

Med 300.6 (NA), 2 Jan 48, subj: "Information of Interest to Hospital Commanders and Major Command Surgeons"

Msgform Hq Eighth Army, file AG 319.1 (NR)
28 Jul 47

Msgform Hq Eighth Army, file AG 705 (NO) 15 Oct 47
Msgform Hq Eighth Army, file AG 319.1 (NR) 29
Dec 47

b. The above references outline the procedures to be followed when preparing reports of hospitalization and out-patient care of miscellaneous pay patients and personnel of other government agencies.

c. Reports pertaining to personnel of other government agencies should be forwarded at the end of each calendar month so as to reach this office in sextuple with subsistence voucher in quadruplicate. Collections for these accounts will be made by the Surgeon General rather than from the individual concerned.

d. Reports pertaining to miscellaneous pay patients will be prepared on those cases for which collection has been made and forwarded in duplicate. Whenever a delinquent account has been collected a report will be prepared in accordance with current directives.

e. Accounts pertaining to BCOF personnel should be forwarded for collection to:

Registrar
112th Australian Depot Cash Office
Empire House
British Commonwealth Sub Area
Tokyo, Japan

When payment is received from that agency, check and subsistence voucher should be forwarded with the report.

6. DISPOSAL OF EXCESS AND SURPLUS MEDICAL DEPARTMENT PROPERTY:

The attention of all medical installations, this command, is again directed to disposing of all excess and surplus medical property presently on hand. Only serviceable medical items, and unserviceable items which are repairable, are to be turned in. The provisions of paragraphs 1 and 2d, Circular 21, this headquarters, 14 February 1947, will be followed in the preparation for shipment of items to be returned.

7. DESIGNATION OF SUPPLY POINTS IN THE TOKYO-YOKOHAMA AREA:

It has been noticed by this office that some units in the Tokyo-Yokohama area are requisitioning directly upon the 5th Medical Depot for medical supplies and equipment, rather than upon their designated supply point. It is therefore recommended that Medical Supply Officers contact units dependent on them for medical supplies and equipment and inform them that the provisions of Circular 128, this headquarters, 31 July 1947, will be complied with.

8. SILVERWARE DISPENSERS:

It has been noted at inspections of hospitals and other medical installations that the majority of improvised silverware dispensers in use in canteen style messes does not meet required sanitary standards.

An economical dispenser that meets sanitary standards and which can be constructed in any local utility shop is illustrated in "The Bulletin of the U. S. Army Medical Department", October 1947, page 909.

FOR THE SURGEON:

A. H. Thompson
A. H. THOMPSON
Lt Colonel, MC
Executive Officer

DISTRIBUTION:

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Surg IX Corps APO 309 (3)
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Surg Eighth Army Stockade APO 343 (1)
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DISTRIBUTION: (con't)

CO 376th Sta Hosp APO 704 (2)

CO 395th Sta Hosp APO 710 (2)

CO 5th Medical Depct APO 503 (4)

CO 332d Med Gen Disp APO 503 (2)

CO 406th Med Gen Lab APO 500 (2)

INFO COPIES TO:

MG Med Div (2)

PHO ea MG Team, Reg & Dist (1)

HEADQUARTERS EIGHTH ARMY
 United States Army
 Office of the Surgeon
 APO 343

Med 300.6 (NA)

1 December 1947

SUBJECT: Information of Interest to Hospital Commanders
 and Major Command Surgeons

TO: See Distribution

1. MEDICAL DEPARTMENT PERSONNEL:

a. Status - 30 November 1947

<u>CORPS</u>	<u>FEC CEILING OR AUTHORIZED</u>	<u>ACTUAL</u>	<u>READJ LOSSES DECEMBER</u>	<u>VACANCIES 31 DEC 47</u>
MC	408*	378*	110	136
DC	105	96	2	11
ANC	361*	367	3	0
VC	17	15	1	3
MSC (SnC)	27	10	0	17
MSC (PC-MAC)	246*	202**	5	49
WMSC (MDD)	22	21	1	3
WMSC (PT)	21	18	0	3

* Includes: 69 MC, 1 ANC and 9 MSC assigned to MG.

