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THE MEDICAL ASPECTS OF THE OCCUPATION OF CAPTURED ENEMY TOWNS AND PORTS.

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(Continued from p. 104.)

VI.—THE HYGIENE ASPECT.

A.—The Hygiene Reconnaissance.

As soon as possible a fairly detailed idea of the public services of the town is ascertained by contacting the local M.O.H. and, if possible, his Water and Sanitary engineers. The difficult problem arising from their having fled, as has been the case in several towns, is patent.

(i) Water.—Usually this is damaged and only a moderate quantity is available and in some towns none at all. Broadly speaking, all waters need to be chlorinated without necessarily giving any free chlorine in the town. Other details are necessary such as the number and capacity of reservoirs, rate of flow, bacteriological reports, etc.

(ii) Drainage.—This is usually damaged with subsequent fouling. Details are required about disposal, pumping and flushing devices.

(iii) Street Cleaning.—Initially this is at a standstill and large piles of rubbish abound. This has to be rectified at once and if necessary the whole system reorganized to include the worst areas. New labour with supervision must be found and a reorganized clearance to the tip instituted. In nearly all cases town cleansing vehicles have been removed and the only alternative is horse-drawn carts. Disposal is usually by dumping with no effort at control. If it is anticipated that the town will be used for a long period this will have to be supervised by Army Field Hygiene personnel.

(iv) Infectious Diseases.—Incidence of infectious diseases especially plague, cholera, malaria and its control, typhoid and dysentery with special reference to epidemics.

(v) Prostitutes and V.D.—Strangely enough prostitutes always seem to be the last to leave and are nearly always operative on occupation. Their control is difficult, especially in friendly countries. A quick survey is necessary and the planning of P.A. Centres.

(vi) Medical Services.—Normally these have been completely disorganized and a provisional scheme must be introduced. Doctors have to be called back from the country by all
means possible and essential medical services re-started. The whole is complicated by the almost inevitable lack of water and electricity.

(vii) Latrines and Facilities.—On the Docks the most satisfactory type is the hang-over latrine with direct dropping into the sea.

(viii) Rebilleting Schemes and Shelters.—The shelter problem is often very acute owing to the large proportion of houses made uninhabitable. What schools and barracks, etc., there are left after military needs have been met can be used for rebilleting. A rebilleting committee should be set up immediately to reconnoitre available space, to re-allocate such space and to persuade as many people to leave the shelters as will. The committee should consist of five members, the Mayor, the M.O.H. and three others detailed to reconnoitre available accommodation.

(ix) Cafes and Shops.—Subsequently various cafes, barbers’ shops and restaurants are inspected and hygiene rules are given for compliance. Lemonade, beer and ice factories should be seen and instructions given.

B.—Hygiene Work to be put in hand.

(i) Water.—The ideal spot for the chlorination in bulk of the town supply is at some central reservoir which is the meeting point of all waters consumed in the town. If this is so matters are easy but, often, there are two or three different sources which are perhaps under different companies all of which must be treated. Again there may be no reservoirs and, some suitable place has to be chosen which will give a sufficiently long contact time.

All types of reservoirs have been met with, some very good and others dirty, but seldom is there any chlorinating apparatus available. The standard one used by the Army so far has been simple, 44 gallon drum, improvised drip chlorinator, with a float feed. All the information that is necessary is the rate of flow usually given in litres per second. Initially the whole scheme is operated by Fd. Hyg. personnel but it is handed over to A.M.G.O.T. for continuation with special instructions as to its operation.

(ii) Street Cleaning.—Once an idea of the extent of litter is obtained it is necessary to group or dilute the labour available. Additional labour is the Mayor’s responsibility and their payment. There must be no doubt about this as it leads to endless confusion and irritating delays. The Mayor can make application to A.M.G.O.T. for help in payment. Again it has often been necessary to put Army Fd. Hyg. personnel in charge and it is a whole-time job for a corporal who is an expert to supervise the average Italian.

