

Hungary - miss

7113

UNITED NATIONS  
RELIEF AND REHABILITATION ADMINISTRATION

1344 CONNECTICUT AVENUE  
WASHINGTON 25, D. C.

30 October 1945

TO: Charles Alspach  
FROM: V. J. Tereshtenko *OT*  
SUBJECT: Report on Health Conditions in Hungary

Please find attached a copy of the report on health conditions in Hungary. The report was received from the U. S. War Department, and it is not marked confidential. I am sending the original to our Health Division. However, I think you may be interested in having a copy in your files.

Attachment

1, 1 Nov



Copy of letter received from: War Department

22 October 1945

WDSCA 440 Hungary  
(16 Oct. 45)

Honorable Herbert H. Lehman  
Director-General, United Nations  
Relief & Rehabilitation Administration  
1344 Connecticut Avenue  
Washington, D. C.

Dear Governor Lehman:

Attached hereto for your information is a copy of the Monthly Sanitary Report from the Commanding General, U. S. Military Representation, Allied Control Commission for Hungary. Your attention is invited to para 5, "Health problem in Hungary."

A copy of this report has been forwarded to the Assistant Secretary of State, Mr. W. L. Clayton, for his information.

Sincerely yours,

May J. Laux  
for J. H. HILLDRING  
Major General  
Director, Civil Affairs Division

1 Incl  
Report 3 Sep 45

OFFICE OF SURGEON  
UNITED STATES MILITARY MISSION  
ACC-HUNGARY

3 September 1945

721.5

SUBJECT: Monthly Sanitary Report

TO: Chief, USMR, Acc-Hungary

Pursuant the provisions of paragraph 1 c. AR-275, the following Sanitary Report is submitted for the month of August 1945.

1. Environmental Sanitation:

The water supply is good and is checked daily by the bacteriological division of the National Hygienic Institute, the bacterial count varying from 18 to 55 per cc.

There is no disease prevalent in epidemic proportions in Budapest at present; a milk dysentery of the Flexner type being the most common (70% according to the health department). No cases among our personnel have been proven by stool culture, though several diarrheas clinically have resembled the disease, but with negative cultures. These diarrhea causing infections are believed to be caused by fruit which is contaminated by flies and the command has been warned about the careful washing of raw fruits and vegetables before their consumption.

2. Personnel of the Mission:

There has been no incidence of major disease or injury during this month.

3. Personal Hygiene:

During the month 5 typhoid and 32 typhus inoculations were given to this command.

4. Supplies:

Replacement of ordinary medical supplies have been adequate.

5. Appendix: Health problem in Hungary

There is one serious health problem in Hungary to which attention should be called as it is a hazard not only to the local people, with consequent economic and political repercussions, but also may affect our own personnel.

At present there is no supply of medicines available in this country, nor have any arrangements been made to provide any in the future. There are good pharmaceutical factories here, as well as



pharmacies, but they are completely lacking in supplies with which to work. At present the only source of medicines is the "black Market" consisting of individuals who happen to have drugs in their possession, or individual pharmacies still retaining a few drugs, all of which are of uncertain age, potency and state of deterioration and which are sold at a great increase in price. It requires much shopping around to discover their whereabouts and then they can be obtained only in small amounts. The usual sources of supply have all been completely emptied. As a result such fundamentally important drugs as morphine, sulfonamides, insulin, Pituitrin, (for obstrectical use), antiseptics (for surgical preparations) ether, digitalis, cod liver oil etc. are either absolutely unobtainable or only so at terrific cost and then of uncertain quality. In one hospital the writer saw recently operated upon patients with no morphine to ease their post-operative pain; a severe heart failure with no digitalis; a critical pneumonia with neither sulfonamides nor penicillin to treat it; and two that there were no antiseptics available at the time of delivery and now neither sulfonamides or penicillin with which to treat them; also a case in diabetic coma with no available insulin, to illustrate the point at hand. Furthermore a definite "Black Market" in penicillin which has apparently been obtained illegally from American sources in other countries has developed and efforts are now being made by this command to discover and eliminate the source. The drug is being sold at \$50.00 to \$70.000 per 100,000 units and people are squandering their money, many times fruitlessly, to procure it for an ill member of their family. I say fruitlessly because we learned of one professor who spent the equivalent of 12 years of his salary for the drug when his wife had a condition for which penicillin is worthless.