** Includes: 65 MC, 2 VC and 9 MSC assigned to MG.

b. Comments:

(1) Medical Corps: 27 replacements arrived in November 1947. Additional replacements expected in December 1947.

(2) DC, ANC, VC, MSC, WMSC: Situation generally unchanged from previous report. No replacements expected in the near future.

c. Enlisted Personnel: No replacements expected in December 1947.

d. Civilian Personnel: Situation unchanged from previous report.

e. Key Personnel Medical Section, Headquarters Eighth Army: Unchanged.

f. Residency Program: Reference Section 6, WD Circular 361, 1946, and Section 3, WD Circular 255, 1947, the Surgeon General announces that vacancies in approved residencies in the following specialties are available for medical officers who apply for commissions in the RA: cardiology, tuberculosis, dermatology and syphilology, internal medicine, pediatrics, anesthesiology, ophthalmology, otolaryngology, orthopedics, urology, pathology, psychiatry and neurology, radiology, physical medicine and thoracic surgery. Application for residency training will be submitted in accordance with the above mentioned circulars. Fifty residencies beginning 1 July 1948 will be reserved for personnel in overseas theaters, and applications must reach the Surgeon General's office by 1 March 1948. They will include the statement that an application for appointment in the RA has been submitted. Non completion of a normal tour of foreign service will not preclude the selection of an applicant for this training.

The above information is being forwarded to each eligible MC officer in this command.

g. Monthly Reports of Medical Department Personnel, WD AGO Form 8-19.

Discrepancies listed in previous reports are still being noted in a few instances.

2. DENTAL:

a. The following discrepancies have been noted on EMT Form 52b reference dental diagnoses and operations:

- (1) Whether the condition is acute or chronic is not indicated.
- (2) In tooth extractions, the anesthetic and the amount used have not been entered.
- (3) It is desired that the diagnosis and operation be written in complete form using only authorized abbreviations.

b. The attention of all dental officers is called to the fact that dental patients should not be sent to hospitals or dispensaries without prior appointment. This is especially

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true of elective prosthetic cases (Class III).

Prior appointment and essential information concerning the case are required in order to avoid return of patient to his station without completion of treatment.

Appointment is also required so that arrangements can be made for messing and billeting.

3. MEDICAL REPORTING OF DEATHS:

Information has been received which indicates that some medical installations in the Eighth Army are not complying with the provisions of paragraph 18, Army Regulations 600-550, 23 June 1947. A copy of WD AGO Form 8-24 (Medical Report Card) of death cases of personnel assigned or attached to the United States Air Force is not being forwarded to the Chief of Staff, United States Air Force, Washington 25, D.C. Strict compliance in the reporting of all death cases is desired.

4. NON-STANDARD MEDICAL SUPPLY REQUISITIONS:

a. Requisitions are being received in this headquarters and at the 5th Medical Depot Company with increased frequency for non-standard items of supply, including books. Investigation by the Medical Section reveals that the items so requisitioned are in reality listed as standard items in the Army and Navy Catalogue of Medical Materiel. Frequently, there are standard items that are identical in nomenclature but different in the method of packaging; e.g., solutions as compared to tablets.

b. In the future requisitions for non-standard supplies must be accompanied by a letter of complete justification as required by paragraph 9, AR 40-1705.

5. INSECT AND RODENT CONTROL:

a. Responsibilities of Medical Personnel. Although the execution of insect and rodent control programs is now the duty of regional Post Engineers, it is extremely important that post or unit surgeons familiarize themselves with the activities of engineer crews to determine the effectiveness of the work and make such recommendations as are necessary to promote

an effective program to protect the health of the command.

b. Precautions Against Toxic Materials. Schools are presently being conducted, by Entomologists of Eighth Army Headquarters, to instruct personnel of regional post engineer units in proper use of such toxic materials as rodenticide, 1080 (sodium monofluoroacetate), rodenticide, ANTU (alpha naphthyl Thiourea), and DDT insecticide residual sprays. All post and unit surgeons should keep in close contact with personnel handling these materials to assure that necessary safety precautions are employed.

