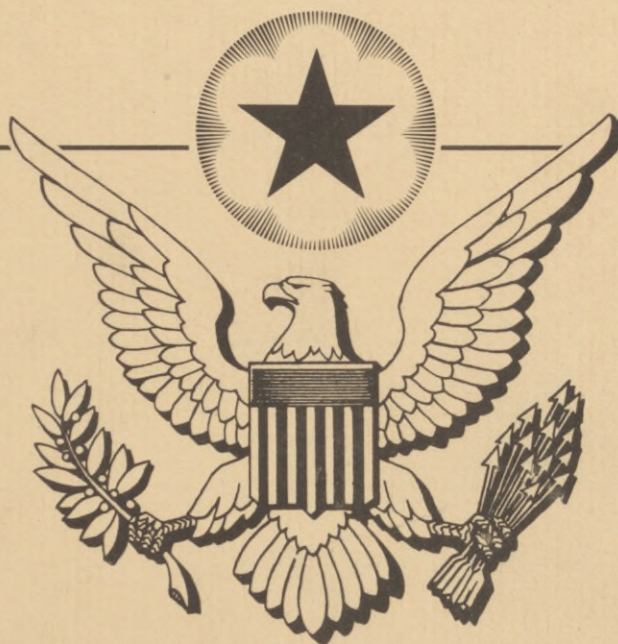


MONTHLY PROGRESS REPORT ★ SECTION **7**

**HEALTH**



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# HEALTH

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## SUMMARY

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NONEFFECTIVES In March the decline in the noneffective population in the United States and overseas matched that of the previous month. (See page 2)

ADMISSIONS In general admission rates for March varied little from the February rates. The sharp decrease in the March rate for the Middle Pacific Theater indicates that the respiratory epidemic which resulted in its high February rate had subsided. (See pages 4 and 5)

SMALLPOX By 1946 the outbreak of smallpox in Japan and Korea, which began in late 1945, grew to epidemic proportions. (See page 7)

COMMUNICABLE DISEASES IN THE UNITED STATES Admission rates, in general, for troops in the United States, for 1944 and 1945 show a continuous reduction in morbidity below the levels of the previous war years. (See pages 8 and 9)

VENEREAL DISEASE The venereal disease rates, for both white and Negro troops, in the United States and overseas continue their rise to unprecedented levels. Recent changes in the content of commercial penicillins have necessitated an increased dosage in the treatment of syphilis. (See pages 10 and 11)

HOSPITALIZATION OVERSEAS The War Department will provide hospitalization for its overseas civilian employees and their dependents. (See pages 12 and 13)

HOSPITALIZATION IN THE Z/I While the number of patients remaining in the general and convalescent system continues to decline, there were still more than 20,000 battle casualties in hospitals at the end of April. (See pages 15 to 17)

ARMY CASUALTIES The battle and nonbattle casualty rates of U. S. Field Armies are shown for combat periods. (See pages 18 to 24)



# DISEASE AND INJURY

## NONEFFECTIVES IN HOSPITAL AND QUARTERS

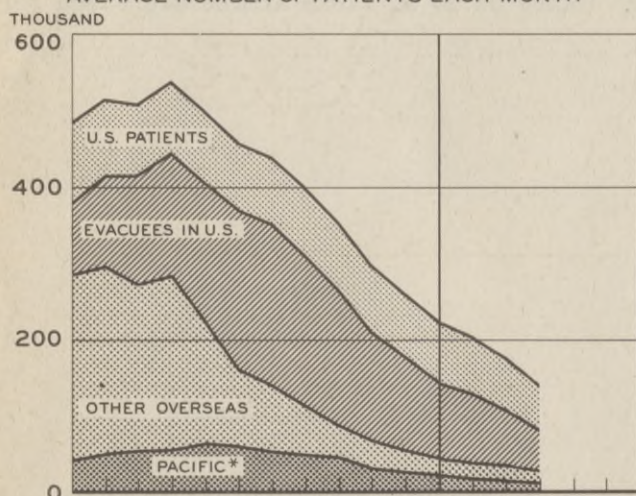
During March the Army noneffective population in the United States and overseas dropped by about 30,000. This decline matched that achieved during the previous month. On the average, there were 141,000 Army patients in hospital and quarters during March, 27,000 of whom were overseas, 54,000 were evacuees in Z/I hospitals, and 60,000 were patients of Z/I origin. Thus, there were twice as many patients of overseas origin remaining in hospitals in the U. S. as there were noneffectives overseas, and 47 percent of the noneffective population in the Z/I during March had originally been admitted overseas. The most recent noneffective rates, however, do not follow the gross movements of the number of patients because of rapidly declining strengths. The preliminary noneffective rate for Z/I patients is 42 for April, the same as that for March. For all patients in the Z/I the April rate is 76.1 in contrast to 79.3 in March.