The problem has been discussed with Mr. Erik Molnar (Minister of Public Welfare), Dr. Frances Meszaros (Councillor of that ministerial division and Dr. John Vikol (Secretary of State) and they affirm that so far no steps have been successful toward insuring a supply of medicines in the future. American Hungarians in the U. S. donated \$10,000 worth of medical supplies which have been distributed but are now exhausted. We are informed that efforts are being made to send additional supplies from the same source, but while such gifts are tremendous help for the present acute emergency they are not sufficient in quantity nor regularity to prevent the potential future dangers which will be outlined below.

With the onset of cold weather the natural increase in respiratory infections can be assumed, and this should be augmented by the fact that many houses are damaged, with window glass missing, roofs lacking and fuel for warmth either insufficient or lacking altogether. So that by December respiratory infections including pneumonia, should be prevalent, and without drugs to treat it the mortality may be higher than necessary the period of illness prolonged and an already strained economy taxed further.

In addition there could develop an epidemic of contagious diseases. The new cases reported for this week in Budapest are as follows: Dysentery /type undetermined/ 108, Dysentery Flexner 19, Diphtheria 33, Scarlet Fever 16, Whooping cough 12, Infantile paralysis 7, Meningitis 3,



Typhoid Fever 2, Typhus 2, Measles 1, Chicken Pox 2) The health department states that they have available sufficient vaccines against typhoid, small pox and typhus and are attempting systematic inoculation of parts of the population but this is only partial due to difficulties in transportation and communication. They are lacking in diphtheria antitoxin, scarlet fever and meningococcus antiserum for therapy. Recently Brig. Gen. Bayne-Jones sent a culture of diphtheria which has been turned over to the Rockefeller Foundation trained doctors at the National Biological Institute in order to produce antitoxin to meet their future needs. Also we have written for the recent literature as well as the strain of penicillium for the local production of penicillin by the same institute, but such production in sufficient quantity to meet even the urgent local needs will be far in the future.

Furthermore, no medical literature has reached this country during the war, and though the local medical and surgical profession is able and proficient in medical practice up to the beginning of the war, they are not cognizant of the newer advances in medicine made during the war, such as the uses of penicillin, blood transfusions in quantity, anaesthesia, fluid balance etc. and need both instruction and literature to bridge that gap.

Another matter that is of great importance is that of child welfare. Food is scarce and will become scarcer. Milk is almost unobtainable. There is no cod liver oil, and no orange juice no sugar, fats or meats. As mentioned above housing and clothing may be inadequate in the cold winter months.

The writer is not a trained public health doctor and would like to see such a person sent here to make a more scientific, comprehensive and accurate report of conditions as they exist, as well as predictions for future needs and steps to be taken. The above remarks have been discussed with Capt. Barker, the medical officer attached to the British Military Mission (language and appointment difficulties have made it impossible to discuss the matter with the Russian medical officer) and he is of the same opinion as expressed above.

In conclusion it is felt that a serious condition as regards medical supplies exists in Hungary to day, and that immediate steps should be taken by some proper authority to alleviate conditions as they now exist and to forestall a potentially even more serious health hazard in the coming winter months, the solution for which the Hungarian government has not yet been able to arrange. Hence the following recommendations are made:

1/ That a trained public health official make a more accurate and detailed study to confirm these facts.

2/ That the medical supplies listed be provided through the most appropriate agency, as they are urgently needed to tide over the present emergency until more permanent arrangements can be made, and that donated supplies be under the control of this mission for distribution to prevent waste and resale.

