

# UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

UNRRA District Office No. 2,  
11, Paulinenstrasse,  
Wiesbaden.

To: Miss Cornelia Heise, Child Welfare Officer  
UNRRA U.S. Zone Headquarters, Pasing.

From: Relief Services Office.

Subject: Convalescent Centres for Children.



Upon a recent visit to a Team, one of our Child Welfare workers was asked by the Team doctor if it would be possible for UNRRA to establish a Convalescent Centre for children who needed some special care.

These children would not necessarily be unaccompanied children, but would be ones who were recovering from an illness, or who needed special attention because of malnutrition, nervousness, or other health problems.

We passed this suggestion on to our District Health Division, but are also sending it forward to you as a matter of possible interest.

OLIVE BIGGAR,  
Relief Services Officer

*p.p. Virginia L. Poste.*  
By VIRGINIA L. POSTE,  
Child Welfare Specialist.

VLP/dl.



Cu 217  
File - Health care

UNRRA HEADQUARTERS, U.S. ZONE  
HEALTH DIVISION  
CONSOLIDATED SANITARY REPORT - DISPLACED PERSONS CAMPS  
FOR MONTH OF JUNE  
1946

ITEM	% of Camps Satisfactory				
	Dist.1	Dist.2	Dist.3	Dist.5	Zone wt.av.
<u>GENERAL INFORMATION</u>					
1. Camp Drainage	98	95	97	95	97
2. Clean Camp Area	96	98	97	97	97
3. Garbage Disposal	96	97	96	95	96
4. Supplies (Sanitation)	91	56	67	79	72
5. DDT Dusting	98	90	91	94	93
6. Lice Control	100	97	98	100	99
7. Fly Control	76	97	93	64	83
8. Rodent Control	100	83	90	98	93
<u>QUARTERS</u>					
9. Condition of Buildings	94	86	96	98	94
10. Clean Rooms	96	98	96	100	98
11. Bed Space	96	92	95	98	95
12. Bed Bug Control	98	93	96	100	97
<u>WATER SUPPLY</u>					
13. Source	98	98	92	98	96
14. Chlorinated or Bact. Exam.	89	79	50	62	66
15. Distribution	98	97	93	98	96
16. Supply Adequate	100	93	92	97	95
<u>TOILET FACILITIES</u>					
17. Numbers	83	75	77	78	78
18a. State of Repairs	98	88	92	97	93
18b. Cleanliness	96	97	94	97	96
<u>HANDWASHING FACILITIES</u>					
19. Number	94	88	73	86	83
20. Maintenance	100	98	98	100	99
21. Cleanliness	100	97	99	100	99

(over)



	Dist.1	Dist.2	Dist.3	Dist.5	Zone wtd avg
<u>BATHING FACILITIES</u>					
22. Number	91	90	88	89	89
23. Cleanliness	100	97	98	99	98
24. Maintenance	96	100	97	98	98
25. Special for Infants	74	42	41	30	44
<u>LAUNDRY FACILITIES</u>					
26. Type	96	95	97	97	97
27. Maintenance	96	98	96	93	96
28. Cleanliness	96	100	98	95	97
29. Adequacy	81	71	78	70	75
<u>MESS SANITATION</u>					
30. Food Storage	98	98	100	99	99
31. Refrigeration	87	54	56	64	63
32. Kitchen Equipment	91	93	88	95	91
33. Kitchen Cleanliness	100	100	98	99	99
34. Dining Room	80	69	63	84	73
35. Dining Room Cleanliness	100	98	100	99	99
36. Serving of Food	100	95	96	98	97
37. Dishwashing Equipment	89	73	84	89	84
38. Dishwashing Methods	89	73	83	90	85
39. Dish Storage	94	92	91	93	92
40. Personal Hygiene-Mess Personnel	100	100	100	100	100
41. Phy. Exam. - Mess Personnel	100	100	100	100	100
Population covered by Reports	41,442	89,272	80,005	62,887	273,606
% of Teams Reporting	65	98	92	58	79
% of Camps Reporting	66	88	70	61	69
% of Population Covered by Reports	66	98	84	53	74

The above percentages are derived from the monthly sanitary reports submitted by the UNRRA Team Doctors.

The weighted averages for the Zone are obtained by dividing the total number of satisfactory answers by the number of camps that reported.

DISTRIBUTION "A"



UNRRA US ZONE HQCTRS  
APO 757, US ARMY  
INTER-OFFICE MEMO

SUBJECT: Attached letter

No.	Date	From:	To:	Remarks
	22/6	C. I. Seine		This refers to planning for isolated instances of Polish
		Child Welfare		1 - <del>Vol. Agencies</del> accompanying children with T. B.
				2 - Health In a group of 42 Polish children admitted to the children's center at Degendorf, the 4 children with T. B.
				UNRRA doctor found and placed them in hospitals. He drew attention to the need for special planning, if this <sup>proportion</sup> is typical. Since Poland was at that time sending 400 children

Number, date and identify your remarks & draw a line completely across the page under your communication. Comment also on back.



with T.B. a Switzerland by Polish Red  
Cross Transport, we discussed with the  
Polish Red Cross the possibility of  
including individual unaccompanied  
children from Germany in the plan,  
thus providing health care and  
assuring repatriation along with the  
other Polish children.

Polish Red Cross and C.I.F.  
Child Welfare have had some  
discussion and effort was to be  
made to determine whether this  
would be a possibility for small  
numbers of children, in the event  
that larger numbers were found  
among Polish children newly  
removed from the Germans.

C.D.W.



of File

20th June, 1946.

SUBJECT: Possibility of sending unaccompanied Polish children with tuberculosis to Switzerland.

TO: UNRRA Central Headquarters,  
Arolsen.

Attn: Child Welfare Officer.

1. While Miss Heise was in Switzerland on vacation she took the occasion to meet Madame Fluegge of the Don Suisse. Miss Heise informed her that we had asked the Polish Red Cross to investigate the possibility of sending to Switzerland unaccompanied children from Germany who have t.b. in order that they may join a group of 400 children already in care in Switzerland and eventually be repatriated from there to their home country.

2. Madame Fluegge's response was enthusiastic. She explained that there seemed no reason why the Don Suisse should not undertake this service. In fact, the organization had been disappointed in that it was not called upon for service to more children from Germany. It was explained that negotiations would need to proceed from Warsaw to Switzerland as they had for the 400 children already received. We wanted only to bring to her attention the fact that we saw this problem and had asked the Polish Red Cross to take it up with Switzerland.

3. The Don Suisse is very eager to have a report of the transportation of the 35 Polish children from Switzerland to Poland and their reception. We shall forward reports from our escorts both to the Don Suisse and to you.

For the Zone Director:

(Miss) G. K. Richman  
Asst. Director,  
Relief Services.

Prepared by:  
Cornelia D. Heise  
Child Welfare Branch  
Relief Services Division.

Distribution:

2 - CHQ

1 - Miss Richman

1 - File

CDH:rp

sent to Vol agencies  
Health Div



Mrs. Heise - Child Welfare

217

18 June, 1946.

TO : Colonel Elliott  
From : Major Landsberg *E. Landsberg*  
Subject : Report on Field Trip - 5/18/46 - 5/22/46

This trip was made upon request from Major Manitoff who wanted the writer to attend a meeting at Regensburg of the District Medical Officers.

During the meeting time was given for a brief talk by the Zone Pediatrician followed by a short discussion period.

Major Manitoff asked the Zone Pediatrician to proceed to Bamberg and Furth and to take the District Pediatrician to Lichtfeld along and to bring him back to his own camp at Hohenfels at the end of the trip.

Teams visited were :

176 Bamberg  
307 Bamberg  
303 Furth  
552 Furth  
71 Hohenfels

DISTRIBUTION:

Colonel Elliott  
District Medical Officer & Nurse  
Team  
Child Welfare ✓  
File



TEAM 307 - BAMBERG -  
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Director: Mr.R.Price  
UNRRA Doctor: Dr.Catsanis  
UNRRA Nurse : Miss Cunningham  
D.P.Doctors : 8    D.P. Nurses: 5  
Nationalites : Poles, Ukranians, Balts.  
Total Population : 3,250  
Child Population : 467  
Age breakdown : 0-1 : 60  
                  1-6 : 149  
                  6-10 : 73  
                  10-18 : 185

There are 6 camps under this team's medical supervision. The two largest ones were visited, one of them is a Jewish camp. The Bamberg camp is well set up with beautiful playgrounds for the children. There are sandpiles, swings etc., all being used continuously by the children.

The camp infirmary has one isolation room but any ill person is sent at once to the DP hospital in Bamberg which has 50 beds plus a varying number of beds for Pediatric cases.

The hospital is clean and has a fairly well trained medical staff. Dr.Catsanis supervises all cases and is well informed about everything that goes on at the hospital . There is an isolation ward for contagious diseases as well as 10 maternity beds. The number of pregnancies at present is 70 cases with an average of 2 deliveries a week. At the camp a prenatal clinic is held as well as a well-baby-clinic. The latter calls for routine examination of all children once a month and in between visits whenever indicated. The records are well kept and minor changes proposed by the visitor were willingly accepted. ( Indicate on card the result of small-pox vaccination, write down treatments and not diagnosis only.) As usually, some difficulty exists in keeping track of the immunization program. Here again lists and lists are made out and the entire camp is "combed" at intervals to catch "delinquents". It was therefore suggested to set up an immunization file by month and this suggestion was readily accepted.

There have been sporadic cases of measles and scarlet fever without any spread. Radiography revealed 10 cases of Tbc all of which were sent to the Sanatorium. No known cases at the camp at present.

Within the past 4 months, 4 children had died all between the ages of 0-1 year and all with the diagnosis of Dispepsy. They all died at the hospital.

Food is prepared by the families in their own kitchens with the exception of the supplementary feeding for the age-groups 1-5 who receive a meal at 10 a.m. and 3 p.m. prepared at a special kitchen. For this reason it is hard to tell what the children are



Team 307- Bamberg- (Contd.)

actually receiving. Dr. Catsanis, Miss Cunningham, the Messing Officer and Mr. Price agreed that a childrens kitchen as well as a central dining room for the children would be most desirable but, they do not, at present, have the necessary equipment. They are all quite eager to establish these feeding facilities but do need pots, pans, stoves, etc...

It was agreed, however, to set up a formula room before the warm weather sets in where the mothers could take turns, under supervision, to prepare the milk and where the milk would be distributed at such intervals that no fluid milk would stand around longer than 4 hours without being kept cool, in the formula room. Miss Cunningham who is extremely interested in her work will teach the mothers how to prepare the formulas. There are only 60 children between 0-1 and of these most are breast fed so that the variety of formulas will be relatively small.

During the visit, the writer had the opportunity to attend a mothers class held by the very capable nurse, Miss Cunningham. A demonstration bath was given to a baby and the mothers were shown how to prepare formulas plus cereal. Many questions were asked during the discussion period that followed. It is this writer's very strong feeling that conferences like this should be held everywhere and at frequent intervals. Miss Cunningham did a very remarkable job.

It seems desirable to point out that D.P. doctors here as elsewhere procure drugs from German pharmacies. One boy with a post-vaccination abscess had been put on sulfanilamide (1 tablet bid) by the D.P. doctor. Assurance was given by Dr. Catsanis that no sulfadruugs are available at the camp since all people ill enough to warrant sulfatherapy are brought to the hospital. The conclusion therefore, was obviously that the D.P. doctor had procured his own German Prontosil. This practice seems a dangerous one since the D.P. doctors do not know how to use the drug nor are they trained to check blood and urine. Because they know that purchase at German pharmacies is not allowed, cases under treatment are not reported to the UNRRA doctor. Some device should be found to stop this dangerous practice especially since the drugs purchased are not only Sulfanemides but all kinds of other German drugs including, in some instances, narcotics.

The Jewish camp was visited briefly. The D.P. doctor in charge had some complaints about the difficulty to keep his patients. Many of them would show up once and never come back. This, he stated, applies particularly to the well-baby-clinic and the prenatal. However, most of the child population has been immunized and the children look well. Food is much more plentiful here and much more varied because of the help given by AJDC and other Jewish Voluntary Agencies. Dr. Catsanis supervises this large camp too. The whole staff seems very interested in the job and this shows definitely in the results.



TEAM 552 - FURTH -  
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This team was visisted by mistake. There are two teams in Furth and we drove up to the one with only 60 children while we were looking for 303 with 375 children. Since there are absolutely no UNRRA signs coming from Bamberg into Furth we were glad to find any team at all.

Only a few hours were spent here with the team Director, Team Doctor and Nurse. The set-up was found rather poor as far as pediatrics is concerned. The team had moved to this camp 3 months ago and as yet because of lack of supplies they had not been able to set up a clinic, an infirmary or any medical service to speak of. There seems to be an atmosphere of general discouragement lack of interest at present and apathy. The nurse is about to leave, the doctor is discouraged and a lack of activity is apparant throughout. There are no clinical records. It was impossible to find out what the childrens diet was, how much milk there were receiving, how much vitamins D or C. Meals are, at present, prepared at the homes of the individual families. A central kitchen was just beeing set up and the possibility of adding a children's kitchen was discussed with the staff. Also, there seemed to be a possibility to build a children's dining-room if wood could be obtained. The main handicap seems to be to arrange for a double set of kitchens since, this beeing a Jewish Camp, there have to be provisions made for Kosher kitchens.