Overseas, the latest reports, those for March, indicate that the level of noneffectiveness increased slightly during March, the rate of 23.0 for all causes being one point higher than that for February, entirely as the result of an upward movement in the rate for disease which increased to 20. With the passing of the respiratory epidemic in the United States, the average noneffective rate for all troops, overseas and in the U. S. declined slightly in March to 56.8 per thousand strength from a seasonal peak of 57.4 in February.

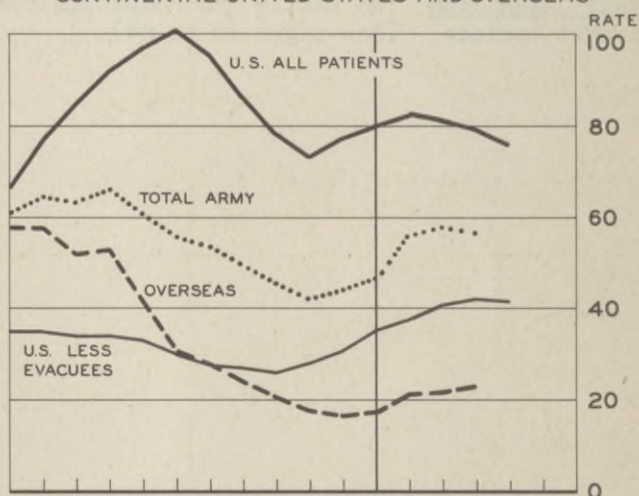
## AVERAGE NUMBER OF NONEFFECTIVES PER THOUSAND STRENGTH

### ALL CAUSES

AVERAGE NUMBER OF PATIENTS EACH MONTH

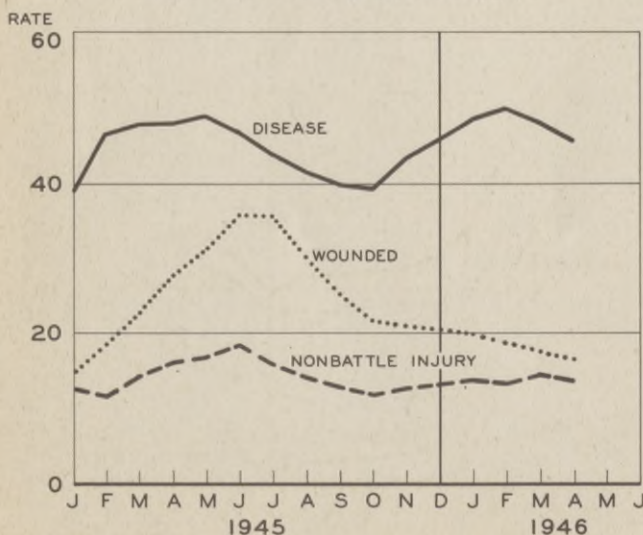


CONTINENTAL UNITED STATES AND OVERSEAS

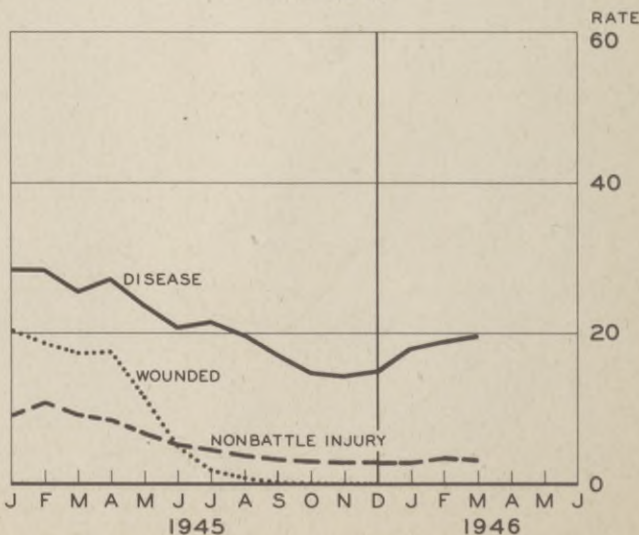


### MAJOR CAUSES

CONTINENTAL UNITED STATES