(iii) The Medical Services.—These are always at a standstill and remain so till the doctors return from their “hide-outs.” Until they come back the barest essentials are put into operation. The easiest way to get doctors to return is to put a proclamation up through A.M.G.O.T. and it passes from mouth to mouth in a very short time. It has been found that, with encouragement and practical help, the civilian medical services come to life remarkably quickly and satisfactorily.

(iv) Petrol Ships.—Pioneer Companies employed on unloading petrol ships are supervised so as to prevent undue hardship. This is an unpleasant task and, in the case of the old almost useless “flimsy” petrol containers, somewhat hazardous. Petrol fumes are so strong in these cases as to prevent more than twenty minutes’ work in a hold before collapse.

(v) Cafes, Barbers’ Shops, Etc.—A S/Sjt. and Cpl. of the Fd. Hyg. Sect. are employed on inspecting all bars, barbers’ shops, etc. If these are obviously unsatisfactory they are placed out of bounds by the C.M.P. Rules for compliance are distributed and premises are inspected periodically. If the standard is still poor they are placed out of bounds.

(vi) Prostitutes.—The running of controlled brothels is a myth and unpractical. Until the Armistice with Italy was signed all prostitutes were put into protective custody and were consequently harmless. Now that Italy is a friendly country this has had to be revised and brothels are only put out of bounds; a difficult, hazardous and unsatisfactory measure.
Stricter observation of the prostitutes is therefore necessary and a tightening of civilian control.

P.A. Centres adequately sign-posted are opened at the earliest possible moment.

VII. — Subsequent Action.

A. — Medical Arrangements.

The normal medical lay-out has already been described and it now remains to put it into action. In large areas Medical Administrative Instructions were issued; in smaller ones the detail was given in Area Orders. In either case the same general principles were maintained.

(i) Reception. — Sick and casualties will either be local or from forward areas.

Local casualties pass through the Central M.I. Room or Unit R.A.P.s to the receiving Fd. Amb. while those from forward areas go direct to the Fd. Amb. The Fd. Amb. acts as a general filter through which all cases pass and are then redistributed as follows: Surgical — to the C.C.S. open at the time; Medical — to the second C.C.S. (without F.S.U.) or to the Fd. Amb.

Minor Sick, Throats and V.D. to the Fd. Amb.

This plan was employed in all the battles in the desert and worked very smoothly.

(ii) Detail. — The duties of the various units; the method of drawing rations and medical stores; the situation of blanket and stretcher dumps; the returns and records required; means of intercommunication.

It must be stressed here that signal communications are absolutely essential and yet painfully inadequate. D.R.s are at a premium and the telephone is utterly unreliable.

Wireless was used to a great extent in the desert but the link to Army was often very poor. At times messages and returns have had to be sent by 3-ton lorry. A lot remains to be done for Medical Signals and this is a point which must be constantly borne in mind, particularly when dealing with the difficult problems of Air and H/Ship Evacuation.

(iii) Prisoners of War and Civilian Sick and Wounded. — The most explicit instructions must be issued regarding disposal and treatment of P.W. and civilian sick and wounded which, in some places, assumed such proportions as almost to paralyse the legitimate work of Medical Units.

(a) Prisoners of War. — Almost invariably there will be either an existing Enemy Military Medical Unit or Enemy Medical Staff though the amount of work which can be done is extremely variable. Normally, however, such an establishment can deal with all sick and lightly wounded while the graver cases must be admitted to British units until more permanent measures can be arranged.

(b) Civilians. — In the same way it is seldom that there is not either a civilian hospital or dispensary remaining, to which civilian sick must be directed. As pointed out later, the responsibility for these will ultimately devolve upon the A.M.G.O.T.

(iv) Means of Evacuation. — These may be as follows: (a) Air, (b) Road, (c) Ship, (d) Train, and are here considered at some length.

(a) Air. — It is the responsibility of the unit having URGENT cases for Air Evacuation to notify the Air Evacuation Section and of the Air Evacuation Section to notify Medical Units of the availability of planes.