The writer felt that things were so unsettled and so little information could be obtained on Pediatric questions that there was no use to spend any amount of time at the camp at this moment. A return visit should be made at a later date and in the meantime it would be desirable to have the District Dietician go out there to give some help in the feeding program.



TEAM 303 - FURTH MARZFEID -  
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Director : Commander Stallgbrass (British)  
.UNRRA Doctor : M.M.Hogg "  
UNRRA Nurse : Van Iameron (Dutch)  
D.P.Doctors : 6 D.P.Nurses : 7  
Nationalites : Balts, Ukranians, Poles  
2 camps : Marzfeld and Reitensaich and a number  
of smaller detachments.  
Total population at Marzfeld : 2,300  
Child population : 0-14 374  
Breakdown : 0-1 : 24  
              1-6 : 143  
              6-10 : 121  
              10-14 : 86

This camp is located out of Nurnberg in a former stockade with many long stretched single barracks. The premisses are very extensive and surrounded by barbed wire. The team just moved in very recently and the whole camp is humming with building- activities.

The clinic for the moment consists of one barrack divided by Army blankets into different rooms. Clinics are held regularly well-baby-clinic functions 4 times a week and records are kept very well. This camp seems to be a perfect example how standards of medical care can be kept high in spite of a most primitive physical set-up. Dr.Hogg's interest in her work and her untiring efforts to improve conditions deserve all recognition.

All ill persons are sent at present to the nearby D.P.hospital. An infirmary is beeing set up in one of the barracks with about 30 beds. There have been 2 deaths among the children within the past month. Both were under 6 months. Cause: Pneumonia with pneumoccus meningitis. This baby died 2 weeks after hospitalization. The other one was an acute gastroentiritis and died 4 days after admission to the hospital. There has been one case of measles during the second week of May. No other cases of measles or other contagious diseases.

The number of pregnant women was not yet known but this camp has about 1 delivery a month.

There are 8 cases of Tbc with two of them open cases. All of them are hospitalized at Mittelberg, Tuberculin was leftat Regensburg for this team's use.

The camp has a central kitchen for the entire population but a separate children kitchen is beeing planned as well as a children's mess hall. In spite of the difficult physical set-up there is a formula room where all the milk is prepared.

Dr.Hogg wanted some more information on infant feed-



Team 303 - Furth Marzfeld - (Contd.)

ing and on the use of certain drugs in Pediatrics and the writer discussed all topics with her. The question of Vigantol dosage was taken up and suggestions were made for the prevention of summer diarrhea.







Team 71 - Hohenfels - (Contd.)

preparation during the summer was discussed and conclusion as to its distribution were agreed upon.

The Director asked this writer who of the 2 doctors should be in charge since Dr. Cortina was leaving and not both could be in charge of the camp. The writer suggested that temporarily arrangements be made to have Dr. Lichtfield in charge for the following reasons: 1/ Dr. Levy had just arrived that day and Dr. Lichtfield had already been with this team for some weeks before Dr. Levy's arrival 2/ The camp has 800 children under 10 years and over 1000 under 17 years. With Dr. Lichtfield a well trained pediatrician in charge the safety of these children would be better guaranteed than with Dr. Levy who has mainly be trained as a physio-therapist. Mr. Sujet, the Director, asked the writer to inform the 2 doctors of these temporary arrangements so that they can work accordingly. It was pointed out quite definitely to all involved that this was a temporary decision to clear the situation for the moment until such time that Major Manitoff would make her own definit appointments.

Mr. Sujet stated that Major Manitoff had been at Hohenfels the previous day but had not left orders as to the use of the 2 doctors. This part of the visit is being described in such detail only because the Zone Pediatrician has been severely criticized in the meantime by Major Manitoff for having taken it upon herself to make "appointments" which should be made by the district medical officer only. While this was quite clear to the Zone Pediatrician it seems equally clear that no appointments had been made but only very temporary arrangements which were necessitated at the very moment by a very delicate and fluid situation. The Zone Pediatrician did not have in mind to overstep her limits of authority but only cared at the moment about the health of the children at the camp. The decision was made upon the team Director's request and in consultation with him since he wanted to know "who is who".

No recommendations were made except those mentioned above regarding the maternity ward.

This report would be incomplete if it didn't mention the excellent work the nurses are performing at Hohenfels against many odds.



HEADQUARTERS  
UNRRA DISTRICT NO. 5  
7 LAMONTSTRASSE  
MUNICH

*Child Welfare*  
*Miss Heise*  
109

4th June 1946  
MS/wn

Munich Civil - 458832  
Munich Military - 2190-1

**SUBJECT:** Conference held at Wartenburg on the 28th May 1946.  
**TO:** Mr. S. B. Zisman, Director, District 5.

1. Major Landsberg, Zone Pediatrician, Miss Mansbridge Zone Chief Nurse, Lt. Anne Petrovitch and myself met at Wartenburg to make an inspection and recommendation in the area of care for the smaller children. All wards and children as well as facilities inside and outside were inspected. There was a great deal of discussion as to the proper procedure in these areas and suggestions given.

2. As a follow-up of this conference Major Landsberg met in my office and the following suggestions agreed upon.

3. MEDICALLY

a. No sick child is to be kept at Wartenburg longer than 24 hours after the onset of symptoms of a disease.

b. No child under the age of five who is not gaining or is losing weight should be reported to Dr. McGuire who will make the necessary suggestions.

c. All formulas for children under 18 months should be carefully checked and revised at frequent intervals as the child becomes older. This should be done by the Doctor and Nurse combined.

d. No admissions can be made except on the days the Doctor is at the Center so that he can medically inspect and give recommendations for the child. New admissions that are in isolation should not be released without the Doctor's permission.

e. The ambulance is to be available for admissions and should only be used for specified purposes of ambulance.

f. If a child becomes ill Dr. McGuire is to be notified at once who will then notify Col. Proshek if indicated, who will in turn call upon the District Pediatrician if deemed necessary.



HEADQUARTERS  
UNRRA DISTRICT NO. 5  
7 LAMONTSTRASSE  
MUNICH

2.

Munich Civil - 458832  
Munich Military - 2190-1-2

g. Periodic thorough physical check ups should be given every child by the Physicians.

4. CHILD CARE

a. There should be a separate room for changing diapers.

(1) All soiled diapers should be disposed of in a closed container.

(2) All soiled diapers should be laundered in a vessel that is not used for any other purpose.

(3) All diapers should be boiled.

b. Each child should have a separate towel, wash cloth, soap and tooth brush. These should be hung where they are easily accessible to the child and separate for each child.

c. No coffee or tea should be served at any time to any child and no food kept in the rooms.

d. There should be a special day nursery for children eight months and over to crawl about in. They should be given some period in each day out of their cots for such periods. It is necessary also for these babies to be given the possibility of mixing with older children otherwise their general development, particularly their interests and their power to speak, may be seriously retarded.

e. The toys should be on the floor or table within reach of each child and not kept in cupboards or on the window sills. These toys should also be cleaned periodically.

f. The water in the swimming pool should be changed daily.

  
MARTHA STEINMETZ  
CHILD WELFARE OFFICER.

Distribution: Director, Wartenburg, Major Landsberg, Miss Heise, Miss Bruce, Lt.Col. Elliot, Lt.Col. Froehke, Lt.Petrovitch, Lt.Dick, Miss Horner, Dr.McGuire, Miss Mansbridge.



3rd June, 1946.

SUBJECT: Children who need special care because of mental problems.

TO: District Director,  
UNRRA District No. 5.  
Munich.

Attn: District Child Welfare Officer.

1. In an informal conversation with Eileen Blackey, Child Welfare Officer, Central Headquarters, I learned that mention had been made to her of two mental cases among the children at Leipheim. Alice Hamilton, Welfare Officer, was interested to know what services might be available and expressed the opinion that some provision should be made for care in hospitals other than German.

2. Will you discuss these cases with Miss Hamilton and possibly with Miss Rebecca Althoff and give them your suggestions as to whether these are isolated cases or whether there are more problems of the same kind, and, therefore, we should be giving more thought to special services.

For the Zone Director

Cornelia D. Heise.  
Child Welfare Branch  
Relief Services Division.

Distribution:

- 1 - District Director
- 1 - District Child Welfare Officer
- 1 - Miss Richman
- 1 - File ✓

CDH:rp



26 May 1946

SUBJECT: Sanitation Standards for Children.

TO : District Director,  
District No. 5,  
MUNICH.

ATTN : District Child Welfare Officer.

Some time ago you asked for any information Zone might have on sanitation standards with relation to bath facilities for children. The only material we have been able to find is Health Division Technical Bulletin No. 9, which, on Page 2, V., under Paragraphs B and C, has a bit of information about laundry and bathing facilities. A copy of the bulletin is enclosed.

Cornelia D. Heise,  
Zone Child Welfare Officer.

Distribution:  
2 - District 5.  
1 - Miss Richman.  
1 - File. ✓

Enc. Copy of Bulletin.

CHE/dg



C. 2 6  
to : turn to log of file  
CDH - File

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
U.S. Zone Headquarters

HEALTH DIVISION TECHNICAL BULLETIN NO. 9

Guide for Pediatrics Service in DP Camps

I. Services to be rendered:

- A. Complete routine examinations of all children (0-14 years)
- B. Follow-up examinations with weighing of infants every 2 weeks and older children every month
- C. Immunizations
- D. Fluoroscopic or X-ray examinations of the lungs
- E. Dental care
- F. Visual correction
- G. Weight records
- H. Vaginal smears and Wasserman tests when indicated
- I. Isolation and infirmary wards
- J. Daily inspection of barracks by nurse's aide for presence of sick children not brought to clinic

II. Personnel:

- A. Physician in charge - UNRRA  
Assistant Physician - DP when available
- B. Nurse in charge - UNRRA  
Nurses (DP) for sick ward and isolation ward and clinic  
Nurse (DP) for children's kitchen - to supervise kitchen personnel and kitchen sanitation
- C. Nurse's aides (DP) to be trained by UNRRA personnel
- D. Bath attendants
- E. Laundress for infants diapers, clothing and ward sheets

Note: All personnel handling food and infants to have -

- 1. X-ray of chest
- 2. Wasserman
- 3. Vaginal smears

III. Facilities for Pediatrics Service:

- A. Clinic office for children
- B. Treatment room
- C. Sick ward (simple bronchitis, grippe, otitis, etc.)
- D. Isolation ward (sore throats, exanthems, scabies, impetigo, etc.)
- E. Formula and feeding kitchen and dining room (0-6 years and children needing special diets)
- F. Bathing room
- G. Laundry

Note: No dry dusting or sweeping in sick wards or kitchen.



IV. Recommended Equipment:

- |                   |                       |
|-------------------|-----------------------|
| Infant scales     | Thermometers          |
| Adult scales      | Tongue Depressors     |
| Examining table   | Hemoglobinometer      |
| Treatment table   | Baumonometer          |
| Sterilizer        | Medical Record Charts |
| Otoscope          | Record Books          |
| Snellen Eye Chart | Files                 |
| Syringes          | Bed Charts            |
| Needles           | Ear Syringes          |
| Probes            | Medical Syringes      |
| Scissors          | Dressing Materials    |

V. Procedures and Practices Recommended:

A. Feeding and Formula kitchens

1. Facilities for sterilization of bottles and nipples and nipple jar - bottles and nipples to be brushed with warm soapy water. Rinse in clean water and boil for 10 minutes. Keep bottled formulas in frigidaire or ice box.
2. Nurse can prepare 2 sets of bottles in the morning for the 11:30 and 2:30 feeding; and then 3 sets of bottles in the afternoon for the 5:30 and 10 p.m. The third bottle can be kept in the frigidaire overnight to be heated in the morning for the 8 a.m. feeding.
3. Special diets for pre-school children should be prepared in a children's kitchen.

B. Laundry facilities: (To be supervised by Welfare Dept.)

All diapers, bedding and clothing to be washed, boiled and put through three clear rinses - separate from adult camp laundry.

C. Bathing facilities: (To be supervised by Welfare Dept.)

Galvanized tubs. One or two tubs set aside for children with impetigo, furunculosis, etc. Tub to be rinsed after each bath with creosol or lysol solution. Adequate supply of towels, wash cloths and combs for each child to be given an individual supply. Do not put vaccinated infants in the tub until after formation of scab.

VI. Formulas and Diets: (calculated according to the infant's weight)

A. Evaporated Milk, U.S.A.

	<u>3 kilos</u>	<u>4 kilos</u>	<u>5 kilos</u>	<u>6 kilos up to 1 yr.</u>
E.Milk	7 oz.(210 cc)	9 oz.(270 cc)	11 oz.(390 cc)	13 oz. (390 cc)
Boiled water	14 oz.(420 cc)	18 oz.(540 cc)	19 oz.(570 cc)	17 oz. (510 cc)
Sugar	1 tablespoon	2 tablespoons	2 tablespoons	2 tablespoons



## B. Whole Milk

	<u>3 kilos</u>	<u>4 kilos</u>	<u>5 kilos</u>	<u>6 kilos</u>	<u>7 kilos up to 1 year</u>
Whole milk	490 cc.	560 cc.	700 cc.	840 cc.	980 cc.
Boiled water	240 cc.	150 cc.	200 cc.	150 cc.	20 cc.
Sugar	1 tbsp.	2 tbsp.	2 tbsp.	2 tbsp.	2 tbsp.