6. AVAILABILITY OF PROFESSIONAL AND TRAINING FILMS:

The following Training and Professional Medical Films are presently available at Eighth Army Central Film and Equipment Exchange, APO 343.

Requisitions for these films should be submitted to Eighth Army Central Film & Equipment Exchange, APO 343 as far in advance of proposed showing dates as practicable.

<u>TF No.</u>	<u>Title</u>
155	Personal Hygiene
953	Malaria - Cause and Control
999	The Fly
1174	Purification of Water
1179	Military Sanitation - Disposal of Human Waste
1180	First Aid for Chemical Casualties
1343	Care of the Sick and the Injured - Part I - Morning Care
1297	Personal Health in Snow and Extreme Cold
1344	Care of the Sick and the Injured - Part II - Evening Care
1345	Care of the Sick and the Injured - Part III - Post Operative Care
1346	Care of the Sick and the Injured - Part IV - Temperature, Pulse and Respiration
1378	Clinical Malaria
1382	Care of the Sick and the Injured - Surgical Dressings
1383	Care of the Sick and the Injured - Enemas
1388	The Heart and Circulation
1389	Mechanism of Breathing

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<u>TF No.</u>	<u>Title</u>
1390	Digestion of Foods
1391	Control of Body Temperature
1392	The Work of the Kidneys
1393	The Nervous System
1394	The Eyes and Their Care
1395	Endocrine Glands
1396	Body Defenses Against Disease
1402	Introduction to Combat Fatigue
1424	Amphibious Warfare - Medical Support in Ship to Shore Operations
1428	Care of the Sick and Injured - The NP Patient
1429	Physiology of Anoxia - The Basis of Inhalation Therapy
1430	Oxygen Therapy Procedures
1460	Care of the Sick and the Injured - Chain of Asepsis
2047	First Aid for Battle Injuries
2049	First Aid for Non-Battle Injuries
2057	Personal Health in the Jungle
2070	Reconditioning Convalescents for Return to Duty
2080	Plaster Casts
2083	Swinging into Step
2090	Ward Care of Psychotic Patients
2096	Dental Health
<u>PIF No.</u>	<u>Title</u>
5010	Amputation of the Lower Extremity
5011	Psychiatry for the General Medical Officer
5012	Combat Exhaustion (Neuropsychiatry)
5013	Caudal Analgesia
5014	Neurosurgery in an Overseas Hospital
5015	Convalescent Care and Rehabilitation of Patients with Injury to Spinal Cord (Surgery & Physical Medicine)
5016	Thoracic Surgery, Part I - Hemothorax with a Consideration of Specific Re- medial Breathing Exercises (Surgery & Physical Medicine)

<u>PMF No.</u>	<u>Title</u>
5017	Thoracic Surgery, Part II - Foreign Bodies in the Lung and Mediastinum
5018	Thoracic Surgery, Part III - Foreign Bodies in the Pericardium and Heart
5019	Let There Be Light (Neuropsychiatry)
5020	Removal of Magnetic Foreign Bodies From the Eye
5021	Removal of Intrathoracic Magnetic Foreign Bodies
5022	Repair of Ruptured Membranous Urethra
5023	Plastic Repair of Thigh Stump
5024	Amputation Prosthesis and Their Use Part I - Upper Extremity
5025	Amputation Prosthesis and Their Use Part II - Lower Extremity
5026	Complicated Amputations - Case Reports
5027	Schistosomiasis (Color) Professional Technical
5028	Sandfly Control (Color)
5029	Intravenous Anesthesia
5030	The Preparation and Insertion of Tantalum Plate
5031	Below Knee Amputation
5032	Radical Orchidectomy
5033	Technique of Open Amputation
5034	Therapeutic Exercise (Introduction)
5035	Social Adjustment of the Blinded Soldier
5036	The Mechanism of Cell Division (Silent)
5049	Yaws
5051	Therapeutic Exercise (Orthopedics)
5052	To Hear Again
5056	Therapeutic Exercise (Thoracic Surgery)
5057	Surgery in Chest Disease
5060	Animated Hematology
5066	An Electrodiagnostic Procedure

7. MODIFICATION OF QUALIFICATIONS FOR PERSONNEL TO ATTEND EIGHTH ARMY SPECIALIST SCHOOLS:

a. In view of the present personnel situation, difficulty has been experienced in filling student quotas to Eighth Army specialist schools with personnel possessing the qualifications required by current Eighth Army circulars. The qualifications most difficult to meet are:

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(1) Time required to serve in this theater upon completion of course.

