloridum(tubes)	220		1000	38 Italian 48 Br (GEN)	✓ 38 ITY. CAPT. 48 BR. GEN. 60 c.c. TUBES
	Argentum proteinicum	1.5		1.5	2 LB	2 lb.
	Balsamum tolutanum	nil		0.25	—	N.A. Captured Stores only
	Barii sulphas(opaque media X rays)	385		200	60 LB	✓ 60 lb.
	Benzonaphtol(Naphtolum benzoic.)	5		2.5	N.A	✓ NIS
	Bismuthi nitras basic	16		15	—	NA Capt. Stores only
	Boldi folias	nil		0.2	—	NA " "
	Calcii chloridum cryst.p.	8		10	10 LB	✓ 10 lb. B.P.
	" glicerophosphas	1.0		2.5	—	NA
	Cascara sagrada(Rhamni purshianae cortex	0.4		15	—	NA

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice. Issued by O.C. [illegible] Med. [illegible] At C.M.F.
Date and mode of conveyance Delivered.

3186

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2708
Account 10 B[illegible]
Date Account commences 21.12.42

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account
Date Account commences

Per ricevuta di No 51 casse con riserva di controllo del contenuto Ten. Capt. a [illegible] Napoli 15.6.44

SHEET 84

W.56228/1129. 15,000 Bks. 4/43. G.G.&C.—41. 51-6438.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Chloroformum 2-OZ tubes (anaest)	300		150	195	Capt. ~~Est.~~ 195 CAPT. STOCKS
	Cocoa butter	0.1	Kg.	0.5	—	NA Capt. Stocks only
	Dionimum (aethylmorphinum hydrocl.)	nil		nil	—	NA
	Extractum filicis	0.35		1.25	3 lb ✓	3 LB.
	" opii	nil		0.1	1 lb ✓	1 LB.
	" polygalae fluidum	nil		3.25	—	N.A.
	" rhei ~~fluidum~~ Fld.	0.3		0.5	1 lb ✓	1 LB.
	Formaldehidi pulvis	nil		1	—	2
	Guajacoli carbonas	0.5		8.5	—	NA Capt. Stock only
	Gummi arabicum	1.4		2.75	6 LB.	NA. ✓ RAGIA.
	Hydrargyrum (chem. pure)	0.5		5.5	1 lb ✓	from 1 LB ✓
	Hydrargirii cyanidum	0.1		0.05	—	2
	" subchloridum	9		13	4 LB ✓	from 4 LB.
	Icthiammol	22		9	N.A ✓	0/s
	Ipecacuanha radix	0.24		0.5	—	NA Capt. Stock only
	Lactosum pulvis	0.4		8.5	12 LB ✓	12 LB.
	Liquor ammoniae ~~conc.~~ Fort.	25		25	12 LB	12 LB.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by At 3185
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2048
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account
Date Account commences

SHEET 3 74

Wt.50230/1120. 15,000 Bks. 4/43. G.R.S.—Gld. 51-6458.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9,000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during the corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Liquor hydrogenii peroxydi 100 voll.	nil	Kg.	25	N.A ✓	O/S
	Menthol	1.4		2.25	1 LB	too much 1 lb ✓
	Oleum caryphylli	0.3		1	1 LB ✓	1 lb ✓
	Oleum ricini	79		100		440 lbs ordered
	Opium pulvis	0.5		1		N.A. Capt. Stocks only
	Paraffinum liquidum	4.6		52.5	N.A ✓	O/S
	" molle flavum	315		125	60 LB	too much ✓ half 60 lb.
	Pepsinum pure	0.2		1	2 LB	2 lb ✓
	Peptone	nil		0.125	1 LB	1 lb ✓
	Phenacetinum gr.	81		4	½ LB	too high — 2 4 lb. ✓
	Phendbarbitonum	0.03		0.2	N.A	N.A. Capt. Stock only
	Phenylis salicylas	4.8		4	N.A ✓	N.S.
	Plumbi acetas, neutral	68		30	20 LB	BP. 20 lb. ✓
	" protoxidum	21		10	N.A	N.A Capt Stock only
	Potassii carbonas Sodii.	1		60	12 LB	124 lb. ✓
	Pyramium	0.7		7	N.A	NA Capt Stock only
	Sabinae ramuli	0.2		1.25	N.A	NA " "
	Sodii iodidum	2.2		1	2	✓ 2 lb. ✓

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Rank Date
Signature At

To be filled in only when used as an invoice.
Issued by
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2105
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3184
Account
Date Account commences

2190

SHEET 4 87

Wt.50238/1120. 15,000 Bks. 1/43. G.L. Ltd. 51-6432.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY a.AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

* *Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date /
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued	Remarks
	Sulphanylamide	nil	Kg.	17.5	35 LB	35 lb. ✓
	Sulphopyridine	nil		20	N.A	NA except in small amts in Ramps
	Sulphothiazolum	nil		20	N.A	NA – – – ✓
	Theobrominum OLEUM.	0.15		1	2 LB	(OLEUM) 2 lb. ✓
	Thymol	nil		0.85	2 LB	2 lb. ✓
	Valerianae radix	nil		0.3	N.A	NA Capt Stock only
	~~[illegible]~~ tubes	57.140		200.000	202600	202,600
	Aqua bidistillata	2.690		7.500	N.A ✓	N.C.
	Bismuthi salicylas gr.0.20	5		3.500	N.A	[illegible] N.C.
	" " " 0.30	300		2.000	N.A	N.C.
	Calcii gluconas cc.2	820		2.000	N.A	NA Capt. Stock only
	" " " 5 (i.v.)	250		2.000	N.A	NA – – ✓
	" " " 10 "	880		2.000	250 ✓	250 ✓
	Digitoxim mg.0.2 DIGOXIN TABS	670		200	300 ✓	(Digoxin tabs) 300 ✓
	Ferri arseniatum mgr. 3	nil		5.000	N.A ✓	N.C.
	Haemostop (antibleding injection)	5.780		1.000	N.A	?

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.
Issued by At
Date and mode of conveyance

3183

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2708
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account
Date Account commences

WL50238 1130. 15,000 Bks. 4/45. G[illegible]., Ltd. 51-5486.

SHEET 2 47

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Glucose 30% (e.v.)250 cc.	nil	phls	50	N.A	?
Insulin 40 U.per cc.5cc.amp.	nil		50	H8	Urgent 48. ✓
Iecitine 5% cc.2	nil		3.000	N.A	NA Capt Stocks only.
" " " 5	nil		5.000		
" " " 10	nil		4.000		
Hydrargyri salicylas cg.5	1100		3.000		
Novarsenobenzol or Neoarsphe namin (series)	480		7.500		Urgent
Sodii cacodylas cg.20	17220		7.500	NA	Capt. Stocks only
" glycerophosphas cg. 10	15660		15000	N.A	NA " " "
Sparteini sulphas cgr.3	785		2.500		NA " " "
Veratrinum cgr.5 in 5 cc.	nil		150	N.A	✓ N.E.
Arnylum	5	Kg.	15	N.A	✓ N.E.
~~SECTION XI (F)~~ SECTION I (a)					
Ac.trichloraceticum	0.3	Kg.	1	N.A	✓ o/s
Agar agar	nil		0.5	2 KB	2 KB ✓
Alcohol deytratum assoluto	1		1	2 KB	2 KB. ✓
Argenti nitras cryst.	0.2		0.2	8 ozs	8 ozs. ✓

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice. Issued by At 3182
Date and mode of conveyance

Army use only. To be completed by Issuing Officer. Issue Voucher No. 1208
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer. Receipt Voucher No.
Account
Date Account commences

1921

Declassified E.O. 12356 Section 3.3/NND No. 785020

Wt.50238/1120. 15,000 Bks. 4/43. G. ,Ltd. 51-0486.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

SHEET 17

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	SECTION IV					
	Condoms	nil		200000		B44/1 gen Issue
	SECTION V(a)					
	Gloves operating	486		100	80	8 x 20, 6, 7½, 6
	Needles syringe (Section VI)	530		350	288	10 x 20 cc
	" suture	1100		200	16	Lib Surgeon
	Plaster adhesive Z.O 5 x 0.025 1"	966		350	100	100 x 1"
	" " 5 x 0.05 2"	235		250	100	100 x 3"
	SECTION VI					5 cc.
	Syringes, glass ac. 5 a. 10 N.P.	250		75	44	2 of each
	SECTION IX (b)					
	Films, X ray 30 x 40 a. 13x18	15		250	21	21 pkts of 15x12
	" 13 x 18	10			21	6/2 x 12/1 21

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.

Issued by At

Date and mode of conveyance

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2508

Account

Date Account commences

Received the above stores

Signature

Rank

Date

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 3181

Account

Date Account commences

Wt.60230/1120. 15,000 Bks. 4/43. G[illegible] ,Ltd. 61-6486.

SEPT 7 44

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION XI (B) I(A)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9,000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature Colonnello Vit Sanità
Date 8 maggio 1944
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued	Remarks

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Benzidinum	nil	Kg.	0.025	100 Gr	Ves 100 G	✓
Benzol	0.5		0.25	N.A	NIS	
Bromine	2		50 cc.	24x1cc	24x2cc. 4 LB	✓
Gelatinum	nil		0.5	1 LB	1 LB	✓
Paradimethylaminobenzaldehidum	nil		0.015	10 Gr	10 G	✓
Paraffinum durum	nil		0.1	1 LB	1 LB.	✓
Potassii bichromas K2Cr2O7	0.1		0.25	N.A	NIS	
Sodii citras A.R.	nil		0.025	2 LB	2 LB.	✓
" Hydroxidum B.P.	6		0.5	1 LB.		
" nitrite	0.004		0.025	50 Gr	Ves 50 G	✓
" and potassii tartras	1		1.25	N.A	N.C.	
(Section XI(B))						
Giemsa sol.	nil	gr.	1000	N.A		O/S.
Leishman, dry.	nil		10	10 Gr		10 G ✓
Methylene blue	0.1		50	20 Gr		20 G ✓
Cc. XIII						
CASES WOOD PACKING				51		

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.

