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

ACC

10000 11201993

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

0000 | 120 | 1993

M 8 Med. Admin. Inst. - Directives

Opened Jan. 9, 1945 - Closed January 22, 1947

Jan. 1945 - Jan. 1947

DIRECTOR OF MEDICAL SERVICES

G.H.Q. C.M.F.

MEDICAL ADMINISTRATIVE INSTRUCTIONS

Medical Branch
2nd Forces Sub Commission
A C (MMIA)

Seen

DMS

/Cepl

File Ref M/8

Received 22 JAN 1947

Serial No 11, 1947.

---

80. CASUALTIES - REPORTING PROCEDURE - ROYAL NAVY PERSONNEL IN MILITARY HOSPITALS

1. Reports of admissions/discharges of Royal Navy Personnel to/from British Army Medical Units will be sent by letter to the Commanding Officer of the officer or man concerned, with a copy to the Medical Director-General of the Navy, The Admiralty, London.

2. Medical Units will render to the Commander-in-Chief, Mediterranean, MALTA, on the last day of each month, a statement showing the total numbers of Naval and Royal Marine personnel actually in hospital on that date. NIL returns and nominal rolls are not required.

3. Notifications of deaths and cases on the Dangerously Ill and Seriously Ill Lists will be reported to the nearest Naval authority, if there is one within a reasonable distance, with the request that he will take the necessary reporting action.

4. If there is no Naval authority within reasonable distance, Officer Commanding Hospital/Medical Unit concerned will take action as follows :-

A. Telegraphic reports will be sent to :-
(i) The Admiralty.
(ii) Commander-in-Chief, Mediterranean.
(iii) Home Depot of rating or Royal Marine Rank, ie :

(a) For Naval ratings
Commodore, RN Barracks, Portsmouth, or
Commodore, RN Barracks, Devonport, or
Commodore, RN Barracks, Chatham, or
Commodore, RN Barracks, Lee-on-Solent.

(b) For Maltese Naval ratings
Commanding Officer, HMS "ST ANGELO", Malta.

(c) For Royal Marine ranks

Declassified E.O. 12356 Section 3.3/NND No. 785120

4. If there is no Naval authority within reasonable distance, Officer Commanding Hospital/Medical Unit concerned will take action as follows :-

A. Telegraphic reports will be sent to :-
(i) The Admiralty.
(ii) Commander-in-Chief, Mediterranean.
(iii) Home Depot of rating or Royal Marine Rank, ie :

(a) For Naval ratings
Commodore, RN Barracks, Portsmouth, or
Commodore, RN Barracks, Devonport, or
Commodore, RN Barracks, Chatham, or
Commodore, RN Barracks, Lee-on-Solent.

(b) For Maltese Naval ratings
Commanding Officer, HMS "ST ANGELO", Malta.

(c) For Royal Marine ranks
Commandant, Portsmouth Division, RM, or
Commandant, Plymouth Division, RM, or
Commandant, Chatham Division, RM.

(iv) The Commanding Officer of the ship to which the officer or rating belongs.

B. Telegraphic reports will state name, rank or rating and official number; name, address and relationship of next-of-kin, and whether informed; nature and cause of illness or injury (unless good reason exists for withholding information) and condition; in case of death, funeral arrangements, including date, time and place (if settled).

C. If funeral arrangements are not settled before despatch of original telegram, they will be communicated similarly as soon as settled.

D. Reports will be confirmed by letter to the same addressees (vide sub-para A)

/2.....

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

E. The Registrar-General of Shipping and Seamen, Llantrisant Road, Llandaff, Cardiff, is to be regarded as the depot for officers and ratings serving on agreements T 124 and variants, and telegrams will be addressed accordingly.

5. MAI 197/45 is hereby cancelled.
(Commander-in-Chief Mediterranean Station, Letter Med 46/759/2/1 dated 3 Dec 46).

M. 3100/13

81. PENICILLIN INDENTS

1. Penicillin will, until further instructions, be demanded in the following descriptions on a separate indent from normal monthly demands :-

1A-2396/2397 Penicillin Calcium or Sodium Salt. Mega Units..... No

1A-NIPL Penicillin Glaxo type (for treatment of Syphilis) Mega Units..... No

2. One and a half months stock only of Penicillin Glaxo type (for treatment of Syphilis) will be maintained in each hospital.

M. 6012

82. VENEREAL DISEASES - TREATMENT AND DOCUMENTATION

The following schemes of treatment and documentation will be taken into effect immediately.

A. GONORRHOEA

All patients suffering from a urethral discharge will be sent to a Military Hospital or approved Centre for diagnosis. Gonorrhoea cases may be admitted or detained according to local circumstances.

I. Treatment

In order to facilitate dispensing and administration, the individual doses of penicillin will be increased from 40,000 to 50,000 units. The new scheme of treatment will therefore be as follows :-

Treatment will be by means of penicillin in five injections, each of 50,000 units, given intramuscularly every 3 hours to a total of 250,000 units. The

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

into effect immediately.

A. GONORRHOEA

All patients suffering from a urethral discharge will be sent to a Military Hospital or approved Centre for diagnosis. Gonorrhoea cases may be admitted or detained according to local circumstances.

I. Treatment

In order to facilitate dispensing and administration, the individual doses of penicillin will be increased from 40,000 to 50,000 units. The new scheme of treatment will therefore be as follows :-

Treatment will be by means of penicillin in five injections, each of 50,000 units, given intramuscularly every 3 hours to a total of 250,000 units. The only exception to this rule will be :

(a) those patients specially selected for treatment with penicillin in oil-beeswax who will receive a single intramuscular injection of 300,000 units and

(b) those patients having in addition a penile sore, who will be treated with sulphathiazole, pending confirmation or exclusion of Syphilis. The dose of Sulphathiazole recommended is 1 gm 5 times a day by mouth for 5 days, care being taken to ensure that the patient receives adequate doses of alkali and at least 12 pints of fluid daily whilst on this regime.

All patients with a urethral discharge will have an early morning smear examined each day whilst they are in the hospital.

The patient will not be discharged from hospital if :

(a) gonococci are present in the urethral discharge;

/B.....

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

(b) there is a discharge in which an undue number of pus cells is present;

(c) there is sufficient pus in the urine to cause a haziness not dispersed by acetic acid.

The majority of patients should be fit for discharge within 48 hours. Should a significant urethritis persist after that time, the penicillin course of 250,000 units described in para 2 above will be repeated.

In exceptional circumstances, where the above treatment fails to abolish the discharge and numerous pus cells persist in the early morning smear, gentle urethral irrigations with potassium permanganate 1/10,000, at a pressure not exceeding 2 ft of water, may be given.

II. Surveillance

When the patient is discharged from hospital, the risk of conveying infection to others should be explained to him, and he should be instructed to avoid sexual intercourse for 3 months.

The reasons for surveillance are twofold, viz :

(a) to ensure that the gonorrhoea is cured, and
(b) to ensure that concomitant syphilis, if present, is detected at an early stage.

Once a week for 3 weeks after leaving hospital, the patient should be examined by the unit MO, this examination to include a complete inspection of the skin. Should any genital or other suspicious sores be discovered, the patient will be returned to hospital without delay. He will also be examined for presence or absence of urethral discharge, and the urine examined microscopically for pus. Acetic acid should be added to the urine to exclude phosphates. A few threads may be ignored. If, when seen by the unit MO, discharge is present, or the urine hazy with pus, the patient will be returned at once to the hospital. Results of these tests should be entered on the patient's AF I1247A.

Final Tests

Three months from the time the patient has completed his treatment, he will attend the nearest military hospital for final tests of cure. The AF I1247 will be sent with the patient to hospital. The patient will be examined, and the following tests will

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

once a week for 3 weeks after leaving hospital, the patient should be examined by the unit MO, this examination to include a complete inspection of the skin. Should any genital or other suspicious sores be discovered, the patient will be returned to hospital without delay. He will also be examined for presence or absence of urethral discharge, and the urine examined microscopically for pus. Acetic acid should be added to the urine to exclude phosphates. A few threads may be ignored. If, when seen by the unit MO, discharge is present, or the urine hazy with pus, the patient will be returned at once to the hospital. Results of these tests should be entered on the patient's AF I1247A.

Final Tests

Three months from the time the patient has completed his treatment, he will attend the nearest military hospital for final tests of cure. The AF I1247 will be sent with the patient to hospital. The patient will be examined, and the following tests will be carried out :-

(a) Examination for signs of primary or secondary Syphilis.
(b) Examination for presence or absence of urethral discharge.
(c) Examination for haziness and threads in the urine.
(d) Rectal examination and prostatic massage with smear of expressed excretion examined for gonococci and for pus.
(e) A serological test to exclude syphilis.

If any of these are positive, the patient will not be discharged as cured. If (a), (b), (c) and (d) are negative, the patient will attend one week later to obtain the result of the serological test, and if this test is negative, he may be discharged as cured of gonorrhoea, and his AF I1247 and personal AF I1247A marked accordingly. His Gonorrhoea Case Card will thereafter be considered closed. A further serological test should be done six months from the time the penicillin was given. The onus of obtaining this is placed on the patient, who will be given a Pro-Forma (para 3 below) on the occasion of his three monthly tests.

/4.....

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

III Documentation

1. When the patient is discharged from Hospital, he will be issued with an AF I1247A, to be retained by him and filled in as necessary when he attends for surveillance. An AF I1247 will also be prepared and sent with the patient's discharge papers to his Commanding Officer, who will be responsible for ensuring that the patient attends with his AF I1247 for the subsequent surveillance on the date therein specified.

2. When final tests of cure have been satisfactorily completed, hospitals will despatch the completed AF I1247 and AF I1247A direct to The War Office (AD5), LONDON, SW1.

3. On the occasion of the three-monthly tests of cure, the patient will be given a Pro-Forma as below, which will be produced by him at the hospital which he attends for a serological test six months after the course of penicillin.

"This patient was given penicillin treatment for a Neisserian infection on.....and received his final test of cure on.....
He has been instructed to report to his nearest Military Hospital (or civilian clinic if demobilised) for final Wasserman or Kahn Test on.....
Signed.....
Military Hospital".

IV Women's Services

1. The pathological examination for diagnosis will consist of urethral and cervical smears and cultures. Cases where gonorrhoea is suspected, but not proven, will be referred to hospital for further investigation.

2. All proven cases of gonorrhoea will be admitted forthwith to hospital for treatment, as laid down in para I above.

3. On discharge from hospital, the patient will attend the appropriate hospital or centre for surveillance, consisting of routine clinical examination and urethral and cervical smears and cultures; in the first instance one week after discharge from hospital, and subsequently once a week for three months, as soon as possible after the monthly period.

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

Wasserman or Kahn Test on.....
Signed.....
Military Hospital".

IV Women's Services

1. The pathological examination for diagnosis will consist of urethral and cervical smears and cultures. Cases where gonorrhoea is suspected, but not proven, will be referred to hospital for further investigation.

2. All proven cases of gonorrhoea will be admitted forthwith to hospital for treatment, as laid down in para I above.

3. On discharge from hospital, the patient will attend the appropriate hospital or centre for surveillance, consisting of routine clinical examination and urethral and cervical smears and cultures; in the first instance one week after discharge from hospital, and subsequently once a week for three months, as soon as possible after the monthly period.

4. Serological tests for syphilis and documentation will be carried out as laid down in paras II and III above.

B. NON-GONOCOCCAL URETHRITIS

1. The term non-gonococcal urethritis includes all cases of urethritis not caused by the gonococcus.

2. All cases of urethritis will be examined in the first instance to exclude the presence of gonorrhoea.

3. Mild cases of non-gonococcal urethritis need not be admitted to hospital if local conditions are suitable, but may be treated with sulphonamides as out-patients. The dose recommended is sulphathiazole 1 gm 5 times a day for 5 days, care being taken to ensure that the patient receives adequate doses of alkali, and at least 12 pints of fluid daily, whilst on this regime.

/5.....

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

Only severe or complicated cases should be admitted to hospital. Penicillin is usually ineffective in cases of non-gonococcal urethritis, and should only be employed in those cases where, although no gonococci have been found, gonorrhoea is suspected.

4. Patients admitted to hospital may be discharged when the urine is clear and the early morning smear contains only a relatively few pus cells even if there is still some watery urethral discharge present. Special care will be taken in inspection of both penis and inguinal glands to ensure that an intra-urethral or meatal chancre is not missed.

C. EARLY SYPHILIS (PRIMARY AND SECONDARY)

In cases already under treatment, the scheme of treatment and surveillance already started will be continued. In all new cases, the following scheme (known as Scheme 'D') will be taken into effect and the patients AF I1220 marked 'D' in the top right-hand corner.

I Treatment

(a) Penicillin

(1) A total dose of 4 mega units of penicillin will be given in 80 doses, each of 50,000 units, by 3 hourly intramuscular injections, given night and day over a period of 10 days.

(2) Information is now available showing that one of the fractions of penicillin, namely Penicillin "K" is excreted too rapidly to give satisfactory results in the treatment of Syphilis. As Syphilis is still being treated on a research basis, it is therefore important that a Penicillin is used which has a known and constant content of the various fractions.

(3) For the present, therefore, one type of Penicillin only will be used for the treatment of Syphilis, viz, "Glaxo" type. The maker's name, date of manufacture and batch no in respect of each patient should be clearly marked on the copy of the Army Form I1220 despatched to the Central Syphilis Register.

(4) Stocks of Penicillin ("Glaxo" type) are restricted, and this type of Penicillin will [illegible]

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

(2) Information is now available showing that one of the fractions of penicillin, namely Penicillin "K" is excreted too rapidly to give satisfactory results in the treatment of Syphilis. As Syphilis is still being treated on a research basis, it is therefore important that a Penicillin is used which has a known and constant content of the various fractions.

(3) For the present, therefore, one type of Penicillin only will be used for the treatment of Syphilis, viz, "Glaxo" type. The maker's name, date of manufacture and batch no in respect of each patient should be clearly marked on the copy of the Army Form I1430 despatched to the Central Syphilis Register.

(4) Stocks of Penicillin ("Glaxo" type) are restricted, and this type of Penicillin will therefore be used for the treatment of Syphilis only. It should not, for example, be used in the treatment of gonorrhoea. The only exception to this instruction will be when there is a danger of Penicillin becoming out-dated through long storage. In this instance, it should be taken into general use.

4.92

(b) Arsenic and Bismuth

The Penicillin treatment will be reinforced by a course of Arsenic and Bismuth given as below :-

(i) While in Hospital

Day of Treatment	NAB (intravenous injection)	Bismuth (intramuscular injection)
2nd day	0.3G	0.2G
5th day	0.45G	0.2G
9th day	0.6G	0.2G

/6.....

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

(ii) After discharge from Hospital

	NAB (intravenous injection)	Bismuth (intramuscular injection)
Weekly for eight weeks	0.6G	0.2G

Thus the total dosage of Arsenic and Bismuth given by 11 injections of each will be :-

NAB	6.15G
Bismuth	2.2G

II. Surveillance

Serological Tests will be carried out at the beginning and end of the 10 weeks course of treatment, and thereafter at 2 monthly intervals for six months, quarterly for one year and then six monthly for a further year. Cerebro-spinal fluid examinations will be done at the end of the first six months and during the last six months surveillance.

III. Documentation of Syphilis Cases - British Army

When a case of syphilis is admitted to a Medical Unit :-

(1) Two copies of AF I1220 will be prepared and, on discharge of the patient, disposed of as follows :-

(a) The original AF I1220 will be despatched in accordance with MAI 32/45.

(b) The duplicate copy, headed "Duplicate for CMF Syphilis Register" will be forwarded direct to DMS, GHQ, CMF.

(2) One copy of AF I1247 S will be prepared and, on the patient's discharge, forwarded to his Commanding Officer, who will be responsible for ensuring that the patient attends with his AF I1247 for subsequent treatment or surveillance on the date therein specified.

(3) One copy of AF I1247B will be prepared and retained by the patient on his discharge from hospital.

When a soldier attends a Medical Unit for continuation treatment or surveillance, details of the attendance will be

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

of the patient, disposed of as follows :-

(a) The original AF I1220 will be despatched in accordance with MAI 32/45.

(b) The duplicate copy, headed "Duplicate for CMF Syphilis Register" will be forwarded direct to DMS, GHQ, CMF.

(2) One copy of AF I1247 S will be prepared and, on the patient's discharge, forwarded to his Commanding Officer, who will be responsible for ensuring that the patient attends with his AF I1247 for subsequent treatment or surveillance on the date therein specified.

(3) One copy of AF I1247B will be prepared and retained by the patient on his discharge from hospital.

When a soldier attends a Medical Unit for continuation treatment or surveillance, details of the attendance will be entered in his AF I1247 S and AF I1247 B. In addition, an AF I1220 showing only identification particulars of the patient and details of his present attendance will be prepared, marked "CMF Syphilis Register" - "No admission" and forwarded to DMS, GHQ, CMF in the following circumstances :

(i) Serum tests or CSF Examination.
(ii) Commencement of a new course of treatment.
(iii) Serious toxic reaction occurring during a course of treatment.

Documentation of Syphilis Cases other than British Army

Documentation will be as in para (a) above, except that the duplicate copy of AF I1220 will not be marked "Duplicate for CMF Syphilis Register", but will be forwarded direct to the Senior Medical Officer of the formation concerned.

/7.....

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

D. DIAGNOSIS AND NOTIFICATION

(1) Medical Units will notify in their returns cases admitted or transferred in from another medical unit which are diagnosed for the first time, but not cases which have been previously diagnosed and notified by another medical unit before their transfer in.

(2) To ensure uniformity of notification, the following directions will be followed :-

(a) Gonorrhoea

Bacteriological diagnosis is essential, using Grams Stain. Very few cases should be undiagnosed 24 hours after admission to hospital or treatment centre.

Relapse cases will not be included in the return, but only primary cases (which should be reported only when the diagnosis has been established).

(Gonorrhoea Relapse is defined as a return of clinical signs of Gonorrhoea, with the presence of gonococci, during the period between discharge from hospital as provisionally cured, and passing final tests of cure three months later. This is provided that fresh exposure to infection has not occurred in the interval).

(b) Syphilis and Chancroid

The following procedure will be followed in all cases of venereal sore :-

Those which show the clinical characters of chancroid will be diagnosed as such, but in every case of venereal sore, specialist examination by Dark Field Microscopy on at least three successive days will be performed, and serological tests for Syphilis will be taken weekly during the first month and at the end of the second and third months after the appearance of the lesion.

Where syphilis is subsequently diagnosed in a patient who has previously been diagnosed and notified as Chancroid, he will be notified afresh as a case of Syphilis.

(c) Lymphogranuloma

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

(b) Syphilis and Chancroid

The following procedure will be followed in all cases of venereal sore :-

Those which show the clinical characters of chancroid will be diagnosed as such, but in every case of venereal sore, specialist examination by Dark Field Microscopy on at least three successive days will be performed, and serological tests for Syphilis will be taken weekly during the first month and at the end of the second and third months after the appearance of the lesion.

Where syphilis is subsequently diagnosed in a patient who has previously been diagnosed and notified as Chancroid, he will be notified afresh as a case of Syphilis.

(c) Lymphogranuloma

The diagnosis will be confirmed by use of a Diagnostic Skin Test. Lygranum is available for this purpose, and may be obtained on indent from Medical Stores.

4491

(d) Other Forms

The term "Other Forms" includes all cases of diagnosed Venereal Disease other than Gonorrhoea, Syphilis, Chancroid and Lymphogranuloma. Normally, it is limited to Urethritis (V). It does not include Urethritis (NV), Balanitis, Condylomata Acuminata and such conditions as Scabies, Impetigo, etc, which are not considered Venereal Diseases.

Urethritis will be classified as Venereal if the patient admits sexual exposure within the previous four weeks, and where the Urethritis is due, in the opinion of the Venereologist, to such exposure.

/8.....

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

E. RETURN TO UK OF PERSONNEL SUFFERING FROM VD

Personnel who become due to return to UK whilst under treatment or surveillance for VD, are free to proceed, provided that they are certified as being free from contagion in the medical examination carried out in accordance with para 1168 KRs 1940.

F. VENEREAL DISEASE CASES - EMPLOYMENT AS COOKS, ETC.

1. It is considered that soldiers under treatment for Syphilis do not constitute a danger to health when employed as cooks, bakers, or food handlers, and their suspension from such duties leads to a loss of skilled personnel.

2. It has been decided, therefore, that the following conditions will apply :-

(a) A soldier under surveillance for Venereal Disease may be employed, provided he does not show active signs of disease, and, in the case of Gonorrhoea, is not under treatment, and is certified by a Specialist in Venereology as being non-contagious.

(b) A soldier under treatment for Syphilis may be employed, provided all surface lesions have healed, and he is certified by a Specialist in Venereology as being non-contagious.

3. The above conditions apply also to ATS personnel.

G. STERILIZATION OF SYRINGES USED IN VD CLINICS

I. Every precaution will be taken to avoid the possibility of syringe-transmitted jaundice. All syringes used for intravenous work will be boiled for 10 minutes before each injection, in accordance with instructions given below.

II. The same technique will be adopted whenever possible in the case of syringes used for intramuscular injections. If, owing to the shortage of syringes, this is not practicable, this procedure will be carried out before charging and re-charging the syringe. In all cases, a freshly sterilized needle will be used for each injection.

III. Technique

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

3. The above conditions apply also to ATS personnel.

C. STERILIZATION OF SYRINGES USED IN VD CLINICS

I. Every precaution will be taken to avoid the possibility of syringe-transmitted jaundice. All syringes used for intravenous work will be boiled for 10 minutes before each injection, in accordance with instructions given below.

II. The same technique will be adopted whenever possible in the case of syringes used for intramuscular injections. If, owing to the shortage of syringes, this is not practicable, this procedure will be carried out before charging and re-charging the syringe. In all cases, a freshly sterilised needle will be used for each injection.

III. Technique

1. In order to avoid breakages during sterilization, syringes of "Record" type must be dis-assembled and heated and cooled gradually.

2. The methods usually recommended are impracticable when large numbers of syringes are required.

3. The following "Drill" which has been tested under working conditions in a large VD Department is recommended. If intelligently carried out, no syringe will be broken by too rapid heating or cooling.

(a) The following are required :-

(i) A steriliser;
(ii) Two or more tin boxes. These should measure about $4\frac{1}{2}$ x $4\frac{1}{2}$ x $3\frac{1}{2}$ ins. Lids are not required.
(iii) A number of squares of lint measuring 8 x 8 ins.

/9.....

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

(b) The details of the method are as follows :-

(i) Half fill the sterilizer with water (not soda solution) and heat to boiling.

(ii) Lay a square of lint, smooth side up, on a table.

(iii) Dis-assemble syringe.

(iv) Place the barrel on the lint near one corner, the piston parallel with it near the opposite corner and the needle parallel with both in the centre. The plunger, nozzle and point of the needle should point in the same direction.

(v) Roll the two opposite corners towards the centre, including in the rolls the two parts of the syringe. Continue rolling until the two meet with the needle between them.

(vi) Fold the other two free corners over the two rolls so as to complete packet. These two corners may be pinned together, but this is not really necessary.

(vii) Similarly, pack the other syringes.

(viii) Place the packets in the boxes. A box holds six wrapped syringes.

(ix) Fill the box completely full with water. The water may be either cold or warm; it must NOT be hot.

(x) Place the boxes (the usual small sterilizer holds two) on the tray of the sterilizer and lower gently into the boiling water.

(xi) The level of the water in the sterilizer should be about 1 inch below the top of the boxes. If it is not, adjust by adding or by drawing off water.

(xii) Close the lid and leave for 10 minutes, after the water has again commenced to boil.

(xiii) Raise the tray with the boxes.

(xiv) Grasp the two overlapped free corners of the lint with a Cheatle's forceps and lift the packet con-

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

(viii) Place the packets in the boxes. A box holds six wrapped syringes.

(ix) Fill the box completely full with water. The water may be either cold or warm: it must NOT be hot.

(x) Place the boxes (the usual small steriliser holds two) on the tray of the steriliser and lower gently into the boiling water.

(xi) The level of the water in the steriliser should be about 1 inch below the top of the boxes. If it is not, adjust by adding or by drawing off water.

(xii) Close the lid and leave for 10 minutes, after the water has again commenced to boil.

(xiii) Raise the tray with the boxes.

(xiv) Grasp the two overlapped free corners of the lint with a Cheatle's forceps and lift the packet containing the syringe; place it on a sterile tray. Repeat with the other syringes.

4480

(xv) Allow ten minutes for cooling.

(xvi) Unroll the lint and assemble the syringe.

(xvii) If the piston is not quite cool, do not force it into the barrel. Many syringes are broken by attempting to force a hot and, therefore, expanded piston into a cold, and therefore, contracted barrel.

(xviii) If the syringes are not required for some hours, their sterility may be preserved by leaving them wrapped in the lint in which they were sterilized.

IV. Immersion in boiling water for ten minutes will kill all non-sporing bacteria. It cannot be relied upon to sterilize a syringe contaminated with bacterial spores, but such contamination should not be permitted to occur in a syringe used for any form of injection.

/10.....

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

The following MAIs are hereby cancelled :-

Nos 137	of Serial	14/44
138	do	14/44
170	do	16/44
3	do	1/45
14	do	1/45
25	do	2/45
48	do	3/45
60	do	4/45
160	do	8/45
188	do	9/45
3	do	1/46

M.6012/1

AMENDMENT 1 TO MAI 63/46

83. CASUALTIES - REPORTING PROCEDURE - BRITISH ARMY PERSONNEL

Para 2.
Add Sub-para (e)

(e) Signals despatched by OsC Medical Units in accordance with sub-paras (a) and (b) will, whenever possible, include in the text the name and last known address of the next-of-kin of each individual casualty. In cases where the name and last known address of the next-of-kin is not shown in AB 439, or AB 64 (Part I) in the possession of the casualty, and is not otherwise ascertainable, it will be the responsibility of the OC Medical Unit to obtain that information from the OC Unit to which the individual belongs (by telephone or other fast means): but if this is impracticable, the telegram to War Office or Record Office (as the case may be) will state "Details next-of-kin not available".

M. 3170

84. AMENDMENT 2 TO MAI 57/46

CHARGES FOR MEDICAL ATTENDANCE, DENTAL TREATMENT AND HOSPITAL TREATMENT SERVICES FAMILIES AND CIVILIANS

Throughout this MAI
Delete "ACI 677/44"
Substitute "ACI 1031/46".

Declassified E.O. 12356 Section 3.3/NND No. 785120

sub-paras (a) and (b) will, whenever possible, include in the text the name and last known address of the next-of-kin of each individual casualty. In cases where the name and last known address of the next-of-kin is not shown in AB 439, or AB 64 (Part I) in the possession of the casualty, and is not otherwise ascertainable, it will be the responsibility of the OC Medical Unit to obtain that information from the OC Unit to which the individual belongs (by telephone or other fast means): but if this is impracticable, the telegram to War Office or Record Office (as the case may be) will state "Details next-of-kin not available".

M. 3170

84. AMENDMENT 2 TO MAI 57/46

CHARGES FOR MEDICAL ATTENDANCE, DENTAL TREATMENT AND HOSPITAL TREATMENT SERVICES FAMILIES AND CIVILIANS

Throughout this MAI
Delete "ACI 677/44"
Substitute "ACI 1031/46".

M. 3365/1

Brigadier,
D.M.S.

15 Jan 47

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

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

COPY

TRANSLATION

FROM: Ministry of War. REF: 5662/Ord./I

TO : M.M.I.A. DATE: 20 December 1946

SUBJECT: W.E.s of Services and Welfare School (IS/5/2) and School of Military Medicine (IS/15/1).

Further to letters 5460/Ord./I and 5619/Ord./I dated 22 November and 14 December last respectively (for units in receipt of them).

We forward:
- the 2nd printed edition of the W.E. of the Services and Welfare School (IS/5/2) which cancels and substitutes for the 1st edition IS/5/1;
- the printed edition of the W.E. of the School of Military Medicine. (IS/15/1).

You are requested to insert the a/m W.E.s in publication "Provisional W.E.s of the Schools and Military Institutes" forwarded with circular 3513/Ord./I of 20 June last.

sgd. LIUZZI
Gen.

R.A.G.

SD Distr:

SD/105
G(THG)
MED

Medical Branch
Land Forces Sub Commission
(A)

M
M/R 4489
30 DEC 1946

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

Telephone:
Rome 489081 Ext 515

LAND FORCES SUB-COMM, AC (MMIA) CMF

6 H

// Dec 46

Director General,
Army Medical Services.
Ministry of War.

Subject:- Medical Examination of students.

It has been brought to notice that when students arrive at schools of instruction they have been found medically unfit to undergo the required course.