(2) Minimum AGCT scores required of students.

b. It is desired that continued efforts be made to send personnel to the Eighth Army specialist schools who have the required time to serve in this theater. However, when such personnel are not available, quotas may be filled from personnel who have only four (4) months to serve upon completion of the course. This applies to all Eighth Army schools except the Engineer School, for which current circular requirements continue to apply.

c. Effective 1 December 1947 when it is not possible to fill quotas for medical specialist schools with personnel possessing the minimum AGCT scores, this requirement is waived. A letter will then accompany the enlisted man's records, and will include a statement that the enlisted man has been interviewed, that he desires to attend the school, and that the organization commander believes that the soldier can successfully complete the course.

8. FRESH FROZEN MILK:

Fresh frozen milk will be stored at 10° F. and gradually thawed immediately before consumption. Hospitals that do not have refrigeration facilities for maintaining an even temperature of 10° F. will take the necessary action to have these facilities provided. Some hospitals not having these facilities at present have made arrangements with the local Quartermaster or with other organizations in the immediate vicinity to store the fresh frozen milk until needed.

Attention of hospital commanders is also invited to the following current instructions regarding this item:

a. The basis of requisitioning fresh frozen milk is the patient strength.

b. Only a seven (7) day's supply should be accepted and stored at the hospital.

c. When declared as excess by the Quartermaster,
it will be issued to the troops.

PHILIP L. COOK
Colonel, MC
Surgeon

DISTRIBUTION:

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Surg IX Corps APO 309 (3)
Surg Kobe Base APO 317 (3)
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CO 332d Med Gen Disp APO 503 (2)
CO 406th Med Gen Lab APO 500 (2)

INFO COPIES TO:

• MG Med Div (2)
PHO ea MG Team, Reg & Dist (1)

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Surgeon
APO 343

*Personal
Medical Care*

Surg 300.6 (NA)

1 November 1947

SUBJECT: Information of Interest to Hospital Commanders and
Major Command Surgeons

TO: See Distribution

1. MEDICAL DEPARTMENT PERSONNEL:

a. Status - 31 October 1947

<u>CORPS</u>	<u>FEC CEILING OR AUTHORIZED</u>	<u>ACTUAL</u>	<u>READJ LOSSES NOVEMBER</u>	<u>VACANCIES 30 NOV 47</u>
MC	404*	414**	10	0
DC	105	97	1	9
ANC	361*	376	7	0
VC	17	16**	1	2
MSC (SnC)	27	11	0	16
MSC (PC-MAC)	246*	203**	2	45
WMSC (MDD)	22	22	0	0
WMSC (PT)	21	18	0	3

* Includes: 69 MC, 1 ANC and 9 MSC assigned to MG.

** Includes: 57 MC, 3 VC and 9 MSC assigned to MG.

b. Comments:

(1) Medical Corps: 52 replacements arrived in October 1947. Additional replacements are expected in November 1947.

(2) Dental Corps: The following extract from letter, Surgeon, GHQ FEC, subj: "Shortage of Dental Corps Officers", 21 Oct 47, is quoted for your information and guidance:

"Information from Washington is to the effect that an acute shortage of Dental Corps officers will hit this command prior to the acute shortage of Medical Corps officers.

"During the 2d quarter of 1948, the DC officers for the theater will be reduced to about one-third of those now present, and there is little, if any, prospect for replacements.

"With the above in view, a command letter is being prepared for each major command in the theater. However, it is not believed that you should wait until this command letter is received to start immediate action.

"It is believed the troops should be surveyed and all Class I and II work accomplished within the next few months. Under these circumstances, we feel you are justified in expending the maximum effort on those troops that are to remain in the theater for over six months, as those who are to return home soon presumably can get dental work after they return to the States.