OVERSEAS



\* Middle and Western Pacific

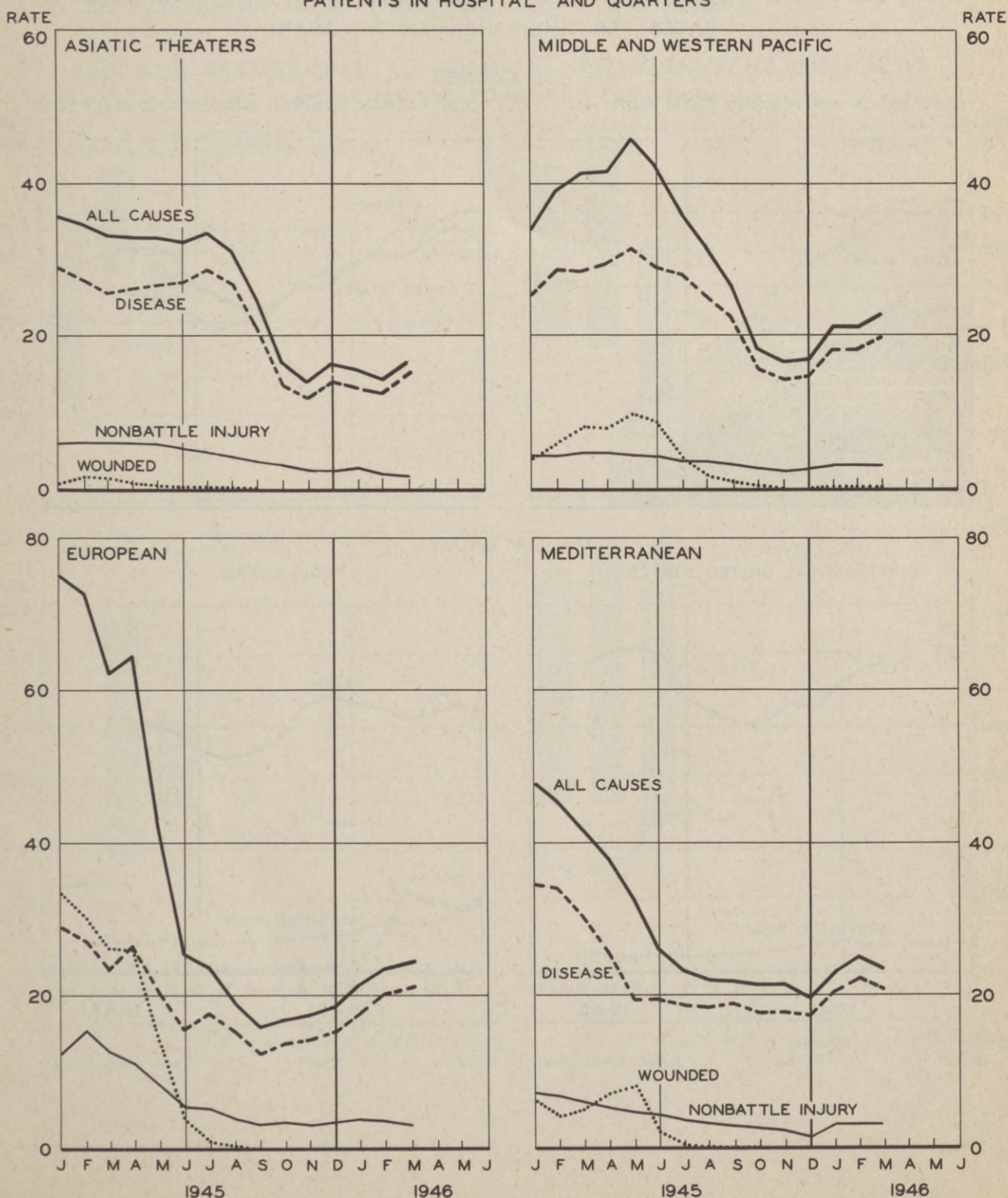


# DISEASE AND INJURY

## NONEFFECTIVES IN HOSPITAL AND QUARTERS (Continued)

Noneffectiveness in the major overseas theaters was relatively unchanged during March. Except in the case of the Mediterranean slight increases were reported in the rates for the major theaters shown below. The increases were restricted to the disease rates, noneffectiveness resulting from nonbattle injuries remaining constant. In all theaters the current trends are very favorable, the rates being roughly half those pertaining to patients of Z/I origin noneffective in the United States. Current rates for the Middle and Western Pacific are not available because reports have not been received from the Western Pacific for any month later than January.