Will you therefore kindly issue the necessary instructions to Medical Officers that all candidates for schools should be subjected to a strict medical examination prior to leaving their units to ascertain their fitness for the particular course.

Special attention should be paid to candidates proceeding to the Physical Training school.

MA3/ff

M. A. Rutledge
Major-General,
AQC, MMIA.

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

O Med O

SUBJECT:- Outpatient Timetable - Northern Italy

Medical Directorate
G.H.Q. C.M.F
Ref:M.3100/1
3 Dec 46

Distribution as for M.I.B

Reference MS, GHQ, CMF, Med Serial No.9 para 65.

Herewith revised Appendix 'B' which will be substituted for the Appendix previously issued, all copies of which will be destroyed.

MEGT/anh

Brig
for
D.M.S.

Medical Branch
and Forces Sub Commission
A.C. (MMIA)
Seen
L.A.D.M.S.
S/Capt
File Ref M/L
Date Received 17 DEC 1946

738

4487

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

APPENDIX 'A' TO ADMINISTRATIVE INSTRUCTIONS SERIAL NO 9 1945

OUTPATIENT TIMETABLES - NORTHERN ITALY

22 (ER) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	1400 hrs
Orthopaedic	Wednesdays	1400 hrs
Medical	Tuesdays and Fridays	1400 hrs
Ophthalmic	Mondays and Fridays	1000 hrs
Venereal Disease	Mondays to Fridays (FTC Gonorrhoea - Blood Tests)	0900 hrs - 1600 hrs
	Saturdays (CSF Tests)	0900 hrs - 1200 hrs
	Wednesdays) Arsenic and Thursdays) Bismuth) Injections	0900 hrs - 1600 hrs 0900 hrs - 1200 hrs
Dermatological	Thursdays	1400 hrs
Psychiatric	Thursdays	1400 hrs
Gynaecological	Fridays	1400 hrs
E.N.T.	Mondays and Fridays	1400 hrs

83 (ER) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	1000 hrs
Medical	Tuesdays and Fridays	1000 hrs
Ophthalmic	Wednesdays	1400 hrs
Psychiatric	Mondays	1000 hrs
E.N.T.	Wednesdays	1400 hrs

8 (ER) C.C.S.

General Surgical	Mondays, Wednesdays and Fridays	
Medical	Mondays and Wednesdays	1400 hrs
Ophthalmic	Thursdays	1400 hrs
Dermatological	Tuesdays	1400 hrs
Psychiatric	Tuesdays	0900 hrs

	Mondays and Fridays	1400 hrs

53 (ER) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	1000 hrs
Medical	Tuesdays and Fridays	1000 hrs
Ophthalmic	Wednesdays	1400 hrs
Psychiatric	Mondays	1000 hrs
E.N.T.	Wednesdays	1400 hrs

8 (ER) C.C.S.

General Surgical	Mondays, Wednesdays and Fridays	1400 hrs
Medical	Mondays and Wednesdays	1400 hrs
Ophthalmic	Thursdays	1100 hrs
Dermatological	Tuesdays	0900 hrs
Psychiatric	Tuesdays	0900 hrs
Gynaecological	Wednesdays	1400 hrs
Ante-Natal Clinic	Wednesdays	1400 hrs
E.N.T.	Thursdays	1100 hrs

4/00

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

APPENDIX 'L' TO ADMINISTRATIVE INSTRUCTIONS S-41 L NO 9 1945

OUTPATIENT TIMETABLES - NORTHERN ITALY
22 (ER) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	1400 hrs
Orthopaedic	Wednesdays	1400 hrs
Medical	Tuesdays and Fridays	1400 hrs
Ophthalmic	Mondays and Fridays	1000 hrs
Venereal Disease	Mondays to Fridays (FTC Gonorrhoea - Blood Tests)	0900 hrs - 1600 hrs
	Saturdays (CSF Tests)	0900 hrs - 1200 hrs
	Wednesdays) Arsenic and Thursdays) Bismuth Injections	0900 hrs - 1600 hrs 0900 hrs - 1200 hrs
Dermatological	Thursdays	1400 hrs
Psychiatric	Thursdays	1400 hrs
Gynaecological	Fridays	1400 hrs
E.N.T.	Mondays and Fridays	1400 hrs

83 (ER) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	1000 hrs
Medical	Tuesdays and Fridays	1000 hrs
Ophthalmic	Wednesdays	1400 hrs
Psychiatric	Mondays	1000 hrs
E.N.T.	Wednesdays	1400 hrs

6 (ER) C.C.S.

General Surgical	Mondays, Wednesdays and Fridays	1400 hrs
Medical	Mondays and Wednesdays	1400 hrs
Ophthalmic	Thursdays	

Declassified E.O. 12356 Section 3.3/NND No. 759020

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

Thursdays
Fridays
Mondays and Fridays

53 (ER) GENERAL HOSPITAL

Tuesdays and Fridays
Thursdays and Fridays
Mondays
Mondays
Wednesdays

8 (ER) C.C.S.

Mondays, Wednesdays
and Fridays
Mondays and Wednesdays
Thursdays
Tuesdays
Tuesdays
Wednesdays
Wednesdays
Thursdays

Gynaecological
E.N.T.

General Surgical
Medical
Ophthalmic
Psychiatric
E.N.T.

General Surgical
Medical
Ophthalmic
Dermatological
Psychiatric
Gynaecological
Ante-Natal Clinic
E.N.T.

1400 hrs
1400 hrs
1400 hrs
1400 hrs

1000 hrs
1000 hrs
1400 hrs
1000 hrs
1400 hrs

1400 hrs
1400 hrs
1100 hrs
0900 hrs
0900 hrs
1400 hrs
1400 hrs
1100 hrs

44 & 45

Med

ARMY MEDICAL DEPARTMENT BULLETIN

Issued by the War Office
London, S.W.1.
October, 1946

Addendum
No : 23

CIVIL APPOINTMENTS

410. THE UNIVERSITY OF MANCHESTER. CONDITIONS OF APPOINTMENT OF LECTURER IN ANATOMY.

1. The University invites applications from persons holding a registrable medical qualification for the post of Lecturer in Anatomy.

2. The appointment will be made in the first instance for a period extending to September 29th, 1949, subject to the usual conditions as to notice stated below, but may be renewed.

3. The salary attached to the post will be £800 per annum. An allowance at the rate of £37. 10. 0d per annum is at present paid by the University in respect of each child who is under sixteen years of age, or is in receipt of full-time education.

4. The appointment is terminable by three month's notice, in writing, on either side, ending on one of the quarter days other than September 29th. Should it be desired, on either side to terminate the appointment on the September quarter day, Council will give not less than six months' notice, and the Lecturer will be required to give notice not later than the 1st June preceding.

5. The appointment is made subject to the constitution, ordinances, regulations and bye-laws of the University for the time being in force, and is subject to the provisions of the Federated Superannuation System for Universities, under which the Lecturer contributes an amount equal to 5% of his salary and the University an amount equal to 10% of the salary.

6. The Lecturer will be required to give such assistance in the Department of Anatomy as may be required by the Professor of Anatomy.

7. It is expected that members of the Department will pursue original investigations in the University.

WAR OFFICE
9 NOV 1946
LIBRARY

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

inate the appointment on the September quarter day, Council will give not less than six months' notice, and the Lecturer will be required to give notice not later than the 1st June preceding.

5. The appointment is made subject to the constitution, ordinances, regulations and bye-laws of the University for the time being in force, and is subject to the provisions of the Federated Superannuation System for Universities, under which the Lecturer contributes an amount equal to 5% of his salary and the University an amount equal to 10% of the salary.

6. The Lecturer will be required to give such assistance in the Department of Anatomy as may be required by the Professor of Anatomy.

7. It is expected that members of the Department will pursue original investigations in the University.

8. The Lecturer will be expected to enter on his duties on January 14th 1947, or as soon thereafter as possible.

9. Council reserve the right, when making the appointment, to consider persons other than those who have submitted applications.

10. Applicants should submit the names and addresses of three persons to whom reference may be made, and may submit copies of not more than three testimonials, which will not be returned.

11. Applications should be addressed to the Registrar, the University, Manchester, 13, and must reach him not later than December 9th, 1946. No special form of application is issued.

12. All applications should be marked "ANATOMY" on the top left-hand corner of the envelope. (Sgd) W. MANSFIELD COOPER, Registrar, University of Manchester, Manchester 13.

411. MEDICAL RESEARCH COUNCIL TEAM

There is a vacancy in a Medical Research Council Team for a young bacteriologist, interested in working on viruses.

572

RECEIVED 29 NOV 1946

Medical Branch
Land Forces Sub Commission (C)

The ...

File No.

Date Received 30 NOV 1946

4484

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

The subject to be investigated is the common cold, and the work will be carried out in a laboratory in Salisbury by a team probably of four, of which the bacteriologist will be one. A suitable candidate will be given several months training in virus techniques at the National Institute for Medical Research, Hampstead, before joining the team in Salisbury.

Living accommodation in Salisbury is hard to find, and may need to be provided within the unit. For this reason, an unmarried man is preferred, though a married one is not excluded.

The appointment would be for a probationary period of one year in the first instance, the salary to be determined by age and experience.

Applicants must have aptitude, or at least keenness, for research, together with some post-graduate experience of bacteriology. Applications with full details should be addressed to Dr CH ANDREWS, National Institute for Medical Research, Hampstead, London, NW3.

412. ST MARY'S HOSPITAL, W2. ASSISTANT SURGEON

Applications are invited for the post of ASSISTANT SURGEON on the Honorary Staff of the Hospital. Candidates must be Fellows of the Royal College of Surgeons of England. The appointment is for 5 years, at the expiration of which period, the holder will be eligible for re-election. Candidates are required to lodge three copies of their applications and testimonials with the undersigned, not later than Saturday, 14th December. (Sgd) W PARKES, House Governor, St Mary's Hospital, London, W2.

413. MIDDLESEX COUNTY COUNCIL. APPOINTMENT OF MEDICAL DIRECTOR, ASHFORD COUNTY HOSPITAL, MIDDX.

Applications are invited for the above, whole-time established appointment (at present held in a temporary capacity). Candidates must be registered medical practitioners of high clinical attainments, and, in addition to a wide knowledge of general medicine and surgery, experience in the administration of a large hospital is essential.

Ashford County Hospital, which has been developed from an emergency hospital, has accommodation for over 600 patients, mainly acute. There is an out-patient department and a number of special departments have been organised.

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

Saturday, 14th December. (Sgd) W PARKES, House Governor, St Mary's Hospital, London, W2.

413. MIDDLESEX COUNTY COUNCIL. APPOINTMENT OF MEDICAL DIRECTOR, ASHFORD COUNTY HOSPITAL, MIDDX.

Applications are invited for the above, whole-time established appointment (at present held in a temporary capacity). Candidates must be registered medical practitioners of high clinical attainments, and, in addition to a wide knowledge of general medicine and surgery, experience in the administration of a large hospital is essential.

Ashford County Hospital, which has been developed from an emergency hospital, has accommodation for over 600 patients, mainly acute. There is an out-patient department and a number of special departments have been organised.

It is expected that the Medical Director appointed will remain in active clinical practice of his specialty. His administrative functions will be largely those of co-ordinator of the medical services and various departments of the hospital and he will be required to carry out such duties, which may include teaching, as the Council may direct. The Officer appointed will not be allowed to engage in private practice. The appointment is pensionable, subject to medical examination and to three months' notice on either side. Post is non-resident, but candidate appointed must live near hospital.

Salary £1,200 (plus cost of living bonus, now £60 pa) by £100 to £1,800 pa; on proof of outstanding achievement further increments of £50 up to £2,200 pa may be granted. In exceptional circumstances, consideration will be given to appointing a candidate at a point above the minimum of the scale. Salary is inclusive, any fees received to be paid to County Council.

Application to the UNDERSIGNED stating age, nationality, qualifications and experience and enclosing copies of not more than two recent testimonials and the names of two referees. Closing date 23rd November, 1946. (Sgd) CW RADCLIFFE, Clerk of the County Council, Middlesex Guildhall, Westminster, SW1.

/3.....

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

414. WEST RIDING OF YORKSHIRE MENTAL HOSPITALS BOARD. APPOINTMENT OF MEDICAL SUPERINTENDENT MENSTON MENTAL HOSPITAL, NEAR LEEDS.

The West Riding of Yorkshire Mental Hospitals Board invite applications from duly qualified medical practitioners for the appointment in their service of a Medical Superintendent at the Menston Mental Hospital, near Leeds.

Candidates must have had previous experience as the Medical Superintendent or Senior Assistant Medical Officer of a Hospital. Preference will be given to candidates who have obtained a Diploma in Psychological Medicine, and have served the office of House-Surgeon or House-Physician at a General Hospital.

The person appointed will be required to devote his whole time to the duties of the office and to act in conformity with the provisions of the Lunacy Act, the general rules and regulations of the West Riding of Yorkshire Mental Hospitals Board (as approved by the Board of Control) and of the Menston Visiting Committee.

The minimum and maximum salaries fixed for the position are £1.200 and £1,600, the annual increments being £50. War bonus, at present at the rate of £59. 16s per annum (non-resident) will be paid in addition. The commencing salary to be paid will (within those limits) be according to qualifications and experience. This scale of salary includes the interim revision of remuneration of Medical Superintendents and other grades of medical officers employed at Mental Hospitals, as agreed between representatives of the British Medical Association, and of the Mental Hospitals Association.

The person appointed will be provided with an unfurnished house, which will be deemed to be valued, for superannuation purposes, at the sum of £100 per annum. There are no other emoluments attached to the position. The salary and value of the unfurnished house will be subject to deductions under the Asylums Officers' Superannuation Act, 1909.

Applications must be made on a form which can be obtained, together with any other particulars, from the undersigned, to whom the completed forms should be returned not later than 14th December, 1946.

Applications from Service candidates are invited.

Canvassing in any form will be a disqualification. (Sgd) GL BANNER, Clerk of the Board. Board offic[illegible]

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

salary includes the interim revision of remuneration of Medical Superintendents and other grades of medical officers employed at Mental Hospitals, as agreed between representatives of the British Medical Association, and of the Mental Hospitals Association.

The person appointed will be provided with an unfurnished house, which will be deemed to be valued, for superannuation purposes, at the sum of £100 per annum. There are no other emoluments attached to the position. The salary and value of the unfurnished house will be subject to deductions under the Asylums Officers' Superannuation Act, 1909.

Applications must be made on a form which can be obtained, together with any other particulars, from the undersigned, to whom the completed forms should be returned not later than 14th December, 1946.

Applications from Service candidates are invited.

Canvassing in any form will be a disqualification. (Sgd) GL BANNER, Clerk of the Board, Board Offices, Victoria Chambers, Wood Street, Wakefield.

4483

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

Med O

DIRECTOR OF MEDICAL SERVICES

G.H.Q. C.M.F.

MMiA

MEDICAL ADMINISTRATIVE INSTRUCTIONS

127

20 NOV 1946
REC'D

Serial No. 9. 1946.

63. CASUALTIES - REPORTING PROCEDURE - BRITISH ARMY PERSONNEL

1. Attention is directed to GROs 668/46 and 686/46.

2. The following procedure for the notification of casualties to the next-of-kin of British Army Personnel (ie deaths, placing on and removal from DI or SI Lists, accidents involving the loss of at least an eye, limb, hand or foot) has been brought into effect from 18 oct 46.

(a) Reports of notifiable casualties will be despatched by Medical Units by IMMEDIATE signal direct to War Office (in the case of officers) or to the appropriate Officer i/c Records (in the case of Other Ranks). Signals will be repeated to GHQ 2nd Echelon, CMF and to the patient's unit for information. All signals referring to personnel of GHQ CMF will be repeated to this Directorate.

(b) Progress Reports on DI and SI cases will be signalled by Medical Units direct to War Office or Record Office by IMMEDIATE signal on the fourteenth day following that on which the patient was placed on the DI/SI List (unless removed from the List in the meantime) and every succeeding fourteenth day thereafter, confirming that he is still retained on that List and giving details of his condition on the date of the report. This Progress Report will be in addition to the normal weekly return on AF W3034A submitted by Medical Units to GHQ 2nd Echelon.

(c) All signals despatched by OsC Medical Units in accordance with paras 2 (a) and 2 (b) above will contain the full regimental particulars of each individual, including personal or Army number and Regiment or Corps. A separate signal will be used for personnel of each different Regiment or Corps concerned. The signal address of War Office is "TROOPERS LONDON".

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

(b) Progress Reports on DI and SI cases will be signalled by Medical Units direct to War Office or Record Office by IMMEDIATE signal on the fourteenth day following that on which the patient was placed on the DI/SI List (unless removed from the List in the meantime) and every succeeding fourteenth day thereafter, confirming that he is still retained on that List and giving details of his condition on the date of the report. This Progress Report will be in addition to the normal weekly return on AF W3034A submitted by Medical Units to GHQ 2nd Echelon.

(c) All signals despatched by OsC Medical Units in accordance with paras 2 (a) and 2 (b) above will contain the full regimental particulars of each individual, including personal or Army number and Regiment or Corps. A separate signal will be used for personnel of each different Regiment or Corps concerned. The signal address of War Office is "TROOPERS LONDON".

(d) When the next-of-kin is resident in this Command it is the responsibility of OC Medical Unit to notify the casualty to the next-of-kin by telegram or other not less quick means. In these cases the signal sent to War Office or Record Office, whichever is applicable, and to GHQ 2nd Echelon, will include the code word "KINFORMED".

3. An up-to-date list of Regiments or Corps administered by each of several officers i/c Records in UK is attached as Appendix 'A' to GRO 648/46. Changes in addresses of UK Record Offices and changes in the administration of Regiments or Corps are published in ACIs as they occur, and Medical Units will keep the list up-to-date in accordance with amendments notified in ACIs from time to time.

4. The instructions contained in para 49 (b) (iii) of the pamphlet "Medical Unit Guide to Documentation in a Theatre of War (Overseas) 1944" are held in abeyance.

A. C. (MMIA)

Land Forces Sub Commission
Seen
DADMS 29/11
S/Capt
File Ref 14/8
Date Received 20 NOV 1945

/2.....

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

5. In every case where a person dies a suitable personal letter will be written to the next-of-kin. Experience has shown that a mere letter of condolence rarely satisfies the next-of-kin and that such information as to the circumstances of death that can be disclosed without prejudice to the findings of any subsequent Court of Inquiry should always be included.

6. In order to ensure that such letters do not arrive before the official notification of the casualty, thereby causing uncertainty and additional distress to the next-of-kin, these letters will not be despatched direct to the next-of-kin until 48 hours after the casualty has been reported to the War Office or Home Records Office in accordance with para 2 (a) above.

7. Alternatively, such letters may be sent to War Office or Home Records Office at any time for onward transmission. When this course is adopted the letters must be enveloped and addressed by the despatching Unit and forwarded to the War Office or Home Records Office with a short covering memorandum specifying the casualty to which the letter relates. The War Office or Home Records Office will then ensure that an official report of the casualty has been sent a sufficient time before the letter is forwarded.

8. MAIs 1/46 and 47/46 are hereby cancelled.

M.3170

64. HOSPITAL CHARGES - BRITISH AND ALLIED FORCES

1. The procedure for raising charges for Hospital treatment in the CMF is published at Appendix 'A'.

2. In case of doubt the matter will be referred to the Command Paymaster for a ruling.

3. MAI 154/45 (as amended by MAI 194/45) and MAI 41/46 are hereby cancelled.

M.3100/5

65. OUTPATIENT TIMETABLES

1. Outpatient timetables in respect of hospitals in Northern Italy are published as Appendix 'B' to this MAI for the information

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

the CMF is published at Appendix 'A'.

2. In case of doubt the matter will be referred to the Command Paymaster for a ruling.

3. MAI 154/45 (as amended by MAI 194/45) and MAI 41/46 are hereby cancelled.

M.3100/5

65. OUTPATIENT TIMETABLES

1. Outpatient timetables in respect of hospitals in Northern Italy are published as Appendix 'B' to this MAI for the information of all concerned.

2. Amendments will be notified to this Directorate by ADsMS/SMOs as they occur.

M.251 1481

66. SPECIALIST OPINION AND TREATMENT

1. There are no special Centres or Teams now in CMF. Specialists as listed hereunder are available at 22 (BR) General Hospital (MESTRE 51052, 51053, 51056) to which hospital appropriate cases should be sent. These specialists may be sent to give opinions on cases too ill to travel if considered necessary by Officers Commanding hospitals, on the advice of their appropriate specialists.

Adviser in Medicine.
Adviser in Surgery.
Orthopaedic Surgeon.
Oto-rhino-laryngologist.
Ophthalmologist.
Psychiatrist.

/3.....

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

2. Outpatients will be seen at the times stated in Appendix 'B' to MAI 65/46.

3. MAI 27/46 is hereby cancelled.

M.251

67. EXAMINATIONS FOR LABORATORY ASSISTANTS

1. Examinations for upgrading Laboratory Assistants will be conducted as follows :-

(a) Class II Examinations conducted by the Pathologist concerned. Name of successful candidate, together with recommendation, will be forwarded through the usual channels to this Directorate for consideration by the ADP.

(b) Class I Examination will consist of a written paper and a practical examination. It will be conducted by the Pathologist, 22 (Br) General Hospital (part-time ADP) together with the Pathologist of a neighbouring hospital.

Officers Commanding General Hospitals will submit names of any eligible Class II Laboratory Assistants recommended by the Pathologist, through the usual channels to this Directorate. Arrangements for examination will then be made and notified.

It must be understood that a high standard of knowledge and technical skill will be required. Class I Laboratory Assistants will be expected to be capable of undertaking all the normal routine work of a general pathology laboratory. The requirements are outlined in Standing Orders for the RAMC (1937) Section XXXIII.

2. MAI 165/44 is hereby cancelled.

M.7007/1.

68. EQUIPMENT - PATIENTS EVACUATED TO UK

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

bouring hospital.

Officers Commanding General Hospitals will submit names of any eligible Class II Laboratory Assistants recommended by the Pathologist, through the usual channels to this Directorate. Arrangements for examination will then be made and notified.

It must be understood that a high standard of knowledge and technical skill will be required. Class I Laboratory Assistants will be expected to be capable of undertaking all the normal routine work of a general pathology laboratory. The requirements are outlined in Standing Orders for the RAMC (1937) Section XXXIII.

2. MAI 165/44 is hereby cancelled.

M.7007/1.

68. EQUIPMENT - PATIENTS EVACUATED TO UK

1. Any lying patient evacuated to UK who has a reasonable expectation of getting up before the end of the journey or voyage will be embarked/entrained with suitable clothing for this eventuality. Lying patients who will still be lying patients on arrival in UK will not be given a complete set of clothing or necessaries, but only those articles which will be required for the journey and subsequent journey to hospital.

2. Patients embarked/entrained will be informed that they will not be allowed to take heavy baggage from the ship to the hospital in UK to which they are sent. No storage space is available in hospitals for large amounts of kit. Kit will be divided into :-

(a) Light essentials for a stay in hospital.
(b) Heavy kit, including trunks, boxes, etc, which will be despatched to home address by Agents at ports.

All hospitals will facilitate and encourage the despatch of heavy kit by MFO prior to embarkation/entrainment.

3. MAI 214/44 is hereby cancelled.

M.1040

/4.....

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

69. THE RETURNING DOCTOR (1945)

1. Distribution of the British Medical Association pamphlet "The Returning Doctor" is made with this MAI on the scale of one for each Medical Officer.

2. Any Medical Officer who does not receive a copy of this pamphlet should apply for a copy through his Commanding Officer to the local ADMS/SMO.

M.3385/1.

70. REPORTS ON DEATHS AND SEVERE REACTIONS ATTRIBUTABLE TO TRANSFUSION OF BLOOD, PLASMA, OR OTHER FLUIDS

1. Intimation of deaths and severe reactions (severe rigor and temperature over 105° F) attributable to transfusion of blood, plasma, or other fluids, will be made immediately after the occurrence.

2. The Blood Transfusion Officer of the Unit or Medical Officer in charge of the transfusion will report the case directly to the ADP, c/o 22 (Br) General Hospital, CMF, by ELS, sending a copy of the notification through normal channels to DMS, GHQ, CMF. All relevant information will be included in the report - type of case, condition before transfusion, source and nature of the material and quantity administered, reaction and subsequent progress.

3. Pathologist of the hospital will investigate these cases during life and after death.

4. Monthly return of transfusions called for in the last paragraph of the Directive on "Resuscitation and Blood Transfusion Arrangements in General Hospitals", notified in MAI 78 of 1945, is no longer required.

5. MAIs 139/44 and 185/45 are hereby cancelled.

M.7014

71. SURGICAL PATHOLOGY - SPECIMENS

1. The museum of the Royal Army Medical College is being reformed. Pathological specimens of interest or value for teaching purposes are required.

2. Specimens will be despatched carefully packed in 10%

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

3. Pathologist of the hospital will investigate these cases during life and after death.

4. Monthly return of transfusions called for in the last paragraph of the Directive on "Resuscitation and Blood Transfusion Arrangements in General Hospitals", notified in MAI 78 of 1945, is no longer required.

5. MAIs 139/44 and 185/45 are hereby cancelled.

M.7014

71. SURGICAL PATHOLOGY - SPECIMENS

1. The museum of the Royal Army Medical College is being reformed. Pathological specimens of interest or value for teaching purposes are required.

2. Specimens will be despatched carefully packed in 10% formol saline to :-

The Reader in Surgery,
Royal Army Medical College,
Millbank, LONDON, SW1. 4480

Full details of the case should be forwarded with all specimens.

M.7020

72. AMENDMENT TO MAI 57/46

CHARGES FOR MEDICAL ATTENDANCE, DENTAL TREATMENT AND HOSPITAL TREATMENT - SERVICE FAMILIES AND CIVILIANS

Para 3 (a), line 18
after "Wives and Families of Regular Other Ranks"
add "and Wives and Families of non-Regular Other Rank who have been granted passages from UK under ACI 375/46".

/5.....

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

line 26
after "Wives and Families of non-Regular Other Ranks"
add "who were not granted passages from UK under
ACI 375/46".

Para 3 (c) line 1
after "TEI/NAAFI"
add "CSE".

M.3365/1.

CANCELLATIONS

The following MAIs are hereby cancelled :-

MAI	150/44	ARMY FORMS I 3056 - REPORT ON A CASE OF TYPHOID OR PARATYPHOID FEVER
MAI	167/44	DERMATOLOGICAL WINGS
MAI	207/44	DERMATOLOGICAL WINGS
MAI	8/45	MEDICAL AND SURGICAL DIRECTIVES (SUPERCEDED BY MAI 94/45)
MAI	10/45	EVACUATION OF NEW ZEALAND EXPEDITIONARY FORCE PERSONNEL
MAI	24/45	PENICILLIN
MAI	33/45	CASUALTIES - NOTIFICATION - CANADIAN PERSONNEL
MAI	101/45	NOTIFICATION OF AMPUTATION
MAI	112/45	DISPOSAL OF PERSONNEL EX-HOSPITAL - BASUTO RFTS FOR MOUNTAIN REGTS RA
MAI	130/45	AS AMENDED BY 183/45. DISPOSAL OF CASES OF PULMONARY TUBERCULOSIS
MAI	135/45	FIELD VASCULAR CENTRE
MAI	213/45	AS AMENDED BY 34/46. MEDICAL ARRANGEMENTS - UDF PERSONNEL.

15 Nov 46
/PMB

Brigadier, D.M.S.

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

		MOUNTAIN REGTS RA
MAI	130/45	AS AMENDED BY 183/45. DISPOSAL OF CASES OF PULMONARY TUBERCULOSIS
MAI	135/45	FIELD VASCULAR CENTRE
MAI	213/45	AS AMENDED BY 34/46. MEDICAL ARRANGEMENTS - UDF PERS ETC.

15 Nov 46
/PMB

Brigadier, D.M.S.

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

APPENDIX 'A' TO MEDICAL ADMINISTRATIVE INSTRUCTIONS SERIAL NO 9 1946.

HOSPITAL TREATMENT
PROCEDURE FOR RAISING CHARGES

1.

No action required with regard to charging for Hospital treatment.

1. West African Pioneer Corps.
2. West African Army Med Corps. (see GRO 86/45)
3. Italian Co-operators of PW Status.

2.

Forces for which charges should not be raised unless personnel suffering from sickness etc due to their own fault. Where charges are raised AFO 1643 is required in duplicate (quadruplicate for RAF) by Command Paymaster. Attention is drawn to ACI's 1347 & 1348 of 1944.

1. British Army.
2. RAF.
3. Polish Armed Forces.
4. Palestinian.
5. Cypriot.
6. Maltese.
7. Mauritian ¤
8. African Pioneer Corps (East African) ¤
9. High Commission Territories ¤

¤ No charge for VD (see GRO 86/45).