Needless to say, all Dental officers should expend 100% of their time on dental work from now on, and this work should be supervised and arranged so that the maximum amount of work can be obtained from each officer.

"Serious consideration should be given to hiring the best available native dentists to relieve our DC officers of such work as laboratory work and dental prophylaxis. These native dentists should be trained in American standards before our present dentists leave, and your attention is invited to the fact that it will be necessary to reduce the number of dentists in the Philippines and Japan to a lower figure than will be possible in such commands as the Marianas-Bonins, where no native talent is available."

(3) ANC, VC, MSC and WMSC: Situation generally unchanged from previous report.

c. Enlisted Personnel: Replacements received in October generally not Medical Department trained, therefore in need of local training.

d. Civilian Personnel: It is requested that all Civilian Personnel Forms 72 and 74, pertaining to Medical Department, Department of the Army Civilians and Foreign Nationals, be submitted to the Medical Section, Headquarters Eighth Army in lieu of Civilian Personnel Section, Headquarters Eighth Army in order that action may be expedited.

e. Key Personnel Medical Section, Headquarters
Eighth Army.

Surgeon	Col Philip L. Cook	MC	Oct 16 2-0866
Executive	Lt Col Arthur H. Thompson	MC	do
Ch of Adm	Capt Herman A. Jones	MSC	2-0149 2-1984
Ch of Operations	Lt Col John J. Pelosi	MC	Oct 316 2-1674
Ch of Prev Med	Capt Robert F. Broaddus	MC	2-0722 2-0174
Ch of Personnel	Lt Col Otis W. Snyder	MC	2-1726 2-0113
Ch of Supply	Maj Paul C. Borup	MSC	2-0529 2-1061
Ch of Med Records	Capt Anthony W. Urbine	MSC	2-0867
Ch Nurse	Lt Col Rosalie W. Colhoun	ANC	2-0112
Ch Dietitian	Capt Margaret C. O'Connor	WMSC	2-0112
Dental Con- sultant	Col Melville A. Sanderson	DC	2-1405
Veterinary Con- sultant	Col Henry E. Hess	VC	2-1405
Ch Physical Therapist	Capt Felie W. Clark	WMSC	2-0112

f. Medical Plans - 1948

(1) This command is faced with a shortage of Medical Corps officers during the year 1948. Study of the problem indicates that every effort must be made to interest promising medical officers in a Regular Army career, and that extensive consolidation of existing medical facilities and curtailment of certain activities will be necessary in order to accomplish the desired results. To this end, it is requested that steps be taken to recruit medical officers for the Regular Army, and that a plan be prepared for the operation of each medical unit in the Eighth Army during the calendar year 1948. In formulating your plan, the following actions may be referred to each activity to which they are applicable.

(a) Full time utilization of Medical Corps

officers in professional duties except those engaged in absolutely essential administrative positions, with substitution of Medical Service Corps officers in Medical Inspector, training and administrative assignments and in screening and minor treatment of sick call cases.

(b) Assignment or attachment of maximum possible number of Medical Corps officers to hospitals with subsequent details to nearby dispensaries at prescribed sick call hours on a part-time basis. Patients reporting to dispensaries at other than sick call hours to be screened by specially trained Medical Service Corps officers and given treatment similar to that involved in self-medication through pharmacies in civil life or referred to a hospital as necessary.

(c) Release of Medical Corps officers from all routine court-martial and board duties for which such officers are not specifically required by regulations.

(d) Prohibition against Medical Corps officers participating as members of athletic teams when such participation would require their absence from home stations or interfere with their professional duties.

(e) Arrangement of schedules whereby one Medical Corps officer or group of officers from hospitals could visit, in turn, dispensaries located near such hospitals for the purpose of conducting sick calls as indicated in paragraph (b) above.

(f) Assignment of nurses to additional minor professional duties now performed by Medical Corps officers.

(g) Discontinuance of hospitalization of patients in dispensaries except in cases where such practice is justified by isolation of command.

(h) Consolidation of activities within existing hospitals which are operated in plants designed for much larger bed capacities than currently authorized.

(i) Intensive consolidation of hospital medical facilities and complete elimination of any duplication of medical effort regardless of command to which assigned.