AVERAGE NUMBER OF NONEFFECTIVES PER THOUSAND STRENGTH  
PATIENTS IN HOSPITAL AND QUARTERS





# DISEASE AND INJURY

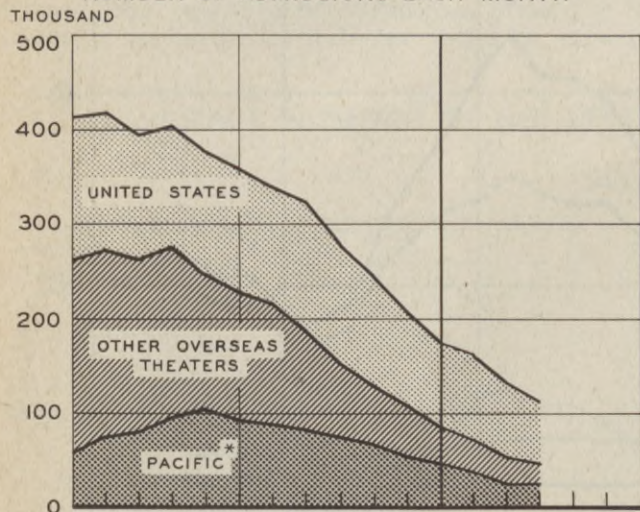
## TREND OF HOSPITAL ADMISSIONS IN THE UNITED STATES AND OVERSEAS

During March an estimated 112,000 Army patients were admitted to hospitals in the United States and overseas. About 40 percent of these admissions were overseas, and about 54 percent of the overseas admissions were in the Pacific theaters. The admission rate for the troops overseas increased slightly during March to 468 per thousand men per year for all causes, although it remains well below the final Z/I rate of 557. Both overseas and in the Z/I admissions for nonbattle injury were relatively constant during March. However, the preliminary U. S. rate for April, 33, is about 20 percent higher than the rate which obtained during March. The most recent rates for the United States and overseas are shown in the panels below against the background of the rates since January 1946.

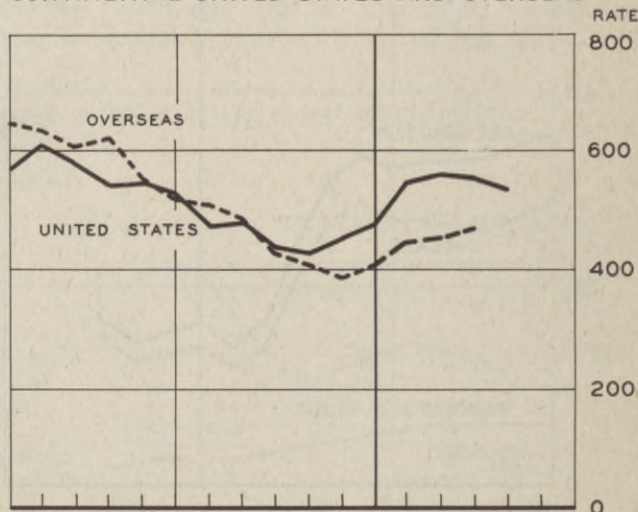
## DISEASE, NONBATTLE INJURY, AND WOUNDED HOSPITAL ADMISSIONS RATES PER THOUSAND MEN PER YEAR

### ALL CAUSES

NUMBER OF ADMISSIONS EACH MONTH

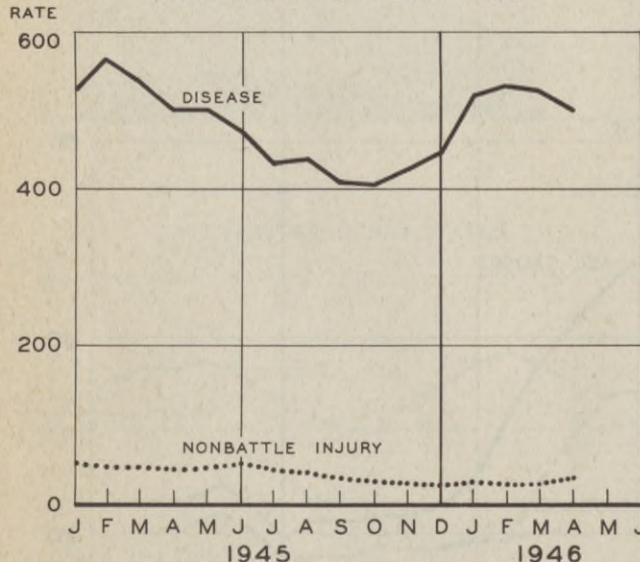


CONTINENTAL UNITED STATES AND OVERSEAS

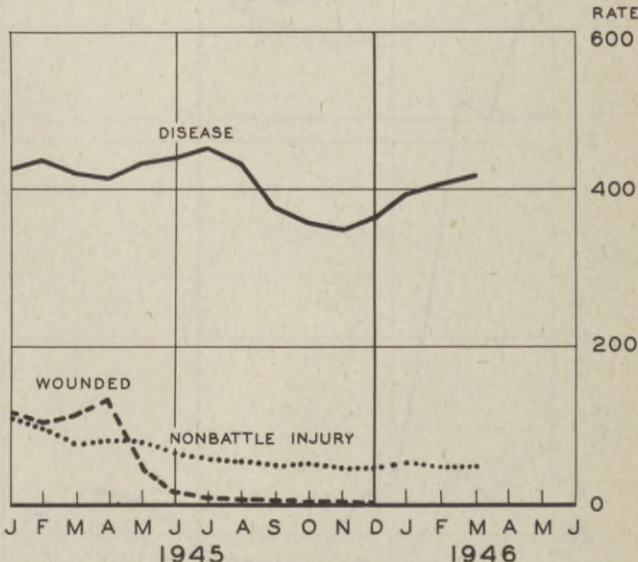


### MAJOR CAUSES

CONTINENTAL UNITED STATES



OVERSEAS



\* Middle and Western Pacific.



