COMMISSARIAT OF THE INTERNATIONAL COMMITTEE

OF THE RED CROSS FOR RELIEF TO PALESTINE REFUGEES

GENERAL REPORT ON THE ACTIVITIES OF THE MEDICAL SERVICE

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INTRODUCTION RF

When establishing the Commissariat for Relief to Palestine Refugees, in December 1948, at the request of the United Nations, the International Committee of the Red Cross decided to make its action more complete and effective by including medical aid.

For the work to be attempted with any success in a country disorganized by war and by the departure of the Mandatory Power, and where the population, climate and customs were quite different from ours, a careful preliminary survey of the whole field was necessary. The International Committee of the Red Cross therefore invited Dr. A. Vannotti (Professor at the Lausanne University Medical School and a Member of the International Committee) to accompany the Commissioner, M. Alfred Escher, on his first preparatory tour of Palestine. Dr. Vannotti's report on the tour was afterwards used by the Commissariat in organizing the nucleus of a Medical Service.

The Service was set up in January 1949, with the object, first, of providing direct medical assistance and, secondly, of preventing and stamping our communicable diseases among a refugee population of about 450,000, affected by events of war and living under deplorable sanitary conditions. The refugees had crowded into towns and villages, were sleeping in caves or in the open, had been underfed for months, and were of low stamina owing to frequent sickness; an outbreak of serious epidemics was imminent.

The Medical Service was thus faced with a heavy task which it required an enormous effort to bring to a successful conclusion with the means available, as will be seen by the following record.

ORGANIZATION A[illegible]

ORGANIZATION AND RESOURCES

This included [illegible] personnel and Palestinians recruited locally.

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In all, during [illegible] period of the mission, 22 doctors and 32 nurses w[illegible]ed for the Commissariat Medical Service (These figures including the doctor and two nurses from the Danish Red Cross). But the total number of posts filled was never greater than 15, in the case of doctors, and 28, in the case of nurses.

In August 1949, on the establishment of the Central Laboratory in Jerusalem, one male and two female laboratory assistants were engaged. By December of the same year, there were five assistants: in all six persons worked in the Central Laboratory.

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ORGANIZATION AND RESOURCES

I. PERSONNEL

This included the Swiss personnel and Palestinians recruited locally.

1. Swiss Personnel

The International Committee of the Red Cross (ICRC) medical delegates were selected in Switzerland by Professor A. Vannotti, Member of the International Committee, and the nurses by Mademoiselle L. Odier, also a Member of the Committee. The first two nurses arrived at the Commissariat's Headquarters in Beirut on December 30, 1948, and were followed, on January 15, 1949, by a team of three doctors (including the Chief Medical Officer) and twelve nurses. During the same month, three nurses of the ICRC Delegation, who has been in Palestine for some time and knew the country and the customs of the population, were taken over by the Commissariat. In February and early March, eight more doctors and seven nurses joined the mission.

At the beginning of April, a Danish Red Cross team (a doctor and two nurses) joined forces with us. The two nurses remained until the end of the mission, but our Danish colleague was unfortunately called away to other duties in September.

By April 1, 1949, therefore, the Commissariat medical team consisted of 12 donors and 26 nurses. Other doctors and nurses continued to arrive in Palestine up to January 1950, either to replace personnel which had returned to Switzerland, or fallen sick, or to take up new duties.

In all, during the whole period of the mission, 22 doctors and 32 nurses worked for the Commissariat Medical Service (These figures including the doctor and two nurses from the Danish Red Cross). But the total number of posts filled was never greater than 15, in the case of doctors, and 28, in the case of nurses.

In August 1949, on the establishment of the Central Laboratory in Jerusalem, one male and two female laboratory assistants were engaged. By December of the same year, there were five assistants; in all six persons worked in the Central Laboratory.

In the initial stages, doctors and nurses arriving in Beirut were able to visit patients in the French and

American hospitals there, while awaiting the completion of visa formalities for entry into Palestine; they thus had an opportunity of becoming acquainted at first-hand with infectious diseases found in the Middle East, such as smallpox, typhoid and para-typhoid fever, malaria, amoebiasis, eye complaints, etc., which are practically unknown in Switzerland; we are particularly grateful to those in charge of the institutions in question for granting this privilege.

After being admitted to Palestine and before being sent to posts in the various districts, the nurses and some of the doctors worked for a few days in Jericho where the Medical Service set up by the previous mission was still in existence. They were thus able to obtain some idea of the work they would have to do and learn something of the ways and customs of the population.

2. Local Personnel

For the first two months of its work, the Medical Service was unable to engage paid local personnel, owing to lack of funds. However, as the whole of this report will show, such personnel were absolutely indispensable if the little group of Swiss doctors and nurses was to carry out its huge task of organizing and setting up Medical Centres throughout the country and giving medical assistance to a refugee population estimated at 450,000 persons.

A few doctors and nurses offered their services free of charge to the Jericho Medical Service, and we must pay them a special tribute, but it will be readily understood that they could not carry on indefinitely, as they themselves were refugees and without any means of subsistence.

It was not until the end of March 1949 that we were in a position to recruit and pay local personnel. From then on, doctors, nurses, orderlies, assistants and labourers for the Health Service, and medical and auxiliary personnel for the dispensary and hospital services, were engaged as and when required.

The table at the end of this chapter gives the numbers of persons employed each month in medical aid; it will be seen that the figures represent a curve which rises with the development and extension of the Medical Service. The table does not, however, show the personnel of the Health Service, who have been dealt with under a separate heading.

II. ORGANIZATION

1. Central Commissariat, Beirut.

(a) Chief Medical Officer - dealing with the Commissariat medical work under the general responsbility of the Commissioner and in agreement with the latter. The C.M.O. was stationed in Beirut but paid frequent visits to the Palestine terrain to ascertain the work done or still to be done, the deficiencies in particular services, possible improvements, etc.

(b) Deputy to Chief Medical Officer - From the beginning it had been decided that the M.O. should have a deputy, to assist him in his work and to take his place at Beirut when he was visiting the terrain. Unfortunately, the post could not be filled permanently until the end of January 1950; for, until then, whenever a new doctor arrived to fill it, he was sent to Palestine where his services were urgently required either to replace a colleague or on account of the setting up of new centres.

(c) Secretary - recruited locally.

2. In the field

(a) Medical Districts

Seven Medical Districts were opened during the first twelve months. They corresponded to the following administrative sectors :

District	I	-	Jericho
"	II	-	Ramallah
"	III	-	Samaria
"	IV	-	Jerusalem
"	V	-	Bethlehem
"	VI	-	Hebron
"	VII	-	Israel

Each came under an ICRC District Medical Officer, who was responisble to the Delegate in charge of the local branch of the Commissariat for administrative questions and to the Chief Medical Officer in technical matters. Each district was provided with one or more nurses, and one or more Palestinian doctors, according to the importance of the work in hand, together with medical and auxiliary personnel.

(b) General Services

These Services included -

The ICRC hospitals,
the Central Laboratory,
the Central Medical Store and
the Health Service.

The head of each of these services, came under the Chief Medical Officer in technical, and under the Regional Officer or the Commissioner in administrative matters.

(c) Medical Adviser

The Palestinian Doctor Assad Bishara acted as Medical Adviser to the Chief Medical Officer and to doctors in the Districts. He was also responsible for liaison with the local authorities, in particular the Public Health Department.

(d) Head Nurse (ICRC)

The Head Nurse came under the Commissioner for administrative questions and under the Chief Medical Officer in technical matters; she was responsible for the reception, briefing, posting and replacement of nursing staff.

(e) Medical Areas

With effect from January, 1950, the Districts in Palestine were re-grouped for administrative purposes into three Areas, Israel not being included in this measure. They were as follows :

AREA I - The former Samaria District, which was large enough to become an independent area under the Medical Officer who had been in charge of the district.

AREA II - consisting of the Ramallah, Jerusalem and Jericho Districts, under a new Regional Officer.

AREA III - comprising the Bethlehem and Hebron Districts, under the Medical Officer from Hebron District.

The three Regional Officers were responsible for their respective areas to the Chief Medical Officer and, through him, to the Commissioner. These changes were made with the following objects in view :

(i) The standardization of medical work.

(ii) Better co-ordination between the various Districts in regard to the transfer and payment of personnel, the setting up of new camps and dispensaries, sanitary installations, etc.

(iii) Closer co-operation with the Palestine Public Health Department.

(iv) The transfer of a centralized organization to UNRWA at the close of the mission.

III. RELATIONS BETWEEN THE MEDICAL SERVICES IN THE FIELD AND THE MEDICAL CENTRE IN BEIRUT

On the first visit of a Medical Delegate, or the head of a service, to the terrain, he was provided with an "Ordre de Mission" from the Chief Medical Officer defining his duties and the task he was to carry out. He was, however, allowed great freedom in the organization of his service, within the limits imposed by general directives and the funds available.

From time to time the Chief Medical Officer informed Heads of Services of the work to be done, and issued instructions, memoranda and service chits.

The persons responsible for each service had to send a monthly report to the Commissariat Medical Centre, stating the progress of the work and requirements.

Whenever possible, normally about once a month, the chief Medical Officer called a meeting, in the field, of Medical Delegates, the Head Nurse and the Health Service Officer, and current problems were examined and discussed; those present gave an account of their experiences and the meetings proved a source of happy personal relationships and mutual co-operation.

IV. RELATIONS BETWEEN THE COMMISSARIAT MEDICAL SERVICE, UNRPR AND OTHER AGENCIES

As relief work on behalf of Palestine refugees had been entrusted by the United Nations to three different agencies, their action had naturally to be co-ordinated. On the medical side a committee known as the Chief Medical Officers' Board (CMOB or CMO) was formed in Beirut.

Dr. Cottrell of the World Health Organization (WHO), Adviser and afterwards Chief Medical Officer of United Nations Relief for Palestine Refugees (UNRPR), acted as Chairman of the Board, assisted by Dr. Krikorian, Director of the American University Health Institute in Beirut and formerly Deputy-Director of the Palestine Health Service under the Mandate. Other Members of the Board were :

- Dr. P.Descoeudres, Head of the UNICEF Mission in the Middle East;
- Dr. H. Larsen, Chief Medical Officer of the League of Red Cross Societies' Middle East Commission;
- Dr. J.S.Peterson, Chief Medical Officer of the American Friends Service Committee;
- Dr. R.Sansonnens, Chief Medical Officer of the ICRC Commissariat.

In November 1949, Dr. Cottrell was called to another post by WHO and was replaced by Dr. Peterson (mentioned above), also of WHO.

The general plan for providing refugees with medical assistance was studied and discussed from a pratical point of view at the first meeting of the CMOB on January 28, 1949, in Beirut. Meetings were subsequently held each month and were chiefly concerned with the following matters :

(i) General medical requirements in the territories under UNRPR control;

(ii) Special needs of hospitals and clinics;

(iii) The treatment and prevention of communicable diseases;

(iv) The raising and allocation of funds; the general medical budget;

(v) The finding of medical relief supplies (medicaments and equipment), their purchase and their allocation to the distributing agencies.

The CMOB proved to be an excellent idea; by pooling the knowledge and experience of all concerned, it made constructive work possible.

Quite apart from the monthly meetings of the Board, our relations with the medical services of the other agencies, in particular that of the League, whose headquarters were also in Beirut, were of a most cordial nature.

V. RESOURCES AVAILABLE

The following resources were available to the Medical Service to start and carry on its work :

(i) An independent budget (fully described under the heading "Budget and Expenditure");

(ii) Equipment and medicaments supplied by UNRPR and UNICEF and based on requirements, (detailed lists of the items supplied are annexed to the present report);

(iii) Sundry gifts of cash, medical equipment or medicaments, which were kindly placed at our disposal by various Governments, National Red Cross and Red Crescent Societies, and charitable institutions and by the ICRC Delegation; (complete lists, by donators, are annexed to the present report).

Means of transport.

At first our work was seriously hampered by the fact that we had no vehicles with which to convey personnel to their various working centres and evacuate the sick.

The medical service was, however, gradually supplied with vehicles, which were provided by UNRPR or hired locally. In addition, a few Palestinian doctors and the Health Officer were allowed to use their own cars in return for an allowance, and free petrol, oil, upkeep and running repairs.

The motor transport of the Medical Service also included four ambulances donated by the American Red Cross, and a fifth which the ICRC Delegation was good enough to place at our disposal until the end of 1949.

Equipment and medicaments were sent to the field from Beirut by lorry, by the Commissariat delivery van, or by the UN aircraft.

MEDICAL AND AUXILIARY PERSONNEL

	ICRC Medical Officers	ICRC Nurses	ICRC Laboratory assistants	Palestinian doctors	Chemists	Nurses *	Nursing aids	Medical ** orderlies	Assistant medical orderlies	Auxiliary personnel	Total
1949 January	3	17									20
February	10	21									31
March	11	24		2			3	1	. .	5	46
April	12	26		4	1	6	12	3	3	17	84
May	12	25		10	1	10	14	7	3	50	132
June	13	25		10	1	10	14	7	3	50	133
July	13	26		12	1	10	14	7	3	50	136
August	15	26	3	12	1	10	14	7	3	50	141
September	13	27	3	14	2	27	17	32	4	136	275
October	14	27	3	17	2	34	21	32	4	121	275
November	15	27	3	18	2	34	21	32	4	121	277
December	15	27	5	21	2	48	40	41	5	136	340
1950 January	15	28	5	21	2	48	42	41	6	141	349
February	14	27	5	22	2	48	42	38	7	156	361
March	13	26	5	22	2	70	38	38	4	156	374
April	13	26	5	22	2	77	38	38	4	156	381

(*) Including midwives
(**) Including tamarghis (for treatment of eye complaints).

MEDICAL WORK PROPER

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The work of the Medical Service was divided into :

(a) District Medical Services;
(b) General Medical Services (for the whole of Palestine)

A. DISTRICT MEDICAL SERVICES

GENERAL REMARKS.

The area in which the ICRC Commissariat for Relief to Palestine Refugees was working having been divided, for purposes of administration, into seven Districts, each under a regional Commissariat, it was both natural and practical that a Medical Service should be attached to each District (with the exception of Jerusalem, for reasons which will be explained later).

Medical Services were not, however, set up simultaneously in all the Districts, for, although it is comparatively easy to establish administrative machinery, a Medical Service must have a fully trained staff, together with equipment and medicaments which it is often almost impossible to obtain locally.

The District Medical Services therefore started by opening a few consulting centres, of a type dictated by the means at our disposal and by local conditions, i.e. the number of refugees, their state of health, the existence or absence of camps in the District and the availability of Public Health Department dispensaries.

Gradually, as the Medical Service was allotted sufficient funds and adequate supplies of medical equipment and medicaments arrived in the field, these centres increased in number and became more specialized. They were later supplemented by a local medical store, a small clinical laboratory, maternity centres and a Health Service (described in detail under a separate heading).

1. Consulting centres -

Included :

(a) Base dispensaries;

(b) Camp dispensaries;

(c) Mobile dispensaries;

(d) Child welfare centres and day nurseries.

(a) - Base dispensaries were installed in the larger urban areas in premises leased or placed at our disposal by local authorities, usually the Public Health Department. The furniture and equipment was also lent by the authorities or supplied by the Medical Service (local purchases and gifts).

(b) - Camp dispensaries were set up in the more important camps, usually in tents, one tent being reserved for each service. Furniture and instruments were supplied by the Commissariat Medical Service.

The base and camp dispensaries were run by the District Medical Officer or a Palestinian Doctor, generally assisted by a Swiss nurse and by Palestinian medical and auxiliary personnel.

In view of the large number of refugees living in these towns and camps, consultations were given daily in the morning and afternoon.

These centres were intended for general consultations given by the doctor in charge, the latter being assisted by the nurse who distributed medicaments and dressed the numerous septic sores resulting from the deplorable health conditions in which the poorer inhabitants of these countries live.

The general consultations were soon supplemented by examinations for eye complaints, carried out by special orderlies ("tamarghis"), whose duties are described in greater detail under the heading "eye complaints".

(c) - Mobile dispensaries were manned by teams from camp or base dispensaries who were free for part of the day. They were intended to bring medical aid, in the form of general consultations and eye examinations, to large villages, at some distance from urban centres and without resident doctors, where the number of refugees was fairly high. They visited villages whose central situation enabled the inhabitants of other villages to attend the consultations and have the benefit of the medical aid provided, and certain small camps, where it was not

possible to organize permanent consulting centres, were also included. As circumstances changed (e.g. when the number of refugees in a village decreased, or when Public Health Department dispensaries were re-opened) certain villages ceased to be visited and others were visited instead.

An assistant medical orderly or nursing aid lived permanently in most of these centres, or "stations" as we shall call them, in order to continue the treatment prescribed by the doctor and, in his absence, to send urgent cases to hospital.

It should be stressed that these consultations were attended not only by the refugees but also, in a large measure, by the rest of the population.

(d) - Child Welfare Centres and Day Nurseries. Whereas the standard of health of adult refugees was relatively satisfactory, the same thing was not true of infants and children under three years of age. Their condition was not due to the war, but is unfortunately chronic among all the poorer classes in the Middle East.

The first step in helping these under-nourished children was to set up milk centres, which were supplied with milk by UNICEF. To begin with, the Medical Service prepared the milk and organized its distribution. Distribution later came directly under the Administrative Services, except in Samaria. As the work of the milk centres has been described in detail in the Commissariat's General Reports, we will not dwell on the subject. In cold weather, milk supplies were supplemented by a liberal issue of cod liver oil, donated by UNICEF and the Danish Red Cross.

Relief in this form, however, was found to be insufficient in view of the great number of children who came to the regular consultations suffering from malnutrition, general debility, athrepsia and rickets. Special consultations were necessary for these neglected children and, as soon as the means were available, child welfare centres, run by Swiss nurses, were attached to all Medical Services in Palestine. The children were cared for, bathed and often clothed in these centres, and were given proper food. At the same time the mothers acquired an elementary knowledge of the care of children.

The Centres were provided with the necessary infant foods and medicaments with the help of two cash donations from the Junior Red Cross Fund, placed at our disposal by the Beirut representative of the American Red Cross.

As the intermittent care given in the child welfare centres was not, however, enough to ensure a fundamental improvement in the health of a number of small patients, it proved necessary to supplement it by settling up day nurseries. These were equipped with cradles. The children generally remained all day, and were able to receive several meals and more continuous care. The mothers had to carry out light domestic tasks or do needlework and improved their knowledge of child welfare by contact with qualified personnel.

2. Maternity Centres.

For the first few months, pressing problems absorbed the full attention of the Medical Service. The question of prenatal examination and confinement did not seem urgent as Arab women of the poorer classes are accustomed to do entirely without medical aid during their confinements; moreover, in their case, pregnancy is not an exceptional state, as from the age of adolescence onwards, they are confined every twelve or fifteen months, producing from ten to fifteen children in succession.

Nevertheless, it was not unusual for pregnant women to attend our consultations, either of their own accord or on the advice of local midwives.

Later, when urgent matters had been dealt with, we were able to tackle this problem - mainly from the social welfare angle. Midwives were accordingly engaged and maternity centres set up at bases and camps.

3. Local Medical Stores.

From the outset, each District Medical Service that opened had its own Medical Store. These stores were stocked from the Central Medical Store at Jerusalem, or by means of purchases made locally or in Beirut. Card-indexes were kept to check issues and stocks, and it was thus easy to make out the monthly demands for supplies.

4. Small Clinical Laboratories.

These laboratories were set up as soon as the necessary equipment was available. They made it possible to carry out simple and urgent analyses (urine, microscopic examination of stools for amoebae, blood tests, bacteriological tests, etc.).

To give some idea of the work done by the Medical Service, we now propose to study the various District Medical Services individually, giving the following particulars in each case :

(i) Opening date.

(ii) Characteristic features of the district concerned.

(iii) Numerical strength of the refugee population; (as this has been subject to continual fluctuation, the figures given are those of the Commissariat's last census which was completed in April, 1950).

(iv) Medical centres.

(v) Personnel. (The staff steadily increased in numbers as new activities developed in each district, the figures given being those for each service at its peak period).

(vi) Hospitals available for the evacuation of the sick.

(vii) Transport available.

Special conditions applied in the case of the Medical Service in Israel, and it will therefore be described under a separate heading.

I. JERICHO DISTRICT MEDICAL SERVICE

(i) Opening date : January, 1949.

(ii) Characteristic features of Jericho District.

The town of Jericho, situated in the valley of the Jordan, 300 metres below sea-level, differs in climate from other Palestinian towns, having mild winters followed by very hot summers, when the thermometer often rises to 40-45° C (104-113° F) in the shade.

Before the hostilities, the population of Jericho was about 8,000; with the influx of the refugees the figure rose to nearly 60,000.

The Cilento Mission, which preceded ours, had placed the majority of the refugees in the Akaba, Noemi, Auja, Ain El Sultan and Transit Camps, the largest of which was that at Akaba, with about 25,000 inmates. Some 20,000 refugees were divided among the other four camps, and the remainder lived in Jericho, in caves or out of doors.

With the voluntary help of two Palestinian doctors and three nurses from the ICRC Delegation, and the necessary auxiliary personnel, the Cilento Mission had been able to open dispensaries in all except the Transit Camp.

In May 1949, when the hot season started, nearly 20,000 refugees migrated to other districts in Palestine. The Transit Camp closed down completely and only a few tents remained in Auja and Noemi.

From September onwards the refugees gradually returned and the camps were all re-organized, those at Akaba and Ain El Sultan becoming numerically the largest in Palestine. About the same time, the Arab Development Society (ADS) built their model village.

Access to all the refugees was easy, the two camps furthest apart, Akaba and Auja, being separated by a distance of only 17 kilometres.

During the whole period of the mission, Jericho District was the main centre of smallpox infection, owing to the fact that nomad Bedouins, who were continually crossing the frontiers, brought the disease with them and in most cases escaped medical control. A barbed-wire quarantine camp was set up to deal with this aspect of the problem.

Great difficulty was experienced in supplying Akaba Camp with water.

Jericho was the starting point for the majority of the ICRC doctors and nurses who arrived in the field between January and March 1949; they stayed there for a short period before being sent to other districts.

(iii) Numerical strength of the refugee population - 44,737, divided as follows :

Jericho (town)	9,255
Bedouins	4,637

Camps - Akaba	20,576
Ain El Sultan	6,564
Auja.	1,092
Noemi	2,291
ADS Model Village	322

(iv) Medical Centres

Base dispensaries - None.

It was not considered necessary to set up a base dispensary in Jericho as the inhabitants of the latter could easily visit the Ain/Sultan and Akaba Camps which were situated on its outskirts.

Camp dispensaries - 2

At the Akaba and Ain/Sultan Camps. Both were opened in January 1949.

Mobile dispensaries - 2

The first started working in September, 1949, the second in October, 1949. The following Stations were convered :

Auja Camp - September 1949 to April 1950

ADS Model Village - October 1949 to April 1950

Noemi Camp - March 1950 to April 1950

Child Welfare Centres - 2

The first, at Ain El Sultan Camp, opened in December 1949; the second, at Akaba Camp, opened in April 1950.

In May 1949 a pediatrician was engaged by the Jericho District Medical Service.

Maternity Centres - None.

Two midwives, for the Akaba and Ain El Sultan Camps respectively, were engaged and paid by the Medical Service from December 1949 onwards, their task being to assist women who gave birth to children in the tents in which they lived.

Local Medical Store - 1

Opened in Jericho in January 1949.

Small Clinical Laboratory - 1

Opened in Jericho at the end of January 1950.

(v) Personnel

The size of the district and the fact that the refugees were scattered among numerous villages made it difficult to bring medical aid to them all; but fortunately it was possible to [illegible] ICRC Medical Officer. [illegible] extent by making use of the existing [illegible]

Three ICRC nurses (reduced to two in March 1950)

Three Palestinian doctors [illegible] refugees arrived from Jericho, [illegible] to accommodate them.

Seven Palestinian nurses

Two "tamarghis" for eye complaints [illegible] Deir Amar Camp in November [illegible] February 1950.

Two midwives

Thirteen auxiliary personnel.

Numerical strength of the refugee population - 65,231, divided as follows :

(vi) Hospitals available for the evacuation of the sick

Egyptian Red Crescent Hospital, Ramallah (until April 30, 1949)	13,021
ICRC Hospital, Bethany	3,667
Augusta Victoria Hospital (ICRC), Jerusalem	
El Carea	1,732
Austrian Hospiz, Jerusalem	1,158
[illegible]mmar	2,103
Shukeiden	719
[illegible]	1,407
[illegible]	592
One hired car	420

(vii) Transport available

One ambulance lent by the ICRC Delegation during 1949.

In 1950 the sick were moved in private cars, and contagious cases by a motor-bus set aside for the purpose.

Opened in the town of Ramallah in May 1949, in premises [illegible] the [illegible] Public Health Department.

II. RAMALLAH DISTRICT MEDICAL SERVICE

(i) Opening date : May 1949 [illegible] at the beginning of September 1949 [illegible] camp in Ramallah District.

(ii) Characteristic features of Ramallah District. [illegible] in Ein Arik Camp;

Ramallah District forms part of the central mountain region of Palestine, its altitude varying between 700 and 900 metres. In summer the days are hot and the nights cool, with considerable differences between the maximum and minimum daily

temperatures. The winter is severe with abundant rain, frequent storms and, sometimes, heavy falls of snow.

The size of the district and the fact that the refugees were scattered among numerous villages made it difficult to bring medical aid to them all; but fortunately it was possible to overcome this to some extent by making use of the existing Public Health Department dispensaries.

In May 1949, about 8,000 refugees arrived from Jericho, five camps being hurriedly erected to accommodate them.

Outbreaks of smallpox occurred at Deir Amar Camp in November 1949, and at Jalazone Camp in February 1950.

(iii) Numerical strength of the refugee population - 65,231, divided as follows :

	Ramallah (town)	13,024
	Villages	40,034
Camps -	Jalazone	3,667
	Ein Sinia	375
	Doura El Qarea	1,732
	Amaari	1,158
	Deir Ammar	2,103
	Abou Shukeidem	719
	Ein Arik	1,407
	Nebi Saleh	592
	Ramallah Camp	420

(iv) Medical Centres

Base dispensary - 1

Opened in the town of Ramallah in May 1949, in premises lent by the Ramallah Public Health Department.

Camp dispensaries - 4

The first was opened at the beginning of September 1949 in Jalazone Camp, the largest camp in Ramallah District.

The second was opened in June 1949 in Ein Arik Camp; the third in September 1949 in Ein Sinia Camp; and the fourth in January 1950 in Amaari Camp.

In view of the small number of refugees in the last three camps, consultations took place on only three days a week, but an assistant medical orderly remained in each camp permanently.

Mobile dispensaries - 2

The first started operating in May 1949, and the second in August 1949.

The following Stations were covered :

Villages

Ni'lin - from May 25 to July 15, 1949, and from October 25 to November 30, 1949.

Beit Rima - from May 25 to July 15, 1949, and from October 25, 1949 to April 30, 1950.

Kibia - from December 1, 1949 to April 30, 1950.

Camps

Newi Jacoub - from June 1, 1949 to December 31, 1949, when the camp was closed down.

Bir Aziz - from June 1 to July 15, 1949 (closed down).

Ein Sinia - from December 1, 1949 to April 30, 1950.

Doura Kareh - from June 1 to August 31, 1949; after that date the inhabitants of Doura Kareh could attend Jalazone Camp dispensary which was close at hand.

Child Welfare Centre - 1

Opened in Jalazone Camp on November 1, 1949.

Local Medical Store

Opened in May 1949 in Ramallah.

(v) Personnel

ICRC Medical Officer

Three ICRC nurses (including the Head Nurse)

Two Palestinian doctors, including an eye specialist (attached to the district for administrative purposes)

Two Palestinian nurses

Five nursing aids

One "tamarghi" for eye complaints

Eleven auxiliary personnel.

(vi) Hospitals available for the evacuation of the sick

Augusta Victoria Hospital (ICRC), Jerusalem

Austrian Hospiz, Jerusalem

Ramallah Government Hospital

(vii) Transport available

One ICRC car

One hired car

The sick were evacuated to Jerusalem by the ICRC ambulances from Nablus or Jerusalem.

III. SAMARIA DISTRICT MEDICAL SERVICE

(i) Opening date : February 1949.

(ii) Characteristic features of Samaria District.

The largest District in Palestine, with an area of over one-third of the Commissariat's total territory.

Also the most important of all the Palestine Districts in regard to the number of its refugees, estimated at the start at about 120,000 persons distributed among the four main towns of Nablus, Djenin, Tulkarem, Qalkilyia and about two hundred neighbouring villages.

The climate is that of the mountainous tableland of the central region, and is identical with that of Ramallah District except for the area around Djenin, where the climate is that of the nearby coastal area, with warm, wet summers.

The population was mainly Moslem, and extremely fanatical, refusing to receive medical aid from women, particularly

those without veils such as our nurses. This attitude was fortunately overcome fairly soon by the energy, self-sacrifice and devotion to duty shown by these admirable workers.

For medical work the same division into three sub-districts was necessary as in the case of the Administrative Service, the sub-districts being -

Nablus Sub-District (chief town Nablus);

Djenin Sub-District (chief town Djenin); and

Tulkarem Sub-District (chief town Tulkarem).

Each sub-district was provided with a semi-independent Medical Service run by one or more Palestinian doctors and one or more Swiss nurses. The whole was placed under the supervision of the Samaria District Medical Officer, who resided in Nablus, the headquarters of the District Commissariat.

In June 1949, a fourth sub-district was set up in the Qalkilyia area (chief town Qalkilyia), as a result of the revision of the frontiers between Jordan and the State of Israel, in April 1949. Qalkilyia was in fact almost entirely cut off from the remainder of the district owing to the fact that the road joining Qalkilya to Tulkarem was allotted to Israel, so that the only remaining communication with Nablus was by a road some sixty kilometres long.

The revision of the frontiers resulted in the arrival, in April 1949, of a fresh contingent of nearly 10,000 refugees.

(iii) Numerical strength of the refugee population - 108,149, divided as follows:

Nablus Sub-District - 58,140, including -

Nablus (town)	23,124
Villages	28,773 (including the 12,000 refugees from Qalkilyia)
Camp No 1	1,459
Camp No 2	468
Askar Camp	3,032
El Fara's Camp	1,206
El Luban Camp	78

Djenin Sub-District - 30,758, including -

Djenin (town and villages)	27,458
Janzur Camp	3,300

Tulkarem Sub-District - 19,251, including -

- Tulkarem (town and villages) 16,291
- Tulkarem Camp - June 20, 19[illegible] 2,960

- 1 - November 30, 19[illegible]

(iv) Medical Centres - 1 - [illegible]

Base dispensaries - 4 - [illegible]

- April 15 - December [illegible], 1949

One, at Nablus, was opened in rented premises at the beginning of May 1949 and was run for the first three months by the Samaria District Medical Officer himself, funds available being insufficient to permit the engagement of a Palestinian doctor. The second, based on Djenin, started to function at the end of [illegible] 1949 and covered the following Stations :

Until this dispensary was opened, refugees received medical attention at the dispensaries of the Sisters of St. Joseph and the Town Hospital, to both of which the Medical Service issued a quantity of medicaments for the refugee's sole use.

Refugees in Camps Nos. 1 and 2, on the outskirts of the town, also visited the base dispensary.

The second was opened at Djenin in May 1949 in premises lent and partly furnished, free of charge, by the Public Health Department.