Issued by O.C. Cashaker 1st Class At C.NF
Date and mode of conveyance delivered

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2208
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account 3180
Date Account commences

Per ricevuta N° 51 esce un rinforzo di contabili del contenuto Per Copia Conforme Napoli 15-6-44

2194

SHEET I 27

Wt.50298/1120. 15,000 Bks. 4/43. [illegible] Co. Ltd. 51-6436.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY a.AIR FORCE

Nearest Railway Station NEAPLES WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary	I recommend the supply of the articles demanded.
Signature	Signature
Date — Officer Commanding or Medical Officer-in-Charge, R.A.F.	Date — A.D.M.S., D.D.M.S. or P.M.O.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued	Remarks
	Acetone, pure	2	Kg.	5	N.A	✓
	Ac.accticum conc.pure	0.7		3	6 lb	✓
	Ac.acetylsalicylicum	9.5		22.5	24 lb?	too large
	Ac.citricum	4.5		2.5	5 lb	✓
	Ac.diaethylbarbituricum	0.3		0.375	N.A	✓
	Ac.phenilchinolinocarbonicum	0.2		8	N.A	N.A. Capt Stocks only.
	Ac.salicylicum	1.5		1.5	N.A	
	Aethylis chloridum(tubes)	220		1000	38 48	Italian (Capt) [illegible] (GEN)
	Argentum proteinicum	1.5		1.5	2 lb	
	Balsamum tolutanum	nil		0.25	N.A	NA Captured Stocks only.
	Barii sulphas(opaque media X rays)	385		200	60 lb	
	Benzonaphtol(Naphtolum benzoic.)	5		2.5	N.A	✓
	Bismuthi nitras basic	16		15	N.A	NA Capt Stocks only
	Boldi foliae	nil		0.2	N.A	NA " " "
	Calcii chloridum cryst.p.	8		10	10 lb	✓ B.P.
	" glicerophosphas	1.0		2.5	N.A	NA. " "
	Cascara sagrada(Rhamni purshianae cortex	4		15	N.A	NA " "

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.	Issued by O.C. Command Med Str At C.M.F.
	Date and mode of conveyance Delivered

Army use only. To be completed by Issuing Officer.		Received the above stores	Army use only. To be completed by Receiving Officer.	
	Issue Voucher No. 2708	Signature		Receipt Voucher No.
	Account 10 BDMS	Rank		Account
	Date Account commences 21.12.42	Date		Date Account commences

3175

Per ricevuta di N° 51 casse con riserva di controllo del contenuto Ten. Capitano Renati Napoli 15.6.44

SHEET 2 74

Wt.60228/1150. 15,000 Bks. 3/44. O.P.S.(Co.,Ltd. 61-C486.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

SECTION I (a)

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Chloroformum 2-oz tubes (anaest)	300		150	195	Capt. Medical
	Cocoa butter	0.1	Kg.	0.5	N.A	NA Capt Stocks only.
	Dionimum (aethylmorphinum hydrocl.)	nil		nil	N.A	NA
	Extractum filicis	0.35		1.25	3	lb
	" opii	nil		0.1	1	lb
	" polygalae fluidum	nil		3.25	N.A	NA
	" rhei fluidum Pulv.	0.3		0.5	1	lb
	Formaldehidi pulvis	nil		1	N.A	?
	Guajacoli carbonas	0.5		8.5	N.A	N.A Capt Stock only
	Gummi arabicum	1.4		2.75	6 lb	ACACIA
	Hydrargyrum (chem.pure)	0.5		5.5	1	lb
	Hydrargirii cyanidum	0.1		0.05	N.A	?
	" subchloridum	9		13	4	Chemical
	Iothiammol	22		9	N.A	✓
	Ipecacuanha radix	0.24		0.5	N.A	NA Capt Stock only
	Lactosum pulvis	0.4		8.5	12	lb
	Liquor ammoniae conc.	25		25	12	lb

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.
Issued by At
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2208
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3178
Account
Date Account commences

SHEET 3 of 7

W.L.50228/1120. 15,000 Pds. 4/43. G.S.&C.S., Ltd. 51-C496.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION I (e)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9,000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary.
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Liquor hydrogenii peroxydi 100 vol.	nil	Eg.	25	N.A	✓
	Menthol	1.4		2.25	1	Have much
	Oleum caryophylli	0.3		1	1	✓
	Oleum Pini	79		100		440 lbs ordered.
	Opium pulvis	0.5		1	N.A	N.A. Capt. Slotten only.
	Paraffinum liquidum	4.6		52.5	N.A	
	" molle flavum	315		125	60	Have much — half
	Pepsinum pure	0.2		1	2	
	Peptone	nil		0.125	1	
	Phenacetinum ex.	81		4	4	Have kept — 2
	Phenobarbitonum	0.03		0.2	N.A	N.A. Capt. Slotten only.
	Phenyl. salicylas	4.8		4	N.A	✓
	Plumbi acetas, neutral	68		30	20	✓
	" proto-oxidum	21		10	N.A	N.A Capt Dixon only.
	Potassii carbonas	1		60	124	
	Pyramidum	0.7		7	N.A	N.A Capt Slotten only.
	Sabinae ramuli	0.2		1.25	N.A	N.A " "
	Sodii iodidum	2.2		1	2	✓

Boxes | Cases | Casks | Hampers | Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice. Issued by At

Date and mode of conveyance

Army use only. To be completed by Issuing Officer. Issue Voucher No. 2268 Account Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer. Receipt Voucher No. Account Date Account commences

317

2197

Declassified E.O. 12356 Section 3.3/NND No. 785020

SHEET 4 84

Wt.50259/1120. 15,000 Bks. 4/45. G.B.Cs.,Ltd. 01-0496.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

SECTION I (a)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN TEAM

For Period June 1944 *No. of Beds (Army) 9,000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	Sulpharylamide	nil kg.	17.5	35 kg		
	Sulphopyridine	nil	20	N.A		NA except in small ants in Amps
	Sulphothiazolum	nil	20	N.A		NA " " " " "
	Theobrominum	0.15	1	2 kg		
	Thymol	nil	0.35	2 kg		✓
	Valerianae mixt	nil	0.3	N.A		NA Capt Stock only.
	Prophylactic ointment tubes	57.140	200.000	20.2000		
	Aqua bidistillata	2.000	7.500	N.A		✓
	Bismuthi salicylas gr.0.20	5	3.500	N.A		} Urgent
	" " " 0.30	300	2.000	N.A		
	Calcii gluconas cc.2	240	2.000	N.A		NA Capt. Stock only
	" " " 5 (i.v.)	250	2.000	N.A		NA " " "
	" " " 10 "	630	2.000	250		✓
	Digitoxin mg.0.2	670	200	300		✓ TABS DIGOXIN
	Ferri arsenias mgr. 3	nil	5.000	N.A		✓
	Haemostop (antibleeding injection)	5.780	1.000	N.A		?

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.
Issued by At
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 208
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3176
Account
Date Account commences

WT.50838/1120. 15,000 Bks. 4/43. C[illegible]s.,Ltd. 51-0456.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

SHEET 5 17

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

SECTION I (a)

Air Ministry Demand No.

*MEDICAL EQUIPMENT for the use of ITALIAN ARMY a.AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

[Insert "REPAIRS OF" when required.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Glucose 30% (e.v.) 250 cc.	nil	phls	50	N.A	2
	Insulin 40 U. per cc. 500 amp.	nil		50	H8	Urgent
	Lecitine 5% cc. 2	nil		3.000		
	" " " 5	nil		5.000	N.A	NA Capt. Stocks only
	" " " 10	nil		4.000		
	Hydrargyri salicylas cg. 5	1100		3.000		
	Novarsenobenzol or Neoarsphenamin (series)	480		7.500		Urgent
	Sodii cacodylas cg. 20	17220		7.500	N.A	NA Capt. Stocks only
	" glycerophosphas cg. 10	15660		15000		NA " " "
	Spartenii sulphas cgr. 3	785		2.500		NA " " "
	Veratrinum cgr. 5 in 5 cc.	nil		150	N.A	NA " " "
	Arnylum	5	Kg.	15	N.A	✓
	SECTION I (a) (B)					
	Ac. trichloraceticum	0.3	Kg.	1	N.A	
	Agar agar	nil		0.5	2 lb.	
	Alcohol deytratum assoluto	1		1	2 lit.	
	Argenti nitras cryst.	0.2		0.2	8 cyp	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by At
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2768
Account
Date Account commences

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 3175
Account
Date Account commences

WL502/39 1130. 15,000 Bks. 4/43. [illegible] Co.,Ltd. 51-6486.

SHEET 5 87

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No. .....

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9,000 *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature .....
Date ..... *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature .....
Date ..... *A.D.M.S., D.D.M.S. or P.M.O.*

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	SECTION IV					
	Condoms	nil		200000	344	1 gross
	SECTION V(a)					
	Gloves operating	486		100	80	20 each 6.7.7½&8
	Needles syringe (Section VI)	530		350	288	10 & 20 c.c
	" suture	1100		200	16	Dozen sets
	Plaster adhesive 2.6 5 x 0.025	966		350	100	100 x 1"
	" " 5 x 0.05	235		250	100	100 x 3"
	SECTION VI					
	Syringes, Glass no.5 & 10 N.A	250		75	48	2 5 c.c of each
	SECTION IX (b)					
	Films, X ray 30 x 40 & 13x18	15		250	21	100 of each 15"x12"
	" 13 x 18	10			21	" 6½"x4¾"

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by .....