Divide preceding formulas into 5 feedings and give at 4-hour intervals.

Add 50 mg. Vitamin C to one bottle each day.

Add Vitamin D-1000 I.U. daily)

Add Vitamin A-3000 I.U. daily) (5 drops of concentrate)

## VII. Formulas and Feeding Schedules

### A. Formula

Boiled water (cooled)	100 cc.
U.S. Evap. Milk	100 cc.
Lactic Acid U.S.P. (drop by drop)	1.5 cc.
Sugar	1 tablespoon

### B. Premature Feedings according to weight -

Age (days)	<u>1 kilo</u>	<u>1.5 kilo</u>	<u>2 kilo</u>	<u>2.5 kilo</u>	
1st day	0. cc	0. cc	0. cc	0. cc	)
2nd "	5. cc	10. cc	15. cc	20. cc	)
3rd "	6. cc	11. cc	17. cc	23. cc	)
4th "	7. cc	12. cc	19. cc	26. cc	)
5th "	8. cc	14. cc	21. cc	29. cc	)

amounts per  
feeding

Prematures to be given feedings at 3-hour intervals 8 times in 24 hours. Between feedings give sterile 5% glucose solution in boiled water or saline solution.

After 5 days increase each feeding by 2-3 cc. At the beginning of the 3rd week give Vitamin D, 4000 I.U. daily for 1 month; Vitamin A, 3000 I.U. daily for 1 month; Vitamin C, 50 mg. daily.

## VIII. Feeding Practices:

- A. Breast feeding - babies to be weaned before the 12th month of age.
- B. Bottle feeding to be discontinued at 12 months of age, or before. All babies should be drinking from a cup at 1 year of age.
- C. Solid feeding: Begin

1. Cereals and pureed fruits - at 3 months (1 teaspoon to 2 tablespoons)
2. Pureed vegetables - at 4 months " " " "
3. Egg yolk (fresh egg) - at 6 months " " " 1 whole yolk
4. Mashed potato - at 6 months " " " 2 tablespoons
5. Chopped liver, scraped  
beef and lamb - at 7 months. " " " "
6. Cottage cheese, tapioca,  
junket, custard - at 10 months " " " "

Foods listed above not on ration list should be requisitioned on a on a signed request by the camp physician.

For breast-fed infants Vitamin C, 50 mg. may be given crushed in a little boiled water once a day.



IX. Immunizations: \*

- A. Smallpox - at 5 months and over (to be done at any time of the year).  
Watch for expiration dates and keep in a cool place.  
Vaccinate in the deltoid area - use multiple pressure method with sterile  
needle - no scarifications; allow the vaccine to dry on the skin and use  
no dressing. Use no water on the shoulder until there is a scab formation.
- B. Diphtheria - at 9 months and over. 3 injections in the deltoid region,  
subcutaneously as follows:
1. Fluid toxoid.  
  
9 mo. - 6 yrs. 0.5 cc; 1.0 cc; 1.5 cc at monthly intervals  
6 yrs. - 12 yrs. 0.2 cc; 0.3 cc; 0.5 cc " " "  
12 " - 15 " 0.1 cc; 0.2 cc; 0.5 cc " " "
  2. Alum toxoid - 3 injections in the deltoid region intramuscularly, as  
follows:  
  
9 mo. - 10 yrs. 0.5 cc; 1.0 cc; 1.0 cc at monthly intervals  
10 yrs. - 15 yrs. 0.1 cc; 0.2 cc; 0.5 cc " " "
- C. Typhoid (T-A-B) Vaccine not to be used in infants under 2 years of age.  
3 injections subcutaneously, as follows:  
  
0.5 cc; 1.0 cc; 1.0 cc at weekly intervals.
- D. Typhus (Fleck)  
3 injections subcutaneously - (4-8 yrs)- 0.2 cc; 0.5 cc; 0.75 cc at  
weekly intervals

\* Booster doses

1. Diphtheria  
Fluid Toxoid 0.2 cc. every 3 years.
  2. Typhoid 0.5 cc. " year.
  3. Typhus 0.2 cc. " 6 months.
- - - - -

SUGGESTED DRUG SUPPLY FOR PEDIATRICS CLINIC

Adrenalin chloride 1:1000 - Asthma - 5 mm. s/cut. 6-10 yrs. (plus Phenobarbital as  
8-10 mm. " 10-14 " (shown below)

Aspirin (Tab. 0.50) -  $\frac{1}{2}$  Tablet - t.i.d. under 2 yrs.  
 $\frac{1}{2}$  " - q.i.d. 2-6 yrs.  
1 " - t.i.d. 6-12 yrs.

Boric Acid Powder - 1 teasp. to 1 pint boiling water

Boric Acid Ointment - external use

Castor Oil - 2 teasp. 2 years - 6 years  
1 tbsp. 6 - 18 years



Cascara Arom. 1 teasp. - 6-12 yrs. at bedtime

Calcium Gluconate (Tetany) - 1-2 gm. q.i.d. - 3 days; 2 gm. b.i.d. - 4 weeks;  
give 2000 U. Vit. D starting 2nd week of treatment.

Calcium chloride (Spasmophilia) - 1 gm. to 1.5 gm. plus Vitamin D - 3000 U. per day.

Cod Liver Oil - 1 teasp. b.i.d.

Coramine - 15-30 mm. in water - (Cardiac failure, Diphtheria, Pneumonia)

Digitalis - gr.  $\frac{1}{2}$  b.i.d. (Rheumatic Carditis (uncompensated or auricular fibrillation)

Ferrous Sul. Tab. - 1 tablet t.i.d. - 6-14 yr.

Gentian Violet Aqueous Solution 2% - external use - Thrush

Gentian Violet Tab. gr.  $\frac{1}{4}$  - see note on Special Drugs

Icthyol Ointment 10% - external use

Lactic Acid U.S.P. - see Formula for prematures

Lactose - 1 tablespoon in 8 oz. boiling water (Constipation - small infants)  
Divide into 4 doses during the day.

Merthiolate Th. - Antiseptic - external use

Magnesium Sulfate -  $\frac{1}{2}$  cup to 1 quart hot water - wet dressings

Mitigal - Scabies

Paregoric Elixir - 5 drops for Infant colic and diarrhea

Phenobarbital - Asthma - 6-10 yrs. gr.  $\frac{1}{4}$  t.i.d. (plus Adrenalin when necessary)  
10-14 yrs. gr.  $\frac{1}{4}$  q.i.d.

Sulfathiazole Tablet 0.50 gm. - see note on Special Drugs

Sulfadiazine Tablet 0.50 gm. - see note on Special Drugs

Sulfanilimide Tablet 0.50 gm. - see note on Special Drugs

Sodium Salicylate )  
Sodium Bicarbonate ) equal parts - Rheumatic Fever  
0.50 gm. of each per year of age - divide into 6 doses.  
Give day and nite - stop in case of nausea.

Sodium Citrate - 1 teasp. to daily formula for infants with hyperacid urine  
and irritated buttocks

Sulfathiazole Ointment 5-10% - Impetigo, furunculosis, burns - External use

Tannic Acid Jelly - External use - for burns

Yellow Mercuric Oxide Ointment 2% - External use - for Elepharitis



(Note:

b.i.d. - twice daily

t.i.d. - 3 times daily

Sulfadiazine	) 0-6 mo.	0.15 gm.	every 4 hrs.	day and night	(6 doses in 24 hrs)
and	) 6-12 "	0.25 gm.	"	"	"
<u>Sulfathiazole</u> )	1-3 yrs.	0.35 gm.	"	"	"
	3-6 "	0.50 gm.	"	"	"
	6-12 "	0.75 gm.	"	"	"
	12-15 "	1.00 gm.	"	"	"

If Sulfadiazine is used, the 24 hr. dosage may be given every 6 hrs. because the elimination is much slower than that of Sulfathiazole.

Sulfa drugs to be given 2-3 days with the above dosage until the temperature is normal, and then half the regular dosage for three days. Always give sodium bicarbonate or sodium citrate to maintain an alkaline urine. Force fluids. Watch for signs of drug intolerance, vomiting, rash, jaundice, bloody urine, or decreased urine output.

Santonin

One (1) grain per year up to five, and a half ( $\frac{1}{2}$ ) grain for each year after. (Do not give to infants under 6 months.) Give in milk and give salts the next morning.

$\frac{1}{4}$	grain -	3 times a day before meals for 10 days	(under 10 years)
$\frac{1}{2}$	grain -	" " " " " " " "	(10-13 years)
1	grain -	" " " " " " " "	(13 and up)

(After 5th day, stop medication for 24 hrs. and continue for the second 5 days)

Meningitis:

Give Sulfadiazine (or Sulfathiazole); 5 gms. in 100 cc. of Distilled Water intravenously. At the same time give the usual dosage of Sulfa by mouth every 3 hrs. Give 10 gms. of sodium bicarbonate at the time of the intravenous injection.



Diphtheria: Give one massive dose of Diphtheria Antitoxin as follows:

12,000 Units	for children under 1 yr.
15,000	" " " " 2 yrs.
20,000	" " " " from 2-6 yrs.
30,000	" " " " 6-10 yrs.
40,000	" " " " 10-14 yrs.
60,000	" " adults
100,000	" " Hemorrhagic Diphtheria

Additional injections are given only in case there is no improvement after 24 hours.

Important: Get a case history to determine if the patient has had serum injections, asthma, or urticaria. If so, give a desensitizing dose first - 1 cc. of serum subcutaneously one half hour before the first full dose. Keep a syringe loaded with Adrenalin to be used in case of shock.

Always keep a stock of Antitoxin on hand. Isolate all contacts and if deemed necessary, give 1,000-1,500 units of Antitoxin to the immediate contacts.

- - - - -

#### SUGGESTIONS FOR CARE AND SUPERVISION OF NEWBORNS DELIVERED IN THE D.P. CAMPS

- A. Nurse should always have immediately available -
1. Sterilized tape
  2. Th. Iodine
  3. Silver Nitrate 1% Solution
  4. Adhesive Tape
  5. Scales
- B. Tie cord with sterile tape.  
Paint cord with Th. Iodine.  
Apply sterile dressing and change daily.  
Instill 1-2 drops of Silver Nitrate 1% in each eye.  
Inspect infant for skin lesions - especially palms of hands and soles of feet.  
Write name of infant on two strips of adhesive tape and strap on 1 wrist and 1 ankle.  
Weigh infant at birth, on 7th day and 15th day (Normal infant loses weight up to 10th day).  
Do not feed infant for 24 hours. Give only boiled water - 2 oz. water plus 1 teaspoon of sugar every 4 hours.  
No baths until cord drops off.
- C. Prematures:
- Hospitalize all Prematures if possible. If not, do not leave infant in the barracks. Isolate the infant in camp infirmary.  
Wrap the infant's body in cotton. Make an "open" incubator with a clothes basket - lined with pillows. Keep infant well covered and surround with 3 hot water bottles. The mother or nurse's aide should be with infant nite and day to see that room remains warm and that hot water bottles are constantly refilled. Handle infant as little as possible.  
Give breast milk with dropper or spoon. If breast milk is not available, give infant the special formula for prematures.



D. Complications in Newborns - watch for signs of the following:

1. Hemorrhages

- a) Umbilical (when changing daily dressing)
- b) Gastro-intestinal (when changing diapers)

2. Jaundice

a) Non-infectious

- 1) Benign (physiological) - appears 2nd or 3rd day  
Stools are normal; urine clear; general condition good. No treatment necessary.
- 2) Grave - appears at birth or few hours later.  
Stools normal; urine contains urobiline. Liver and spleen enlarged. Somnolence. Blood: nucleated R.B.C.  
Treatment: 15 cm. of mother's whole blood injected intramuscularly every day for 15 days and daily injections of liver extract - 1 mgm. Vit. K (also intramuscularly).
- 3) Fatal Form - Necrosis of nuclei of brain with visceral hemorrhages. Appears 1st day - vomiting, diarrhea, tetanic rigidity and cerebral excitation - multiple hemorrhages. Death in few days.

b) Infectious

- 1) Benign form - following infected umbilicus  
Cyanosis - diarrhea - pale green stools - low grade fever - rapid loss of weight.  
Treatment: 5% glucose in saline subcutaneously. Treat umbilical infection with Sulfathiazole Powder.
- 2) Grave form -  
Hematemesis - hematuria - diarrhea - subnormal temperature.  
Treatment: Vitamin K - 1 mgm Liver Extract intramuscularly and 5% glucose in saline subcutaneously.
- 3) Bronze jaundice -  
Marked cyanosis - skin is almost black. Bloody urine - green stools. Death 3-4 days.
- 4) Jaundice due to malformations - i.e. atresia of bile ducts.  
Intense jaundice. Urine deeply stained with bile. Stools - colorless. Purpura - hemorrhages - melana - somnolence - convulsions. Death 1st week. (Occasionally these infants survive several months)

3. Skin Manifestations

- a) Pemphigus - vesicles filled with bloody seropurulent fluid on palms of hands and soles of feet.