The third, which was opened at Tulkarem at the beginning of May 1949, was also installed in premises lent by the Public Health Department. The inmates of Tulkarem Camp, near the town, were given attention at this dispensary.

The fourth, at Qalkilyia, was opened at the end of June 1949, in rented premises. - July 1, 1949 - April 30, 1950

- April 30, 1950

[illegible] based on Tulkarem, started to function early [illegible] and covered the following Stations :

Camp dispensaries - 3

At Askar Camp - opened at the beginning of June 1949;

El Fara's Camp - opened at the end of June 1949; and

Janzour Camp - opened at the end of November 1949.

[illegible] Ghabon - May 1, 19[illegible] - April 30, 1950

Mobile dispensaries - 4 - [illegible], 1950

The first, based on Nablus, started to function at the end of February 1949 and covered the following Stations :

Insafut - March 1 - April 15, 1949

Haouara - March 1 - April 15, 1949

Qalkilyia - May 15 - June 20, 1949

Bourqua - March 1 - November 30, 1949

Bourin - March 1 - November 30, 1949

Hajja - April 15 - November 30, 1949

Biddia Camp - April 15 - December 15, 1949

Toubas Children's - April 15 1949 - April 30, 1950

Salfit - October 1, 1949 - April 30, 1950

The second, based on Djenin, started to function at the end of February 1949 and covered the following Stations :

Om El Fahem - March 1 - May 15, 1949

Arabour Camp - March 1 - May 15, 1949

Silat El Daher - March 1 - June 30, 1949

Jabaan Camp - March 1 - November 30, 1949

Facua - May 15 - September 15, 1949

Arrabeh - May 15 - September 15, 1949

Kuferei - July 1 - September 15, 1949

Silet Hartieh - November 15 - December 31, 1949

Sanur - November 15 - December 31, 1949

Yamoun - March 1, 1949 - April 30, 1950

Roumaneh - May 15, 1949 - April 30, 1950

Jaba's - July 1, 1949 - April 30, 1950

Kufer Rai - December 15, 1949 - April 30, 1950

The third, based on Tulkarem, started to function early in May 1949 and covered the following Stations :

Schweikeh - May 1 - September 15, 1949

Qaffen - September 15 - November 15, 1949

Anabta - May 1, 1949 - April 30, 1950

Deir Ghusun - May 1, 1949 - April 30, 1950

Zeita - May 15, 1949 - April 30, 1950

The fourth, based on Qalkilyia, started work on October 1, 1949, one solitary Station, Azzoun, being covered until the close of the mission.

Child Welfare Centres - 6

Opened at -

Nablus Maternity Centre - at the end of August 1949;
Nablus Base Dispensary - at the end of November, 1949;
Askar Camp - in August, 1949;
Djenin Dispensary - in December 1949;
Janzour Camp - in December 1949;
The Children's Clinic, Tulkarem - in November 1949.

Day Nurseries - 4

Attached to the following child welfare centres :

Nablus - from the beginning of December, 1949 - 8 cradles
Janzour Camp - from the beginning of December, 1949 - 7 cradles
Djenin - from the beginning of January 1950 - 8 cradles
Askar Camp - from the beginning of December 1949 - 7 cradles

	3	2	1	-
Maternity Centres - 6	3	1	1	1
Palestinian nurses		3	3	-

Nablus Maternity Centre - opened at the end of May 1949, with the help of the Arab Women's League, which lent the necessary staff and equipment. The Medical Service supplied medicaments, soap, sheets, blankets, layettes, baby foods, sugar and various commodities, together with a cash contribution of Pal.£ 46 per month. The number of beds rose from fifteen at the start to twenty-five in January 1950.

Djenin Maternity Centre - opened with 15 beds on February 15, 1950.

Janzour Camp Maternity Centre - opened on February 15, 1950, under canvas, with 12 beds.

Qalkilyia Maternity Centre - formed part of the ICRC Hospital in this town; opened on November 1, 1949, with 4 beds.

Tulkarem Camp Maternity Centre - Opened on February 15, 1950, under canvas.

Askar Camp Maternity Centre - opened at the beginning of January 1950, under canvas.

Local Medical Store - 1

Opened in Nablus in February 1949, under the supervision of an ICRC nurse. Supplied the various Medical Services in the District.

Small Clinical Laboratory - 1

Opened in September 1949 in Nablus.

(v) Personnel.

One ICRC Medical Officer responsible for the whole of Samaria District Medical Service.

Division of personnel between the four Sub-Districts :

	Nablus	Djenin	Tulkarem	Qalkilyia
ICRC nurses	3	2	1	-
Palestinian doctors	3	1	1	1
Palestinian nurses	3	3	3	-
Nursing aids	5	2	-	-
Midwives	1	1	1	-
Tamarghis	1	1	1	1
Medical orderlies	2	1	1	1
Auxiliary personnel	3			

The staff of hospitals in this district is not included in the above and will be found under the heading "Hospitals". (see pp - 15).

(vi) Hospitals available for the evacuation of the sick from the field.

Augusta Victoria Hospital (ICRC), Jerusalem
Austrian Hospiz, Jerusalem
Government Hospital, Nablus
ICRC Children's Clinic, Nablus
ICRC Annex, CMS Hospital, Nablus
ICRC Annex, Town Hospital, Tulkarem
ICRC Childrens Clinic, Tulkarem
ICRC Hospital, Qalkilyia

(vii) Transport available

Nablus Sub-District

One ICRC car

One delivery van

One ambulance for the whole district as well as Ramallah district.

Djenin Sub-District

One hired car

One ICRC jeep

Tulkarem Sub-District

One ICRC jeep

Qalkilyia Sub-District

One hired car.

IV. JERUSALEM DISTRICT

We have purposely used the term "District" (instead of saying "Jerusalem District Medical Service"); for although this area was covered by general services catering for the whole of Palestine (such as the Augusta Victoria and Bethany Hospitals, the Central Medical Store and the Central Laboratory), it was not provided with a Medical Service of the type we have described. (see pp. 11 - 15).

Of all the towns and cities in Palestine, Jerusalem was the best provided with dispensaries on our arrival in the field. The Public Health Department and Lutheran dispensaries and those of the Austrian Hospiz and of the ICRC Delegation at the Indian Hospice (the latter being intended for first aid to the Jerusalem poor) were all functioning and were at the disposal of the 32,235 refugees living in the town and suburbs.

Nevertheless the Medical Service did establish a base dispensary in this district in the premises of the Augusta Victoria Hospital, when the latter opened, in September 1949. This dispensary was served by doctors from the hospital in rotation.

Help in the form of a monthly allowance of Pal.£ 180 was provided, from the beginning of December 1949 onwards, for the ICRC Delegation's dispensary. This dispensary had been run by a nurse, the ICRC Delegation not being in a position to pay a doctor's salary. But when the winter started, the number of patients attending consultations increased very considerably, the majority of those attending being refugees; the Commissariat Medical Service accordingly decided to provide the dispensary with a Palestinian doctor and auxiliary personnel so that its work might be carried on and expanded under normal conditions. The grant was intended to cover the salary and wages of the additional staff and the purchase of medicaments for urgent cases.

In April 1950, the work of the ICRC Delegation having decreased very considerably, the dispensary was taken over by the Commissariat and transferred elsewhere, the premises occupied no longer being available; on the close of the mission it was handed over to UNRWA.

V. BETHLEHEM DISTRICT MEDICAL SERVICE

(i) Opening date : March 1949.

(ii) Characteristic features of Bethlehem District.

Bethlehem District forms part of the central mountain region of Palestine.

As the main highway from Bethlehem to Jerusalem (about 6 km in length) was occupied by the Israeli, the sector was relatively isolated, the only means of access to the rest of Palestine being a mountain track, 17 kilometres long, leading to Bethany. This track, which was only practicable in fine weather and, in general, only with jeeps, was not improved until December 1949, when communication with the remainder of the country became easier.

Moreover, owing to the highway being occupied, the area had no telegraphic or telephonic communications with the rest of the country, the former being only re-established in September 1949 and the latter in February 1950. Bethlehem District was, however, able to communicate with Beirut until the end of June 1949 by means of the UN Observers' transmitting station.

The district was occupied by Egyptian forces until the end of April 1949.

The refugees were grouped in Bethlehem, Beit Jala and Beit Sahour, and in some neighbouring villages; they were thus relatively easy to reach.

On the advice of UN Observers, 1,800 refugees were evacuated from Falouja (which was regarded as a danger zone) in March and April 1949. May 1949 saw the arrival of a further 10,000 refugees, escaping from the intense heat in Jericho. They had to be accommodated as best might be, and often with great difficulty, in hastily constructed camps.

The Medical Service found on arrival several cases of exanthematic typhus, which called for special precautions.

(iii) Numerical strength of the refugee population - 39,475, divided as follows :

Bethlehem	15,210
Beit Jala	5,531
Beit Sahour	6,739
Institutions	364
Camps - Arroub	7,097
Deisheh	2,892
Azzi Beit Jibreen	898
Aida	744

(iv) Medical Centres

Base dispensaries - 2

The first, at Bethlehem, was opened at the end of March 1949 in the premises of the Infant Welfare Centre, which were lent to us by the Bethlehem Public Health Department, together with some furniture and medical instruments. The Centre was open to refugees from the town of Bethlehem, from Beit Jala and the nearby camps of Aida and Azzi Beit, from Jibreen and also, during the first six months, to those from Beit Sahour Camp.

The second was opened in Beit Sahour in September 1949, as soon as the services of a second Palestinian doctor could be engaged; it was accommodated in premises rented and equipped by the Medical Service.

Camp dispensaries - 2

One was opened at Arroub, on May 10, 1949 in empty and partially derelict buildings which were put in order by the Medical Service. It replaced the dispensary in the nearby village of Beit Fajjar.

A second was opened under canvas in Dheisheh Camp in July 1949. It replaced the dispensary in the village of Artass.

Mobile dispensaries - None

Child Welfare Centres and Day Nurseries - 2

The children remained in these centres, which served as combined child welfare centres and day nurseries, for the greater part of the day and were kept under observation until their condition showed definite improvement.

The first was opened in Bethlehem in June 1949, and the second in Arroub Camp in October 1949.

Maternity Centre - 1

Opened at the end of January 1950, after an agreement with the "Orthodox Invalid Home", Beit Jala, which lent ten beds for obstetric cases.

(i) date : March 1949.

Local Medical Store - 1

(ii) features of Hebron District.

Opened in Bethlehem in March 1949.

part of Palestine, especially in the

Small Clinical Laboratory - 1

Started to function in July, 1949 in Bethlehem. difficulties as Bethlehem with the remainder

(v) Personnel district the Dept until end April 1949.

One ICRC Medical Officer.

considerable proportion of the refugees in this

Two ICRC nurses. district among numerous villages. This made difficult

Two Palestinian doctors. certain

Three Palestinian nurses. the Public

One "tamarghi" for eye complaints.

One assistant medical orderly.

Four auxiliary personnel.

(vi) Hospitals available for the evacuation of the sick 894, divided as follows :

St. Luke's Hospital (ICRC), Hebron.

ICRC Hospital, Bethany. . . . 32,484

. . 35,523

Augusta Victoria Hospital (ICRC), Jerusalem.

Camps French Hospital, Bethlehem. 526

Mental Hospital No 1, Bethlehem. 520

Bir Siffleh II. 214

Arab National Hospital No 2, Bethlehem.

Fawar 1 1,171

Fawar II. 558

(vii) Transport available 283

. 582

One ICRC car. 407

One hired car: 562

One ICRC ambulance.

(iv) Medical Centres

dispensary -

VI. HEBRON DISTRICT MEDICAL SERVICE.

(i) Opening date : March 1949.

(ii) Characteristic features of Hebron District.

Hebron District is also situated in the mountainous part of Palestine, and has an extreme climate, especially in the winter.

Owing to its outlying position, it offered the same difficulties as Bethlehem District as regards communications with the remainder of the country.

The district was occupied by the Egyptian forces until the end of April 1949.

As a considerable proportion of the refugees in this district were scattered among numerous villages. This made it difficult to give them proper medical attention, although a certain amount could be done through the many dispensaries of the Public Health Department.

Exanthematic typhus (more prevalent here than in Bethlehem), did not finally disappear, as the result of measures taken by the Medical Service, until the end of July 1949.

(iii) Numerical strength of the refugee population - 79,894, divided as follows :

	Hebron town	32,484
	Hebron (villages)	35,523
	Bedouins	5,293
Camps	Nasarat	626
	Bir Siffleh I	920
	Bir Siffleh II	1,214
	Hebron	271
	Fawar I	1,171
	Fawar II	1558
	Halhul	283
	Idna	582
	Haska	407
	Beit Aula	562

(iv) Medical Centres

Base dispensary - 1

Opened in Hebron in May 1949 in premises rented and equipped by the mission.

Small Clinical Laboratory - 1

Camp dispensaries - 2

The first was opened in September 1949, at St. Luke's Hospital, Hebron. The first was opened in El Fawar Camp in October 1949, and the second in Bir Siffleh in February 1950 (for the inhabitants of Bir Siffleh I and II).

(v) Personnel.

Mobile dispensaries - 2 for each

The first was opened in March and the second in November, 1949. The following Stations were covered :

As Samu	: March 20 - May 15, 1949
Halhul	: March 20 - May 15, 1949
Doura	: March 20 - October 31, 1949
Tarkoumia	: March 20 - December 31, 1949

Beit Ummar : August 1 - October 31, 1949

Surif : September 15 - October 31, 1949

Sa'ir : September 25 - December 31, 1949

Idna : January 1 - April 30, 1950

Ad Dahiryeh : March 20, 1949 - April 30, 1950

Beit Aula (Camp) : March 1, 1949 - April 30, 1950

(vi) Hospitals available for the evacuation of the sick.

Child Welfare Centres - 3ICRC), Hebron

The first (a combined child welfare centre and day nursery with 20 cradles) was opened at the Hebron dispensary in September 1949.

The second was opened in Fawar Camp I in January 1950.

(vii) Transport available.

The third was opened in Idna Camp in January 1950.

One ICRC

Maternity Centres - 1

Opened under canvas in Fawar Camp I on January 15, 1950.

Local Medical Store - 1

Set up in Hebron in March 1949.

Small Clinical Laboratory - 1

Opened in September 1949, at St. Luke's Hospital, Hebron.

(v) Personnel.

One ICRC Medical Officer

One ICRC nurse

Two Palestinian doctors

One Palestinian nurse

Four nursing aids

One midwife

Three "tamarghis" for eye complaints

Two medical orderlies

Eleven auxiliary personnel.

(vi) Hospitals available for the evacuation of the sick.

St Luke's Hospital (ICRC), Hebron

Augusta Victoria Hospital (ICRC), Jerusalem (occasionally)

French Hospital, Bethlehem (occasionally)

(vii) Transport available.

One ICRC car

Two hired cars.

"The following agreement was [illegible] between the Ministry of Health for the State of Israel and the [illegible] of the International Committee of the Red Cross in Israel :

"1. The Ministry of Health for the State of Israel grants Authority for a Medical Mission of the International Committee of the Red Cross to work in North Galilee.

"2. This Mission shall consist of a Swiss doctor of the International Committee of the Red Cross, as Head of the Mission, two or three Swiss nurses of the International Committee of the Red Cross, a local doctor nominated and remunerated by the Ministry of Health, and two chauffeur-interpreters, remunerated by the International Committee of the Red Cross and engaged by the latter with the approval of the Military Governor for Galilee.

"3 Ambulances, placed for this purpose at the disposal of the International Committee of the Red Cross by the American Red Cross, shall be equipped by the International Committee of the Red Cross and bear its distinctive

MEDICAL AID IN ISRAEL

From the beginning of the mission, the Israeli Government had admitted the Commissariat Administrative Services; but the Medical Service had not been included, although some 30,000 Arab refugees in Northern Galilee were in urgent need of medical aid.

It was not until March 28, 1949, after lengthy discussion, that an agreement was signed in Tel-Aviv between Dr. F. Noack, Executive Director of the Israeli Ministry of Health, and Dr. O.Lehner, Head of the Delegation of the International Committee of the Red Cross in Israel, who was good enough to undertake the nogitations and brought them to a successful conclusion.

The full text of the agreement is given below in order to indicate the conditions under which the Medical Service had to work. By its terms the Ministry of Health gave us authority to operate in North Galilee, as from April 1, 1949. The text reads as follows :

"The following agreement has been concluded between the Ministry of Health for the State of Israel and the Delegation of the International Committee of the Red Cross in Israel :

"1. The Ministry of Health for the State of Israel grants authority for a Medical Mission of the International Committee of the Red Cross to work in North Galilee.

"2. This Mission shall consist of a Swiss doctor of the International Committee of the Red Cross, as Head of the Mission, two or three Swiss nurses of the International Committee of the Red Cross, a local doctor nominated and remunerated by the Ministry of Health, and two chauffeur-interpreters, remunerated by the International Committee of the Red Cross and engaged by the latter with the approval of the Military Governor for Galilee.

"3. Ambulances, placed for this purpose at the disposal of the International Committee of the Red Cross by the American Red Cross, shall be equipped by the International Committee of the Red Cross and bear its distinctive

emblem. In the general plan of the Ministry of Health, these ambulances shall appear as "mobile clinics Nos. 3 and 4.

"4. The Medical Mission shall have a base in Nazareth and shall give medical aid to the population of Galilee, without distinction of race or religion, in accordance with a plan and routes laid down by the representatives of the Ministry of Health and the International Committee of the Red Cross.

"5. Vaccines required for routine inoculations, as well as for special campaigns (such as those against smallpox, tuberculosis, cholera and plague), shall be supplied on request, free of charge, by the Ministry of Health.

"6. For urgent cases, the International Committee of the Red Cross has reserved 10 beds in the French Hospital, Nazareth.

"7. Persons suffering from communicable diseases shall be admitted to the nearest Government or private hospital, at the expense of the Ministry of Health, on the recommendation of the District Health Office.

"8. The present agreement is valid as from April 1, 1949, for a period of five months".

The agreement was later renewed until the end of the Commissariat's mission.

At the same time, Dr. Lehner made available part of the donation from the "British Aid for Distressed Palestine Arabs Society", which served to meet some of the initial expenses of the Medical Service; Israeli £ 1,997 were used for this purpose.

Work of the Medical Mission.

Work could not be started until April 28, 1949, as the two ambulances intended for the transport of personnel and the evacuation of the sick were unloaded at Haifa in a lamentable condition and extensive repairs had to be carried out before they were fit for the road.

Two mobile dispensaries based on Nazareth were placed in service : the first in charge of an Israeli doctor assisted by an ICRC nurse, the second with an ICRC doctor and two Swiss nurses. These dispensaries tried to visit a different village each day, in accordance with the following plan :

Villages visited by the Israeli doctor and his assistant

Sakhnin	Arabeh	Reyhanieh
Kafr Misr	Jish	Tayebeh
Soulam	Deir Hanna	Nein

Villages visited by the ICRC doctor and his assistants

El Aboun	Touran	Kafr Manda
Kafr Kana	Dabourieh	Elout
	Mughar	

The two groups of villages contained practically the same number of inhabitants.

At the request of Colonel de Rieder, UN representative in Tiberias for the demilitarized "triangle" formed by Samra, Ein Guef and El Hamme, on the South-East shores of Lake Tiberias, the inhabitants of this zone were given medical aid by means of weekly consultations held at El Hamme, starting on November 3, 1949.

This aid having proved insufficient, owing to the isolated situation of the population, a base dispensary was established there on January 31, 1950, with a Swiss nurse in charge; it was visited twice a week by the ICRC doctor.

The nurse also held weekly consultations in the village of Ein Nugueb, in the northern part of the zone, and was, at the same time, responsible for the distribution of food and relief supplied to the inhabitants of the "triangle".

Weekly consultations, also at the request of the UN representative, were started on November 19, at Boukhara, a village situated in another small demilitarized zone on the Tiberias - Damascus highway.

The Arab populations of Acra, Jaffa and Shafa Amr areas were assisted indirectly by the issue of medicaments and dressings to Arab doctors whom the Israeli Health Service allowed to practise there.

Transfer of sick to hospitals.

Patients requiring hospital treatment were sent to the French and Scottish Hospitals at Nazareth (see under "Hospitals").

Vaccination.

During the summer of 1949, the Medical Mission inoculated the population of the district against typhoid and paratyphoid, with vaccine supplied by the Israeli Health Department. The staff carried out some 15,000 vaccinations, with the assistance of temporary helpers recruited locally.

Anti-Malaria Campaign.

In the Summer of 1949, an anti-malaria campaign was undertaken by the Israeli Health Authorities, throughout the State of Israeli. As the Mission had neither the means nor the authority to conduct a similar campaign in its sector, it placed 30 sprays, 2 tons of DDT (at 100 % concentration) and 80,000 Paludrine tablets at the disposal of the authorities in order that North Galilee should be covered.

Supplies and Medicaments.

Medicaments intended for the Nazareth Mission were at first sent from Beirut, either by the Commissariat sailing-vessel plying between Beirut and Haifa, or by UN aircraft.

Later, the ICRC doctor was able to cross the lines each month and obtain supplies direct from the Central Medical Store at the Augusta Victoria Hospital, Jerusalem.

The Commissariat's medical aid in Israel ended on April 27, 1950. As no provision had been made for the work to be taken over by UNRWA, the Israeli Health Department undertook to continue it.

The two ambulances, with their complete dispensary equipment, were officially handed over to the representatives of the Magen David Adom on April 12, 1950.

At the request of the Chief Medical Officer of UNRWA, the stocks of medicaments and equipment at the Nazareth Store were transferred to El Hamme, where they were handed over to the UN representative pending the resumption by UNRWA of the Mission's work in this demilitarized zone, which was not open to the Israelis.

Remarks concerning Tables in Annex

Medical Centres in the various districts.

A general picture of the Medical Service centres at the peak period.

Consultations given at Medical Centres.

The table only shows consultations given by Swiss and Palestinian doctors and Swiss nurses, and, in the case of Israel, only those given by the Swiss doctor, not those given by Swiss nurses or the Israeli doctor. The latter made no report on his work, on the grounds that, being appointed and paid by his own Government, he was not called upon to report to the Mission. The figures for Bethlehem for May, June and July are approximate.

Births in Maternity Centres.

It was noted that refugee women were reluctant to make use of some of the centres.

(*) Of [illegible] combined [illegible] serving both as child welfare centre and day nursery

(+) Includes one combined child welfare centre and day nursery

(") Maternity ward of the Augusta Victoria Hospital, Jerusalem

(=) Including the Maternity Ward of St.Luke's Hospital, Hebron.

MEDICAL CENTRES IN THE VARIOUS DISTRICTS

	Base Dispensaries	Camp Dispensaries	Mobile Dispensaries & Number of Stations		Child Welfare Centres	Day Nurseries	Laboratories	Medical Stores	Maternity Centres
JERICHO	-	2	2	3	2	-	1	1	-
RAMALLAH	1	4	2	3	1	-	-	1	-
SAMARIA	4	3	4	10	6	4	1	1	6
JERUSALEM	2	-	-	-	-	-	-	-	1 (")
BETHLEHEM	2	2	-	-	2(*)	-	1	1	1
HEBRON	1	2	2	3	3(+)	-	1	1	2(=)
ISRAEL	1	-	2	18	-	-	-	1	-
TOTAL	11	13	12	37	14	4	4	6	10

(*) Of the combined type serving both as child welfare centre and day nursery

(+) Includes one combined child welfare centre and day nursery

(") Maternity ward of the Augusta Victoria Hospital, Jerusalem

(=) Including the Maternity Ward of St.Luke's Hospital, Hebron.

CONSULTATIONS GIVEN BY DISTRICT MEDICAL SERVICES

	JERICHO	RAMALLAH	SAMARIA	JERUSALEM	HEBRON	BETH-LEHEM	ISRAEL	TOTAL
1949 February	13,176							13,176
March	16,226		1,589		658			18,473
April	19,144		4,400		1,007	2,000	210	26,761
May	17,143	2,670	12,550		1,685	2,000	1,896	37,944
June	22,752	7,493	17,175		2,673	2,000	986	53,079
July	19,136	12,098	20,908		3,589	4,000	1,123	60,854
August	18,235	9,746	30,854		5,268	5,647	1,457	71,207
September	21,878	11,158	30,297		7,377	6,731	1,973	79,414
October	25,267	10,082	29,334	177	14,391	7,063	2,210	88,524
November	28,566	14,655	31,943	264	17,171	9,117	2,197	113,913
December	32,049	12,428	31,545	4,004	16,557	10,704	2,986	110,273
1950 January	27,927	8,229	25,722	5,457	9,857	7,434	1,577	86,203
February	29,694	9,749	23,779	4,466	11,303	7,744	1,352	88,087
March	17,517	12,231	26,562	3,971	11,837	10,198	1,857	84,173
April	14,183	10,848	19,184	2,445	13,873	7,536	1,267	69,336
Total	322,893	121,387	305,842	20,784	117,246	82,174	21,091	991,417

ACTIVITY OF CHILD WELFARE CENTRES AND DAY NURSERIES

	SAMARIA		JERICHO		RAMALLAH	BETHLEHEM	HEBRON	
	Child Welfare Centres	Day Nurseries	Consultations given by pediatrician	Child welfare Centres	Child welfare Centres	Combined Centres	Combined Centres	Child Welfare Centres
1949								
June			649			16		
July			729			30		
August	11		746			30		1
September	537		853			40	7	
October	619		951			40	15	
November	736		1,146		53	50	14	
December	1,123	23	987	131	91	67	23	49
1950								
January	1,625	24	859	227	136	77	19	137
February	1,516	41	975	291	98	181	21	229
March	2,453	37	1,056	450	58	157	28	277
April 1-15	1,110	31	545	251	24	138	23	156
Total	9,719	156	9,496	1,350	460	826	150	799

ANALYSIS OF BIRTHS IN MATERNITY CENTRES

1949 July	Nablus Maternity Centre	Djenin (town)	Janzour Camp	Tulkarem Camp	Askar Camp	Qalkilyia	Augusta Victoria Hospital	Hebron Hospital	Fawar Camp Hebron	Invalid Orthodox Home Bethlehem	Total
1949 May							13	4		137	4
June	11							1			12
July	23							3			26
August	32							2			34
September	44							5		1,148	49
October	57	-					1	4			62
November	49					8	10	6			73
December	63					12	20	4			99
1950 January	75			27		14	13	7	376 2	4	115
February	58	12	5	8		12	26	13	8	9	151
March	80	21	13	12	10	13	10	3	6	19	187
April 1-15	21	13	5	11	10	6	14	5	3	5	93
Totall	513	46	23	31	20	65	94	57	19	374	905

ANALYSES CARRIED OUT IN THE DISTRICT LABORATORIES

	Jericho	Nablus	Bethlehem	Hebron	Total
1949 July			40		40
August			137		137
September		127	469	292	888
October		192	480	374	1,046
November		276	570	302	1,148
December		319	263	340	922
1950 January		323	60	288	671
February	81	272	181	376	910
March	132	260	273	416	1,081
April 1-15	145	216	226	217	704
Total	258	1,985	2,699	2,605	7,547

B. GENERAL MEDICAL SERVICES

General Medical Services for Palestine as a whole included -

I Hospitals;
II A Central Laboratory;
III A Central Medical Store;
IV A Health Service.

I. HOSPITALS

Of all the problems with which the Medical Service had to deal on arrival and during the first few months in Palestine, the most important, urgent and difficult was without any doubt that of finding hospital space for sick refugees, as local hospitals were inadequate.

The following facts must be borne in mind :

During the British Mandate, the majority of these establishments were either Government Hospitals with adequate funds available, or dependent on foreign charitable institutions, like the C.M.S. (Chruch Mission Society), French, Italian, British and Jewish hospitals, etc.

Most of these establishments, and the best equipped, were in the coastal area or in the new town of Jerusalem.

The end of the Mandate meant that the subsidies to Government hospitals were stopped or cut down to a strict minimum.

Establishments owned by charitable organizations were obliged to reduce their activities on account of the hostilities, which deprived them of financial assistance from abroad and also of the funds provided by paying patients - a result of the general impoverishment of the country.

Further, the hostilities, by dividing the country into two entirely independent zones, prevented Arabs from receiving treatment in hospitals situated on the other side of the line of demarcation.

At the most, the hospitals had five hundred beds (including one hundred and fifty at the Mental Hospital in Bethlehem, the only establishment of its kind in the whole of Palestine, and of no great use to us) for a normal population estimated at 350 - 400,000. The influx of 400,000 refugees, by more than doubling the population, made the situation still worse.

In addition, the majority of the hospitals had neither the installations nor equipment required for patients with smallpox or exanthematic typhus, both of which were prevalent in Palestine on the Mission's arrival.

Faced with this situation, the Medical Service adapted its work to circumstances by -

(1) Opening and running new establishments;

(2) Repairing and running certain existing hospitals;

(3) Making financial contributions to some;

(4) Giving assistance in the form of food supplies and medicaments to others.

Establishments in the two first categories were for refugees only; the remainder placed a certain number of beds at the Mission's disposal.

(1) Hospitals opened and run by the ICRC Medical Service -

(a) Bethany Hospital

(b) Augusta Victoria Hospital, Jerusalem

(c) Qalkilyia Hospital and Maternity Centre

(d) Tulkarem Children's Clinic

(e) Nablus Children's Clinic

(a) Bethany Hospital -

One of the the first two Swiss doctors who arrived in Palestine towards the end of January 1949, was given the task of setting up a small hospital for refugees from Jericho, where a team of nurses from the ICRC Delegation had been working for some time with the Cilento Mission and where the number of patients waiting to be transferred to hospital was continually increasing.

Our colleague's task seemed impossible, as no funds had been given him. He succeeded, however, thanks to -

(i) The Greek Orthodox Convent in Bethany, which placed at the Commissariat's disposal, free of charge, the whole of a detached two-storied building with ten rooms, situated within the convent walls. The building already contained part of the necessary equipment;

(ii) The Lutheran World Federation, represented in Jerusalem by Dr. Kanaan and Mr. Melikian, which contributed a monthly grant of Pal. £ 150;

(iii) The Arab Womens League and Dr. Majaj, who provided additional equipment;

(iv) The ICRC Delegation in Palestine, which supplied the medicaments most urgently needed.

The number of sick persons requiring urgent admission to hospital was increasing daily; and the doctor, assisted by two Swiss nurses, had to begin taking them in as early as February 1, 1949.

The first ICRC hospital for refugees was thus opened in Palestine. It had forty-two beds.

For the first month, the hospital's existence was very precarious. In March, however, conditions began to improve thanks to -

(i) Part of an American Red Cross donation for the Middle East, which enabled necessary additions to be made to the equipment already available;

(ii) The first financial assistance from the Commissariat, which made it possible to buy urgently required medicaments and fresh food for the patients;

(iii) The allocation, by the Commissariat, of more substantial food rations than those issued to the refugees in general.

The granting of an independent budget (at first limited, and later more substantial) to the Medical Service in April 1949, and the arrival of medicaments supplied by UNRPR and UNICEF and the gift of various Governments and National Red Cross Societies,

finally relieved the hospital of financial difficulties, enabling it to carry on its work under more normal conditions.

Bethany Hospital, which had to take in sick persons from Jericho and sometimes, in case of need, from Bethlehem, at first only received patients suffering from internal ailments, in particular numerous cases of acute intestinal complaints, such as typhoid, paratyphoid, dysentery, etc. Smallpox cases could not be admitted, on account of the risk of contagion for the adjacent convent school.