Signature ..... Rank ..... Date .....

To be filled in only when used as an invoice. Issued by ..... At .....
Date and mode of conveyance .....

Army use only. To be completed by Issuing Officer. Issue Voucher No. 2708
Account .....
Date Account commences .....

Received the above stores
Signature .....
Rank .....
Date .....

Army use only. To be completed by Receiving Officer. Receipt Voucher No. 3174
Account .....
Date Account commences .....

2200

EXT 1 84

WL50230/1129. 15,000 lits. 4/43. G.&A.Co.,Ltd. 61-0486.

Army Form 1 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

SECTION XI (F)

†MEDICAL EQUIPMENT for the use of ITALIAN ARMY & AIR FORCE

Nearest Railway Station NAPOLI WESTERN ITALY

For Period June 1944 *No. of Beds (Army) 9.000 *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature Colonello Vita Cassino
Officer Commanding or Medical Officer-in-Charge, R.A.F.
Date 6 agosto 1944

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S. or P.M.O.

Folio	Articles under Section	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Benzidinum	nil	Kg.	0.025	100	Gr.
Benzol	0.5		0.25	N.A	
Bromine	2		50 00.	N.A	3 cc ampls.
Gelatinum	nil		0.5	1	Kg.
Paradimethylaminobenzaldehidum	nil		0.015	10	Gr
Paraffinum durum	nil		0.1	1	Kg
Potassii bichromas $K_2Cr_2O_7$	0.1		0.25	N.A	
Sodii citras A.R	nil		0.025	2	Kg
" Hydroxidum B.P.	6		0.5	1	Kg
" nitrite	0.004		0.025	50	Gr
" and potassii tartras	1		1.25	N.A	
Sect. XI(B)					
Ciemsa sol.	nil	Gr.	1000	N.A	
Leishman, dry.	nil		10	10	Gr
Methylene blue	0.1		50	20	Gr
Sec. XIII					
CASES WOOD PACKING				51	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.

Issued by O.C. Carriage Guard Sth At C.M.F.
Date and mode of conveyance Delivered.

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 2708
Account 10 B/MS
Date Account commences 21.12.42

Received the above stores
Signature
Rank
Date

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account 3173
Date Account commences

Per ricevuta di N° 51 casse con riserva di controllo del contenuto Ten Topli a Fiera Remata - Napoli 15.6.44

2201

Wt.50238/1120. 15,000 bks. 4/43. G.B.&Co.,Ltd. 51-6480.

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Officer Commanding, Italian Medical Store

Nearest Railway Station C.M.F.

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature *A.D.M.S., D.D.M.S. or P.M.O.*
Date

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Folio	Articles under Section X111	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	ENEMY CAPTURED EQUIPMENT.					IN ACCORDANCE WITH LIST ATTACHED.
	TWO-TON MEDICAL BRICKS.	NO.			10	ISSUED UNDER INSTRUCTIONS OF D.M.S.,A.A.I.,C.M.F.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.
Issued by COMMAND MEDICAL STORE. At C.M.F.
Date and mode of conveyance DELIVERED.

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2714
Account 10 BDMS.
Date Account commences 21/12/42

Received the above stores
Signature Capit. A. Gambino
Rank con riserva di verificare il contenuto
Date

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3172
Account
Date Account commences

R. di N. 27 alli capitano A. Gambino con riserva di controllo del contenuto.

CONTENTS OF 2 TON BRICK - CAPTURED EQUIPMENT:

CASES NO. 1, 2, 3, 4, each containing:-

Ung.Acid.Tannic		Kg.	5	(Ger.)
Serum anti Gas Gangrene	8 cc ampoules		7	"
Tabs.Plasmochin			2500	"
Tabs.Atebrin 0.05 G.			2000	"
Sepsotinctur		cc	400	"
Ung.acid.Boric.		Kg.	1	"
Foot Ointment		Kg.	2	"
Lebertransalbe (for wounds)		Kg.	1	"
Talcum		Kg.	1	"
Ung.Zinc.Ox.		G.	500	"
Oculentum Alkaline		Kg.	1	"
Tabs.Tripaflavine			250	"
Tabs.Aspirin			125	"
Tabs.Sodii Bicarb.			250	"
Tabs.Solvens (cough)			250	"
Tabs.Acid.Boric			150	"
Tabs.Marfanil (Sulphonamide)			250	"
Tabs.Opium			125	"
Tabs.Quinin.Hcl.			500	"
Tabs.Rivanoletten			2500	"
Periston (for intravenous infusion)	500 cc ampoules		2	"
Collirí Protargol	20 cc bottles		1	"
Camphor in Oil	2 cc ampoules		120	"
Morphine Hcl.	1 cc ampoules		500	"
Atropine Sulph.	1 cc ampoules		20	"
Novocain 2%	ampoules		10	"
Caffein	1 cc ampoules		120	"
Chloroform-Ammoniac-Ether	phials		125	"
Euforten (Sulphanilamide powder)		G.	50	"
Tabs.Sublimat			120	"
Ung.Ichthyol		G.	500	"
Leukoplast	spools		20	"
First Field Dressings			100	"

CASES NO. 5, 6, 7, 8, each containing:-

Ung.Iod.Iodurata		Kg.	2.500	(It.)
Ung.Hydrarg.		Kg.	1.200	"
Sodii Carbonas		G.	500	"
Zimema (haemostatic)	5 cc ampoules		50	"
Capsules Preventive			200	"

Tabs.Opium		125	"
Tabs.Quinin.Hcl.		500	"
Tabs.Rivanol etc.		2500	"
Periston (for intravenous infusion)			
	500 cc ampoules	2	"
Collirl Protargol	20 cc bottles	1	"
Camphor in Oil	2 cc ampoules	120	"
Morphine Hcl.	1 cc ampoules	500	"
Atropine Sulph.	1 cc ampoules	20	"
Novocain 2%	ampoules	10	"
Caffein	1 cc ampoules	120	"
Chloroform-Ammoniac-Ether	phials	125	"
Sulfortan (Sulphanilamide powder)	G.	50	"
Tabs.Sublimat		120	"
Ung.Ichtyol	G.	500	"
Leukoplast	spools	20	"
First Field Dressings		100	"

CASES NO. 5, 6, 7, 8, each containing:-

Ung.Jod.Iodurata	Kg.	2.500	(lb.)
Ung.Hydrarg.	Kg.	1.200	"
Sodii Carbonas	G.	500	"
Zimema (haemostatic)	5 cc ampoules	50	"
Capsules Preventive		200	"
Chloroform for anaesthesia	50 cc ampoules	10	"
Ether for anaesthesia	50 cc ampoules	2	"
Ether Rect.	Kg.	1	"
Serum anti Gas Gangrene	10 cc ampoules	10	"
Serum Antitetanic 20,000 U.	ampoules	10	"
Serum Antidysenterric	10 cc ampoules	10	"
Serum Antitetanic, 2000 U.	ampoules	50	"
Bacteriophage antidysenterric	10 cc ampoules	20	"
Vaccine Antipiogenic	2 cc ampoules	10	"
Vaccine Gonococci forte	ampoules	24	"
Vaccine Gonococci debole	ampoules	24	"

3171

Cases nos. 2,5,7,8, continued.

Esamitilentetramina 5 cc ampoules		25	(It.)
Laetine Hcl. 2 cc ampoules		50	"
Morphine Hcl. 1 cc ampoules		50	"
Panopium 2 cc ampoules		50	"
Papaverine Hcl. 2 cc ampoules		10	"
Tabs.Sodii Sal.		500	"
Tabs.Urotropine		250	"
Tabs.Fenil.Sal.		250	"
Tabs.Guaiacolo		250	"
Tabs.Fenacetin		250	"
Tabs.Piramidon		250	"
Tabs.Dover		250	"
Tabs.Pot.Chlor.		250	"
Tabs.Tritomide		250	"
Tabs.Vitamin B1 and C		2500	"
Tabs.Formalin		75	"
Tabs.Italchina (for treatment of Malaria)		1200	"
Tabs.Euchlorina		20	"
Iod.& Pot.Iod.crystals, 10 G. tubes		5	"
Adrenalin 1:1000 10 cc bottles		2	"
Oculentum Collargol	tubes	2	"
Oculentum Hydrarg.Ox.flav.	tubes	2	"
Bandages L.W. 5m x 7 cms.		750	(Ger.)

CASE NO. 3

Capsules preventive		200	(It.)
Ung.Picis Co.	Kg.	11	"
Barium Sulphas	Kg.	9	"
Tabs.Sega and Paraformaldehyde		400	"
Pulv.insecticide	Kg.	5	"
Ung.Acid.Boric.	Kg.	2.200	"
Sodii Sal.	Kg.	1	"
Sodii Bicarb.	Kg.	1	"
Pot.Permang.	G.	500	"
Ung.Iod.Iodurata	Kg.	2.400	"
Tabs.Italchina		1260	"
Oculentum Hydragr.Ox.flav.	tubes	2	"
Oculentum Collargol	tubes	2	"
Adrenalin Hcl. 1:1000 10 cc bottles		2	"
Tabs,Euchlorina		20	"
Morphine Hcl. 1 cc ampoules		100	(Ger.)
Caffein 1 cc ampoules		20	"

Oculentum Collargol	10 cc bottles		2	"
Oculentum Hydrarg.Ox.flav.		tubes	2	"
Bandages L.w. 5m x 7 cms.		tubes	2	"
			750	(Ger.)