(j) Any other action which might be effected with resultant decrease in Medical Corps requirements.

(2) In general, all service units assigned to Headquarters Eighth Army will be maintained at 75% of authorized enlisted strength insofar as is practicable.

- (a) This policy is expected to continue as long as the present shortage of enlisted men exists. Every effort will be made to utilize the services of Japanese in all capacities where shortage of personnel harms the operating efficiency of the organization.
- (b) It is recommended that a careful survey of the personnel situation be made in all activities under your control, to insure that maximum efficiency is being obtained from the personnel available.
- (c) Exceptions to paragraphs 1f(2) will be considered only where the requirements are imperative and a complete study is submitted to the Medical Section, Headquarters Eighth Army, justifying the need. Included in any studies prepared will be a listing of the various activities, and those which must be curtailed or abandoned on the basis of a 75% strength.

g. Monthly reports of Medical Department Personnel,
WD AGO Form 8-19.

The following discrepancies have been noted in reports submitted to FEC and this headquarters, which seem to indicate a lack of attention on the part of the reporting unit to FEC Cir. #66, 1947 and Eighth Army Cir. 123, 1947. The following are the more common errors:

- (1) Some units are still using the obsolete WD AGO Form 8-164 in preparation of the roster of officers. The correct roster form is shown as an inclosure to FEC Circular No. 66.
- (2) Some rosters are received a few days before or after the WD AGO Form 8-19 has been submitted. Rosters should be submitted with the WD 8-19.
- (3) Multiple copies of the report are received. This indicates that some units are making incorrect distribution of their reports. Distribution should be made as directed in FEC

Cir 66 and Eighth Army Cir 123. The original copy is the only copy required by GHQ FEC.

(4) Reports are not received in sufficient time for processing and consolidation. Attention is invited to paragraph 2d, FEC Circular 66, which requires that reports be forwarded not later than the second day of the month following that for which the report is rendered.

(5) The physical location and the major command to which the unit concerned is assigned are often omitted.

(6) Remarks indicating officer losses and gains during the period covered by the report are not shown in some cases. These remarks should indicate the unit to or from which the officer concerned was transferred.

(7) Paragraph 4(f) of FEC Circular 55 requires that only periods of service on leave, TDY, etc., in the U. S. since the beginning of the current overseas tour be indicated under "Mos ZI" in the column of the roster concerning overseas service. Some units are entering all service in the U.S. prior to beginning of current overseas tour under this head.

(8) Final reports are not rendered in all cases. In the event a unit is inactivated, a final report must be rendered showing particular information on the disposition of personnel formerly assigned to the unit.

(9) Roster of officers should indicate category as VI, VII or VIII and the date category statement was signed. This is a correction upon information given at the Medical Administrative Corps Officers Conference held recently at the 361st Station Hospital. While this information is not specifically required by the above-mentioned circulars, the purpose is to indicate when the officer is eligible for separation. Designation of categories is of no value unless accompanied by information giving date category statement was signed. Rosters received during October indicate in some instances the use of category II and category IX. These two categories are no longer in use.

(10) Paragraph 3d FEC Cir. 66 requires a breakdown of total civilian employees reported on line 16, Table 1, WD AGO Form 8-19 to indicate the number of Department of the Army civilians, Foreign Nationals, broken down by nationality, and Japanese. Foreign Nationals and Japanese will be entered on

line 16, Table 1, A full breakdown on the Department of the Army civilians will be made of those occupying officer positions and the nature of their duties.

(11) Since these reports are utilized extensively in the allocation and requesting of Medical Department personnel, it is to the distinct advantage of each medical unit or activity to insure the accuracy of their report.

h. Integration Program, Regular Army, Final Increment 1947.

The timely completion of this integration program will depend, for the most part, upon the prompt accomplishment of the required physical examinations and upon the accuracy of the reports of the physical examinations.