3.

Forces for which separate AF's O 5135 for each Force in quadruplicate will be submitted to Command Paymaster in respect of all treatment - no request will be made for re-imbursement as this will be considered by CP.

1. Royal Navy.
2. Australian Forces.
3. New Zealand Forces.
4. South African Forces.
5. Canadian Forces.

4.

Forces, etc, for which separate AF's O 5135 for each Force in quadruplicate will be submitted to DMS, GHQ monthly,

1. US Forces.
2. Russian Forces.
3. Czech Land Forces.

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

¥ No charge for VD
(see GRO 86/45).

3.

Forces for which separate AF's O 5135 for each Force in quadruplicate will be submitted to Command Paymaster in respect of all treatment - no request will be made for re-imbursement as this will be considered by CP.

1. Royal Navy.
2. Australian Forces.
3. New Zealand Forces.
4. South African Forces.
5. Canadian Forces.

4.

Forces, etc, for which separate AF's O 5135 for each Force in quadruplicate will be submitted to DMS, GHQ monthly, in respect of all treatment, for transmission to Financial Adviser.

1. US Forces.
2. Russian Forces.
3. Czech Land Forces.
4. Greek Land Forces.
5. French Armed Forces.
6. Yugoslav Forces.
(Forms to show type of Force, Royal, Dissiden , etc).
7. Italian Armed Forces.
8. Italian Partisans.
9. Neutral Liaison Personnel.
10. All Allied Ex-Ps-of-W.
11. Military Missions.
12. All Allied Naval Forces
(Excluding Dominion Forces).
13. Other Forces not mentioned above.

4 of 9

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

APPENDIX 'B' TO MEDICAL ADMINISTRATIVE INSTRUCTIONS SERIAL NO 9 1946.

OUTPATIENT TIMETABLES - NORTHERN ITALY

22 (BR) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	14.00 hrs
Orthopaedic	Wednesdays	14.00 "
Medical	Tuesdays and Fridays	14.00 "
Ophthalmic	Mondays and Fridays	14.00 "
Venereal Diseases	Mondays to Fridays (FTC Gonorrhoea - Blood tests)	09.00 " - 16.00 hrs
	Saturdays (CSF tests)	09.00 hrs - 12.00 hrs
	Wednesdays } Arsenic and Bismuth Injections	09.00 hrs - 16.00 hrs
	Thursdays } Arsenic and Bismuth Injections	09.00 hrs - 12.00 hrs
Dermatological	Thursdays	14.00 hrs
Psychiatric	Thursdays	14.00 "
Gynaecological	Fridays	14.00 "
ENT		

83 (BR) GENERAL HOSPITAL

General Surgical	Tuesdays and Fridays	10.00 hrs
Medical	Tuesdays and Fridays	10.00 "
Ophthalmic	Wednesdays	11.00 "
Psychiatric	Mondays	10.00 hrs

8 (BR) CCS

General Surgical	Mondays, Wednesdays and Fridays	14.00 hrs
Medical	Mondays and Thursdays	14.00 "
Ophthalmic	Thursdays	14.00 "
Dermatological	Tuesdays	09.00 "
Psychiatric	Tuesdays	09.00 "
Gynaecological	Wednesdays	14.00 "
Ante-Natal Clinic		

Declassified E.O. 12356 Section 3.3/NND No. 783020

General Surgical	Tuesdays and Fridays	10.00 hrs
Medical	Tuesdays and Fridays	10.00 "
Ophthalmic	Wednesdays	11.00 "
Psychiatric	Mondays	10.00 hrs

8 (ER) CCS

General Surgical	Mondays, Wednesdays and Fridays	14.00 hrs
Medical	Mondays and Thursdays	14.00 "
Ophthalmic	Thursdays	14.00 "
Dermatological	Tuesdays	09.00 "
Psychiatric	Tuesdays	09.00 "
Gynaecological	Wednesdays	14.00 "
Ante-Natal Clinic	Wednesdays	14.00 "
ENT	Tuesdays	11.00 "

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

Subject: HEALTH STATE - APRIL 1946. BRITISH ARMY (Males Only)

1. Figures represent cases admitted to hospitals, plus discharges and deaths from other medical units. Cases treated solely in unit lines (M.I.Rooms & RAPs) are not included.

2. Bracketed figures below each entry - Equivalent Annual Ratio per 1,000.

	ITALY.	AUSTRIA.	TOTAL THEATRE.
Strength:-	122715	35085	158897
Admissions - all causes.	5215 (517.04)	1780 (617.26)	7028 (538.13)
" - Sickness only.	4578 (453.89)	1580 (547.91)	6190 (473.97)
" - Injuries only.	637 (63.15)	200 (69.36)	839 (64.24)
Average constantly sick Ratio per 1000 troops.	2327 (18.96)	832 (23.71)	3179 (20.01)
Disease Groups.			
Alimentary Diseases.	161 (15.96)	31 (10.75)	192 (14.70)
Respiratory Diseases. (including Common Cold)	586 (58.09)	304 (105.42)	891 (68.22)
Nervous Diseases.	2 (0.20)	1 (0.35)	3 (0.23)
Mental Diseases.	70 (6.94)	14 (4.85)	84 (6.43)
Venereal Diseases.	1829 (181.34)	468 (162.29)	2309 (176.80)

Declassified E.O. 12356 Section 3.3/NND No. 778020

Average constantly sick Ratio per 1000 troops.	2327 (18.96)	852 (23.71)	3179 (20.01)
Disease Groups.			
Alimentary Diseases.	161 (15.96)	31 (10.75)	192 (14.70)
Respiratory Diseases. (including Common Cold)	586 (58.09)	304 (105.42)	891 (68.22)
Nervous Diseases.	2 (0.20)	1 (0.35)	3 (0.23)
Mental Diseases.	70 (6.94)	14 (4.85)	84 (6.43)
Venereal Diseases.	1829 (181.34)	468 (162.29)	2309 (176.80)
All Skin Diseases. (including Scabies)	679 (67.32)	224 (77.68)	912 (69.83)
Specific Diseases.			
Scabies.(incl. in all Skin Diseases above)	199 (19.73)	6 (2.08)	205 (15.70) 447
Common Cold } included in	79 (7.83)	23 (7.98)	102 (7.81)
Tonsillitis & Pharyngitis. } Respiratory	367 (36.38)	238 (82.55)	606 (46.40)
Influenza. } Diseases	7 (0.69)	4 (1.39)	11 (0.84)
Pneumonia. } above.	78 (7.73)	11 (3.81)	89 (6.81)

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

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

Seen

D.A.D.M.S. _____

S/Capt _____

File Ref M/A/1608

14 JUN 1946

	ITALY.	AUSTRIA.	TOTAL THEATRE.
Specific Diseases (continued).			
Diphtheria.	14 (1.39)	13 (4.51)	27 (2.07)
Dysentery. (included in Alimentary Diseases above.)	20 (1.98)	3 (1.04)	23 (1.76)
Diarrhoea, Enteritis and Food Poisoning. (included in Alimentary Diseases above.)	64 (6.34)	13 (4.51)	77 (5.89)
Infective Hepatitis. (included in Alimentary Diseases above.)	82 (8.13)	15 (5.20)	97 (7.43)
Enteric Group. (included in Alimentary Diseases above.)	1 (0.10)	- -	1 (0.08)
Ulcerative Gingivitis.	52 (5.15)	64 (22.19)	116 (8.88)
Malaria.	44 (4.36)	3 (1.04)	47 (3.60)
Smallpox.	1 (0.10)	- -	1 (0.08)
DEATHS.	22 (2.18)	11 (3.81)	33 (2.53)

K D P Dunlop Lt Col

for Brigadier, D.M.S.

HF/JB.

To :- The Commander-in-Chief,
General Headquarters, Central Mediterranean Force.

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

Ulcerative Gingivitis.	(5.15)	(22.19)	(6.66)
Malaria.	44 (4.36)	3 (1.04)	47 (3.60)
Smallpox.	1 (0.10)	-	1 (0.08)
DEATHS.	22 (2.18)	11 (3.81)	33 (2.53)

for Brigadier, D.M.S.

HF/JB.

To :- The Commander-in-Chief,
General Headquarters, Central Mediterranean Force.

Copy to : The Director of Hygiene, The War Office (AMD 5).
D.M.S., G.H.Q., M.E.F.
Surgeon, AFHQUSA.
DDsMS HQ B.T.A. } For distribution to ADsMS,
HQ 13 Corps. } OsC Medical Units and all
HQ 3 District. } Hygiene Officers.
AMMS HQ A.T.N.A. }
S.M.O. Air HQ, RAF, ITALY.
S.M.O. Fleet Officer, Italian Liaison.
Land Forces Sub-Commission, } Forwarded herewith 1 Copy
Allied Commission (MMLA), Rome. } for your information.
Colonel F.S. Gillespie, British Medical Liaison Officer,
Medical Field Service School, Carlisle, Pennsylvania, U.S.A.

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

RECEIVED 16 MAY 1946 MED.

Subject :- HEALTH STATE - MARCH 1946. British Army (Males only).

1. Figures represent cases admitted to hospitals, plus discharges and deaths from other medical units. Cases treated solely in unit lines (R.I.Rooms & RAPs) are not included.

2. Bracketed figures below each entry.- Equivalent Annual Ratio.

	ITALY.	AUSTRIA.	GREECE.	TOTAL THEATRE
Strength :-	142395	39108	39602	222572
ADMISSIONS - all causes.	5771 (477.18)	2166 (652.11)	2242 (666.58)	10246 (542.02)
" - Sickness only	5184 (428.64)	1950 (587.08)	2103 (625.25)	9301 (492.03)
" - Injuries only	587 (48.54)	216 (65.03)	139 (41.33)	945 (49.99)
AVERAGE CONSTANTLY SICK Ratio per 1000 troops.	2983 (20.95)	1044 (26.70)	957 (24.17)	5014 (22.53)
DISEASE GROUPS.				
Alimentary Diseases.	165 (13.64)	37 (11.14)	70 (20.81)	272 (14.39)
Respiratory Diseases. (including Common Cold)	1032 (85.33)	454 (136.68)	502 (149.25)	1995 (105.54)
Nervous Diseases.	2 (0.17)	2 (0.60)	- -	4 (0.21)
Mental Diseases.	60 (4.96)	24 (7.23)	23 (6.84)	109 (5.77)
Venereal Diseases	1890 (156.28)	522 (157.16)	535 (159.06)	2975 (157.38)

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

DISEASE GROUPS.				
Alimentary Diseases.	165 (13.64)	37 (11.14)	70 (20.81)	272 (14.39)
Respiratory Diseases. (including Common Cold)	1032 (85.33)	454 (136.68)	502 (149.25)	1995 (105.54)
Nervous Diseases.	2 (0.17)	2 (0.60)	- -	4 (0.21)
Mental Diseases.	60 (4.96)	24 (7.23)	23 (6.84)	109 (5.77)
Venereal Diseases	1890 (156.28)	522 (157.16)	535 (159.06)	2975 (157.38)
ALL SKIN Diseases. (including Scabies)	770 (63.67)	282 (84.90)	261 (77.60)	1316 (69.62)
SPECIFIC DISEASES.				
Scabies (incl. in All Skin Diseases above).	220 (18.19)	34 (10.24)	17 (5.05)	272 (14.39)
Common Cold } included in	246 (20.34)	104 (31.31)	159 (47.27)	509 (26.93)
Tonsillitis & Pharyngitis } Respiratory Diseases	542 (44.82)	242 (72.86)	205 (60.95)	996 (52.69)
Influenza } above.	15 (1.24)	40 (12.04)	9 (2.68)	64 (3.39)
Pneumonia }	150 (12.40)	18 (5.42)	86 (25.57)	254 (13.44)

4476

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

		ITALY.	AUSTRIA.	GREECE.	TOTAL THEATRE.
SPECIFIC DISEASES (continued).					
Diphtheria.		17 (1.41)	15 (4.52)	3 (0.89)	35 (1.85)
Dysentery.	included in	9 (0.74)	5 (1.51)	9 (2.68)	23 (1.22)
Diarrhoea, Enteritis and Food Poisoning.	Alimentary	70 (5.79)	13 (3.91)	23 (6.84)	106 (5.61)
Infective Hepatitis.	Diseases	85 (7.03)	19 (5.72)	38 (11.30)	142 (7.51)
Enteric Group.	above.	- - -	- - -	- - -	- - -
Ulcerative Gingivitis.		53 (4.38)	84 (25.29)	46 (13.68)	190 (10.05)
Malaria		56 (4.63)	3 (0.90)	48 (14.27)	108 (5.71)
DEATHS.		21 (1.74)	8 (2.41)	10 (2.97)	39 (2.06)

Medical Branch
Land Forces Sub Commission
A.C. (MMIA)
Seen
DMS
Capt
Film Ref ..... MIC/UES.
Date Received 16 MAY 1946

H. Franks, Major
for Brigadier, D.M.S.

HF/ESP.

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

DEATHS.	21 (1.74)	8 (2.41)	10 (2.97)	39 (2.06)

Medical Branch
Land Forces Sub Commission
A.C (MMIA)
Seen
D.M.S.
Capt.
File No. M/8/4er.
Date Received 16 MAY 1946

H Franks, Major
for Brigadier, D.M.S.

HF/ESP.

To :- The Commander-in-Chief,
General Headquarters, Central Mediterranean Force.

Copy to :- The Director of Hygiene, The War Office (AMD 5).

D.M.S., G.H.Q., M.E.F.
Surgeon, ETOUSA.

DDsMS HQ B.T.A.
HQ 13 CORPS.
HQ 3 DISTRICT.
HQ LF GREECE.
ADMS HQ A.T.N.A.
} For distribution to ADsMS, OsC Medical Units and all Hygiene Officers.

S.M.O. Air HQ, RAF, ITALY.
S.M.O. Fleet Officer, Italian Liaison.

Land Forces Sub-Commission,
Allied Commission (MMIA), ROME.
} Forwarded herewith 1 Copy for your information.

Colonel F.S.Gillespie, British Medical Liaison Officer,
Medical Field Service School, Carlisle, Pennsylvania, U.S.A.

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

Med.

HEALTH STATE - FEBRUARY. 1946 British Army (Males only).

1. Figures represent cases admitted to hospitals, plus discharges and deaths from Other Medical Units. Cases treated solely in unit lines (M.I. Rooms, RAPs) are not included.
2. Bracketed figures below each entry - Equivalent Annual Ratio per 1000

	ITALY.	AUSTRIA.	GREECE.	TOTAL.
Strength :-	165827	44609	41006	253680
Admissions - all causes	7415 (582.89)	2314 (676.20)	1604 (509.91)	11414 (586.52)
Sickness	6731 (529.12)	2058 (601.39)	1487 (472.72)	10348 (531.74)
Injuries	684 (53.77)	256 (74.81)	117 (37.19)	1066 (54.78)
Average constantly sick. Ratio per 1000 Troops.	3526 (21.26)	1288 (28.87)	829 (20.22)	5682 (22.40)
DISEASE GROUPS.				
Alimentary Diseases.	219 (17.22)	30 (8.77)	83 (26.39)	334 (17.16)
Respiratory Diseases (incl. Common Cold).	1745 (137.17)	628 (183.51)	244 (77.57)	2624 (134.84
Nervous Diseases	2 (0.16)	- -	1 (0.32)	3 (0.15)
Mental Diseases	75 (5.90)	54 (15.78)	38 (12.08)	168 (8.63)
Venereal Diseases	1834 (144.17)	379 (110.75)	386 (122.71)	2624 (134.84)
All Skin Diseases	1116 (87.73)	332 (97.02)	189 (60.08)	1639 (84.22)
SPECIFIC DISEASES.				
Scabies (incl. in ALL SKIN				

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

		(17.22)	(8.77)	(26.59)	(17.16)
Respiratory Diseases (incl. Common Cold).		1745 (137.17)	628 (183.51)	244 (77.57)	2624 (134.84
Nervous Diseases		2 (0.16)	- -	1 (0.32)	3 (0.15)
Mental Diseases		75 (5.90)	54 (15.78)	38 (12.08)	168 (8.63)
Venereal Diseases		1834 (144.17)	379 (110.75)	386 (122.71)	2624 (134.84)
All Skin Diseases		1116 (87.73)	332 (97.02)	189 (60.08)	1639 (84.22)
SPECIFIC DISEASES.					
Scabies (incl. in ALL SKIN above)		270 (21.22)	54 (15.78)	14 (4.45)	339 (17.42)
Common Cold	incl. in Respiratory Diseases above	775 (60.92)	149 (43.54)	65 (20.66)	989 (50.82)
Tonsillitis and Pharyngitis.		658 (51.73)	319 (93.22)	101 (32.11)	1083 (55.65)
Influenza.		62 (4.88)	90 (26.30)	11 (3.50)	163 (8.38)
Pneumonia.		112 (8.80)	17 (4.97)	35 (11.13)	164 (8.43)
Diphtheria.		20 (1.57)	20 (5.84)	- -	40 (2.06)
Dysentery	incl. in Alim. Diseases	17 (1.34)	2 (0.58)	3 (0.95)	23 (1.18)
Diarrhoea, Enteritis & Food Poisoning.		82 (6.45)	8 (2.33)	28 (8.90)	118 (6.06)

4475

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

	ITALY.	AUSTRIA.	GREECE.	TOTAL.
Infective Hepatitis.	incl. 115 in Alim. Dis- eases above (9.04)	16 (4.68	53 (16.85)	185 (9.51)
Enteric Group	1 (0.08)	3 (0.88)	- -	4 (0.21)
Ulcerative Gingivitis.	78 (6.13)	107 (31.27)	23 (7.31)	222 (11.41)
Malaria.	64 (5.03)	5 (1.46)	18 (5.72)	87 (4.47)
Sandfly Fever.	1 (0.08)	- -	- -	1 (0.05)
Smallpox.	1 (0.08)	- -	- -	1 (0.05)
DEATHS.	18 (1.41)	5 (1.46)	3 (0.95)	29 (1.49)

HF/SWN.

for Brigadier, D.M.S.

To:- C-in-C,
G.H.Q., C.M.F.

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

Smallpox.	1 (0.08)	- -	- -	1 (0.05)
DEATHS.	18 (1.41)	5 (1.46)	3 (0.96)	29 (1.49)

HF/SWN.

H. Travis Mayo
Brigadier, D.M.S.

To:- C-in-C,
G.H.Q., C.M.F.

Copy to:- The D. of M., The War Office (AMD 5).
D.M.S., G.H.Q., M.E.F.
Surgeon, MTOUSA.
D.D.M.S. HQ. B.T.A.
D.D.M.S. HQ. 13 Corps.
D.D.M.S. HQ. 2 District.
D.D.M.S. HQ. 5 District.
D.D.M.S. HQ. L.F. Greece.
A.D.M.S. HQ. A.T.N.A.
} For Distribution to A. Ds. MS. Os.C. Medical Units & Hygiene Officers.

S.M.O. Air HQ, R.A.F. Italy.
S.M.O. Fleet Officer, Italian Liaison.
Land Forces Sub-Commission
A.C. (MMLA) ROME.
} Forwarded herewith 1 Copy for your information.

Colonel F.S. Gillespie,
British Medical Liaison Officer,
Medical Field Service School,
Carlisle Pennsylvania, U.S.A.

Declassified E.O. 12356 Section 3.3/NND No. 785120

HEALTH STATE - FEBRUARY. 1946 British Army (Males only).

1. Figures represent cases admitted to hospitals, plus discharges and deaths from Other Medical Units. Cases treated solely in unit lines (M.I. Rooms, RAPs) are not included.
2. Bracketed figures below each entry - Equivalent Annual Ratio per 1000

	ITALY.	AUSTRIA.	GREECE.	TOTAL.
Strength :-	165827	44609	41006	253680
Admissions - all causes	7415 (582.89)	2314 (676.20)	1604 (509.91)	11414 (586.52)
Sickness	6731 (529.12)	2058 (601.39)	1487 (472.72)	10348 (531.74)
Injuries	684 (53.77)	256 (74.81)	117 (37.19)	1066 (54.78)
Average constantly sick. Ratio per 1000 Troops.	3526 (21.26)	1288 (28.87)	829 (20.22)	5682 (22.40)
DISEASE GROUPS.				
Alimentary Diseases.	219 (17.22)	30 (8.77)	83 (26.39)	334 (17.16)
Respiratory Diseases (incl. Common Cold).	1745 (137.17)	628 (183.51)	244 (77.57)	2624 (134.84
Nervous Diseases	2 (0.16)	- -	1 (0.32)	3 (0.15)
Mental Diseases	75 (5.90)	54 (15.78)	38 (12.08)	168 (8.63)
Venereal Diseases	1834 (144.17)	379 (110.75)	386 (122.71)	2624 (134.84)
All Skin Diseases	1116 (87.73)	332 (97.02)	189 (60.08)	1639 (84.22)
SPECIFIC DISEASES.				

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

		(17.22)	(8.77)	(26.59)	(17.15)
Respiratory Diseases (incl. Common Cold).		1745 (137.17)	628 (183.51)	244 (77.57)	2624 (134.84)
Nervous Diseases		2 (0.16)	- -	1 (0.32)	3 (0.15)
Mental Diseases		75 (5.90)	54 (15.78)	38 (12.08)	168 (8.63)
Venereal Diseases		1834 (144.17)	379 (110.75)	386 (122.71)	2624 (134.84)
All Skin Diseases		1116 (87.73)	332 (97.02)	189 (60.08)	1639 (84.22)
SPECIFIC DISEASES.					
Scabies (incl. in ALL SKIN above)		270 (21.22)	54 (15.78)	14 (4.45)	339 (17.42)
Common Cold	incl. in Respirato-	775 (60.92)	149 (43.54)	65 (20.66)	989 (50.82)
Tonsillitis and Pharyngitis.	Diseases above	658 (51.73)	319 (93.22)	101 (32.11) 4414	1083 (55.65)
Influenza.		62 (4.88)	90 (26.30)	11 (3.50)	163 (8.38)
Pneumonia		112 (8.80)	17 (4.97)	35 (11.13)	164 (8.43)
Diphtheria.		20 (1.57)	20 (5.84)	- -	40 (2.06)
Dysentery	incl. in Alim.	17 (1.34)	2 (0.58)	3 (0.95)	23 (1.18)
Diarrhoea, Enteritis & Food Poisoning.	Diseases	82 (6.45)	8 (2.33)	28 (8.90)	118 (6.06)

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

	ITALY.	AUSTRIA.	GREECE.	TOTAL.
Infective Hepatitis.	incl. 115 in (9.04)	16 (4.68)	53 (16.85)	185 (9.51)
Enteric Group — Alim. Dis-eases above	1 (0.08)	3 (0.88)	- -	4 (0.21)
Ulcerative Gingivitis.	78 (6.13)	107 (31.27)	23 (7.31)	222 (11.41)
Malaria.	64 (5.03)	5 (1.46)	18 (5.72)	87 (4.47)
Sandfly Fever.	1 (0.08)	- -	- -	1 (0.05)
Smallpox.	1 (0.08)	- -	- -	1 (0.05)
DEATHS.	18 (1.41)	5 (1.46)	3 (0.95)	29 (1.49)

Medical Branch
Land Forces Sub Comm... ...
A. C. (MAMIA)
Secn.

D/ADMS
S/Capt
HF/SWN. File Ref 14/8/425
Date Received 30 APR 1946

To:- C-in-C,
G.H.Q., C.M.F.

RECEIVED 30 APR 1946
G.H.Q.

Brigadier, D.M.S.

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

	(0.08)	-	-	(0.05)
Smallpox.	1 (0.08)	- -	- -	1 (0.05)
DEATHS.	18 (1.41)	5 (1.46)	3 (0.95)	29 (1.49)

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

RECEIVED 30 APR 1946
6248.

D/ADMS
S/Capt
HF/SWN.
File Ref M/8/1425
Date Received 30 APR 1946

Brigadier, D.M.S.

To:- C-in-C,
G.H.Q., C.M.F.

Copy to:- The D. of H., The War Office (AMD 5).
D.M.S., G.H.Q., M.E.F.
Surgeon, MTOUSA.
D.D.M.S. HQ. B.T.A.
D.D.M.S. HQ. 13 Corps.
D.D.M.S. HQ. 2 District.
D.D.M.S. HQ. 3 District.
D.D.M.S. HQ. L.F. Greece.
A.D.M.S. HQ. A.T.N.A.
} For Distribution to A. Ds. MS. Os.C. Medical Units & Hygiene Officers.

S.M.O. Air HQ, R.A.F. Italy.
S.M.O. Fleet Officer, Italian Liaison.
Land Forces Sub-Commission A.C. (MMIA) ROME.
} Forwarded herewith 1 Copy for your information.

Colonel F.S. Gillespie,
British Medical Liaison Officer,
Medical Field Service School,
Carlisle Pennsylvania, U.S.A.

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

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

HEALTH STATE - JANUARY 1946. (British Army (Male only)

1. Column (1) refers to British Army (Males) under each heading.
2. Column (2) refers to ALL Troops under each heading.
3. Figures represent cases submitted to hospitals plus discharge and de other Medical Units. Cases treated solely in unit lines (M.I. ro are not included.
4. Bracketed figure below each entry = Equivalent Annual Ratio per 1,00

	Italy & Austria.		Greece.		North Africa.	
Strength (1. British (Males)	221,751		34,294		1904	
Strength (2. ALL Troops.	516,340		40,291		7097	
	(1)	(2)	(1)	(2)	(1)	(2)
Admissions - All causes.	11537 (612.57)	23654 (539.39)	2045 (701.43)	2451 (716.25)	74 (457.61)	14 (24
Sickness.	10475 (556.18)	21960 (500.76)	1798 (617.31)	2132 (623.03)	69 (426.69)	14 (23
Injuries.	1062 (56.39)	1694 (38.63)	245 (84.12)	319 (93.22)	5 (30.92)	(1
Average constantly sick. Ratio per 1,000 troops.	5670 (25.57)	Not available.	705 (20.56)	Not available.	37 (19.43)	No avai
Disease Groups:						
Alimentary Diseases.	308 (16.35)	808 (18.43)	78 (26.78)	97 (28.35)	3 (18.55)	(
Respiratory Diseases (incl. Common Cold).	2398 (127.32)	3743 (85.35)	288 (98.88)	332 (97.02)	15 (92.76)	(
Nervous Diseases.	2 (0.11)	29 (0.43)	-	-	-	

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

MARY* 1946. (British Army (Male only) and ALL Troops.

rmy (Males) under each heading.
e under each heading.
ted to hospitals plus discharge and deaths from
treated solely in unit lines (M.I. rooms, RAPs)

ary = Equivalent Annual Ratio per 1,000.