Isolation and antiluetic treatment.

b) Infection of umbilicus

- 1) Purulent discharge  
Cleanse with alcohol; paint with Gentian Violet 2% Aq. Sol. or powder with sulfanilamide powder and apply sterile dressings.
- 2) Umbilical erysipelas  
Isolation - Apply locally Methylene Blue 5% Aq. Sol. or Ichthol Ointment 10% or Ravinol.
- 3) Pyodermatitis (Furunculosis)  
Wash skin with Sol. of Creosol (1 teasp. - 2 Quarts water)  
Apply Sulfathiazole Ointment 5% on infected pustules.



4. Congenital Cyanosis -

- a) Cardiac anomalies - (often death in 1st week)
- b) Paroxymal Cyanosis - (Vasomotor instability which infant outgrows)

5. Thrush(Monilia - Fungus infection) - Tongue, gums and mucous lining of mouth covered with white growth.

Swab with Methylene Blue - 2% Aqueous Solution nite and morning.

6. Rhinitis - Seropurulent discharge - bilateral - appearing in 2nd week.  
Check for lues and treat.

7. In case of Syncope in Newborns or Prematures, give

- 1 drop Coramine in water 4 times a day, and
- 1 ampule Lobeline (subcutaneous injection)

or

2 drops of Adrenalin in 1 oz. water - give in 4 doses.

- - - - -

Pediatrics consultation services are available and may be requested through Health Division, UNRRA Headquarters, U.S. Zone.

BY ORDER OF THE ZONE DIRECTOR

D. C. Elliott, Lt.Col., USPHS  
Chief Medical Officer

26 December 1945

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Child Welfare  
"Pediatrics Service" 22  
Health Service

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
U.S. Zone Headquarters

HEALTH DIVISION TECHNICAL BULLETIN NO. 9

Guide for Pediatrics Service in DP Camps

I. Services to be rendered:

- A. Complete routine examinations of all children (0-14 years)
- B. Follow-up examinations with weighing of infants every 2 weeks and older children every month
- C. Immunizations
- D. Fluoroscopic or X-ray examinations of the lungs
- E. Dental care
- F. Visual correction
- G. Weight records
- H. Vaginal smears and Wasserman tests when indicated
- I. Isolation and infirmary wards
- J. Daily inspection of barracks by nurse's aide for presence of sick children not brought to clinic

II. Personnel:

- A. Physician in charge - UNRRA  
Assistant Physician - DP when available
- B. Nurse in charge - UNRRA  
Nurses (DP) for sick ward and isolation ward and clinic  
Nurse (DP) for children's kitchen - to supervise kitchen personnel and kitchen sanitation
- C. Nurse's aides (DP) to be trained by UNRRA personnel
- D. Bath attendants
- E. Laundress for infants diapers, clothing and ward sheets

Note: All personnel handling food and infants to have -

- 1. X-ray of chest
- 2. Wasserman
- 3. Vaginal smears

III. Facilities for Pediatrics Service:

- A. Clinic office for children
- B. Treatment room
- C. Sick ward (simple bronchitis, grippe, otitis, etc.)
- D. Isolation ward (sore throats, exanthems, scabies, impetigo, etc.)
- E. Formula and feeding kitchen and dining room (0-6 years and children needing special diets)
- F. Bathing room
- G. Laundry

Note: No dry dusting or sweeping in sick wards or kitchen.



#### IV. Recommended Equipment:

Infant scales	Thermometers
Adult scales	Tongue Depressors
Examining table	Hemoglobinometer
Treatment table	Baumonometer
Sterilizer	Medical Record Charts
Otoscope	Record Books
Snellen Eye Chart	Files
Syringes	Bed Charts
Needles	Ear Syringes
Probes	Medical Syringes
Scissors	Dressing Materials

#### V. Procedures and Practices Recommended:

##### A. Feeding and Formula kitchens

1. Facilities for sterilization of bottles and nipples and nipple jar - bottles and nipples to be brushed with warm soapy water. Rinse in clean water and boil for 10 minutes. Keep bottled formulas in frigidaire or ice box.
2. Nurse can prepare 2 sets of bottles in the morning for the 11:30 and 2:30 feeding; and then 3 sets of bottles in the afternoon for the 5:30 and 10 p.m. The third bottle can be kept in the frigidaire overnight to be heated in the morning for the 8 a.m. feeding.
3. Special diets for pre-school children should be prepared in a children's kitchen.

##### B. Laundry facilities: (To be supervised by Welfare Dept.)

All diapers, bedding and clothing to be washed, boiled and put through three clear rinses - separate from adult camp laundry.

##### C. Bathing facilities: (To be supervised by Welfare Dept.)

Galvanized tubs. One or two tubs set aside for children with impetigo, furunculosis, etc. Tub to be rinsed after each bath with creosol or lysol solution. Adequate supply of towels, wash cloths and combs for each child to be given an individual supply. Do not put vaccinated infants in the tub until after formation of scab.

#### VI. Formulas and Diets: (calculated according to the infant's weight)

##### A. Evaporated Milk, U.S.A.

	<u>3 kilos</u>	<u>4 kilos</u>	<u>5 kilos</u>	<u>6 kilos up to 1 yr.</u>
E.Milk	7 oz.(210 cc)	9 oz.(270 cc)	11 oz.(390 cc)	13 oz. (390 cc)
Boiled water	14 oz.(420 cc)	18 oz.(540 cc)	19 oz.(570 cc)	17 oz. (510 cc)
Sugar	1 tablespoon	2 tablespoons	2 tablespoons	2 tablespoons



## B. Whole Milk

	<u>3 kilos</u>	<u>4 kilos</u>	<u>5 kilos</u>	<u>6 kilos</u>	<u>7 kilos up to 1 year</u>
Whole milk	490 cc.	560 cc.	700 cc.	840 cc.	980 cc.
Boiled water	240 cc.	150 cc.	200 cc.	150 cc.	20 cc.
Sugar	1 tbsp.	2 tbsp.	2 tbsp.	2 tbsp.	2 tbsp.

Divide preceding formulas into 5 feedings and give at 4-hour intervals.

Add 50 mg. Vitamin C to one bottle each day.

Add Vitamin D-1000 I.U. daily)

Add Vitamin A-3000 I.U. daily)(5 drops of concentrate)

## VII. Formulas and Feeding Schedules

### A. Formula

Boiled water (cooled)	100 cc.
U.S. Evap. Milk	100 cc.
Lactic Acid U.S.P. (drop by drop)	1.5 cc.
Sugar	1 tablespoon

### B. Premature Feedings according to weight -

Age (days)	<u>1 kilo</u>	<u>1.5 kilo</u>	<u>2 kilo</u>	<u>2.5 kilo</u>	
1st day	0. cc	0. cc	0. cc	0. cc	)
2nd "	5. cc	10. cc	15. cc	20. cc	)
3rd "	6. cc	11. cc	17. cc	23. cc	)
4th "	7. cc	12. cc	19. cc	26. cc	)
5th "	8. cc	14. cc	21. cc	29. cc	)

amounts per  
feeding

Prematures to be given feedings at 3-hour intervals 8 times in 24 hours. Between feedings give sterile 5% glucose solution in boiled water or saline solution.

After 5 days increase each feeding by 2-3 cc. At the beginning of the 3rd week give Vitamin D, 4000 I.U. daily for 1 month; Vitamin A, 3000 I.U. daily for 1 month; Vitamin C, 50 mg. daily.

## VIII. Feeding Practices:

- A. Breast feeding - babies to be weaned before the 12th month of age.
- B. Bottle feeding to be discontinued at 12 months of age, or before. All babies should be drinking from a cup at 1 year of age.
- C. Solid feeding: Begin

1. Cereals and pureed fruits - at 3 months (1 teaspoon to 2 tablespoons)
2. Pureed vegetables - at 4 months " " " "
3. Egg yolk (fresh egg) - at 6 months " " " 1 whole yolk
4. Mashed potato - at 6 months " " " 2 tablespoons
5. Chopped liver, scraped  
beef and lamb - at 7 months " " " "
6. Cottage cheese, tapioca,  
junket, custard - at 10 months " " " "

Foods listed above not on ration list should be requisitioned on a on a signed request by the camp physician.

For breast-fed infants Vitamin C, 50 mg. may be given crushed in a little boiled water once a day.



IX. Immunizations: \*

- A. Smallpox - at 5 months and over (to be done at any time of the year).  
Watch for expiration dates and keep in a cool place.  
Vaccinate in the deltoid area - use multiple pressure method with sterile  
needle - no scarifications; allow the vaccine to dry on the skin and use  
no dressing. Use no water on the shoulder until there is a scab formation.
- B. Diphtheria - at 9 months and over. 3 injections in the deltoid region,  
subcutaneously as follows:
1. Fluid toxoid
- |                  |         |         |        |                      |
|------------------|---------|---------|--------|----------------------|
| 9 mo. - 6 yrs.   | 0.5 cc; | 1.0 cc; | 1.5 cc | at monthly intervals |
| 6 yrs. - 12 yrs. | 0.2 cc; | 0.3 cc; | 0.5 cc | " " "                |
| 12 " - 15 "      | 0.1 cc; | 0.2 cc; | 0.5 cc | " " "                |
2. Alum toxoid - 3 injections in the deltoid region intramuscularly, as follows:
- |                   |         |         |        |                      |
|-------------------|---------|---------|--------|----------------------|
| 9 mo. - 10 yrs.   | 0.5 cc; | 1.0 cc; | 1.0 cc | at monthly intervals |
| 10 yrs. - 15 yrs. | 0.1 cc; | 0.2 cc; | 0.5 cc | " " "                |
- C. Typhoid (T-A-B) Vaccine not to be used in infants under 2 years of age.  
3 injections subcutaneously, as follows:
- 0.5 cc; 1.0 cc; 1.0 cc at weekly intervals.
- D. Typhus (Fleck)  
3 injections subcutaneously - (4-8 yrs)- 0.2 cc; 0.5 cc; 0.75 cc at  
weekly intervals

\* Booster doses

1. Diphtheria  
Fluid Toxoid 0.2 cc. every 3 years.
  2. Typhoid 0.5 cc. " year.
  3. Typhus 0.2 cc. " 6 months.
- - - - -

SUGGESTED DRUG SUPPLY FOR PEDIATRICS CLINIC

Adrenalin chloride 1:1000 - Asthma - 5 mm. s/cut. 6-10 yrs. (plus Phenobarbital as  
8-10 mm. " 10-14 " (shown below)

Aspirin (Tab. 0.50) -  $\frac{1}{2}$  Tablet - t.i.d. under 2 yrs.  
 $\frac{1}{2}$  " - q.i.d. 2-6 yrs.  
1 " - t.i.d. 6-12 yrs.

Boric Acid Powder - 1 teasp. to 1 pint boiling water

Boric Acid Ointment - external use

Castor Oil - 2 teasp. 2 years - 6 years  
1 tbsp. 6 - 18 years



- Cascara Arom. 1 teasp. - 6-12 yrs. at bedtime
- Calcium Gluconate (Tetany) - 1-2 gm. q.i.d. - 3 days; 2 gm. b.i.d. - 4 weeks;  
give 2000 U. Vit. D starting 2nd week of treatment.
- Calcium chloride (Spasmophilia) - 1 gm. to 1.5 gm. plus Vitamin D - 3000 U. per day.
- Cod Liver Oil - 1 teasp. b.i.d.
- Coramine - 15-30 mm. in water - (Cardiac failure, Diphtheria, Pneumonia)
- Digitalis - gr.  $\frac{1}{2}$  b.i.d. (Rheumatic Carditis (uncompensated or auricular fibrillation)
- Ferrous Sul. Tab. - 1 tablet t.i.d. - 6-14 yr.
- Gentian Violet Aqueous Solution 2% - external use - Thrush
- Gentian Violet Tab. gr.  $\frac{1}{4}$  - see note on Special Drugs
- Icthyol Ointment 10% - external use
- Lactic Acid U.S.P. - see Formula for prematures
- Lactose - 1 tablespoon in 8 oz. boiling water (Constipation - small infants)  
Divide into 4 doses during the day.
- Merthiolate Tn. - Antiseptic - external use
- Magnesium Sulfate -  $\frac{1}{2}$  cup to 1 quart hot water - wet dressings
- Mitigal - Scabies
- Paregoric Elixir - 5 drops for Infant colic and diarrhea
- Phenobarbital - Asthma - 6-10 yrs. gr.  $\frac{1}{4}$  t.i.d. (plus Adrenalin when necessary)  
10-14 yrs. gr.  $\frac{1}{4}$  q.i.d.
- Sulfathiazole Tablet 0.50 gm. - see note on Special Drugs
- Sulfadiazine Tablet 0.50 gm. - see note on Special Drugs
- Sulfanilimide Tablet 0.50 gm. - see note on Special Drugs
- Sodium Salicylate )  
Sodium Bicarbonate ) equal parts - Rheumatic Fever  
0.50 gm. of each per year of age - divide into 6 doses.  
Give day and nite - stop in case of nausea.
- Sodium Citrate - 1 teasp. to daily formula for infants with hyperacid urine  
and irritated buttocks
- Sulfathiazole Ointment 5-10% - Impetigo, furunculosis, burns - External use
- Tannic Acid Jelly - External use - for burns
- Yellow Mercuric Oxide Ointment 2% - External use - for Elepharitis



Zinc Oxide Ointment - for external use

Alcohol

(Note:

Ether

( b.i.d. - twice daily )

Glucose Solution 5% - sterile solution

( t.i.d. - 3 times daily )

( q.i.d. - 4 times daily )

### SPECIAL DRUGS

Sulfadiazine )	0-6 mo.	0.15 gm.	every 4 hrs.	day and night	(6 doses in 24 hrs)
and )	6-12 "	0.25 gm.	" " "	" " "	" " "
<u>Sulfathiazole</u> )	1-3 yrs.	0.35 gm.	" " "	" " "	" " "
	3-6 "	0.50 gm.	" " "	" " "	" " "
	6-12 "	0.75 gm.	" " "	" " "	" " "
	12-15 "	1.00 gm.	" " "	" " "	" " "

For the initial dose only, triple the regular dose.