- 4 -

3/ That whatever steps are decided upon, be taken immediately as the condition is urgent.

/s/ Lt. Col R. T. Shackelford M. C.

RICHARD T. SHACKELFORD  
Lt. Col., MC  
Surgeon

1 Inclosure - List

List of fundamental medical supplies urgently needed in Hungary,  
grouped in relative order of importance.

Group I.

Morphine 75000 amp.  
Penicillin 35000 million units  
Insulin 3300 amp. of 200 "  
Pituitrin (obstetrical use)  
7500 injections  
Digitalis 41 kgms  
Cod liver oil  
Citrus juice  
Milk  
Ether 37000  $\frac{1}{4}$  lb cans  
Procaine 65000 cc 1% sol.  
Adhesive plaster 25000 boxes

Group II

Sulfonamides  
Iodine (2000 litre of tincture)  
Chloretone (Ethyl chloride)  
Plaster of Paris 1,000,000 kgms  
Salvarsan and Bismuth  
15x5 350000  
Bandages 10x5 350000  
Gauzese (for surgical dressings)  
2,000,000 metres)  
Diphtheria antitoxin  
Meningococcus serum  
Scarlet fever serum  
Linen (for surgical draping)  
Rubber gloves 75000 pairs  
X-ray film 6000 films  
Soap 12000 kgms

The items listed above, with the amounts, are estimates of  
the requirements for the next three months. They are only materials  
of fundamental importance. The less essential ones have been elimi-  
nated from this list, but they are on file, with the quantities needed  
in this office.

/s/ Lt. Col. R. T. Shackelford MC

RICHARD T. SHACKELFORD  
Lt. Col., MC  
Surgeon



FORM AD-2  
(15 MAR 45)

UNITED NATIONS  
RELIEF AND REHABILITATION ADMINISTRATION  
WASHINGTON 25, D. C.

ROUTE SLIP

To:

*Mr Jacobs*

DATE

ROOM NO.

☐ APPROVAL

☐ INVESTIGATE

☐ COMMENT

☐ SIGNATURE

☐ PREPARE REPLY

☐ SEE ME

☐ NECESSARY ACTION

☐ AS REQUESTED

☐ NOTE AND RETURN

☐ FOR YOUR INFORMATION

☐ NOTE AND FILE

☐ PER TELEPHONE CONVERSATION

REMARKS

From:

*M.B.*

ROOM NO.

311  
Middle East 410.6

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

8, SHARIA DAR EL-SHIFA - GARDEN CITY - CAIRO

CAWA:

273

TELEGRAPHIC ADDRESS :  
UNRRA-CAIRO

TELEPHONES :  
53170, 51421, 55439,  
41217, 43830.

Refs.:

{ Ours: Mov/Pol/10  
Yours:

CALO:


15th July, 1947

Director  
UNRRA HQ DP Operations  
Hotel Majestic  
Avenue Kleber  
PARIS XVIe  
-----

Dear Sir,

Enclosed herewith, for your information, please  
find report on 10th Polish, 1st Hungarian Flight ("TROUT")  
made on "City of Canterbury".

Yours faithfully,

  
Russell L. Ball,  
For Chief,  
Middle East Office.

c.c. UNRRA London  
UNRRA Washington ✓  
UNRRA Rome  
UNRRA Warsaw  
El Shatt Camp

Encl:

RLB/ac



SUBJECT : Report on 10th Polish, 1st Hungarian Flight ("TROUT") made on "City of Canterbury".

TO: Chief Repatriation and Movements Officer.

FROM: John M. Walmsley, O.C. Flight.

DATE : 30th June, 1947.