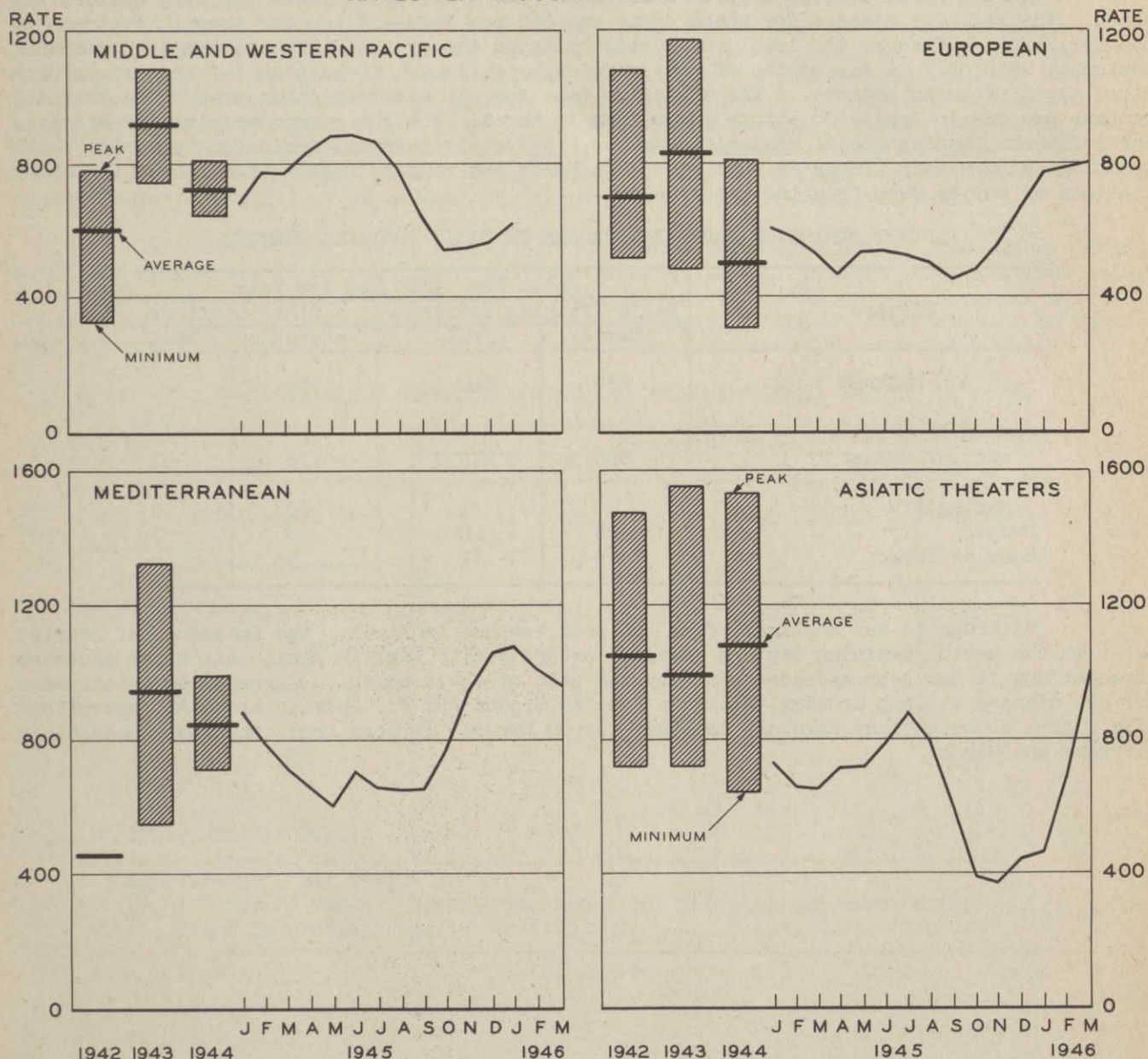
# DISEASE AND INJURY

## DISEASE ADMISSIONS TO HOSPITAL AND QUARTERS

During March the most notable increase in admission rates for all diseases occurred in the Asiatic Theaters where the rate rose by 45 percent over that for February. However the rapid decline in the troop strength in this area is productive of part of this variation. The disease rate for India-Burma increased from 345 to 525 while that for the small force in China continued at the high level reached in February.