If Sulfadiazine is used, the 24 hr. dosage may be given every 6 hrs. because the elimination is much slower than that of Sulfathiazole.

Sulfa drugs to be given 2-3 days with the above dosage until the temperature is normal, and then half the regular dosage for three days. Always give sodium bicarbonate or sodium citrate to maintain an alkaline urine. Force fluids. Watch for signs of drug intolerance, vomiting, rash, jaundice, bloody urine, or decreased urine output.

Do not give Sulfa drugs for grippe, ordinary sore throats, etc.

### Santonin

For Round Worms.

One (1) grain per year up to five, and a half ( $\frac{1}{2}$ ) grain for each year after. (Do not give to infants under 6 months.) Give in milk and give salts the next morning.

### Gentian Violet For Thread Worms.

$\frac{1}{4}$ grain -	3 times a day before meals for 10 days	(under 10 years)
$\frac{1}{2}$ grain -	" " " " " " " " "	(10-13 years)
1 grain -	" " " " " " " " "	(13 and up)

(After 5th day, stop medication for 24 hrs. and continue for the second 5 days)

### Suggested Treatment Schedules

### Meningitis:

Give Sulfadiazine (or Sulfathiazole); 5 gms. in 100 cc. of Distilled Water intravenously. At the same time give the usual dosage of Sulfa by mouth every 3 hrs. Give 10 gms. of sodium bicarbonate at the time of the intravenous injection.



Diphtheria: Give one mass dose of Diphtheria Antitoxin follows:

12,000	Units	for	children	under	1	yr.
15,000	"	"	"	"	2	yrs.
20,000	"	"	"	from	2-6	yrs.
30,000	"	"	"	"	6-10	yrs.
40,000	"	"	"	"	10-14	yrs.
60,000	"	"	adults			
100,000	"	"	Hemorrhagic	Diphtheria		

Additional injections are given only in case there is no improvement after 24 hours.

Important: Get a case history to determine if the patient has had serum injections, asthma, or urticaria. If so, give a desensitizing dose first - 1 cc. of serum subcutaneously one half hour before the first full dose. Keep a syringe loaded with Adrenalin to be used in case of shock.

Always keep a stock of Antitoxin on hand. Isolate all contacts and if deemed necessary, give 1,000-1,500 units of Antitoxin to the immediate contacts.

- - - - -

SUGGESTIONS FOR CARE AND SUPERVISION OF  
NEWBORNS DELIVERED IN THE D.P. CAMPS

- A. Nurse should always have immediately available -
  1. Sterilized tape
  2. Th. Iodine
  3. Silver Nitrate 1% Solution
  4. Adhesive Tape
  5. Scales
- B. Tie cord with sterile tape.  
Paint cord with Th. Iodine.  
Apply sterile dressing and change daily.  
Instill 1-2 drops of Silver Nitrate 1% in each eye.  
Inspect infant for skin lesions - especially palms of hands and soles of feet.  
Write name of infant on two strips of adhesive tape and strap on 1 wrist and 1 ankle.  
Weigh infant at birth, on 7th day and 15th day (Normal infant loses weight up to 10th day).  
Do not feed infant for 24 hours. Give only boiled water - 2 oz. water plus 1 teaspoon of sugar every 4 hours.  
No baths until cord drops off.
- C. Prematures:  
Hospitalize all Prematures if possible. If not, do not leave infant in the barracks. Isolate the infant in camp infirmary.  
Wrap the infant's body in cotton. Make an "open" incubator with a clothes basket - lined with pillows. Keep infant well covered and surround with 3 hot water bottles. The mother or nurse's aide should be with infant nite and day to see that room remains warm and that hot water bottles are constantly refilled. Handle infant as little as possible.  
Give breast milk with dropper or spoon. If breast milk is not available, give infant the special formula for prematures.



D. Complications in Newborns - watch for signs of the following:

1. Hemorrhages

- a) Umbilical (when changing daily dressing)
- b) Gastro-intestinal (when changing diapers)

2. Jaundice

a) Non-infectious

- 1) Benign (physiological) - appears 2nd or 3rd day  
Stools are normal; urine clear; general condition good. No treatment necessary.
- 2) Grave - appears at birth or few hours later.  
Stools normal; urine contains urobiline. Liver and spleen enlarged. Somnolence. Blood: nucleated R.B.C.  
Treatment: 15 cm. of mother's whole blood injected intramuscularly every day for 15 days and daily injections of liver extract - 1 mgm. Vit. K (also intramuscularly).
- 3) Fatal Form - Necrosis of nuclei of brain with visceral hemorrhages. Appears 1st day - vomiting; diarrhea, tetanic rigidity and cerebral excitation - multiple hemorrhages. Death in few days.

b) Infectious

- 1) Benign form - following infected umbilicus  
Cyanosis - diarrhea - pale green stools - low grade fever - rapid loss of weight.  
Treatment: 5% glucose in saline subcutaneously. Treat umbilical infection with Sulfathiazole Powder.
- 2) Grave form -  
Hematemesis - hematuria - diarrhea - subnormal temperature.  
Treatment: Vitamin K - 1 mgm Liver Extract intramuscularly and 5% glucose in saline subcutaneously.
- 3) Bronze jaundice -  
Marked cyanosis - skin is almost black. Bloody urine - green stools. Death 3-4 days.
- 4) Jaundice due to malformations - i.e. atresia of bile ducts.  
Intense jaundice. Urine deeply stained with bile. Stools - colorless. Purpura - hemorrhages - melena - somnolence - convulsions. Death 1st week. (Occasionally these infants survive several months)

3. Skin Manifestations

- a) Pemphigus - vesicles filled with bloody seropurulent fluid on palms of hands and soles of feet.

Isolation and antiluetic treatment.

b) Infection of umbilicus

- 1) Purulent discharge  
Cleanse with alcohol; paint with Gentian Violet 2% Aq. Sol. or powder with sulfanilamide powder and apply sterile dressings.
- 2) Umbilical erysipelas  
Isolation - Apply locally Methylene Blue 5% Aq. Sol. or Icthyol Ointment 10% or Ravinol.
- 3) Pyodermatitis (Furunculosis)  
Wash skin with Sol. of Cresol (1 teasp. - 2 Quarts water)  
Apply Sulfathiazole Ointment 5% on infected pustules.



4. Congenital Cyanosis -

- a) Cardiac anomalies - (often death in 1st week)
- b) Paroxymal Cyanosis - (Vasomotor instability which infant outgrows)

5. Thrush(Monilia - Fungus infection) - Tongue, gums and mucous lining of mouth covered with white growth.  
Swab with Methylene Blue - 2% Aqueous Solution nite and morning.

6. Rhinitis - Seropurulent discharge - bilateral - appearing in 2nd week.  
Check for lues and treat.

7. In case of Syncope in Newborns or Prematures, give

1 drop Coramine in water 4 times a day, and  
1 ampule Lobeline (subcutaneous injection)

or

2 drops of Adrenalin in 1 oz. water - give in 4 doses.

- - - - -

Pediatrics consultation services are available and may be requested through Health Division, UNRRA Headquarters, U.S. Zone.

BY ORDER OF THE ZONE DIRECTOR

*[Signature]*  
D. C. Elliott, Lt.Col., USPHS  
Chief Medical Officer

26 December 1945

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Health Care

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
U. S. ZONE HEADQUARTERS.

SUPPLEMENT A.  
HEALTH DIVISION TECHNICAL BULLETIN No 9.

SUGGESTIONS FOR CHILD HEALTH EDUCATION IN D.P. CAMPS.

U.N.R.R.A. Medical Officers and Nurses have an opportunity to develop a public Health education program for children and young mothers by establishing a cooperative plan of instruction with the camp welfare officer and school teacher. Many requests for such a guide have been received. The following suggestions are made to help in the development of local plans and include in simple language, material which might be of value in the discussion of health problems with young mothers and nurses aides.

The adolescent group instruction on Social Hygiene and the dangers and results of Venereal Diseases can be given by the Camp Medical Officer. The girls could be given separate instructions by a woman physician when there is one in the camp.

These notes were prepared by the consulting pediatrician and child welfare officer.

FEEDING -- Breast milk is the best for all infants except in rare cases of allergy to mother's milk or in cases of illness of the mother such as tuberculosis or other infectious diseases.

If a mother does not have sufficient milk, give the infant whatever breast milk the mother has and supplement with artificial feeding. Feed the baby at regular intervals, preferably every 4 hours --five times a day-- and not haphazardly whenever he cries. Always boil the infant's drinking water. Cleanliness is essential because the infant has very little resistance against infection. Boil bottles and nipples and the water used in the formulas. Do not put the nipple in your mouth to test the temperature of the milk. Simply shake a few drops of the milk out on the back of the hand. Except for the premature infant, you should not feed the infant after 10 or 11 o'clock at night. If the baby is not satisfied to wait four hours between feedings, take him to the doctor to be weighed and have the formula increased.



Do not give the baby his bottle lying in the crib, but hold him upright in one arm and hold the bottle sufficiently tilted forwards so that the neck of the bottle is always full of milk. This will prevent the infant from swallowing large amounts of air which may give him colicky pains later. When he has finished his feeding hold him over one shoulder and rap him strongly on his back until he has belched up any air swallowed and then put him in his crib. If he does not want to finish all the milk in the bottle, do not force the baby to take it ---he knows when he has had enough---. Do not leave a nipple in the infant's mouth for him to suck all day.

Be sure that the baby gets Cod Liver Oil or some form of Vitamin D, so that the Calcium in the milk will be deposited in his bones to avoid their deformity. If there is no fresh fruit available, give him one tablet of Vitamin C. a day, crushed in his milk.

If in the first weeks after birth the infant develops an eczema, change the milk, if it is possible. The Medical Officer may be able to requisition goat's milk or soybean milk. Most often the eczema is the result of an allergy to milk. If no improvement occurs, and the infant is getting Cod Liver Oil, change to the synthetic Vitamin D (Vigantol) now available to all camps (UNRRA Warehouses). Or, if he is getting fruit juice, eliminate the juice and try Vitamin C. tablets.

If the allergy develops after beginning cereals, drop cereals for a week or two as a check. If it appears after adding vegetables to the diet, eliminate one vegetable at a time.

Occasionally, egg yolk is the offending food. In all cases, stop using soap and wash infant with clear water only. It may not be food but wool, in which case, cotton must be used next to the infant's skin.



In cases which are stubborn after all foods and contacts have been eliminated for a time and the cause cannot be found mothers should be told that infants outgrow infantile eczema by the time they are 2 years old.

When the baby is three months old, start him on soft semi-solid foods. He may not like it at first. If he does not want to take a cereal, try a puree of stewed fruit. It may take him two or three weeks to get used to a spoon but one must be patient with him --even if he only takes one teaspoonful at a time the first few days.

Give him an unbreakable cup, when he is six or seven months old and let him handle it so that by the time he is 10 months old he will be ready to take his milk from a cup.

CLEANLINESS - During the first ten days the baby's skin will absorb the greasy coating on his body at birth. Do not bathe him until the tenth day because babies who are not bathed and who are allowed to absorb the oily matter on their skin at birth, are less likely to have skin infections than those who are bathed during the first week. Give the infant a daily bath and a clean change of clothing every day. In case of "cradle cap" (crust-on-scalp) use tincture of Green Soap, heavy leather, allow to dry and rinse; then oil well with vaseline night and morning. Comb off crust gently, a little at a time as it becomes soft and loose.

When you do bathe the baby use warm water. Test the water with your elbow. The water should feel just comfortably warm to the elbow. The room should be warm and there should be no drafts. Put the infant on a clean towel, wash the face with clear water, then lather the scalp and entire body with soap; rinse the soap off and dry the baby quickly. Do not wrap the infant in a cloth when you put him in the bath tub. The baby's wash cloth and towel should never be used by any one else.



Powder is not necessary. In fact it often cakes in the crevasses and becomes an irritant.

Change the baby's diapers just as soon as they are wet or soiled. Wash the buttocks with clear water, dry and pin on a clean diaper. If the infant's buttocks look red, take the baby to the doctor. The urine may be too acid and he may need a teaspoonful of citrate or sodium bicarbonate added to his formula and a little boric acid or Zinc oxide ointment rubbed on his skin. A male infant may have a tight foreskin and an irritated glans which causes him to urinate frequently. The infant is almost continuously wet and his buttocks may become red and excoriated. When this cause is clearly established, circumcision should be done in a hospital. Always rinse soiled diapers in clear water at once and give them to the camp laundry or if you wash them yourself, wash them in hot soapy water, rinse through three clear waters and hang them in the sun to dry.