CASA NO. 9

Capsules preventive			200	(It.)
Ung.Picis Co.		Kg.	11	"
Barium Sulphas		Kg.	9	"
Tabs.Saga and Paraformaldehyde			400	"
Pulv.Insecticide		Kg.	5	"
Ung.Acid.Boric.		Kg.	2.200	"
Sodii Sal.		Kg.	1	"
Sodii Bicarb.		Kg.	1	"
Pot.Permang.		G.	500	"
Ung.Iod.Iodurata		Kg.	2.400	"
Tabs.Italcamina			1260	"
Oculentum Hydrargr.Ox.flav.		tubes	2	"
Oculentum Collargol		tubes	2	"
Adrenalin Hcl. 1:1000	10 cc bottles		2	"
Tabs.Emchlorina			20	"
Morphine Hcl.	1 cc ampoules		100	(Ger.)
Caffein	1 cc ampoules		20	"
Camphor in Oil	2 cc ampoules		20	"
Novocain 2%	ampoules		10	"
Atropine Sulph.	ampoules		20	"
Scopolomin-Eukodal-Ephetonin I	ampoules		20	"
" " " II	ampoules		20	"
Colliri Protargol	20 cc bottles		1	"
Sufortan		G.	50	"
Argent.Nitras		G.	5	"
Tabs.Sublimat.			20	"
Insulin 40 U. in 1 cc, 5 cc bottles			10	"
Leukoplast		spools	20	"

3170

CASE NO. 10

Bacteriophage antidysenterric		ampoules	20	(It.)
Ung.Sulph.Alk.		Kg.	11	"
Adeps Lanae		Kg.	5	"
Pulv.Insecticide		Kg.	10	"
Ether Acet.		Kg.	1	"
Oleum Ricini		Kg.	1	"
Serum Antidiphtheria therapeutic, amps.			30	"
Serum antidiphtheria prophylactic,	ampoules		20	"
Vaccine Antipiogenic	ampoules		10	"
Ung.Hydrarg.		Kg.	1.200	"
Alcohol 96%		Kg.	1	(Ger.)
Serum Anti Gas Gangrene	8 cc ampoules		2	"
Acid.Picric.		Kg.	1	(It.)
Periston	500 cc ampoules		2	(Ger.)
Atebrin 0.06 G.	tabs.		2000	"
Vaccine Gonococci forte	ampoules		24	(It.)
Vaccine Gonococci debole	ampoules		24	"
Papaverine Hcl.	2 cc ampoules		10	"
Morphine Hcl.	1 cc ampoules		50	"
Opium Panopium	1 cc ampoules		50	"
Tabs.Sulphapyridin			550	"
Ether for anaesthesia	50 cc ampoules		2	"
Vaccine Anti Cholera	100 cc bottles		20	(Ger.)
Ethyl Chloride	10 cc tubes		10	(It.)
Serum Anti Gas Gangrene	ampoules		10	"
Serum Antidysenterric	ampoules		20	"
Serum Antitetanic 20,000 U.	ampoules		10	"

CASE NO. 11

Linum Semin	Kg.	10	(It.)
Acid.Boric.	Kg.	10	"
Barium Sulphas	Kg.	3	"

CASE NO. 12

Steridrolo (Water sterilising powder)	boxes	500	(It.)

CASE NO. 13

Cresosol (solid Cresol)	Kg.	60	(It.)

Papaverine Hcl.	2 cc ampoules		50	"
Morphine Hcl.	1 cc ampoules		50	"
Opium Panopium	1 cc ampoules		550	"
Tabs.Sulphapyridin			2	"
Ether for anaesthesia	50 cc ampoules		20	(Ger.)
Vaccine Anti Cholera	100 cc bottles		10	(It.)
Ethyl Chloride	10 cc tubes		10	"
Serum Anti Gas Gangrene	ampoules		20	"
Serum Antidysenterric	ampoules		10	"
Serum Antitetanic 20,000 U.	ampoules			

CASE NO. 11

Linum Semin	Kg.	10	(It.)
Acid.Boric.	Kg.	10	"
Barium Sulphas	Kg.	3	"

CASE NO. 12

Steridrolo (Water sterilising powder)	boxes	500	(It.)

CASE NO. 13

Cresosol (solid Cresol)	Kg.	60	(It.)

CASE NO. 14

First Field Dressings		1600	(It.)

3169

CASE NO. 15

Gauze Compresses (sterile)	18 x 40 cms.	2000	(It.)

CASE NO. 16

Bandages L.W.	8m x 15 cms	900	(It.)

Sheet No. 4

CASE NO. 17

Wool C.A. sterile	Kg.	50	(It.)

CASE NO. 18

Wool C.A. sterile	Kg.	50	(It.)

CASE NO. 19

Bandages L.W. 8 m x 12 cms.		1100	(It.)

CASE NO. 20

Bandages L.W. 8 m x 12 cms.		1100	(It.)

CASE NO. 21

Wool C.A. unsterile	Kg.	50	(Ger.)
Bandages L.W. 5m x 5 cms.		1000	(It.)

CASE NO. 22

Gauze pkts. of 1 Kg.		50	(Ger.)
Bandages L.W. 5m x 5 cms.		1000	(It.)
Forst Field Dressings		50	(Ger.)

CASE NO. 23

Anti Louse Powder	Kg.	50	(Ger.)

CASE NO. 24

Burn Dressings		500	(Ger.)

CASE NO. 25

CASE NO. 21

Wool C.A. unsterile			
Bandages L.W. 5m x 5 cms,	Kg.	50	(Ger.)
		1000	(It.)

CASE NO. 22

Gauze	pkts. of 1 Kg.	50	(Ger.)
Bandages L.W. 5m x 5 cms.		1000	(It.)
Forst Field Dressings		50	(Ger.)

CASE NO. 23

Anti Louse Powder	Kg.	50	(Ger.)

CASE NO. 24

Burn Dressings		500	(Ger.)

CASE NO. 25

Wool C.A. sterile	Kg.	50	(Ger.)
First Field Dressings		550	(Ger.)

CASE NO. 26 3168

Jaconet	M.	10	(Ger.)

CASE NO. 27 (CARBOY)

Alcohol Denatura	Kg.	20	(It.)

P. R. di N. 27 colli
Capitano A. Grimaldi
con riserva di controllo del contenuto

No of Sheets to Indent:...9. Sheet No...1...

Wt.20685/1429 15,000 Pads 8/42 [illegible] 51/5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores Naples. Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date — *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature
Date — *A.D.M.S. D.D.M.S. or P.M.O.*

Folio	Articles under Section Captured Enemy Equipment	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	Section Ia.					
	Tablets Atrebrin 0.06			Tabs	347,000.	

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.
Issued by No. 9. Base Depot Medical Stores At Algiers.
Date and mode of conveyance [illegible] 15/3/44

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 6381
Account 1 3930/1
Date Account commences 1/7/43

Received the above stores
Signature [illegible]
Rank [illegible]
Date [illegible]
[illegible]
Napoli [illegible]
1-5-44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account 3167
Date Account commences

Declassified E.O. 12356 Section 3.3/NND No. 785020

No of Sheets to Indent: .... Sheet No.......

Command Medical Stores

Naples.

Captured Enemy Equipment

Section Ia.

Tab lets Atrebrin 0.08 Tabs 347,000.

No.9.Base Depot Medical Stores Algiers.

No of Sheets to Indent; 9 Sheet No. 2

Wt.20685/1429 15,000 Pads 8/42 [illegible]/5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Captured Enemy Equipment					
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Section V.					
	Catgut Sterile Size, 00			Tubes	2000	
	" " " , 0			"	I500	
	" " " , I			"	I500	
	" " " , 2			"	800	
	" " " , 3			"	I000	
	" " " , 4			"	NIL	
	" " " , 5			"	300	
	" " " , 6			"	3000	
	Catgut Assorted Sterile In Boxes Size, 0, I, 2, 3, 5.			Boxes	300	
	Silk Suture Sterile Size ½K			Tubes	7500	
	" " " 2K			"	9000	
	" " " 4K			"	20000	
	" " " 6K			"	I5000	
	" " " 8K			"	2500	
	Silk Suture Non Strerile Sizes, 2K, 4K, 6K, 8K; in Boxes			No.	I000	
	Bandages I.R.Esmachs			"	I000	
	Tourniquets Arm Singers			"	I700	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by No.9.Base Depot, Medical Stores Algiers
Date and mode of conveyance [illegible]

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 6381
Account I 3920/1
Date Account commences 1/7/43

Received the above stores
Signature [illegible]
Rank [illegible]
Date 10-V-1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 3166
Account
Date Account commences

No of Sheets to Indent;..... Sheet N.;;;;;

Naples

Command Medical Stores

<u>Captured Enemy Equipment</u>

<u>Section V.</u>

Catgut Sterile Size,00	Tubes	2000
" " " 0,	"	1500
" " " 1,	"	1500
" " " 2,	"	800
" " " 3,	"	1000
" " " 4,	"	NIL
" " " 5,	"	300
" " " 6,	"	3000
Catgut Assorted Sterile In Boxes Size,0,1,2,3,5.	Boxes	300
Silk Suture Sterile Size 1K	Tubes	7500
" " " 2K	"	9000
" " " 4K	"	20000
" " " 6K	"	15000
" " " 8K	"	1500
Silk Suture Non Strerile Sizes,2K,4K,6K,8K;in Boxes	No.	1000
Bandages I.R.Esmarchs	"	1000
Tourniquets Arm Singers	"	1700

No.9.Base Depot Medical Stores Algiers

2214

No of Sheets To Indent;....7.. Sheet No..3..