At a later date, when a dermatologist took charge of the hospital, a small ward was opened for skin diseases, serious or interesting cases from all parts of Palestine receiving treatment there.

The number of beds in the hospital increased gradually from forty-two at the outset to fifty-eight, at which time the personnel included, besides the Medical Officer and two Swiss nurses, the following Palestinian staff :

1 nurse
4 nursing aids
3 assistant medical orderlies
14 auxiliary personnel.

As the hospital was not being taken over by UNRWA, the Medical Officer in charge was instructed to admit no new patients as from April 5, and to transfer those under treatment to the Augusta Victoria Hospital by April 20. The equipment on loan was handed back to the owners; equipment and medicaments supplied by the ICRC were transferred to the UNRWA Chief Medical Officer for Palestine.

(b) Augusta Victoria Hospital.

As the work of the Medical Service in Palestine took shape, it became increasingly necessary, for the reasons already explained, to have a large central hospital with modern equipment, for the treatment of serious cases from the consulting centres in the various districts of Palestine. This hospital also had to have isolation wards for contagious cases (especially smallpox) for which no evacuation centres were available.

In view of the Medical Service's lack of resources at the time (early March 1949), and prospects of future assistance being doubtful, there could be no question of setting up a new centre. The favourable circumstances encountered when opening

Bethany Hospital were not likely to recur. The only solution was to take over an existing hospital and adapt it to the work in hand.

The Egyptian Red Crescent Hospital in Ramallah seemed to be indicated, as the Egyptian Red Crescent was on the point of leaving Palestine. An agreement was about to be signed when the Egyptian forces, leaving Palestine, had everything packed and removed.

It was then decided, under the pressure of events and in view of the possibility of a definite budget for the Medical Service, to install a complete hospital centre independetly.

The spacious buildings of the Lutheran World Federation (L.W.F.) on Mount Scopus at Jerusalem, which had been used as a British Army Hospital during the Second World War, were eminently suitable for the purpose. In addition, the central geographical position of Jerusalem offered definite advantages as regards communications with the rest of the country.

Towards the middle of March 1949, negotiations were started with the Lutheran World Federation's representatives in Beirut and Jerusalem. They were not concluded until the end of May, however, owing to certain difficulties which arose during the talks.

The Lutheran World Federation agreed to place the building at the disposal of the Medical Service, and to make a monthly grant of Pal. £ 350.-. In addition, the administrative services of the Jerusalem Commissariat were allowed to use part of the main building for offices and the vast warehouses for storing food and relief supplies for the refugees.

The first two members of the Swiss medical staff (the Medical Officer in charge and the Head Nurse) arrived early in June and started putting the hospital into working order. Before patients could be admitted, however, many matters had to be seen to, such as :

(i) The eviction, late in June, after lengthy discussion, of a detachment of the Jordan Police who were occupying the ground floor of the central building.

(ii) The removal of the Arab Women's Hospital from the North and East wings of the first floor in the central building to the South wing, after the latter had been repaired and made habitable.

(iii) The renovation of the entire building, a long and arduous task, the ground floor having been occupied by troops. The work was done by the Lutherans, at their own expense.

(iv) The inspection and repair of water pipes and cisterns.

(v) Long discussions with the Jerusalem municipal authorities in order to get water from Ein Fara.

(vi) Endless discussion with the Lutherans with regard to the electric-lighting plant. The existing low-powered engine was repaired by the owners; but the Medical Service had to purchase and install a more powerful unit.

(vii) The procuring of sufficient kitchen equipment to prepare meals for 350 patients and the hospital staff.

(viii) Setting up a laundry (with the help of the Aide Ouvrière Suisse, who supplied all the equipment).

(ix) The purchase, assembling and transport to Jerusalem of furniture (the Lutherans having provided only a very small part of what was necessary).

(x) The same for bedding and linen. (The entire outfit had to be purchased by the Commissariat Medical Service).

(xi) Installation of the operating theatre; great difficulty was experienced in finding the necessary equipment (operating table, sterilizers, etc.) locally, mainly owing to lack of funds; this made it necessary to use temporary makeshifts such as hiring the entire equipment from the Levant Evagelical Mission at Aleppo.

(xii) Installation of an X-Ray room, with equipment part of which was hired from the Levant Evangelical Mission, and part the personal property of the radiologist, a refugee Palestinian doctor, who was to take over the service.

For these various reasons the Augusta Victoria Hospital was not opened until September 6, 1949 - officially opened, that is, as the previous June a hut had already been hastily put into service to accommodate the numerous cases of smallpox which had to be placed in quarantine. During this time, meals

for the patients and staff had been provided by the kind offices of the Arab Women's Hospital authorities, the kitchens of the Augusta Victoria not yet being ready.

The hospital was laid out as follows :

Central Building

Surgical Section - 80 beds

General Section - 60 beds

Obstetrics and Gynaecology Section - 13 beds and Confinement Ward

Dispensary

Central Laboratory (see Page 73)

Central Medical Store and Pharmacy (see Page 78)

X-Ray and Physiotherapy Section.

Annex of six huts containing -

Tuberculosis Section (the first of its kind in Palestine) - 88 beds

Smallpox Section (active cases) - 45 beds

Smallpox Section (quarantine) - 20 beds

Infections Diseases Section - 35 beds.

The distribution of beds shown above is theoretical; in case of need beds were transferred from one section to another. (This did not apply to the sections dealing with communicable diseases).

Staff.

A Swiss Medical Officer in charge (until November 30, 1949. His place was then taken by one of the Medical Delegates in the Hospital until February 1, 1950, when responsibility was handed over to the Palestinian Medical Adviser, This appointment was made with the object of leaving with UNRWA, on the departure of the Medical Service, a responsible person acquainted with the hospital routine, so as to ensure a smooth change-over).

Three Medical Delegates

One Delegate (also attached to the Jerusalem Commissariat Administrative Services).

Three Swiss nurses (including the Head Nurse)

Four Palestinian Doctors (the Medical Adviser a surgeon, a TB specialist, and a radiologist)

Thirty-three nurses

Fifteen medical orderlies

Eight nursing aids

Sixteen administrative personnel and technicians

Forty-three auxiliary personnel (cooks, ward-maids, linen-room maids, laundresses, etc.).

The opening of the Augusta Victoria Hospital partly solved the problem of hospital treatment for refugees. Although a large number of patients went through the Surgical, General and Obstetrics Sections, the essential feature of the Augusta Victoria Hospital was that it provided Palestine with a hospital for communicable diseases. The eighty beds in the TB Section were the first step towards the establishment of other sanatoria, urgently required in the unremitting fight against tuberculosis.

(c) Qalkilyia Hospital and Maternity Centre.

As already mentioned under the heading "Samaria District Medical Service", a dispensary was set up in Qalkilyia in June 1949.

For the first few months, the Palestinian doctor in charge sent patients to the hospitals at Nablus, which was the nearest town although nearly seventy kilometres away. This practice having led to complications, on account of the distance and the over-crowding of the Nablus hospitals, the Samaria District Medical Officer decided to set up a small hospital in Qalkilyia to meet local requirements.

The town authorities helped by lending a part of the premises required and some furniture, the remainder being supplied by the Medical Service.

The hospital was opened late in October with sixteen beds, four of which were reserved for maternity cases. New premises were rented in December and the number of beds gradually rose to thirty-two.

The hospital was under the direction of the Palestinian doctor referred to above, assisted by the following Palestinian personnel :

3 nurses
1 midwife
1 medical orderly
3 auxiliary personnel

The sub-district thus had its own hospital which rendered valuable service, especially during the wet season when the Nablus - Qalkilyia road (already in bad condition) became completely impracticable.

(d) Tulkarem Children's Clinic.

The clinic was set up in Tulkarem on the happy initiative of the Samaria District Medical Officer, to deal with serious cases of malnutrition in children under three years of age, discovered at child welfare centres and day nurseries, for whom no recovery was possible unless they were admitted to hospital and given constant care and attention.

It should be noted. that there were no hospital establishments of this description in Arab Palestine, with the exception of the Arab Women's League Children's Clinic at Jerusalem (subsidized by the Commissariat Medical Service).

The clinic was opened on November 20, 1949, with fifteen beds, in premises lent by the town authorities who also provided water and electricity. It was run by the Palestinian doctor in charge of the sub-district and a Swiss nurse (an infant welfare specialist who gave all her time to it), assisted by the following Palestinian personnel :

3 nurses
2 nursing aids
3 auxiliary personnel.

The number of staff employed appears hight owing to the fact that the same personnel also looked after the child welfare centre.

(e) Nablus Children's Clinic.

Encouraged by the successful results obtained with the Tulkarem Children's Clinic, the Samaria District Medical Officer decided, in January 1950, to renew the experiment in Nablus.

A new clinic on similar lines, but with thirty beds in view of the greater population in this sub-district, was therefore opened in hired premises on March 1, 1950.

It was run by one of the Palestinian doctors of the sub-district and a Swiss nurse (also a child welfare specialist), assisted by Palestinian personnel supplied by the Arab Women's League.

2. Hospitals taken over and run by the ICRC Medical Service.

(a) St. Luke's Hospital, Hebron,

(b) CMS Hospital Annex, Nablus,

(c) Tulkarem Hospital Annex.

(a) St. Luke's Hospital, Hebron.

When the Swiss medical personnel of the Commissariat arrived in the Hebron area, early in February 1949, several cases of exanthematic typhus had been notified in frontier villages. The population's poor state of health, and the particularly cold weather, might have transformed these isolated cases into an epidemic, which would have been disastrous.

It was therefore extremely urgent for those affected to be isolated and given hospital care. The only hospital available in the Hebron area was St. Luke's Hospital, a large three-storied building belonging to the Anglican Mission. It was being used by the Egyptian forces (who were occupying the whole district) partly for their wounded and sick and partly as barracks for the troops, and also by the Public Health Department for its own patients.

In order to admit patients for treatment by the ICRC medical team, authority had thus to be obtained from the Anglican Bishop in Jerusalem (representing the lawful owner), from the Egyptian Army authorities (the "de facto" occupants) and from the Public Health Department.

The Anglican Bishop and the Public Health Department were willing, but it was necessary to enter into negotiations with the Egyptian Army representatives through the ICRC Head Nurse in Palestine and the Hebron Commissariat delegate. The discussions were fairly arduous but finally resulted in the following agreement :

-rities.

(1) The Commissariat was authorized to admit refugee sick for treatment, to re-organize the hospital, which was in a bad state of repair, and to provide a medical delegate and two Swiss nurses.

(2) The Egyptian Army authorities were to continue to pay the salaries of the Palestinian personnel, to settle current expenses, and to supply fresh provisions and part of the medicaments.

(3) Non-refugee sick sent by the Public Health Department were to be admitted as before.

Co-operation was thus established between the Egyptian Army authorities, the Public Health Department and the Commissariat, with a view to making the best use of the hospital.

When the Egyptian forces left Hebron, at the end of April 1949, negotiations were once more opened with the Public Health Department, which at that time was in a position to meet the financial charge hitherto assumed by the Egyptians, the Medical Service not being yet able to take over the entire cost.

After discussion between the two bodies, the Commissariat was given complete control of the hospital. Non-refugee patients sent by the Health Department continued to be admitted, in return for a monthly payment by the latter of Pal £ 300, allotted until September 30, 1949.

At first St. Luke's seemed destined to become a hospital for infectious diseases. As already stated, there were cases of exanthematic typhus in the area when the Commissariat medical team first arrived. Early in March the first smallpox cases were notified. From the middle of February until the end of May, 156 cases of exanthematic typhus and 18 of smallpox were admitted to the hospital.

But later, on account of the proximity of the frontier and the numerous skirmishes which occurred there between Arabs and Israeli, it was necessary to put the existing surgical apparatus in order and add to it, so as to be able to give urgent surgical treatment to the numerous victims of these encounters. The work was facilitated by the fact that a small X-ray outfit was already installed in the hospital; although of a primitive nature, it sufficed for diagnosing fractures and locating foreign bodies.

The arrival in the district, at the end of March, of a second Swiss medical officer, responsible for organizing dispensaries, lead to a further extension of the hospital's activities. This doctor was able to follow up and treat in the

hospital such cases of general diseases detected in dispensary examination as required hospital treatment, while the first medical delegate devoted himself exclusively to surgical cases.

By degrees Hebron Hospital became a complete unit with-

A surgical section,

A small maternity section,

A section for general and communicable diseases, and

An X-ray section and small clinical laboratory (which were also used for dispensary patients).

The number of beds rose steadily from 60 at the start to 98 when the work of the hospital reached its peak. The staff increased in proportion, and finally included (in addition to the medical officer and two Swiss nurses already mentioned) -

4 Palestinian nurses,

5 Palestinian medical orderlies

23 other medical and auxiliary personnel.

(b) CMS (Church Missionary Society) Hospital Annex, Nablus.

The first arrangement made with the CMS Hospital Board, in December 1949, was that twenty beds would be made available in return for a monthly grant of Pal £ 150. As this arrangement did not prove satisfactory, a new agreement was made the following month, whereby Nablus Hospital provided us with premises for a forty-bed section, and undertook to supply the necessary medical and auxiliary personnel and instruments, as well as twenty complete beds. The use of the operating theatre was also included.

In return for this, the ICRC Medical Service was to pay a sum of Pal. £ 200 a month, and also undertook to supply the necessary food and medicaments. A Palestinian doctor and two nurses (all three paid by the Medical Service) attended to patients admitted to the Annex.

(c) Tulkarem Hospital Annex.

In January, by a similar agreement to the above, we were able to acquire accommodation for a section of 15 beds in Tulkarem Hospital.

The Medical Service made a monthly grant of Pal £ 50.- to the hospital, and paid a Palestinian doctor and two Palestinian nurses who attended to patients admitted to the section.

3. Hospitals receiving grants from the ICRC Medical Service in return for the allocation of a certain number of beds for refugees.

(a) Austrian Hospiz, Jerusalem,

(b) Arab Women's League Children's Clinic, Jerusalem,

(c) Mental Hospital No 1, Bethlehem,

(d) French Hospital, Bethlehem,

(e) Arab National Hospital No 2, Bethlehem,

(f) French Hospital, Nazareth,

(g) Scottish Hospital, Nazareth.

(a) Austrian Hospiz, Jerusalem.

The Austrian Hospiz in Jerusalem, which had from the start of the mission, admitted numerous sick refugees, was faced with a financial situation which became worse from to day and appeared likely to result in its closing down. The Medical Service came to its assistance with a monthly grant of Pal.£ 290 from April 1949 onwards. The Hospital agreed to place thirty beds at our disposal, but that number was, in point of fact, invariably exceeded.

We arranged at the same time for the technical side to be entrusted to the ICRC Medical Adviser on the spot, so as to enable us to supervise the use made of the funds.

The Austrian Hospiz was thus able to carry on and develop its work, the number of beds being increased from fifty to ninety-five; it rendered invaluable service, especially during the long period required for setting up the Augusta Victoria Hospital.

(b) Arab Women's League Children's Clinic, Jerusalem.

This Clinic contained forty beds, and was the only establishment of its type in Palestine. It depended upon gifts

in cash and in kind. As a result of the increasing impoverishment of the country, these resources diminished day by day until the Clinic was on the point of closing down altogether.

The Commissariat Medical Service came to its assistance with a monthly grant of Pal. £ 200, from December 1, 1949 until the close of the mission.

(c) Mental Hospital No 1, Bethlehem.

Under an agreement with the hospital administration, signed on April 18, 1949, twenty beds were made available to the Bethlehem Medical Service for the use of refugees. Further, the ICRC Medical Officer was authorized to follow up and give treatment to those who were admitted.

The Commissariat made a monthly grant to the hospital of Pal. £ 100, and agreed to supply twenty rations daily.

Owing to local intrigues, this valuable contribution to the work of the mission was no longer available after June 18, 1949.

(d) French Hospital, Bethlehem.

Early in January, 1949, an agreement was concluded between the hospital authorities and the ICRC Delegation, for the allocation of ten beds for refugees, the Commissariat undertaking to supply ten food rations daily.

In April, the French Government grant to this hospital having been reduced by 20 %, the hospital authorities informed us that it was no longer possible to admit refugee patients on the conditions laid down in the contract, with the exception of urgent cases requiring surgical operation.

When the financial position of the Medical Service improved in July 1949, a monthly grant of Pal. £ 150 was made to the hospital, and during the autumn, the number of surgical cases having increased considerably, it was agreed that further assistance should be given in proportion to the number of additional patients admitted.

In general, this hospital received all serious surgical cases requiring urgent operation, which could not be transferred to the Augusta Victoria Hospital on account of the bad state of the road between Bethlehem and Jerusalem. The ten

beds remained available to the Medical Service until the end of April 1950.

(e) Arab National Hospital No 2, Bethlehem.

In January 1949, the ICRC Delegation concluded with the Arab National Hospital No 2 an agreement similar to that with the French Hospital. As the Arab hospital was larger, it was able to make twenty beds available.

The hospital authorities cancelled the agreement in April, without giving any reason for their decision.

Negotiations were opened once more in September 1949, when the hospital again allocated twenty beds to the Medical Service, which undertook to make a monthly contribution of Pal. £ 100 and to supply food and medicaments. This agreement was observed up to April 30, 1950.

(f) French Hospital, Nazareth.

As stated in the text of the agreement authorizing the Commissariat Medical Mission to operate in Israel, ten beds in the French Hospital at Nazareth were reserved for sick refugees from North Galilee. A monthly grant of Pal. £ 150 was made to the hospital, this sum being taken, for the first five months, from the funds donated by the British Aid for Distressed Palestine Arabs Society, which were placed at our disposal by the ICRC Delegation in Israel.

(g) Scottish Hospital, Nazareth.

From July 1949 onwards, a monthly grant similar to that allocated to the French hospital, and for the same number of beds, was made to the Scottish Hospital at Nazareth.

This establishment had already rendered valuable service by admitting, free of charge, those patients who could not be accommodated in the ten beds of the French Hospital.

The first five instalments of the grant were made, in this case too, from the funds donated by the British Aid for Distressed Palestine Arabs Society.

4. Hospitals which received assistance from the Commissariat Medical Service, incthe form of food and medicaments, in return for the allocation of a certain number of beds for refugees.

(a) Egyptian Red Crescent Hospital, Ramallah;

(b) Government Hospital, Ramallah:

(c) Government Hospital (Watan Hospital), Nablus;

(d) St. John's Ophthalmic Hospital, Jerusalem;

(e) St. Joseph's Eye Clinic, Nablus.

(a) Egyptian Red Crescent Hospital, Ramallah.

Under an agreement concluded between the authorities of this hospital and the ICRC Delegation, the hospital received ten food rations daily, and medicaments, from the date on which the Commissariat arrived on the terrain. This assistance was continued until the end of April 1949, when the hospital was closed down on the departure of the Egyptian troops.

(b) Government Hospital, Ramallah.

From July 1949 until the close of the mission, assistance to the Government Hospital, which had been recently installed in Ramallah, was granted in the form of twenty-five daily ration issues and medicaments. Until the opening of the Augusta Victoria hospital, 75 % of the sixty beds were permanently occupied by refugee patients. Later the Government hospital served, as it were, as a reserve for emergency cases.

(c) Government Hospital, Nablus.

This hospital was given assistance by the Commissariat Medical Service, from the time of the latter's arrival in the field until the end of the mission; this assistance took the form of twenty-five daily ration issues and medicaments; twenty-five beds were reserved for refugees.

(d) St. John's Ophthalmic Hospital, Jerusalem.

When the Medical Service engaged an eye-specialist in October 1949 (see Page 112), St. John's Ophthalmic Hospital, which had just been re-opened in the Old Town of Jerusalem, made two beds available for patients requiring surgical operation. Two daily ration issues and medicaments were allocated. [illegible]

(e) St. Joseph's Eye Clinic, Nablus.

A similar arrangement to the above was concluded at the same time, and for an equal number of beds, with the management of St. Joseph's Eye Clinic in Nablus.

[illegible] were [illegible] to [illegible] or for chronic [illegible] among others [illegible] necessitated [illegible] treatment or [illegible].

(b) [illegible] upon the [illegible] of these [illegible] when the [illegible] small [illegible] -tion, however [illegible] more beds had to be [illegible]; further, the beds [illegible] were not always [illegible] occupied.

[illegible] percentage of beds occupied at Bethany Hospital [illegible] St. Luke's Hospital, Hebron, is in some instances shown [illegible] in excess of 100 %. This is explained by the fact that [illegible] the shortage of beds, the doctors in charge were [illegible] obliged to place two patients (usually children) in [illegible].

[illegible] the case of the Bethany and Augusta Victoria hos- [illegible] the Tulkarem Infants' Clinic, the percentage of [illegible] about 10 % of the total number of patients; this [illegible] rather high. The deaths at the Tulkarem Infants' Clinic [illegible] explained by the lamentable condition of most of the [illegible] admittance, and those at the Bethany Hospital by the [illegible] of serious cases under treatment. Those at the Augusta Victoria Hospital were due to the numerous cases of open tuberculosis and to the lack of resistance to operations by patients [illegible] low stamina.

Statistics have not been given for the sick admitted to local hospitals, as the figures supplied by those in charge were incomplete.

Remarks concerning the annexed tables relating to hospitals

The first two tables show the number of beds at our disposal in ICRC and local hospitals, and illustrate the constant effort made by the Medical Service to increase the number, right up to the last month of the Mission's work.

The table relating to the Augusta Victoria Hospital, Jerusalem, calls for the following comments ;

(a) The relatively small number of patients admitted to a hospital of this size is due to the fact that the majority of patients were admitted to undergo major surgical operations, or for chronic ailments or communicable diseases, among others tuberculosis, which necessitated careful treatment or prolonged isolation.

(b) In view of the constant stress laid upon the lack of beds in general, the percentage of those occupied, varying from 76.4 % to 87.8 % when the hospital was working to its full capacity, may appear small. In each section, however, one or more beds had to be kept free for emergency cases; further, the beds reserved for contagious cases were not always fully occupied.

The percentage of beds occupied at Bethany Hospital and at St. Luke's Hospital, Hebron, is in some instances shown as being in excess of 100 %. This is explained by the fact that owing to the shortage of beds, the doctors in charge were sometimes obliged to place two patients (usually children) in the same bed.

In the case of the Bethany and Augusta Victoria hospitals and the Tulkarem Infants' Clinic, the percentage of deaths was about 10 % of the total number of patients; this figure is rather high. The deaths at the Tulkarem Infants' Clinic are to be explained by the lamentable condition of most of the children on admittance, and those at the Bethany Hospital by the large number of serious cases under treatment. Those at the August Victoria Hospital were due to the numerous cases of open tuberculosis and to the lack of resistance to operations by patients of low stamina.

Statistics have not been given for the sick admitted to local hospitals, as the figures supplied by those in charge were incomplete.

BEDS IN ICRC HOSPITALS

	Bethany	Hebron	Augusta Victoria Hospital	Qalkilyia	Tulkarem Children's Clinic	CMS Hospital Annex Nablus	Tulkarem Hospital Annex	Nablus Children's Clinic	Total
1949 February	42	60							102
March	42	60							102
April	42	60							102
May	42	60							102
June	45	65							110
July	45	65							110
August	50	71							121
September	46	71	280						397
October	46	66	280	16					408
November	50	66	306	16	15				453
December	50	71	339	28	15				503
1950 January	56	75	339	28	15	40	15		568
February	56	75	340	32	15	40	15		573
March	58	82	340	32	15	40	15	30	612
April	58	98	340	32	15	40	15	30	628

BEDS RESERVED FOR THE ICRC IN LOCAL HOSPITALS

	Egyptian Red Crescent Hospital	French Hospital, Bethlehem	Arab National Hospital No 2, Bethlehem	Mental Hospital No 1, Bethlehem	Austrian Hospiz	French Hospital, Nazareth	Scottish Hospital, Nazareth	Government Hospital, Nablus	Government Hospital, Ramallah	St-John's Ophtalmic Hospital Jerusalem	St-Joseph's Eye Clinic Jerusalem	Arab Women's Children's Clinic	Total
1949 January	10	10	20										40
February	10	10	20										40
March	10	10	20					25					65
April	10	10	20	20	30	10		25					125
May		10		20	30	10		25					95
June		10		20	30	10		25					95
July		10			30	10	10	25	25				110
August		10			30	10	10	25	25				110
September		10	20		30	10	10	25	25				130
October		10	20		30	10	10	25	25	2	2		134
November		10	20		30	10	10	25	25	2	2		134
December		10	20		30	10	10	25	25	2	2	40	174
1950 January		10	20		30	10	10	25	25	2	2	40	174
February		10	20		30	10	10	25	25	2	2	40	174
March		10	20		30	10	10	25	25	2	2	40	174
April		10	20		30	10	10	25	25	2	2	40	174

BETHANY HOSPITAL

Dates	Beds	Patients	Hospital days	Percentage Occupation	Deaths
1949 February	42	35	300	25.5 %	5
March	42	56	1,147	88.2 %	10
April	42	40	1,164	92.4 %	5
May	42	52	1,311	100.6 %	5
1.6 - 20.6	45	60	997	110.8 %	6
21.6 - 20.7	45	61	1,322	97.9 %	8
21.7 - 20.8	50	56	1,382	89.16 %	6
21.8 - 20.9	46	33	1,116	78.2 %	2
21.9 - 20.10	46	52	1,001	72.4 %	6
21.10 - 20.11	50	65	1,548	99.8 %	3
21.11 - 20.12	50	40	1,395	93. %	10
21.12.49 - 20.1.50	56	31	1,385	79.7 %	2
1950 21.1 - 20.2	56	54	1,650	95 %	7
21.2 - 20.3	58	43	1,630	100.3 %	3
21.3 - 20.4	58	14	1,430	79.5 %	4
Total	--	692	18,778	--	82

AUGUSTA VICTORIA HOSPITAL

	Beds	Admissions	Hospital days	Percentage Occupation	Deaths	Births	X-Ray Examinations	X-Ray Photographs	Operations	Cases put in plaster	Phrenicotomies	Pneumo-Thoraxes and refills	Dispensary cases
6.9 au 20.9.49	280	129	876	22,3 %	4		48	30	29				
21.9 au 20.10.49	280	252	4.394	52,3 %	17	1	143	50	41	2			97
21.10 au 20.11.49	306	393	7.330	77,2 %	19	10	158	4	73		4	51	177
21.11 au 20.12.49	339	319	8.803	86,5 %	21	20	145	102	60		4	58	264
21.12 au 20.1.50	339	287	9.243	87,8 %	16	13	125	84	51	2		56	177
21.1 au 20.2.50	339	230	9.123	86,7 %	12	26	116	215	58	3	1	30	171
21.2 au 20.3.50	340	268	8.203	86,1 %	23	10	130	276	71			35	364
21.3 au 15.4.50	340	203	7.046	79,7 %	19	11	120	257	94	5		32	269
16.4 au 30.4.50	340	105	3.899	76,4 %	7	3	60	118	34	1		47	129
Total	---	2.186	58.917	---	228	94	1.045	1.136	511	13	9	309	1.648

TULKAREM CHILDREN'S CLINIC

	Beds	Patients	Hospital days	Percentage occupation	Deaths
20.11 - 15.12.49	15	14	167	44.5 %	2
16.12. - 31.1.50	15	23	408	57.8 %	6
1.2. - 28.2.50	15	31	358	85.2 %	4
1.3. - 31.3.50	15	35	359	76.6 %	1
1.4. - 15.4.50	15	23	159	70.6 %	-
Total	--	126	1,451	--	13

NABLUS CHILDREN'S CLINIC

	Beds	Patients	Hospital days	Percentage occupation	Deaths
1950 1.-31 march	30	40	349	38.6 %	3
1. - 15 april	30	22	332	73.6 %	1
Total	--	62	781	--	4

OTHER I.C.R.C. HOSPITALS (*)

QALKILYA HOSPITAL
CMS HOSPITAL ANNEX, NABLUS
TULKAREM HOSPITAL ANNEX

		QALKILYA		C.M.S.		TULKAREM	
March		Beds	Patients	Beds	Patients	Beds	Patients
April				%			
1949							
May November		16	31	%	6	3	
December		28	53		8	63	
1950							
January	71	32	57	40	82	15	17
February	66	32	55	40%	95	15	26
March		27 32	72	42.2 % 40	11 77	21 15	68
April							
16.3.- 15.4.50	75	32	32	40%	8	15	47
16.4.- 15.5.	75	176		%		66	
Total			300		278		158
16.5.- 15.6.	82					18	
16.3.- 15.4.	98	228	721	56.6 %	10	51	39
Total		677					26

(*) Full records not being available, we merely show the number of beds in each hospital and the number of patients admitted.

(*) Data not available.

ST.LUKE'S HOSPITAL, HREBRON

	Beds	Patients	Hospital days	Percentage occupation	Deaths	Births	Operations	X-Ray photographs and examinations
16 - 28.2.49	60	57	382	53 %	*			
March	60	180	1,411	75.8 %	*			
April	60	177	1,521	84.5 %	*			
May	60	162	1,809	97.1 %	6	4	23	
1 - 20 june	65	105	1,445	111.1 %	11	1	27	44
21.6.- 20.7.	65	210	1,998	102.4 %	8	3	63	38
21.7.- 20.8.	71	187	2,029	92.1 %	11	2	63	37
21.8.- 20.9.	71	162	1,139	51.7 %	8	5	27	28
21.9.- 20.10.	66	182	1,081	54.5 %	9	4	33	33
21.10.- 20.11.	66	237	1,887	92.2 %	11	6	21	35
21.11.- 15.12.	71	181	1,678	94.5 %	13	4	21	20
16.12.- 15.1.50	75	220	1,550	66.6 %	8	7	30	36
16.1.- 15.2.	75	176	1,551	66.6 %	17	13	66	42
16.2.- 15.3.	82	213	1,721	75 %	13	3	18	54
16.3.- 15.4.	98	228	1,721	56.6 %	10	5	51	59
Total	---	2,677	22,923	---	125	57	443	426

(*) Data not available.

TOTAL NUMBER OF PATIENTS ADMITTED TO HOSPITALS RUN BY THE ICRC COMMISSARIAT

	BEDS	PATIENTS
1949		
February	102	92
March	102	236
April	102	214
May	102	217
June	110	165
July	110	271
August	121	243
September	397	324
October	408	486
November	453	726
December	503	607
1950		
January	568	717
February	573	667
March	612	815
April	628	698
Total		6,479

II. CENTRAL LABORATORY

(Augusta Victoria Hospital, Jerusalem)

When the mission started work, there was no laboratory in Arab Palestine capable of bacteriological, parasitological and clinical analyses. All that was possible was to carry out a small number of "direct" microscopic analyses at the Government Hospital, Nablus; a few microscopes were available in other local hospitals (Arab National Hospital, Bethlehem; Austrian Hospiz, Jerusalem; St. Luke's Hospital, Hebron), but these establishments had no qualified analysts on their staff.

A fully equiped and staffed Central Laboratory, capable of checking clinical diagnosis, particularly in suspected cases of malaria, intestinal ailments and tuberculosis, was therefore indispensable, since rapid and reliable diagnosis would facilitate and provide justification for prophylactic measures, such as the isolation of patients and nursing staff, mass vaccination, the disinfection of premises, etc., which tend to prevent epidemics spreading and becoming general. Such epidemics were all the more dangerous when they occurred among such a concentrated mass of persons living in such deplorable conditions.

We raised the question of the allocation of funds for a central laboratory at the first meetings of the Chief Medical Officers in Beirut. The Chief Medical Officer of UNRPR was in favour of the idea and asked us to submit a plan.