The following listed hospitals have been designated as units to complete appointment type physical examinations: 49th General Hospital, 28th Station Hospital, 172d Station Hospital.

i. The following information relative to appointment of Warrant Officers, USA, temporary and permanent, is extracted from Information Letter #5, Headquarters AAC, Office of the Surgeon, for your information:

"(1) The following information has been received from the War Department with reference to appointment of Warrant Officers, USA:

- (a) All appointments of Warrant Officers, USA, either temporary or permanent, have been suspended.
- (b) All eligibility lists for Warrant Officers, USA, temporary or permanent, have been rescinded.
- (c) Tests and procedures, similar to those outlined for Regular Army officer integration are being developed within the War Department for future appointments of Warrant Officers, USA, both grades, permanent."

2. UTILIZATION OF JAPANESE DENTISTS:

Some clarification seems to be necessary concerning the use of Japanese dentists in Army dental clinics. They can be utilized to excellent advantage as hygienists, chair assistants and dental laboratory technicians, but their use

in any other capacity at the chair is not authorized.

3. DENTAL PROSTHETIC APPLIANCES:

Personnel are being sent to the 332d General Dispensary for dental prosthetic appliances without previous appointment. This has resulted in considerable confusion and inability of dental personnel to care for these patients.

The attention of all concerned is called to the fact that previous appointments must be made prior to sending prosthetic patients to the dental clinic for treatment. (Section II, Circular No. 47, Eighth Army, 29 March 1947).

Necessary information submitted with the application should include the name, grade, serial number and unit of the patient, and the number and location of the missing teeth to be replaced.

All extractions and operative treatment should be completed, and sockets sufficiently healed to tolerate a denture before applying for a prosthetic appointment. Failure to comply will make it necessary to return the patient without treatment.

Until the backlog of Class I prosthetic cases has been eliminated, Class III types cannot of necessity be accepted.

4. FOOD SERVICE PROGRAM

A recent FFC Conference of Food Service Supervisors emphasized the close association of the work being carried out by this personnel with the responsibility of the Medical Department in supervising the nutritional and sanitary aspects of messing.

It was indicated by the conferees that many surgeons were cooperating closely and fully with the Food Service Supervisors to the mutual benefit of each. However, there were some exceptions where there was a lack of interest, understanding and assistance.

The following is extracted from General Bethea's comments concerning the foregoing:

"I would like to encourage you and hope you will encourage surgeons in your subordinate echelons to cooperate to the fullest with the Food Service Supervisors, to make

their personal acquaintance, become cognizant of their many problems and encourage them in accomplishing their mission. I feel such action will improve the nutrition of the troops as well as improve the sanitary conditions under which food is prepared and consumed. Further, a very salutary result should thereby be effected in prevention of food wastage and spoilage in conformity with the program now being actively encouraged by the Department of the Army."

The monthly sanitary reports were also discussed at this conference and the opinion expressed that in many instances they did not reflect the true sanitary picture existing in the units and that they were being "rubber stamped". It was suggested that possibly sanitary inspectors were reluctant to include too much factual data in reports because of a possible adverse efficiency report.

The purpose of these reports as set forth in Par 3a, AR 40-275 is to keep Commanding Officers and higher administrative authorities in touch with current sanitary conditions and other factors which may influence health within a station or organization.

The omission of unsatisfactory comments relative to sanitation is permissible if corrective action has been taken. However, when the Commanding Officer will not take corrective action, the Surgeon has no alternative except to report the unsatisfactory situation.

5. REQUISITION OF MECHANICAL COWS

Reference Circular No. 60, GHQ FEC, and Circular No. 10, Medical Section, GHQ FEC, Section VII, subject: "Mechanical Cow", hospitals with an authorized bed capacity of 250 beds or more may submit requisitions for the "mechanical cow", giving full justification and complete information as required by above mentioned circulars.

6. MATTRESS EVACUATION SLING FOR EMERGENCY REMOVAL OF HOSPITAL PATIENTS

Reference is again made to pamphlets containing instructions for the use of the mattress evacuation sling and a suggested plan for evacuation of bed-ridden patients which were forwarded to all Hospital Commanders and major command Surgeons. Initial distribution of these slings has been made to Medical Supply Officers of all hospitals, divisions and Base Accountable Officers of all Army Air Bases. Hospital Commanders are again reminded that these mattress slings should be placed

on beds of all non-ambulatory, orthopedic and post-operative patients. These mattress slings were designed as an aid where the type of building construction, terrain and weather conditions are major handicaps in expeditious evacuation of patients. It is further recommended that all personnel be thoroughly instructed in the proper application and use of these slings.