Wt.20685/1429 15,000 Pads 8/42 H.P. 5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples. Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Captured Enemy Equipment.					
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Section VA.					
	Splints Cramer Wire 2'6" x 3"			Pieces	700	
	Splinting Cramer Wire 2'6" x 2½"			Pieces	500	
	Splinting Finger Malleable Assorted Sizes			Pieces	I,000.	
	Splints Wood Leg & Foot				76	
	" " Arm & Forearm				42	
	" " " & Hand Assorted				62	
	" " Foot Assorted				90	
	Catgut Non Sterile Size 030 MM			Pkts No.	380	
	" " 045 MM			" "	675	
	" " 060 MM			" "	440	
	Tourniquets Samways			No.	100	
	Pins Safety Assorted Sizes,			No.	I200	
	Ice Bags Assorted Sizes			No.	85	
	Bottles Water Metal Round.			No.	80	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by No.9.Base Depot Medical Stores At Algiers
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 6361
Account I 3930/1
Date Account commences 1/7/43

Received the above stores
Signature
Rank
Date 30.V.1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No. 3165
Account
Date Account commences

2215

Declassified E.O. 12356 Section 3.3/NND No. 785020

No of Sheets To Indent;...... Sheet No.....

Command Medical Stores

Naples.

Captured Enemy Equipment.

Section VA.

Splints Cramer Wire 2'6" x 3"	Pieces	700
Splinting Cramer Wire 2'6" x 2½"	Pieces	500
Splinting Finger Malleable Assorted Sizes	Pieces	1,000.
Splints Wood Leg & Foot		76
" " Arm & Forearm		42
" " " & Hand Assorted		62
" " Foot Assorted		90
Catgut Non Sterile Size 030 MM	Pkts No.	380
" " 045 MM	" "	675
" " 060 MM	" "	440
Tourniquets Samways	No.	100
Pins Safety Assorted Sizes,	No.	1200
Ice Bags Assorted Sizes	No.	85
Bottles Water Metal Round.	No.	80

No.3 Base Depot Medical Stores Algiers

No of Sheets to Indent. 2 Sheet No. 1

(22) M3527/721. 7,500 lfts. 10/41. B. & S. Ltd. 51-1304. Forms I 1209/53.

Army Form I 1209.
R.A.F. Form 1209.
(In books of 100.)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples., Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary.
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S., or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued	REMARKS
	Captured Enemy Equipment.					
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Section V.					
	Cylinders Various empty.			No.	6.	
	Cylinders Various complete With Fine Adjustment Valve And Gauge.			No.	8.	
	deation xiii					
	Cases Wood 9kg.	No.			32.	
	Straps for cases	"			14.	
	Crate	"			3	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by No. 9. Base Depot Medical Store At Algiers
Date and mode of conveyance Lorry 15/3/44

Army use only. To be completed by Issuing Officer.

Issue Voucher No 6381
Account I 3930/1
Date Account commences 1/1/43

Received the above stores
Signature
Rank Ten. Assistant Storekeeper
Date 30-V-1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account 3164
Date Account commences

No of Sheets to Indent: 5 Sheet No: 6

WL20685/1429 15,000 Pads 8/42 H[illegible]/5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Captured Enemy Equipment					

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

	Section VI.				
	Clamps Stomach Crushing			2	
	" " Sewing in mahogany Case Complete sets			I	
	" Intestinal ConF Various Sizes			5	
	" Stomach Crushing Double			2	
	Catheters Metal Various Sizes			I8	
	" " 2 Way "			3	
	Dilators Tracheal			8	
	Mallets Metal Assorted			4	
	Needle Aneurysm Curved			I8	
	" " " Right			4	
	" " " Left			3	
	Michel Clip Insertion Sets			8	
	Probe & Director Brodies			486	
	Raspatories Rib L & R of each			3	
	Hooks Single Sharp with handle			I6	
	Retractors 4 Prong Sharp			I6	
	" 2 " "			I6	
	" 6 " "			6	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by No.9.Base Depot Medical Stores Algiers
Date and mode of conveyance "t-1Do" 16/8/44

Army use only. To be completed by Issuing Officer.

Issue Voucher No 6381
Account I 2930/1
Date Account commences 1/7/43

Received the above stores
Signature
Rank
Date 30-V-1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account
Date Account commences

3163

2248

No of sheets to Indent: 8-9 Sheet No: 6..

Wt.20685/1429 15,000 Pads 9/42 H.P. /5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

N aples Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	Articles under Section Captured Enemy Equipment	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Section VI.					
	Retractors Langenbecks				24	
	" 2 Prong Blunt				16	
	" 3 " "				6	
	" 8 " "				4	
	" Abdominal Large Pronged				3	
	" Small Prong with hand grip				10	
	Rests Pelvic Folding				8	
	Shears Rib				6	
	" Bone Cutting				3	
	Saws Amputation Large				2	
	" Metacarpal				3	
	Scalpels Assorted Sizes				24	
	" with Guarded Ends				3	
	Scissors S.B.				76	
	Inhalers Cloroform Masks				12	
	Forceps Michel Clip Compressing				3	
	" Tongue				14	
	" Artery ConF Plain Various				26	
	" " " Toothed "				20	
	" " Kockers 7"				42	
	" " " 5"				72	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.
Issued by No. 9. Base Depot Medical Stores At Algiers
Date and mode of conveyance "L100"(?) 15/3/44 3162

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 6381
Account I 39301
Date Account commences 1/7/47

Received the above stores
Signature [illegible signature]
Rank [illegible]
Date 30-V-1944

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account
Date Account commences

2219

Declassified E.O. 12356 Section 3.3/NND No. 785020

No of Sheets to Indent:...9.. Sheet No:.7....

Wt.20685/1429 15,000 Pads 8/42 H.&

1/5292

Army Form I 1209.
R.A.F. Form 1209.
(In Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Captured Enemy Equipment.					

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

	Section VI.				
	Forceps Artery Plain Assorted Sizes			48	
	" " " 7"			~~42~~	I6.
	" " " 9"			~~32~~	9.
	" " " Angled 5"			I0	
	" Sponge Holding Various			I0	
	" Sinus Straight "			I6	
	" " Curved "			3	
	" Dissecting Toothed "			350	
	Lifters Sterilizer			6	
	Tubes Tracheotomy 2 in Case		Case's	5	
	Nibs Mapping Boxes of 6		Boxes	4	
	Canvas Pouches Containing;				
	Forceps Tooth Assorted			5	
	" " College Pattern			2	
	Sets		No.	2	
	Canvas Pouches Containing;				
	Inhalers Cloroform Schimmelbush			I	
	Forceps Tongue			I	
	Mouth Opener Metal			I	
	Sets		No.	6	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature: Rank Date

To be filled in only when used as an invoice.

Issued by No.9/Base Depot Medical Stores At Algiers

Date and mode of conveyance "LIBO" (2) 15/2/44

Army use only. To be completed by Issuing Officer.

Issue Voucher No. 6381
Account I 3930/1
Date Account commences 1/7/43

Received the above stores
Signature
Rank Lieut.-Quartermaster
Date 3-V-1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.
Account 3161
Date Account commences

2220

No of Sheets to Indent;..9.. Shee No;..8..

Wt.20685/1429 15,000 Pads 4/42 H.P. 5292

Army Form I 1209.
R.A.F. Form 1209.
(Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Nearest Railway Station Naples

*No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

For Period

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	Captured Enemy Equipment					

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Section VI.

Case Metal Containing;				I
Catheters Metal				I
Probe & Director Brodies				2
Retractors D Hook Blunt				2
" Single " Sharp				I
Probe Silver				I
Forceps Tracheal Dilating				I
" Tongue				2
" Dissecting Plain				6
" Artery Assorted				I
" " C on F.				I
Scissors Surgical				2
Scalpels				I
" With Guarded Ends				I
Tubes Tracheotomy				I
Needles Suture in Case			No.	37
Sets				
Canvas Pouch Containing;	5"			8
Forceps Artery Kockers			No.	3
Sets				

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by No.9.Base Depot Medical Store at Algiers
Date and mode of conveyance "LIBO" 15/2/44

Army use only. To be completed by Issuing Officer.
Issue Voucher No 6381
Account I 3930/1
Date Account commences 1/7/44

Received the above stores
Signature
Rank Flt. Lieutenant
Date 30-V-1944

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3160
Account
Date Account commences

Declassified E.O. 12356 Section 3.3/NND No. 785020

No of Sheets to Indent;..9. Sheet No:.9...

Wt.20685/1429 15,000 Pads 8/42 H.B. 5292

Army Form I 1209.
R.A.F. Form 1209.
(1 Pads of 100)

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Command Medical Stores

Naples. Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary Signature Date — Officer Commanding or Medical Officer-in-Charge, R.A.F.	I recommend the supply of the articles demanded. Signature Date — A.D.M.S. D.D.M.S. or P.M.O.

Folio	Articles under Section Captured Enemy Equipment.	Number or quantity now on charge.	Expended during corresponding period in preceding year (Army only)	Number or quantity required	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Section VI.					
	Canvas Pouch Containing;					
	Catheters Metal				2	
	Hooks Double Sharp Small				2	
	" Single " "				2	
	" " Blunt "				I	
	Director & Aneurysm Needle				I	
	Probe Silver				I	
	Sets			No	5.	
	Canvas Pouch Containing;					
	Retractors Langenbecks				2	
	" 4 Prong Sharp				2	
	Needles Hypo Sets of 12 Sets				I	
	Metal Case Containing 6 Scalpels				I	
	Sets			No	2.	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice. Issued by No.9.Base Depot Medical Stores Algiers.

Date and mode of conveyance "L100" [illegible] 15/3/44

Army use only. To be completed by Issuing Officer. Issue Voucher No. 6381
Account I 3930/1
Date Account commences 1/7/43.

Received the above stores
Signature [illegible]
Rank [illegible]
Date 30-V-1944

Army use only. To be completed by Receiving Officer. Receipt Voucher No.
Account 3159
Date Account commences

[illegible]

Ref.Ital/1/44.
4 June 1944.