Red

RECEIVED 5275 APR 19 1946

Medical Branch
Land Forces Sub Commission
A C I
Seen
ADMS
(S)
FIELD
MH/356.
15 APR 1946

Greece.		North Africa.		TOTAL.	
34,294 40,291		1904 7097		257,949 563,728.	
(1)	(2)	(1)	(2)	(1)	(2)
2043 (701.43)	2451 (716.25)	74 (457.61)	149 (247.20)	13654 (623.23)	26254 (548.34)
1798 (617.31)	2132 (623.03)	69 (426.69)	141 (233.92)	12342 (563.35)	24233 (506.13)
245 (84.12)	319 (93.22)	5 (30.92)	8 (13.27)	1312 (59.89)	2021 (42.21)
705 (20.56)	Not available.	37 (19.43)	Not available.	5712 (22.14)	Not available.
78 (26.78)	97 (28.35)	3 (18.55)	4 (6.64)	389 (17.76)	909 (18.98)
283 (98.88)	332 (97.02)	15 (92.76)	17 (28.20)	2701 (123.29	4092 (85.47)
–	–	–	–	2 (0.09)	29 (0.61)
–	–	–	–		

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

	Italy and Austria.		Greece.		North A
	(1)	(2)	(1)	(2)	(1)
Mental Diseases.	94 (4.99)	274 (6.25)	33 (11.33)	39 (11.40)	1 (6.18)
Venereal Diseases.	2479 (131.62)	5551 (126.58)	426 (146.95)	482 (140.85)	25 (154.60)
ALL Skin Diseases (including Scabies).	1645 (87.34)	4439 (101.22)	282 (96.82)	292 (85.33)	- -
Scabies (included in All Skin above).	401 (21.29)	1753 (39.97)	16 (5.49)	16 (4.68)	- -
Common Cold. (included in Respiratory Diseases above.)	771 (39.63)	1309 (29.85)	84 (28.84)	103 (30.10)	1 (6.18)
Tonsilitis & Pharyngitis. (included in Respiratory Diseases above.)	1115 (59.20)	1609 (36.69)	159 (54.59)	177 (51.72)	12 (74.21)
Influenza.	95 (5.04)	258 (5.88)	1 (0.34)	1 (0.29)	0 0
Pneumonia.	181 (9.61)	248 (5.66)	38 (13.05)	40 (11.69)	0 0
Dysentery. (included in Alimentary Diseases above)	18 (0.96)	172 (3.92)	6 (2.06)	9 (2.63)	0 0
Diarrhoea, Enteritis & Food Poisoning. (included in Alimentary Diseases above)	90 (4.78)	240 (5.47)	17 (5.84)	21 (6.14)	2 (12.37)
Infective Hepatitis.	178 (9.45)	260 (5.93)	52 (17.85)	64 18.70)	1 (6.18)

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

Greece.		North Africa.		TOTAL.	
(1)	(2)	(1)	(2)	(1)	(2)
33 (11.33)	39 (11.40)	1 (6.18)	1 (1.66)	128 (5.84)	314 (6.56)
426 (146.95)	482 (140.85)	25 (154.60)	74 (122.77)	2932 (133.83)	6107 (127.55)
282 (96.82)	292 (85.33)	– –	– –	1928 (88.00)	4731 (98.81)
16 (5.49)	16 (4.68)	– –	– –	417 (19.03)	1769 (36.95)
84 (28.84)	103 (30.10)	1 (6.18)	2 (3.32)	856 (39.07)	1414 (29.53)
159 (54.59)	177 (51.72)	12 (74.21)	13 (21.57)	1286 (58.70)	1799 (37.57)
1 (0.34)	1 (0.29)	0 0	0 0	96 (4.38)	259 (5.41)
38 (13.05)	40 (11.69)	0 0	0 0	219 (10.00)	288 (6.01)
6 (2.06)	9 (2.63)	0 0	0 0	24 (1.10)	181 (3.78)
17 (5.84)	21 (6.14)	2 (12.37)	3 (4.98)	109 (4.98)	264 (5.51)
52 (17.85)	64 18.70)	1 (6.18)	1 (1.66)	231 (10.54)	325 (6.79)

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

	Italy and Austria. (1)	Italy and Austria. (2)	Greece. (1)	Greece. (2)	North (1)
Enteric Group)included in)Alimentary Diseases)above.	16 (0.85)	26 (0.59)	3 (1.03)	3 (0.88)	- -
Diphtheria.	37 (1.96)	63 (1.44)	3 (1.03)	3 (0.88)	0 0
Ulcerative Gingivitis.	272 (14.44)	310 (7.07)	19 (6.52)	22 (6.43)	7 (43.29)
Malaria.	80 (4.25)	132 (3.01)	12 (4.12)	21 (6.14)	- -
Sandfly Fever.	- -	3 (0.07)	- -	- -	- -
Poliomyelitis.	- -	6 (0.14)	- -	- -	- -
DEATHS.	35 (1.86)	75 (1.71)	4 (1.37)	4 (1.17)	- -

+ Numbers and Ratios of Diseases are not strictly comparable with the figures giv December 1945. In certain diseases, particularly those of the Alimentary and R and Skin, minor cases are treated in Unit lines without admission to a medical u included in returns for the last six months of 1945 have now been excluded, to instructions, as no loss of manpower is involved.

TY/EER.

Distribution over...

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

	Greece.		North Africa.		TOTAL.	
	(1)	(2)	(1)	(2)	(1)	(2)
9)	3 (1.03)	3 (0.88)	- -	- -	19 (0.67)	29 (0.61)
4)	3 (1.03)	3 (0.88)	0 0	0 0	40 (1.03)	66 (1.38)
7)	19 (6.52)	22 (6.43)	7 (43.29)	8 (19.27)	298 (15.60)	340 (7.10)
1)	12 (4.12)	21 (6.14)	- -	- -	92 (4.20)	153 (3.20)
7)	- -	- -	- -	- -	- -	3 (0.06)
4)	- -	- -	- -	- -	- -	6 (0.12)
)	4 (1.37)	4 (1.17)	- -	1 (1.66)	39 (1.78)	80 (1.67)

strictly comparable with the figures given in the report for particularly those of the Alimentary and Respiratory Systems, nit lines without admission to a medical unit. Such cases nths of 1945 have now been excluded, to comply with War Office involved.

H. [illegible] Major

BRIGADIER, D.M.S.

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

To:- C-in-C,
G.H.Q., C.M.F.

Copy to:- The D. of H., the War Office (AMD 5).
D.M.S., G.H.Q., M.E.F.
Surgeon, MTOUSA.
D.D.M.S. HQ. E.T.A. }
D.D.M.S. HQ. 13 Corps. } For Distribution
D.D.M.S. HQ. 2 District. } to A.De.MS. Os.C.
D.D.M.S. HQ. 3 District. } Medical Units &
D.D.M.S. HQ. L.F. Greece. } Hygiene Officers.
A.D.M.S. HQ. B.T.N.A. }
S.M.O. Air HQ, R.A.F. Italy.
S.M.O. M.C.I.L.
Land Forces Sub-Commission } Forwarded herewith 1 Copy
A.C. (MMIA) ROME. } for your information.

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

Land Forces Sub Commission
A. C. (MMIA)

Seen
c. DMS

A.D.M.S., H/Capt
Land Forces
Sub Committee,
AG(MMIA) Rotary

File Ref M 8 176
Received 21st. Feb 46

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

TO:

RECEIVED 21 FEB 1946
199 [DAY]

Forwarded with the compliments of Brigadier Paul Wood, Consulting Physician, G.H.Q., C.M.F.

44

MEMORANDUM TO PHYSICIANS NO. 3.

19. EARLY DIAGNOSIS OF INFECTIVE HEPATITIS.

It is probable that patients with infective hepatitis transmit the disease in the pre-icteric febrile phase. There is evidence that the virus is excreted in the urine and faeces.

If the diagnosis could be made with more assurance in the pre-icteric phase therefore better control of the disease might be established. Three simple tests may help in this respect :

(1) Methylene-blue test (Gellis S.S. and Stokes J.: J.A.M.A. 1945, 128,782)

To 5 c.c's of an early morning specimen of urine add slowly, drop by drop, a 0.2% aqueous solution of methylene-blue and count the number of drops required to change the resulting colour from green to blue. If more than four drops is necessary the test is positive.

The green colour is probably due to simple mixing of methylene-blue with yellow urinary pigments; when the test is positive however a new green compound may be formed as a result of the interaction of bilirubin and methylene-blue. Whatever the correct explanation, in practice the test indicates significant bilirubinuria. It may be positive 1 - 6 days before recognizable icterus, and appears to be considerably more sensitive than the iodine test.

(2) The White Count

In the pre-icteric stage of infective hepatitis there is usually a reduction of polymorphs. Several experienced clinical pathologists have also drawn attention to the presence of atypical lymphocytes or plasma cells which appear to be characteristic of the disease.

(3) The E.S.R.

The erythocyte sedimentation rate is retarded in jaundice and is usually well below 10 in the first ten days of the illness.

20. HEPATIC FAILURE IN INFECTIVE HEPATITIS.

An analysis has been made from the death documents of a series of 28 cases of hepatic failure consequential to infective hepatitis (25 cases), "surgical jaundice" (2) ... to be malignant ... jaundice (1) ... which have ...

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

icterus, and appears to be considerably more sensitive than the iodine test.

(2) The White Count

In the pre-icteric stage of infective hepatitis there is usually a reduction of polymorphs. Several experienced clinical pathologists have also drawn attention to the presence of atypical lymphocytes or plasma cells which appear to be characteristic of the disease.

(3) The E.S.R.

The erythocyte sedimentation rate is retarded in jaundice and is usually well below 10 in the first ten days of the illness.

20. HEPATIC FAILURE IN INFECTIVE HEPATITIS.

An analysis has been made from the death documents of a series of 28 cases of hepatic failure consequential to infective hepatitis (25 cases), "arsenical jaundice" (2), or to homologous serum jaundice (1) which have occurred in the C.M.F. in recent months.

The shortest number of days between the onset of the disease and death was 4, the longest 58, the average 17.5; the mean may be assessed by giving the actual figures : 4,5,5,7,7,7,7,9,9,9,10,10,11,12,12,13,13,13,16,21,24,30,31,32,34, 36,58. It will be seen that the greatest danger period lies between the ends of the first and second week.

Only one was a clear cut relapse; in all the others it was apparently the first attack.

The onset and early behaviour of the disease gave no indication of the grave prognosis. Fever was no more conspicuous in degree or duration than in ordinary cases; early vomiting occurred in 13 and was absent in 15; subjective symptoms were not extraordinary.

Special features did develop however prior to the onset of coma or coincident with it. These will be considered in detail.

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

1. Jaundice.

This became unusually deep in 16, moderate in 8, and remained slight in 4. The amount of bile in the urine was roughly parallel to the degree of jaundice. The icteric index and serum bilirubin, when measured, was in harmony. In two cases in which jaundice was slight, bilirubin, urobilinogen, and bile salts could not be detected in the urine even in the late stage.

Thus while deep jaundice is the rule it is by no means essential to the diagnosis of hepatic failure.

2. Size of Liver.

In the early stage the liver was normal in size in 15, slightly enlarged in 10, moderately enlarged in 3 and apparently smaller than normal in one case.

During the week prior to hepatic failure it was normal in size in 20, slightly enlarged in 6 and reduced in 2.

During the stage of hepatic failure it was invariably impalpable and reduced in size by percussion. In 9 cases the words "much", "considerably", or "greatly", qualified the reduction.

It may be comforting to know therefore that if the liver is considerably enlarged there is little immediate danger; that so long as it remains palpable the patient is safe.

Grave danger is attached to increasing jaundice when the liver is getting smaller.

3. Urine.

In the earlier stages there was usually nothing significant in the urine other than bile. During or shortly before the development of hepatic failure however albuminuria was found in 12, granular or epithelial casts in 7 and red cells in 6. Neither leucin nor tyrosin crystals were seen. In 9 cases the urine remained strictly normal to the end (apart from bile).

4. Vomiting.

Early vomiting was not conspicuous as already stated. Shortly before the development of hepatic failure however it was present in all but 3 cases. In 12 it was slight, in 9 moderate and in 4 considerable or gross.

Lack of vomiting does not therefore preclude the development of

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

the patient is sure.

Grave danger is attached to increasing jaundice when the liver is getting smaller.

3. Urine.

In the earlier stages there was usually nothing significant in the urine other than bile. During or shortly before the development of hepatic failure however albuminuria was found in 12, granular or epithelial casts in 7 and red cells in 6. Neither leucin nor tyrosin crystals were seen. In 9 cases the urine remained strictly normal to the end (apart from bile).

4. Vomiting.

Early vomiting was not conspicuous as already stated. Shortly before the development of hepatic failure however it was present in all but 3 cases. In 12 it was slight, in 9 moderate and in 4 considerable or gross.

Lack of vomiting does not therefore preclude the development of hepatic failure; on the other hand persistent or increasing vomiting should arouse suspicion. Cases which vomit considerably may gain in the long run by forcing the hand of the medical officer into the earlier administration of intravenous glucose-saline.

5. The White Count.

Prior to hepatic failure this was usually stated to be normal. On the supervention of hepatic failure however polymorphonuclear leucocytosis occurred in 12 out of 18 cases in which the white cells were counted at this stage. Raised Total Counts ranged between 12,500 and 31,000, with differentials showing 74% - 91% polymorphs.

This leucocytosis did not depend upon haemoconcentration or was disproportional to it when that was demonstrated; nor was it necessarily associated with secondary pyogenic infection, although this was found at autopsy in 4 cases.

The timing of these white counts was such as to give little indication whether leucocytosis usually precedes hepatic failure or whether it is only found when the patient is already comatose. Further light on this question would be appreciated.

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

6. Haemorrhages.

Vomiting of coffee ground material or of more obvious altered blood occurred in 8, petechiae or purpura in 3, epistaxis in 2, haemoptysis in 1, subarachnoid haemorrhage in 1, and bleeding from an operation wound in 1. Such haemorrhages were usually late but sometimes preceded recognizable hepatic failure. Autopsy was carried out by specialist or graded pathologists in 16 cases. Petechial haemorrhages, usually plentiful, were found in the mesentery (8), epicardium (7), pleura (4) and in the endocardium (2). Mucosal haemorrhages in the gut were common and altered blood was found in the stomach in 12. Circumscribed haemorrhagic zones in the lungs were noted in 6 cases and milder intrapulmonary haemorrhage in 2 others.

7. Psychiatric Features.

Odd, confused or mildly manic, behaviour was the first sign of impending disaster in at least 13 cases.

Simple drowsiness without obvious confusion or mania was noted in 2. Notes regarding the psychiatric state prior to delirium or coma were inadequate in the remainder.

The first psychiatric signs are often overlooked or misinterpreted, yet they are highly characteristic. The patient becomes sullen, obstinate, aggresive, resentful, obnoxious or obscene; his language may be offensive; his ideas are confused and he may suffer from delusions. Sometimes his actions are more suggestive than his words; he gets out of bed when he shouldn't and wanders around the ward; told to return, he may do so quietly only to get up again a few minutes later, or he may resist strongly. The great majority pass through this relatively minor psychotic phase before developing frank mania with biting, screaming, shouting and struggling, or before lapsing into restless coma.

Simple drowsiness passing into quiet coma is extremely rare and notes asserting this are suspected of being incomplete.

Frank mania, preceding coma, was recorded in 17 cases and was said to be absent in 2. The notes were inadequate on the point in the remainder.

Death followed the recorded onset of psychotic symptoms or simple drowsiness in 10 hours to 5 - 7 days. The actual figures were as follows :-

10 - 12 hours 2 cases

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

The first psychiatric signs are often overlooked or misinterpreted, yet they are highly characteristic. The patient becomes sullen, obstinate, aggresive, resentful, obnoxious or obscene; his language may be offensive; his ideas are confused and he may suffer from delusions. Sometimes his actions are more suggestive than his words; he gets out of bed when he shouldn't and wanders around the ward; told to return, he may do so quietly only to get up again a few minutes later, or he may resist strongly. The great majority pass through this relatively minor psychotic phase before developing frank mania with biting, screaming, shouting and struggling, or before lapsing into restless coma.

Simple drowsiness passing into quiet coma is extremely rare and notes asserting this are suspected of being incomplete.

Frank mania, preceding coma, was recorded in 17 cases and was said to be absent in 2. The notes were inadequate on the point in the remainder.

Death followed the recorded onset of psychotic symptoms or simple drowsiness in 10 hours to 5 - 7 days. The actual figures were as follows :-

10 - 12	hours	2 cases.
24	hours	4 cases.
36	hours	6 cases.
48	hours	9 cases.
72	hours	3 cases.
5	days	2 cases.
5 - 7	days	2 cases.

4468

The average period was 48 hours, the mean 36 - 48 hours.

While practically every case received intravenous drip glucose-saline before the end only two were so treated at the beginning of the psychiatric disturbance and in one of these it was excessive vomiting and not the psychosis which determined the treatment. One of these cases survived for 3 days, the other for 5.

While it is not maintained that intravenous glucose saline will necessarily save life it is clear that all physicians give it as soon as they diagnose hepatic failure and it follows that the early psychosis to which attention is drawn is not sufficiently recognized as diagnostic of hepatic failure under the clinical circumstances.

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

8. Secondary Infection.

Lobar pneumonia at the stage of grey hepatisation was found at autopsy in 2 instances. Unspecified pneumonic was diagnosed clinically in Indians on 2 occasions but autopsy was not performed. Tonsillitis, facial boil, and pyelitis, all severe, each occurred once. The clinical course of the disease suggested that these infections were important contributory factors in the development of hepatic necrosis.

It is possible that intrapulmonary haemorrhage lays the foundations for secondary pneumonic infection in some instances and is the pathological lesion underlying clinical broncho-pneumonia in others. Haemoptysis occurred but once.

9. C.N.S. Signs.

During coma extensor plantar reflexes were recorded in 3 instances and the abdominal reflexes were sometimes absent. Twice, neck rigidity, a positive Kernig, and the posture of the patient suggested meningitis. Once there was a small subarachnoid haemorrhage, otherwise there was little to find. Muscular tone was variable; sometimes the limbs were flaccid and hypotonic, at others they were rigid or hypertonic, occasionally there were convulsions.

Lumbar puncture was performed in the majority but the C.S.F. was invariably normal except for the single case complicated by subarachnoid haemorrhage.

10. Fever.

The temperature was normal at the onset of hepatic failure in all cases but one, which died on the fourth day of the disease. A sharp terminal rise of temperature, once to 107° F., occurred in three instances.

11. Blood Urea.

This was measured in 10 instances and ranged between 11 and 95 in the stage of hepatic failure. The actual figures were : 11, 15, 20, 20, 41, 48, 50, 62, 70 and 95 mg.%.

12. Blood Sugar.

The blood sugar was only estimated once and was 70 mg.%. Readings prior to the administration of glucose-saline might be helpful, for the early

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

10. Fever.

The temperature was normal at the onset of hepatic failure in all cases but one, which died on the fourth day of the disease. A sharp terminal rise of temperature, once to 107° F., occurred in three instances.

11. Blood Urea.

This was measured in 10 instances and ranged between 11 and 95 in the stage of hepatic failure. The actual figures were : 11, 15, 20, 20, 41, 48, 50, 62, 70 and 95 mg.%.

12. Blood Sugar.

The blood sugar was only estimated once and was 70 mg.%. Readings prior to the administration of glucose-saline might be helpful, for the early psychiatric disorder is not unlike that sometimes associated with hypoglycaemia.

13. Weil's Disease.

Cases labelled infective hepatitis, but in which Weil's disease was not really eliminated, have been excluded from this analysis.

Conclusions

The clinical features of hepatic failure from necrosis of the liver complicating infective hepatitis in the C.M.F. conform closely to the text-book description (Price 1941, p.696).

Attention is drawn however to the frequency of coffee ground vomit, to the danger of intercurrent infection in infective hepatitis, to terminal leucocytosis, and especially to the psychiatric behaviour.

Persistent vomiting, haemorrhages, significant albuminuria and urinary casts, and especially increasing jaundice with diminishing size of liver, appear to be the best clinical warnings of impending disaster. Death is likely to follow the first psychiatric change very swiftly.

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

Further information on intrapulmonary haemorrhage and its relationship to pneumonia complicating infective hepatitis, on the significance of albuminuria and urinary casts, on the terminal leucocytosis, and on the behaviour of the blood sugar, would be appreciated.

Intravenous glucose-saline should be given by the drip method, 4 - 5 pints daily, on the first suspicion of impending hepatic failure. Once the manic phase has developed intravenous therapy is practically impossible.

21. CLINICAL MALARIA.

During the months of July - September, 1945 the incidence of clinical malaria in hospitals of 600 or more beds varied between 0 and 32.4%. Officers i/c Medical Divisions or their equivalents should have no difficulty in keeping this figure under 10%. Higher figures are a reflection on the diagnostic set-up of the hospital or on the clinical judgment of the physician. No risk of course, must be incurred, but one hospital for example, has had a malarial death rate of NIL, with a clinical malarial incidence of 0.6%, over three seasons - for 2162 direct malarial admissions; again there is no parallel between the incidence of clinical malaria and the total number of cases treated by the hospital concerned; in the season under consideration the hospital with the largest intake of malaria had a clinical malaria incidence of 3%.

22. PURPURIC CONTACT DERMATITIS.

Capt. Savage, 48 (Br) General Hospital, has drawn attention to rare cases of purpuric rashes which appear to be associated with a mild contact dermatitis. Lt.Col. Hillier reports on large numbers of such cases which occurred in the B.L.A. estimated at several thousand. The area of skin involved was of shirt-distribution. The B.L.A. was the first force sent overseas with shirts impregnated with D.D.T. Investigations so far, however, had failed to incriminate D.D.T. Observations on any cases occurring in this theatre would be appreciated.

23. BRONCHOSCOPY.

Cases requiring bronchoscopy, as an essential diagnostic measure effecting disposal, may be sent to 92 (Br) General Hospital, NAPLES, if local arrangements cannot be made.

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

22. PURPURIC CONTACT DERMATITIS.

Capt. Savage, 48 (Br) General Hospital, has drawn attention to rare cases of purpuric rashes which appear to be associated with a mild contact dermatitis. Lt.Col. Hillier reports on large numbers of such cases which occurred in the B.L.A. estimated at several thousand. The area of skin involved was of shirt-distribution. The B.L.A. was the first force sent overseas with shirts impregnated with D.D.T. Investigations so far, however, had failed to incriminate D.D.T. Observations on any cases occurring in this theatre would be appreciated.

23. BRONCHOSCOPY.

Cases requiring bronchoscopy, as an essential diagnostic measure effecting disposal, may be sent to 92 (Br) General Hospital, NAPLES, if local arrangements cannot be made.

24. SMALL-POX.

As there are no special arrangements for the management of Small-pox cases, all medical divisions or departments should provide adequate facilities for isolation and care of the odd case which arises from time to time. Most, units have done this long ago, but one or two visited recently seemed to be in doubt about their responsibility.

25. CUTTING ADHESIONS IN T.B. CASES WITH ARTIFICIAL PNEUMOTHORAX.

Facilities for this procedure are not available in the C.M.F., such cases should be evacuated to the U.K. or elsewhere.

26. PSYCHIATRIC POWERS INVESTED IN PHYSICIANS.

There have been occasional misunderstandings concerning the extent of these powers. Officers i/c Medical Divisions, Medical Specialists, and Graded Physicians all have power to downgrade a psychiatric case to Cat. 'B.1.' without a psychiatric specialists report. They are further encouraged to treat the simple psychiatric cases - e.g. anxiety states, hysteria, and psychosomatic dysfunction themselves without reference to a psychiatrist. But they

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

cannot evacuate a case Cat.'D', nor downgrade to Cat.'C', or 'C.2', on psychiatric grounds; they must refer all cases of suspected or obvious psychosis and all Medico-legal cases to a psychiatrist, and they may refer any other case to a psychiatrist at their own discretion. Psychiatric personnel are limited in numbers, but are sufficient to serve the C.M.F. adequately if relieved of much simple work.

27. POSTINGS OF TRAINEES.

When a medical officer applies to be taken on as a trainee in medicine and is considered suitable, the common phraseology of the reply from G.H.Q. includes the words "and will be posted as such when a suitable vacancy occurs". This occasionally provokes a violent reaction at the hospital from which the trainee applies, and urgent letters are sometimes received from the O.C. hospital and from the Officer i/c Medical Division, to the effect that the trainee in question is the main-stay of the hospital and his posting viewed with the gravest concern.

Os.C. hospitals and Officers i/c Medical Divisions should understand that the words "posting as a trainee" do not necessarily mean posting away from the parent hospital. On the contrary, as far as is possible, new trainees in medicine will be left at their own hospitals.

28. INFANT FEEDING.

Inquiries have been received concerning infant feeding. Artificial foods in lieu of breast milk, e.g. Cow and Gate, full cream, half cream, and humanised, should be obtainable from E.F.I. It is expected that a directive on this subject will be issued in due course.

29. DRUG SUPPLIES.

There have been a number of complaints that this or that drug is unobtainable or in short supply. On checking these statements with holdings in command or base stores, it is customary to find there is little foundation for them. In future, therefore, when such difficulties are experienced, Officer i/c Medical Divisions, or their equivalents, should send full particulars to the Consulting Physician.

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

28. INFANT FEEDING.

Inquiries have been received concerning infant feeding. Artificial foods in lieu of breast milk, e.g. Cow and Gate, full cream, half cream, and humanised, should be obtainable from E.F.I. It is expected that a directive on this subject will be issued in due course.

29. DRUG SUPPLIES.

There have been a number of complaints that this or that drug is unobtainable or in short supply. On checking these statements with holdings in command or base stores, it is customary to find there is little foundation for them. In future, therefore, when such difficulties are experienced, Officer i/c Medical Divisions, or their equivalents, should send full particulars to the Consulting Physician.

Paul Wood.

12th February, 1946.
RV.

Paul Wood, Brigadier,
Consulting Physician.

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

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

Translation

From M.of W. Military Medical Journal. Ref. 56/G.

Date 4/2/46.

To M.M.I.A.

Subject Allotment of Printing Paper for the "Military Medical Journal.

We refer to your letter M/8/359I dated I3/I2/45.

We applied to the Min.of Industry and Commerce,further to the letter to which we reply,for a periodical supply of paper for the printing of the "Military Medical Journal" on the 4/I/46 our requset was forwarded for any action,to the " National Issue of Printing Paper to Daily Newspapers and Periodicals Commission" at the "National Newspaper Editors Union"in Via S.Nicolo Tolentino 2I,Rome.

The "National Newspaper Editors Union"after two meetings held last month,during the sitting on the 25 after having explained that printing paper in sheets(for publications that are printed on a flat machine)is no longer subject to"freezing" pointed out that the supply from the Central-Southern printing paper factory of this paper is barely I/6 of requirement and that therefore"at present there is actually no chance of being able to arrange rational supplies or in any case not the amount corresponding to the requset."

Periodicals that are printed on flat machines will,therefore,supply themselves directly from the open market w.e.f. I/2/46.

The above is to inform you of the result of the request received from you.

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

Seen

DAK DADMS S.Fadda. 4466

S/Capt

File Ref M/8/128

Date Received 6 Feb.

Medical

Ministero della Guerra
DIREZIONE GENERALE DI SANITA' MILITARE
Giornale di Medicina Militare

Roma, 7 Febbraio 1946

Al L.F.S.C. A.C. (MMIA)

ROMA

Divisione ____ *Sez.* ____
Prot. N. 56/G. *Allegati* ____

Risposta al Foglio del 13/12/1945
Div. ____ *Sez.* M/8/3591 *N.*

OGGETTO Assegnazione di carta al "Giornale di Medicina Militare".

31

Ci riferiamo alla Vostra M/8/3591 del 13-12-'45.

Il Ministero dell'Industria e del Commercio cui lascrivente si rivolse, a seguito del foglio cui si risponde, per un'assegnazione periodica di carta per la stampa del "Giornale di Medicina Militare", in data 4-1-'46 trasmetteva la nostra richiesta, per competenza, alla"Commissione Nazionale Distribuzione Carta ai giornali quotidiani e periodici", presso l'"Unione Nazionale Editori Giornali, in Roma (via S. Nicolò Tolentino 21).

L'"Unione Nazionale Editori Giornali" dopo due riunioni tenute nello scorso gennaio, nella seduta del 25 dopo aver chiarito che la carta in foglio (per le pubblicazioni che si stampano in macchina piana) non è più soggetta a vincoli di blocco, faceva rilevare che la fornitura delle Cartiere centromeridionali di tale carta è appena 1/6 del fabbisogno e che pertanto"non esiste attualmente alcuna possibilità di procedere a riforrimenti razionali o comunque corrispondenti all'entità della richiesta. I periodici che si stampano in macchina piana dovranno, perciò, rifornirsi direttamente sul mercato libero a decorrere dal 1° febbraio c.a.".

Quanto sopra per comunicarVi l'esito della richiesta da Voi sollecitata.

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

te si rivolse, a seguito del foglio cui si risponde, per un'assegnazione periodica di carta per la stampa del "Giornale di Medicina Militare", in data 4-1-'46 trasmetteva la nostra richiesta, per competenza, alla"Commissione Nazionale Distribuzione Carta ai giornali quotidiani e periodici", presso l'"Unione Nazionale Editori Giornali, in Roma (via S. Nicolò Tolentino 21).

L'"Unione Nazionale Editori Giornali" dopo due riunioni tenute nello scorso gennaio, nella seduta del 25 dopo aver chiarito che la carta in foglio (per le pubblicazioni che si stampano in macchina piana) non è più soggetta a vincoli di blocco, faceva rilevare che la fornitura delle Cartiere centromeridionali di tale carta è appena 1/6 del fabbisogno e che pertanto"non esiste attualmente alcuna possibilità di procedere a rifornimenti razionali o comunque corrispondenti all'entità della richiesta. I periodici che si stampano in macchina piana dovranno, perciò, rifornirsi direttamente sul mercato libero a decorrere dal 1° febbraio c.a.".

Quanto sopra per comunicarVi l'esito della richiesta da Voi sollecitata.

IL DIRETTORE GENERALE
(Magg. gen. medico dr. Siro Fadda)

4465

TRANSMISSION
12.00
Date 6/2
OUT Time
Date

Tramontin
Grade II

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

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

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

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

Seen

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

DMS
C/Capt
Title Rcd 18/11/41
Date Received 21/1

Forwarded with the compliments of Brigadier Paul Wood, Consulting Physician, G.H.Q., C.M.F.

19/1/46

581

4464

MEMORANDUM TO PHYSICIANS NO. 2.