In May, 10,000 dollars of a donation of 100,000 dollars from UNICEF, was allocated for the purchase of equipment for the laboratory, the UNICEF headquarters in Paris undertaking to purchase the required material, according to an estimate we had submitted (see under heading "Equipment supplied by UNICEF").

Pending the installation and opening of the laboratory, a few indispensable analyses, for a very small percentage of the sick, were carried cut by sending swabs to Amman Laboratory.

When a twice-weekly delivery-van service between Palestine and Beirut, and the UN air service were started, it was possible to send further samples to the laboratories of the French and American Universities in Beirut. This could only be a make-shift solution, however, since, owing to the long distances to be covered, the heat and unforeseen accidents, the results of analyses were received very late, and the samples often deteriorated in transit.

Jerusalem's central position in regard to communications with other areas, and the installation there of a hospital with over three hundred beds, fully justified the setting up of a laboratory in the city, especially as the necessary premises were available at the Augusta Victoria Hospital.

Four rooms with running water and electricity, on the ground floor of the central building, were reserved for the laboratory, work being split up in such a way as to enable them to be used as a "pantry" and for clinical, bacterio-parasitological and serological examinations respectively.

Samples for analysis were sent by the Palestine inland post and by the ambulance service, and could thus be forwarded from most districts four times a week. The results of analyses were sent back by the same means or, in case of emergency, notified by telephone.

The laboratory staff, consisting of two female assistants (for the clinical and bacteriological sections respectively) and one male assistant, arrived towards the end of August 1949.

About the same time 37 cases of "light" laboratory equipment, mainly glassware and chemical reagents, arrived from UNICEF.

The "heavy" equipment - microscopes, a sterilizer, a dryer, an incubator, a pasteurizer, distilling apparatus, a water-bath, electric filters etc.- purchased by UNICEF in the United States, Great Britain, Belgium, France and Switzerland, gradually began to arrive from September 30, 1949 onwards, the last consignment, containing the electric filters indispensable for mass serological examination, not being received until April, 1950. In the meantime, makeshifts were, when necessary, employed in place of the missing apparatus.

The Central Laboratory opened on September 6, 1949. To begin with it was exclusively concerned with the needs of the patients in the hospital, but on September 26 its field of action was extended to cover all areas, and early in December, 1949 the first samples arrived from Salt Hospital, Transjordania (in the territory of the League of Red Cross Societies' mission).

At the end of December 1949, two additional female laboratory assistants were engaged, to cope with the growing

number of analyses required and in anticipation of serological examinations which were to be undertaken in the near future.

The following month, a young Palestinian with a slight knowledge of laboratory work was engaged, it being hoped that he would be able to learn the technique of clinical and bacteriological examinations from the qualified personnel on our staff. He lacked perseverance, however, and left us in mid-February. Early in March, two other young men were given a trial and remained until the close of the mission.

The two tables which follow give a complete record of the work of the laboratory.

CENTRAL LABORATORY

Bacteriological, parasitological and serological [illegible]

	Tubercle bacillus		Giemsa stain	Agglutination tests		Cultures			
	Blood Test	Cultures		Widal	Weil-Felix	Blood	[illegible]	[illegible]	[illegible]
Up to 20.10.49	105	-	30	14					
21.10 - 20.11	106		[illegible]	32					
21.[illegible] 12	110		51	44					
[illegible]	[illegible]		[illegible]	30		[illegible]			
21.1.- [illegible]	[illegible]		[illegible]	39	9	62	[illegible]		
21.2.- 20.3	[illegible]	[illegible]	48	70	10	59	77	51	
21.3.- 20.4	[illegible]	16	45	59	29	83	63	[illegible]	[illegible]
21.4.- 30.4	[illegible]	12	5	8	3	7	11	[illegible]	1
Total	8[illegible]1	78	340	302	51	[illegible]2	[illegible]	82	28

CENTRAL LABORATORY

Bacteriological, parasitological and serological examinations.

	Tubercle bacillus		Giemsa stain	Agglutination tests		Cultures				Microscopic examination of stools	Mater	Kahn test	Meinicke's test	Total
	Blood Test	Cultures		Widal	Weil-Felix	Stools	Haemo-culture	Diph-theria	Miscell-aneous					
Up to 20.10.49	105	-	20	14					25	61				225
21.10 - 20.11	106		55	32	1	7			24	89				313
21.11.- 20.12	110		51	44		35		3	36	91				370
21.12.- 20.1	59		15	36		49	19	6	24	103				311
21.1.- 20.2	104		51	39	9	62	33	2	43	157		11		521
21.2.- 20.3	132	20	98	70	10	59	77	51	57	204	24	55	43	900
21.3.- 20.4	195	46	45	59	29	83	63	9	58	270	26	149	146	1,178
21.4.- 30.4	20	12	5	8	3	7	8	1	16	16	8	96	96	296
Total	831	78	340	302	51	302	200	82	283	991	58	311	285	4,114

CENTRAL LABORATORY

Clinical analyses

	Urine	Blood count	Urea Sugar	Spinal fluid	Internal Investinga-tions	Miscell-aneous	Takata-Ara test	Total
Up to 20.10.49	137	100				3		240
21.10 – 20.11	196	162	21			3		382
21.11 – 20.12	189	209	18	3		1		420
20.12-20.1.50	213	191	17	4		4		429
21.1. – 20.2	173	175	17	7	2	4		378
21.2.- 20.3	285	271	38	9	16	15	6	640
21.3.- 20.4	136	194	48	19	20	11	7	435
21.4.- 30.4	56	31	12	4				103
Total	1,385	1,333	171	46	38	41	13	3,027

III. CENTRAL MEDICAL STORE

(Augusta Victoria Hospital, Jerusalem)

From the beginning of February 1949 onwards, the first consignments of medical supplies were sent direct from Beirut to the various Medical Services in Palestine. But, with the setting up of new services, this practice was soon found to be unsatisfactory for the following reasons :

(1) The great distance between Beirut and the terrain which made the prompt supplying of urgent requirements impossible;

(2) The complicated nature of the preparations for forwarding consignments from Beirut;

(3) Transport difficulties, since routes might be closed either through bad weather or owing to political events.

Early in March 1949, a Commissariat Medical Store was set up in Ramallah. Later, in mid-June, when the Augusta-Victoria Hospital had been opened, it was transferred to Jerusalem.

This Store, which was stocked by UNRPR and UNICEF purchases, various gifts, local purchases and, when it first opened, by the ICRC Delegation, was in the charge of one of our Delegates - a chemical engineer. He was assisted during part of the day by a chemist who was responsible for the narcotics (since in all countries, narcotics must by law be controlled by a qualified dispensing chemist of the country).

An assistant chemist was engaged when the Store was transferred to the Augusta Victoria Hospital and a dispensary was opened to deal with the prescriptions of doctors of the hospital and of hospitals in other regions.

The personnel also included a secretary, an assistant-secretary (working half the day only) and two manual workers.

Each medicament was listed and entered on a special card on which the amounts received and dispensed were noted. The amount remaining could thus be ascertained at any time and checked with the actual stock in hand.

Between the twentieth and twentyfifth of each month, a complete list of all medical supplies available was sent from the Central Store to all doctors in the field.

Before the tenth of each month, the doctors in their turn sent in lists of their requirements for the month; these medicaments were sent to them by inland post, before the twentieth, and stocked in small local stores under sole charge of the ICRC medical delegate concerned. From there they were issued as required, after checking the quantities used in each centre.

Doctors were, of course, allowed to replenish their stock from the store whenever they ran short of any particular medicament.

At the end of the month, the doctor in charge of each store submitted a list of his stock to the Medical Centre in Beirut, showing total issues during the month. A list of requirements was then sent to UNRPR which dealt with purchases.

IV. SANITATION AND PUBLIC HEALTH SERVICES

When the refugees in Palestine were taken over by the ICRC Commissariat, organized camps under medical supervision were only to be found in Jericho District.

Even these camps left much to be desired from the point of view of hygiene and cleanliness, as lack of financial resources had prevented the previous mission from dealing adequately with the problems facing them.

For two months after we took over, our work was held up for the same reason. Recruiting of voluntary teams of workers and attempts to train the population in personal hygiene gave discouraging results. The voluntary teams accomplished comparatively little, while the refugees would not or could not (through ignorance of such matters) comply with the most elementary rules of hygiene.

The points for consideration were, therefore, the unsanitary condition of existing camps, the prospect of similar difficulties in the camps which were to be set up in different areas, and the danger of future epidemics. There was an urgent need for a Health Service, with sufficient personnel, careful planning and the financial means of reaching a successful issue. Operations started with the allocation of the first credits towards the middle of March 1949.

Personnel.

The personnel of the Health Service consisted of -

(1) A responsible official, the Senior Sanitary Inspector, in charge of the organization and technical direction of the whole scheme, and responsible to the Chief Medical Officer and District Medical Officers. The post was held by a Palestinian who had held a similar post for twenty years with the Haifa Town Council.

(2) Assistant Sanitary Inspectors - Seven in all, distributed among the various District Medical Services, each being responsible for the work in his own district.

(3) Sanitary Foremen and Workers - Allocated in numbers depending on the size of the camps under their care.

(The first two tables annexed at the end of the present section of the Report, show the total number of sanitary personnel attached to the mission and their distribution among the various camps at their peak period).

Equipment and Insecticides.

Equipment and insecticides were supplied as and when required by UNRPR and UNICEF, or were purchased locally by the Medical Service (the quantities issued will be found in the third table annexed at the end of the present section).

Duties of the Health Service.

(1) Road sweeping and camp cleaning service.

(2) Camp health service, i.e. -

(a) Construction, maintenance, cleaning and disinfection of latrines;
(b) General duties.

(3) Inspection and disinfection of water supply.

(4) Training camp inmates in elementary hygiene.

(5) The carrying out of major schemes in the interests of health and the prevention of disease (Anti-Malaria Campaigns, Anti-Fly Campaigns, disinfestation of camp inmates with DDT, etc.)

(1) Road Sweeping and Camp Cleaning Service.

Teams of sanitary workers thoroughly swept the camps and their immediate surroundings daily, under the supervision of their foremen.

Refuse and human and animal faeces, were collected and dumped in pits dug beforehand some way away from the camp in question; they were then sprinkled with lime, or sprayed with Gammexane, and were covered with a layer of earth. When a pit was three-quarters full, it was filled in with earth and a fresh pit dug further on.

The teams were also responsible for placing refuse bins where they were wanted throughout the camp, and for emptying and cleaning them. In practice, however, the inmates were inclined to throw the refuse about the camp indiscriminately.

Each camp thus had its own maintenance service and remained in an orderly condition for the greater part of the day.

(2) Camp Health Service.

(a) Construction, maintenance, cleaning and disinfection of latrines.

Construction.

The first step was to select an approximate site. This was usually close to the camp boundary of small camps, and close to the boundary of each sector, in the case of larger camps, and at the side opposite to that of the prevailing wind so as to avoid unpleasant smells in the camp. In choosing the actual spot, rocky ground (which is very common in Palestine) had to be avoided, in order that the pit for the tank might be dug without difficulty and to enable liquids and liquefied matter to soak away.

Maintenance.

The latrines could not last indefinitely; moreover, the shelters screening them tended to deteriorate. It was therefore necessary to move them and have them repaired from time to time.

Cleaning and disinfection.

Each latrine was thoroughly cleaned twice a day, the cement slab and hut walls being disinfected with cresol or lysol solution. In addition, two or three times a week (according to requirements and the season), the whole latrine was sprayed with Gammexane (as indicated under the heading "Anti-Fly Campaign").

The following is a description of the various types of latrines tried out, and of their respective advantages and drawbacks.

I. The simplest type, which existed in the Jericho camps and which we were obliged to continue using for three months after we took over, consisted of an open trench, across which planks were placed, with sufficient space between each plank to allow people to squat on them. When full, trench was spayed with disinfectant, filled in with earth and another trench dug near by.

Advantages : A rough, simple installation, requiring no special equipment or fittings and cheap to instal.

Drawbacks : Gave off unpleasant smells - difficult and expensive to disinfect. (Large quantities of disinfectant were required and this was not always available).

The greatest drawback was that the exposed mass of faeces attracted vast quantities of flies (sure carriers of infectious disease).

II. The following type was adopted when the Health Service started to function and the necessary material could be collected :

(a) A cement slab, with one or two oval openings in it, placed over a pit;

(b) In the pit, a drum of approximately 100 litres' capacity, with holes punched in its sides to allow liquid matter to soak away into permeable soil;

(c) A canvas-covered wooden framework, forming the latrine shelter.

Advantages : Easy to clean and disinfect - covered in, so that flies had difficulty in entering.

Drawbacks : Certain types of soil (and in most cases camps had been built on rocky ground) caused rapid clogging of the pit and put the latrines out of use.

Difficulty in emptying, the faeces forming a hard, solid mass impossible to move; this entailed moving the entire latrine and replacing the drum.

The canvas and wooden uprights of the shelters were often taken away by refugees for their personal use - the canvas to make bags and other articles, the timber for firewood. The cost of maintaining this type of shelter was therefore relatively high.

III. The following modifications were accordingly made to the type of shelter and latrine described under II.

(a) Shelter - The canvas walls were replaced by metal sheets hammered out from tanks or petrol tins (which could be bought without difficulty from the Public Works Department). But since this sheeting was also often torn down, it was decided to adopt a permanent mud brick form of construction which proved, moreover, to be 50 % less costly than the two former types.

Latrines - Constructed on the septic tank system (liquefaction of faecal matter by anaerobic fermentation). A deep pit was first dug. In it was placed a 250 litre drum. A smaller and narrower drum, the top and bottom of which had been removed, was then fitted into the top of the first one, so as to increase its capacity, the whole being held in place by two iron bars passing through the walls of both drums, and covered by a cement slab. The same concrete cover (either a simple or a double one) was used.

The first drum was three-quarters filled with water into which the faeces fell, forming a floating layer beneath which anaerobic fermentation took place.

The surplus liquified matter overflowed, through the space where the drums were fitted into one another, into the pit which had been previously lined with stones in order to facilitate seepage and absorption.

Advantages : Under normal condition latrines of this type could remain in use for several months. When blocked, they could be emptied by pumping, the waste matter being liquid or semi-liquid, and not a solid mass as in the previous type.

The only great drawback, which could not be foreseen or prevented and which applied, incidentally, to all types of latrines used in Palestine camps, was the rapid filling of the latrines with smooth flat stones, which were used by refugees as a substitute for toilet-paper and thrown into the drums.

The second table at the end of this section of the Report shows the numbers of latrines installed in the various camps. A number of camps set up during the last month of the mission's work do not appear on the chart, as the Health Service was unable to take them over, for lack of sufficient equipment.

(b) General Duties.

These duties, which in most cases depended upon the existence of an adequate supply of water in the camps, consisted of -

- Laying on running water supplies (permanent or temporary) at medical centres and milk centres;

- Putting up public water points;

- Installation of permanent or temporary showers and ablutions;

- Some drainage work;
- Construction of soak pits for waste water, etc.

3. Inspection and disinfection of drinking water.

As the question of water supply was not then responsibility of the Health Service alone, some explanation is called for, in order that its task in this field may be understood.

Although the various towns and urban centres in Palestine are fairly well provided with water thanks to the execution of certain major projects, the situation is entirely different in other parts of the country where sources of water are few and far between. This explains the numerous difficulties encountered by the Commissariat in choosing sites for refugee camps. A further complication arose from the fact that ground where there was plenty of water was wanted for cultivation and its owners were not at all willing to place it at our disposal, especially as the Commissariat did not, on principle, pay for the use of their sites.

Nevertheless, in spite of these difficulties, the Commissariat managed to acquire the use of various sites with adequate water supplies, or where water could be collected or brought without too much difficulty.

But the existence of water was not enough; it had to be fit to drink. That was where the Health Service came in; it was responsible for opening up springs and protecting them against pollution, for pumping and storing water from wells, for filling up existing reservoirs by means of water-carts, for testing springs and wells periodically by bacteriologial analysis, for disinfecting them, when necessary, with chloramine,- and for undertaking certain large-scale water supply projects as in the case of Akaba Camp in Jericho District. Akaba Camp (the largest camp in Palestine, with over 20,000 inmates) was supplied with water by means of a canal passing right through the camp and fed from a spring about 10 km. away. The water was not however fit to drink, as the canal, which was intended for irrigation, was uncovered and was polluted for a considerable part of its length by the refugees who used to use it for their personal needs and throw rubbish into it. When the Health Service started its work, the situation was improved by distributing Halazone tablets to everyone in the camp so that they could sterilize the water; thousands of tablets were used daily for this purpose for several months.

Later, when a donation of over Pal.£ 3,000 from the Jewish Society for Human Services, London (Gollancz-Donation), was made to the ICRC Commissariat through the British Red Cross, it was decided to install a permanent storage and sand-filter plant in Akaba Camp. A chlorinator was installed at the same time. It was put into operation early in March 1950 and chlorinated 400 cubic metres of water per day.

Water points conveniently placed throughout the camp enabled inmates to draw their requirements regularly. The drinking water problem in Akaba Camp, as in the majority of the other camps, was thus solved, to the satisfaction of all concerned.

4. Training camp inmates in elementary hygiene.

Once the camps had been provided with an efficient Health Service, latrines, showers and refuse bins, there still remained the question of the inmates' use of these conveniences. Since the majority of those residing in the camps were entirely ignorant of the most elementary rules of hygiene, the Health Service had to persuade them to follow them, pointing out all the advantages to be gained thereby in general well-being and health. This was not always an easy task and, unfortunately, the desired object was not achieved in all cases.

5. Major schemes carried out in the interests of health and the prevention of disease (Anti-Malaria Campaigns, Anti-Fly Campaign, disinfestation of camp inmates with DDT, etc.)

The subject is dealt with under the heading "Treatment and Prevention of Communicable Diseases".

(*)

HEALTH SERVICE PERSONNEL

	Senior Sanitary Inspector	Assistant Sanitary Inspector	Foremen	Workers	Anti-malarial Foremen	Anti-malarial Workers	Total
1949 April	1	6	7	70	15 *	75 *	174
May	1	6	10	100	15	75	207
June	1	6	10	100	15	75	207
July	1	6	10	100	15	75	207
August	1	6	10	100	15	75	207
September	1	6	10	101			118
October	1	6	17	211			235
November	1	6	19	243		4 2	269
December	1	6	19	225	1	30	251
1950 January	1	7	19	225	1	2 3	10 252
February	1	7	19	225	1	12 10	252
March	1	7	19	250			277
April	1	7	20	250	18	90	386
			20	250			

(*) With effect from April 22, 1949.

EQUIPMENT

HEALTH SERVICE IN PALESTINE CAMPS

ON APRIL 30, 1950

Pickaxes. . .

Pick helve . . .

Camps in each district	Population	Assistant Sanitary Inspector	Foremen	Workmen	Latrines
JERICHO					
Akaba	20,576	1	4	60	120
Ain El Sultan	6,564	1	2	30	62
Noemi	2,291		1	10	24
Auja	1,092			4	9
RAMALLAH		2			
Jalazone	3,667		2	14	40
Amaari	1,158		1	3	8
Ein Sinia	375			1	4
Deir Ammar	2,103		1	5	18
HEBRON					
Fawar I & II	1,729		1	7	12
PHD Hebron	271			2	4
Tel El Safi-Nasara	626			4	6
Halhul.	283		1	2	4
Haska-Ahour	407			3	6
Bir Siffleh I	920			4	8
Bir Siffleh II	1,214			4	8
Beitula	562			2	4
BETHLEHEM		1			
Arroub	7,097		1	30	32
Dheisheh	2,892		1	10	23
Aida	744		1	2	10
Hazi Beit Jibrin	898			3	8
SAMARIA		1			
Janzour	3,300		1	12	58
Tulkarem	2,960		1	10	31
Askar	3,032		1	12	37
El Faraa	1,206		1	5	9
Camp No 1 NA	1,459		1	5	16
Camp No 2 NA	468		1	2	8
JERUSALEM					
Jewish Quarter	2,400			2	18
Total	70,876	7	20	250	591

EQUIPMENT, INSECTICIDES AND DISINFECTANTS SUPPLIED TO THE HEALTH SERVICE DURING THE MISSION

Pickaxes	141	Sacks, empty	90
Pick helves	118	Brooms	180
Shovels	186	Brushes	51
Shovel handles	134	Brushes for white-washing	3
Rakes	64	Refuse collectors	52
Rake handles	64	Baskets	324
Axes	23	Sieves	15
Pliers	14	High Pressure Motor Spray	1
Hammer	1	Sprayers DDT	104
Screwdrivers	15	Pumps DDT	80
Wrenches, adjustable	2	Measures, 1 litre	70
Concrete slabs for latrines	795	Measures 1-1, 350	18
Double latrines	348	Funnels	66
Iron bars for latrines	454	Sticks for mixing DDT	30
Wheelbarrows	50	Overalls	104
Buckets	20	Rubber coats	100
Petrol cans, empty	10	Rubber boots	16 p.
Barrels, empty	10	Electric torches	15
Drums, bitumen, empty	1,259	Steel rules, 1 metre	2
		Red powder, boxes	77

DDT powder at 10 % concentration	19,940 kgs
DDT " " 50 % "	12,335 kgs
DDT " "100 % "	40 kgs
DDT emulsion at 30 % concentration	5,846 kgs
DDT " " " 30 % "	109 drums
Ground Rock Phosphate	5,924 kgs
Mixture of DDT powder at 50 % concentration & Gammexane powder	7,435 kgs
Gammexane powder at 10 % conc.	9,192 kgs
" " " 20 % "	5,932 kgs
" liqu.conc.	336 kgs
Malaroil	8 tons
Gasoil	10 tons
Lime	60 kgs
Municipal disinfectant	5 250 litre drums
Lysol	2 " " "
Cresol	5 " " "

TREATMENT AND PREVENTION OF COMMUNICABLE DISEASES

Attention was also devoted to the prevention and treatment of tuberculosis. A vaccination drive using BCG was successfully carried through by the International Tuberculosis Campaign and the first sanatorium in Palestine was opened with 88 beds, in the Augusta Victoria Hospital, Jerusalem. On the close of the mission, a camp for tubercular patients was ready to open.

The following chapters describe in detail the various campaigns and the results recorded.

TREATMENT AND PREVENTION OF COMMUNICABLE DISEASES

GENERAL REMARKS

Careful study of statistics drawn up during the period of the British Mandate showed that the most prevalent diseases in Palestine could be classified in the following order:

Eye complaints
Malaria
Bacillary and amoebic dysentery
Typhoid and para-typhoid fever
Exanthematic typhus
Smallpox (sporadic)

With hostilities in progress, there was a danger of these diseases passing from the endemic to the epidemic stage and constituting a serious menace for the refugees, whose health conditions were far from satisfactory. It was mainly to avoid this happening that a Medical Mission had been sent to Palestine.

In addition to general measures such as cleaning up camps, surveying latrines, installing drinking-water supplies, training populations in elementary hygiene, and isolating patients in hospitals and those in contact with them in quarantine camps, an immediate campaign had to be launched, with the limited means available, against the diseases themselves and the means by which they were spread.

The following campaigns were accordingly launched and carried out in turn:

Two anti-malaria campaigns;
One anti-fly campaign;
Disinfestation of the population with DDT;
Mass inoculations;
The systematic treatment of eye complaints.

Attention was also devoted to the prevention and treatment of tuberculosis. A vaccination drive using BCG was successfully carried through by the International Tuberculosis Campaign and the first sanatorium in Palestine was opened with 88 beds, in the Augusta Victoria Hospital, Jerusalem. On the close of the mission, a camp for tubercular patients was ready to open.

The following chapters describe in detail the various campaigns and the results recorded.

ANTI-MALARIA CAMPAIGN, 1949

At the first meeting of the Chief Medical Officers, in Beirut on January 28, 1949, the problem of malaria was studied in the light of information supplied by Dr. Krikorian. In his opinion, malaria, which had decreased considerably as a result of measures taken during the British Mandate, was liable to become active again because of the hostilities and present a serious danger for the refugees. He felt that anti-malaria measures should therefore, be taken without delay.

Dr. Cottrell, convinced of the need for such measures, requested the World Health Organization in Geneva to send a specialist to study the question on the spot.

M. Paul Bierstein, a Public Health Engineer, who was sent to the Middle East by WHO, recommended in his report of February 16, 1949, that an urgent anti-malaria campaign should be started and that it should include not only refugees in Palestine, but also those in other Middle East countries where outbreaks of malaria occurred.

WHO and UNICEF placed 50,000 dollars and 20,000 dollars respectively at the disposal of UNRPR to finance the campaign and UNRPR then requested the three Agencies in the field to carry out the following tasks in their respective zones :

I. The destruction of adult anopheles.

II. The sterilization of carriers of the disease.

III. In addition, on the initiative of the Commissariat Medical Service, the destruction of anopheles larvae, which abounded in the innumerable reservoirs and tanks in Palestine.

I. DESTRUCTION OF ADULT ANOPHELES.

The method adopted was the one which had been used with success in Greece by Dr. Georges Belios of WHO. It consisted in the systematic impregnation of dwellings, meeting houses, workshops, etc. with DDT, the mosquitoes being destroyed by contact with the surface treated in this way. As a general campaign throughout the country with the material resources available was impossible, the action taken was designed first and foremost to protect refugees. All the camps without exception

were treated, and so were any localities with a refugee population of 10 % or over, which were notified by the Public Health Department as malarial areas.

1. Personnel.

The Senior Sanitary Inspector and the six Assistant Sanitary Inspectors of the Health Service, 15 foremen and 75 workers.

2. Equipment.

70 automatic sprays
10 hand-sprays
1 high-pressure motor spray
58 empty four-gallon containers
10 two-hundred litre drums
70 litre measures
66 funnels
90 jute sacks
100 overalls
192 blankets
15 tents
77 kgs red marking powder
51 paint-brushes
20 wooden handles
15 electric torches
30 spare batteries
1 steel roller (2 m)
1 do (10 m)

Automatic Sprays - Either the "Galeazzi" spray, made in Italy, or the "Four Oaks, Kent", of British manufacture. The equipment consists of a tank holding approximately 14 litres and fitted with a handle for pumping, and a spray and tilt-nozzle; for spraying high ceilings a brass extension is added. The container is filled with 10 litres of 5 % solution (preferably filtered through a square of muslin or gauze placed in the funnel). A pressure of 3.5 atmospheres inside the container is obtained by approximately 60 strokes of the pump. The apparatus is shaken up and down for a few seconds and is then ready for use.

Hand Sprays - Practically identical with the automatic spray, except that pumping must be continuous for the spray to operate. Both types of spray are provided with straps for easy transport and are generally used for spraying small surfaces. Their consumption is approximately 1.2 litres per minute.

The "Spartan" High Pressure Motor Spray - This spray has a capacity of about 600 litres, and is provided with two 100 ft hose pipes which can be used together or separately, each tube giving 1.2 litre per minute and spraying to a height of 8-10 metres.

This spray was used for spraying surfaces which were high up and fairly large such as churches, mosques, school buildings, large tents, etc. It was manned by a team composed of a sub-inspector, a foreman, two mixers and two sprayers.

3. Insecticides.

DDT was provided by UNRPR in two forms -

(a) 50 % DDT wettable powder for use in automatic and hand sprays.

(b) 30 % DDT emulsion for use with the motor spray.

Before use, both preparations are reduced to 5% strength by mixing them with water, the method followed being as follows :

(a) Preparation of 5 % solution from 50 % DDT wettable powder.

Three litre measures of DDT (each representing 600 gr of powder) are dissolved in 16 litres of water, the water being added little by little and the mixture stirred continuously with a wooden spatula until all lumps are dissolved, in order to avoid blocking the nozzles of the sprays.

(b) Preparation of 5 % solution from 30 % emulsion.

The solution may be prepared either in the actual container of the spray, or separately, by adding five parts of water to one of the emulsion.

4. Premises disinfected.

(a) Tents of various sizes.

(b) Corrugated-iron huts, mud huts (the usual dwelling of the poorer sections of the population, cellars, stables, caves, etc.

(c) Living-rooms, hospitals, convents, mosques, churches, depots, etc.

5. Method of spraying.

As already stated, both automatic and hand sprays were used. In both cases, the nozzle of the spray must be held about 50 cm. from the surface treated and at right angles to it, and moved from side to side. This method does not, of course, apply to the high pressure pump which throws a jet to a distance of 8 to 10 metres.

Persons doing this work must have previous training in order to be able to spray at the rate of 40 cc. of 5 % solution per square metre sprayed, or 2 gr. of DDT at 100 %. As mosquitoes tend to congregate in the folds of tents, in dark corners of rooms and huts, under furniture and in thatched roofs, such places should be sprayed with particular care.

Before starting operations, all furniture should be collected into the centre of the premises, infants, small children and any foodstuffs removed to the open, and cattle taken out of stables.

6. Organization of work.

The 75 workers were divided into 15 teams of 5, each in charge of a foreman. The teams usually consisted of three sprayers, a mixer and a carrier; besides supervising them, the foreman was responsible for giving necessary instructions to the population, marking premises sprayed, and noting the number of inhabitants protected.

Both the teams and the Assistant Sanitary Inspectors responsible for the work in the various districts, were given training by the Senior Sanitary Inspector, who was responsible for the actual execution of the campaign and had taken an advanced course in the subject at the Near East Foundation, Damascus.

The operation started on April 22, 1949 in Jericho District, all the teams working there, so that they could be more easily supervised, and any deficiencies in their training made good.

The whole town of Jericho and all the camps in the district were dealt with in five days.

On April 28, the campaign was extended to the other districts, the 15 teams being split up as follows :

Samaria	7 teams
Ramallah and Jerusalem	4 teams
Bethlehem and Hebron	4 teams

In these three sectors, six camp bases were set up at Tulkarem, Nablus, Ramallah, Bethlehem and Hebron, where the teams could check over and repair their equipment, spend the night and start off again next day, with fresh provisions of DDT, to continue the work in a new locality.

The campaign finished for the whole of Palestine on August 18, 1949.

7. Results.

Dr. Farid, a malaria specialist of WHO, was asked to check the effectiveness of the campaign. The report on his investigations in Palestine, from August 22 to 27, is sufficiently eloquent to require no comment. It reads as follows :

"1. No mosquitoes were found in the fifty-four tents inspected, which had been previously treated with DDT. Eleven superpictus anopheles were detected in the three tents which had not been treated.

2. No parasites were found on thirteen infants under eight months of age.

3. Out of fourteen infants of from nine to twelve months of age, two were found to be positive cases (one plasmodium vivax, one falciparum).

4. There were seventeen positive cases (nine vivax, eight falciparum) among eighty-one infants over one year old.

5. No transmission of malaria has been observed so far in camps treated with DDT, although situated in highly malaria regions where sergenti and superpictus anopheles abound.

6. No further DDT treatment of camps will be necessary this year".

The Commissariat Medical Service sent one of its own doctors to investigate the position in the Ramallah and Jericho areas. Several hundred infants were examined, but no cases of malaria were detected among infants born during 1949; this result confirms the opinion that no malaria was transmitted by anopheles during the period in question.

Further, Dr. Ghanam of the Ramallah Public Health Department, informed us that during this same period, a very small number of injections of quinine were used, whereas previously several hundred had been required.

8. Work done.

The tables and lists of place names at the end of the present section of the Report provide information regarding the work done.

II. STERILIZATION OF CARRIERS.

Sterilization was effected by administering Paludrine (a derivative of Pyrimidine) whose properties make it particularly suitable for the purpose, when dealing with people whom it is difficult to examine regularly and who required energetic methods of treatment.