CLOTHING - Do not put clothing on an infant that will restrain him in any way. He should have free play of arms and legs. The well baby sleeps most of the time or rather takes repeated "cat naps". The baby who cries is either hungry, cold, wet or restrained; only occasionally a cry means illness or a pain.

Infants should be taken outdoors every day -except in case of rain. They should be kept in the sunshine a couple of hours, preferably between 10 and 2 pm. when the winter sun's ultra violet rays are strongest.

GROWTH -- A normal baby loses weight the first 7 - 10 days of life and then begins to gain about a kilogram (2 pounds) a month the first year of life.

If the baby does not gain, the doctor should know about it at once -the baby is either not getting enough milk and food or is not well. For that reason, every mother should take her baby regularly to the well baby clinic. However, a mother



should learn that a fat baby does not necessarily mean a healthy baby. Often enough a fat infant is an anaemic infant or a rachitic infant.

#### "DONTs"

1. Do not allow children or adults with colds, coughs, sore throats or skin rashes to handle or contact your baby.
2. Do not give the baby coffee or any other drink or food not ordered by the doctor.
3. Do not give the baby a bottle every time he cries and do not give him a nipple to suck between feedings.
4. Do not wait until your infant is very ill before taking him to the doctor.

#### SIGNS OF PROGRESS IN THE NORMAL BABY --

VISION : A normal baby does not see distinctly until he is about four months old. He sees only light and shadows at birth. Between 8 and 10 weeks he should recognise his bottle and he should reach out for it when he is 4 months old. If you see infant whose eyes move continually with searching movements, it is probably a blind baby who should be seen by an oculist.

HEARING : A normal infant has a fully developed hearing mechanism at birth and between three and four months he will react to lullabies and songs; and at six to nine months he reacts to music with real pleasure.

SMELL AND TASTE : are developed at birth and they prefer things sweet from the first day of feeding. At 3 months the normal infant struggles to make sounds. They smile at four weeks, not a smile of personal recognition: it is a simple cerebral reaction. At four months -the time when he sees clearly- he also begins to laugh.

At six months the baby's lower jaw has grown out to meet the upper jaw and he begins to get his teeth -at the same age he should be able to sit alone. Between six and twelve months he begins to crawl -sometimes he starts out crawling backward but he is begining to go places; then he stands and takes his



first steps with an adult's help or with the help of the furniture. Between 12 and 15 months he should be toddling by himself. If he is not sitting alone at 6 - 7 months, increase his calcium and Vitamin D. intake.

Try to educate the mothers to understand the "why" of the immunizations. They will resent less having their infants and children "given the needle" so often. Many of them do not know that Children's Diseases can be fatal or crippling ---that Diptheria can leave their children with a paralysis, that Chicken Pox can be complicated with encephalitis, that Measles may bring on a fatal Broncho-Pneumonia or affect the children's vision; that Scarlet Fever can be followed by Otitis Media and deafness, or serious Nephritis; that 50 % of the infants under 12 months of age who contract whooping cough, die. Especially among camp mothers is there a need to educate them to understand the contagiousness of Tuberculosis and the facility with which infants and small children can contract Tuberculosis from their parents, or members of the family with whom they come in contact.

When mass X-Rays cannot be taken in camps, the children including the adolescents should have the Tuberculin Test and all positives should be X-Rayed or at least fluoroscoped. The teachers in the kindergartens and schools should be fluoroscoped also.

So many mothers have been strongly opposed to the isolation of children with contagious diseases in the camp hospital that it should be explained to the parents the whys and wherefores of isolation as practised everywhere, even in peace time, in countries where modern medicine is practised. Instruct the DP Nurses aides in handling children in clinics. They can get better cooperation from children by being "honest". Do not tell a child an injection will not hurt. Ask him if he ever stuck himself with a pin or a needle and tell him it's no worse to get an injection. Some doctors have been able to get candy from



the Red Cross and a piece of candy given to the child who promises to be a "good sport" often results in less howling and may make it possible to avoid having to "hold down" some kicking, fighting youngster which upsets a whole clinic.

The same with fluoroscopic examinations. It saves time to take time to explain it all to the children and let them see someone else's "picture" first. Some of them are even frightened of a stethoscope the first time. Time is occasionally wasted while a Nurse and a Parent struggle to hold a kicking screaming child when a little explanation and demonstration that it is "only a telephone" will avoid difficulties.

THE TODDLERS - Personality begins in the second year and training is important from that time on. First, he learns to feed himself. One should try to take into account the child's likes and dislikes for food. Respect his intelligence as to the amount of food he wants to eat. The appetite is smaller in the second, third and fourth year because the rate of growth is slower than in the first year. Do not coax or force food on the child. Do not feed him between meals if he has left food from the previous meal. Give him a little milk at a time in his cup. If he spills it, do not make a fuss about it. Teach him to wipe up the mess himself and then give him a little more in his cup to try again. Let him help to dress himself, even though it takes him several times as long to get on one sock as it takes you to put on a pair.

In the second year the child outgrows a morning nap. They should have an early supper and be put to bed without any further romping as they are apt to "get wound up" and can't sleep.

This is the year when children should begin to learn to obey but they should be managed, according to their personality for they already know what they want and often have strong reactions. The toddler is interested in everything and wants to handle everything and explores everywhere. They should have



blocks, balls and very simple toys that can be pushed, shoved or rolled (Toys can be made in the camp work shop). In case of fuel shortage in the barracks, the nursery room and kindergarten should be kept warm all day and the infants and children kept there during the day and returned to their barracks to be put in bed. They should be taken outdoors in the late morning and have an after-lunch nap.

THE KINDERGARTEN GROUP - The children are learning to do more and more for themselves. One needs unusual patience in handling the youngster of this age. They learn very slowly ---their concentration is short and therefore they learn by short and repeated efforts. Let them take off and put on their outdoors coats and hats although it takes a long time. The pre-school child is naturally untidy but they can be taught to wash their hands before eating and after elimination. They should be taught to tidy up their playroom at the end of the day. The carpenters in the camp can build low tables and benches at which the children can eat their dinner comfortably and be taught how to eat properly. They should have their heavy meal at noon and nothing between meals but milk or fruit juice, when available. Don't force a set quantity of food on any child -- his own appetite is an accurate guide except in case of illness.

When the camp lacks playthings for the children, a good program of story telling, songs, pantomimes and simple folk dancing should be planned for them with outdoors play periods and rest or nap periods.

Infants and pre-school children should be put to bed between 6 and 7 o'clock. A child who wets the bed after 3 years of age should not be given any fluids --milk, water, soup-- after 5 pm. and should be taken up from his bed at 10 or 11. If the bed wetting persists, the child should be seen by the doctor and given an urological check up and a psychological examination if there is a doctor or child welfare worker trained for such on the team.



Explain to the mothers the importance of bringing the child to the clinic for weighing at regular intervals -often loss of weight or even stationary weight is a first sign of the child's not being well. Your pre-school child should gain an average of 4 pounds or 2 kgs a year.

SCHOOL CHILDREN - All the children entering school should have a complete physical examination, their immunizations completed and Booster shots and small pox reimmunization given if needed. Visual acuity tests with a simple Snellen Chart should be done and glasses provided for them, if necessary.

Any defects, such as near sightedness, impaired hearing or heart disease, found in a child should be taken into account in a child's daily school routine and should be explained to the teacher. The camp teachers should be taught how to make a regular morning inspection of their classes. In cases of coughs, sore throats, skin rashes, head lice, the teachers should send the child from the class immediately to the camp clinic and should not re-admit the child to the class without a note from the doctor. Any child with a severe anaemia or who is undernourished or in anyway not up to normal should not be required to do a full program of school activities. The school teachers or someone in the camp should be responsible for outdoor activities for the children after classes. Planning of outdoor activities for children should be the Welfare Dept's responsibility.

The U.N.R.R.A. Nurse or a trained D.P. nurse, should work with the teachers to plan a program in Health education for the children, simple things such as clean faces and hands body hygiene, combed hair, clean teeth, clean fingernails and neatness. A little chocolate will sometimes help to stimulate their efforts in this.

ADOLESCENTS -- Adolescents need extra supervision. This is a period of very rapid growth and of sexual maturity. They



need milk and Vitamin D. as much as the pre-school child, and this is the time to watch for rachitic scoliosis when doing physical examinations. One needs to watch carefully at this period for any sign of breakdown of primary Tuberculous infections that have healed in childhood. Girls mature earlier than boys and the recrudescence of Tuberculosis among them is usually to be seen between these ages of 13-18, and the boys more often between 17-20.

The adolescent girl with any suspicious sign of reactivation of a primary lesion should be sent to a German Hospital for a Basal Metabolism Test and if the Rate is increased above + 15, she should be treated accordingly. These children should be sent to a preventorium and if that is not possible, they should be restricted in their activity and put on a high caloric diet, with increased amounts of milk, eggs, Cod Liver Oil, and a high protein intake. All adolescents, even the normal ones, have a need for extra proteins and calcium, reasonable activity and 10 hours sleep. A yearly X-Ray is absolutely essential for any adolescent showing a slowing or stationary growth curve and for all of them who have had a primary Tuberculous infection in childhood. Those with positive Tuberculin Tests should be allowed a rest period after the mid-day meal, a rest period after school and 10-12 hours sleep.

Adolescents developing nutritional disturbances at puberty should be given special attention.

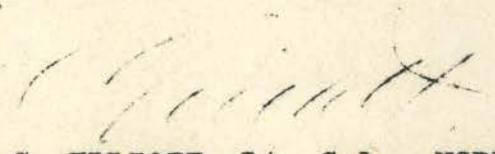
Boys who are obese, and retarded sexually should be hospitalized for complete physical check-up -X-Rays of Pituitary Gland and brain for possible tumor and given benefit of Radium activity or Surgery.

Girls who lose weight and show increased pulse rates should have a B.M.R. to determine if they are developing an adolescent hyperthyroid syndrome. Those girls should be sent to a preventorium for prolonged bed rest and high caloric diet



- Those points to be checked especially in a child entering school:  
Record of his gains in Weight and Height in past 6 months.  
Visual acuity.  
Hearing.  
Teeth and Tonsils.  
Heart and Lungs..  
Bones structure.  
Feet.  
Immunizations.

BY ORDER OF THE ZONE DIRECTOR.

  
D. C. ELLIOTT, Lt. Col., USPHS.  
Chief Medical Officer.

26 February 1946.

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UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
UNITED STATES ZONE HEADQUARTERS  
PASING - MUNICH  
APO 757

Inter-Office Memo

May 1st, 1946.

SUBJECT: Registration of physical characteristics  
on unaccompanied children.

TO : Miss Cornelia D.Heise  
Zone Child Welfare Specialist.

1. Your memo of April 26 was referred to me  
by Lt.Col.Elliott.

2. May I suggest to list:  
Language spoken, language defects, such as lisp,  
stammer or other, any habits such as tick of certain  
parts of the child's body (shoulder, head, hands)  
or other abnormal movements of the child's hands,  
fingers etc.

*E. Landsberg*

E.LANDSBERG  
Maj. USPHS

Pediatric Consultant US Zone

Distribution:

1 - Miss Cornelia Heise  
1 - Lt.Col. D.C.Elliott  
1 - File.

EL:vdw.



*May Landsberg*  
*urgent to  
for action*

UNRRA US ZONE HEADQUARTERS  
APO 757 US ARMY

Inter-Office Memo.

26th April, 1946.

SUBJECT: Registration of physical characteristics on  
unaccompanied children.

TO: Lt. Col. David C. Elliott,  
Assistant Director,  
Health Division.

1. This is further correspondence from the British Zone and Central Headquarters regarding the forms I have already sent you for registering physical characteristics of unidentified unaccompanied children. Will you give me your recommendations on their use.

*CDH*  
Cornelis D. Heise  
Zone Child Welfare Specialist.

Distribution:

2 - Asst. Director, Health Division.  
1 - Miss Richman  
1 - File

CDH:rp



COPY

400 UNRRA ADMIN H. Q.  
BAOR

15th March, 1946.

To : Carl Martini,  
Assist. Director Relief Services,  
UNRRA CENTRAL H. Q. FOR GERMANY,  
AROLSEN.

Attn: Miss Blackey,  
Child Welfare Specialist.

From: Dorothy T. Pearse,  
Child Welfare Consultant,  
UNRRA HQ BAOR

RE: REGISTRATION OF UNACCOMPANIED CHILDREN.

1. Dr. Struthers wonders if you would be interested in suggesting to the U.S. Zone that they use the registration on UNACCOMPANIED CHILDREN - Physical Characteristics form, which was developed in E.R.O. last year. This is a detailed medical form showing dentition irregularities, physical evaluation of the child's age, description of colour of hair and eyes, with spaces for recording of vaccinations, any scars, birthmarks or deformities, etc.,
2. We are having a sufficient number of this form printed in this Zone so that the Physicians examining the unaccompanied children can record their examinations on these cards.
3. The cards will be forwarded to the Central Tracing Bureau, and Dr. Struthers believes it is possible that use could be made of them in tracing of unidentified children, and that in addition, they will serve a purpose of research on this group of children.
4. If the U.S. Zone wants to use such cards, we can have them printed here as a re-order on our order.
5. I am enclosing a typed copy of this form for identification. We shall be glad to hear from you as soon as possible on this, as we have asked the Printers to keep the plates for 60 days in the event you do find the American Zone wants reprints.