March admission rates for the overseas areas with lower troop strengths, not shown in the charts below, are: 546 for Alaska, 407 for Latin America and 348 for Africa-Middle East. The U. S. rate for March is 621 in comparison. The March rate for the Middle Pacific is 241 in comparison with the rate of 421 for February. The peak in that month was entirely the result of a sudden epidemic of respiratory diseases. The rate for common respiratory diseases and influenza was 242 in February and dropped to 46 in March.

## DISEASE ADMISSIONS TO HOSPITAL AND QUARTERS OVERSEAS RATES PER THOUSAND MEN PER YEAR





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## DISEASE AND INJURY

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### HEALTH BRIEFS

#### Diphtheria in Europe

During March diphtheria admissions increased again in the European Theater, the rate reaching 8.3 per thousand men per year, about one-third higher than in February. Preliminary reports for April indicate a rate even higher than that for March. The preliminary rate of 9.9 indicates that the incidence among U. S. troops has more than doubled since January. The March rate for troops in the Mediterranean also increased, although the small strength there has been productive of wide variations in the rates. For March it was 8.5 in comparison to 2.8 in February and 8.6 in January. The incidence of diphtheria has also been increasing in the Western Pacific where the rate of 1.8 per thousand strength was followed by one of 2.9 in January. Most of the cases which have been reported have occurred among the troops in Japan. For this force the January rate was 6.1.

#### Basic Training Centers

During April a sharp drop in admissions among troops in basic training centers was noted. The rate for disease for these camps was 682 per thousand men per year in contrast to 835 for March. However the level of morbidity among the troops in these camps, generally personnel with only a few months of Army service, continues to be high by comparison with other types of installations. The admission rate for all stations other than basic training centers was 522 in April, 28 points lower than in March. For the common respiratory diseases and influenza, meningococcal meningitis, mumps, and scarlet fever, admission rates for basic training centers were lower in April than in March but remain higher than those for other stations as may be seen from the table below.

LATEST ADMISSION RATES FOR TROOPS IN BASIC TRAINING CENTERS

Disease	Rates Per 1,000 Men Per Year			
	Basic Training Centers		Other Stations	
	March	April	March	April
ALL DISEASE	835	682	550	522
Common Respiratory and Influenza	366	212	113	81
Meningococcal Meningitis	2	1	0	0
Mumps	22	18	8	7
Scarlet Fever	43	32	5	4

Although it has declined from the peak reached in March, the incidence of scarlet fever in the basic training centers remains exceptionally high in April at 32 per thousand strength and it has been exceeded only by the rate of 43 in March. Current admission rates for all disease at Camp Crowder, Aberdeen Proving Ground and Ft. Belvoir are still exceptionally high, although they have all declined by 50 percent or more from the peaks reached in February and March.



# DISEASE AND INJURY

## HEALTH BRIEFS

### Smallpox

Since the beginning of World War II, at least 220 cases of smallpox have been reported among Army troops in the United States and overseas. The most serious outbreak, that which began in Japan and Korea late in 1945 has carried over into 1946 and 120 cases have been reported from that area through 29 March 1946. There is some question, however, as to the completeness of the counts submitted by the Western Pacific and the theater has been requested to furnish the series it considers complete. The nine cases hospitalized in the United States in 1945 and the first four months of 1946 are traceable to infections acquired in the Pacific. The table below shows, by theater, the number of cases which have been reported during the war and to date in 1946. One case charged to the United States in 1945 represents an admission by transfer from a transport returning from the Pacific. In addition, only one of the four cases reported in the United States in 1942 was confirmed upon inquiry by The Surgeon General. In view of the preventable nature of smallpox and the proven efficacy of American vaccines, the cases which have occurred bespeak of failure to accomplish proper vaccination among all personnel.

On a rate basis the experience of the Army during this war has been minimal however. In comparison with an admission rate of 8.0 per thousand men per year for the Civil War, one of 1.9 for the Spanish American War, and 0.2 for the first World War, the cases reported to date are equivalent to an average annual rate of 0.01. A complete count of deaths is not yet available, reports for only 33 which occurred through January 1946 being available. However, this indicates that the fatality from smallpox has been at least 15 percent, considerably higher than that of 1.6 percent for World War I although not yet comparable with the approximate fatality of 33 percent for the Spanish American and Civil Wars.