7. INFANT INCUBATORS

An unfortunate accident has occurred in that an infant incubator caught on fire. Investigation reveals that the incident was not the result of faulty design.

In order to forestall future accidents of this kind, it is desired that careful attention be given to operating incubators in strict accordance with current instructions. A wire screen has been supplied which should be installed over the lower portion of the incubator to prevent the possibility of bed clothes contacting the heating unit.

8. DELINQUENT PROCUREMENT DEMAND RECEIPTS

In view of the numerous delays in processing receipts for supplies, services and real estate being experienced by this headquarters, it is desired that every effort be extended to insure the processing of receipts as soon as practicable after delivery has been effected.

It is requested that the necessary action by receiving agencies be taken to insure the prompt submission of receipts presently outstanding and to expedite processing the future receipts.

9. POSSIBLE POISONING BY NEW RODENTICIDE

Information has been received that the rodenticide "1080" will be furnished Post Engineers for rodent control. This compound is extremely toxic and accidental ingestion must be avoided. The Bulletin of the U.S. Army Medical Department, September 1947, page 750, outlines the toxic action and describes treatment for poisoning in man.

10. IMMUNIZATIONS

Attention is invited to GHQ FEC, Circular No. 34, dated 24 March 1947, which requires immunization of all personnel for smallpox, typhus and cholera on or about 1 November. Need for such immunization should be brought to the attention of unit personnel officers so that procedures can be carried out with the least possible delay.

For the IB

11. HOSPITALIZATION OF FOREIGN NATIONALS

Foreign National civilian employees not paid a salary in military payment certificates are not classified as civilian employees of the United States Government and are, therefore, not authorized hospitalization in a United States Army hospital.

The employment status of all personnel should be carefully checked prior to their admission. If it should become necessary in isolated cases to hospitalize Foreign National employees in an emergency in accordance with provisions of paragraph 6, AR 40-590 and paragraph 4, Circular 85, General Headquarters, Far East Command, 1947, the account is uncollectible and should be written off as authorized in paragraph 12a(2)(d), AR 40-590, unless payment can be effected in United States military payment certificates.

12. HOSPITALIZATION OF BCOF PERSONNEL

It has been reported to this office that organizations of BCOF are not being notified of the hospitalization of BCOF personnel in United States Army hospitals. Such personnel should be reported to the proper organization commander giving date of admission, diagnosis and date of discharge.

13. DISPOSAL OF EXCESS AND SURPLUS MEDICAL DEPARTMENT PROPERTY

Every effort will be made to dispose of all excess and surplus medical property now on hand at all medical installations prior to 1 January 1948. Only medical items of equipment and supply, either serviceable or unserviceable, which are repairable will be turned in. Packing, crating and shipping instructions will be in conformity with Circular 21, this headquarters, 14 February 1947. For preparation for shipment of medical supplies, particular attention is invited to par. 2d of quoted circular.

14. MONTHLY INFORMATIONAL LETTER

Inquiries by this office indicates that information contained herein is not receiving sufficient distribution. It is desired that this information be disseminated to all operating levels.

15. MEDICAL MEETING

The next scheduled medical meeting will be held 5 December 1947 at the 361st Station Hospital in Tokyo.

16. MEMORIAL TO WALTER REED

Reference is made to letter this office, file No. Surg 619.3 (NA), subject as above, dated 6 October 1947. It is desired that all funds collected for this memorial be forwarded to this office at an early date.

17. ANNUAL PHYSICAL EXAMINATIONS

Information received indicates that a request by this command for authority to defer the annual physical examinations until early fall has received favorable consideration by the Department of Army General Staff.

It therefore appears that the next Annual Physical Examination program for officers will begin in September 1948.

sc. 11
PHILIP L. COOK
Colonel, MC
Surgeon

DISTRIBUTION:

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Surg IX Corps APO 309 (3)
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