(SGD). D.T.P.



UNRRA  
CENTRAL HEADQUARTERS FOR GERMANY  
APO 757                      OR                      BAOR

26th March, 1946.

TO: Director, UNRRA, U.S. Zone, Pasing.  
Attention: Miss Cornelia Heise.

SUBJECT: REGISTRATION OF UNACCOMPANIED CHILDREN.

We attach a copy of a letter received from Miss Pearse, and a copy of our reply.

Would it be possible for you to give this proposal early consideration, so that the order for the additional forms may be placed in the British Zone.

You may already have developed some similar form for the registration of physical characteristics and, if so, we shall be very interested in knowing about it. If not, you may feel, as Dr. Struthers and Miss Pearse did, that there is more necessity now for this type of information than has been the case in the past.

We should be glad to have any comments which you may have to make on the utilisation of this particular form and we should like to know whether or not the U.S. Zone would be interested in having copies made available to them.

*Carl H. Martini*

Carl H. Martini.  
Assistant Director.  
(Relief Services).

Initiated by Eileen Blackey.



*File - Health Care*

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
DISTRICT HEADQUARTERS

TEL. NOS.  
REGENSBURG 2228  
2485  
2738

REGENSBURG  
No. 10, Martin Luther Strasse

NIEDERBAY / OPF.

27th April 1946.

TO : Asst. Director, Relief Services,  
US Zone Headquarters, Pasing.

Attn. : Zone Child Welfare Specialist.

FROM : District Child Welfare Officer.

SUBJECT : Consolidated Sanitation Report.



On the 8th April 1946, the District Director brought to my attention the fact that District 3 received a very low rating with regard to bathing facilities especially for infants.

He suggested that this was one item that he wanted me to pay attention to. Have you any standards which might be helpful with regard to outlay of bathing facilities, suggested equipment etc.? So far in going round the camps I have not been impressed with the bathing facilities for children. I understand however, that Hohenfels <sup>is</sup> getting set-up and will examine the matter to see if these ideas can be used in other camps.

*Eileen Davidson*  
Eileen Davidson,  
District Child Welfare Officer.

Distribution:  
2 - Zone  
1 - Mr. Grigg  
1 - File.

*Copy of Health Div. Technical*

*Bulletin # 9 sent.*

*10/5/46*

*CDN*



*URGENT*  
UNRRA US ZONE HEADQUARTERS  
APO 757 US ARMY

Inter-Office Memo.

*Maj Handberg*  
*In action*  
26th April, 1946.

SUBJECT: Medical service in children's centers.

TO: Lt. Col. David C. Elliott,  
Assistant Director,  
Health Division.

1. We have from time to time asked Zone Health Service for recommendations regarding medical service to children's centers. In our opinion most centers do not need a full time resident doctor. We have asked that your office recommend doctors in nearby teams who can serve the children's centers on a part time basis.

2. We have read with interest all of the reports of the Zone Pediatrician on children's centers. Practically every report expresses dissatisfaction with the medical care the children are receiving. Kloster Indersdorf is about to lose its Belgian pediatrician who has been there on a full time basis. A replacement will be necessary.

Can we get together in order to more satisfactorily solve this whole problem. We had understood that once the Zone Pediatrician interested herself in a children's center that supervision of health care was a medical rather than a welfare problem. If we are in error please let us know so that we may together arrange for better medical service in the centers. We understand by the Weekly H.Q.s News Bulletin that there is now a pediatrician in every district. Could we not arrange for a better tieup with children's centers?

*Cornelia D. Weise*  
Cornelia D. Weise  
Zone Child Welfare Specialist.

Approved by:

Distribution:

2 - Asst. Director, Health Division  
1 - Miss Richman  
1 - File

CDH:rp



UNRRA US ZONE HEADQUARTERS  
APO 757 US ARMY

Inter-Office Memo.

26th April, 1946.

SUBJECT: Registration of physical characteristics on  
unaccompanied children.

TO: Lt. Col. David C. Elliott,  
Assistant Director,  
Health Division.

1. This is further correspondence from the British Zone and Central Headquarters regarding the forms I have already sent you for registering physical characteristics of unidentified unaccompanied children. Will you give me your recommendations on their use.

Cornelia D. Heise  
Zone Child Welfare Specialist.

Distribution:

2 - Asst. Director, Health Division.  
1 - Miss Richman  
1 - File ✓

CDH:rp



UNRRA  
US ZONE HEADQUARTERS  
Pasing-Munich

15 April 1946

SUBJECT: Registration Form DP2/1/1 for Unaccompanied  
Children

✓ TO: Miss Heise, Zone Child Welfare Specialist

1. It is to be regretted that the two excellent forms, prepared apparently by some person with a coding instinct and sense of tabulation, do not have identifying form numbers. My only remarks are as follows:

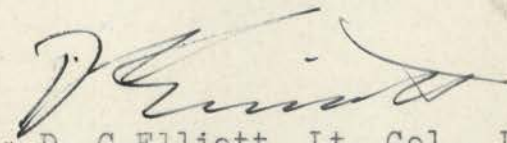
A. The dental information changes so rapidly in children that it is doubtful whether the time and effort required in obtaining this data would be justified.

B. The hair discussions seem excessive.

C. The general forms for checking physical characteristics require accuracy of interpretation and explanation to all Medical Officers making the examinations.

2. We will be glad to have them used in this Zone but believe that the final identifications are best secured by the fingerprint.

3. In the case of infants under one year of age a footprint should be put on the form calling for fingerprints.



D. C. Elliott, Lt. Col., USPHS  
Chief Medical Officer  
Health Division

*Under 1000*



UNRRA US ZONE HEADQUARTERS

APO 757

US ARMY

Inter-Office Memo.

10th April, 1946.

SUBJECT: Registration of Unaccompanied Children  
" " Unidentified "  
(Physical Characteristics)

TO: Lt. Col. David C. Elliott,  
Asst. Director, Health Division.

1. These forms, have, I believe, been prepared in E.R.O. and enthusiastically endorsed by Dr. Struthers, British Zone. Will you give me your comments?

2. It seems to me that it might be well to use them for unidentified children, but use for all unaccompanied children would be ultra-fussy, wouldn't it? Can they be filled out by the doctor in our D.P. camps and children's centers or does it require a specialist?

*Cornelia D. Heise*  
Cornelia D. Heise  
Zone Child Welfare Specialist.

*P.P.W.*

Distribution:  
2 - Asst. Director, Health Division  
1 - Miss Richman  
1 - File

CDH:RP



Reg. No.

Sex

Height

Weight

## REGISTRATION OF UNACCOMPANIED CHILDREN

DP 2/1/1

## Physical Characteristics

For coding purposes

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z

X-ray hand and wrist (for  
comparison with Todd's  
Atlas of Skeletal Age)

## Dentition

1st m m c i i i i c m m

Up.

Lr.

2nd m m m pm pm c i i i i c pm pm m m m

Up.

Lr.

Non-erupted blank

Erupting e

Erupted X

Carious C

Filling F

Gold g

Silver s

Cement c

Extraction o

Fill in thus:

X Fc o

Space for  
photo

Hair

Colour	Whorls	Type	Texture
Blond			
Medium			
Red			
Brown			
Black			
Crown 1			
Crown 2			
Others			
Curly			
Wavy			
Straight			
Woolly			
Coarse			
Fine silky			

Eyes

Colour	Squint	Other Peculiarities
Blue		
Hazel		
Brown hazel		
Dark brown		
Internal		
External		
Corneal opacities		
L		
R		

Space for fingerprints

Fingerprints and photograph of an unidentified child should be taken as soon as he enters a reception centre, in order to prevent subsequent exchanges of identities among a group of children during travel or change of custody.



## ical Characteristics

## Vaccination

1		L upper arm
2		L forearm
3		R upper arm
4		R forearm
5		L thigh
6		L leg
7		R thigh
8		R leg
		Other

		Circumcision	
R	L		
		Descended	Testicles
		Undescended	
		Umbilical	Herniae
		Inguinal	
		Femoral	
		Of cord	Hydrocele
		Of tunica vaginalis	
		Present	Tonsils
		Removed	

Scars, Birthmarks  
and Deformities

	FACE		TRUNK				LIMBS																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																															
	L	R	Scalp	Forehead	Ears	Eyelids	Cheeks	Nose	Upper	Lower	Hard Palate	Soft Palate	Both	Tongue	Chin	Neck	Chest	Breastbone	Ribs	Back	Buttocks	Upper Quadrant	Lower Quadrant	Genital Region	Upper Arm	Forearm	Hands	Thumb	1st	2nd	3rd	4th	Thigh	Leg	Feet	1st	2nd	3rd	4th	5th																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																														
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UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

UNRRA District Office No. 2.,  
11 Paulinenstrasse,  
Wiesbaden.

15th. April, 1946.

To: Pediatric Consultant,  
UNRRA Zone H.Q., Munich.

From: Relief Services Officer.

Re.: Child Medical Record.

*Child Welfare*

We shall greatly appreciate receiving a supply of the form designed by the Pediatric Consultant for use in giving medical examinations to children up to the age of 14 years.

OLIVE BIGGAR,  
Relief Services Officer.

*Virginia Lloyd*  
by VIRGINIA B. LLOYD,  
Child Welfare Specialist.

VL/RP





Medical

UNRRA US ZONE HEADQUARTERS

APO 757

US ARMY

Inter-Office Memo.

10th April, 1946.

SUBJECT: Registration of Unaccompanied Children  
" " Unidentified "  
(Physical Characteristics)

TO: Lt. Col. David C. Elliott,  
Asst. Director, Health Division.

1. These forms, have, I believe, been prepared in E.R.O. and enthusiastically endorsed by Dr. Struthers, British Zone. Will you give me your comments?

2. It seems to me that it might be well to use them for unidentified children, but use for all unaccompanied children would be ultra-fussy, wouldn't it? Can they be filled out by the doctor in our D.P. camps and children's centers or does it require a specialist?

Cornelia D. Heise  
Zone Child Welfare Specialist.

Distribution:  
2 - Asst. Director, Health Division  
1 - Miss Richman  
1 - File

CDH:RP



26th March, 1946.

TO: Director, UNRRA, British Zone.  
Attention: Miss Dorothy Pearse.

SUBJECT: REGISTRATION OF UNACCOMPANIED CHILDREN.

Thank you for your letter of March 15th concerning the use of a detailed chart on the physical characteristics of unaccompanied children.

You will recall that when we first initiated the plan for the location of unaccompanied children, this form seemed somewhat cumbersome and unnecessary, since most of the children located in the early months of the programme were easily identified. It seems to me, however, that this is an extremely appropriate time to reconsider the use of such a form. It will have its greatest value in relation to children about whom we have little or no information and whose identity is extremely difficult to establish. It will also help considerably with the problem of determining the accurate age of children who are to be moved under various emigration schemes.

We have forwarded a copy of the form and your offer with regard to printing them for the U.S. Zone, to Miss Heise, and we shall get an answer back to you as soon as possible.

Carl H. Martini.  
Assistant Director.  
(Relief Services).

Initiated by Eileen Blackey.



Reg. No.  
Sex

# REGISTRATION OF UNIDENTIFIED CHILDREN

## Physical Characteristics

For coding purposes  
ABEDFGHIJKLMNOPQRSTUVWXYZ

Height Weight

X-ray hand and wrist (for  
comparison with Todd's  
Atlas of Skeletal Age)

Age	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Stated																		
Apparent																		
Skeletal																		

### Dentition

1st	m	m	c	i	i	i	c	m	m
Up.									
Lr.									

Non-erupted blank  
Erupting e  
Erupted X  
Carious C  
Filling F  
Gold g  
Silver s  
Cement c  
Extraction 0

2nd	m	m	m	m	m	c	i	i	i	c	m	m	m	m	m
Up.															
Lr.															

Fill in thus:

X F C 0

Space for  
photo.

### Hair

Colour	Whorls	Type	Texture
Blond	Crown 1	Curly	Blond
Medium	Crown 2	Wavy	Medium
Red	Others	Straight	Red
Brown		Woolly	Brown
Black		Coarse	Black
		Fine silky	

### Eyes

Colour	Shape	Other	Refractive
Blue	Internal	Corneal	Refractive
Hazel	External	Opacities	
Brown hazel			
Dark brown			

Space for fingerprints

Fingerprints and photograph of an unidentified child should be taken as soon as he enters a reception centre, in order to prevent subsequent exchanges of identities among a group of children awaiting travel or change of custody.



	1	2	3	4	5	6	7	8
L upper arm								
L forearm								
R upper arm								
R forearm								
L thigh								
L leg								
R thigh								
R leg								
Other								

[illegible]



UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
UNITED STATES ZONE HEADQUARTERS  
PASING-MUNICH  
APO 757

21st March, 1946.

TO: District Director,  
UNRRA District No. 5.  
Munich.