Dose.

The dose given was different for recent and for old cases :

Recent cases - Three 0.1 gr tablets per day for five to ten days.

Old cases - Four to six tablets per day for a similar period; in some cases the treatment had to be repeated after a certain time.

The important part played by Paludrine in the campaign against malaria is brought out by the following figures showing the quantities issued in the different districts between May and November 1949.

Jericho	80,000 tablets
Samaria	181,000 "
Ramallah	35,000 "
Bethlehem	19,000 "
Hebron	23,000 "
Total	338,000 tablets

III. DESTRUCTION OF ANOPHELES LARVAE.

The agent used for this purpose was Malaroil, a thin layer of which, spread over water surfaces at least once a fortnight, destroys anopheles larvae by asphyxiation.

The work was entrusted to the Public Health Department which was provided with 8 tons of Malaroil and undertook to report on its effectiveness as compared with Solaroil, the larvicide hitherto employed. The their report gave the following information :

	Quantity of Malaroil & Solaroil utilized (in kilograms)	Number of times used
Jerusalem	1,659	14,058
Ramallah	2,047	30,264
Bethlehem	650	16,182
Jericho	292	4,260
Hebron	2,284	29,374
Nablus	1,564	27,279
Tulkarem	768	8,049
Jennine	1,100	12,673

Remarks.

(1) Malaroil spreads over water surfaces very much more easily than Solaroil.

(2) For a reservoir of given dimensions, the quantity of Malaroil required is less than in the case of Solaroil.

(3) The larvicide action of Malaroil is the more rapid.

(4) Malaroil gives water an unpleasant smell; it should not, therefore, be used when treating sources of drinking water.

ANTI-MALARIA CAMPAIGN 1949

DISTRICT	Foremen	workers	Hours of work	Camps	Towns, villages, hospitals	Tents	Rooms	Huts	Persons protected	DDT at 50 % Kgs.	DDT at 30 % Kgs
JERICHO	15	75	3,792	5	1	7,511	3,230	817	74,231	2,270	
RAMALLAH	4	20	10,012	6	46	1,898	15,268	622	75,139	1,716	2,258
HEBRON and BETHLEHEM	4	20	14,764	5	47	6,516	39,513	858	141,579	2,234	1,042
SAMARIA	7	35	22,543	5	93	4,305	36,815	4,658	139,607	5,549	3,538
JERUSALEM	1	5	426	-	4	-	770	116	1,753	114	165
TOTAL	15	75	51,537	21	191	20,230	95,596	7,071	432,309	11,883	7,003

In all 15 foremen and 75 workers.

CAMPS, TOWNS, VILLAGES, HOSPITALS, etc., IN WHICH ANTI-MALARIA MEASURES WERE TAKEN IN 1949

JERICHO

Camps

- Akaba
- Auja
- Nueme
- Ein Sultan
- Transit

Towns

- Jericho

JERUSALEM

- Bethany Hospital
- "La Passion" Convent
- Bethany Town
- Augusta Victoria Hospital
- [illegible]
- [illegible]kou[illegible]e[illegible]
- [illegible]dna
- [illegible]urer
- [illegible]nour

SAMARIA

Camps

- Askar
- El Fara'a
- Tulkarem
- Camp No 1
- Camp No 2

Towns (part only)

- Nablus
- Djenin
- Tulkarem

Villages

- Toubas
- Akaba
- Balata
- Askar
- Sara
- Tal
- Jit
- Kofor Kadum
- Imatin
- Fundok
- Haji
- Baka el Hatab
- Jinsafout
- Beit Wasan

Villages

- Kofor Lakef
- Hawara
- Beita
- Burka
- Bazaria
- Zawata
- Sabatia
- Najoura
- Jinsinia
- Beit Imrim
- Nusf Jbeil
- Beit Dajan
- Kufr Khalil
- Awarta
- Odala
- Bourdin
- Madama
- Irak Bourin
- Asira Kiblieh
- Einabous
- Jamain
- Sourda
- Kireh
- Kufor Hares
- Farkha
- Selfit
- Hares
- Deir Istia
- Bidia
- Surta

[illegible]

- El [illegible]
- [illegible]
- [illegible]
- Bireh
- [illegible]
- [illegible] Sinna

[illegible]

- [illegible]

Village

- Deir [illegible]
- Kufr Ne[illegible]
- Ras [illegible]
- El Jani[illegible]
- Jamal[illegible]
- Bitellu
- Ein Kinia
- Bei[illegible] Ze[illegible]
- [illegible]ifna
- Abu [illegible]
- Sarda
- Taibeh
- [illegible]amoun
- Deir Irir
- Deir Deswa
- Kufor Malil
- [illegible]ubar

SAMARIA

Villages

- Masha
- Saffarin
- Azzoun
- El Zawieh
- Telfit
- Jurish
- Rafat
- El Luban
- Kussein
- Zenaba
- Balaa
- Kitabe
- Schweka
- El Maleh
- Bourdala
- Deir Ghessoun
- Atil
- Jabaa
- Kuffein
- El Nazle-El
- Sharkieh
- Kabalan
- Deir Ballut
- Es Sawieh
- Giltleck
- Irtan
- Farroun
- Kufr Sour
- Anabta
- Kufor Luban

Villages

- Ramin
- Azzoun
- El Nah'E'ias
- Hableh
- Jayouss
- Kufor Aboush
- Kufor Zibab
- Beit Lid
- Baka
- Allar
- Kusra
- Fundukumieh
- Silet el Daher
- Samur
- Jurba
- Methaloun
- [illegible]
- [illegible]
- [illegible]
- [illegible]
- [illegible]

100.

(continued)

HEBRON and BETHLEHEM

Camps

Arroub
Dheisheh
Halhoul
Bitula
Haska

Towns

Hebron (part only)
Bethlehem "

Villages

El Arroub
Nahaline
Urtas
Khader
Beit Fajjar
Salomon Pools
Bani Naim
Sair
El Shyoukh
Beit Umar
Sourif
Izna
Tarkoumieh
Idna
Durer
Sanour

Villages (continued)

Um Nawar
Raafat
Wad Abu Haddad
El Moudawara
Khitbet Wadi El Tor
Simia
Yatta
Wadieh Hosh
Ftouh
Dahrieh
Khirbet el Deir
Bitula
Halhul
Sammu
Anab el Kebir
Anab el Seghir
Douma
Um el Kasab
Beit Kahel
Nouba
Jabaa
Kharass
El Hijri
El Dilbi
El Hadath
Bir el Sulfi
Ain Amran
Abou Kharroub
Karm El Ashkar

RAMALLAH

Camps

Ein Arik
Jalazone
Neve Yacob
Bireh
Doura el Kareh
Ain Sinia

Towns

Ramallah (part only)

Villages

Deir Ibzi
Kufr Neheme
Ras Karkar
El Janie
Jamalé
Bitellu
Ein Kinia
Beir Zeit
Jifna
Abu Qash
Sarda
Taibeh
Ramoun
Deir Irir
Deir Deswan
Kufor Malik
Kubar

Villages (continued)

Burham
Khirbet Abu Falah
Aboud
Budros
Shukba
Shibtin
Immwas
Saffa
Deir Ammar
Ain Arik
Ain Sinia
Kibbia
Dourra el Karé
Yalo
Kharbata
Misbah
El Jib
Meikhmass
Deir Ghassani
Karawa
Deir Abu Mashaal
Ajjoul
Aroura
El Mazraa el-Sharkieh
Abu Shkhedem
Beit Rima
Kharbat el Mousbeh

ANTI-MALARIA CAMPAIGN, 1950

When the Chief Medical Officers met on September 23, 1949, Dr. Cottrell announced that, in view of the successful issue of the previous campaign, a new anti-malaria campaign would be launched in 1950, with a further grant of 50,000 dollars received from WHO.

The following changes would, however, be made in regard to the measures used for the destruction of adult anopheles:

1. Method of application.

All premises would be treated with DDT twice - first in April, and again in August, the operation being limited to six weeks on each occasion.

2. Insecticide.

Instead of 50 % DDT wettable powder, the following mixture would be used :

25 % DDT Technical Grade Powder;
25 % Gammexane D 929, with 13 % Gamma isomer content;
50 % Bentonite (a type of colloidal clay).

The object of adding Gammexane was not only to kill flies (which become resistant to DDT), but also to make the product less disagreeable to the anopheles; the latter might then remain longer in contact with treated surfaces, and so be destroyed in greater numbers.

The method of preparing the 5 % solution, was the same as with 50 % wettable powder.

Carful preparations for the first part of the campaign were started in March, and the campaigh launched in Palestine on April 3, 1950; it had to be suspended on April 25, owing to the departure of the mission, but was later continued and brought to a close by UNRWA.

The table and list of place names which follow indicate the amount of work done during this short period.

ANTI-MALARIA CAMPAIGN, 1950

DISTRICT	Foremen	Workers	Hours of work	Number of camps	Number of towns & villages	Tents sprayed	Rooms sprayed	Huts sprayed	Persons protected	Litres of spray used
JERICHO	3	15	2,736	4	2	6,407	7,363	22	61,014	16,308
SAMARIA	6	30	5,472	6	16	2,470	6,929	12	42,660	20,146
BETHLEHEM and HEBRON	5	25	4,560	17	14	3,102	6,721	---	56,523	17,163
RAMALLAH	4	20	2,304	8	10	1,488	2,235	6	21,917	7,690
TOTAL	18	90	15,072	35	42	13,467	23,248	40	182,114	61,307

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CAMPS, TOWNS AND VILLAGES IN WHICH ANTI-MALARIA MEASURES WERE TAKEN IN 1950

JERICHO	SAMARIA	HEBRON	BETHLEHEM	TAMALLAH
Camps	**Camps**	**Camps**	**Camps**	**Camps**
Akaba	Askar	Halhul	Arroub	Jalazone
Ein Sultan	El Fara	Fawar	Duheshi	Ein Sinia
A.D.S.	Janzour	Tel el Safi	Aida	El Amary
Auja	Tulkarem	Irak Manshieh	Azzeh	Doura Kareh
	Nablus No 1	Haska		Der Ammar
Towns	Nablus No 2	Zeita		Ain Arik
Jericho		Beit Jibrin	**Villages**	Bitunia
	Villages	Ra'ana	Urtas	Neve Yacov
Villages	Burkin	Der Nakhass	Nahaline	
Auja	Yamoun	Kubeibe	Bet Fajjar	**Villages**
	Methaloun	Ezna	Khader	Betulla
	Jalameh	Beitula	Solomon	Jammaleh
	Kufr Radan	Camp C		Ain Arik
	Jaba			Ain Sinia
	Etininkk	**Villages**		Ain Kinia
	Jiftilik	Arroub		El Janieh
	El Maleh	Beit Ummar		Kuf Malek
	Toubas	Edna		Kufr Neme
	Zbouda	Tarqumia		Der Ammar
	Roumaneh	Bitula		Ajjoul.
	Faqoua	Kharas		
	Der Galazeh	Nouba		
	Nisf Jbel	Sair		
	Kabatia	Doura		

ANTI-FLY CAMPAIGN

As is well-known, flies are one of the main carriers of infection and play an important part in the transmission of contagious diseases, especially those of the eyes and intestines.

Measures against them had therefore to be considered as part of the general campaign for the prevention of communicable diseases.

At the meeting of the Chief Medical Officers on March 22, 1949, Dr. Belios (WHO) suggested the use of Gammexane, and at the next meeting Dr. Cottrel announced that UNICEF was willing to supply a certain quantity of this product.

The Gammexane was received early in June 1949, in the form of powder with 20 % insecticide content. At the same time we received an equivalent amount of rock phosphate (inert powder) for use when preparing the various concentrations.

As there were at the time no clear instructions regarding its use, experiments had to be carried out in the field in order to determine the concentration required and the frequency with which it had to be applied. Experiments were accordingly carried out in camps, from June onwards, wherever flies were normally to be found in large quantities (i.e. in latrines, refuse pits, stables, the vicinity of milk centres, etc.), the following facts being noted :

Gammexane dealt satisfactorily with the fully grown flies and even more satisfactorily with larvae. Weekly sprinklings at 10 % concentration became rapidly ineffective through dispersion by wind. Renewed sprinkling at frequent intervals would have been necessary, but this was not possible in practice, on account of the difficulty of obtaining supplies of the product and its high cost.

A concentration of 5 % proved equally effective and allowed the sprinkling to be carried out more frequently. In areas where there were a great many flies, for instance, a 5 % concentration of Gammexane was used three times a week, and in some cases, especially around milk centres, every day.

The use of Gammexane in this form was stopped at the end of November 1949, as the season for flies was nearly over and as the inspectors' surveys had shown that flies were becoming more and more resistant to the product.

The subject of the 1950 anti-fly campaign was studied by the C.M.O., and it was proposed to use a new form of Gammexane in concentrated solution "LG 110", mixed with heavy oil. Gammexane LG 110 consists of a 10 % solution with xylene of "Gammexane Gamma isomer"; the solution is prepared for use by mixing Gammexane LG 110 with solaroil (heavy oil), the final concentration being 0.2 %.

This product acts upon both larvae and adult flies and, being mixed with heavy oil, clings to the surfaces treated more effectively than powder. It is intended for use in camps, and is applied once a week by means of sprays, 10 cc. of the liquid being required per square metre.

In order to ascertain the efficacy of the new product, sanitary inspectors and foremen were instructed to work out a weekly "Fly Index" giving the number of flies destroyed on a given surface area within a given time, the surface chosen being in places where flies were to be found in the greatest numbers - such as latrines, refuse pits and dumps, milk centres, etc.

The new campaign was started in the Jericho area of Palestine on March 25, 1950, the climate of that particular region causing flies to appear earlier there than in other parts of the country. During April, the campaign was extended to the whole of Palestine.

The results proved satisfactory from the outset and, as the following table shows, the index, except in a few instances, fell steadily as the work advanced.

[illegible]					16
[illegible]					12
[illegible]		[illegible]			
[illegible]					[illegible]
[illegible]		21	[illegible]	8	[illegible]
[illegible]	4	[illegible]			
[illegible]	12				
[illegible] I	8	[illegible]			
[illegible] II	8	[illegible]			

	Places treated		Fly Index			
	Latrines	Others	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
JERICHO						
Akaba	120	1,172	48	25	15	9
Ein Sultan	62	55	12	13	10	3 ½
Nueimé	24	28	10	10	12	5
SAMARIA						
Camp No 1	16	108	5	3	4	
Camp No 2	8	23	6	3	3	
Askar	37	27	11	7	4	
Faraa	9	125	9	5 ½	6	
Tulkarem	31	16	4	2	2	
Janzour	58	31	4	3	3 ½	
RAMALLAH						
Amaary	8	38	5	5		
BETHLEHEM						
Arroub	32	426	6	5	4	
Dheisheh	23	89	10	12	15	
Hazid Beit Jibrin	6	11	9	6	16	
Aida	10	22	25	6	12	
HEBRON						
Tel el Safi	6	31	17	15	24	
P. Health	4	13	16	12	9	
Ajjour-Haska	6	31	12	8	24	
Halhoul	4	16	10	13	9	
Fawar	12	29	9	12	11	
Bir Siffleh I	8	13	3	5	3	
Bir Siffleh II	8	15	5	4	3	

ANTI-LICE CAMPAIGN - DISINFESTATION OF THE POPULATION WITH DDT

When the mission started, exanthematic typhus was rife in the Hebron and Bethlehem Districts. In February 1949 it was decided to include disinfestation with DDT among the measures taken for the prevention of this disease, the object being to destroy the lice which carried and spread the disease. The measure was approved by a conference held in Bethlehem and attended by the representatives of the Egyptian Army (which was at that time occupying the districts concerned), the Public Health Department and the Commissariat.

The operation in Hebron District was undertaken by the Egyptian Army and in Bethlehem District - by the Public Health Department, the Commissariat merely supplying DDT at 10 %.

Well-organized disinfestation soon eliminated the small disease centres in Bethlehem District. But in Hebron District, where heavy falls of snow hampered and, in some cases, even stopped the work of the teams, the results obtained did not come up to expectations.

A further campaign had to be started in May; as new cases of the disease had occurred in addition to those observed between February and April, the town of Hebron itself being affected.

The financial situation of the Medical Service having in the meantime improved and the necessary equipment and supplies of DDT being available, it undertook the work itself through its Health Service. From May to July 1949, 142,972 persons in Hebron District and in the Bethlehem camps were treated twice with DDT, with ten days' interval between each operation, 8,931 kgs of DDT at 10 % being used in all. By the beginning of July, the last few cases of exanthematic typhus had disappeared.

The Medical Service launched a similar campaign in Jericho District in February 1949, as a preventive measure, the district in question being particularly open to contagion, since its climate made it an ideal place of refuge for populations suffering from the cold during the exceptionally harsh winter of 1948/1949. In all, 36,368 persons were treated,

1,814 kgs of DDT at 10 % being required for the purpose. No cases of exanthematic typhus were detected in this area.

A further campaign was undertaken towards the end of the winter of 1949/50, but was solely concerned with refugees living in the camps; by March, when the campaign ended, 48,283 persons had been disinfested, 1,997 kgs of DDT at 10 % having been used for the purpose.

As no further cases of exanthematic typhus occurred among refugees during the winter of 1949/50, it can be concluded that the various delousing operations were successful.

Vaccinations in 1949.

In 1949, vaccinations were undertaken in concert with the Public Health Department, which itself responsible for Ramallah, Jerusalem and Hebron Districts and part of Bethlehem District. (In Bethlehem and Jericho Districts inoculations were mainly against exanthematic typhus which had broken out in these particular areas).

Vaccination under the auspices of the Medical Service was mainly in Jericho and Samaria Districts, part of Bethlehem District and the various refugee camps. The service was also concerned with the inoculation of the inhabitants of North Galilee against typhoid and para-typhoid fever, vaccination for smallpox being organized by the Israel Government authorities.

Breakdown and numbers of vaccinations and inoculations by the Medical Service.

	Smallpox	TABC	Typhus
Jericho - February to April	42,573	34,120	34,120
Bethlehem - May to July	12,930	24,500	2,240
Samaria - May to to August	107,150	102,618	
Israel - July		15,000	
Emergency	10,449	13,734	
Total -	173,102	189,972	36,360

VACCINATIONS

Vaccination was used extensively for the prevention of smallpox, typhoid and paratyphoid fever and, to a lesser extent, exanthematic typhus and diphtheria.

Vaccinations were carried out according to a set plan in 1949 and again in 1950, and also, as an "emergency" measure, whenever the occurrence of new cases of smallpox or typhoid fever made it necessary to vaccinate or re-vaccinate those in contact with the patients, or sometimes even the whole camp.

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Total -	173,102	189,972	36,360

Vaccination for smallpox.

As cases of smallpox continued to occur among the refugees, and to an even greater degree, among the non-refugee population of Palestine, it was decided to embark upon a new programme of vaccinations covering the entire population of Palestine. This decision was taken in agreement with the Public Health Department, but as the latter had insufficient means available to cover the whole cost, the Medical Service provided 300,000 doses of vaccine and also undertook to print the certificates issued to those vaccinated; reports on the use made of the vaccine were to be made as the operation proceeded.

Between the beginning of March and the end of April 1950, the Public Health Department vaccinated -

32,169 persons in Jericho District
41,044 persons in Bethlehem District
36,059 persons in Hebron District

(Vaccinations in Jerusalem, Ramallah and Samaria Districts were to be carried out after the mission's departure in May 1950).

During the same period, the Medical Service vaccinated

22,716 persons in Jericho (camps)
5,711 persons in Bethlehem (emergency cases)
3,500 persons in Ramallah " "
5,192 persons in Samaria " "

TABC Inoculation.

The inmates of camps, other than those in Samaria, were re-inoculated with TABC vaccine, 35,038 re-inoculations being given in all.

Anti-Diphtheria Inoculation.

In March 1950, children from six months to fifteen years old in camps (Samaria excepted) were inoculated against diphtheria, 20,891 inoculations being given in all.

Samaria, which was not included in the above two programmes, was to be covered in May 1950.

The Palestine Public Health Department was also provided with 45,000 cc of diphtheria vaccine for the inoculation of non-refugee children in schools.

EYE COMPLAINTS

The Medical Service paid particularly attention to the treatment of eye complaints - principally epidemic conjunctivitis and trachoma - which are a regular scourge in Middle East countries.

Each Medical Service was therefore allotted one or more "tamarghis" or Palestine male nurses specialized in the diagnosis and treatment of these complaints; there were eleven in all for the whole of Palestine, and each examined over a hundred cases a day.

In October 1949, a Palestinian eye specialist was added to the medical team, his function being to visit, according to a set programme, all medical centres where tamarghis were working, and examine cases which were difficult to treat or required surgical intervention. He operated on the spot in extra-ocular cases, while intra-ocular cases were transferred to St. John's Ophthalmic Hospital, Jerusalem, or to St. Joseph's Eye-Clinic, Nablus, for operation by surgeons belonging to those hospitals.

The two tables which follow show the work accomplished by the tamarghis and specialist.

CONSULTATIONS GIVEN BY "TAMARGHIS"

	JERICHO	RAMALLAH	SAMARIA	BETHLEHEM	HEBRON	TOTAL
May 1949	4,673					4,673
June	4,286		5,163			9,449
July	3,957	2,670	7,156		1,963	15,746
August	4,544	1,813	6,761	2,973	2,544	18,635
September	3,779	2,367	7,831	3,143	3,779	20,899
October	3,727	2,640	7,466	3,476	4,727	22,036
November	4,381	3,267	6,335	4,955	4,381	23,319
December	3,890	4,120	5,242	3,873	3,890	21,015
1950 January	4,291	1,376	4,607	3,085	4,291	17,650
February	5,152	1,074	5,987	1,764	5,152	19,129
March	6,151	2,696	5,851	2,578	6,185	23,461
April	5,893	2,670	4,711	2,838	8,262	24,374
Total	54,724	24,693	67,110	28,685	45,174	220,386

OPERATIONS CARRIED OUT BY THE EYE SPECIALIST

	Operations carried out on the spot						Operations carried out at St-John's Hospital					
	Lip Grafts	Snellen's	Pterygiums	Chalazions	Dacryocystitis	Etropions	Cataracts	Evisce rations	Panophthalmitis	Stanophalomas	Glancomes	Total
20.10 - 15.11.49	16	32	1				1	1				51
16.11 - 15.12.49	19	30	2	3	2	1	2					59
16.12.49 - 15.1.50	61	15	14	1	2	2	3			3		101
16.1. - 15.2.50	73	14	17	5	2		2			2	1	116
16.2. - 15.3.50	81	48	22	8	1		2		1	2		165
16.3. - 15.4.50	131	79	44	9	6		5		1	2		277
Total	381	218	100	26	13	3	15	1	2	9	1	769

BCG VACCINATION

When it became known that the International Tuberculosis Campaign (ITC) was about to launch a vast drive for the prevention of tuberculosis by BCG vaccination of children and adolescents in certain Middle East countries, negotiations were immediately opened for refugee populations to be included.

The agreement of UNICEF (by which the action was, to a great extent, being financed) was announced at the meeting of the Chief Medical Officers on July 3, 1949. UNICEF expected the campaign to start during September, but for it to apply only to refugees in camps. Through the efforts of the Commissariat Medical Service, it was later decided to include the whole refugee population in the cities of Jericho, Nablus, Tulkarem, Djenin, Qalkilyia, Ramallah, Bethlehem and Hebron, as well as all the inhabitants of Jerusalem City, whether refugees or not.

But if the campaign was to have the success which its importance warranted, the ground had to be carefully prepared by well-planned publicity, for it must not be forgotten that the population among whom it was to take place consisted, on the whole, of somewhat primitive people who knew practically nothing about the dangers and effects of tuberculosis, or about its prevention through the use of BCG.

Moreover, since the Medical Service had just completed an extensive series of vaccinations for smallpox and TABC inoculations, there was reason to fear that these people, weary of practices which they had always disliked and mistrusted, would not attend the vaccination centres in sufficient numbers.

Publicity was achieved in the following manner :

(1) A recording in Arabic, giving a clear and simple explanation of tuberculosis and its consequences, and the sucessful results to be obtained by BCG vaccination, was broadcast regularly from Radio Ramallah. It was followed by a second recording in which Dr. Dajani, Director of Palestine Health Department, discussed the scheme giving it his full support.

(2) At the same time the scheme was given the widest possible publicity through the local press and by distributing leaflets in the camps.

A circular prepared with the help of Dr. Fog-Poulsen, Chief Medical Officer ITC, gave our delegates and Medical Officers in charge of the various districts full particulars of the campaign and instructed them to provide vaccination teams with all necessary facilities, i.e. premises where vaccination could take place, auxiliary local personnel for card-indexing, interpreters, etc.

The first ITC team - a Danish doctor and four Scandinavian nurses, - arrived in Palestine on September 24, 1949, and was later followed by two other teams, similarly composed.

Work started in the Nablus camps on October 6, 1949, and was gradually extended to the whole of Palestine. Two and a half months later, on December 20, the campaign ended.

Organization of work.

The first stage was to make out an index-card for each child, who was then given a tuberculosis test which varied according to age. The next step was to check the child's reaction to the test and vaccinate him if he was negative.

In some cases, a second test was required, which meant that the child had to return a third time for the second test to be checked. The fact that the children had to report on several different occasions explains, to some extent, how it was that a number of children (as shown by the annexed statistics) were not tested fully or vaccinated.

The following paragraphs describe the methods used during the campaign - giving details of tuberculosis tests, vaccines and actual vaccinations carried out.

Tuberculin tests.

Moro Patch Test - For children from 1 to 12 years. A small square of [illegible], smeared with tuberculin ointment, is applied to the chest a few centimetres from the left clavicle. After twenty-four hours, the plaster is removed by the child's mother in accordance with instructions she has received. The reaction, which is checked 72 hours after applying the ointment, is considered to be positive if the tuberculin application has produced at least three typical papulae.

b Mantoux Test - For children over 12, adolescents and adults (in general less sensitive to the Moro Test). It consists of an intradermal injection with 0.1 cc of tuberculin (PPD) containing one international unit. Checking takes place after 72 hours, the reaction being regarded as positive when infiltration at the spot where the injection was made covers an area with a mean diameter of at least 6 mm.

Should the reaction to the first injection be negative, a second Mantoux Test is carried out - this time with 10 international units of the same tuberculin, the volume used still being 0.1 cc. Checking takes place after 72 hours.

c.

Vaccine.

The vaccine employed was a live culture of Bacillus Calmette Guérin (BCG), prepared and packed by the Danish State Serotherapeutic Institute, Copenhague, It contained 3/40 mm of bacilli per injection (three times as much as in previous years). It had to be kept at a temperature of 4° C and used within 14 days of the date of preparation marked on the ampoules. It was sent to us in thermos containers, which arrived by SAS aircraft at Damascus Airport each week, and were immediately despatched to Palestine by the Commissariat delivery-van or by UN plane from Beirut.

Vaccinations.

The following were inoculated with BCG vaccine :

(a) All children from 1 to 12 years of age for whom the Moro Patch Test was negative,

(b) persons over 12 years old whose second Mantoux Test was negative or doubtful.

Inoculation was by intradermal injection (as close to the surface as possible), of 1/10 cc of fresh BCG in the top of the left arm on a level with the outer deltoid muscle.

The results of the campaign, as communicated by Dr. Delcomyn, Chief Medical Officer ITC, are shown in the Table on page 67, from which the following information is drawn :

Number of persons reporting for tuberculin tests 94,511

Number of persons for whom tests were completed (based on the total figures for negative and positive results) - Positive 9,712 Negative 72,332 82,044

Number of persons for whom tests were completed (expressed as a percentage). . . . . 86.71 %

Positive cases revealed. . . . . 11.85 %

Highest percentage of positive cases (Hebron camps). . 25.54 %

Lowest percentage of positive cases (Qalkilyia). . . . 7.75 %

Total number of negative cases 72,332

Vaccinations 62,918

Percentage of negative cases inoculated. . . . . 86.98 %

The question [illegible] of [illegible] the [illegible] percentage was [illegible] particularly [illegible] for the [illegible]

<u>Post-vaccinal tuberculin check.</u>

A check on the effectiveness of the vaccination drive was made by Dr. Geser and the ITC team between January 27 and February 10, 1950 in Akaba Camp, Jericho, whose inmates had been vaccinated in November 1949; 2,602 children were given further tuberculin tests, following the technique already described (i.e. using the Moro Patch Test for children from 1 to 12 years old, and the Mantoux Test for those between the ages of 13 and 18). The results recorded were as follows :

Negative	379
Positive	2,223

A positive reaction was therefore obtained in 89.3 % of the cases tested.

<u>Complications.</u>

At the same time, 3,633 children were examined for complications due to vaccination; such complications were mainly of a local nature and were not at all serious. The results recorded were as follows :

106 children had ulcerations of over 10 mm diameter at the vaccination point (the left shoulder);

13 had abcesses at the same point;

46 had ganglionary swelling under left arm; and

11 had abcesses in the left supra-clavicular region.

There were thus 176 complications among the 3,633 children examined, or a proportion of 4.8 %.

This high percentage (complications not having until then exceeded an-average figure of 1.5 to 2 %) was at first attributed to the dose of vaccine employed (3/40 mg). Enquiries revealed, however, that for children vaccinated in Europe with the same quantity, the percentage had not been so high. In other Middle East countries, complications did not exceed 2.8 % and there had been no complications whatsoever when 400 Lebanese soldiers at a recruit training college were vaccinated.

The question remained open, therefore, as to whether the high percentage was due to a particularly unfortunate coincidence or to the lack of hygiene particular to these populations.

Qalkilya	[illegible]	[illegible]	4,280	[illegible]	
Bethlehem (camps)	[illegible],575	[illegible]	6,506	5 [illegible]	10.[illegible]8 %
Bethlehem (town)	[illegible],697	[illegible]	3,0[illegible]	2.694	8.[illegible] %
Hebron (camps)	[illegible]	1[illegible]	379	[illegible]	25.[illegible] %
Hebron (town)	15,385	[illegible]	11,[illegible]	[illegible]	15.16 %
Total	9[illegible],511	[illegible]2	[illegible]	[illegible]9.6	11.85 %

B.C.G. CAMPAIGN

District	Tested	Positive	Negative	Vaccinated	% positive
Jericho	19,114	2,344	14,222	11,942	14.15 %
Jerusalem	11,113	1,163	8,537	7,375	11.98 %
Ramallah	6,048	540	4,728	4,160	10.25 %
Nablus (camps)	7,437	591	6,242	5,449	8.79 %
Nablus (town)	9,117	884	7,253	6,399	10.86 %
Tulkarem and Djenin	7,635	609	5,938	5,381	9.16 %
Qalkilyia	4,828	362	4,280	3,630	7.75 %
Bethlehem (camps)	8,575	774	6,506	5,662	10.48 %
Bethlehem (town)	4,697	308	3,054	2,694	8.89 %
Hebron (camps)	562	130	379	382	25.54 %
Hebron (town)	15,385	2,007	11,193	9,844	15.16 %
Total	94,511	9,712	72,332	62,918	11.85 %

EIN FARA TB CAMP

As we have already explained, a tubercular section had been started in the Augusta Victoria Hospital, Jerusalem. But the 88 beds made available for the purpose were soon found to be too few to accommodate the many cases of tuberculosis detected among the refugees. Moreover, the Arabs proved, in general, reluctant to stay for too long in the hospital, away from their families, and several patients had insisted upon returning home before completing their treatment.