14. PENICILLIN.

Owing to cessation of lease-lend, and to increasing general use, supplies of penicillin will be shorter during the first quarter of 1946; responsibility for preventing waste and for ill-advised therapy must ultimately rest with Officers i/c Divisions, or with Specialists i/c of Departments, without whose authority penicillin should not be given.

The present issue is in tablet form, from which solutions should be prepared as before. Owing to greater difficulty in guaranteeing sterility after the stopper has been removed from a tube several times, solutions should only be administered locally and intra-muscularly: they should not be injected intra-venously or into the pleural or pericardial cavities, and on no account into the theca or into joints.

Physicians are reminded that they should see the case themselves before giving authority for penicillin therapy. The following may serve as a guide:-

(i) As a general rule penicillin should only be given to cases in which Sulphonamides are known to be relatively or absolutely ineffective and in which penicillin is likely to prove successful.

(ii) Penicillin will not be used experimentally until supplies are better.

(iii) The chief indications for penicillin are :-

(a) Staphylococcal septicaemia; renal carbuncle; perinephric, pulmonary and cerebral cellulitis prior to true abscess formation. When pus has formed surgical drainage is required. Much penicillin has been wasted and even life endangered by continuing conservative treatment at this stage.

(b) Severe or obstinate staphylococcal infections of the skin.

(c) Peritonsillar cellulitis before pus formation. Penicillin is far superior to sulphonamides in preventing peritonsillar abscess.

(d) Bacterial endocarditis. As at least 2,000,000 units are required there should be adequate grounds for the diagnosis.

4463

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

better.

(iii) The chief indications for penicillin are :-

(a) Staphylococcal septicaemia; renal carbuncle; perinephric, pulmonary and cerebral cellulitis prior to true abscess formation. When pus has formed surgical drainage is required. Much penicillin has been wasted and even life endangered by continuing conservative treatment at this stage.

(b) Severe or obstinate staphylococcal infections of the skin.

(c) Peritonsillar cellulitis before pus formation. Penicillin is far superior to sulphonamides in preventing peritonsillar abscess.

4463

(d) Bacterial endocarditis. As at least 2,000,000 units are required there should be adequate grounds for the diagnosis.

(e) Infections of pleura, pericardium, or theca with streptococci pneumococci or staphylococci. "High standard" penicillin solutions should be used for local injections in these cases. Tabletted penicillin is considered "Sub-standard".

(f) Lobar pneumonia should ordinarily be treated with sulphonamides. If severe or extensive, however, penicillin may be used alone for the first 48 hours of treatment, for at this stage it may be bactericcidal. The initial advantage so gained may then be pressed home by a suitable sulphonamide acting as a bacteriostatic agent. To obtain the maximum benefit from this combined operation the two drugs should not be prescribed together nor should they be given in the reverse order, for then penicillin can only act as a bacteriostatic. Reports on further clinical observations on this point would be appreciated.

Broncho-pneumonia due to any pyogenic organism should be treated with penicillin if frankly suppurative, if bilateral or extensive, or if severe. Such cases do not do well with sulphonamides.

..

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

(g) Ulcerative gingivitis.

Severe cases should receive 100,000 - 200,000 units of parenteral penicillin.
Mild or moderate cases do well with penicillin lozenges (not jubes) which are being distributed in limited numbers to dental officers. Penicillin mouth washes may be given if lozenges are unavailable. Parenteral penicillin should only be used if the hospital supply is sufficient, and is rarely necessary.

The chromic acid and hydrogen peroxide treatment, with scaling, achieves results which are comparable to those obtained with penicillin, but it throws more work on dental officers and cure is not quite so rapid.

15. DIPHTHERIA.

The diphtheria season continues (Oct - Mar). Physicians are reminded that personnel in contact with cases should be adequately protected with T.A.F. or known to be immune. There has been much variation in the treatment of diphtheria in recent months, and as responsible medical personnel have changed considerably, the following reminders may be helpful :-

(1) All sore throats should be swabbed on admission - preferably in reception.

(2) An immediate clinical diagnosis should be made, and from this point of view can only be clinical diphtheria, not diphtheria, or doubtful. Cases of clinical diphtheria should be treated as diphtheria even though swabs remain negative for K.L.B. throughout; clinically doubtful cases should receive a cover dose of 40,000 - 80,000 units of Anti-toxic Serum, their subsequent management depending upon results of swabs.

(3) The minimum dose of Anti-toxic Serum should be 40,000 units; the maximum 200,000. It is admitted that these doses are heavy by some standards.

(4) As some sort of guide, the following scale of doses, according to the type of case, is suggested :-

	Mild	Moderate	Severe
1st-2nd day -	40,000	80,000	120,000

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

(1) All sore throats should be swabbed on admission - preferably in reception.

(2) An immediate clinical diagnosis should be made, and from this point of view can only be clinical diphtheria, not diphtheria, or doubtful. Cases of clinical diphtheria should be treated as diphtheria even though swabs remain negative for K.L.B. throughout; clinically doubtful cases should receive a cover dose of 40,000 - 80,000 units of Anti-toxic Serum, their subsequent management depending upon results of swabs.

(3) The minimum dose of Anti-toxic Serum should be 40,000 units; the maximum 200,000. It is admitted that these doses are heavy by some standards.

(4) As some sort of guide, the following scale of doses, according to the type of case, is suggested :-

	Mild	Moderate	Severe
1st-2nd day -	40,000	80,000	120,000
3rd-4th day -	80,000	120,000	160,000
5th-7th day -	120,000	160,000	200,000

(5) In cases receiving 80,000 or more units, the initial dose should be 80,000 units. Further doses, if required, should be 40,000 - 80,000, according to the total decided upon, and should be given at 12 hourly intervals. The object is to give the full dose as soon as possible, but 80,000 units is probably enough for a single dose. Repeated small doses are illogical in the light of the known facts.

(6) The intravenous route provides a time-gain of some twelve hours, and should be used in severe or late cases. Hypersensitivity to Serum should be checked, however, by injecting the first few c.cs extremely slowly.

(7) Known or suspected hypersensitivity requires desensitisation by administering anti-toxic serum intramuscularly in the following way:-

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

Zero hours		minims 1	
"	" + ½ hrs	" 2	
"	" + 1 "	" 4	
"	" + 1½ "	½ c.c.	- 32,000 units.
"	" + 2 "	1 c.c.	
"	" + 3 "	2 c.c.	
"	" + 4 "	4 c.c.	
"	" + 5 "	8 c.c.	- 32,000 units.
"	" + 6 "	8 c.c.	- 32,000 units.
			96,000 units.

Urticaria or "Angioneurotic" oedema gives warning of graver symptoms of hypersensitivity, and indicates Adrenalin minims 4-8 ($\frac{1}{4}$-$\frac{1}{2}$ mg) subcutaneously. The smallest effective dose of adrenalin should be employed and repeated before subsequent injections of serum, the maximum single dose of which should not then exceed 8 ccs. If there is no reaction subsequent doses of serum may be stepped up by 4 ccs at a time, but not beyond 16 ccs.

(8) Late Serum reactions (8th-9th day) respond well to adrenalin, but Sodium Salicylate is a helpful adjuvant.

(9) The policy of nursing diphtheritic patients flat for 28 days should be adhered to; if there are any signs of toxicity, even a unilateral palatal palsy, this period should be extended to 2 months. Patients must NEVER be evacuated during this period.

(10) Penicillin is proving disappointing, both as a bacteriocidal or bacteriostatic agent in acute diphtheria, and as a means of overcoming the carrier state, whether administered parenterally or locally. If available supplies allow its use at all in diphtheria, further information on both points would be appreciated from Officers i/c Medical Divisions.

(11) The warning about the frequency and toxicity of skin diphtheria is repeated. The latter is due to long continued absorption of small amounts of toxin, and 48,000 units of Serum have usually proved adequate; in cases which do not heal quickly, however, it is wise to repeat the dose once or twice at five day intervals.

16. INFECTIVE HEPATITIS.

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

but Sodium Salicylate is a helpful adjuvant.

(9) The policy of nursing diphtheritic patients flat for 28 days should be adhered to; if there are any signs of toxicity, even a unilateral palatal palsy, this period should be extended to 2 months. Patients must NEVER be evacuated during this period.

(10) Penicillin is proving disappointing, both as a bacteriocidal or bacteriostatic agent in acute diphtheria, and as a means of overcoming the carrier state, whether administered parenterally or locally. If available supplies allow its use at all in diphtheria, further information on both points would be appreciated from Officers i/c Medical Divisions.

(11) The warning about the frequency and toxicity of skin diphtheria is repeated. The latter is due to long continued absorption of small amounts of toxin, and 48,000 units of Serum have usually proved adequate; in cases which do not heal quickly, however, it is wise to repeat the dose once or twice at five day intervals.

16. INFECTIVE HEPATITIS.

The epidemic flared up again last Autumn. The death-rate is about 0.2 - 0.3%. Physicians are reminded that the first clinical sign of hepatic failure is commonly psychiatric. Prior to or parallel with increasing drowsiness, the patient becomes odd in manner, usually agressive, resentful, obnoxious or obscene. The emotional reaction of the medical staff is often considerable and is apt to interfere with their own mental processes, so that the patient may be reported for insolence instead of being placed on the D.I. list and given continuous intravenous glucose saline. The degree of jaundice is no criterion of impending hepatic failure; some of the fatal cases were but slightly icteric. Again, repeated vomiting, though it may demand intravenous glucose saline on its own account, does not necessarily signify impending cholaemia, nor do haemorrhages. A clinical analysis of the behaviour of fatal cases in the C.M.F. will be made shortly and further details circulated.

4.4.42

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

17. DEFERMENT OF SPECIALISTS.

While no absolute guarantee can be given, it is highly improbable that any medical specialists or graded physicians will be deferred as operationally vital, the situation with regard to present numbers in late release groups being satisfactory.

18. TRAINEES.

Trainees are being carefully selected from late release groups and from regular officers. Priority is also being given to those whose previous careers give some assurance that 3 - 6 months training will be sufficient to bring them to the standard required. This policy has been rendered necessary by the operational situation. As previously stated, every effort is being made to avoid deferring the release of specialists. Officers i/c Divisions can help by making early reports on the suitability of trainees, and by attempting to bring those with the required potentialities to the standard demanded for grading as quickly as possible. While this standard may have to be lowered a little, it must not be dropped too much.

16th January, 1946.
PW/RV.

Paul Wood

PAUL WOOD, Brigadier,
Consulting Physician,
G.H.Q., C.M.F.

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

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

Subject : A.M.D. Bulletins

Land Forces Sub Comm.
A.C. (MMIA)
ROME
M/8/1
3 Jan. 46

Ministry of War,
Direzione Generale di Sanita Militare

Herewith copies of A.M.D. Bulletins Nos.19 and 12 for information.

Lieut-Col.
A.D.M.G. 4461

/A.F.

Land Forces Sub Comm. AC. (MMIA)

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

Subject: A.M.D. Bulletins. MEDICAL DIRECTORATES G.H.Q. C.M.F.

Reference L. 3225

11 December 1945.

To: D.D.M.S., B.T.A.
D.D.M.S., Land Forces Greece
D.D.M.S., 13 Corps
D.D.M.S., 2 District
D.D.M.S., 3 District
A.D.M.S., B.T.A.
A.D.M.S., Land Forces Sub-Commission, A.C.(M.M.I.A.)

Herewith, for distribution, copies of A.M.D. Bulletin No.42.

RECEIVED 21/12/45 (DATE) 4606

/N.M. Major-General, D.M.S.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
DMS
S/Capt
File Ref M/8/3632
Date Received 21 Dec. 45
4460

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

3645

Subject: A.M.D. Bulletins.

MEDICAL DIRECTORATE
G.H.Q. C.M.F.

Reference M.3225

13 December 1945.

To: D.D.M.S., M.T.A.
D.D.M.S., Land Forces Greece
D.D.M.S., 13 Corps
D.D.M.S., 2 District
D.D.M.S., 3 District
D.D.M.S., D.T.R.A.
A.D.M.S., Land Forces Sub-Commission, A.C. (M.M.I.A.)

Herewith, for information and distribution, copies of A.M.D. Bulletin Supplement No.19.

RECEIVED 19 DEC 45 285 1041

/KvN

for Surgeon-General, C.M.F.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
ADMS
S/Capt
File Ref M/S/3611
Date Received 18 Dec. 45.

Capt Graham
Could thank that
he behaves with the
very interested in the
publication [illegible]
Supplement — however
send that one
copy for info

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

Subject : Publications.

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.

Ref : M. 3330.

21 November 45.

To : A.D.M.S.,
Land Forces Sub Comm., AC. (MMIA),
RCME.

Reference your M/8/3385 dated 1 Nov 45.

A set of memoranda and circular letters on clinical subjects and a copy of the proceedings of the C.M.F. conference of physicians held in Rome early this year are forwarded.

You have been added to the distribution list for future memoranda of this kind.

It should be noted that the publication of A.M.D. Bulletins has now ceased.

FJF/FB.

Major-General, D.M.S.

M/8/3471

4458

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

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (MMIA)
RMIE
W/8/3591
13 Dec 45

Ministry of War,
Direzione Generale di Sanita Militare

Reference your 25/C of 29 Oct 45., requesting the aid of MMIA to ensure an adequate regular allocation of paper for the 'Giornale di Medicina Militare'.

The Economic Section, HQ A.C. advise that the matter should be taken up by you with the Ministry of Industry and Commerce, Via Flavia, RME.

If no satisfactory guarantee can be obtained from them that a regular allocation of paper will in fact be made for this journal, it is requested that you will immediately inform this office so that further action can be taken.

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (MMIA)

/WDG

4457

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

HEADQUARTERS ALLIED COMMISSION
APO 394
ECONOMIC SECTION
Surplus and Special Materials Branch

CAM/lp

Tel.478905

12 December 1945

Ref.AC/5066/R/S & S M.

SUBJECT: Technical Medical Publication

TO : Land Forces Subcommission
AC (MMIA)

Medical
RECEIVED 13/12/45

1. Your letter reference M/8/3567 of 10 December refers.

2. As the matter of allocating printing paper is one which is handled entirely by the Italian Government, it is requested that you advise your applicants to apply direct to the Ministry of Industry and Commerce, Via Flavia, Rome.

FOR THE CHIEF COMMISSIONER:

Colin A. MacKenzie Lt

ALBERT E. DICKENS
Chief of Branch

Copy to: Economic Section

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
DMS
S/Capt
File Ref M/8/3588
Date Received 14/12/45

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (MMIA)
MMR
M/S/3567
10 Dec 45

Economic Sub Comm.
A.C.

Copy to: 'Q'

The Medical Directorate of the Italian War Ministry have recently recommenced publication of their professional journal, "Giornale di Medicina Militare", after a lapse of some two years.

This journal, which is published monthly, contains articles of professional interest from the military standpoint, with a review of current medical literature and other notes of interest to the Army doctor. Its regular publication is considered to be essential for the well being of the Italian Army Medical Services and indeed the Army as a whole.

Previously, this journal has been printed on the type and quality of paper shown in the attached sample (82 gms per sqm. metre) and for the 1,000 copies printed each month, 2500 sheets of this paper 70 x 100 cms is required. Whilst it is understood that sufficient paper is available for the next two issues of the journal, thereafter no guarantee can be given that further stocks will be forthcoming to enable the desired regular monthly issue to be continued.

Application has therefore been made to this office by the Direzione Generale di Sanita Militare of the War Ministry for help and

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

The Medical Directorate of the Italian War Ministry have recently recommenced publication of their professional journal, "Giornale di Medicina Militare", after a lapse of some two years.

This journal, which is published monthly, contains articles of professional interest from the military standpoint, with a review of current medical literature and other notes of interest to the Army doctor. Its regular publication is considered to be essential for the well being of the Italian Army Medical Services and indeed the Army as a whole.

Previously, this journal has been printed on the type and quality of paper shown in the attached sample (62 gms per sqm. metre) and for the 1,000 copies printed each month, 2500 sheets of this paper 70 x 100 cms is required. Whilst it is understood that sufficient paper is available for the next two issues of the journal, thereafter no guarantee can be given that further stocks will be forthcoming to enable the desired regular monthly issue to be continued.

Application has therefore been made to this office by the Direzione Generale di Sanita Militare of the War Ministry for help and assurance that the necessary allocation of paper will be made to meet the monthly requirement.

Accordingly your advice and assistance in this matter is requested.

4455

/RSG

Lieut-Col.
A. D. M. S.
Land Forces Sub Comm. AC. (MMIA)

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

MED.

Fb

From: Lt. Col. Campana

To: Lt. Col. Jagger

Subject: Paper (Giornale di medicina militare)
(for Medical Bulletin).

For a monthly edition of
Per una edizione mensile di

1000 copie (80 pagine) del "Giornale"
1000 copies (80 pages) of the Bulletin"

occorrono:
Required:—

2500 fogli di carta formato 70 x 100 centimetri
2500 sheets of paper 70 x 100 cms

The type now in use is the fine type, of 82 grams per square meter
Il tipo attualmente usato è il tipo fine, da grammi 82 a metro quadrato.

Si acclude il relativo campione.
The relative sample is enclosed.

translate please

To Col. Jagger

I am sorry not to ~~xxxx~~ be able to translate the technical words above. I hope you will understand and turn the "grammi" and "centimetri" etc. into ounces, inches, etc.

L. Marchiafava

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

Si acclude il relativo campione.

The relating sample is enclosed.

To Col. Jagger

I am sorry not to ~~xxxx~~ be able to translate the technical words above. I hope you will understand and turn the "grammi" and "centimetri" etc. into ounces, inches, etc.

$\frac{113}{7321} \times 12 \times \frac{25}{1000}$

$= \frac{113 \times 12 \times 1000}{7321}$

4454

M/8.

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

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

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (DMIA)
RDC
M/8/3535
3 Dec 45

Ministry of War,
Direzione Generale di Sanita Militare

Attached copies of (a) Medical Department Bulletin No. 41 and (b) Index to Bulletins Jan to Dec 44, are forwarded for information and retention.

It is understood that publication of the Army Medical Department Bulletin has now ceased.

/RDC

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (DMIA)

4453

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

Subject: A.L.D. Bulletins.

MEDICAL INTELLIGENCE
D.M.S. C.M.F.

RECEIVED 3/12/45 DATE

Medical

Reference No. 325

29 November 1944

To: D.D.M.S., L.T.A.
D.D.M.S., 13 Corps
D.D.M.S., Land Forces Greece
D.D.M.S., 2 District
D.D.M.S., 3 District
A.D.M.S., R.A.F.A.
A.D.M.S., Land Forces Sub-Command, A.G.(M.I.E.A.)

Herewith, for distribution, copies of the undermentioned A.L.D. Bulletins:-

1. Bulletin No.41
2. Index to Bulletins Jan to Dec, 1944.

/Kill

M/S/3534

for Major-General, D.M.S.

Send one copy to
RT War Diary for Jan
1945

4452

" It is understood that publication of the A.L.D. Bulletins has ceased

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

Inter-Office Memo

From. A.D.M.S. 1/8

To : Ten. Bacilisco 27 Nov 45.

The attached two documents give details regarding the medical classification of all soldiers in the British Army.

The one document is that which has been in current use in the British Army, the other the system in current use in the Canadian Army but adapted for possible future use in the British Army.

I thought perhaps the General might be interested to peruse these documents. I think I can procure other copies for him if he would like either to keep.

Medical classifications for officers could be obtained if the General is interested, but is not immediately to hand.

Lt-Col.
A.D.M.S.

4451

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

Wadlin discussed with Samuel Padden
Particulars of paper etc for undersigned
Above months have been
asked for 360

Pile

From : M of W

to : MELA

ref: 25/G

29 October 1945

Subject: Military Medical Publications

Further to our letter 673/Eg. dated 17-4-45 and with ref. to your letter M/S/1583 dated 11-4-45, herewith first issue of the " Military Med. Journal" which is now printed again after the interruption(due to war and political events) dating back to July 1943.

The Directorate and the Journal Directorate thank the British and U.S Information Offices for their extreme kindness in sending us various and interesting scientific material, and look forward to a further sympathetic collaboration

Since the Journal Directorate has informed us of the difficulty met by the Printing Office concerning paper supplies, and in order to avoid a reduction in the number of pages of the Journal, we would be very grateful to MELA for an adequate allotment of paper to print our magazine.

Padda

4450

M/S/3391

Ministero della Guerra
DIREZIONE GENERALE DI SANITA' MILITARE

Giornale di Medicina Militare

Divisione Sez.
Prot. N° 959 Allegati

Roma, 29 ottobre 1945

54

Al la Land Forces Sub Comm. A.C.
(MMIA)
Roma

Medical.

Risposta al Foglio del
Div. Sez. N°

OGGETTO Pubblicazioni sanitarie militari

Facendo seguito al nostro foglio n.673/Sg. del 17-4-45 in risposta al Vostro n. M/8/1588 dell'11-4-45, si trasmette il primo numero del "Giornale di Medicina Militare" che rivede la luce dopo l'interruzione subita, a causa degli avvenimenti bellico-politici, nel luglio 1943.

La scrivente e la Direzione del Giornale in particolare ringraziano assai vivamente gli Uffici Informazioni d'Inghilterra e degli Stati Uniti che ci hanno favorito, con la più squisita cordialità, svariato e interessante materiale scientifico e confidano in un'ulteriore simpatica collaborazione.

Poiché la redazione del Giornale prospetta le difficoltà che la tipografia incontra nell'approvvigionamento della carta, ad evitare una riduzione del numero delle pagine del Giornale si sarebbe assai grati a codesta Commissione se prendesse in esame l'opportunità di una congrua assegnazione di carta per la

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

risposta al Vostro n. M/8/1588 dell'11-4-45, si trasmette il primo numero del "Giornale di Medicina Militare" che rivede la luce dopo l'interruzione subita, a causa degli avvenimenti bellico-politici, nel luglio 1943.

La scrivente e la Direzione del Giornale in particolare ringraziano assai vivamente gli Uffici Informazioni d'Inghilterra e degli Stati Uniti che ci hanno favorito, con la più squisita cordialità, svariato e interessante materiale scientifico e confidano in un'ulteriore simpatica collaborazione.

Poiché la redazione del Giornale prospetta le difficoltà che la tipografia incontra nell'approwigionamento della carta, ad evitare una riduzione del numero delle pagine del Giornale si sarebbe assai grati a codesta Commissione se prendesse in esame l'opportunità di una congrua assegnazione di carta per la stampa del nostro periodico.

IL DIRETTORE
(Maggior generale medico Siro Fadda)

4449

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

E.A.B/pd

HEADQUARTERS ALLIED COMMISSION
APO 394
DISPLACED PERSONS AND REPATRIATION SUB-COMMISSION

FILED

MEDICAL ADMINISTRATIVE INSTRUCTIONS

10 October 1945

Serial No. 3.

It is the duty of every Medical Officer in a camp to ensure that he understands these instructions. In camps where an S.M.O. is appointed, such S.M.O. will ensure that all M.O.S. understand these instructions, that duties are shared and divided, so that these instructions are carried out completely and correctly at all times.

1. DUTIES OF S.M.O.'s

(i) The efficient running of Hygiene and Medical Services of his camp, keeping the Group Commandant fully informed at all times, on medical matters.

(ii) Supervising M.I. Rooms (Ambulatorio) and C.R.S. where established; supervising treatment and evacuation of sick unable to be treated therein.

(iii) Arranging that inspections for infectious disease and louse infestation are carried out as soon as possible after arrival of refugees in camp (F.F.I. inspection).

(iv) Arranging that full and complete disinfestation of persons and baggage is done following the F.F.I. inspection.

(v) Arranging with the camp commandant that fortnightly, or where considered necessary more frequent skin inspections are done, and arranging action to be taken where necessary.

(vi) Ensuring that the necessary returns and indents and suitable records of attendances at M.I. Room are kept correctly and rendred regularly and promptly.

(vii) Ensuring that patients sent to other hospitals are accompanied by adequate medical notes.

(viii) Maintaining Inoculation Registers. Ensuring that each refugee inoculated is given an inoculation certificate.

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

(iii) Arranging that inspections for infectious disease and louse infestation are carried out as soon as possible after arrival of refugees in camp (F.F.I. inspection).

(iv) Arranging that full and complete disinfestation of persons and baggage is done following the F.F.I. inspection.

(v) Arranging with the camp commandant that fortnightly, or where considered necessary more frequent skin inspections are done, and arranging action to be taken where necessary.

(vi) Ensuring that the necessary returns and indents and suitable records of attendances at M.I. Room are kept correctly and rendred regularly and promptly.

(vii) Ensuring that patients sent to other hospitals are accompanied by adequate medical notes.

(viii) Maintaining Inoculation Registers. Ensuring that each refugee inoculated is given an inoculation certificate.

(ix) Notifying infectious diseases in accordance with instructions. Personally ensuring that all possible preventive action is taken against its spread by endeavouring to determine the source of infection, by quarantining and examining, and where necessary inoculating contacts. Taking all possible steps to acquaint himself with the diagnosis of cases sent to any other hospital.

(x) Sending a report on all deaths, as soon as possible to this HQ.

(xi) Ensuring that a statement on the hygiene measures carried out accompanies any batch of refugees proceeding to another camp.

4448

(xii) Ensuring by means of close liaison with the Camp Commandant that there is sufficiently large and well trained permanent staff for hygiene and disinfestating purposes.

(xiii) Ensuring that medical equipment is properly looked after and that drugs etc. are not wasted.

All reports and returns should be clearly written (in Italian if preferred).

M/8

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

2. SICK ATTENDANCE RECORDS

(a) A sick Attendance Book will be kept for Camp Staff, Entries will be made under the following headings: Date, Unit, Number, Rank, Name, Diagnosis, Treatment and Disposal.

(b) A separate sick Attendance Book will be kept for Refugees, showing date, name and diagnosis. The number of cases attending the M.I. Rooms each day will be averaged for the week and rendered as the "Sick Attendance Statement"
(Appendix "A"). Any frequency or unusual occurence of symptoms of illnesses will be stated.
The numbers of cases of the following diseases occuring during the week will be shown seperately:

Diarrhoea,
Pyrexia,
Infestation.

(c) Hospitals and C.R.S. will keep an Admission and Discharge Book, Entries will include - Dates of admission and discharge, Sex, Name Diagnosis and Disposal.

(d) Medical notes on patients admitted to D.P.& R.S.C. Medical Establishments will be entered on the medical record cards. Supplies can be obtained from this H.Q. A register of patients sent to Civilian Hospitals will be kept, giving name, sex, age diagnosis, to what hospitals sent and date sent there.

3. WEEKLY REPORTS

Reports covering the points set out in Appendix "A" will be made up to 2359 hours Saturday of each week and forwarded to Group H.Q. with a copy to Camp Commandant.
Note A copy of any report quoting unusual circumstances eg. high incidence of disease, hygiene problems, drug supply difficulties, will be sent to this H.Q.

4. NON-EXPENDABLE EQUIPMENT

An up to date record of all nonexpendable medical equipment eg. scissors syringes, thermometers ect. will be maintained. Replacements for breakages, loss or fair wear and tear will be requested on the monthly indent. Note of this will be made in the equipment ledger.

5. INFECTIOUS DISEASE - NOTIFICATION

(i) When a case of one of the diseases detailed below is diagnosed [illegible]

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

Diagnosis and Disposal.

(d) Medical notes on patients admitted to D.P.A R.S.C. Medical Establishments will be entered on the medical record cards. Supplies can be obtained to from this H.Q. A register of patients sent to Civilian Hospitals will be kept, giving name, sex, age diagnosis, to what Hospitals sent and date sent there.

/

5. WEEKLY REPORTS

Reports covering the points set out in Appendix "A" will be made up to 2359 hours Saturday of each week and forwarded to Group H.Q. with a copy to Camp Commandant.

Note A copy of any report quoting unusual circumstances eg. high incidence of disease, hygiene problems, drug supply difficulties, will be sent to this H.Q.

4. NON-EXPENDABLE EQUIPMENT

An up to date record of all nonexpendable medical equipment eg. scissors syringes, thermometers ect. will be maintained. Replacements for breakages, loss or fair wear and tear will be requested on the monthly indent. Note of this will be made in the equipment ledger.

5. INFECTIOUS DISEASE - NOTIFICATION

(i) When a case of one of the diseases detailed below is diagnosed, the M.O. who makes the diagnosis will notify it without delay.

(ii) The following are especially important and will be notified by signal or other quicker means, to this HQ to the nearest Military Medical Authorities and to the nearest MHG authorities. Telephone messages will be confirmed by sending proforma later: for specimen of proforma see attached appendix.