Subject:- Issues to Italian Co-operators.

Army Sub Commission ACC.
Asst.Financial Adviser HQ AAI CMF.
DDMS No.1 District.
File.

Return is submitted herewith for Issues of Medical Supplies to Italian Co-operators, from stocks at this Depot, for the month of MAY 1944.

L. Alston
Major, RAMC.,
Commanding No.1 Advanced Depot Medical Stores.

ISSUES OF MEDICAL SUPPLIES TO ITALIAN CO-OPERATORS
FROM NO.1 ADVANCED DEPOT MEDICAL STORES - MAY 1944.

Captured Enemy Stocks (Italian).

Issued to Italian "Sabauda" Division Hospital,Catania,on 3.5.44.

Tablets Sulphanilamide	No. 800
" Sulphapyridine	No.1600
Neo I.C.I. 0.6G.	amps. 40

Issued to Italian "Sabauda" Divisich, on 3.5.44.

Chinino Bisolfato 0.20G.	tablets 40
Certuna	" 13465
Plasmochina	" 5000
Gamefar	" 12500

Issued to Italian "Sabauda"Division Hospital,Catania,on 3.5.44.

Argento Nitrato Cristalli	Gr. 10	Fiale Calcio Gluconato.5cc.	fiale 500
Magnesio Solfato	Kg. 5	" Canfora	" 200
Pomata Antiscabbiosa	" 2	" Emetina	" 100
" Iodo- Iodurata	" 1	" Novocaina clorid g.2.5 ogni 5cc.	" 100
" Mercuriale	" 1	Glicerina	Kg. 1
Sodio Borato	Gr. 500	Chinino in compresse	No 2000
" Salicilato	" 500	Atebrin	" 1000
Soluzione Alcoolica di Ammoniaca con Anice.	" 50	Fiale di chinino	" 200
Tavolette Atofa	No 500	" " Novocaina (per anestesia locale).	" 100
" Bismuto ed oppio	" 200		
" Esametilentetramina	" 500		
" Elmitolo	" 500		
" Sadio Salicilato	" 500		
Fiale Argento Colloidale	fiale 50		

Issued to Italian "Sabauda" Division Hospital,Catania,on 9.5.44.

Sulfamido Piridina	tablets 5000
Sulfamidi	" 3000
Pomata Mercuriale Mite	Kg. 2
Fiale di Bismuto	fiale 200
" " Gluconato di calcio	" 100
Sulfamido polvere	Gr. 10
Esametilen tetramina(urotropina)	tabs.1000

Issued to Italian "Sabauda" Division, on 3.5.44.

[illegible] (Fe) ... cos 12 000.

Tavolette Atofa	No 500	"	" Novocaina (per anestesia locale).	"	100
" Bismuto ed oppio	" 200				
" Esametilentetramina	" 500				
" Elmitolo	" 500				
" Sadio Salicilato	" 500				
Fiale Argento Colloidale	fiale 50				

Issued to Italian "Sabauda" Division Hospital,Catania,on 9.5.44.

Sulfamido Piridina	tablets	5000
Sulfamidi	"	3000
Pomata Mercuriale Mite	Kg.	2
Fiale di Bismuto	fiale	200
" " Gluconato di calcio	"	100
Sulfamido polvere	Gr.	10
Esametilen tetramina(urotropina)	tabs.	1000

Issued to Italian "Sabauda" Division, on 3.5.44.

Vaccine T.A.B.(Te). ccs.12,900.

Issued to Italian "Sabauda" Division, on 14.5.44.

Bandages 8 x 10	No	1288	Brandkambreff(Burn Dressings).	No.	397
" 10 x 10	"	300	Lukplast	rolls	27[illegible]
" 4 x 4	"	820	Primidone	tablets	4000
" Pkts of 10	"	853	Soda Salicilato	"	4000
" 8 x 15	"	9000	Acftilifentidina	"	4000
" 5 x 5	"	7808	Sulfamide	"	4000
" 5 x 12	"	2200	Esanetilenete(Urotropine)	"	4000
" 5 x 9	"	2050	Cascara Sagrada	"	200
" Pkts of 6	"	229	Mercury Perchlor	"	200
" 10 x 5	"	372	Sulfapiridina	"	
" P.O.P.	"	202	Clouro Sodio	"	
" Triangular	"	87	Formolo	"	
Gauze	pkts	65	Atebrin	"	
"	strips	200	Aspirina	"	
Cotton Wool	pkts	46	Cloroforme	botts	
" Idoformio	No	1247	"	amps	
Cpmgressed di Mussola Gauze	"	4000	Periston 500 ccs.	ccs	
Dressings for Laparotomy	pkts	3	Baseden Serum 50ccs.	pkts	
" Field Large.	No	500	Evipan Matrium	amp	
" " Small.	"	1095	Sepso Tintura	fiale	

Insulin 5 cc.	fiale	50	Sangostop Emostatico 10cc.	ccs.	2180
Atropin Sulfuric 0.001Gr.	amps	199	Collodium	botts.	3
Ol Canfora 2cc.	"	499	Opium	tablets	500
Coffetnum Natrium Salicylic	"	348	Rivanol	"	5000
Novocaine	"	393	Marfanil Prontabin Pulv.	Gr.	500
Morphine HCL	"	1259	Tintura Alcool Benzoino	"	300
Sublimat	tubes	33	Nitrate di Argenti	"	90
Hydragyr Oxycyanati	"	13	Alcool Mist Kainlin	ccs	1000
Sopa Kalin	Kg.	9	Acid Pickrin	Gr.	3400
Ung Tannic	jars	14	Acid Boricum	tabs.	1930
Pomata Mercuriale	"	12	Codein Phosph.	"	950
Ol Ricini 1 kg.bottles	kg.	4	Gasso di Lenanido	kg.	20
Papaverina Clorida	amps	105	Pomata Zinco Ossido	"	10
Morphine Clorida	"	890	Vaseline Boric.	"	10
Emetina Clor	"	2000	Sodio Bromuro	Gr.	1000
Scopolamine Eukodal Ephetina	"	40	Acqua Dest Steril 5cc.	fiale	27
Iodio	tubes	20	Zephirol(Blotten) pkts of 10.	pkts	1
Adrenaline Clor	botts	40	Chinin Hydrochlor	tablets	2650
Febbricazons	amps	99	Natr Bicarbonis	"	445
Etere Etilico Purussimo	tubes	100	Pamata Antiluetico	"	200
Cloroform Purussimo	"	110	Mercurio Biclor.	tubes	1
Pomata Antiluetice (Italian Preventive Capsules).	caps	1000	Evipan Sodico	amps	25
Kelene	fiale	30	" " 0.5Gr.	"	11
Colliro	tubes	40	" " 1Gr.	"	7
Serio Antitetanico	amps	969	" " 1Gr.(Loose).	"	25
Talcum Pulv.	kg.	6	Hydrarg Clor 0.2G.	tabs.	1500
Soda Bicarb	"	4	" Chloratum	"	1650
Barium Sulphate	"	9	Plv. Ipecac Op 0.3Gr.	"	1000
Steridrolo	pkts	996	Acid Boric 1G.	"	1050
Pomata Iodio Jodrata	jars	23	" " "	"	880
Pomata Solfalcalina	kg.	4½	Natr Bicarbonic 1Gr.	"	1270
Cresosol Solid	"	95	Pulvis Ipecacuanhe Opiati	"	1000
Lino Semi	"	16	Typaflavin Halstab.	"	120
Cloroform Liq.15kg.carboys.	"	15	Cases Wood Packing.	No	50
Fenolo Liq.10kg.carboys	"	10			
Alcool Denatorato 65kg.carboys.	"	65			
Gimicigh Liq.36kg.carboys.	"	36			
Either Liq. " " "	"	36			
Formaldeide	"	36			
Marfanic Prontabin	tablets	2000			

British Stocks.

Issued to "Sabauda" Division Hospital,Catania,on 9.5.44.

Benzyl Benzoate	lbs. 7	Sulphonilamide Pulv.	ozs. 4

Barium Sulphate					
Steridrolo	pkts	996	" " "	"	1270
Pomata Iodio Jodrata	jars	23	Natr Bicarbonic 1Gr.	"	1000
Pomata Solfalcalina	kg.	49½	Pulvis Ipecacuanhe Opiati	"	120
Cresosol Solid	"	95	Typaflavin Halstab.	No	50
Lino Semi	"	16	Cases Wood Packing.		
Cloroform Liq.15kg.carboys.	"	15			
Fenolo Liq.10kg.carboys	"	10			
Alcool Denatorato 65kg.carboys.	"	65			
Gimicigh Liq.36kg.carboys.	"	36			
Ether Liq. " " "	"	36			
Formaldeide	"	36			
Marfanic Prontabin	tablets	2000			

British Stocks.

Issued to "Sabauda" Division Hospital,Catania,on 9.5.44.

Benzyl Benzoate	lbs.7	Sulphonilamide Pulv.	ozs. 4

Issued to "Sabauda" Division,on 29.5.44.

Typhus Vaccine(Durand & Giraud Type). doses 140.

DISTRIBUTION:-

Army Sub Commission ACC.
Assistant Financial Adviser, HQ AAI CMF .
DEMS No.1 District (4 copies).
File.

3197

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Army Form I 1209.
R[illegible]. Form 1209.
(In Books of 100.)

Sheet 1 only

W.O. or R.A.F. Issuing No. .....

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of Italian "Sabauda" Division.

Hospital, Catania.

Nearest Railway Station .....