Towards the end of 1949, the idea of setting up a special camp for tubercular patients and their families began to take shape. Persons suffering from TB could, by this means, be isolated from the remainder of the population, while members of their families could be examined and vaccinated if they had not yet contracted the disease.

The camp had to be situated in a suitable area as regards climate and in the vicinity of the Augusta Victoria Hospital, which had the necessary facilities for examining and treating the patients. The site chosen was near Ein Fara, a village on the Jerusalem - Ramallah road, above the declivity leading to the Red Sea, from which a current of warm air reached it.

Before setting up the camp, it was necessary -

(1) To obtain the authority of the Jordan armed forces, which had established a military camp near by; this was granted without difficulty as the camp was on the point of being closed down;

(2) To secure the agreement of the owners of the land, who were unwilling to make it available without financial compensation. After much discussion, we were also to obtain the use of the site thanks to the help of Dr. Dajani, Director of the Public Health Department, who was convinced of the necessity of such a camp;

(3) To lay on a supply of water. This meant tapping the main which supplied Jerusalem City from the spring at Ein Fara;

(4) To bring the necessary stores and tents to the site, especially the large tents which were to serve as sleeping accommodation for the patients, so that the latter could be isolated from their families at night.

As these preliminary measures were not concluded before mid-April 1950, too little time was left for the mission to carry out the project. The nomination of one of the promoters of the idea, however, following the mission's departure, was sufficient guarantee that the camp would be successfully set up.

Prevalence of communicable Diseases among the Refugees - Comments on the Tables.

These tables do not give the statistics for communicable diseases for the whole population of Palestine, but only for the 450,000 or so refugees whom the Medical Service took under its care progressively as new centres were opened.

In spite of all our efforts, smallpox could not be eliminated completely and, so long as checking at frontiers remains inadequate, cases of the disease will continue to occur. Nevertheless, in view of the mass vaccinations carried out in collaboration with the Public Health Department, there seems to be little likelihood of a serious smallpox epidemic within the next twelve months.

Cases of exanthematic typhus were confined to the Bethlehem and Hebron Districts, particularly the latter. From the course taken by the epidemic, its clinical characteristics and the low death-rate, it would appear to have been the murine form of the disease, brought by Bedouins during the 1948/1949 winter. DDT treatment proved effective and there was no recurrence during the following winter.

The figures for typhoid and para-typhoid fever, and bacillary and amoebic dysentery (endemic in this country) may be regarded as extremely low. Cases were checked either in the district laboratories (amoebiasis) or, in the majority of cases, in the Central Laboratory when, after December 1949, it had the necessary equipment to carry out the frequent analyses asked for by medical officers.

Malaria patients who were treated in the mission's centres were usually chronic cases suffering a relapse - in the spring and summer for malaria caused by plasmodium vivax, and in the late autumn for that caused by plasmodium falciparum, occasionally associated with the vivax form. A thorough examination of refugees under canvas and in premises disinfected with DDT revealed no fresh cases.

Eye complaints are a real scourge in this country where, owing to trachoma and chronic conjunctivitis, 1 % of the population are completely blind and 2 % have only one eye. By the systematic treatment of all cases, in conjunction with the anti-fly campaign, a great many were cured or at least stabilized.

Chicken-pox, cerebro-spinal meningitis and diphtheria were rare and no scarlet-fever was reported. On the other hand, a slight outbreak of whooping-cough was recorded in March and April 1950; but it was of a mild type without complications.

The number of cases of tuberculosis shown is very much below the true figure, as measures for the systematic detection of all cases were not available. As for all races untouched until recently by tuberculosis, the galloping form of the disease, which attacks children in Europe, was common among adults; cases of tuberculosis of the bones were numerous. All the bacilli isolated were of the human form of the disease.

Considering the hundreds of serological tests which were carried out in suspected cases in the Central Laboratory and in the laboratories of the French and American Universities in Beirut, the number of cases of syphilis was low. Normal secondary forms of the disease were not uncommon, however, and a few unusual cases of gummas were also observed.

It may be mentioned for information that in addition to the diseases shown in the tables, several cases of recurrent tick-fever and of leishmaniasis (especially the "Jericho furuncle") were observed and three of leprosy. No cases of cholera were actually recorded, although the press referred to them on several occasions.

As will be seen from the above paragraphs, there were practically no epidemics during the Palestine Mission.

PREVALENCE OF COMMUNICABLE DISEASES AMONG THE REFUGEES

	Small Pox	Exanthematic typhus	Typhoid and para-typhoid	Typhoid suspects	Dysentery	Tuberculosis	Syphilis	Malaria
1950 February	1	17	13			3		
March	27	60	36		299	38	4	415
April	5	56	58		457	28	6	508
May	11	23	24		229	12	3	301
June	14	14	41		683	18	2	734
July	20	6	15	28	658	41	1	917
August	9		12	72	568	63	23	940
September	18			64	439	65	29	812
October October	22 2,15			43	446	43 49	16	589
November November	15	1,6		46	837	103		1,091
December December	15		26		754	44	20	985
1950 January	105		17		765	99	14	795
February	29		18		584	66	28	673
March	16	3,1	23		360	69	36	589
April	4		39	0	717	147 01	20	912 5
Total	311	176	324	253	7,196	839	202	10,251

PREVALENCE OF COMMUNICABLE DISEASES AMONG THE REFUGEES (Continued)

	Acute conjunc-tivitis	Trachoma and after effects	Measles	Chicken-pox	Whooping cough	Diph-theria	Menin-gitis
1949 February			33			8	3
March	84		61			2	1
April	32		22		6		
May	508		26				
June	773		29		4		
July	206		19		4	1	
August	3,830		26	3	11		
September	2,355		6		28	4	1
October	2,150	1,627	6		49	8	
November	2,512	1,890	16		143	8	
December	1,410	2,130	39		89	5	
1950 January	2,264	2,246	41		12	7	
February	1,410	2,110	53		81	2	
March	1,600	3,102	36		284	5	1
April	2,122	3,108	40		601	8	5
Total	21,756	16,213	453	3	1,312	58	11

BUDGET AND EXPENDITURE

Budget.

The ... budget ... quarter of 1949 was ... the Director ... in spite of energetic ... the Head of ... Commissariat made no allowance ... the ... from the ... th ...

t... signs... or ... was held up fo...

thanks to ... to a s... then ... the ... 1949 ... not until ... This enabled ... made for the

* * * * * *

In ap... repeated appro-aches to the D... the amounts made avail... ($ 13,765 in April and ... inadequate for the task fa...

... for the Medical Service took ... allotted to us for that perio... Commissariat's budget estim... prepared, a separate budget was ...

... plus a lump sum ... the Field Director, UNRPR. ... draw upon the ... as the latter ...

During ... Commission, the Medical Service received ... UNRPR and $ 100,000 from the Commissariat ... being received in local currency at varying ...

The amount ... not correspond to the figure given in the General ... on the Work of the Commissariat

BUDGET AND EXPENDITURE

Budget.

When the Commissariat's budget for the first quarter of 1949 was being drawn up, the Director of UNRPR, in spite of energetic representations by the head of the Commissariat, made no allowance for the expenses of the Medical Service, apart from the amounts allotted to doctors' and nurses' salaries in the general budget.

As a result of this omission, which did not appear to be in conformity with the spirit of the basic agreements signed on December 17, 1948, the work of the Medical Service was held up for a very considerable period.

A sum of $ 5,925 became available in March, however, thanks to part of a WHO donation towards health services and to a small advance from the Commissariat (which had not until then had the right to draw freely on these funds). This enabled the Health Service to be started and preparations made for the 1949 Anti-Malaria Campaign.

In April and May 1949, as a result of repeated approaches to the Director of UNRPR by Dr. Cottrell, the amounts made available in April and May 1949, were larger ($ 13,765 in April and $ 24,600 in May), but were still quite inadequate for the task facing the Medical Service.

The prospect of an independent budget for the Medical Service took shape in June 1949, ($ 37,754 being allotted to us for that period), and in July 1949, when the Commissariat's budget estimates for the third quarter were prepared, a separate budget was allotted to the Medical Service.

This budget amounted to $ 100,800 for the quarter, plus a lump sum of $ 10,500 from the reserve funds of the Field Director, UNRPR. The Medical Service was also authorized to draw upon the Commissariat's budget for extra funds, in so far as the latter's resources allowed.

During the whole period of the mission, the Medical Service received altogether $ 428,544 from UNRPR and $ 100,000 from the Commissariat, the latter sum being received in local currency at varying rates of exchange.

2.

The amount paid by UNRPR does not correspond to the figure given in the General Report on the Work of the Commissariat

from January 1 to April 30, 1950, the difference being due to the fact that from January 1950 onwards, at the request of the UNRPR Financial Section, the salaries and daily allowances of Swiss personnel were included in the Medical Service's budget, whereas until then they had been charged to a special account. They have been deliberately omitted, in order to bring out more clearly the cost of the practical achievements of the Medical Service.

Expenditure.

The Head of each service in the field had to submit to the Headquarters of the Medical Service draft budgets showing their estimated expenditure for a period of one month, under the following headings :

(1) Purchase of Medicaments and Instruments.

Sums required for the local purchase of emergency medicaments urgently required and not available in the Central Store.

(2) Sanitary and Health Service.

This heading covered the administrative expenses of the Health Service and the cost of material purchased locally.

(3) Installation and Maintenance of Dispensaries and Hospitals.

This item covered installation and maintenance costs of dispensaries and hospitals, as well as cash grants to the various local hospitals.

(4) Salaries - Medical Section.

The amounts appearing under this item were to pay the wages of locally recruited personnel of the Medical and Health Services. The average rates of pay were as follows :

Doctors	Pal.£	80	per	month
Dentists.	"	40	"	"
Nurses.	"	20	"	"
Nursing aids.	"	10	"	"
Tamarghis	"	30	"	"
Medical orderlies	"	20	"	"
Midwives.	"	10	"	"

Secretaries	Pal £	20	per month
Assistant secretaries	"	10	" "
Auxiliary personnel	"	8	" "
Senior Sanitary Inspector . . .	"	70	" "
Sanitary Inspectors	"	40	" "
Sanitary foremen.	Mils	250	per day
Sanitary workers.	"	100	" "
Anti-malaria foremen.	"	400	" "
Anti-malaria workers.	"	250	" "

The Chief Medical Officer, as financial means allowed, approved the budget asked for, reduced it, or increased it in order to allow new work to be undertaken.

The tables which follow are merely intended to indicate the approximate cost of the various services described in this report. Expenses are shown in Palestine pounds for the various Medical Services in Palestine and in Israeli pounds for the Israel Medical Service. A special table shows the expenditure in Lebanon pounds, by the Medical Centre in Beirut, on medical and hospital equipment, medicaments and the salaries of a small number of Medical Service employees, working in the field with the mission, but recruited in Beirut.

From the "General Total", it will be seen that -

Pal.£ 127,951.267,
Israeli £ . . . . . 4,939.529 and
Lebanon £ 410,685.750

were expended in the field during the Medical Service's sixteen months' work.

Conversion of the above amounts shows a total expenditure in dollars of $ 525,000.

As medical work over this period affected approximately 450,000 refugees, the expenditure for each refugee comes to one dollar and sixteen cents, or seven cents per month.

BEIRUT	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Leb. £.
1949 1st Qtr.	4,041.15	13,519.--			17,560.15
April	7,623.95	2,302.15		2,517.15	12,443.25
May	3,520.55	2,145.25	20,370.88	1,885.--	27,921.68
June	2,666.01	6,178.55	34,867.80	1,900.--	45,612.36
July	3,423.35	2,772.--	11,547.--	1,900.--	19,642.35
August	4,161.22	408.45	13,660.39	1,900.--	20,130.06
September	12,786.55	12,233.50	42,415.33	1,900.--	69,335.38
October	9,279.30	1,362.--	56,346.40	2,500.50	69,488.20
November	5,446.40	323.50	3,509.19	2,450.--	11,729.09
December	19,136.02	761.50	20,622.67	4,460.--	44,980.19
1950 January	3,368.61	324.50	9,138.35	3,963.50	16,794.96
February	4,453.35	205.50	10,918.20	4,997.--	20,554.05
March	4,239.15	458.85	2,362.80	4,422.--	11,482.80
April	7,100.13	377.95	6,513.65	3,972.--	17,963.73
May	456.--	-.--	1,843.50	2,748.--	5,047.50
Total	91,701.74	43,372.70	234,116.16	41,495.15	410,685.75

JERICHO	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mills
1949 1st Qtr.	128.600	416.180		75.900	620.680
April	55.160	10.000	52.110	1,821.180	1,938.450
May	63.750	3.270	12.600	1,976.345	2,055.965
June	34.660		71.700	2,520.670	2,627.030
July	23.450		141.300	3,304.160	3,468.910
August	64.245	28.925	32.810	1,735.250	1,861.230
September	38.425	418.020	83.765	576.200	1,116.410
October	98.790	10.700	97.905	1,231.595	1,438.990
November	126.465	10.600	117.660	980.550	1,235.275
December	91.910	160.955	377.530	997.665	1,628.060
1950 January	45.---	380.840	134.895	1,170.550	1,731.285
February	106.240	10.250	306.645	976.350	1,399.485
March	2.280	31.490	64.015	1,275.575	1,373.360
April	9.570	34.560	69.005	2,279.025	2,392.160
Total	888.545	1,515.790	1,561.940	20,921.015	24,887.290

RAMALLAH	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 1st Qtr.		132.550			132.550
April		3.240		80.665	83.905
May			49.660	25.---	74.660
June		591.540			591.540
July *					
August	10.340	27.300	5.480	228.---	271.120
September **					
October	11.415	127.990	50.540	355.---	544.945
November	76.395	143.500	159.410	605.---	984.305
December	157.550	83.220	63.480	386.---	690.250
1950 January	8.610	188.785	173.545	395.---	765.940
February	83.900	104.235	127.770	393.---	708.905
March	53.950	120.300	143.660	425.550	743.460
April	7.340	71.760	157.640	683.770	920.510
Total	409.500	1,594.420	931.185	3,576.985	6,512.090

* Expenditure included in August accounts

** Expenditure included in October accounts

SAMARIA	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal. & Mils
1949 April	3.620	7.520	101.250		112.390
May	4.440	50.200	53.490	675.---	783.130
June	9.545		117.680		127.225
July	15.900		328.995	1,160.---	1,504.895
August	6.350		461.095	867.---	1,334.445
September	8.650	7.500	102.110	892.380	1,010.640
October	3.730	34.350	291.785	917.380	1,247.245
November	26.125	60.990	913.415	1,128.610	2,129.140
December	28.320	15.---	827.480	1,339.520	2,210.320
1950 January	12.895	0.320	743.810	1,316.570	2,073.595
February	1.430	0.830	1,038.550	1,376.290	2,417.100
March	5.250	1.290	991.530	1,490.030	2,488.100
April	13.965	1.600	924.610	1,504.325	2,444.500
Total	140.220	179.600	6,895.800	12,667.105	19,882.725

JERUSALEM AUGUSTA VICTORIA HOSPITAL	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 May		292.250	611.190	185.---	1,088.440
June	100.---		586.720	183.500	870.220
July		171.120	3,043.125	965.200	4,179.445
August		110.495	1,356.740	904.750	2,371.985
September	9.820		3,002.452	1,227.540	4,239.812
October	7.280		60.275	1,917.780	1,985.335
November	50.450		2,810.920	2,163.680	5,025.050
December	6.460		2,042.560	2,550.260	4,599.280
1950 January	154.425		1,523.845	2,991.695	4,669.965
February	53.270		958.180	2,869.140	3,880.590
March			1,235.460	3,091.270	4,326.730
April	200.390		1,891.165	3,568.850	5,660.405
Total	582.095	573.865	19,122.632	22,618.665	42,897.257

CENTRAL MEDICAL STORE	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 July			6.320	92.950	99.270
August	0.300		73.202	107.000	180.502
September	4.610		9.950	116.200	130.760
October	11.580		46.080	116.500	174.160
November	0.280		17.490	124.000	141.770
December	8.400		11.475	133.200	153.075
1950 January	14.490		4.190	153.320	172.---
February	11.130		29.715	160.---	200.845
March	12.---		15.665	175.125	202.790
April	1.870		12.065	220.100	234.035
Total	64.660		226.152	1,398.395	1,689.207

BETHANY HOSPITAL	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 August				154.---	154.---
September	7.215		95.---	261.750	363.965
October	3.110	30.-	230.615	250.200	483.925
November	4.980		221.440	234.165	460.585
December			329.445	305.800	635.245
1950 January	1.840		216.885	305.295	524.020
February	3.290		246.353	295.160	544.803
March	10.---	5.---	215.---	301.005	531.005
April	1.855	3.200	263.170	282.330	550.555
Total	32.290	8.200	1,817.908	2,389.705	4.248.103
	835	382.810	112.6		

BETHLEHEM	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 1st Qtr.	1.225	47.605			47.605
April	54.700	139.865	15.450		210.015
May	25.710	2.030	127.675	49.850	205.265
June	112.180	30.910	252.030	192.970	588.090
July	91.440	21.885	119.640	917.225	1,150.190
August	127.320	102.705	134.550	655.150	1,019.725
September	25.615	18.975	813.170	897.615	1,753.375
October	20.---	2.320	349.420	520.450	892.190
November	100.---	[illegible]	265.925	560.700	926.625
December	67.190	[illegible]	244.---	611.825	923.015
1950 January	60.930		448.020	452.700	961.650
February	52.980	0.880	293.---	404.450	751.310
March	16.---	2.780	426.905	411.490	841.175
April	94.770	14.855	622.825	819.575	1,552.025
Total	832.835	382.810	4,112.610	6,494.000	11,822.255

HEBRON (*)	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 April	14.225	54.355	31.085	80.215	179.880
May	104.790		166.875	243.030	514.695
June	26.200		486.---	266.900	779.100
July	9.525		633.335	274.500	917.360
August September	72.165	16.---	1,534.545	1,211.290	2,834.---
October	13.850	17.805	620.470	736.420	1,388.545
November	31.420	5.520	761.555	693.600	1,492.095
December	128.875	90.820	763.835	782.610	1,765.690
1950 January	0.400	82.550	845.105	748.150	1,676.205
February	9.200	0.250	241.440	900.620	1,151.510
March	124.330	7.300	419.625	1,042.575	1,593.830
April	134.250	0.530	428.660	1,155.890	1,719.330
Total	669.230	275.130	6,932.530	8,135.800	16,012.240

(*) Expenditure of the District Medical Service and of St. Luke's Hospital.

HAIFA and NAZARETH	Purchase of medicaments and instruments	Sanitation and Health Service	Installation and upkeep of hospitals & dispensaries	Salaries and wages of medical personnel	Total Pal.£ Mils
1949 July				88.460	88.460
JERICHO. . . . . August				Pal.£ 483.142	24,887.390 483.142
RAMALLAH.				"	£
September A.				298.685	19, 298.685
JERUSALEM - AUGUSTA VICTORIA HOSPITAL . October	6.---			" 212.867	42,897.25 218.867
DEPOT MEDICAMENTS.				"	
November BETHANY.	42.940			320.---	362.940
BETHLEHEM. . . . . December				" 160.---	11,822.255 160.---
HEBRON.				"	
1950 January			608.290	328.615 Pal.£	936.900 127,951.267
February HAIFA AND NAZARETH.				504.805 Israeli.	504.805 4,9 9.52
March BEIRUT.	25.---			Leb. 288.734	410,6 313.734
April		671.996	900.---		1,571.996
Total	73.940	671.996	1,508.290	2,685.303	4,939.529

G E N E R A L T O T A L

JERICHO.	Pal.£	24,887.390
RAMALLAH	"	6,512.090
SAMARIA.	"	19,882.725
JERUSALEM - AUGUSTA VICTORIA HOSPITAL .	"	42,897.257
DEPOT MEDICAMENTS.	"	1,689.207
BETHANY.	"	4,248.103
BETHLEHEM.	"	11,822.255
HEBRON	"	16,012.240
	Pal.£	127,951.267
HAIFA AND NAZARETH	Israeli.£	4,939.529
BEIRUT	Leb. £	410,685.75

THE END OF THE MISSION

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At the beginning of March 1950, the various Medical Services in the field were instructed to prepare to hand over their work to the United Nations Relief and Work Agency for Palestine Refugees (UNRWAPR) which was to assume responsibility for all Palestine refugees with effect from May 1, 1950. The following documents were prepared for this purpose :

(1) An inventory of the contents of all premises used by the ICRC Medical Service : lists of all articles class THE END OF THE MISSION out in quadruplicate, one copy remaining posted on the premises concerned.

(2) A detailed map of [illegible], showing the various consultation centres, hospitals, stores, etc.

(3) An inventory of all the buildings and premises used by the Medical Service in Page 143 trict, with an indication of the owners' names, and the rents paid.

(4) A list of all vehicles belonging to or hired by the Commissariat, for each service or hospital.

(5) A list of Palestinian personnel attached to each service, showing age, nature of employment, date of engagement, wages and qualifications.

The hand-over to responsible representatives nominated by UNRWA took place between April 25 and 30, 1950. Each premises was handed over separately, its inventory being checked and a copy signed by the new person in charge. The other lists mentioned above (items 2 to 5) were handed to the District Chief Medical Officer for Palestine.

UNRWA decided to continue medical work in Palestine with the local personnel already engaged, the majority of whom were retained under the supervision of a reduced international staff. The mission had the satisfaction of seeing Dr. Egon Bendel, one of its members, become District Chief Medical Officer for Palestine.

Five of the nurses of the ICRC Commissariat also remained, their number including Miss Haegi, who became Head Nurse for the Palestine District.

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Two members of the staff of the Central Laboratory were retained, one of them, Miss U. Wehrli, as Head of the Laboratory.

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(1) An inventory of the contents of all premises used by the ICRC Commissariat Medical Service; lists of all articles, so classified by categories, were made out in quadruplicate, one copy remaining posted in the premises concerned.

(2) A detailed map of each district, showing the various consultation centres, hospitals, stores, etc.

(3) An inventory of all the buildings and premises used by the Medical Service in each district, with an indication of the owners' names, and the rents paid.

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Two members of the staff of the Central Laboratory were retained, one of them, Miss U. Wehrli, as Head of the Laboratory.

The Medical Store remained as before in the charge of Mr. Ernest Gysin.

On April 30, 1950, a ceremony took place at the Augusta Victoria Hospital, in the presence of the Palestine civilian and military authorities, the members of the new organization, Mr. A. Escher, Head of the Commissariat, and all members of the Commissariat in Palestine. The Red Cross flag, which had been flying from the tower of the Augusta Victoria since September 1949, was hauled down. The mission of the ICRC Commissariat thus took official leave of Palestine where it had been working for nearly seventeen months.

On May, 1, the nurses and laboratory assistants left Palestine for Beirut, followed five days later by the medical delegates.

C O N C L U S I O N

Consideration of the circumstances which led to a medical mission being sent to Palestine as part of the ICRC Commissariat for Relief to Refugees, together with an analysis of the principal aspects of the work of the medical team, enables us to give the following brief summary of the mission's position and development.

Our work in the Middle East was started in particularly difficult circumstances. These three months, which we can now, with the passage of time, see objectively as a period of preparation, were in reality a sore trial for all concerned. We had practically no financial means and few transport facilities; medicaments and medical equipment were in short supply; our headquarters was unfortunately at too great a distance from the field of action; and there were bound to be complications of all descriptions in Page 146 disorganized, split up and impoverished by war.

Nevertheless, medicaments and equipment gradually became available and plans for long term action, although still uncertain, could be drawn up. When the first, extremely inadequate, budget was granted in March 1949, it enabled us to meet the most pressing needs and, in particular, to engage Palestinian personnel.

It was not really until the third quarter of 1949 that the Commissariat Medical Service was given the financial means which enabled it to extend its relief and emergency action to the whole of Arab Palestine and to the Nazareth area of North Galilee (which had become part of Israel), and to lay foundations for the future.

With the kind and helpful collaboration of local civilian, military and public health authorities, the mission set out to give effective medical aid to over 450,000 refugees and destitute persons, with the ultimate object of leaving the country something which would be of lasting value on our departure.

The work accomplished by members of the Medical Service, assisted by numerous Palestinian personnel, details of which have been described in the foregoing report, may be summarized as follows :

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1. Medical Aid.

(a) The opening of 36 dispensaries (24 fixed and 12 mobile), serving 37 Stations, 14 child welfare centres and 4 day-nurseries in the camps, in the principal towns and in villages which were important owing to their geographical situation.

General consultations and examinations by specialists, especially for ocular and infantile diseases which were extremely prevalent in Palestine.

(b) The installation, renovation and extension of six hospitals, two children's clinics, two central maternity clinics and several camp maternity centres, with a resultant increase of 700 in the number of hospital beds available in Arab Palestine where the population had been practically doubled by the influx of refugees.

Substantial financial and material assistance to local hospitals where a considerable number of refugees were given treatment.

(c) The opening of four clinical laboratories and an up-to-date Central Laboratory, equipped to carry out all bacteriological, parasitological and serological tests and analyses.

(d) The opening of a Central Medical Store and Pharmacy.

2. Public Health.

A well-organized Health Service was provided for twenty-eight camps with a total population of 70,876 refugees.

A careful study was made of water supplies, the source of many communicable diseases. Important credits were opened for remedial action, which consisted of canalization with concrete piping, reservoirs with or without pumping plant and an automatic chlorinating and filtering station; showers were also installed in all camps.

3. Prevention of Disease.

One of the mission's main tasks was to fight the infectious and contagious diseases spread by microbes and parasites, for it was, among other things, to prevent outbreaks of

epidemics that it had been sent to Palestine. In a country where smallpox, typhoid and para-typhoid fever, bacillary and amoebic dysentery, malaria, trachoma, conjunctivitis and exanthematic typhus were endemic and epidemic, and entire families were wiped out by tuberculosis within a few months, the progress achieved during the British Mandate was liable to become ineffectual through the events of war. The mission's work was hampered by the fact that local authorities, without adequate means at their disposal, were unable to take preventive measures; no frontier control existed and contagious cases could enter Palestine unchecked. The rapid detection of infectious cases and their prompt isolation were prevented by the fact that a large part of the population had no knowledge of the elementary rules of hygiene. Nevertheless, thanks to the co-operation of the Palestine Public Health Department, and notwithstanding numerous cases of smallpox, exanthematic typhus and typhoid, no serious epidemics occurred, the preventive measures indicated above having been found effective in every instance.

(a) Treatment and Isolation.

(i) The establishment of a smallpox quarantine camp at Jericho, an important transit point between Palestine and Jordanaia.

(ii) The opening of isolation and quarantine huts at the Augusta Victoria Hospital, Jerusalem, for smallpox cases from Hebron, Bethlehem, Jericho, Jerusalem and Ramallah Districts, those from Samaria being admitted, by agreement with the Public Health Department, to Nablus Government Hospital.

(iii) The opening of a TB Section at the Augusta Victoria Hospital, as well as isolation huts for cases of typhoid, diphtheria, etc.

(iv) When the mission left, a camp for TB patients and their families was ready to open not far from Jerusalem.

(b) Disinfection of Water Supplies.

Millions of Halazone tablets were utilized during the first months, before the mission was given the means to carry out the installations described in the section dealing with Sanitation and Public Health Services.

Conclusion.

(c) Campaign against insect vectors.

Twenty-six tons of DDT at 50 % and 30 % were used in the campaign against malaria, 432,309 persons being protected in 1949 and 182,114 in 1950. Twenty-two tons of Gammexane were required for the anti-fly campaign.

Thirteen tons of DDT at 10 % made it possible to delouse, on several occasions, all the refugees in the camps and all the inhabitants of Hebron District, where some 250 cases of exanthematic typhus were treated. Altogether, 227,623 persons were deloused with DDT.

(d) Vaccination.

319,493 persons were vaccinated for smallpox,
36,360 " were inoculated against exanthematic typhus,
225,008 " against typhoid and para-typhoid A B and C;
20,891 children were inoculated against diphtheria, and
62,918 children were vaccinated for tuberculosis by the International Tubersulosis Campaign.

In the course of sixteen months' work the ICRC Commissariat's Medical Service was successful in preventing serious epidemics among a population debilitated by the hardships of war, and subsisting upon a minimum food ration lacking in vitamins A and C and animal proteins.

The refugees' general state of health was satisfactory except in the case of infants, among whom there were numerous cases of rickets and athrepsia, with a high death-rate, owing to ignorance of the elementary rules of child-rearing.

The medical work done was considerable, over 1,300,000 consultations and treatments being given. 5,979 adults and children were admitted to ICRC hospitals.

In addition, during this period, the Medical Service provided nearly 700 Palestinian doctors, nurses, orderlies, auxiliaries and Health Service personnel with a means of livelihood.

For the whole duration of the mission's work, one dollar and sixty cents per refugee, or an average of seven cents per month per refugee, was made available to us by UNRPR. This figure does not include the various gifts of equipment and medicaments, the value of which is difficult to judge but may be estimated as approximately equal to that of the stores under the mission's control.

Conclusion.

The object of the mission was achieved and when we left Palestine, not only did we leave behind us fully-equipped hospitals, dispensaries and laboratories, but our doctors and nurses had the satisfaction of knowing that they had given a large number of Arab women some idea of how to look after children, the future citizens of the World.

Throughout this arduous but extremely interesting experience, it was most satisfying to note the devotion and enthusiasm shown by medical officers and nurses. They carried out their duties according to their individual nature and character, but in all instances in close relation to the ideals of Henry Dunant, the founder of the Red Cross, and in the very land where Christ said to mankind "Love one another".

Geneva, November, 1950

International Committee of
the Red Cross

Commissariat for Relief to Palestine
Refugees.

Medical Service.

(signed) Dr. R. Sansonnens.

SWISS STAFF - ACCIDENTS AND SICKNESS

Of the 116 delegates, doctors, nurses, laboratory assistants, secretaries a.. helpers, engaged temporarily or for the duration of SWISS STAFF 57 required medical attention. Although the majority of them had only one accident or period of sickness, a few - less fortunate or more exposed to contingencies thr ACCIDENTS AND SICKNESS k they were doing - suffered on several as ons. Records show 93 cases of sickness and 13 accidents, i.e. :

	Persons	Cases
1 accident involving 8 people	8	8
1 " 1 illness (1 person)	1	2
2 " 3 " Page 152 ")	1	5
1 " 2 " 1 ")	1	3
1 " 3 " (1 ")	1	4
1 illness (34 persons)	34	34
2 illnesses (13 ")	13	26
3 " (8 ")	8	24
Total	67	106

With the exception of one case of a fractured skull, the accidents were all of a comparatively minor nature. None of them caused death or led to total or partial disablement.

Cases of illness included two of typhoid fever (both doctors), eight of epidemic hepatitis, twelve of amoebiasis and six of bacillary dysentery. Although some of these cases necessitated prolonged absence from work, none of them caused death or led to total or partial disablement.

N O T A B E N E
SWISS STAFF - ACCIDENTS AND SICKNESS

Of the 116 delegates, doctors, nurses, laboratory assistants, secretaries and helpers, engaged temporarily or for the duration of the mission, 67 required medical attention. Although the majority of them had only one accident or period of sickness, a few - less fortunate or more exposed to contingencies through the particular work they were doing - suffered on several occasions. Records show 93 cases of sickness and 13 accidents, i.e.:

	Persons	Cases
1 accident involving 8 people	8	8
1 accident + 1 illness (1 person)	1	2
2 " 3 " (1 ")	1	5
1 " 2 " (1 ")	1	3
1 " 3 " (1 ")	1	4
1 illness (34 persons)	34	34
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N O T A A B E N E E X

Equipment and Medicaments

Equipment. The figures in this report disagree in certain instances with those given in the various General Reports on the work of the Commissariat and in the Mission's Monthly Reports. This is due to the fact that figures which were incomplete when the documents in question were drawn up, have since been corrected.