Cerebro Spinal fever	Smallpox
Cholera	Typhus
Plague	Yellow fever
Polio myelitis	Hydrophobia
Anthrax	

Copies of proforma will be sent to :
(a) Camp Commandant
(b) Group H.Q.
(c) Camp Commandant (for M.O.) of Camp where patient last lived, if it is thought that the disease was contracted there.
(d) This H.Q.
(e) Military Medical Authorities
(f) MHG Authorities

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

(iii) The following diseases will be notified on proforma.

Beriberi	Undulant fever	Scarlet fever
Blackwater fever	Mumps	Tuberculosis
Chicken pox	Ophthalmia Neonatorum	Typhoid and para typhoid
Diphteria	Pemphigus Neotatorum	Whooping cough
Dysentery	Pneumonia	
Erysipelas	Poliocencephalitis	
Food poisoning (due to any cause)	Childbed fevers	
Infective hepatitis	Relapsing fever	
Malaria	Rubella	
Measles		

(iv) Whom any of the disease enumerated in para 3 above, assume epidemic proportions, a nominal roll will be substituted for the proforma.

(v) Venereal disease will not be notified on the proforma. Where sufficient details can be obtained for identification of the source of infection to enable further action to be taken, the Camp Commandant should be informed when the source of infection is an inmate of the camp and the Medico Provinciale, when the source of infection is outside the camp.

(vi) Full details of all cases of the a/m diseases including venereal disease will be sent to this HQ, when the person concerned is a member of the Allied Military Forces.

6. QUARANTINE

(i) No persons suffering from, or known to be contacts of any infectious disease, will be moved from one camp to another, without prior consent from

(a) Headquarters
(b) the Receiving Camp

7. INOCULATIONS AND VACCINATIONS

(i) For the purposes of inoculations, the population of camps will be considered under 4 headings:

(a) Military Staff - Allied and Italian
(b) Permanent Staff - i.e. other than Military
(c) Refugees who are likely to be living in camp

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

(vi) Full details of all cases of the a/m diseases including venereal disease will be sent to this HQ, when the person concerned is a member of the Allied Military Forces.

6. QUARANTINE

(i) No persons suffering from, or known to be contacts of any infectious disease, will be moved from one camp to another, without prior consent from

(a) Headquarters
(b) the Receiving Camp

7. INOCULATIONS AND VACCINATIONS

(i) For the purposes of inoculations, the population of camps will be considered under 4 headings:

(a) Military Staff - Allied and Italian
(b) Permanent Staff - i.e. other than Military
(c) Refugees who are likely to be living in our camps for some time. This will include all Allied Nationals and some Italians.
(d) Refugees who are only kept in our camps for a few days and are then dispersed to their own homes or neighbouring Italian towns. This group constitutes most of the Italians.

4447

(ii) Group (c) above will be protected by inoculation against Smallpox, Typhoid, Typhus and Tetanus.
Group (b) and (c) will be protected against Smallpox, Typhoid and Typhus. In addition children in these groups will be protected against Diphteria. Group (d) will not be inoculated at all unless special instructions are given.

(iii) All refugees will be given a certificate stating what inoculations they have had and the date on which given. It must be impressed on refugees that this certificate must be preserved. When a refugee arrives in a camp, he will be considered as never having had inoculation unless he can produce such a certificate. Military personnel will have the necessary entries made in AB 64 etc.

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

(iv) Records will be kept of all inoculations done. Registers will be clearly marked Staff and Refugees.

(v) Protection is to be considered complete when

(a) Enteric - an initial dose of ½cc, followed by 1cc of Triple Typhoid Vaccine (or T...B.) at not less than 7 days and not more than 3 weeks interval have been within the past 12 months. Thereafter stimulating dose of 0.5cc annually. (Note: American Military personnel have 3 injections of 0.5cc, 1cc and 1cc at weekly intervals and then 0.5cc annually.

(b) For typhus - 3 injections of 1cc at 7-10 days intervals, with a stimulating dose of 1cc every 6 months. American Military personnel have 2 injections of 1cc at weekly intervals and then 1cc every 6 months.

(c) Tetanus - 2 injections of 1cc of Tetanus toxoid at 6 week interval with an annual boosting dose of 1cc. (Note: American Military personnel have 3 injections of 1cc at 3 week intervals and then 1cc annually).

(d) Smallpox - when a successful take has been obtained within past 2 years (American Army - in past year and repeated yearly) or 3 unsuccessful takes repeated at monthly intervals.

(e) Diphteria - 3 doses of 1cc of diphteria toxoid at 3 weekly intervals or as stated with the immunising agent supplied

(f) Protection will be considered as "partial" when an individual

(A) Has not yet completed a full course of injections
(B) Have allowed re-inoculation or re-vaccination to lapse beyond the stated period i.e. 2 years for smallpox
1 year for typhoid or tetanus
6 months for typhus

(g) Indents for vaccines etc. will be submitted to O. i/c D.P.& R.S.C. Medical Store Bologna. Arrangements for storage in an ice chest should be made locally. This is particularly important in respect of smallpox vaccine, since it becomes useless in 2 or 3 days, if not kept at a temperature as near as possible to 0° C. or 32° F. 4 vaccines are received which are past expiry date, they will nevertheless be used.

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

(e) Diphteria - 3 doses of 1cc of diphteria toxoid at 3 weekly intervals or as stated with the immunising agent supplied

(f) Protection will be considered as "partial" when an individual

(A) Has not yet completed a full course of injections
(B) Have allowed re-inoculation or re-vaccination to lapse beyond the stated period i.e. 2 years for smallpox
1 year for typhoid or tetanus
6 months for typhus

(g) Indents for vaccines etc. will be submitted to O. i/c D.P.& R.S.O. Medical Store Bologna. Arrangements for storage in an ice chest should be made locally. This is particularly important in respect of smallpox vaccine, since it becomes useless in 2 or 3 days, if not kept at a temperature as near as possible to 0° C. or 32° F. 4 vaccines are received which are past expiry date, they will nevertheless be used.

(h) Refusals. In the case of military personnel, the man should be referred to his Commanding Officer and be given a chance to withdraw his refusal. If he still persists, an entry, in red ink will be made to that effect in his AB 64. In regard to refugees, every endeavour will be to persuade the person. Age is no bar and in regard to smallpox particularly every effort must be made to have everyone vaccinated.

(i) Strict economy will be practised in the use of calf lymph. When put in capillary tubes there is enough lymph to do 3-4 people - similarly the contents of the metal tube can do more than 40 persons.

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

6. COOKS AND FOODHANDLERS

(i) All cooks and foodhandlers will be medically investigated and inoculated before employment.

(ii) Civilians will not be employed as cooks or on other duties involving the handling of food, for Allied Military Personnel until examination of the stools has shewn freedom from infestation of intestinal worms, or from cysts of amoebic dysentry. Examination of the stools of cooks and foodhandlers employed in duties not involving Allied Military Personnel will be carried out whenever there is reason to suspect the existence of a carrier state.

(iii) The following are classified as foodhandlers:

(a) Cooks
(b) Personnel who prepare food, either before or after cooking
(c) Personnel employed in washing cooking and eating utensils
(d) Personnel employed in drawing and carrying rations from store to cookhouse.
(e) Personnel who handle water supplies in bulk or small quantities.

(iv) No individual will be employed as a cook or foodhandler, if he or she

(a) Is in poor health
(b) Shows active signs of, or is under treatment for, or has a recent history of, or is found to be carrier of
(A) any intestinal infectious disease
(B) infectious disease of the respiratory tract or middle ear
(C) venereal disease
(D) skin disease

(v) Nominal rolls of such approved persons will be displayed in cookhouse.

(vi) A medical officer will visit each cookhouse at least once daily

(vii) Cooks and foodhandlers will be inspected at least once a month.

9. GONORRHOEA: Treatment

(i) Cases of gonorrhoea will be treated in Camp Hospitals. Treatment [illegible] will be standardised as far as possible to conform with these instructions. Cases with venereal sores will be evacuated to civilian hospitals for investigation.

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

(iv) No individual will be employed as a cook or foodhandler, if he or she

(a) Is in poor health
(b) Shows active signs of, or is under treatment for, or has a recent history of, or is found to be carrier of
(A) Any intestinal infectious disease
(A) infectious disease of the respiratory tract or middle ear
(C) venereal disease
(D) skin disease

(v) Nominal rolls of such approved persons will be displayed in cookhouse.

(vi) A medical officer will visit each cookhouse at least once daily

(vii) Cooks and foodhandlers will be inspected at least once a month.

9. GONORRHOEA: Treatment

(i) Cases of gonorrhoea will be treated in Camp Hospitals. Treatment will be standardised as far as possible to conform with these instructions. Cases with venereal sores will be evacuated to civilian hospitals for investigation.

(ii) Two smears will be taken prior to commencement of treatment and sent for bacteriological examination to nearest civilian hospital or laboratory.

(iii) For the first 48 hours of treatment patient should be kept in bed and on a light diet.

4446

(iv) Patient will be given and take copious quantities of fluid.

(v) Treatment will be orally with Sulphapyradine (M.B.693) or Sulphathiazole (M.B. 760)

(vi) The following will be the doses for adults and suggested time table:

		0600	1000	1400	1800	2200
1st Day	(24 hours) 8 Gm.	4 Tabs	4	2	2	4
2nd Day	(" ") 5 Gm	2	2	2	2	2
3rd Day	(" ") 5 Gm	2	2	2	2	2
4th Day	(" ") 5 Gm	2	2	2	2	2
5th Day	(" ") 5 Gm	2	2	2	2	2

28 Grammes (i.e. 56 tablets)

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

(vii) A piece of paper with the patient's name on it will be kept near the patient, on which will be recorded the number of tablets given and the time that the patient swallowed them.

(viii) An alkaline mixture (appox. 30gr. or 2 Gm Bicarbonate) should be given along with the sulpha drug.

(ix) Complications. Nausea and vomiting - patient should be encouraged to continue and drink more.
Haematuria - the Sulpha drug should be stopped and fluids and alkalis increased.

(x) If discharge does not cease the course may be repeated after and with an interval of one week.

(xi) Cases not clearing up after second course will be evacuated to civilian hospital with all medical notes.

(xii) After first course of treatment patient should report weekly for three weeks for examination and urine test.

(xiii) Patients leaving camp will have their documents handed to Camp Commandant for onward forwarding.

(xiv) Cases occuring amongst Allied Military personnel will be sent to nearest Allied Military Hospital.

10. ANTI-LOUSE POWDER DUSTING

This Sub Commission's policy regarding D.D.T. powdering is laid down in H.Q. letter DER/705/MED dated 27 June 1945. All Camp Commandant should have a copy of this letter. The following instructions concern DDT and NFL insecticide powder.

(i) Any bathing to be carried out should precede powdering as the powder although not instantly lethal, is very effective over a long period of time. The body and underclothes must not be washed for at least three days after powdering. The powder should not be subsequently shaken off or brushed out and thereby be wasted.

(ii) The mechanical removal and immediate destruction of lice on obviously heavily infested persons should be carried out in addition to powdering. Hair should be cropped (shaved if necessary) in heavy infestations.

(iii) The dust guns should be kept in good working order and periodically

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

[illegible] ANTI-LOUSE POWDER DUSTING

This Sub Commission's policy regarding D.D.T. powdering is laid down in H.Q. letter DFR/705/MED dated 27 June 1945. All Camp Commandant should have a copy of this letter. The following instructions concern DDT and HYL insecticide powder.

(i) Any bathing to be carried out should precede powdering as the powder although not instantly lethal, is very effective over a long period of time. The body and underclothes must not be washed for at least three days after powdering. The powder should not be subsequently shaken off or brushed out and thereby be wasted.

(ii) The mechanical removal and immediate destruction of lice on obviously heavily infested persons should be carried out in addition to powdering. Hair should be cropped (shaved if necessary) in heavy infestations.

(iii) The dust guns should be kept in good working order and periodically cleaned oiled and checked. The powder chamber should not be more than half filled and the gun should be checked that it is delivering powder correctly before use.

(iv) The persons to be powdered should have clothes loosened at the sleeves, neck, ankle and waistband. Powdering should not take place in the open air, but in a room or tent.

(v) The powder should be puffed between the skin and the innermost garments. Heavily infested persons may also be powdered between their garments.

(vi) M.Os should see that operators are carrying out the drill of operation efficiently and correctly. This supervision is most important.

(vii) The following drill in operation should always be followed:

(a) Head dress
(b) Head (Particular attention being given with the nozzle close to the skin to the area above nape of neck, mastoid and ears i.e. pigtail area).
(c) Right sleeve (arm held horizontally and to the side).

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

(d) Left sleeve (arm held horizontally and to the side)
(e) Chest (right side)
(f) Chest (left side)
(g) Chest (back)
(h) Down or up waistband (fork and crutch) front according to clothing worn.
(i) Down or up waistband back according to clothing worn.

(viii) DDT powder and dust guns can be obtained on indent from O.i/c D.P. R.S.C. Medical Store, Bologna.

11. INDENTS FOR MEDICAL SUPPLIES

(i) Indents will be made out in triplicate on proforma, or preferably AFI 1209 to be supplied by this office. Two copies will be forwarded to Group HQ and one retained by originator. Group HQ will forward all indents together to Medical Store, Bologna by the 5th of each month. Collection will be made on notification from Bologna.

(ii) The drugs listed on the proforma, are all that are normally available

(iii) Strict economy will be practised in using drugs. Also great care must be taken of non expendable items - i.e. instruments and thermometers.

(iv) When a non expendable item is broken or becomes unserviceable this will be reported on the monthly indent. A new one will be indented for.

(v) When supplies are collected from Bologna any containers (boxes, bottles) should be returned to the store.
Disinfectants:
This can be obtained locally from AMG Supply Officer. Those camps drawing rations from British Army Sources can obtain disinfectants from local D.T.D. Indent has to be countersigned by D.A.D.H. of local area or Sub Area.

12. HOSPITALISATION

(i) Urgent cases of illness which are too serious to be treated in the camp reception station or in the medical establishments for the Sub Commission must be evacuated to a civilian hospital. Medical Officers will keep at all camps a list with locations of the appropriate hospitals in the area to which acute medical or surgical emergencies can be sent. The location of the Isolation Hospital to which cases of infectious diseases may be sent will also be noted.

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

for.

(v) When supplies are collected from Bologna any containers (boxes, bottles) should be returned to the store.

Disinfectants:

This can be obtained locally from AMG Supply Officer. Those camps drawing rations from British Army Sources can obtain disinfectants from local D.I.D. Indent has to be countersigned by D.A.D.H. of local area or Sub Area.

12. HOSPITALISATION

(i) Urgent cases of illness which are too serious to be treated in the camp reception station or in the medical establishments for the Sub Commission must be evacuated to a civilian hospital. Medical Officers will keep at all camps a list with locations of the appropriate hospitals in the area to which acute medical or surgical emergencies can be sent. The location of the Isolation Hospital to which cases of infectious diseases may be sent will also be noted.

(ii) Fees chargeable by hospitals can be paid for by A.C. funds only under the following circumstances :

(a) That the patient is a Displaced Persons of Allied Nationality or ex internee.
(b) That a certificate is provided by the camp doctor stating that such treatment is required and is not available in D.P. & P.C. institutions.
(c) That the charges are considered fair and reasonable. Tax and stamp charges on hospital bills should not be paid.

4445

A register of patients sent to any civilian hospital, will be kept. It will show the date on which patient was sent, the name of the hospital and the diagnosis.

For the Director,

E.A. BLOOMFIELD
Capt.R.A.M.C.
Medical Branch.

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

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

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (MMIA)
ROME
M/C/3385
/ Nov 45

LEG
CMO. CMF.

General FADDA, Director of Italian Medical Services, has represented the fact that for some time past, the Italian Medical Services have been almost entirely cut off from the developments and progress made in medical science in the outside world during the war.

At the present moment AMG Bulletins are received in this office for onward transmission to the Director of Italian Medical Services, for such use as they care to make of them. It is believed also that odd copies of British and American medical journals occasionally fall into their hands.

In order to assist the Italian Medical Services to regain touch with modern developments, General Fadda has requested that articles on subjects of current interest and written by Allied officers be submitted to him for inclusion in the Ministry of War's monthly 'Giornale di Medicina Militare' which has just renewed publication after a lapse of some two years.

It is requested further that any publications of professional interest which are considered suitable for this purpose (i.e. circular memoranda of consulting surgeons and physicians) be forwarded to this office for onward transmission.

It is hoped that Allied military units holding clinical meetings and professional discussions will permit Italian medical officers stationed in the vicinity and who understand English, to attend these meetings.

4/11/44

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (MMIA)

/RLG

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

Subject : Technical Medical Publications

Land Forces Sub Comm.
A.C. (UKLA)
RCHM
W/S/3005
25 Aug. 45

Ministry of War,
Direzione Generale di Sanita Militare

Copy
Attached for British Army Medical Department Bulletin is forwarded for information and retention.

Capt
Lieut.-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (UKLA)

4143

/AJP.

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

This is Colonel Faddis
Hessian Kite Italian
Medical Corps, on
Army assuming his new appointment.
Thought you might be interested.
I think he is Surgeon.

Col Hohman -
Ck stamp appeal which I
am hopeful is effective. P/A Some-
where!
K

Translation

MINISTRY OF WAR
Military med.General Directorate

M/8

Officers, N.C.O.s and ORs of the Med Corps;
Taking over the command of the Med Corps, I am glad to give you my warmest salute.I feel the urgent moral need to renew at once the ties of affection that have always bound us together during good and evil times. My voice is that of the Head of the family to the sons who are far away and missing after the long tormenting storm that has brutally separated us.
I know the sufferings,the troubles, the mortal risks, the gallant behaviour of many among you when ~~fronted~~ faced by the oppressors and traitors: the Med.Corps are proud of them.
I take over command under particularly difficult circumstances, therefore I need you, Ineed you all, your collaboration, your skill, your will,your sense of duty, your benevolence, to meet with you and overcome the hard difficulties for the reconstruction and re-organisation of the Military Med.Service- I will quote the med.-legal assistance to repatriated PWs that alone could absorb all your activity.
I know what you can do and give,and what decisive strength is the sum of your intelligent activities, your spirit of initiative the technical and practical resources that each one of you can devote to our common effort.
If this precious contribution will be given generously to me, and I have reasons to believe it will be given,bearing in mind the II2 years of honest work tradition and silent sacrifice of our

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

with you and overcome the hard difficulties for the reconstruction and re-organisation of the Military Med.Service- I will quote the med.-legal assistance to repatriated PWs that alone could absorb all your activity.

I know what you can do and give,and what decisive strength is the sum of your intelligent activities, your spirit of initiative the technical and practical resources that each one of you can devote to our common effort.

If this precious contribution will be given generously to me, and I have reasons to believe it will be given,bearing in mind the II2 years of honest work tradition and silent sacrifice of our old Corps for the Country, we shall succeed. If not all my efforts will be sterile and useless.

But I rely more upon you than upon myself: all my strength and certainty rests upon you.

We have been deprived of almost everything;the devastating fury of a demon has crossed our path for years, grinding us down, dividing us, destroying our works.

We must rebuild everything stone by stone, we must rebuild for ourselves a roof and a hearth.

But rather than the material goods we have lost, we must try to recover our spirit, our faith, a discipline and the possibility to believe again in goodness, love, honesty, work, order, in the concept of liberty and human dignity, in the supreme strength of the rights of men, in all the good and beautiful things that there

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

are in the world, because all these have been trod upon, mocked and finally destroyed by the overwhelming powers of Evil.

Where are our Hospitals, Institutes, laboratories, all our Med. organisation that was the result of long years of work,sacrifices, patient studies, to which each medical officer had given , through a century of efforts, his scientific and experimental contribution, his will to improve?
Very little is left : small islands are emerging here and there from the dark and turbulent waters that have been left after the hurricane,a few men scattered and bewildered.
And yet we must start again with these few things,we must resume our way onward that had been interrupted by a beastly dissolving power and find again the main way to our daily work and duty.
We set ourselves to this faced by immense difficulties;recover our goods from the ruins, our dignity from debasement, our honour that has been-trampled on and contaminated, rebuild ourselves our old glorious Corps purified by misfortunes and sufferings.
These are the duties that we must carry out.

Our work, superior to wars, frontiers, races, has been to cure and diminish the immense human suffering due to war, to fight against corrupted and infectious things, to bring our brotherly help, the human and divine sense of piety and love where cruelty, hate and death, the sinister allies of Evil,were ruling.We alone, white harmless warriors, have stretched out our arms to friends and foes, to all the poor people caught in the hurricane,armed

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

our old glorious Corps purified by misfortunes and sufferings.
These are the duties that we must carry out.

Our work, superior to wars, frontiers, races, has been to cure and diminish the immense human suffering due to war, to fight against corrupted and infectious things, to bring our brotherly help, the human and divine sense of piety and love where cruelty, hate and death, the sinister allies of Evil,were ruling.We alone, white harmless warriors, have stretched out our arms to friends and foes, to all the poor people caught in the hurricane,armed only with a desperate will of love and faith, with immaculate hands and hearts.

Also now our duty has not changed. From the bloody ruins of our Country and of the world still in the throes of death, from the bottom of our souls stricken and wounded but spirited by hope, comes an imperious order that points out to us the way of duty, of work , of redemption, of the supreme moral law that alone rules and enlightens the works of men.

4.141

Officers , NCOs, ORs of the Med.Corps

You can and you must return our Country to Liberty, to the Rights of man,to Law with your contribution and ~~quickenx~~ quicken a new and greater dawn in the skies of the Country and waiting humanity.

May our anxious eyes be the first to see its light.

(Fondello) Gen. FADDA

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

Ministero della Guerra

IN

DIREZIONE GENERALE DI SANITÀ MILITARE

TRANSLATION
Date 24-7
OUT { Time 1230
Date 26/7

50

UFFICIALI, SOTTUFFICIALI, GRADUATI DI TRUPPA E SOLDATI DELLA SANITÀ MILITARE

Nell'assumere la Direzione Generale della Sanità Militare mi è grato di farvi pervenire il mio commosso saluto. Ciò risponde ad un mio impellente bisogno sentimentale ed alla necessità di una ripresa di contatto che ristabilisca subito i legami ideali ed affettivi che ci hanno sempre uniti nella buona e cattiva ventura.

La mia voce è quella del Capo della famiglia ai figli lontani e dispersi dopo la lunga tormentosa bufera che ci ha brutalmente separati.

Di molti di voi so le sofferenze, i disagi, i rischi mortali, l'intrepido contegno di fronte agli oppressori ed ai traditori: il Corpo Sanitario è fiero ed orgoglioso di essi.

Assumo la direzione in condizioni particolarmente difficili, epperciò ho bisogno di voi, di voi tutti, della vostra collaborazione, della vostra competenza, della vostra volontà, del vostro senso del dovere, della vostra benevolenza infine per affrontare insieme e risolvere gli ardui, ma non insuperabili problemi della ricostruzione e riorganizzazione del Servizio Sanitario Militare – fra cui quello concernente l'assistenza e la sistemazione medico-legale dei reduci della guerra e della prigionia basterebbe da solo ad assorbire la vostra attività.

So quello che valete e quello che potete dare e quale forza decisiva rappresenti la somma delle vostre attività intelligenti, dello spirito d'iniziativa, delle risorse tecniche e pratiche che ognuno di voi può portare nella comune fatica.

Se tale prezioso contributo mi verrà dato generosamente, come ne danno affidamento 112 anni di onesta tradizione di lavoro e di silenzioso sacrificio del nostro vecchio Corpo per la Patria, allora tutto andrà bene. Ove questo mancasse, ogni mio sforzo sarà sterile e vano.

Ma ho fede in voi più che in me stesso: ogni mia forza, ogni mia certezza è riposta in voi.

Siamo privi di tutto o quasi: la furia devastatrice di un demone per anni è passata su di noi, ci ha frantumati, divisi, ha lacerato le nostre opere.

Dobbiamo riedificare tutto pazientemente pietra su pietra, rifarci un tetto e un focolare.

Ma più ancora che le cose materiali perdute bisognerà restaurare il nostro spirito, ridarci una fede, una disciplina e la possibilità di credere ancora nel bene, nell'amore, nell'onestà, nel lavoro, nell'ordine, nel rispetto della libertà e dignità umane, nella forza suprema del diritto, in tutte le cose belle e buone del mondo, perchè tutto questo è stato calpestato, deriso ed infine distrutto dalle forze dirompenti del selvaggio Male.

* * *

Dove sono i nostri Ospedali, gli Istituti, i Laboratori, tutta la nostra bella organizzazione sanitaria che rappresentava il frutto di lunghi anni di lavoro, di sacrifici, di pazienti studi, pel quale ogni Medico Militare aveva portato a traverso un secolo di fatica il proprio contributo di scienza e d'esperienza, la sua volontà di ascesa e di perfezionamento?

Ben poco rimane [illegible]

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

zione e riorganizzazione del Servizio Sanitario Militare – fra cui quello concernente l'assistenza e la sistemazione medico-legale dei reduci della guerra e della prigionia basterebbe da solo ad assorbire la vostra attività.

So quello che valete e quello che potete dare e quale forza decisiva rappresenti la somma delle vostre attività intelligenti, dello spirito d'iniziativa, delle risorse tecniche e pratiche che ognuno di voi può portare nella comune fatica.

Se tale prezioso contributo mi verrà dato generosamente, come ne danno affidamento 112 anni di onesta tradizione di lavoro e di silenzioso sacrificio del nostro vecchio Corpo per la Patria, allora tutto andrà bene. Ove questo mancasse, ogni mio sforzo sarà sterile e vano.

Ma ho fede in voi più che in me stesso: ogni mia forza, ogni mia certezza è riposta in voi.

Siamo privi di tutto o quasi: la furia devastatrice di un demone per anni è passata su di noi, ci ha frantumati, divisi, ha lacerato le nostre opere.

Dobbiamo riedificare tutto pazientemente pietra su pietra, rifarci un tetto e un focolare.

Ma più ancora che le cose materiali perdute bisognerà restaurare il nostro spirito, ridarci una fede, una disciplina e la possibilità di credere ancora nel bene, nell'amore, nell'onestà, nel lavoro, nell'ordine, nel rispetto della libertà e dignità umane, nella forza suprema del diritto, in tutte le cose belle e buone del mondo, perchè tutto questo è stato calpestato, deriso ed infine distrutto dalle forze dirompenti del selvaggio Male.

* * *

Dove sono i nostri Ospedali, gli Istituti, i Laboratori, tutta la nostra bella organizzazione sanitaria che rappresentava il frutto di lunghi anni di lavoro, di sacrifici, di pazienti studi, pel quale ogni Medico Militare aveva portato a traverso un secolo di fatica il proprio contributo di scienza e d'esperienza, la sua volontà di ascesa e di perfezionamento?

Ben poco rimane: isolotti ancora emergenti qua e là dalle vaste acque torbide e limacciose lasciate dall'uragano, pochi uomini dispersi e smarriti.

Eppure da queste poche cose bisogna ricominciare, riprendere il cammino interrotto da una bestiale volontà dissolvitrice e ritrovare la strada maestra del lavoro quotidiano e del dovere.

A questo noi ci accingiamo fra immense difficoltà: riscattare dalle rovine i nostri beni, dall'avvilimento la nostra dignità, il nostro onore calpestati e contaminati, ricostruire su di essi il nostro vecchio glorioso Corpo riconsacrato dalla sventura e dalla sofferenza. Ecco i compiti che ci stanno dinanzi.

* * *

Al di sopra di ogni mischia, di ogni frontiera, di ogni razza, la nostra opera fu sempre diretta a guarire e lenire le immense sofferenze umane derivate dalla guerra, a lottare contro le cose infette e corrotte, a portare il nostro aiuto fraterno ed il senso umano e divino della pietà e dell'amore, là dove solo la cru-

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

deltà, l'odio e la morte infurianvano, sinistri dittatori del Male. Noi soli, bianchi guerrieri inermi, abbiamo teso le braccia agli amici, ai nemici, a tutta la povera gente travolta e colpita dell'uragano, armati soltanto da una disperata volontà d'amore e di fede, le nostre mani e i nostri cuori incontaminati.

Anche ora il nostro compito non è mutato. Dalle sanguinanti macerie della Patria e del mondo ancora scosso da convulsioni mortali, dal fondo delle nostre anime ferite e percosse ma palpitanti di speranza, sale un imperioso ammonimento che ci addita le vie del dovere, del lavoro, della redenzione, della suprema legge morale che sola governa ed illumina le azioni degli uomini.

* * *

UFFICIALI, SOTTUFFICIALI, GRADUATI DI TRUPPA E SOLDATI DELLA SANITÀ MILITARE, voi potete e dovete portare a questo consolante ritorno della Patria alla Libertà, al Diritto ed alla Legge il vostro contributo operoso ed affrettare una nuova e più magnanima aurora nei cieli della Patria e della umanità che attende.