In practice a load of twenty to thirty cases are called forward to the L.G. and the Air Evacuation Officer gets them off on returning planes. He will have a rough idea each day of how many planes are expected and, directly the number of patients at his section are nearly all evacuated, he sends word to the Medical Units for more. Cases which fail to be evacuated by nightfall are kept in the Section penthouse.

More serious cases are only sent to the L.G. for a guaranteed plane.

(b) Road. — Road is the second most important form of evacuation and, in the desert, the most prodigious distances were covered by the M.A.C.s. Normally there will be one M.A.C. under command of each Corps and one or more under Army. Corps will evacuate to the
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Medical Areas (referred to here) and the A.D.M.S. Area is responsible for their onward routing to Base units by the Army M.A.C.s.

Various methods are employed, the principal being "CONVOYS" and "TRICKLE."

"CONVOYS."—O.C., M.A.C., was informed by units how many cars were required for the morning evacuation and these were sent, loaded, and moved off in Convoy.

By the "TRICKLE." method, so many cars were stationed at the evacuating Medical Units; these were loaded and sent off by the O.C.; as the first car passed the M.A.C. check post a note was handed in saying how many more cars were required. When these latter had left the O.C., M.A.C., replaced them by a further number.

Both methods had their advantages and disadvantages but, in either case, if the run is a long one, a "Coffee Stall" formed by a detachment of some unit on the L. of C. is required at a convenient place on the route to provide tea, etc., and a rest for the patients on their way through.

(c) Ship.—The most complicated operation of all and a complete lecture could be given on this subject alone.

The points in brief are these:

(i) If the ship can come alongside, the operation is simple and requires nothing more than careful organization and timing.

(ii) If the ship lies out in the harbour, "Craft" have to be used and these may be : "Z" Craft—far and away the best; L.C.T.s, L.C.M.s, L.C.I.s ; local tugs, launches and even dumb lighters; motor launches (carried by hospital carriers and extremely useful); the ships lifeboats—the worst of all.

All the craft, with the exception of the last two, are obtained by arrangement with A.Q.M.G., Mov. and Tn, and the Sea Transport Officer. Regarding craft generally, the value of the motor launches mentioned above cannot be over-stressed; they are handy little craft, carry racks for seven stretchers, and at times have proved themselves quite invaluable—cannot these be provided for Hospital Ships as well?

(iii) There must be an efficient stretcher party, at least 1 Officer and 30 O.R.s, to handle the stretchers and brew up tea and comforts on the dock side.

(iv) There must be constant contact between the E.M.O., the O.C. Ship and the Master. The latter will always be in a hurry to get away at the earliest moment. The former should be provided with a small launch or, better still, a "Duck" for this purpose.

(v) The E.M.O. must ensure the return of all stretchers, blankets and pyjamas going on board with the patients and will also ask O.C. Ship to give him as many extra as he can spare plus any Medical Comforts that the Area may be short of.

I have purposely omitted the methods of calling up ships, as these are complicated to a degree and cause the greatest number of "Rockets!" to the largest number of people in the smallest possible time!

(d) Train.—Except in the early days of the Battle of Alamein, and in the Base Areas which are not under discussion here, there were no trains.

This means of evacuation is, however, a relatively simple one provided that there is a good M.A.C., a trained loading party and a good O.C. train.

The main advantage is that a train arrives (more or less) at a fixed time, which none of the other means of evacuation do, and it is possible therefore to plan backwards at what time the relative moves will take place. The details of train loading are generally known and will not further be discussed.

B.—Liaison with Army, Corps and Divisions.

It can be said with some truth that, in the desert, EIGHTH ARMY hardly wrote any paper at all. People got together in many odd places, discussed arrangements, marked maps and returned to put their orders in force.

It is also a golden rule NEVER to pass the H.Q. of any formation without dropping in and
contacting your opposite number—ten to one he has been praying that he might get in touch with you somehow.

It is an accepted axiom that "time spent in reconnaissance is seldom wasted" and it is equally true that five minutes spent at another H.Q. is never wasted.