A N N E X

EQUIPMENT RECEIVED FROM UNRPR

Equipment and Medicaments

EQUIPMENT RECEIVED FROM UNRRA

Silk gut for [illegible]			2,000
Surgical [illegible]			10
Surgical needles, curved			130
" " straight			120
[illegible]tion q[illegible]			72
Funnels, ½ litre			11 100
Funnels with handles [illegible]			7 110
Measures, 1 litre			3, 25
Primus stoves			5, 5
Hatchets with handles			5, 22
Saucepan covers			9, 15
Shovels with handles			10, 22 9
Straw baskets			10, 17
Broom handles, wooden [illegible]			25 56
Motor pump			1
Sprayers, "Paragon",	No 3		3
" "	No 3 A		1
Sprayer nozzles			3
Jet holders			35
Sprayers, "Four Oaks", complete			15
Strainers			15
Oil-proof tubing, yards			34
Burners			25
Valves			25
Leather washers for plungers			50
Leather washers, assorted			35
Brass rods			10
Screwdrivers, 12"			4
Pliers, 8"			4
Electric torches			13
Spare batteries			13
Anaesthetic masks			12
Kocher Forceps			6
" "	B 17510		3
Basins, kidney			10
Blades			60
Clinical thermometers			70
Orange-wood sticks with cotton-wool			10
Enamelled irrigators, 1 litre			10
Enamelled bowls			9
Dissecting forceps	5/5		7
" "	NP		11
Glass spirit-lamps			9
Metal tongue depressor			12
Rubber catheters			12
Scissors			10

MEDICAMENTS RECEIVED FROM UNRRR

Silk gut for sutures (units)	2,000
Surgical holders	10
Surgical needles, curved	130
" " straight	120
Vaccination quills	1 727
DDT, 50 %, kgs	11,431
DDT, 50 %-Gammexane wettable powder, kgs.	7,435
DDT emulsion, 30 % kgs	3,646
Gammexane, 20 %, kgs	5,932
Ground rock phosphate, kgs	5,924
Gammexane, 10 %, kgs	9,192
DDT, 10 %, kgs solution . . % opht. vials, 20 cc	10,864
Gasoil, kgs. . . . oil, 20 cc	10,000
Gammexane, liquid concentrate, gr.	336.56
[illegible]eine [illegible] benzoate, 2 cc	29
[illegible] gluconate, 10 %, 5 cc	3,410
[illegible]omel tablets, ½ gr	10,000
[illegible]avion powder, kgs.	13.2
[illegible]loride Ethyl Chloride, bottles, 100 cc.	25
[illegible]caine hydrochloride solution, 1 % opht., 20 cc.	24
[illegible]deine sulphate tablets, 0.01	20,000
[illegible]ough mixture (children), bottles, 500 cc	100
[illegible]gitalis tablets	600
[illegible]-distilled water, 5 cc amp	250
[illegible]etine hydro chloride tablets, ½ gr., tubes of 20	75
" " " amp., 0.05	2,000
[illegible]ther for use as anaesthetic, bottles, 100 cc	100
[illegible]lycerine, pure, gr	2,500
[illegible]ncture of iodine, cc.	12,500
[illegible]mithal sodium, amp., 1 gr	123
Mapharside, amp., 0.06	100
Mercurochrome, kgs.	22.5
Municipal disinfectant, kgs	453
Malariol, kgs	8,000
Paludrine tablets, 0.1	825,000
Penicillin oil, 125,000 U. vials, 10 cc	506
Phenobarbital tablets, ½ gr	9,500
Carbolated glycerine, 10 % cc	890
Permanganate of potash, kgs	2.5
Procaine with adrenalin, amp.	24
Silver Protein Mild Argyrol, bottles, 4 oz.	4
Bicarbonate of soda, kgs.	100
Sodium sulphate, kgs.	50
Soluseptasine, 5 % amp., 5 cc	200
" 6 % amp., 10 cc.	100

MEDICAMENTS RECEIVED FROM UNRRA

	340,250
	49,400
	233
d tablets, 0.5	16,500
	21[illegible],000
opht., tubes	24
Adrenalin, amp. 1 cc. 1 mg.	1,237
Alcohol, coloured, kgs.	1,625
Argyrol solution 10 %, bottles, 150 cc.	15
Alcohol, colourless, kgs.	1,161
Ascorbic acid tablets	770,000
Aspirin tablets, 0.5	99,800
Atropine sulphate, amp., 1 cc ½ mg	1,250
Atropine sulphate, solution, 1 % opht. vials, 20 cc	50
Bismuth salycilate inje in oil, 20 cc	43
Boric acid, kgs	25
Caffeine and sodium benzoate, 2 cc	297
Calcium gluconate, 10 %, 5 cc	13,410
Calomel tablets, ½ gr	10,000
Cetavlon powder, kgs. 100	13.2
Chlorine Ethyl Chloride, bottles, 100 cc.	801,00 25
Cocaine hydrochloride solution, 1 % opht., 20 cc.	24
Codeine sulphate tablets, 0.01	20,000
Cough mixture (children), bottles, 500 cc	12100
Digitalis tablets	1600
Bi-distilled water, 5 cc amp.	250
Emetine hydro chloride tablets, ½ gr., tubes of 20	75
" " " amp., 0.05	2,000
Ether for use as anaesthetic, bottles, 100 cc	2100
Glycerine, pure, gr	2,500
Tincture of iodine, cc	12,500
Kemithal sodium, amp., ½ gr	123
Mapharside, amp., 0.06	100
Mercurochrome, kgs	5,500 22.5
Municipal disinfectant, kgs	1453 5
Malariol, kgs. gr.	8,000
Paludrine tablets, 0.1	825,000
Penicillin oil, 125,000 U. vials, 10 cc	506 5
Phenobarbital tablets, ½ gr	1,9,500
Carbolated glycerine, 10 % cc	1,23890
Permanganate of potash, kgs	123 2.5
Procaine with adrenalin, amp.	6024
Silver Protein, Mild, Argyrol, bottles, 4 oz.	1 4
Bicarbonate of soda, kgs.	100
Sodium sulphate, kgs.	10,000 50
Soluseptasine, 5 % amp., 5 cc	200
" 6 % amp., 10 cc.	100

Sulphaguanidine, tablets, 0.5	340,250
Sulphamethazine, tablets, 0.5	49,400
Sulphanilamide, powder, kgs	233
" nicotanic acid, tablets, 0.5	16,500
Sulfathiazole, tablets, 0.5	215,000
" zinc ointment, 5% opht., tubes	240
Talcum powder, kgs.	100
Tetmosol, bottles of 2 kgs.	50
Tetrachloroethylene, capsules, 1 cc	5,500
Tinctura Opii camphorata, cc.	12,500
Vaseline, colourless, kgs	159
Vitamin B_1, tablets, 3 mg.	74,500
Yellow mercurie oxide ointment, 1 %	1,760
" " " " 2 %	39
Zinc oxide ointment, pots of 650 gr	27
Zinc sulphate crystals, gr.	250
" " solution, ½ %, litres	2.75
Cotton wool, packets of 500 gr.	1,000
Gauze 5 m x 1 yd.	250
" surgical, rolls, 100 m. x 90 cm	5
Smallpox vaccine, doses	801,000
Vaccine, TABC, cc	93,200
" " cc	212,600
Adhesive tape, 2" x 5 yd, rolls	121
Gloves, surgical, Size 6 ½, pairs	19
" " " 7 "	45
" " " 7 ½ "	117
" " " 8 "	51
Adrenalin, amp., 0.001	250
Silver protein, gr.	350
Ephedrine HCL, tablets, ½ gr.	660
Potassium permanganate, gr.	137
Bicarbonate of soda, kgs.	55
Santonin - Calomel, tablets, ½ gr	5,500
Sodium salicylate, kgs.	13.75
Iodine sublimate, gr.	825
Tetrachloroethylene capsules.	330
Glycerine, pure, kgs.	68.75
Theobromine, tablets, 0.5	1,237
Urotropin, tablets, 0.5	1,237
Anti-tetanic serum, amp., 10 cc	123
Insulin, 20 U, vials, 5 cc.	60
Absorbent cotton, 1 lb packets.	110
Gauze bandages, 4" x 6 yds.	500
Aluminium hydroxide tablets	10,000

Sulphathiazole z	20,000
Sterilized dressings, boxes	100
Coramine, vials, 15 cc	67
Medicinal charcoal, kgs.	30
Castor oil, kgs.	50
Glucose serum, 1 litre bottles	100
Iron sulphate tablets.	16,500
Plaster bandages	200
Protovit Roche, tablets,	1400
Penicillin Procaine.	175
Catgut No 3, doz.	140
Thermometers	55
Forceps, [illegible] 8"	44
Spanners, [illegible]	44
Stimson spanner 10"	44
Brushes and dust pans	18

Laboratory equipment.

Microscopes.	5
Binocular magnifi[illegible]	1
Bunsen burners	3
Bacteriological laboratory equipment, cases.	37
Kahn mixer	1
Distillation apparatus	1
Autoclave	1
Incubator.	1
Pasteur furnace, electric.	1
Refrigerator	1
X Ray equipment.	1
Antigen para-typhoid A 5 cc. amp	400
" " B 5 cc amp.	400
" typhoid H 5 cc. amp.	400
" Shigella dysenteriae 1 cc. amp	350
" Brucella abortus 5 cc. amp	80
Serum anti-Salmonella O", amp.	40
" " H"	50
" " Vi".	5
Tetrathionate broth, lbs	7
Agar Russel Sugar, lbs	1
Sim Bacto Agar, 1/4 lbs.	2
MR VP Medium, 1/4 lbs.	2
Litmus Lactose Agar, lbs	5
Bacto Tellurite Blood, bottles	24
Bottles, glass stoppered, 500 cc	100
" " " 2000 cc	50

EQUIPMENT RECEIVED FROM UNICEF

Sanitary Equipment.	
Sprayers, pressure	126
" Misto	110
DDT pumps	78
Funnels	110
Screwdrivers	44
Forceps, composite, 8"	44
Spanners, 8"	44
Stimson spanner, 10"	44
Brushes and dustpans	10,018
cm.	5,[illegible]
[illegible]	[illegible]
Laboratory Equipment.	
250 cc.	100
500 cc.	10[illegible]
Microscopes [illegible] cc	[illegible]5
Binocular magnifier	1
Bunsen burners	[illegible]3
Bacteriological laboratory equipment, cases	37
Kahn mixer	1
Distillation apparatus	1
Autoclave	1
Incubator	1
Pasteur furnace, electric	1
Refrigerator [illegible]	1
X Ray equipment	1
Antigen para-typhoid A 5 cc. amp	400
" " B 5 cc amp	400
" typhoid H 5 cc. amp	400
" Shigalla dysenteriae 1 cc. amp	350
" Brucella abortus 5 cc. amp	80
Serum anti-Salmonella O", amp	40
" " [illegible] H"	50
" " [illegible] scissc Vi"	5
Tetrathionate broth, lbs	7
Agar Russel Sugar, lbs	[illegible]
Sim Bacto Agar, 1/4 lbs	2
MR VP Medium, 1/4 lbs	2
Litmus Lactose Agar, lbs	5
Bacto Tellurite Blood, bottles	24
Bottles, glass stoppered, 500 cc	100
" " " 1000 cc	50
[illegible]	
[illegible]	

Nutrient agac bacto, kgs.	8
Nutrient broth, lbs	4
Citrate Koser, gr	250
Sabouraud Maltose Agar, kgs	2
Loeffler Medium, lbs.	6
Proteose Nr 3, lbs.	4
Hemoglobin bacto, gr.	200
Oygalle bacto, gr	500
Dextrose proteose, No.3 lbs	4
Rahmnose, gr.	50
Bromythol, blue, gr	20
Phenol, red, gr	20
Methyl, red, gr	25
Nigrosin, gr.	50
Haematoxyling, gr	100
Labels, gummed, 1" x 9/16"	10,000
" " 3 cm. x 2 cm.	5,000
Unit potassium bichromate	1
Unit sodium bicarbonate	1
Bottles, glass stoppered, 250 cc.	100
" " " 500 cc.	100
" " " 1000 cc.	50
Litmus lactose agar, lbs.	6
Antigen Shigella, gr.	400
Microscope lens	4

Medical Equipment.

Halstead forceps, without clamps.	24
" " with "	24
Reverdin needles, medium.	9
" " intestinal.	9
Michel forceps.	3
J.L. Faure surgical handles	3
Urinals, oval	10
Lorenz plaster scissors	1
Esmarch plaster knives.	2
Lister bandage scissors	3
Retractors.	3
Plaster scissors.	1
" knives.	2
Trocars	3
Cheatle forceps, long	15
Sphygmomanometers	4
Scalpels.	3
Amputation mask	101
Forceps, artery	24
" " Halstead	24

Sims speculum	8 10
Duck-bill speculum	1,8
Trocars, No 4404	3
Needles, lung puncture, adults and children	15 3
Curettes, various	8
Electric cushions	20 50
Fergusson glass	15
Bow-saw	1 10
Stools, model Q-62	10
Retractors, model Q-35	10
Irrigators	39
" p enameilled	36
Spitoons, nickel medium	30 6
Windsor electric lamps, metal	30
Vacuum cleaner	1 15
Pocket medical kits, containing	6
1 leather case, zip fastener	10
2 scalpels	11
1 scissors, straight, 5"	432
1 scissors, angular, 5"	30
1 dissecting forceps	492
1 artery forceps	576
1 Director	15
1 catheter, silver, 5"	10
1 bottle sterilized catgut	83
3 surgeons needles, curved, trangular	228
McPhail surgical handles	3 2
Mathieu " 7" ss	1,3 0
" s CO " " 8" ss	3
Michel forceps	6 0
Childe ss	3
Bergmann plaster scissors 3755	3
Engel plaster saws n.p	1,4 0
Tieman bullet forceps, c.p	24 0
Scalpels, English type	20
Ferguson amputation saw, detachable blade	1 0
Amputation saw, English type	1 0
Pean hysterotomy forceps	24
Tait " " 5"	24 0
Pean, No 7734	30 0
Glass containers	70 0
Kidney basins, enamelled	10 5
Chamber-pots, enamelled	12 3
Funnels, enamelled	10
Pails	12 3
Galvanized-iron basins	4 2
Thomas splints for humerus fractures	10 2
Pouliquen apparatus	2 1
Apparatus for fractures	3

Ch. Simon needles	9
Michel clips, 16 mm	10
Emmet needles, small	1,000
" " medium	3
" " large	2 3
Air cushions, 18"	3
Hot water bottles	50
Urinals, oval	50
McEvans needles L	10
" " R	3
Bandages, rollers	3
Doyen perineum needles, small	2
" " " medium	7 8 6
" " " large	2 76
Catheters, fluted, silver	6
Saugman pneumothorax needles	15
Pneumothorax needles	6
Spare blades	10
Cotton-wool holders, wood	11
Glass containers, rectangular	432
Glass rods	30
Finger-stalls, rubber	492
Funnels, glass, 16 cm	576
" " 10 cm	15
Syringe nozzles, glass	10
Catgut, bottles	83
Wooden spatula, straight, assorted	228
Michel clips, 12 mm	12
Sprays CO2 cyl	1,000
"	3
Cotton squares	300
Towels, starched, 1000 m	965
Hand-towels	600
Night-shirts, adults	1,000
" children	200
Nurses' coats	200
" gowns	150
Doctors' overalls	150
Operation overalls	50
Operation masks	150
Operation skull-caps	100
Sheeting, metres	150
Scales	35
Thermometers	3
Plaster of Paris, cases	108
Surgical trolleys	3
Vacuum cleaners	2
Plaster of Paris, carton	2
	1

Catgut, dz.	59
Surgical trolleys	2
Record syringes, 5 cc	99
" " "	49
Needles, 18 G, dz	20
" 23 G, dz	99
[illegible]	165
[illegible], 0.25 gr	[illegible]
[illegible]	[illegible]
[illegible]	5,450

Insecticides.

DDT 50 %, kgs.	660
DDT 10 % "	7,866
DDT technical, kgs.	4,237
DDT 100 %, kgs.	[illegible]
In[illegible], amp.	436
[illegible]	[illegible]
"	10,945
Sulfathiaz[illegible]	[illegible]
Ephedrine [illegible] bl[illegible], ½ gr.	5,450
Diphtheria [illegible]ine, amp., 10 [illegible]	7,700
Codeine [illegible]phate tablets, ½ gr.	24,750
Digitalis [illegible]ata, 1 gr	1,980
Procai[illegible] [illegible] 10	49
[illegible] ---------kg----------	1,292
[illegible]	550,000
Tr[illegible]. [illegible] Squibb bottles, 1 pint	109
Malt. [illegible] Squibb, bottles, 1 pint	550
Sensi[illegible] bottles, 5 lb	55
Ethy[illegible] bottles, 100 cc.	109
Mg. [illegible]te, kgs.	110
[illegible] bottles, ½ gr	16,500
Zinc [illegible], jars, 1 lb.	110
Malt [illegible] ointment, jars, 1 lb	110
[illegible], bottles, 0.1 gr.	264
" 0.2 gr.	220
[illegible] 1 cc/550 U, amp	500
Tetanes [illegible], 1 cc/[illegible]0 U, amp	500
Pr[illegible]caine adrenalin, amp. 2 cc.	1,002
No[illegible]caine [illegible], bottles, 100 cc	100
" amp. 2 cc.	500
Peni[illegible] procaine pily, bottles, 300,000 U	250
Penicillin, bottles, 10 cc	750
Sulfad[illegible]ine, tablets, 0.5 gr.	206,000
Cod liver oil, kgs	7,000

MEDICAMENTS RECEIVED FROM UNICEF

Emetine hydr. tablets, 1 gr.	41,824
Malachite green powder, gr	165
Carbarsone, tablets, 0.25 gr	27,250
Tetrachloroethylene, capsules 1 cc	5,450
Silver nitrate, gr	5,450
Penicillin Oil Wax, vials, 10 cc	900
Yellow mercuric oxide, tubes	2,260
Silver vitallin, bottles, 1oz.	55
Sulphadiazine tablets, 0.5 gr.	49,665
Sulphaguanidine tablets, 0.5 gr.	541,200
Intravenal sod. sol., amp., 0.5 gr	436
Neohalarzine, amp. 0.9 gr.	5,435
" " 0.09 gr	10,945
Sulfathiazol tablets, 0.5 gr	100,000
Ephedrine hydr. tablets, ½ gr.	5,450
Diphtheria vaccine, amp., 10 cc.	7,700
Codeine phosphate tablets, ½ gr.	24,750
Digitalis tablets, 1 ½ gr.	1,980
Procaine HCL, bottles, 10 gr	49
Liquid Kresoli Sap. casks, kgs	1,292
Paludrine, 0.1 tablets	550,000
Teint. Opii Camph. bottles, 1 pint	109
Mixt. pectoralis duplex., bottles, 1 pint.	550
Benzyl benzoate, bottles, 5 lb	55
Ethyl chloride, bottles, 100 cc.	109
Mg. sulphate, kgs.	110
Phenobarbital, tablets, ½ gr	16,500
Zinc ointment, jars, 1 lb.	110
White field ointment, jars, 1 lb	110
Hexylresorcine, bottles, 0.1 gr.	264
" " 0.2 gr.	220
Diphtheria serum 1 cc/550 U, amp	500
Tetanos serum, 1 cc/300 U, amp	500
Procaine adrenalin, amp. 2 cc.	1,002
Novocaine 1 %, bottles, 100 cc	100
" amp. 2 cc.	500
Penicillin procaine pily, bottles, 300,000 U	250
Penicillin, bottles, 10 cc	750
Sulfadiazine, tablets, 0.5 gr.	206,000
Cod liver oil, kgs	7,000

GIFT FROM THE BELGIAN GOVERNMENT

8 surgical kits, each containg -
- 1 Tarnier traction-axis forceps, chromium-plated
- 1 Ovum forceps with inset
- 1 Cheron dressing forceps, stainless-steel
- 1 Pinard stethoscope, aluminium
- 2 Clamp forceps for umbilical cord, chromium-plated
- 3 Sims uterine curettes, asserted, stainless-steel
- 1 Blot perforator, chromium-plated
- 1 Ribemont d'Essaignes laryngeal insufflator with bulb
- 1 Beisky pelvimeter, chromium-plated
- 1 Uterine dilator, triple-branched with retractor hook
- 1 Braun decapitating hooks
- 1 pair Dubois decapitating scissors, 32 cm, chromium-plated
- 2 Doyen suture needles, chromium-plated
- 1 Pozzi hooked forceps, stainless-steel
- 1 Museaux hooked cervix forceps, stainless-steel
- 1 Record syringe, 10 cc and needles in metal case
- 1 chromium-plated case (for the instruments above-mentioned)

8 x 4 scissors, straight, rounded blades, Collin jointed, 14 cm,
8 x 2 " curved " " " nickel-plated/
8 x 4 dissecting forceps, plain 14 cm, stainless-steel
8 x 4 " " " " "
8 x 5 Kocher forceps, 13 cm, stainless-steel, Collin jointed
8 x 10 Pean " " "
8 x 2 Bulb-headed probes, stainless-steel
8 x 2 Grooved probes, ordinary type, stainless-steel
8 x 3 Bone curettes, assorted, chromium-plated
8 x 6 Scalpels, rigid, assorted straight and curved blades, nickel-plated
8 x 2 Doyen, automatic-feed, needle-holders, stainless-steel
8 x 2 (Dozens) Assorted straight and curved suture needles, self-threading, nickel-plated
8 x 50 (Tubes) Sterilized silk, Nos. 0,1 and 2, assorted
8 x 50 " " catgut " " "
8 x 2 Hospital razors, metal handles
8 x 1 Stethoscope, bi-auricular
8 x 5 Medical thermometers, Belgian standard, in metal case
8 x 1 Vaquez blood pressure measure, in case
8 x 3 Record syringes, 2 cc, sterilization point 200
8 x 5 " " 5 cc " " "
8 x 4 " " 10 cc " " "
8 x 2 " " 20 cc " " "

8 x 10 (Dozens) Hypodermic needles, assorted, Nos. 1, 2, 14, 16 stainless-steel
8 x 2 Round enamelled basins, diameter 20 cm
8 x 2 Kidney " " length 25 cm
8 x 6 Plain nail brushes
8 x 1 Pedal-opener dressings pail
8 x 200 Michel clips, assorted, 14, 16, 18 mm
8 x 2 Clip forceps
8 x 6 Containers fordressings, nickel and chronium, hinged lids, ribbed outer surface, airtight when closed by patent system, (1) Diameter 36 cm, height 22 cm (2) Diameter 36 cm, height 15 cm (3) (Two) Diameter 22 cm, height 22 cm.
8 x 2 Clamp remover forceps
8 x 2 No 808 hinged stretchers, strong sail-cloth covers, ovenenamelled metal frames
8 x 2 Spare covers, strong sail-cloth, with lashings
8 x 2 Robber hot-water bottles, 2 litres
8 x 1 Enamelled irrigator, with sets of rectal and vaginal canula, 2 metre rubber tubing
8 x 1 Spare tubing
8 x 24 Rectal and vaginal canula with taps (3 units)
8 x 1 Scalpel grindstone
8 x 1 Sterilizer (spirit burner) 42 x 18 x 8, nickel-plated, perforated inner container
8 x 1 Set for quantitative sugar analysis, including -
1 cylindrical glass beaker, 250 cc
1 test tube, 125 cc
1 glass filter funnel, diameter 7 cm
1 packet filter papers, diameter 15 cm
1 graduated test tube, 100 cc
1 porcelain capsule, diameter 8 cm
1 iron tripod
Asbestos cloth, 12 x 12 cm
1 Bunsen burner
1 glass spirit lamp
1 litre Fehling liquid
8 x 10 Merck litmus paper (packets of 100)
8 x 1 Esbach albuminimeter, in case
8 x 1 "La Robuste" operating-table, No. 535, allowing for horizontal, examination and Trendelenburg positions, oxy-acetylene welded steel tube frame-work, adjustable platform, basin.
7 x 4 Blankets, assorted, 50 % wool, 40 % artificial wool, 10 % cotton, blue stripes on white
7 x 2 Blankets, assorted, 75 % wool, 25 % cotton, white stripes on khaki
16 Mattresses
16 Bolsters

Crape bandages, 10 cm, units	1,152
Ethyl chloride, amp. 50 gr	80
Dropping tubes, units	160
Nitrate of silver, pure, gr.	400
Barnes argyrol, 1 oz bottles	16
Alumina tanate tablets	40,000
Activated charcoal	40
Salmiac tablets	80,000
Vaseline, kgs.	40
Healing ointment, kgs.	32
Ophthalmic aristol, 2 % tubes	8,0[illegible]
" mydriat comp., tubes	80
" white, 3 %, tubes	80
" antiseptic, sedative, tubes	80
" yellow, 2 %, & atropine sulphate, tubes	80
" zinc, 10 %, & bithiol, 1 %, tubes	[illegible]
" zinc, 10 %, & resorcinol, 1 %, tubes	[illegible]
" red, 10 % & " " "	[illegible]
" " 1 %, tubes	[illegible]
" yellow, 2 %, tubes	[illegible]
" argyrol, 5 %, tubes	[illegible]
Lysol soap, cakes, tablets, 0.	40,0[illegible]
Penthotal sodium, 0.5 amp.	[illegible]
Paramine tablets, 0.25	40,000
Dynacoril, 1.5 cc, amp	[illegible]
" 100 cc, bottles, 20 cc, amp	40
Sarcoside ointment, 1 kg jars, 10 kgs, amp	4,0[illegible]
Pectoral, 150 cc bottles, amp	4,0[illegible]
Sulfadiazine tablets, kgs	[illegible]
Vitamin D, 153 cc, amp	40,000
Castor oil, kgs.	4,000
Zinc oxide ointment, 10 %, kgs	40
Lanoline, kgs.	32
Anti-tetanic serum, 5 cc, amp.	40
Anti-gangrene serum, 10 cc, amp.	1,[illegible]
Anti-diphtheric serum, 10 cc, amp.	[illegible]
Bayer atebrine tablets	[illegible]
Gauze bandages, 10 cm x 5 m, kgs	48,000
" " 5 cm x 5 m, "	160
Soft soap, kgs, bottles	[illegible]
Borate-menthol vaseline, kgs or, amp.	[illegible]
Bithiol ointment, 5 %, kgs	16,0[illegible]
Salicylate ointment, 2 %, kgs.	[illegible]
Cod liver oil ointment, kgs.	2 [illegible]
Penicillin, 200,000 u. (G.Sodium Crystal) bles.	4,000
Gentian violet tablets, 0.01	24,000
" " " 0.03	24,000
Bismuth sub-nitrate, 0.5 tablets	40,000
Sulfaguanidine, 0.5 tablets	40,000
[illegible] tablets 0.50.	330,000
Paregoric elixir, bottles	55

Male fern extract tablets	24,000
Zinc sulphate, gr	400
Potassium iodide, gr.	800
Mercurochrome, 50 gr.	4,000
Pure glycerine, kgs	16
Permanganate of potash, gr.	4,000
Boracic acid, kgs	8
Procaine, 0.2 gr, 10 cc, amp.	400
" 0.02 gr, 1 cc, amp.	800
Phenobarbital, 0.1, tablets	8,000
Sulphate of magnesia, Kgs.	8
Bicarbonate of soda, kgs.	16
Emetine chlorhydrate, 20 mgr., 1 cc, amp.	4,000
Terpene hydrate pills, 0.10	8,000
Digitaline, granulated, 0.0001, gr.	800
Camphorated oil, 10 %, 10 cc, amp	400
Atrepsine ointment, kgs	24
Liquide paraffin, litres.	16
Peru balsam ointment, 10 %, kgs	16
Silver nitrate pencils, 10 %.	80
Potassium chlorate tablets, 0.3	40,000
Sulphatiazole tablets, 0.5.	40,000
Salicylate sodium tablets, 0.5.	8,000
Aspirin tablets, 0.5.	40,000
Physiological salt solution, 20 cc, amp	4,000
" " " " 10 cc, amp	4,000
Distilled water, 10 cc, amp	800
Cresol soap solution, kgs.	400
Cotton wool, metres	800
" " kgs.	400
Cellulose wool, 1 kg, packets	368
Dressings, type 1, 0.20 x 0.20, units	1,600
Cotton bandages, 0.10 x 5 m, units.	1,152
Plaster bandages, 0.10 x 5 m, units	1,400
Adhesive plaster [illegible] x 3 m.	1,400
Ether, anaesthetic, 100 gr. bottles	400
Eucalyptus oil, 5 cc, amp	1,600
Strophantin G, amp, 1 cc.	800
Plasma, 400 cc, bottles	96
Morphine hydrochloride, 0.01 gr, amp.	800
Pantalgine tablets.	16,000
Laudanum, bottles	8
Levorine, amp [illegible] 20 cc,	2,200
Barnium sulphate, kgs	25
Anilin powder (bright green) gr	1,100
Zinc sulphate, 50 gr bottles.	7
Hepsol liver extract, 5 cc, amp	1,650
Borasic acid, kgs	220
Acetyl-salicytate acid tablets, 0.50.	330,000
Paregoric elixir, bottles	55

Digitoxin, 1/10 mg, 1 cc, amp.	3,850
Sodium bicarbonate, kgs.	7192
Blaud's pills, 0.25.	114,950
Magnesium sulphate, kgs.	2165
Distilled water, 10 cc, amp.	6,600
Codeine phosphate tablets, 0.01 gr.	84,000
Acriflavine tablets, 0.003	11,000
Phenobarbital acid tablets	43,900
Sulphuric ether, bottles	544
Ethyl chloride, 100 cc, amp.	2,103
Zinc oxyde, kgs.	165
Bithiole ointment, kgs	45
Sulphatiazol ointment, 5 %, kgs.	107
White precipitate ointment, kgs.	110
Ephedrin tablets, 30 mg.	8,250
Bismuth nitrate tablets, 500 mg.	66,000
Sulphatiazol tablets, 500 mg	220,000
Sulphaguanidine tablets.	990,000
Mercuric oxide, yellow, 2 %, tubes	6,600
Sulfacetamide, tubes	4,400
Atropine sulphate, tubes	7,425
Soft soap, kgs	230
Chloroform, bottles.	165
Eucalyptine, injectable, 5 cc, amp	81,375
Castor oil, kgs.	165
Glycerine, kgs	55
Salycic acid ointment, kgs	165
Stockinette rolls, 9" x 25 yds	330
Iodum iodide, tubes.	17,850
Sulfadiazine tablets.	275,000
Penthotal sodium, 0.50, amp.	2,180
Diphersine, 0.06 amp	1,9250
" 0.60 amp	1,100
Insulin, 10 cc, 400 units, amp.	330
" 5 cc, 200 " "	550 80
Pituiphyse, 1 cc, 10 units, amp.	1,375
Adhesive plaster, 10 cm, 2 tins.	1,925
Rubber aprons,	6
Phenol crystals, bottles	5
Atebrine tablets	330,000
Radiograph films, 24 x 30, dz.	55
" " 13 x 18, dz.	55
Fixing solution, tins.	11
Developing powder, tins.	11
Physiological salt solution, 250 cc, amp	2,196
Plaster bandages, 0.10 x 5 m, tins	1,375
Calcium gluconate, 10 cc, amp.	2,200
Ergotin tartrate, 1 cc, amp.	2,200
Strophanthin, 1 cc, amp.	1,650
Procaine, 20 cc, amp	412