Possano i nostri occhi ansiosi essere i primi a vederne la luce.

Roma. 5 luglio 1945

IL CAPO DEL SERVIZIO SANITARIO MILITARE
MAGGIORE GENERALE MEDICO s. p. e.
(Siro Fadda)

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

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

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (ISTA)
ROME
2/8/272A.

21 July 43

Ministry of War,
Direzione Generale di Sanita Militare

Attached copy of British Army Medical Department Bulletin is forwarded for information and retention.

Lieut-Col.
A.D.M.S.
/REG. Land Forces Sub Comm. AC. (ISTA)

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

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

Subject: A.M.D. Bulletins.

Reference M.3455.

To:
D.D.M.S., Eighth Army
D.D.M.S., 1 District
D.D.M.S., 2 District
D.D.M.S., 3 District
D.D.M.S., L.F., Greece.
A.D.M.S., B.T.M.A.
A.D.M.S., Land Forces Sub-Commission, A. C. (MMIA)
Major Rodgers, M.B.E., c/o H.Q., S.O.M.
H.S. "Toscana".
H.S. "Principessa Giovanna".

The enclosed publications (A.M.D. Bulletin Supplement No.21) are forwarded for issue to all medical officers under your administration.

M/8/2416

/KMN
18 July 45.

Major-General,
Surgeon, D.M.S., A.F.H.Q.

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

14 -

R-E-S-T-R-I-C-T-E-D

ROME AREA ALLIED COMMAND
APO 794, US Army.

AG 720 (Med) BLC/CBM/jrb.

30 June 1945

SUBJECT : Medical and Sanitary Regulations

TO : See Distribution

GENERAL:

The following Regulations for the Preservation of Health and Prevention of Disease in this Command are published for the information and compliance of all units under Command.

1. Responsibility:

a. Responsibility for Sanitation and Hygiene within a unit rests in the Commanding Officer of the unit or formation. Such responsibility extends throughout the area occupied by the unit or formation.

b. The attention of all Officers and Enlisted Men or Other Ranks will be drawn to the information contained in these Regulations. British Units will publish the regulations in unit orders at intervals of 4 weeks.

2. Water Supply:

a. Water in the City of Rome is not potable unless drawn from a faucet or tap which is supplied directly from the mains.

3. Ice:

a. No ice may be added to any beverage. Such liquids may be cooled by the application of ice to the outside of the container.

4. Ice cream, ices and soft drinks:

a. These may only be obtained at organizational messes, Red Cross Clubs and NAAFI/EFI or CVWW Canteens. The commodities will not be bought or consumed at street vendors barrows, civilian cafés or civilian restaurants.

M/8/2558

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

5. Soft Fruit and Vegetables

a. Soft fruit and vegetables, usually eaten raw, will be treated in accordance with the following references :-

Para. 7, Sec I, Circ 116, HQ MTOUSA, 1944 Series
Sec II, Circ 54, HQ MTOUSA, 1945 Series
Letter, HQ Rome Area MTOUSA, Subject "Disinfection of Dishes, Fruits and Vegetables" dated 24 March 1945

GRO 338/45

6. Regulations for Messes, Cookhouses, etc.

a. All mess rooms, cookhouses and places used for the preparation of food will be maintained in a clean condition. Fly-proofing will be carried out whenever possible.

b. Unpacked food, such as bread, fresh meat, etc., will be handled, stored, prepared and issued in a sanitary manner. They will be protected from heat, dirt, insects, rodents, etc. Protective coverings such as clean mattress covers or paulins (US), clean sacks or boxes (BR), will be used for protecting such food during transportation.

c. Foodhandlers and cookhouse personnel will be examined as specified in Para 13, AR 40-205, dated 31 Dec 42 or GRO 335/44 and 357/45.

d. Civilian personnel employed by US Units must have a foodhandlers permit issued by the Public Health Office, City of Rome.

e. British Units employing civilians in the handling of food will fulfill the conditions of ARO 458/45.

f. A list of civilian personnel employed will be kept by the Unit concerned. All such civilians will be examined by a Medical Officer as to their freedom from infectious and contagious disease at intervals of 28 days.

g. The following references will be consulted and complied with :-

Sec II, Circ 54, HQ MTOUSA, 1945 Series
Letter, HQ Rome Area MTOUSA, file AG 721.5 (Med), subject "Mess Sanitation", dated 11 May 45
Para 13, AR 40-205, dated 31 Dec 42

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

7. Waste disposal:

a. Garbage and swill will be put into covered cans or drums kept for the purpose. These cans will be emptied not less often than once a day, and disposed of by delivery in unit transport to one of the following garbage plants :-

Via dell' Acqua Acetosa	MR Town Plan of Rome, 1:10,000 734713
Via Albano	MR Town Plan of Rome, 1:10,000 783636 (Route 7)
Di Grotto Perfetta	MR Town Plan of Rome, 1:10,000 742624 (Route 8)
Via Acqua Bollicante	MR Town Plan of Rome, 1,10,000 789658

b. Empty tin cans will be washed or burned and then crushed before being removed to dumps.

c. No garbage, swill or empty cans will be dumped at other than approved disposal plants.

8. Malaria Control:

a. The following references will be consulted and complied with :-

Letter, Rome Area Allied Command, subject "Malaria Control", dated 30 Apr 45
Section IV, Circ 54, HQ MTOUSA, 1945 Series
Letter, HQ PBS, file AG 725.11 BPMED, subject "Pest Control", dated 23 Apr 45.
GRO 335/45.

9. Dysentery and Fly borne diseases:

a. All food will be protected from flies. All latrines will be kept in a clean, fly-proof condition. No collecting of garbage or filth will be permitted in, or near, any billet or camping area. Every effort will be made by all means to destroy flies.

b. The following references will be consulted and complied with :-

Sec II, Circ 54, HQ MTOUSA, 1945 Series
GRO 486/45

4437

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

10. Louse borne diseases:

a. Physical examination of all US Troops will be held twice monthly in accordance with Sec VII, Circ 54, HQ MTOUSA, 1945 Series. British Troops will have a Health Inspection each month. Clothing will be examined for evidence of louse infection at the same time as the Physical Inspection is made. Insecticide powder will be made available for all Troops.

11. Skin Diseases:

a. Epidermophytosis (Athlete's Foot) is common and the use of swimming baths will add to the spread of the disease. Treatment must be obtained by all personnel infected with the disease.

b. Commanding Officers must ensure that the floors of bath houses are scrubbed with disinfectant fluid and that duck boards are thoroughly cleaned and dried in the sun daily.

c. The following reference will be consulted and complied with by British Units :-

ARO 502/45.

12. Venereal Disease:

a. Commanding Officers are responsible for control of Venereal Disease in their Units.

b. All Troops will be instructed in the danger of Venereal Disease.

c. Prophylactic Stations will be maintained at all US dispensaries and ET Rooms will be maintained by British Units at the discretion of the OC. (Prophylactic Stations - (PACs) are established and clearly signposted throughout the City of Rome).

d. Individual chemical and mechanical prophylactics (ET Packets and Condoms) will be made readily available to all Troops at their Unit location.

e. The following references will be consulted and complied with :-

(1) Sec V, Circ 54, HQ MTOUSA, 1945 Series.

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

Letter HQ Rome Area MTOUSA, file AG 726.1 (Med), subject "VD Prevention", dated 30 Apr 45
Circular letter No. 10, HQ MTOUSA, Office of the Surgeon, subject "VD Prophylaxis" dated 23 Mar 45.

13. Rabies:

a. Rabies is common in Rome. All troops must be warned of the danger of handling strange dogs. US Units will comply with the provisions of Sec III, Circ 8, HQ MTOUSA, 1945 series. British Units will comply with the provisions of GRO 506/44. No. 104 (Br) General Hospital is the appointed hospital for this area under para 5(b) of GRO 506/44.

14. Inoculation and Vaccination:

a. US Units

Immunization as prescribed by Sec I, Circ 8, HQ MTOUSA, 1945 series will be kept current at all times and Unit Commanders will make monthly checks to ensure that records show proper completion of immunization. Immunization requirements in this theatre are :-

Smallpox	Once yearly
Typhoid, paratyphoid	Stimulating dose of 0.5cc annually
Typhus	Stimulating dose of 1.0cc every six months.
Tetanus	One stimulating dose at end of first year and not after that except in the case of injury, operation or manipulation likely to cause development of the disease.

b. British Units:

Vaccination and inoculation states will be submitted to the Surgeon (ADMS) RAMC, every three months. British Army requirements are :-

4436

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

Vaccination	every two years
TAB boosting dose	yearly
TT boosting dose	yearly
Typhus	boosting dose every six months, except where more frequent dosage is advised by ADMS.

15. Barber Shops:

a. Only those civilian shops which display a sign showing that they have been inspected and approved by the Sanitary Branch of this HQ will be used by Troops.

b. Barber Shops operating in US Unit areas will be governed by para 9, AR 40-205, dated 31 Dec 42.

16. Letter, HQ Rome Area Allied Command, Subject "Sanitary Order" dated 20 July 44, is rescinded.

BY COMMAND OF BRIGADIER GENERAL BROWN:

C.B. MURPHY
Major, AGD.
Adjutant General.

Distribution

"R"

R-E-S-T-R-I-C-T-E-D

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

Subject: Technical Medical Publications

13

Land Forces Sub Comm.
A.C. (MEIA)
RCMS
M/8/2225
26 May 45

Ministry of War,
Direzione Generale di Sanita Militare

Further copies of British Army Medical Department Bulletins are forwarded herewith for information and retention.

Lieut-Col.
A. D. M. S.
Land Forces Sub Comm. AC. (MEIA)

/RMG

4435

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

12

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

Subject:- Publications.

Reference No.:- M 3455.

To :- D.D.M.S., Eighth Army.
A.D.M.S., (Br Inc) 5th Army.
D.D.M.S., 1 District.
D.D.M.S., 2 District.
D.D.M.S., 3 District.
D.D.M.S., I.F. (Greece).
A.D.M.S., B.T.K.A.
A.D.M.S., I.F.A.
A.D.M.S., Land Forces Sub Commission, A.C. (M.M.I.A.)
D.D.M.S., 15 Army Group.
Major Rodgers, M.B.E., c/o H.Q., S.O.M.
H.S. 'Toscana'.
H.S. 'Principessa Giovanna'.

Read 26/5

The undermentioned publications are forwarded for issue to all Medical Officers under your administration.

A.M.D. Bulletins Nos. 44 and 45.
A.M.D. Bulletin Supplement No. 20.
Memorandum on Cutaneous Diseases 1945.

2 Enc/Nil

E.G. Wright, Major, D.A.D.M.S.,
For Major-General,
Surgeon, D.M.S., A.F.H.Q.

25 May 45
26.

M/8/2224

4434

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

Translation.

143

From :- M of W.
To :- M/M HQ for information.

Ref :- 6/2669/MT.
Date :- 12th May 45.

Subject :- Storage of medicines.

(11)

Ref. M/8/1567 dated 10-4-45.

Herewith attached, copy of memo. M:12 dealing with the storage of medicines, etc, at Pharmaceutical depots.

Med. Directorate concerned will issue copy of same to all depending hospitals and will see that instructions ~~Verify carried out~~ carried out properly.

(Sgd) COLDBECK Lt-Col.

M/8/3114

P/R

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

41

Ministero della Guerra
DIREZIONE GENERALE DI SANITA MILITARE

Roma, 12 MAG 1945

Al 70

med

Divisione III *Sez.* CP
Prot. N.° 6/2669/[illegible] *Allegati* 1
4519

Risposta al Foglio del
Div. *Sez.* *N.°*

OGGETTO : Conservazione medicinali.-

AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — PALERMO
AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — BARI
AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — NAPOLI
AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — ROMA
AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — FIRENZE
AL COMANDO MILIT. TERR. = DIREZIONE DI SANITA' — BOLOGNA
AL NUCLEO I° = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 226
AL NUCLEO II°=COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 236
AL NUCLEO III°= COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 225
AL NUCLEO IV = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 114
AL NUCLEO V = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 217

AL DEPOSITO AVANZATO "S" MATERIALE SANITARIO — P.M. 26
AL DEPOSITO AVANZATO "T" MATERIALE SANITARIO
presso il Com. Mil. Terr. = Direz. Sanità — FIRENZE

e, per conoscenza:

ALLA LAND FORCES SUB COMMISSION AC. (ROMA) — ROMA
(rif. f. M/S/1567 del 10.4.45)

Si trasmette copia del promemoria allegato n. 12, relativo alla conservazione dei medicinali, ecc. presso i Magazzini farmaceutici.

Le Direzioni di Sanità sono tenute a diramarne copia a tutti gli Ospedali dipendenti e a curarne la esatta applicazione.-

AL NUCLEO I° = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 216
AL NUCLEO II°=COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 236
AL NUCLEO III°= COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 225
AL NUCLEO IV = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 114
AL NUCLEO V = COM. MIL. TERR. = DIREZIONE DI SANITA' — P.M. 217

AL DEPOSITO AVANZATO "S" MATERIALE SANITARIO — P.M. 16
AL DEPOSITO AVANZATO "T" MATERIALE SANITARIO
presso il Com. Mil. Terr. = Direz. Sanità — FIRENZE

e, per conoscenza:

ALLA LAND. FORCES SUB COMMISSION AC. (ROMA) — ROMA
(rif. f. N/C/1567 del 10.4.45)

****

Si trasmette copia del promemoria allegato n. 12, relativo alla conservazione dei medicinali, ecc. presso i Magazzini farmaceutici.

Le Direzioni di Sanità sono tenute a diramare copie a tutti gli Ospedali dipendenti e a curarne la esatta applicazione.-

p. IL MINISTRO
F.to= p. CALDAROLA

PER COPIA CONFORME
IL DIRETTORE CAPO DIVISIONE

Translate
W. A. Raggi

Wash. 16/5/45

TRANSLATION
4432
IN Date 05 20
Date 4/16
OUT Date 16.45
Date 15.5

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

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

Subject: Technical Medical Publications

10

Land Forces Sub Comm.
A.C. (MMA)
NAVY
W/8/1384

27 April 45

Ministry of War,
Direzione Generale di Sanita Militare

Reference your 673/3.G. of 17 April 45.

1. Your suggestion to restart the publication of an Italian Army Medical Journal containing purely technical medical matter is approved.

2. Permission to publish extracts from British Army Medical Department Bulletins has also been approved by AMS. Copies of British publications from 1943 to date are enclosed for your use as required.

Maj.-Gol.
A.D.M.S.
Land Forces Sub Comm. AC. (MMA)

/NAVY

1860

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

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

M/8/1842

Reference: M. 3455.

Subject: Technical Medical Publications.

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

Reference your M/8/1777 dated 21 Apr 45.

1. Approval is given to the request contained in para. 5 of Ministry of War letter 673/S.C. of 17 Apr 45.

2. Two copies of all A.M.D. Bulletins held by this Directorate are forwarded herewith and you have been placed on the distribution list for further issues.

4430

T. MINZIES, Colonel, A.D.M.S.(Adm),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

JHS/AK
25 Apr 45

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

Subject: Technical Medical Publications

Land Forces Sub Comm.
A.C. (MIIA)
MCHE
11/8/1777
21 April 43

MEA AFH:

Reference attached translation of Ministry of War letter 673/S.G. of 17 April 43.

1. This journal contains purely technical medical matter and 'A' Branch MIIA have no objection in principle to its publication.

2. Your approval of the request in para 3 to publish data from Allied sources is desired. If agreed, may two copies of the British "Army Medical Department Bulletin" be forwarded to this office.

3. A copy of the Giornale di Medicina Militare for June 1943 is enclosed.

W. C. H.

Lieut-Col.
A.B.M.S.
Land Forces Sub Comm. AC. (MIIA)

/MCE

4429

Copy to: 'A'

copy translation

MINISTRY OF WAR
General Medical Directorate

Ref: 673/S.G. 17 April 45.

To: Land Forces Sub Comm. AC. (MMIA)

Subject:- Army Medical Publications

1. The Army Medical Journal ceased to be published in June 1943. A resumption of its publication is under consideration and it is believed that this can be accomplished in 2 - 4 months.

2. A substantial amount of material has already been collected for the first few numbers of the "Journal".

3. A news bulletin for territorial and field medical units was published during the war of 1915 - 18. It was later replaced in substance by the Army Medical Journal (reviews, therapeutical novelties etc.)

4. It is, nevertheless, believed to be strongly advisable to resume the publication of a bulletin of an essentially informative and practical nature, as a supplement of the Army Medical Journal, to be distributed to all the technical personnel of the Medical Service.

5. It would be very gratifying and certainly very profitable to be able to draw upon the information published in the Bulletins of the Medical Corps of the Allied Armies, when preparing our "Bulletin". Such (Allied) publications might be sifted for information to be used for the Italian Bulletin selecting the articles best suited for our medical officers mentioning, of course, the source. All this, to be sure, would be subject to prior authorisation by the Allied authorities concerned.

6. This Directorate is this day contacting the Cabinet in order to obtain authorisation to resume publication of the Journal. Copies of same will be transmitted to you regularly as soon as published. We are, meanwhile, enclosing the last number of the Army Medical Journal - No. 6 of June 1943.

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

5. It would be very gratifying and certainly very profitable to be able to draw upon the information published in the Bulletins of the Medical Corps of the Allied Armies, when preparing our "Bulletin". Such (Allied) publications might be sifted for information to be used for the Italian Bulletin selecting the articles best suited for our medical officers mentioning, of course, the source. All this, to be sure, would be subject to prior authorisation by the Allied authorities concerned.

6. This Directorate is this day contacting the Cabinet in order to obtain authorisation to resume publication of the Journal. Copies of same will be transmitted to you regularly as soon as published. We are, meanwhile, enclosing the last number of the Army Medical Journal - No. 6 of June 1943.

IL DIRETTORE GENERALE

F. Calderola.

4428

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

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

Translation

(4 copies)

From: Ufficio Stampa
To: MMIA (replying to letter M/8/1588 of April 11, 1945)

Ref. No. 673/S.G.
Date: April 17, 1945

M/8/17769

Subject: Army medical publications.

1. The Army Medical Journal ceased to be published in June 1943. A resumption of its publication is under consideration, and it is believed that this can be accomplished in 2 – 4 months.
2. A substantial amount of material has already been collected for the first few numbers of the "Journal".
3. A news bulletin for territorial and field medical units was published during the war of 1915-18. It was later replaced in substance by the Army Medical Journal (reviews, therapeutical novelties, etc.)
4. It is, nevertheless, believed to be strongly advisable to resume the publication of a bulletin of an essentially informative and practical nature, as a supplement of the Army Medical Journal, to be distributed to all the technical personnel of the medical service.
5. It would be very gratifying and certainly very profitable to be able to draw upon the information published in the Bulletins of the Medical Corps of the Allied Armies, when preparing our "Bulletin". Such (Allied) publications might be sifted for information to be used for the Italian Bulletin, selecting the articles best suited for our medical officers, mentioning, of course, the source. All this, to be sure, would be subject to prior authorization by the Allied authorities concerned.
6. This Directorate is this day contacting the Cabinet in order to obtain the authorization to resume publication of the Journal. Copies of same will be transmitted to you regularly as soon as published. We are, meanwhile, enclosing the last number of the Army Medical Journal – No. 6, of June 1943.

Signed: F. Calistri
Director

Welk

IN P.M. 3800, 17 aprile 1945

Ministero della Guerra

DIREZIONE GENERALE DI SANITA' MILITARE

Divisione *Sez.*
Prot. N.° 673/49 *Allegati*

A LA LAND FORCES SUB COMM.A.C.(MMIA)
R O M A

Risposta al N.° M/8/1588
del 1'11-4-1945

OGGETTO : pubblicazioni sanitarie militari.-

1°) - Il Giornale di Medicina Militare ha cessato le proprie pubblicazioni nel giugno 1943. E' in istudio la ripresa della pubblicazione, e si ritiene che essa potrà attuarsi entro due - quattro mesi.

2°) - E' già stato raccolto parecchio materiale per i primi numeri del "Giornale".

3°) - Un Bollettino di informazioni per le unità sanitarie territoriali e da campo veniva pubblicato durante la guerra 1915-1918. In seguito, esso è stato in sostanza sostituito dal Giornale di Medicina Militare (recensioni - novità terapeutiche ecc.)

4°) - Si ritiene tuttavia molto opportuno riprendere le pubblicazioni di un bollettino a carattere eminentemente orientativo e pratico, come supplemento del Giornale di Medicina Militare, da distribuire a tutto il personale tecnico - assistenziale del servizio sanitario.

5°) - Sarebbe assai gradito e certamente assai utile poter utilizzare in parte per la compilazione del "Bollettino", le pubblicazioni del "Bollettino del Corpo Sanitario" degli Eserciti Alleati. Di dette pubblicazioni potrebbe essere fatta una selezione per il Bollettino italiano, scegliendo gli articoli più adatti per i nostri ufficiali medici, e citando naturalmente la fonte. Beninteso, tutto ciò è subordinato alla preventiva autorizzazione delle Autorità alleate competenti.

6°) - In pari data questa Direzione Generale inizia col Gabinetto le pratiche necessarie per l'autorizzazione alla ripresa delle pubblica-

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

3°) - Un Bollettino di informazioni per le unità sanitarie territoriali e da campo veniva pubblicato durante la guerra 1915-1918. In seguito, esso è stato in sostanza sostituito dal Giornale di Medicina Militare (recensioni - novità terapeutiche ecc.)

4°) - Si ritiene tuttavia molto opportuno riprendere le pubblicazioni di un bollettino a carattere eminentemente orientativo e pratico, come supplemento del Giornale di Medicina Militare, da distribuire a tutto il personale tecnico - assistenziale del servizio sanitario.

5°) - Sarebbe assai gradito e certamente assai utile poter utilizzare in parte per la compilazione del "Bollettino", le pubblicazioni del "Bollettino del Corpo Sanitario" degli Eserciti Alleati. Di dette pubblicazioni potrebbe essere fatta una selezione per il Bollettino italiano, scegliendo gli articoli più adatti per i nostri ufficiali medici, e citando naturalmente la fonte. Beninteso, tutto ciò è subordinato alla preventiva autorizzazione delle Autorità alleate competenti.

6°) - In pari data questa Direzione Generale inizia col Gabinetto le pratiche necessarie per l'autorizzazione alla ripresa delle pubblicazioni del Giornale. Verrà regolarmente trasmessa copia delle pubblicazioni non appena saranno iniziate. Si allega intanto un esemplare dell'ultimo numero del Giornale di Medicina Militare - Fascicolo 6 - giugno 1943.-

IL DIRETTORE GENERALE
(F. Caldarola)

4426

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

ADMS HQ MMIA

SECRET.

SUBJECT: Medical Admin Directive - Italian Medical Services.

W.G.H. → Capt Cook
19/4

M/8/1745

↓ Note supply arrangements of "San Gallo" and "T" depots.

British Increment (Medical)
Rear HQ Fifth Army, CMF.

Ref: Med (Br) 1088.

15 Apr 45.

→ File

1. The purpose of this Directive is to make clear for easy reference the channels of comd, functions and sources of supply of Italian Med Units operating within Gruppi and in support of Gruppi and BR - ITI Service Units.

2. At Appx "A" are shown the channels of comd and sources of med sups.

3. FUNCTION.

470)
522 *) It Evac Hosps. * At present remaining closed.
576)
866)
113 It Mob X-Ray Unit.

The above units are under Op Comd of Surgeon Fifth Army, and form an Italian Hosp Area for admission and treatment of Combat and BR - ITI Service Tps u/c Fifth Army. They are NOT at present in direct support of particular Gruppi.

The present O.C. 576 Italian Evac Hosp (Major ZAGAMI) will act as Senior Medical Officer of the Hospital Area, and will be the channel for all administrative procedure.

4. MED STORES AND EQUIPMENT.

Med sups for units shown in para 3 will be obtained from SANGALLO Mil Hosp FLORENCE.

Units will forthwith submit demands to Chief of Med Services TUSCANY at FLORENCE

(a) to complete to authorised scales of med stores and equipment.

(b) for estimated expenditure of drugs, dressings and other expendible items for twenty days based on

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

It1 Service Tps o/s [illegible]
support of particular Gruppi.

The present O.C. 576 Italian Evac Hosp (Major ZAGAMI) will act as Senior Medical Officer of the Hospital Area, and will be the channel for all administrative procedure.

4. MED STORES AND EQUIPMENT.

Med sups for units shown in para 3 will be obtained from SANGALLO Mil Hosp FLORENCE.

Units will forthwith submit demands to Chief of Med Services TUSCANY at FLORENCE

(a) to complete to authorised scales of med stores and equipment.

(b) for estimated expenditure of drugs, dressings and other expendible items for twenty days based on a daily average of 100 beds occupied.

(c) for estimated expenditures for month of May. Sups under (a) and (b) above are required urgently and should be obtained forthwith.

4425

5. EVACUATION.

From It Evac Hosps will be to It Mil Hosps in accordance with the policy laid down from time to time by Surgeon Fifth Army.

Surgeon Fifth Army has agreed to make available tpt facilities as necessary.

...../6

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

6. HOSPITAL DIET ITEMS.

The following scale of issue on a basis of 100 Patients for 10 days may be demanded from the D.I.D. from which unit rations are drawn on production of a certificated Bed Strength State.

Milk Tinned	47¾ lbs
Macaroni or RICE	90 lbs
Semolina or equiv	23 lbs
Butter or Margarine	80 lbs
Meat Extract	4 lbs

7. DISINFECTANTS AND MISCELLANEOUS STORES

These stores will be demanded from D.I.D. within the authorised scale given at Appx "E".

8. MEPACRINE.

Supplies of Mepacrine will be drawn from D.I.D.

9. LAUNDRY OF HOSPITAL LINEN.

Arrangements for Laundry of Hospital Linen of It Evac Hosps will be made through D.A.D.O.S. 52 B.L.U. for 470 and 576 Evac Hosps and 53 B.L.U. for 522 and 866 Evac Hosps.

H.H. Kenshole

FIELD.
HKK/MB

H.H. KENSHOLE.
Colonel, ADMS.

DISTRIBUTION:

For each It Med Unit and It MAC
with translation into Italian (1)
Surgeon, Fifth Army.
DDMS 10 Corps.
ADMS HQ MMIA.
HQ 215 Sub Area.
HQ 231 Italian Div.
3 Adv Depot Med Stores.
"A" Brit Inc., with copies incl translations
for distribution to HQs concerned.
DMS AFHQ.
Chief of Medical Service, FMSCMI

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

FIELD.
MHK/MB

H.H. KENSHOLE.
Colonel, ADMS.

DISTRIBUTION:

For each It Med Unit and It M.C
with translation into Italian (1)
Surgeon, Fifth Army.
DDMS 10 Corps.
ADMS HQ MMIA.
HQ 215 Sub Area.
HQ 231 Italian Div.
3 Adv Depot Med Stores.
"A" Brit Inc., with copies incl translations
for distribution to HQs concerned.
DMS AFHQ.
Chief of Medical Services, TUSCANY.

4424

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

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

Appen

Unit	Op Comd.	Adm Comd.	Source of Med Sups.
S & T			
B Sec. It 1 MAC	Fifth Army	10 Corps	N/A
MED			
964 It Fd Hosp	Fifth Army	231 Div	It. Mil Hosp Florence
470 It Evac Hosp + 522 It Evac Hosp ø 576 It Evac Hosp + 866 It Evac Hosp ø	Fifth Army	215 Sub Area	It. Mil Hospital Florence
113 It Mobile X-Ray Unit.	Fifth Army	215 Sub Area	It. Mil Hosp Florence
"T" It Adv Dep Med Stores	Fifth Army	215 Sub Area	It. Mil Hosp Florence
34 It Fd Surgical Unit	Fifth Army	LEGNANO Gruppo	"T" Adv Dep Med Stores
131 It Fd Surgical Unit	Fifth Army	FOLGORE Gruppo	"T" Adv Dep Med Stores
51 It Med Sect, 244 It Fd Hosp, 332 It Fd Hosp	LEGNANO	LEGNANO	"T" Adv Dep Med Stores
184 It Med Sect, 516 It Fd Hosp, 517 It Fd Hosp	FOLGORE	FOLGORE	"T" Adv Dep Med Stores

Note 1. When any of the above units are under Admin of Briti
and personnel in their role as an integral part of t
of 231 Italian Div.

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

Appendix "A" to Med (Br) 1088 dated 15 Apr 45.