It has been stated earlier that D.D.M.S., ARMY, will always call a Conference at critical times—but A.D.M.S., Mobile Area, must constantly contact him, D.D.M.S., CORPS, and when possible, A.D.s.M.S., DIVISIONS. It is by this means alone that he can keep in the picture regarding expected number of casualties, the means of evacuating them and the moves of Medical Units.

The telephone is more generally a curse than a blessing and the A.D.M.S. who is content to sit in the office and attempt to communicate by telephone, wireless or signal, will fail.

In Libya and Tunisia, hundreds of miles of frightful roads were covered, often merely to contact one Officer, but that time was seldom wasted.

C.—O.E.T.A. and A.M.G.O.T.

In Libya we had O.E.T.A. (Occupied Enemy Territory Administration) and in Sicily and Italy, A.M.G.O.T. (Allied Military Government of Occupied Territories).

These organizations are virtually the same and constitute the Military Government of the Area when handed over to them by the actual occupying troops. Representatives arrive in the early stages but the Principal Officer does not take over control until actual operations have terminated.

They are responsible for the control of all the Civil Affairs of the town and, therefore, from the medical point of view, a close liaison must be maintained. As an example, the D.A.D.H. commences to put the hygiene of the town on a sound basis for the protection of the health of the troops but, as soon as A.M.G.O.T. is established, he can hand over a great deal of the work to them.

In the same way, purely civil hospitals, working for the civilians and not taken over by Military, and the important question of feeding the civil population, are the responsibility of A.M.G.O.T.

VIII.—THE HAND-OVER.

The Mobile Area seldom stays long in any Port. Directly the required number of convoys have been dealt with, or the Port is considered to be in smooth working order, it will go forward ready to open up the next.

In its place, a Sub-Area Commander, Base and L. of C. Sub-Area Commander, or even a Town Major, will take over. In my experience such relieving units have invariably been either fresh from home, under establishment, lost on the road or with no knowledge of their job. In any case it must be appreciated that their task is a difficult one and all possible assistance must be given. The more important points are these:—

(i) Local Files.—All files, whether Medical Arrangements—Hygiene—Supplies—Malaria, or other, dealing with the purely local aspect are put in separate covers and marked accordingly: "CATANIA"—Malaria. "TRIPOLI"—Medical Locations, etc.

If any of the matter is of importance or required later for the Quarterly Report, etc., copies are taken and kept; otherwise the files are handed over in bulk to the newcomers.

(ii) Maps and Plans.—The number of maps, town plans and diagrams which pass through the hands of a Mobile Area is quite prodigious. It is all the more necessary, therefore, to dump or return to Map Depot all that are not required for the next move.

Town Plans and Maps of the immediate Area marked with Medical and Administrative Locations are of the utmost value to the incoming staff and are handed over.

(iii) The Actual Hand-over.—Provided the new H.Q. arrives complete, this is easy; each officer briefs his opposite number and it can readily be done in one day.

The two A.D.s.M.S. examine the maps, discuss the Medical lay-out, visit the more important units and note future developments.
The D.A.D.s of Hygiene drive round the Area and make sure that the O.s C. Fd. Hygiene Sections are working to their programme.

The E.M.O.s together visit the docks, contact N.O.I.C., S.S.T.O. and A.Q.M.G. Movements, examine the berths and discuss the merits of available Craft in that particular Port.

The Pool Medical Officers hand over their M.I. Rooms.

Unfortunately this ideal situation seldom occurs. More generally the hand-over is confined to such officers of the relieving Medical Staff as may have arrived. These will generally be the A.D.M.S. and one of his Staff.

In these circumstances, only a partial hand-over can be arranged and it will be necessary temporarily to leave behind some of the Area Staff; a particularly unsatisfactory arrangement.

The Area A.D.M.S. and the D.A.D.H. will always have to leave and go ahead with the rest of the H.Q. while the E.M.O. who, as explained above, fulfils the duty of D.A.D.M.S., will remain for a few days "holding the hand" of the new H.Q.

It seems unfortunate that while other members of a relieving staff arrive on time the Medical Branch seldom does.

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