Na.Merc.Salicylamide Autate, 10 % theophylline 5 % amp.	1,930
Calomel tablets, 0.10	27,500
Emetine hypodermic tablets.	75,000
Sterilized dressings, Type 1, packets	2,200
Anti-diphtheria serum, 10 cc, amp	500
Anti-tetanus serum, 5 cc, amp	275
Anti-scurvy cream, tins	1,155
Surgeons' overalls.	82
Squibb digitoxin tablets.	13,700
Nicotinamide, 1 ½ cc, amp	2,750
Vioforme powder, gr	3,875
Penicillin G sodium, 200,000 U., bottles.	1,100
Human plasma, 400 cc, tins.	132
Tooth powder, tins.	13,119
Adhesive plaster, 12" x 10, rolls	55
Sulphonamide powder, 5 gr, bottles.	473
Multi-Vitamins, 200 tablets, bottles.	58
Syneral Vitamin, 100 " "	67
Brewer's yeast, 6 gr, tins.	28
Ascorbic acid, bottles.	46
White woollen socks, pairs.	52
Coloured " " "	107
Soap, cakes	532
Chloramine, 0.50, tablets	825,000
Vaseline, pure, kgs	274
Salmia tablets.	99,000
Rubber gloves, size 2, pairs.	220
Dropping tubes.	550
Nylon thread, reels	110
Silver nitrate, gr.	350
Argyrol, 1 oz bottles	82
Cotton wool, 500 gr packets	2,750
Lysol soap, cakes	1,182
Safety pins, dz	1,650
Unbleached linen sheeting, metres	274,80
8 cases each containing 1 folding bed	8
8 " " " 2 bed springs	8

Lugol's solution, 50 cc
Ciba special fuchsin phenol, 50 cc
Auramine, 0.10 gr
Nile Blue sulphate, 10 gr
Indigo carmine, 10 gr
Weigert fuchsin acid, 10 gr
Fuchsin resorcinol, 10 gr
Saffron-yellow, 10 gr
May Grunwald methylene-blue eosin, 10 gr
Medicinal " 10 gr
Hydrosoluble yellow eosin, 10 gr

[M]EDICAL EQUIPMENT PURCHASED [WIT]H THE SWISS GOVERNMENT DONATION

Basic fuchsin, 10 gr	
Orange methyl, 10 gr	
Red methyl, 25 gr	
Brilliant green, 10 gr	
Mineral green, 10 gr	
Medicinal violet methyl PH HV 10 gr	[illegible],825
Gentian violet, 10 gr	1[illegible]
Methylene green, 10 gr	650
Methyl pyronine, 10 gr	1,000
Romanowsky Giemsa eosin blue 11, 50 cc	297.5
Ciba special violet gentian phenol, 50 cc	75,000
Universal reagent (Carl Bittman) 50 cc	40,000
Anhydrous sodium phosphate UCB, 100 gr	300
Fine litmus seed BDH, 5 gr	40,000
Nessler reagent, 100 cc [illegible] amp	[illegible],350
8 x 150 sterilized silk, Nos. 3 a, 5 a, 7 a (tubes)	2[illegible] 600
Catgut, tubes, No. 0	12492[illegible]
[illegible] " " powder, k[illegible] 1	49111.5
[illegible] " " [illegible] 2	49250
Surgical gauze, 5 cm, cases	4400
[illegible] " 50 kg cases	22[illegible]
Stér[illegible] [illegible] kgs.	6.5
Quin[illegible] [illegible]hane, amp.	2,500
[illegible] pills	6,500
Stro[illegible] 1/4 mg. amp.	650
Pitui[illegible]ol, amp.	325
Vi-De superconcentrate, 2.5 cc, amp.	200
" drops, 100 cc, [illegible]	20
Ferrum carbonicum, kgs	5
Merphen 2/1000, bottles, 50 cc	65
Ethyl chloride, bottles, 50 cc	800
" " " 100 cc	100
Kelene, bottles, 100 cc.	500
Iodine sublimate tablets	1,000
Citric acid crystals, gr	500
Picric " " "	500
Anatomical tweezers.	50
Scissors	20
Karne polariscope.	1
Blood pigment tubes.	20
Carriers, boxes of 50.	45
Cover-glasses, boxes of 50	70
Doyen needles.	2
Ball forceps, stainless-steel.	4
Intestinal forceps	4
Metal probes	6
Blood pigment dropping tubes	20
Fuchs-Rosenthal protoplast	1
Sedimentation tubes.	20

MEDICAMENTS AND MEDICAL EQUIPMENT PURCHASED IN SWITZERLAND WITH THE SWISS GOVERNMENT DONATION

Neogynergène, amp. 1 cc.	1,825
Coramine, bottles, 500 cc.	13
Sandoz calcium, 5 cc, 20 %, amp.	650
Sterilized compress pads, cartons.	1,000
Cotton wool, kgs	297.5
Bismuth subnitric tablets, 0.5	75,000
Pyridacil tablets.	40,000
Unguentolan, kgs	300
Pyramidon, 0.3, tablets.	40,000
Theophylline-ethylene-diamine, amp	2,350
Beflavine tablets, 0.01.	26,600
Entéro-Vioforme tablets.	122,000
Vioforme, powder, kgs.	11.5
Coramine, amp., 1.7 cc	850
Spasmo-Cibalgine tablets	1,300
Eurax, kg.	650
Stérosan, powder, kgs.	6.5
Quinine urethane, amp.	2,500
Cedilanid pills.	6,500
Strophosid, 1/4 mg. amp.	650
Pituiglandol, amp.	325
Vi-De superconcentrate, 2.5 cc, amp.	200
" drops, 100 cc, amp	20
Ferrum carbonicum, kgs	5
Merphen 2/1000, bottles, 50 cc	65
Ethyl chloride, bottles, 50 cc	800
" " " 100 cc	100
Kelene, bottles, 100 cc.	500
Iodine sublimate tablets	1,000
Citric acid crystals, gr	500
Picric " " "	500
Anatomical tweezers.	50
Scissors	20
Kerne polariscope.	1
Blood pigment tubes.	20
Carriers, boxes of 50.	45
Cover-glasses, boxes of 50	70
Doyen needles.	2
Ball forceps, stainless-steel.	4
Intestinal forceps	4
Metal probes	6
Blood pigment dropping tubes	20
Fuchs-Rosenthal protoplast	1
Sedimentation tubes.	20

Glass capsules, gr.	500
Ehrlich reagent, gr	10
Francke's needles	10
Sahli hemoglobinometer.	10
Dropping tubes, red blood corpuscles.	10
" " white " "	10
Bakelite eye shields.	10
Diagnosis sets.	15
Pauchet needles for local anaesthesia	20
Centrifuge, hand.	4
Sternal puncture needles.	5
Infusion "	10
Filiform dilators	12
Lumbar puncture needles	10
Blood pressure apparatus.	4
Vaginal specula	10
Récamier curette.	3
Forceps	5
First-aid kits, containing -	
1 double Volkmann curette	
1 Michel clamp tweezers	
1 set Michel clamps	
1 bulb-headed probe	
1 hollow probe	
1 Mathieu needle-carrier, 14 cm	
1 anatomical tweezers	
1 tube silk	
4 assorted suture needles	
1 pair scissors, 13 cm	
1 scalpel	
2 Kocher forceps	
1 canvas cover	
Assorted suture needles, dz	46
Needle sterilizing cans	6
Needle-carriers	4
Reverdin needles.	4
Doyen "	5
Syringes, 200 cc.	2
Universal trocar.	6
Hemostatic forceps.	5
Roux dilator.	6
Saw handles, pairs.	1
Saw wire.	10
Intestinal forceps.	6
Probes.	6
Curettes, uterine	2
Mouth-piece for ether anaesthetic masks (Ombredane)	

Wire thread, reels	11
Nitrate pencils.	6
Bladders for ether anaesthetic masks (Ombredane)	9
Battery, No.1319 for diagnosis set No.3013	25
" (50 units No.30) for diagnosis set No. 3003	25
Cotton gloves, pairs	100
Glass test-tubes	200
Sedimentation tubes.	100
Leishman methylene blue, bottles	5
May-Grunwald " " "	5
Eosin blue, bottles.	15
Urolabo laboratory sets.	15
" reagent, 20 cc, bottles.	180
" " of 50 comp. tubes	15
Crecelius-Seyffert chromatometer	2
Starched gauze, rolls, 5 m x.12 cm	50
[illegible] serum, bottles	[illegible]
[illegible] " containers	[illegible]
[illegible] " ampoules.	[illegible]
[illegible] " containers.	[illegible]
[illegible] " ampoules.	[illegible]
[illegible] vaccine, 20 cc bottles	5,45[illegible]
[illegible] bottles	[illegible]
[illegible] containers	[illegible]
[illegible] bottles	[illegible]
[illegible] cc bottles.	4[illegible]
[illegible], amp.	[illegible]
[illegible] bottles of 100 tablets	6,0[illegible]
" " " 5000 "	6[illegible]
Acetylsalicylic acid, bottles.	1
Potassium permanganate, 1000 tablet bottles.	1
Metapuer[illegible], gallons	6
Mercuric chloride, bottles	1
Cresol, containers	[illegible]0
Iodine swabs, 72 amp. containers	60
" " 60 " "	1,[illegible]7
Dentrifice powder, packets	212
" solution, 100 cc bottles.	
Glucose solution, bottles.	100
Glucose, 100 tablets bottles.	48
Vitamin A & D, 25 tablet bottles	2[illegible]
" C, bottles	2
" D "	1
" P.P. "	[illegible]
Vitamin tablets, bottles	[illegible]
Thiamine hydrochloride, bottles.	[illegible]2
Digitoxin, amp.	[illegible]
Digitol, liquid, bottles	[illegible]
" powder, tubes	75

MEDICAMENTS AND EQUIPMENT RECEIVED FROM THE ICRC DELEGATION, PALESTINE

Penicillin crystals, bottles	1,573
" oil "	10
Sulfadiazine, powder, bottles	293
Sulfadiazine tablets, bottles of 1000	47
Sulfaguandine tablets, " "	50
Sulfaguandine, powder, 1 lb containers	28
Sulfanilamide, powder, 5 gr packets	439
Sulfathiazol, tablets, bottles of 1000	14
" ointment, ½ oz tubes	65
Anti-tetanic serum, packets	2
" " bottles	125
Anti-diphtheritic serum, bottles	10,110
" " containers	13
" " ampoules	10
Anti-gangrene " containers	10,20
Anti-dysenteric " ampoules	210
Exanthematic typhus vaccine, 20 cc bottles	5,451
Cholera vaccine, bottles	50
Rabies " containers	10,015
Typhoid " bottles	20
Smallpox " 5 cc bottles	400
Anti-tetanus vaccine, amp.	40
Halazone, bottles of 100 tablets	6,000
" " " 5000 "	68
Azochloramid, bottles	21
Potassium permanganate, 1000 tablet bottles	4
Metaphene, gallons 25 cc bottles	6
Mercuric chloride, bottles	4 1
Cresol, containers	20
Iodine swabs, 72 amp. containers	60
" tars, 60 "	1,007
Dextrose powder, packets	212
" solution, 100 cc bottles	2
Glucose solution, bottles	100
Nicovite, 100 tablets bottles	48
Vitamin A & D, 25 tablet bottles	124
" K, " bottles	2
" D, " "	1
" P.P. "	2
Vita Stella, bottles	34
Thiamine hydrochloride, bottles	42
Digifortis, amp.	390
Digitol, liquid, bottles	10
" powder, tubes	75

Strophoside, containers	10
" 20 tablet tubes	4
Liquid Coramine, cartons	7
" " 15 cc bottles	15
" " amp	1,720
Camphorated oil, bottles	2
Procaine, 100 cc bottles	5
Penthotal sodium, cartons	25
" " amp	50
" " 60 cc bottles	8
Ether, bottles	82
Morphine, amp	84
Spasmo-Cibalgine, amp	15
Phenobarbital, 100 tablet bottles	62
" 1000 " "	18
Aspirin tablets	10,080
Bicarbonate of soda, bottles	50
Castor oil, bottles	50
Charcoal tablets	10,000
Liquorice, bottles	50
Entero-Vioforme, 10 tablet tubes	10
Quinine, amp	10
" tablets	10,000
Neocide, 500 gr bottles	5
" small cartons	3
Chlorinated lime, kgs	50
Calcium lactate, 100 tablet bottles	57
Colgate toothpaste, tubes	12
Klim, cans	24
Mercuric oxycyanide, bottles	6
Colloidal silver, 25 gr bottles	1
Butter ointment, tubes	452
Yellow mercuric oxide, kgs	4
Cod liver oil ointment, kgs	5
Thermometers, units	10
Scissors, units	5
Forceps, units	17
Tourniquets, units	296
Tweezers	11
Surgical gloves, pairs	15
Needles, No. 19 x 2 ½, cartons of 12 units	2
" " 19 x 3 ½ " " " "	1
" " 26 x ½ " " " "	22
" " 24 x 3/4 " " " "	33
Syringes, 5 cc, units	46
" 10 cc "	66
Vacoliters, units	3
Baxter, packets	1

Sleeping bags, woollen, units		2,110
USA Army first-aid emergency kits, units		64
Cotton wool, 10 oz packets		258
Bandages, size 2, packets		35
" " 3 "	Swiss F	32
Gauze bandages, 12 roll cartons		14
" " 15 " "		14
Gauze, sheets	2,175	48
American bandages, 72 unit packets	10,650	15
" " 12 " "		30
Absorbent gauze, 6 yd packets		48
Surgical dressings, packets of 100		47
Individual dressings, packets		100
Sterilized compress pads, containers of 100		20
" " " " 200		77
Boric Lint, packets		64
Shell dressings, packets	1,476	20
Elasto-Plast, 3 x 5, 6 yds, cartons		30
" " " 1 " "		120
" " " 2 " "		120
Adhesive plaster, rolls		4
Plaster of Paris, cases		1
Catgut No. 706/2, dzs		11.5
" " 707/4 "	681.65	9.7
Catgut, various sizes, boxes		86
Suture silk, 25 yd packets		8
" " rolls	1,201.5	27
0 cc. 20 % P.A.S. Cilag,		
ls, 0.3, P.A.S. Cilag	10,666.45	
Total		Fr. 26,830.60

SCHEDULE E.

GIFT FROM THE AIDE OUVRIERE SUISSE

	Swiss Francs
1 Orkan IV Wringer	2,175
1 Schultess washing machine.	10,630
1 Carpi Pneumothorax Apparatus 1 Pleuroscope	[illegible]
Needles (no trade-mark) similar to the "Acufirm" needles - 3 cm 30 dozen No. 10 3 cm 30 dozen No. 12 3 cm 30 dozen No. 14 3 cm 30 dozen No. 12	1,476
Record Syringes - 50 units 2 cc 50 " 5 cc 50 " 10 cc	681.65
V.D. Super-concentrate for 600,000 U. injections, 100 containers 6 amp. 1 cc . . .	1,201.50
700 amp. 10 cc. 20 % P.A.S. Cilag, 90,000 pills, 0.3, gr. P.A.S. Cilag.	10,666.45
Total . . . Fr.	26,830.60

GIFT FROM THE AMERICAN MIDDLE EAST RELIEF

[illegible]	1
[illegible]	1
[illegible] bottle	
Antipyn (100 tablet bottles) dz.	150
Sulfatiazole Zinc Ointment, cartons	40
" " " 0.5 tablets	1,000
Sulphate of copper (containers of 100 2 oz bottles)	3
Catgut sutures No. 00 dozen tubes	2
" " " 0 " "	2
" " " 1, bottle "	416
" " " 2 " " bottles	160
" " " 3 " cc "	82
B-Complex, granulated liver concentrate	120,000
Viosterol in oil, 60 cc bottles	180
Ascorbic acid tablets, 50 mg, 3/4 gr. drums	5
Navitol capsules, bottles of 250	60
Erosyn vitamin & mineral, drums	1
Halibut and Viosterol Oil, 100 capsules bottles	130
Navitol, 100 capsules bottles	37
Digifoline 2 cc, 100 amp, cartons	30
Chloramine T. 4.46 gr., 1000 tablet bottles	40
Amino-Vibex Yeast Hydrostylate, 12 oz bottles	2
Protolysate (food nitrogen), 1 lb containers	2
Protenum (food preparation) 5 " "	1
" " " 1 " net "	7
Tomectin (nickel pectinate comp..50 gr) bottles	1
Gerilac Milk, 1 lb tins	7
Mull-Soy, ½ oz bottles	2
Biolac Milk, 1 lb tins	7
Mead's Pectine Agar/Dextri-Maltose, 1 lb tins	1
" .5 " b Iron Extract, 1 " "	1
Formulac (for children) 14 ½ oz containers	1
Borden's Hemo, bottles	2
Bominal Vitamin B, complex granules, bottles	1
Safe-Mix	11
Folbesyn-Vitamin (plus 1 amp. Folbesyn for dilution)	182
Vanaphen Elixir, 2 bottles, oz	48
Trifonamide, 2 bottles, oz	219
Alumina Gel MRT, 3 bottles, oz	12
Winton Alugek, 6 bottles, oz	5
Bayer Aspirin, 1000 tablet cartons	24
Halibut oil, 50 capsules bottles	36
Roche Digalen, 25 tablet tubes	769
" " 10 " "	91
Bicarbonate of soda, 1 lb containers	6
Digitalis, 100 tablet containers	1
Squibb Vitamin D, 50 capsule bottles	12
Digitalis, 35 pill bottles	577
[illegible]	28
Carton, [illegible]	1

Digotoxin, 100 tablet bottles	1	
Bufferin, bottles	4	1 ½
Digithyl, 0.2 mg. bottles	1	1 ½
" 0.1 mg tablets, bottle		½
Digiglusin tablets, bottles	1	
Digilanid tablets, 0.333 mg. bottles	1	
VI Syneral Vitamin drops, 3 cc, bottles	50	
Zyma drops, 5 cc, bottles	24	
Ol-Vitum drops, 1 cc, bottles	24	
ABDEC drops, 5 cc, bottles	16	
Dristol drops, 2.5 cc, bottles	29	
Infa-Concemine Vitamin B, 30 cc, bottles	5	
" " " 3 cc, "	9	
" " " 5 cc, "	3	
Carotane in oil, "Smaco", bottles	2	
Smaco Vitamin D, bottles	1	
White cod liver oil, 1 cc, bottles	18	
White multi-VI liquid, 1 ½ cc, bottles	30	
Natural vitamin oil, 10 cc, bottles	1	
Plain halibut oil, 50 cc bottles	1	
Halibut oil and Vitamin D, bottles	1	½
Protenum, 35 gr, bottles	5	
Protaban Vitamin, 60 gr. bottles	6	
Nutragest, 35 gr, bottles	1	
Delcos Granules, 35 gr bottles	3	
Vipeptolak, bottles	2	
Neoamiron, 2 oz. bottles	1	
Ribothiron tablets, bottles	2	
Creamalin tablets, bottles	2	
Fergon, 0.325 tablets, bottles	3	
Tricreamalate, bottles		½
Alminate, 0.5 gr. bottles	1	
Syntrogel, bottles		½
Creamalin capsules, bottles	1	
Amphogel, 5 gr. [illegible], bottles	1	
Safety pins, [illegible]	11	
Vitamin P Complex		
ABDEC drops, bottles	87	
Super D drops, bottles	204	
Lanolac	49	
Protolysate	25	
Protenum	75	
VI Peptolac	33	
Supplavite	76	
Irradol A	9	
Nestlé milk powder	2	
Condensed milk	23	
Milk, for children	60	
Baby food	57	
Cartose	28	
Cartose, dzs	1	

Cereals for infants	22	
Trisofar	49	
Bismuth sub-nitrate, drum		
B Phos. tablets	24	
B Complex tablets, drum		½
Celusil tablets, carton	1	
Bismuth sub-nitrate, container 10 kg 400	1	
Salperine powder, 1 oz bottles	36	
Digifoline, 2 cc, amp	700	
Hepatinic Elixir, bottles	98	
Trisogel, bottles	2	
Sal-Fayne, bottles	1	
Beminal, bottles	2	
Hembron liver concentrate, bottles	2	
Dried liver capsules	2	
Hembron, plain, bottles	2	
Tricreamalate, bottles	2	½
Luysn, bottles	2	
Bufferin, bottles	1	
Alupec, bottles	1	½
Amphojel, bottles	1	½
Licuron B, bottles	2	
Supplamin C, capsules, bottles	1	
Phenaphen, bottles	2	
Endoglobin, bottles	1	
Epi-Vita capsules, bottles	1	
Beta-Concemin, bottles	1	
Vitamin B complex, tablets, bottles	1	
Infron, bottles	1	
Creamalin, 250 tablet bottles	2	

1,020 tins Arobon, 250 gr.

16 tins Nestrovit tablets

GIFTS FROM THE JUNIOR AMERICAN RED CROSS

...3.49 - L.L. ..., 7..

19 30.4.49 - L.L. 7,876

Children's cots ... 1 kg jars.
Cradles ... %, 1 kg jars
Arobon ... en... 5 %, 1 kg ... 5
Vi-Dé ... 10,000
10,000 Polyvermicide ... 7 1/2, dzs ... 1,500
... 6
1 X-Ray Dosimeter for ringworm. ... 100
750 amp. Redoxon Vit. C. (strong) ... 5
... 5
300 amp. Decozyme Vit. B. ... 5
... 3
... 10
... 30
... 10

20.10.49 - L.L. 9,429 ... 5

1,000 tins Ovomaltine, 500 gr. ... 10
... 1
352 bottles Vidaylin ... 10
2,000 amp. Sterogyl ...
... 5
336 tins Pelargon, 1 lb. ... 2
552 tins Eledon, 1 lb. ... 100
... 1 %, ... 5
1,020 tins Arobon, 250 gr. ... 3
16 tins Nestrovit tablets. ... 6
Sulphur ointment, 5 %, kgs. ... 2
Medicinal charcoal, kgs. ... 1
Bismuth sub-nitrate tablets, 0.50. ... 4,000
Sodium sulphate, kgs ... 3
Pectoral tablets ... 10,000
Glycerine, kgs ... 5
Lederle aminophylline, amp. ... 100
Potassium chlorate, kgs. ... 10

GIFT FROM THE AMERICAN RED CROSS, MIDDLE EAST

16.3.1949 - L.L. 3,275.50.

Cotton wool, assorted, kgs	100
Ethyl chloride, litres	100
Ichtyol ointment, 10 %, 1 kg jars	5
Zinc oxide ointment, 10 %, 1 kg jars	5
Boracic ointment, 10 % " "	5
Silphamide ointment, 5 %, 1 kg "	5
Pectoral tablets	10,000
Emetin, ½ gr BW, amp	1,500
Surgical gloves, size - and 7 ½, dzs	6
Adhesive plaster, 3 x 5 yds, rolls	100
Anaesthetic ether, 66 %, litres	5
Chloroform, litres	5
Ladles	5
Chamber pots	3
Enamel urinals	10
Bed pans	30
Aluminium bowls	10
Water jugs	5
Spitoons	10
Rubber enema	1
Thermometers	10
Scissors	4
Tweezers	5
Scalpels	2
Tongue depressors, wooden	100
Ichtyol ointment, 10 %, kgs	5
Zinc oxide ointment, 10 %, kgs	5
Boracic ointment, 10 %, kgs	6
Sulphamide ointment, 5 %, kgs	2
Medicinal charcoal, kgs	1
Bismuth sub-nitrate tablets, 0.50	4,000
Sodium sulphate, kgs	3
Pectoral tablets	10,000
Glycerine, kgs	5
Lederle aminophylline, amp.	100
Potassium chlorate, kgs	10

GIFT FROM THE DANISH RED CROSS

Atropin sulphate, 0.5 mg., 1000 tablet bottles. . .	82
" " " " 20 " tubes. . . .	1,885
Bismuth hydroxide for injections, oleo-susp. 20 cc.	246
Caffeine, 1 cc amp.	250
Chloramine powder, kgs.	150
" tablets, 1 cg.	50,000
" " 1 gr.	50,000
Ethyl chloride, 100 cc. bottles	50
Cod liver oil, drums.	74
Cotton wool, kgs.	20
Dixanthogène (dry scabies) kgs.	107
First-aid kits.	24
Compress pads, 2" x 2".	135,000
" " 4" x 4".	27,000
Tincture of iodine, gr.	2,000
Khaki bandages, kgs	75
Kresol liquid soap, kgs	300
Lysaplast, rolls.	55
Morphine, 5 %, 10 cc amp.	250
Morphine tablets, 0.015 gr.	1,200
Adhesive plaster, rolls	18
Toilet soap	1,000
Liquid soap, kgs.	100
Strophantine, 0.5 mg, amp.	150
Sulfathiazole ointment, kgs	150
" tablets, 0.5.	50,000
Trepopal tablets.	2,400
Yellow vaseline, kgs.	200
Vitana flour, 2 kg tins.	137
Triangle sheets	50
Syringes, glass 2 cc	100
" " 5 cc	32
" " 10 cc	33
" " 20 cc	25
" " 30 cc	37
" " 50 cc	12
Needles, 5/8 inch, units.	96
" ½ " "	1,470
" 1 " "	15,018
" 1 ½ " "	944
" 2 ½ " "	828
Anti-diphtheria serum, amp. 10,000 U.	2,505
Anti-diphtheria vaccine, 10 cc, bottles	5,233
DDT 10 %, kgs	1,625
Lucosil ointment.	3,489
Morphine tablets, hypodermic, 0.015	1,200

GIFT FROM THE SWEDISH RED CROSS

Sulphonamid tablets, 1 gr.	3,300
" " 0.5 "	12,100
Sulfanilamid tablets	7,780
Pyramid tablets.	2,750
Sulfanilamid, 0.5 gr	605
Septipulmon tablets.	110
Septinal forte	1,100
Streptal tablets, 0.30 gr.	550
" "	275
Sulphan tablets.	1,200
M & B 693.	825
Ferritamin tablets	1,200
Magnecyl "	550
" " Codeine C	550
Barbiphennatr. 0.10 gr. tablets.	2,750
" 0.30 " "	550
Phenemalnatr. 0.30 " "	220
Diuretin tablets	550
Redufer "	550
Codeine phosphate, 0.01 gr. tablets.	825
" " 0.02 " "	550
" " 0.03 " "	110
Troch, codeine phosphate, strong	110
Natr. bromide, 1 gr. tablets	165
Allypromon tablets.	275
Mercid tablets	x 550
Hexamin, 0.5 gr. tablets	110
Opii, 3 cg. tablets.	110
Pentrozol tablets.	110
Redufer, 0.50 gr. tablets.	137
Regal tablets.	550
Permanganate of potash	55
Aethocain Ncl. 0.20 gr. tablets	115
Fol. digital tablets	137
Pantocain, 0.10 gr	55
Novocain-Suprarenin tablets.	550
" " "	27
Rivanol, 1 gr. tablets	11
Quinine pills.	550
Potas. bromide	165
Hexamine, gr	55
Bicarbonate of soda, gr.	55
Phenyl salicylate, gr.	55
Silver gelatose (argentum gelatosum)	55
" " " "	27

Chloral hydrate, gr.	275
Aethocain, cl. h. gr	275
" " "	55
Ammonium chloride "	275
Bismuth tribramphenol, gr.	275
" " "	16
Folium digitalis powder, 40.	55
Evipan natr. 1 gr. amp	3 x 25 + 25
" " 1 " "	3 x 25
" " 1 " "	10 x 25
Sulphonamid, amp	14 x 25
Pentrozol, amp	2 x 25
Soluseptarsine 10 %, 5 cc.	2 x 25
M & B 693, 3 cc. amp	5 x 6
K-Strophanthin	100
Digitotal, amp	1 x 24
" (inj.) cc	5 x 50
Opiottotal (inj.)	4 x 50
" 2 % cc.	9 x 100
Gefantin (inj.) 0.025 % cc	5 x 50
Scopolamine, amp	4 x 10
Atropine sulphate, amp	1 x 10
Lobeline hcl. amp.	1 x 10
Morphine hydrochloride, 3 % amp.	1 x 50
" " " "	5 x 20
" " (inj.) " "	2 x 50
" " " 2 % "	8 x 50
" scopolamine hydrobromide, amp	1 x 10
Astrobain cc	1 x 50
Ephedrine amp.	1 x 10
Aethocain hydrochloride, 5 %, 4.4 cc. amp.	3 x 10
Totomekon (inj.) 2 %	2 x 50
" tablets.	1 x 100
Ethyl chloride	5 x 100
Manetal, amp	2 x 25
Menetol	1 x 5
Neospiran, amp	1 x 50
Transpulmin, amp	6 x 12
Peristaltin, amp	1 x 5
Camphorated oil, sterilized, 20 %	14 x 50
" " "	10 x 25
Sulfanimalide, 1 gr. tablets	2 x 500
" " "	10 x 100
Neisser-Sieberts ointment, gr.	31 x 150
Permanganate of potash	1 x 5,000
Menalgoa tablets	1 x 100
Salmine tablets.	1 x 100
Cafinal tablets.	1 x 1,000
Cedilarid tablets.	1 x 500

GIFT FROM THE NETHERLANDS RED CROSS

Athmolysin, amp.	3 x 100
Bismuth subnitrate powder, kgs	1 x 1
Caps. Extr. Filic Aether, 0.5, amp	5 x 100
Caffeine sodiobenzoate, 0.2, 1 cc, amp	10 x 100
Coramine, 1.7 cc. amp.	10 x 100
Ephedrine hydrochloride, 0.05, 1 cc, amp	6 x 100
Liver extract (inj.) amp	5 x 100
Insulin Novo, 200 UI, bottles.	1 x 100
Insulin protaminate, bottles	1 x 125
Iodoform PH H V, kgs	2 x 1
Santonin, 0.0025	10 x 1,000
Blaud's pills.	10 x 1,000
Procaine hydrochloride, 0.5 % amp.	10 x 100
Redoxon, amp	10 x 50
Tanning albuminate, 0.5, tablets	2 x 1,000
" " " "	8 x 1,000
Michel's clamp. dzs.	50
Scissors, 13 cm.	10
Kocher forceps, 13 cm.	20
Tweezers, anatomical	10
Clamp holders.	10
Mathieu needle-holder, 17 cm	15
Thermometers	25

GIFT FROM THE SOUTH AFRICAN RED CROSS

Glucose, 1 lb. containers, kgs. 213

GIFT FROM THE TURKISH RED CRESCENT

Atebrine tablets, $\frac{1}{2}$ gr. 110,000

GIFT FROM THE AMERICAN RED CROSS

Emetine, 0.065 amp. 1,250

GIFT FROM THE CHURCH WORLD SERVICE

Atebrine tablets. 192,000

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GIFT FROM THE SOUTH AFRICAN RED CROSS

Glucose, 1 lb. containers, kgs. 213

GIFT FROM THE TURKISH RED CRESCENT

Atebrine tablets, ½ gr. 110,000

GIFT FROM THE AMERICAN RED CROSS

Emetine, 0.065 amp. 1,250

GIFT FROM THE CHURCH WORLD SERVICE

Atebrine tablets. 192,000

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