

(~~June~~ July 1946)

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Enclosure (C)

MEDICAL OFFICER IN COMMAND MILITARY GOVERNMENT HOSPITAL #201,
MAJURO, MONTHLY REPORT OF:

The activities of this department are divided into three main groups;

1. Military Government Hospital #201,
2. Native Practitioners' Program,
3. Outlying Island Dispensaries.

1. MILITARY GOVERNMENT HOSPITAL #201

(a) PERSONNEL DATA

During the period covered by this report, two medical officers were detached leaving only one who requested retention until 20 July 1946. One CPhM and four other enlisted men reported for duty. Eight hospital corpsmen and seven other enlisted men were detached.

Medical Officers	1
Warrant Officers	1
Hospital Corpsmen	2
Other enlisted men	5

(b) STATISTICS OF HOSPITAL ACTIVITIES

Medical Treatments	717
Dental Treatments	0
Major Surgical Operations	0

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Minor Surgical Operations	7
Obstetrics -- Normal Deliveries	4
Admissions	31
Deaths (in hospital)	0
Hosp. patients at end of period	23

(c) PUBLIC HEALTH PROGRAM

The fifty (50) foot native schooner, Mera, reported in the last report as making a trip throughout the Radak Chain carrying supplies and passengers has not returned. No medical officer accompanied the trip but the best trained practitioner of this hospital went to distribute medical supplies to the various islands on this trip.

2. NATIVE PRACTITIONERS PROGRAM

(a) NATIVE PERSONNEL ON DUTY

Native Practitioners (Hospital)	18
Native Practitioners (Island dispensaries)	24
Native Nurses (Hospital)	4
Native Interpreters	2
Native Maintenance	14

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(b) SANITATION PROGRAM

The bi-weekly inspection of Laura village at Majuro continues with native practitioners making the inspections. Fuel oil for burning out refuse pits and dumps is now on sale at the village store.

(c) NATIVE MEDICAL TRAINING

Nightly classes of instruction for the practitioners have been held and it is felt that the practitioners under the supervision of the remaining medical personnel will be able to amply furnish medical care to the natives.

3. OUTLYING DISPENSARIES

Nothing to report.

/s/ T. J. MUDGE
Lt. (jg) MC USNR
MOinC, Acting

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Enclosure (D)

MEDICAL OFFICER IN COMMAND U.S. NAVAL BASE HOSPITAL #21
MARSHALL AREA MEDICAL REPORT OF:

1. GENERAL

(a) Base Hospital #21 at Kwajalein admits natives from all the islands of the atoll that are brought here by Military Government trips or others. In addition many natives of the labor camp are admitted for injuries or illness that are acquired or discovered here.

(b) When notified of Military Government trips, the Base Hospital usually sends a Medical Officer, Corpsman, or Nurse or sometimes Medical Officers, Nurses to Corpsman to inspect sanitary conditions, held sick call, and check up in the matter of medical supplies to the island practitioners. As a rule, more seriously ill patients and pregnancy patients near term are brought into the base hospital on these trips. At present 50% of the Base Hospital census is composed of natives.

2. REMARKS OR INDIVIDUAL MORBID CONDITIONS AMONG NATIVES

(a) German Measles.

An epidemic of German Measles has occurred among the natives employed on this island. The original cases were due to exposure to an Army man recently arrived from the States. Over 100 natives have been affected and at one time 24

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patients were in the contagious ward. The disease ran its usual mild course. It has spread to Ennylebegan Island and from there as well as here it will spread to other islands of this and other atolls.

(b) Tuberculosis.

There are two patients with advanced pulmonary tuberculosis and one with glandular tuberculosis in the hospital. It would be well if all sick patients could be centralized in a sanatorium properly staffed with specialists in modern tuberculosis therapy. This disease will constitute a major health problem, and modern methods of prevention and control should be instituted as soon as possible.

(c) Intestinal Parasites.

Amebiasis. Infestations with Endamoeba histolytica are all too common among the Marshallese. Before any are hired to serve on food or water supplies they should have stool examinations and those positive should be treated. Oddly it seems this organism affects them little, but is a far more serious condition among Caucasians to whom it will unfortunately spread.

(d) Other Parasites.

Ascaris lumbricoides, the roundworm, both forms of hook worm Necator americanus and Ancylostoma duodenale, the whipworm Trichiuris trichiura, and other parasites are frequently found in the stools of these natives.

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The roundworm and hookworm are quite easily controlled, but a complete change in native sanitation and habits will be required to prevent reinfestation and eradication of these parasites.

(e) Yaws.

(a) This is a most prevalent condition. Excellent clinical results are being obtained in the hospital by a combined penicillin, mapharsen and bismuth therapy under an 8 day course. Follow ups are impossible. This will have to be attacked on a wholesale scale sometime in the future.