Source of Med Sups.	4.4.23	Remarks.
N/A		Op. control DDMS 10 Corps.
It. Mil Hosp Florence		
It. Mil Hospital Florence	+ OAD - DADOS 52 BLU ø OHD - DADOS 53 BLU.	
It. Mil Hosp Florence		
It. Mil Hosp Florence		
"T" Adv Dep Med Stores		Operational control - Director Med Services LEGNANO
"T" Adv Dep Med Stores		Operational control - DDMS 10 Corps.
"T" Adv Dep Med Stores		
"T" Adv Dep Med Stores		

ove units are under Admin of British Formations, matters affecting units their role as an integral part of the Italian Army are the responsibility
.

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

Appendix 'B' to Med (Br) 1088 dated 15 Apr 45.

DISINFECTANTS AND MISCELLANEOUS STORES.

Water Sterilizing Powder	15 lbs	Scale per 1,000 mon per month.
Anti Mosquito Cream	375 lbs	
Taste Remover Tablets	250	
Fly Catchers	480	
Prepared rat bait	½ lb	
Blocks fumigating	4	
Anti Mosquito Spray	100 gals	
A.L. 63 / Cresol	Up to full British Rates at discretion of DDMS Army	
Methylated Spirits	5 gals	
Malariol	165 gals	
Paris Green	112 lbs	

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

Subject: Medical Publications

Land Forces Sub Comm.
A.C. (MMIA)
ROME
M/8/1588
11 April 45

Ministry of War,
Direzione Generale di Sanita Militare

1. In the British Army, medical technical instructions are published periodically and deal entirely with recent advances in Medicine, Surgery and other specialist subjects.
It is believed that no technical medical instructions have been published to Italian medical officers since Sept. 1943.

2. Information is requested if any similar arrangement previously existed in the Italian Army and if so, is it possible for these publications to be re-started.

3. In the event of such publications not having previously been issued, it is suggested that a translation of the British "Army Medical Department Bulletin" could be made and published to Italian medical officers. It is felt that it would be of value particularly to combat medical units.

4. Your views on this subject are requested.

4421

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (MMIA)

/MSG

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

SUBJECT:- Medical Publications - Italian Forces.

56 BLU
M 12

8 Apr 45.

MAIA (Med)

1. It is found that Italian Medical Officers receive no medical publications, e.g. " Advances in War Surgery ", or anything similar to the " Army Medical Department Bulletin ".

2. If current Italian Publications are available may these please be supplied to this Group.

3. If Italian Publications are not available may Italian translations of the " Army Medical Department Bulletin " please be made.

4. Italian Medical Officers show real interest in Advance in Medicine and it is felt that there is a definite need for these publications.

for J. Thomas
Lt Col,
GS.

In The Field,
HTT/ajw.

M/8/1568

4420

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

Subject: Medical Supply Memo

Land Forces Sub Comm.
A.C. (MMLA)
RCMP
M/S/1567
10 April 45

Ministry of War,
Direzione Generale di Sanita Militare

Herewith copies of Supplies Memorandum No. 12 for information and such action as you consider necessary.

A.W.J. Copper,
Staff Capt.
for A.D.M.S.
Land Forces Sub Comm. AC. (MMLA)

/EEG

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

4

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

Subject : Medical Supplies Memorandum No.12 Reference : M-4405

To : A.D.M.S. 15 Army Group, (2)
Eighth Army, (80)
1 Platoon, (40)
2 Platoon, (60)
3 Platoon, (100)
Land Forces Greece, (50)
A.D.M.S. (thro Inc) Fifth Army, (50)
M.T.O.U.S., (20)
Land Forces Adriatic (25)

The attached copies of Medical Supplies Memorandum No.12 on the Storage of Medical Equipment and Drugs are forwarded for information and distribution to medical units concerned.

A. F. DAVIS
Staff Captain,
for Major General,
Surgeon, A.F.H.Q.

7 Apr'45.
AFHQ/OE.

Copies to : A.D.M.S. G-4 U.S. II Corps (CHIEF & MESS) (1)
P.M.O. G-4 Br. Ex. Force, M.A.A.F. (5)
ALLIED Land Forces Sub-Commission, A.C. (MMIA), Rome. (15)
C.C. No.10 General Depot Medical Stores, (2)
9 beds " " " (2)
4 " " " " (2)
2 " " " " (2)

4418

P/A

M/8/1553

MEDICAL SUPPLIES MEMORANDUM.

NO. 12.

STORAGE OF MEDICAL EQUIPMENT AND DRUGS, ETC.

LIABLE TO DETERIORATION.

All items listed below will be regarded as "Turnover Stocks" and action will be taken as indicated below by all medical units and particularly by Depots of Medical Stores, to ensure that such stocks are not allowed to deteriorate through prolonged storage.

(a) Not more than one months requirements will be held by consuming units, i.e. General Hospitals, etc.

(b) Stocks will be stored in such a manner as to ensure that oldest stocks are issued first.

(c) All equipment should be stored wherever possible, in dry and well aired rooms, and preserved as much as possible from exposure to the sun, extremes of temperature, vermin and insects.

(d) Steel and plated articles held in store should be preserved by occasionally wiping them over with a dry soft cloth slightly greased with soft paraffin.

(e) Rubber articles should be kept in a dark place, and, where possible, stored separately in a cool cupboard containing slatted or perforated shelves over a receptacle containing paraffin, adequate fire precautions being observed. Alternatively, they may be stored over water. Rubber keeps better in a moist atmosphere than a dry one.

(f) All Sera and Vaccines bear on the label of the phial or carton, definite instructions regarding storage. These should be strictly complied with in order that maximum potency be retained.

Cool Dark Storage.

Liq. Adrenalin Hydrochlor	Alkali free glass.
Acid Hydrocyan Dil.	Bottles should be stored inverted.
Adrenaline.	Store dry.
Aether Anaesthetic.	Well closed container.
Spirit Aetheris Nitrosi.	Well filled containers.
Amyl Nitris Capsules.	
Extract Hepatis Liq.	Cool storage - Unstable.
Insulin	Temperature not exceeding 20°C.

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

(e) Rubber articles should be kept in a dark place, and, where possible, stored separately in a cool cupboard containing slatted or perforated shelves over a receptacle containing paraffin, adequate fire precautions being observed. Alternatively, they may be stored over water. Rubber keeps better in a moist atmosphere than a dry one.

(f) All Sera and Vaccines bear on the label of the phial or carton, definite instructions regarding storage. These should be strictly complied with in order that maximum potency be retained.

Cool Dark Storage.

Liq. Adrenalin Hydrochlor	Alkali free glass.
Acid Hydrocyan Dil.	Bottles should be stored inverted.
Adrenaline.	Store dry.
Aether Anaesthetic.	Well closed container.
Spirit Aetheris Nitrosi.	Well filled containers.
Amyl Nitris Capsules.	
Extract Hepatis Liq.	Cool storage - Unstable.
Insulin.	Temperature not exceeding 20°C.
Chloroform	
Antitoxin Diphtheria.	Low temperature ABOVE freezing point.
Antitoxin Tetanicum	" " " " "
Antitoxin Gas Gangrene	" " " " "
Antidysentery Serum, (Shiga)	" " " " "
Diphtheria Prophylactic, T.A.F.	" " " " "
Vaccine Lymph.	Cold storage, below 0°. Potency is maintained when stored as follows:- 0° - 5°C - 3 months, 5° - 10°C 4 weeks. Above 10°C 7 days.
Yellow Fever Vaccine	Very sensitive to temperatures above freezing point must be stored at 0°C. or less.

Light Free Storage.

Amylocainae Hydrochlor.	Alkali free containers.
Apomorphine Hcl.	" " "
Argentii Nitras - all preparations	
Emetine & Bismuth Iodide.	
Emetine Hydrochloridum.	
Liq. Hydrarg Perchloridi.	
Phenol.	
Santoninum.	

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

Special.

Liq. Vitamin A & D conc. capsules.	Require very frequent turnover. Capsules liable to become massed and tend to grow fungi if stored over long periods.
Morphine Syringe ampoules.	Liable to evaporation. May be found U/S after one year. Requires frequent inspection and turnover.
Trinitrophenol.	Explosive. Must be stored mixed with water 50%.
Plaster Adhesive Z.O.	Requires frequent turnover and storage protected from sun.
Tabs Codeine Co.	Require continuous turnover. Liable to deterioration, particularly in hot climate.

Dry Storage.

Antimonii et Sodii Tartras.

Items requiring special attention to ensure that all containers are well closed.

Acid Trichloraceticum.	Deliquescent.
Ammon. Carb.	
Calcii Chloridum.	Hygroscopic.
Chromii Trioxidum.	
Cataplasma Kaolin.	
Morphinae Tartras.	Efflorescent.
Alcohol Absolute. }	
Acetone. }	Hygroscopic.
Acid Sulphuric conc. }	

A.Morrish.

R.A.MORRISH,
Major, D.A.D.M.S.3,
for Major General,
Surgeon, D.M.S., A.E.H.Q.

31 Mar 45.

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

Items requiring special attention to ensure that all containers are well closed.

Acid Trichloraceticum.	Deliquescent.
Ammon. Carb.	
Calcii Chloridum.	Hygroscopic.
Chromii Trioxidum.	
Cataplasma Kaolin.	
Morphinæ Tartras.	Efflorescent.
Alcohol Absolute.	Hygroscopic.
Acetone.	
Acid Sulphuric conc.	

R.A. MORRISH,
Major, D.A.D.M.S.3,
for Major General,
Surgeon, D.M.S., A.F.H.Q.

31 Mar 45.
AFD/RFH.

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

DADMS 1 Folio 6a

MEDICAL SUPPLIES MEMORANDUM AC. MMIA Ltr

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED BY MEDICAL UNITS.

M/8/270

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L.....1944 to be taken into use, column 1 will show the P.L...D. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L...D. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin Olie Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin Oils Mav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - Will show the quantity demanded. This will be sufficient to bring "present stock" to T. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the ..F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .., ..F.H.Q. Necessary alterations will be made in this office.

(h) Column 6 will be left blank.

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

4416

W.A.N. 24/1/45. H. Cope

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned would not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by a proving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.M.S. (Ops.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/GK.

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

items are received ; e.g. X-ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

P.J. FOWLER, Lt. Colonel,
D.D.M.S. (Ops.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
PJF/GH.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & A.L. (G).	50.
A.D.M.S., B.T.M.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.O., H.Q.F., A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.C.F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L.M.E. 194 to be taken into use, column 1 will show the P.L.M.E. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L.M.E. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Dept has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Dept has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by auditors, entries will be made on tally cards showing what the Dept was unable to issue. For example, if on one indent "Paraffin Oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the .F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .S., .F.H.Q. Necessary alterations will be made in this office.

(h) Column 6 will be left blank. 4415

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) the instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned would not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D. .S., ..F.H. .

18 Jan. 45.
FJF/SK.

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

regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Cons.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

16 Jan. 45.
FJF/SK.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & A.L. (G).	50.
A.D.M.S., R.A.F.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.O., R.A.F., M.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.M.F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the E.L...E. 1944 to be taken into use, column 1 will show the E.L...E. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the E.L...E. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin olie Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin oils Mav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 45 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the ..F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .., ..F.I.. Necessary alterations will be made in this office.

(h) Column 6 will be left blank.

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

4414

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned would not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot, would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

P.J. FOULER, Lt. Colonel,
A.D.M.S. (Gen.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
PJF/GR.

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

In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Dos.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/SK.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & M.L. (G).	50.
A.D.M.S., R.T.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

R.A.M.C., R.A.F., R.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.C.F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the R.L.E.E. 1944 to be taken into use, column 1 will show the R.L.E.E. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the R.L.E.E. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin Oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the .F. I. 1269, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .S., Necessary alterations will be made in this office. 4413.

(h) Column 6 will be left blank.

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned could not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D. .S., A.F.H. .

18 Jan. 45.
FJF/TK.

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

In some Hospitals it is the custom to issue from the Medical Store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F.J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Gas.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/GM.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & M.L. (G).	50.
A.D.M.S., S.T.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
C.O., 10 Command Depot Medical St.	4.
C.O., 2 Base Depot of Med. Stores.	4.
C.O., 4 Base Depot of Med. Stores.	4.
C.O., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.C., R.A.F., M.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.M.F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L...2. 1944 to be taken into use, column 1 will show the P.L...2. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L...2. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1245 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin oille Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(e)

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

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the .F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .S., .4412 Necessary alterations will be made in this office.

(h) Column 6 will be left blank.

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned could not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by a proving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (c) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D...S., A.F.H.Q.

18 Jan. 45.
FJF/GR.

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

In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. F. Fowler

F.F. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D...S., A.F.H.Q.

18 Jan. 45.
FJF/EK.

DISTRIBUTION :-

D.D...S., 15 Army Group.	2.
D.D...S., Eighth Army.	100.
D.D...S., No. 1 District.	100.
D.D...S., No. 2 District.	5.
D.D...S., No. 3 District.	250.
D.D...S., L.F. & A.L. (G).	50.
A.D...S., R.T.N.A.	20.
A.D...S., Rome Area Allied Command.	30.
A.D...S., (Brit. Increment.) Fifth Army.	150.
A.D...S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P...C., R...F., L...A.F.	5.
D...D...S., Land Forces Sub Commission, A.C., A.M.I.A., C...F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L.A.L. 1944 to be taken into use, column 1 will show the P.L.A.L. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L.A.L. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 will show the [illegible]

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

"Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing that the Depot was unable to issue. For example, if on one indent "Paraffin oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to T. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .C. concerned should not alter the figures on the ..F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .., ..F.H.Q. Necessary alterations will be made in this office.

4411

(h) Column 6 will be left blank.

(i) Column 7 - any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned could not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. T. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/GH.

CLOSE TYPISTION

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

regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. F. Fowler

P.J. FOWLER, Lt. Colonel,
A.D.M.S. (Org.),
for Major-General,
Surgeon, D.M.S., M.E.F.

10 Jan. 45.
FJF/SH.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & M.L. (G).	50.
A.D.M.S., A.F.H.Q.	20.
A.D.M.S., Peace Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
C.C., 10 Command Depot Medical St.	4.
C.C., 2 Base Depot of Med. Stores.	4.
C.C., 4 Base Depot of Med. Stores.	4.
C.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.C., R.A.F., M.E.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.M.F.	10.

Declassified E.O. 12356 Section 3.3/NND No. 763020

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1203 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L.A.L. 1944 to be taken into use, column 1 will show the P.L.A.L. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L.A.L. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin Oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 [illegible]

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

issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin Oils Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short Issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's.S. concerned should not alter the figures on the A.F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .., .F.H.Q. Necessary alterations will be made in this office.

(h) Column 6 will be left blank.

(i) Column 7 - any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

4409

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned would not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot. would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Cas.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/SK.

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

two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F.J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Org.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/SH.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & L.L. (G).	50.
A.D.M.S., R.T.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

D.M.O., R.A.F., M.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.M.F.	10.

Declassified E.O. 12356 Section 3.3/NND No. 785120

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the E.L.A.S. 1944 to be taken into use, column 1 will show the E.L.A.S. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the E.L.A.S. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin olle Flav. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

"Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin Oils Illum. 60 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to I. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's. .S. concerned should not alter the figures on the ..F. I. 1209, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D. .S., .F.H.Q. Necessary alterations will be made in this office.

4408

(h) Column 6 will be left blank.

(i) Column 7 - any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned could not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by approving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. F. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/SK.

DISTRIBUTION :-

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

items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements will be included in the "Present stocks" entered in column 3 of A.F.I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F.J. Fowler

F.J. FOWLER, Lt. Colonel,
A.D.M.S. (Ops.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/MK.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	2.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & A.L. (G).	50.
A.D.M.S., R.A.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Increment.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
C.O., 10 Command Depot Medical St.	4.
C.O., 2 Base Depot of Med. Stores.	4.
C.O., 4 Base Depot of Med. Stores.	4.
C.O., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.C., R.A.F., M.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.M.F.	10.

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

MEDICAL SUPPLIES MEMORANDUM

NO. 11.

PREPARATION AND APPROVAL OF INDENTS SUBMITTED

BY MEDICAL UNITS.

1. The following instructions will be observed in compilation and approval of indents prepared by Depots of Medical Stores other than 10 Command Depot of Medical Stores, for which separate instructions have been issued.

(a) A.F. I. 1209 will be used.

(b) Column 1 - will show serial numbers of items in the indent. As soon as orders are issued for the P.L.M.E. 1942 to be taken into use, column 1 will show the P.L.M.E. catalogue number.

(c) Column 2 - will show the exact full title of the article according to the P.L.M.E. in use.

(d) Since no "to follow" system is employed in this Command, column 3 will show "present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue.
For example, if on one indent "Paraffin Oils Flav. 40 lbs." was approved for issue and the stock position on 15 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 15 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f)

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

"present stock".
The words "plus dues in" will be deleted. A.F. I. 1248 holdings will be included in "present stock". Amounts contained in "Operational bricks" will not be included.

(e) The figure to be entered in column 4 will be the average monthly issue rate over the previous three months, or such less period for which the Depot has been working in roughly constant circumstances, plus any amounts of the item which have been approved for issue on indents dealt with during the last month but which, because of insufficient stocks, the Depot has been unable to issue. So that this figure can be accurately stated, and, when desired, checked by Auditors, entries will be made on tally cards showing what the Depot was unable to issue. For example, if on one indent "Paraffin oils Mav. 60 lbs." was approved for issue and the stock position on 16 Mar. 45 permitted issue of only 40 lbs., 40 lbs. would be entered in the columns of the tally card with the appropriate particulars, and a note would be made at the side "Short issue 16 Mar. 45 - 20 lbs." At the end of the indenting month, the total of the latest month's entries under "Short issues" would be added to the actual average monthly issue rate, to provide the figure to be entered in column 4 of the indent.

(f) Column 5 - will show the quantity demanded. This will be sufficient to bring "present stock" to E. 1248 entitlement plus whatever holding (in multiples of a month's requirements) is authorised for the particular unit.

(g) D.D's.O.S. concerned should not alter the figures on the A.F. I. 1269, but should incorporate any observations on Depots' indents in a covering memorandum addressed to D.O., A.F.H.Q. Necessary alterations will be made in this office.

(h) Column 6 will be left blank.

(i) Column 7 - Any special reason for what might appear to be an unreasonable demand should be entered on routine maintenance indents ; the reason or authority for demand, or the appropriate certificate, should be entered on extra-ordinary indents.

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

2. (a) The instructions in para. 1 - (a), (b), (c), (d), (f), (h) and (i), (but not (e) and (g)), will apply to medical units other than Depots of Medical Stores.

(b) Units other than Depots of Medical Stores will enter in column 4 the average monthly issue rate over the previous three months, or such less period for which the unit has been working in roughly constant circumstances : no addition will be made for quantities which have not been available.

(c) It has been found that Administrative Officers approving indents have sometimes had to reduce the amount demanded in column 5, on the grounds that stocks in the Depot concerned would not allow issue of the full amount to the demanding unit.
In future, the quantities in column 5 will only be altered by a proving authorities on the ground that the amount is unreasonable; in deciding what is reasonable, they will be guided by their knowledge of what the unit is doing, but will not take account of availability. If the approving officer considers that the amount demanded, although reasonable, is more than local availability will allow, he will make a note to that effect in the remarks column, e.g. in the example given in para. 1 (e) above, the entry in column 5 would be left as "60 lbs." and column 7 would show "issue 40 lbs." The issuing Depot. would then follow the procedure specified in the example.

3. In Hospitals, issues from the medical store to the dispensary will be regulated so that the dispensary does not, in general, hold more than two weeks supply at any one time.
In some Hospitals it is the custom to issue from the medical store the complete stock of certain items to special departments as soon as the items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 3 of A.F. I. 1209.

4. This Memorandum cancels all previous instructions on this subject.

F. J. Fowler

F.J. FOWLER, Lt. Colonel,
A.M.S. (Cons.),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

18 Jan. 45.
FJF/SK.

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

items are received ; e.g. X-Ray films to X-Ray Dept., laboratory requisites to the laboratory : in such cases, the holdings in the special departments beyond one week's requirements, will be included in the "Present stocks" entered in column 5 of A.F. I. 1209.

4. This memorandum cancels all previous instructions on this subject.

F.J. FOWLER, Lt. Colonel,
A.M.S. (Con.),
for Major-General,
Surgeon, D.G.S., A.F.H.Q.

18 Jan. 45.
FJF/GK.

DISTRIBUTION :-

D.D.M.S., 15 Army Group.	6.
D.D.M.S., Eighth Army.	100.
D.D.M.S., No. 1 District.	100.
D.D.M.S., No. 2 District.	5.
D.D.M.S., No. 3 District.	250.
D.D.M.S., L.F. & A.L. (3).	50.
A.D.M.S., R.A.N.A.	20.
A.D.M.S., Rome Area Allied Command.	30.
A.D.M.S., (Brit. Element.) Fifth Army.	150.
A.D.M.S., Land Forces Adriatic.	25.
O.C., 10 Command Depot Medical St.	4.
O.C., 2 Base Depot of Med. Stores.	4.
O.C., 4 Base Depot of Med. Stores.	4.
O.C., 9 Base Depot of Med. Stores.	4.

INFORMATION ONLY :-

P.M.O., R.A.F., M.A.A.F.	5.
D.A.D.M.S., Land Forces Sub Commission, A.C., A.M.I.A., C.C.F.	10.

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

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

Subject: Medical Directive - Italian Combat Force

2

Land Forces Sub Comm.
A.C. (MMIA)
MMS
14/8/105
9 Jan 45

MMS Four 8th Army

Copy to: MMS 15 Army Group

1. Enclosed is a copy of the "Medical Directive - Italian Combat Force" which was forwarded by MMIA to A.F.H.Q. on 28 Dec 44 for their approval and subsequent publication.

2. MMS office 15 Army Group have requested that this draft copy be forwarded pending publication by A.F.H.Q. of the official directive.

Major,
D.A.D.M.S.
Land Forces Sub Comm. AC.(MMIA)

/RBC

4406

CONFIDENTIAL

(1)

MEDICAL DIRECTIVE ITALIAN COMBAT FORCE

BRITISH DIRECTIVE No. 14 - MEDICAL SERVICES

1. ORGANISATION.

Each Combat Group has ONE Medical Section and TWO Field Hospitals. The combined holding capacity of these units under canvas is 160 patients. If located in buildings, the Field Hospitals can accommodate a further number of patients on stretchers. The Group has a total of 18 ambulance cars. A Hygiene and Malarial Control Platoon is part of the Medical Section.

Supporting medical units consisting of:-

4 Field Hospitals (each 200 beds)
2 Field Surgical Units
1 Mobile X-ray Unit
1 Mobile Dental Unit
1 Advanced Depot of Medical Stores
½ Platoon of an M.A.C. (25 ambulances)

are available to support each pair of Combat Groups. A "pro-rata" proportion will be placed under command of the Allied formation employing one or more of the Combat Groups. If necessary, those ancillary medical units can be temporarily attached to the Combat Groups. A minimum of 400 hospital beds will therefore be available behind each Combat Group.

All medical units of the Combat Groups are capable of moving with existing transport allocated to the unit. The Field Surgical Units, X-ray Units, Dental Units and M.A.C. are also completely equipped with transport. The supporting Field Hospitals (i.e. 200 beds) and the Advanced Depot of Medical Stores are equipped only with maintenance transport and require an allocation from Italian or Allied sources in order to move.

2. EVACUATION OF CASUALTIES.

(a) Within Combat Group Area Self supporting.

(b) From Group Field Hospitals to Supporting Medical Units (i.e. in Corps or Army Area)

A Platoon or portion of a Platoon of an Italian M.A.C. is available and whenever possible will be employed on the evacuation of Italian casualties. It is considered that this will be sufficient to cope with all demands unless casualties are extremely heavy or the Line of Evacuation is unduly long.

(c) From Corps or Army Area to Base Hospitals.

No Italian medical transport is available for this purpose and casualties will require to be evacuated by ship, train or ambulance car under arrangements of the Army, District or Area concerned, using Allied transport. Whenever possible Italian ambulance cars will meet the hospital ship or train on its arrival at a Base Area and transport casualties to the nearest Italian Military Base Hospital.

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

transport and require an allocation from Italian or Allied sources in order to move.

2. EVACUATION OF CASUALTIES.

(a) Within Combat Group Area Self supporting.

(b) From Group Field Hospitals to Supporting Medical Units (i.e. in Corps or Army Area)

A Platoon or portion of a Platoon of an Italian M.A.C. is available and whenever possible will be employed on the evacuation of Italian casualties. It is considered that this will be sufficient to cope with all demands unless casualties are extremely heavy or the Line of Evacuation is unduly long.

(c) From Corps or Army Area to Base Hospitals.

No Italian medical transport is available for this purpose and casualties will require to be evacuated by ship, train or ambulance car under arrangements of the Army, District or Area concerned, using Allied transport. Whenever possible Italian ambulance cars will meet the hospital ship or train on its arrival at a Base Area and transport casualties to the nearest Italian Military Base Hospital.

3. CASUALTIES OTHER THAN ITALIAN MILITARY.

When casualties of British or other Allied Nationality are admitted to an Italian medical unit they will be transferred to the nearest Allied hospital as soon as their medical condition permits.
Notification of all Allied military cases admitted to Italian medical units will be made to the Allied medical commander giving name, personal number, unit, date of admission, date of discharge, diagnosis and final disposal. In the event of a death occurring, a map reference giving place of burial will also be rendered and the personal belongings of the soldier handed to the nearest Allied medical unit.
Where Italian civilian casualties are admitted, data is not required by the Allied command and information will be forwarded through normal Italian channels.

4. DISCHARGES FROM HOSPITAL

4405

Personnel who are discharged from medical units of the combat group or its supporting units in Corps or Army Area will be returned to their units. Casualties transferred to Base Areas will, on discharge from hospital, be sent, if fit for combat, to the Combat Force Reinforcement Training Centre (at present at CESANA). If unfit for combat they will be disposed of in accordance with general directions in force at the time.

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

5. HYGIENE

Hygiene and Anti-Malarial control services are provided by a Platoon which is an integral part of the Medical Section of the Group.

Inoculations against small pox, typhoid, tetanus and typhus are similar to those for British personnel and orders have already been issued on this subject.

Disinfectants are a medical supply in the Italian Army.

Water sterilisation is carried out with the Italian product "STERIDROGLO".

6. MEDICAL RETURNS.

G.O.C. Italian medical units will continue to send through Italian channels all medical returns normally required by the S.M.R.E. Additional returns will be required by the Medical Directorate of the Allied command under whom the Combat Group has been placed. Returns rendered to the Allied command are necessary in order that the medical situation may be known and arrangements made for evacuation of Italian casualties by train, ship, etc.

Notification of returns required by the Allied formation from divisional medical units will be rendered through the M.L.O. Returns from the non-divisional supporting medical units on the L of C will be arranged initially by the medical officer of the M.L.O. and thereafter rendered direct to the appropriate Allied command. The following returns will be necessary:-

a) Daily Bed State Signal (simplified)
b) Weekly notification of infectious diseases. (cases of small pox, typhoid, typhus and other serious infectious diseases will be notified immediately by signal).
c) Full details of all Allied military admitted, discharged or died in Italian medical units (as they occur).

7. MEDICAL SUPPLIES

a) Unit medical officers will obtain supplies from the nearest Italian medical unit.
b) Italian medical units will obtain their supplies from the Advance Depot of Medical Stores.
c) The Advance Depot of Medical Stores will obtain its supplies from Italian Base Depots of Medical Stores, the indents being submitted direct to Ministry of War for approval.
d) Permission to forward medical supplies in Allied hospital train or ship has already been given.

(N.B. - bulk supplies of disinfectants will not be forwarded on Allied medical transport).

Blood plasma, penicillin and sulphadiazine

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

a) Daily Bed State Signal (simplified)
b) Weekly notification of infectious diseases. (cases of small pox, typhoid, typhus and other serious infectious diseases will be notified immediately by signal).
c) Full details of all Allied military admitted, discharged or died in Italian medical units (as they occur).

7. MEDICAL SUPPLIES

a) Unit medical officers will obtain supplies from the nearest Italian medical unit.
b) Italian medical units will obtain their supplies from the Advance Depot of Medical Stores.
c) The Advance Depot of Medical Stores will obtain its supplies from Italian Base Depots of Medical Stores, the indents being submitted direct to Ministry of War for approval.
d) Permission to forward medical supplies in Allied hospital train or ship has already been given.
(N.B. - bulk supplies of disinfectants will not be forwarded on Allied medical transport).

Blood plasma, penicillin and sulphadiazine are not available in Italian Depots but may be supplied at the discretion of the Allied Medical Directorate.

8. GENERAL.

As the Combat Groups are equipped with British ambulance cars, British pattern stretchers have been issued to all units. Ambulance cars of the Combat Groups and M.A.C. will at all times be in possession of 4 stretchers, 12 blankets and 1 Thomas splint (leg) in order to conform with the British system of exchange when off-loading.

4401

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


1923