For Period ..... *No. of Beds (Army) ..... *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature .....
Date ..... Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature .....
Date ..... A.D.M.S., D.D.M.S., or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

	Tablets Sulphanilamide			No	800	
	" Sulphapyridine			No	600	
	Noo I.C.I. 0.6G amps.			amps.	40	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by .....
Signature ..... Rank ..... Sign on behalf to Date .....

To be filled in only when used as an invoice.

Issued by 1 Adv. Depot Med. Stores. (Captured Enemy Stores).
Date and mode of conveyance .....

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 31
Account C.E.D.
Date Account commences .....

Received the above stores
Signature Costa
Rank Lieutenant
Date 3-5-44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. .....
Account 3156
Date Account commences .....

2.2.2.31

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R.A.F. Form 1209.
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Sheet 1 of 2

W.O. or R.A.F. Issuing No. _____

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No. _____

†MEDICAL EQUIPMENT for the use of Italian Sabauda Division

Hospital, Catania. Nearest Railway Station _____

For Period _____ *No. of Beds (Army) _____ *No. on Station entitled to treatment (R.A.F.) _____

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature _____
Date _____
Officer Commanding or Medical Officer-in-charge, R.A.F.

I recommend the supply of the articles demanded.
Signature _____
Date _____
A.D.M.S., D.D.M.S., or P.M.O

Folio	Articles under Section	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	Argento Nitrato Cristalli			Gr	10	
	Magnesio Solfato			Kg	5	
	Pomata Antiscabbiosa			Kg	2	
	" Iodo- Iodurata			Kg	1	
	" Mercuriale			Kg	1	
	Sodio Borato			Gr	500	
	" Salicilato			Gr	500	
	Soluzione Alcoolica di Ammoniaca con anice.			Gr	50	
	Tavolette Atofa			No	500	
	" Bismuto ed oppio			No	200	
	" Esametilentetramina			No	500	
	" Elmitolo			No	500	
	" Sadio Salicilato			No	500	
	Fiale Argento Colloidale			Fiale	50	
	" Calcio Gluconato 5 cc.			"	500	
	" Canfora			"	200	
	" Emetina			"	100	
	" Novocaina clorid g.2.5 ogni 5cc.			"	100	

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by _____
Signature _____ Rank Sign and return to Date _____

To be filled in only when used as an invoice.

Issued by 1 Adv.Depot Medical Stores.(Captured Enemy Dept.). At _____
Date and mode of conveyance _____

Army use only. To be completed by Issuing Officer:
Issue Voucher No. 35
Account C.E.D.
Date Account commences _____

Received the above stores
Signature Costa
Rank Tenente
Date 3-5-44

Army use only. To be completed by Receiving Officer:
Receipt Voucher No. 3155
Account _____
Date Account commences _____

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Army Form I 1209.
R. F. Form 1209.
(In Books of 100.)

Sheet 2 of 2. W.O. or R.A.F. Issuing No. _____

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No. _____

†MEDICAL EQUIPMENT for the use of Italian Sabauda Division

Hospital, Catania. Nearest Railway Station _____

For Period _____ *No. of Beds (Army) _____ *No. on Station entitled to treatment (R.A.F.) _____

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature _____
Date _____ *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature _____
Date _____ *A.D.M.S., D.D.M.S., or P.M.O.*

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Glicerina			Kg	1	
	Chinino in compresse			No	2000	
	Atebrin			No	1000	
	Fiale di chinino			No	200	
	" " Novocaina(per anestesia locale).			No	100	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by _____
Signature _____ Rank _____ Date _____

To be filled in only when used as an invoice.

Issued by 1 Adv. Depot Medical Stores. (Captured Enemy Dept.).
Date and mode of conveyance _____ 3154

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 35
Account C.E.D.
Date Account commences _____

Received the above stores
Signature [illegible]
Rank Lieutenant
Date 3-[illegible]-44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. _____
Account _____
Date Account commences _____

2 2 3 01

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R.A.F. Form 1209.
(1 Pads of 100)

Sheet 1 only. W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

CAPTURED ITEM. Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Sabauda Division Military Hospital, Catania

Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S. D.D.M.S. or P.M.O.

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only)	Number or quantity required.	Number or quantity issued.	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Sulfamido Piridina			tavs	5000	
	Sulfamidi			"	3000	
	Pomata Mercuriale Hite			Kg	2	
	Fiale di Bismuto			fiala	200	
	" " Gluconato di calcio			"	100	
	Sulfamido polvere			Gr	10	
	Esametilen tetramina(urotropina)			tavs	1000	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by
Signature Rank Date

To be filled in only when used as an invoice.

Issued by 1 Adv.Depot Med.Stores.(Captured Enemy Stores Dept.). At
Date and mode of conveyance

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 36
Account C.E.D.
Date Account commences

Received the above stores
Signature
Rank Capt
Date 9-5-44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No.
Account 3153
Date Account commences

Subject.- Issues to Italian Forces.
Reference:- GS/ Yos /44

Army Sub-Commission,
A.C.C.
Main Headquarters,
Lequile.

Receipt attached. M/4/5/918

The attached receipted copy of this Office Issue Voucher No.2421 in respect of the issue to Italian Medical Stores of 3,742,000 Atebrin Tablets is forwarded in accordance with your letter M/4/504 dated 11th March, 1944.

This supply was made under DDMS, AAI, instruction No.4011 M dated 2nd May, 1944.

57 Area, CMF.
11th May, 1944.
AGB.

Major RAMC.
Commanding,
Command Medical Store.

Copy to:- D.D.M.S., A.A.I., Admin Sch., C.M.F., for information.

There is now a total of 4,742,000 tablets held or ate + what was in captured stocks + 5,000,000 held 3152 + 10,000,000 on order. Work 16/5 FILE 4B.

ONE SHEET ONLY.

WL35514/1506 27,500 Pads 12/41 M. & S. Ltd 51/1891

W.O. or R.A.F. Issuing No.....

Army Form I 1209.
R.A.F. Form 1209.
(In Books of 100.)

***INDENT or ISSUE and RECEIPT VOUCHER**

Air Ministry Demand No.....

†MEDICAL EQUIPMENT for the use of O.C ITALIAN MEDICAL STORES. (MMIA) Nearest Railway Station NAPLES

Period IMMEDIATE *No. of Beds (Army)..... *No. on Station entitled to

catment (R.A.F.).....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required

I certify that the articles demanded are necessary
Signature.....
Officer Commanding or Medical Officer-in-charge, R.A.F.
Date.....

I recommend the supply of the articles demanded.
Signature.....
A.D.M.S., D.D.M.S., or P.M.O.
Date.....

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period on preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	XIII					
	TABLETS ATEBRIN		No. 3,742,000			Captured Stores.
	CASES W.P.			30		Issued in accordance with D.D.M.S. A.A.I letter MDII M dated 21 Nov 44.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes ..... Cases ..... Casks ..... Hampers ..... Wrappers .....

Approved to be supplied by OC Command Medical Store
Rank ..... Date .....
Signature .....

To be filled in only when used as an invoice.

Issued by OC Command Medical Store At Naples Docks
Date and mode of conveyance Delivered 11/Nov/44.

Army use only. To be completed by Issuing Officer.
Issue Voucher No. 2421
Account 15 R D M S
Date Account commences 21 12 44

Received the above stores
(Unit)
Rank
Date 14-5-44

Army use only. To be completed by Receiving Officer.
Receipt Voucher No. 3151
Account
Date Account commences

Subject:- Issues to Italian Co-operators.

Ref.Ital/1/44.
3rd.May 1944.

Army Sub Commission ACC.
Financial Adviser AFHQ BNAF.
DDMS No.1 District.
File.

Med.
S/S

M/415/816

Return is submitted herewith for Issues to Italian Co-operators from stocks at this Depot, during the month of APRIL 1944.

L. Alston
Major,RAMC.,
Commanding No.1 Advanced Depot Medical Stores.

5

ISSUED SICILY APRIL

ISSUES TO ITALIAN CO-OPERATORS OF MEDICAL SUPPLIES FROM NO.1 ADV.DEPOT MEDICAL STORES DURING APRIL 1944.

~~British Stocks.~~

Issued to 674 & 677 Italian Pioneer Companies, 18.4.44.

Syringes Hypodermic 5cc with 2 needles in case complete. — No 1

Captured Enemy Stocks.(Italian).

Issued to Italian "Sabauda" Division on 6 April 1944.

Acqua Ossigenata	litres	20	Ammoniaca	litres	3
Extratto etereo di felce maschio.	Caps	150	Glicerina	"	1
Linimento sapone canforato	kg	10	Olio di Ricino	"	10
Protargolo	Gr	100	Sodio Bicarbonato	kg	4
Tintura Belladonna	Gr	300	Atropina	fiale	30
Citrato Ferrico	fiale	1000	Iodiobismutato chinino	"	200
Iodio - Iodurato	"	200	Guaiacolo con Eucaliptolo	"	200
Neo I.C.I. serie compl.	serie	30	Pantopan	"	50
Sodio Cacodilato	fiale	600	Sodio Cacodilato e Glicerofosfato	"	600
Salicilato di busmuto	"	300	Tioseptale o altro sulfamidico	"	300
Compresse antimalariche	tabs	3000	Carbone vegetale	tabs	500
Fenacetina	"	2500	Guiacolo carbonato	"	3000
Luminal	"	250	Piramidone	"	1500
Potassio Permanganato	"	300	Tioseptale o Altro Sulfamide	"	3000
Siero antitetanico prev.	fiale	300	Termometri Clinici	No	10
Syringes 5 cc.	No	10	Syringes 10cc.	No	2
Needles for syringes 2cc.	"	20	Needles for syringes 5cc.	"	5
" " " 10cc.	"	5			

Issued to Sabauda Division Military Hospital, 5.4.44.

Tablets Sulfamido grs.3. No 10,000

Issued to Sabauda Division Military Hospital, 25.4.44.