The United States Public Health Service has declared that China, Indo-China, India, Korea, and Japan are to be considered smallpox-infected areas. Current War Department policy, as announced in W. D. Circular 129, 3 May 1946 is that all personnel under military jurisdiction in these areas and in others where smallpox epidemics threaten will be vaccinated every six months and within 60 days of departure from one of these areas.

SMALLPOX CASES REPORTED DURING AND FOLLOWING WORLD WAR II

Area	Number of Cases					Total
	1942	1943	1944	1945	1946	
TOTAL ARMY	5	32	37	42	104	220
United States	4	4	1	2	7 <sup>a/</sup>	18
Overseas	1	28	36	40	97	202
North American	-	-	2	-	-	2
Latin American	1	3	-	-	-	4
European	-	-	1	1	-	2
Mediterranean	-	9	3	1	-	13
Western Pacific	-	-	-	23	97 <sup>b/</sup>	120
China	-	-	-	1	-	1
India-Burma	-	-	23	13	-	36
Africa-Middle East	-	16	7	1	-	24

<sup>a/</sup> Through 3 May 1946.

<sup>b/</sup> Through 29 March. However the count for February and March of 28 cases is probably low.



# DISEASE AND INJURY

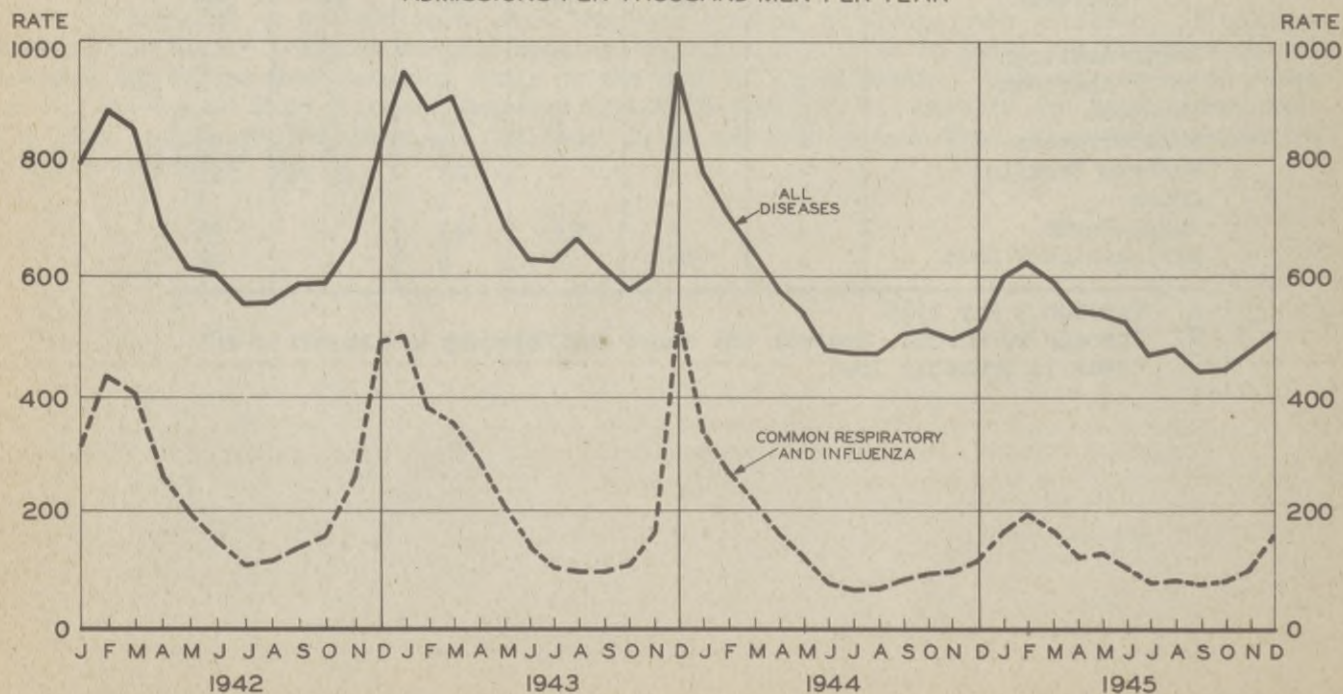
## INCIDENCE OF COMMUNICABLE DISEASES, CONTINENTAL U. S.