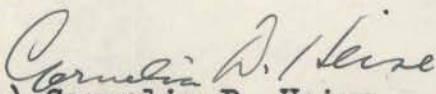
Attn: District Child Welfare Officer.

SUBJECT: Request by AJDC representative for authorisation  
to transport child and father to Vienna for  
surgical treatment.

This memo. is to report in writing the request we discussed with you in your office of Celia Weinberg of AJDC for authorisation to transport boy and his father to Vienna for surgical treatment. The request came to us on 14th March, 1946 from Mr. McDonough, Displaced Persons Division, USFET, through UNRRA Liaison at 3rd Army, asking for a recommendation on the request. USFET was unwilling to authorise the travel if the service could be provided in the US Zone.

We have been informed that the Heidelberg Dermatology Clinic is prepared to give the care which seems to be needed in this child's case. Mr. McDonough has accordingly requested that Miss Weinberg be informed that medical care should be sought through the appropriate channels. The US Zone Medical Office suggests that as a first step the child be referred to the UNRRA Hospital, Altersheim.

We ask you to relay this reply to Miss Weinberg.

  
(Miss) Cornelia D. Heise  
Zone Child Welfare Specialist.

Distribution:

- 1 - District Director
- 1 - District Child Welfare Officer
- 1 - Miss Richman
- 1 - File

CDH:RP



W5

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION  
AUSTRIAN MISSION  
CENTRAL HEADQUARTERS  
VIENNA, AUSTRIA

*Medical*

16 SCHWARZENBERGPLATZ  
TELEPHONE: U 46 5 60

To: Miss Cornela D. Heise,  
Zone Child Welfare Specialist.

18th March,

Thank you very much for the copy of the letter to Mr. Brandon and the copy of the child's medical chart.

*Finally made it.*

I have been trying all day to telephone Miss Aves in Arleson but without success. I understand she wants to meet me a week from to-day, and says she will be in Munich. If it is at all possible for you to come down to Salzburg with her, or if it seems wise for us to meet at Berchesgarten, I hope you will do so.

*Cathy Browder*

Child Welfare Specialist.

AB/JW.

RADIO-RECEIVED  
MAR 20 1946



File - 1 Health Care

UNARA BLD ADQTRS  
APO 403, US ARMY  
INTEL OFFICE MEMO

SUBJECT: Health Bulletin #9

No	Date	From	To	Remarks
	25/2	Keine	Leattab	Did we intend to have welfare bath the babies and do the diapers? See attached letter, which I want to answer.
	3/5/42			Sorry to be so long but I have been away on leave. Welfare officers are not expected to bathe babies or do diapers but are expected to have D.P.s do the diapers. - & That Welfare Officers supervise the D.P.s who would be responsible for the bathing room set up for infants except in a few camps where there are a large no. of D.P. nurses available. C.L.

Number, date and identify your remarks & draw a line completely across the page under your communication. Comment also on back.



UNI A DISTRICT OFFICE

0.1

Child Welfare  
109

26 UHLANDSTRASSE

STUTT GART

MY REF. 8.

PHONES 93700 93701 93702

YOUR REF.

EXTENSION 21.

Miss Richman,  
Assistant Director  
Relief Services,  
Zone Office,  
UNRRA Headquarters,  
Pasing, Munich.

13th February, 1946.

Reference is made to the Health Division Technical No. 9 distributed by U.S. Zone Headquarters dated December 26th, 1945. It is noted under Paragraph V. "Procedures and Practices Recommended", Items B and C, that laundering of diapers and bathing facilities for infants is to be supervised by the Welfare Department.

This Office is wondering if your Office was consulted at the time of the preparation of this instruction. It occurs to us that no Team Welfare Officer is going to have time to supervise these two activities and that it is not a proper Welfare Officer's function.

May we have your thinking on this?

A. T. Berney-Ficklin,  
District Director.

By M. E. Nicolet  
M. E. Nicolet,  
Relief Services Officer.

MEN/DW.



Heise  
G✓  
UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

U.S. Zone Headquarters

Pasing  
-----

General Bulletin No. 5

21 February 1946

Court-Martial and Regulation of USPHS Commissioned Officers  
(Medical Officers, Nurses, Sanitary Engineers, Dental Officers)  
on duty with UNRRA units attached to U.S. Army, U.S.  
Occupation Zone-Germany

1. The following circular dated 11 December 1945 from the Office of the Surgeon General, U.S. Public Health Service, Washington, D.C., is quoted in full and distributed to all officers concerned:

"UNNUMBERED CIRCULAR

TO: All Commissioned Officers

SUBJECT: Corrective Measures and Courts-Martial

The recent joint agreement concerning the above subject approved by the Secretary of War, the Secretary of Navy, and the Administrator of the Federal Security Agency is quoted below:

'1. The War and Navy Departments and the Federal Security Agency have agreed that members of the Army Military Police, members of the Navy, Marine Corps and the Coast Guard, Shore Patrols, and officers of those services shall be authorized and directed to take corrective measures, including arrest, detention, and transportation in custody, in the case of any member of the commissioned corps of the Public Health Service engaged in disorderly conduct, or committing a breach of the peace, or any other offense which reflects discredit on the services. Personnel so arrested shall be returned to the jurisdiction of their respective units as soon as practicable. The same special procedures shall be followed in the case of female personnel of the Public Health Service as in the case of female personnel of the other services.

'2. In the case of members of the commissioned corps of the Public Health Service detailed for duty with the Army, Navy, Marine Corps, or Coast Guard, court-martial jurisdiction is possessed by the officer having court-martial jurisdiction under the laws for the government of the service to which the Public Health Service officer is detailed. In the case of all other commissioned officers of the Public Health Service, court-martial jurisdiction, for all offenses, is possessed by the Surgeon General, Public Health Service. Reports of misconduct of members of the commissioned corps of the Public Health Service will be rendered to the officer having court-martial jurisdiction.

'3. This agreement shall be immediately disseminated to the members of all services.'

"All officers will be guided accordingly.

THOMAS PARRAN  
Surgeon General"

2. The above is certified to be a true copy.
3. Reports of misconduct of members of the U.S. Public Health Service on temporary duty with UNRRA in U.S. Zone, Germany should be reported to military authorities in accordance with instructions in above circular and also directly to U.S. Zone Headquarters.

BY ORDER OF J. H. WHITING, ZONE DIRECTOR

Distribution

List "A"

Commanding General, USFET (10)  
Commanding General, 3rd Army (10)  
Commanding General, 7th Army (10)  
UNRRA Central Headquarters (10)  
Dis. Comm. Mission (10)

D.C. Elliott, Lt. Col., USPHS  
Chief Medical Officer



File  
Health

INTER MEMO

U.N.R.R.A.--Headquarters - Pasing-Munich

15th February 1946

To : Dr. D.C. Elliott  
From : Zone Child Welfare Specialist.  
Subject : Ambulances for Children's Centers.

We hope it will be possible in the allocation of ambulances to consider as urgent, the needs of the Children's Centers.

Most of them are located in isolated places, and have no resident UNRRA doctor.

We consider it essential that the Children's Centers have ambulances to take emergency cases to the hospital to transport children to clinics and hospitals for special examinations, and for any moves of babies and young children.

We note allotments have been made to the Centers at Indersdorf and Wartenburg. The other Centers are:

Aglasterhausen - Team No 507  
(7th Army) - This center has an ambulance, I believe.

Struth - ( Ansbach ) - Team No 564.

Elizabethanheim ( Deggenstorf )  
Team 557 - Until recently known as  
the Regensdorf Center.

Wohlfahrtshausen - Team No 106.

has no special need on account of children, because of the hospital on the premises.

Cornelia D. Heise  
Zone Child Specialist

CDH/MR



See Richman -

Nutrition

Complaints related to Central feeding plan

or food only?

Reply - food only.

14 February 1946

SUBJECT: Delegation Ukrainian-Polish Persons,  
UNRRA Camp, Mannheim (Team 23)

TO : District Director  
UNRRA District No. 1, STUTTGART (6 b Uhlandstr.)

This will serve to introduce Mr. Vladimir TRACH and Mr. Michael HAVRILISHIN, representatives of the above-named delegation.

They came to our Munich Office through the suggestion of the Polish Liaison Officer, Lt. Boerner of Mannheim, and the parents' committee.

The documents indicate they have complaints concerning the diet afforded the children at the children's kitchen, and also the feeding arrangements. Of course, these facts cannot be substantiated by our office, but we feel that the matter is more readily handled from the District Office.

Relief Services Division  
UNRRA Pasing-Munich

LKaiser

cc Miss Ellis Nutritionist Health Div  
Miss Heise Child Welfare



File

UNITED NATIONS RELIEF AND REHABILITATION ADMINISTRATION

UNRRA U.S. ZONE HEADQUARTERS  
APO 403 U.S. ARMY

7 February, 1946.

SUBJECT: Zone Pediatrician's Report on Wartenberg  
Children's Center.

TO: Child Welfare Officer, District No. 5, Munich.

1. Enclosed are two copies of the Zone Pediatrician's suggestions regarding the care of the children at Wartenberg. A number of suggestions were discussed with the Director of the team when he visited the Zone office a few days ago. Dr. Lealtad made some suggestions directly to the team. You will, however, probably wish to send a copy of the report to the team.

Corralia P. Weise  
Child Welfare Specialist.



February 4th 1946

TO : Miss HEISE.  
FROM : Dr. LEALTAD.  
SUBJECT : RE. WARTEMBERG.

*to return  
to office 10/4  
phase*

SUGGESTIONS for WELFARE OFFICER.

Children are not outdoors long enough. The morning I was there the toddlers were not taken out until 11,30 and then for half an hour. I was told the infants were taken out for only a short time daily.

There were only 3 box sleds and 18 infants. There is a fine large solarium which was being used as a "catch all". It should have been cleared out and beds or cribs arranged so infants could be put out there. Some of the children are taken out at 3 Pm. The sun rays are best between 10 am. and 2 pm. and children should be out then.

Dr. Le Goff says she has been told she has nothing to do with the kitchen. Under these circumstances Miss WEISENDER should check every meal. The boys said they failed to get cereal three times last week. The menu called for cereal at breakfast Sunday morning. I checked myself and found then breakfast consisted of coffee, bread, margarine and jam. The cook evidently forgot the cereal.

Rugs should be vacuumed in wards. During breakfast, one sick child was eating while a maid was sweeping up -literally- clouds of dust.

The Polish leader says that the Polish Red Cross has sent in concentrated orange juice which the boys do not get. (There was concentrated orange juice on the Staff breakfast table).

I had a conference with Miss JACOBS, in Dr. Le GOFF's presence, and explained to her Professional Ethics do not permit a nurse to criticise a doctor to laymen, that she should go through Medical channels, if she feels that there is something in the Medical Service which should be reported and corrected.

There had been a misunderstanding between Mr. HAIGHT and Dr. Le GOFF -which was due to a language difficulty-. His supplies are excellent and he certainly has a marvellous interest in the children and his job.

There was some antagonism on the part of Polish group leaders because they were recently made to eat with German workers. Mr. BILSTONE says it was done as a matter of expediency to make work lighter for the kitchen help. However, personally I can understand why people who have lived or rather existed in German Concentration Camps do not want to eat with Germans now.

I did not see Miss WEISENDER who had gone to STRASBOURG early Sunday morning.

There is a strong emotional reaction on the part of Dr. Le Goff toward the German personnel which I think, has upset her and which makes it difficult for her to work in a set-up with them and especially with our Americans who have not

T.O.P....



.....  
experienced German occupation and atrocity and who do not react  
as continentals do to the "Krauts".

When the A. Hospital is opened, Dr. Le GOFF will be transferred to the hospital team and all infants needing a doctor's supervision. This should "clear the air".

Dr. LEALTAD.



File

6th February 1946.

To : Miss Pauline Bakeman  
Child Welfare Officer - District Office No. 5-Munich

From : Zone Child Welfare Specialist

The following para. is taken from the report of an army inspection in St. Ottilien's Centre, dated 16 January 1946.

" There are 17 girls and 58 boys between the ages of 8 and 15 who are parentless and who are not classified as patients. Living conditions and educational facilities for this age group are not entirely adequate at present. It is advised that these children be removed from this hospital and placed in a camp designated for children. "

You have, I know, been concerned about this group of unaccompanied boys and girls and planned to move them as soon as better arrangements are available elsewhere.

Cornelia D. Heise  
Zone Child Welfare Specialist

GDH/sg



File  
Health

6th February 1946.

To : Dr. David C. Elliott, Assistant Director  
From : Zone Child Welfare Specialist  
Subject: Artificial hands for Valentine STACZK  
Team No. 119 - Aschaffenburg

What provision has UNRRA been able to make regarding artificial limbs for DPs?

The District Child Welfare Officer, Bamberg Office reports a boy whose hands were blown off last summer. The child's mother is very much upset about his condition and for this reason the case seems urgent.

The Child Welfare Officer reports that the District Medical Officer is not available and that for this reason, she brings the problem to the Zone Office.

She reports, there is a person in Aschaffenburg who has made artificial limbs but has now, no material with which to work.

Will you give us your suggestions on the handling of this case.

Cornelia D. Heise  
Zone Child Welfare Specialist.