Sulfamidici Piridinii in Compresso	Tabs	2000	Sulfamidici(Sulfapiridini).	fiale	250
Vaselina Borica	Kg	5	Ammonio Solfoittiolato	Kg	3149
Borse per acqua calda	-	NA	(Not a Medical Store supply).		

File 4B. SUMMARY OF attached WMM 6/5 receipts.

R5635. Wt.W24485/721. 2,500 Pads. 8/52. K. & J., Ltd. G657/110. Forms I 1209/53.

Army Form I 1209.
R.A.F. Form 1209.
(In Books of 100.)

Sheet 1 of 2.

W.O. or R.A.F. Issuing No.....

*INDENT or ISSUE and RECEIPT VOUCHER

CAPTURED ENEMY EQUIPMENT.

Air Ministry Demand No.....

†MEDICAL EQUIPMENT for the use of Italian "Sabauda" Division.

....., Nearest Railway Station.....

For Period.....*No. of Beds (Army).....*No. on Station entitled to treatment (R.A.F.).....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary.
Signature.....
Date..... *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature.....
Date..... *A.D.M.S., D.D.M.S., or P.M.O.*

Folio	ARTICLES UNDER SECTION To	Number or quantity now on charge.	Expenditure during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued	REMARKS.
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Acqua Ossigenata			Litres	20	
	Ammoniaca			"	3	
	Estratto etereo di felce maschio			capse	150	
	Glicerina			litres	1	
	Linimento sapone canforato			kg	10	
	Olio di Ricino			litres	10	
	Protargolo			Gr	100	
	Sodio Bicarbonato			kg	4	
	Tintura Belladonna			Gr	300	
	Atropina			fiale	30	
	Citrato Ferrico			"	1000	
	Iodobismutato chinino			"	200	
	Iodio - Iodurato			"	200	
	Guaiacolo con Eucaliptolo			"	200	
	Neo I.C.I serie compl.			serie	30	
	Pantopon			fiale	50	
	Sodio Cacodilato			"	600	Issue and Return.
	" " e Glicero-fosfato			"	600	

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by.....

Signature..... Rank..... Date.....

To be filled in only when used as an invoice.

Issued by 1 Adv. Depot Med. Stores. (Captured Enemy Equipment Dept). AV

Date and mode of conveyance.....

3148

Army use only. To be completed by Issuing Officer.

Issue Voucher No. CEE/25

Account .....

Date Account commences .....

Received the above stores

Signature .....

Rank Lieut. R.A.S.C.

Date 6-11-44

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.....

Account .....

Date Account commences .....

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Army Form I 1209.
R.A.F. Form 1209.
(In Books of 100.)

W.O. or R.A.F. Issuing No.....

***INDENT or ISSUE and RECEIPT VOUCHER**

C.E.EQUIPMENT. Air Ministry Demand No.....

†MEDICAL EQUIPMENT for the use of Ital.Sabauda Division.

....., Nearest Railway Station.....

For Period..... *No. of Beds (Army)..... *No. on Station entitled to treatment (R.A.F.).....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature.....
Date..... *Officer Commanding or Medical Officer-in-Charge, R.A.F.*

I recommend the supply of the articles demanded.
Signature.....
Date..... *A.D.M.S., D.D.M.S., or P.M.O.*

Folio	Articles under Section	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	REMARKS
	Ia					
	Salicilato di bismuto			fiale	300	
	Tioseptale o altro sulfamidico			"	300	
	Section II.					
	Compresse antimalariche			tubo	3000	
	Carbone vegetale			"	500	
	Fenacetina			"	2500	
	Guiacolo carbonato			"	3000	
	Luminal			"	250	
	Piramidone			"	1500	
	Potassio Permanganato			"	300	
	Tioseptale o Altro Sulfamide			"	3000	taken by Q.M. Office Regt.
	Section Ib.					
	Siero antitetanico prev.			fiale	300	
						Sign and return to

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by.....
Signature..... Rank..... Date.....

To be filled in only when used as an invoice.

Issued by 1 Adv.Depot Med.Stores.(Captured Army Equip.Dept.).
Date and mode of conveyance.....

Army use only. To be completed by Issuing Officer

Issue Voucher No. CED 23
Account.....
Date Account commences.....

Received the above stores
Signature [illegible]
Rank Lieut. a/Capt.
Date 6-IX-944

Army use only To be completed by Receiving Officer.

Receipt Voucher No. 3147
Account.....
Date Account commences.....

2237

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(In Books of 100.)

Sheet 3 of 3.

W.O. or R.A.F. Issuing No.

*INDENT or ISSUE and RECEIPT VOUCHER

CAPTURED ENEMY EQUIP. Air Ministry Demand No.

†MEDICAL EQUIPMENT for the use of Italian Sabauda Division.

, Nearest Railway Station

For Period *No. of Beds (Army) *No. on Station entitled to treatment (R.A.F.)

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature
Date
Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature
Date
A.D.M.S., D.D.M.S., or P.M.O.

Folio	Articles under Section VII	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	Remarks
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Termometri Clinici			No	10	
	Section VI.					
	Syringes 5 cc.			No	10	
	" 10 cc.			No	2	
	Needles for Syringes 2 cc.			No	20	
	" " " 5 cc.			No	5	
	" " " 10 cc.			No	5	
						Sign and Return to

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by

Signature Rank Date

To be filled in only when used as an invoice.

Issued by 1 Adv. Depot Med. Stores. (Captured Enemy Equip. Dept.)

Date and mode of conveyance

Army use only, to be completed by Issuing Officer.
Issue Voucher No. CED 23
Account
Date Account commences

Received the above stores
Signature [illegible]
Rank Ten. Med.
Date 2 – IV – 944

Army use only, to be completed by Receiving Officer.
Receipt Voucher No. 3146
Account
Date Account commences

VOT. SUPPLIED
[illegible]

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Sheet 1 of 1

W.O. or R.A.F. Issuing No. .....

*INDENT or ISSUE and RECEIPT VOUCHER

Air Ministry Demand No. .....

†MEDICAL EQUIPMENT for the use of Sabauda Military Hospital,

Catania.(Italian)., Nearest Railway Station .....

For Period ..... *No. of Beds (Army) ..... *No. on Station entitled to treatment (R.A.F.) .....

*Cancel whichever is not applicable. †Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary
Signature .....
Date ..... Officer Commanding or Medical Officer-in-Charge, R.A.F.

I recommend the supply of the articles demanded.
Signature .....
Date ..... A.D.M.S., D.D.M.S., or P.M.O.

Folio	Articles under Section	Number or quantity now on charge.	Expended during corresponding period in preceding year. (Army only.)	Number or quantity required.	Number or quantity issued.	* REMARKS
	Sulfamidici Piridinii in Compresso			Tabs 2000		
	Sulfamidici (Sulfapiridina).			Fiale 250		
	Vaselina Borica			Kg 5		
	Ammonio Solfoittiolato			" 1		
	Borse per acqua calda			NA		Not a Medical Store supply.

NOTE.—Indents should be arranged in sections, separate forms being used for each section.

Boxes ..... Cases ..... Casks ..... Hampers ..... Wrappers .....

Approved to be supplied by .....
Signature ..... Rank Sign and Return Date .....

To be filled in only when used as an invoice.

Issued by 1 Adv.Depot Med.Stores.(Captured Enemy Stores).
Date and mode of conveyance Handed over 26.4.44.

Army use only. To be completed by Issuing Officer:
Issue Voucher No. 30
Account C.E.D.
Date Account commences .....

Received the above stores
Signature Costa
Rank Tenente
Date 25-4-44

Army use only. To be completed by Receiving Officer:
Receipt Voucher No. 3145
Account .....
Date Account commences .....

W.O. / R.A.F. } Issuing Number.....

Army Form I. 1209.
R.A.F. Form 1209.
(In Books of 100).

Air Ministry Demand No.....

one sheet only

CAPTURED EQUIPMENT

*~~INDENT~~ or ISSUE and RECEIPT VOUCHER

† MEDICAL EQUIPMENT for the use of Italian Armed Forces

....., Nearest Railway Station East Italy.

For Period current *No. of Beds (Army) .....*Strength of Station (R.A.F.).....

* Cancel whichever is not applicable. † Insert "REPAIRS OF" when required.

I certify that the articles demanded are necessary.	I recommend the supply of the articles demanded.
Signature.....	Signature.....
Date..... *Officer Commanding or Medical Officer-in-Charge, R.A.F.*	Date..... *A.D.M.S., D.D.M.S., or P.M.O.*

Folio	ARTICLES UNDER SECTION	Number or quantity now on charge.	Expended during corresponding period in preceding year.	Number or quantity required.	Number or quantity issued (Army only)	REMARKS
	NOTE.—Indents should be arranged in sections, separate forms being used for each section.					
	Vaccine T.A.B.			OCS	396850	

Receipt

RETURNED RETURN THIS COPY AND QUOTE YOUR RECEIPT VOUCHER No.

To D.A.D.M.S. ACC.
Army Sect. Commiserio

Boxes Cases Casks Hampers Wrappers

Approved to be supplied by Authy: DDMS. HQ. AAI (Adm. Ech). C.F. letter 4011 M

Signature..... Rank..... Date 19 Feb 44

To be filled in only when used as an invoice

Issued by OC 4 BDMS At.....

Date and mode of conveyance Delivered to Mod. Stores BITONTO

Issue Voucher No. 08/91

Account 4 BDMS

Date Account commences 1.4.44

Received the above stores

Signature [illegible]

Rank Lieutenant

Date 14 Maggio 1944

Army use only. To be completed by Receiving Officer.

Receipt Voucher No.

Account 3144

Date Account commences.....

W/1—1,500 pads of 100—4.2.41.