1. REFUGEE GROUPS AS PER AFW 5169

POLES

<u>Age</u>	<u>Male</u>	<u>Female</u>	<u>Total</u>
0 - 3	11	10	21
4 - 12	6	2	8
13- 17	2	2	4
Adults	<u>172</u>	<u>81</u>	<u>253</u>
	191	95	286

HUNGARIAN

1 Female Adult.

2. FLIGHT TEAM

John M. Walmsley : O.C. Flight  
Sarah T. Rausch : Nurse

3. EMBUSEMENT

Date : 3 May 1947  
Arrival at Port Said : 12.00 hrs.

The people were transported from Camp to Suez where they embused in British Military trucks. The heavy baggage was also transported to Port Said by Military vehicles.

4. EMBARKATION

Date : 3 May 1947      Time : 10.30 hrs.      Place : Port Said

Commenced : 13.30 hrs.  
Completed : Refugees 15.30 hrs.    Baggage 17.15 hrs.  
Sailed : 19.10 hrs.  
NAAFI served refreshments prior to embarkation.

Number in Cabins: People sick and old were accommodated in cabins. This was arranged with the purser and no extra charge was raised.

ESO staff at Port Said cooperated very well and embarkation was satisfactory.

5. SHIPBOARD ROUTINE

- Labour required . Fatigue parties for cleaning of ablutions and latrines etc. were required.
- Messing. Messing arrangements were made by the ship's R & M. One mess orderly from each table being the only labour required. Messing in general was very satisfactory. The food was good and no complaints were received.
- Hygiene and Cleanliness. The standard of cleanliness and hygiene among the people themselves seemed good.



- a) General Discipline. General discipline in this group was bad. 90% of the group absolutely refused to undertake any form of cleaning work. Furthermore the group leader seemed to have no control over his people at all. As a result of this the refugees quarters, washrooms and lavatories etc. were in a filthy condition during the whole voyage. On two occasions we managed to induce a few of the refugees to make a half hearted attempt to clean their quarters etc. but the results obtained were far from satisfactory.

Further difficulty was experienced with this group on entering the zone in the Adriatic Sea where it is necessary to wear life belts. Before these people would wear their life belt they had to be frightened into doing so by exaggerating the danger of minefields.

#### DISSEMBARKATION

Date 8 May 1947                      Time : 12.00 hrs.                      Place Venice.  
Commenced : 12.00 hrs.  
Completed : Refugees : 13.00 hrs.  
                    Baggage : 13.15 hrs.

Reception arrangements at the Port of Venice were satisfactory.

#### WELFARE

Generally speaking the people were well catered for on this flight. Quarters were reasonable - hospital accommodation was good - Cabin accommodation was supplied to deserving cases. Some people wished to pay the difference in fare from their own pockets and travel cabin class. As a matter of policy, however, this was refused. Food was good and canteen facilities were available.

#### MEDICAL

Medical attention and hospital service was good. The excellent service and treatment rendered by the SMO Maj. Oswald and his staff was very much appreciated.

A medical report by the nurse, Miss Sarah T. Rausch follows :

- " Six patients were brought to ship by ambulance from El Shatt Camp. These were  
" hospitalised immediately upon embarkation. A large number of cases of sea sickness  
" developed the second day of the trip, all recovered with no complications, none  
" requiring hospitalisation. Extra rations of fresh eggs and oranges were served  
" daily to all children. Extra milk was not served, only with their meals, three  
" times daily. Hospital cases were placed in special accommodation on the train,  
" and were attended by an Austrian doctor and two Italian nurses to their destination.

#### GENERAL REMARKS

- a) Both the military staff on the ship and the ship's officers were most helpful and their excellent co-operation were very much appreciated.  
b) Two hammocks were missing at the end of the trip.

#### GENERAL RECOMMENDATIONS

Owing to the trouble experienced, both on this flight and the last one, in inducing the refugees to clean washrooms and latrines, it is recommended that arrangements should be made with the ship to supply a cleaning party at UNRRA's expense for this purpose.

It is noticeable that the more difficult flights are composed of refugees from the Lebanon and Palestine where the people do not live in camps and few of their fellow travellers. Subsequently there is no communal spirit.

John M. Walmsley  
O.C. Flight.