(f) Immunizations.

(a) Extensive work on natives must be done in this field. Vaccinations, anti-typhoid inoculations and tetanus toxoid must be given to all adults and all children, 10 years or below, should receive diphtheria toxoid in addition.

(g) Impetigo Contagiosa.

(a) This is a most prevalent condition among the children. It seems to leave areas of depigmentation. To prevent this, emphasis must be placed on the frequent use of soap which at times appears difficult for the natives to obtain.

3. MEDICAL SURVEY AT ENNYLEBEGAN

(a) A rather complete health study has been made on Ennylebegan Island which

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has some two hundred and twenty odd individuals. 86% had positive Kahns, 36.8% had stools positive for Endamoeba hystolytica, usually in its vegetative form. 10% were positive to the Tuberculin test (24 out of 236 tests) which is a very low figure. 50% had a primary reaction when vaccinated. All have been inoculated against small pox, the "thphoids" and all adults immunized to tetanus and the children 10 years and under to diphtheria. At present, all with stools positive for Endamoeba hystolytica are being treated with carbarsone. Such work should be extended to other islands when Military Government has sufficient personnel to carry out such a program. Very likely other immunization procedures will be advisable in the future. All native hospital admissions regardless of disease or injury are checked for yaws and intestinal parasites and these conditions are treated prior to discharge.

4. SANITATION

(a) Much must be done to improve sanitation and hygiene among the natives. The cantonment style of living should be abandoned in favor of individual housing units where the former style of living prevails. Intestinal parasites can only be eliminated by modern plumbing or at least individual privies.

(b) Flies are all too common. DDT has been repeatedly sprayed by airplane on many islands of the Kwajalein Atoll as well as Bikini, Eniwetok, Lae, Likiep, and others. However, this has been only mildly effective and will not be so until the natives adopt more vigorously better methods of garbage and refuse collection and disposal, both within their homes and in the village grounds. DDT dispensed by ground methods and by simple spraying within their homes will be most valuable.

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These materials should be furnished by Military Government. There seems to be little anterior poliomyelitis here but it may appear in time as flies are thought to be the spreaders of this disease.

(c) There are no mosquitoes on Kwajalein Island and very few on the nearby ones. There are no Anopheles so malaria is no problem, but Dengue and certain forms of Encephalitis are transmitted by the Culex mosquito. At Likiep mosquito larvae were seen in barrels which collect rain water. These must be kept covered either by wooden covers, the surface oiled or frequently changed. Stagnant ditches and pools must be oiled or drained and treated with DDT. Search should be made of other collection of water which favor mosquito breeding. Similar conditions probably prevail on other islands.

(d) Whether the natives, particularly children, can be taught not to go bare-footed is questionable, but if the seeding of the soil with eggs of the intestinal parasites can be prevented by privies or modern plumbing these diseases can be eradicated in time.

(e) Studies should be made of water supplies. If distilled water is used perhaps the addition of sodium fluoride, if this can be accomplished centrally and under exacting supervision, would be of value in preventing dental caries. This will become a more serious problem with the introduction of candy gum and coca cola by the Americans.

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5. MEDICAL EDUCATION OF MARSHALLESE

Improvement of health among the Marshallese depends to a large measure on themselves. Education is a prime factor and any improvement in schooling will be of great value. Three young Marshallese boys have been sent to the school for Native Practitioners in Guam. This will be done annually. Ten Marshallese girls are receiving training in practical nursing here. The latter will be limited at present because of language difficulties but this objection should not be allowed when the present youngsters grow up. Attempts are made to impress the magistrates and leaders of the various village groups in matters of cleanliness, personal hygiene, etc. These should be continued.

6. RECOMMENDATIONS

(a) Centralization of Tuberculosis patients in a sanitarium staffed with specialists in modern tuberculosis therapy.

(b) Employ modern methods of tuberculosis control such as 35mm. chest films, tuberculin tests and case finding methods.

(c) Stool examinations on all natives especially any hired as domestics, or laborers concerned with food and water supply. Eradication of intestinal parasites discovered whereby.

(d) Introduction of modern plumbing methods and sewage where possible or construction and use of privies.

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(e) Emphasis on ground control measures including DDT sprays for mosquito and fly control.

(f) Education of natives in better disposal of garbage and refuse.

(g) Prevention of mosquito breeding by covering rain barrels and oiling and for draining swamps or other water collections.

(h) Emphasis on education of younger Marshallese in English so as to enable them to become more efficient leaders in the future.

(i) Elimination of cantonment type of housing.

(j) Staffing of Military Government with its own medical personnel. Our present efforts have been haphazard because of the demands of our primary mission and Operation Crossroads.

(k) Training of Natives in Dentistry.
Nothing to report.

/s/ JULIAN LOVE
Captain, MC USN
Medical Officer in Command