Disease admission rates for troops in the United States for 1944 and 1945 show a continuous reduction in morbidity below the levels reached in 1943 and the previous war years. The rate of 517 admissions per thousand men per year in 1945 is lower than that for any year since 1939, and is 53 percent less than the disease admission rate for World War I, 1,102 per thousand men per year. However during World War II there was no epidemic matching that of influenza which occurred late in 1918. For the more important communicable diseases the admission rates for the last two years of the war were all definitely lower than those for 1943. The outstanding exception to the general pattern is the increasing incidence of the venereal diseases. The rate for the war period, 35 per thousand men per year is compounded of 39 for 1942, 26 for 1943, 33 for 1944 and 49 for 1945. The sudden increase in incidence in 1945 resulted from the rise which set in after V-E and V-J days and which has been maintained steadily since. The rate for April 1946, 84 per thousand men per year, is the highest since about 1920. (See page 10.) The incidence of the common respiratory diseases and influenza, pneumonia, measles, mumps, scarlet fever, and meningitis all declined after 1943, when the last major respiratory disease epidemic occurred in the United States. On the other hand, rates for diseases such as malaria, scabies, diphtheria and infectious hepatitis, influenced by cases diagnosed among troops returning to the Z/I from overseas theaters, have increased. The rates for tuberculosis also increased toward the end of the war as the result of admissions of cases diagnosed at separation examinations.

The table on the next page gives by years, and for the period of World War II, the admission rates for the more important communicable diseases. For those diseases which have occurred relatively infrequently, yet which by virtue of their epidemic potentials merit inclusion, the rates have been expressed as admissions per hundred thousand men per year. The chart below shows the trend in incidence of all disease, and of its major component, common respiratory disease and influenza during the course of the war.

For some of the less common communicable diseases, such as typhoid fever, Rocky Mountain spotted fever, tetanus, coccidioidomycosis, tularemia, and relapsing fever, the number of cases each year is not necessarily as directly responsive to changes in the number of troops as to their location and activity. Except insofar as changes in troop strength in the United States during the war was an index of differential activity, the numbers of cases of these diseases may be traced to the congregation of troops for training purposes. The extensive mobilization and intensive training activities of 1942 and 1943, which led to the concentration of large numbers of recruits, provided an ideal breeding ground for epidemics of the communicable diseases. (See HEALTH for March 1946.) Thus, the peak incidence of

**ALL DISEASE AND COMMON RESPIRATORY DISEASE  
IN THE U.S. DURING WORLD WAR II  
ADMISSIONS PER THOUSAND MEN PER YEAR**





## DISEASE AND INJURY

### INCIDENCE OF COMMUNICABLE DISEASES, CONTINENTAL U. S. (Continued)

coccidioidomycosis in 1943 is attributable to cases acquired by troops in the Desert Training Center in California and Arizona, where this disease is endemic and also to cases at airfields in the endemic areas. Outbreaks of diarrhea and dysentery in 1943 in the maneuver areas and among troops in training elsewhere resulted in the peak rates of the war. For example, in July 1943 the admission rate for diarrhea and dysentery among troops in the Louisiana, and Tennessee Maneuver Areas and the Desert Training Center was 162 per thousand men per year. For the same month it was 26 for all troops in the United States, and only 20 for all troops except those in the maneuver areas.

The incidence of poliomyelitis during World War II has increased each year from 1.4 per hundred thousand men per year in 1942 to 3.3 in 1943, 4.0 in 1944 and 7.1 in 1945, even though the incidence in the civilian population declined by almost thirty percent in 1945 from the level of 1944. Preliminary reports to the U. S. Public Health Service for the first four months of 1946 indicate that there have been more civilian cases than for the similar period in any of the last three years. During these four months eight cases have been reported among Army troops in the United States; this is equivalent to a rate of 1.5 per hundred thousand, higher than that for the similar period in 1943 and 1944, although not as high as in 1945.

#### COMMUNICABLE DISEASES IN THE UNITED STATES DURING WORLD WAR II

	1942	1943	1944	1945	Total
RATES PER THOUSAND MEN PER YEAR					
ALL DISEASE	669	739	564	517	634
Common Respiratory and Influenza	243	247	147	116	192
All Venereal Disease <sup>a/</sup>	39	26	33	49	35
Pneumonia (All Types)	13	16	12	12	13
Diarrhea and Dysentery	8	12	9	6	9
Mumps	6.0	7.4	4.9	4.5	5.9
Measles	5.0	7.9	3.2	1.3	4.7
Scarlet Fever	1.1	2.6	2.1	1.1	1.9
Tuberculosis	1.6	1.2	1.0	1.7	1.3
Meningitis, Meningococcic	0.3	1.2	0.7	0.4	0.7

#### RATES PER HUNDRED THOUSAND MEN PER YEAR

Coccidioidomycosis	18.6	23.3	19.4	15.5	19.8
Diphtheria	4.5	3.6	6.8	15.6	7.1
Poliomyelitis	1.4	3.3	4.0	7.1	3.9
Typhus Fever (Endemic)	1.6	2.5	4.0	2.8	2.8
Undulant Fever	1.3	1.7	3.6	3.3	2.5
Encephalitis	2.5	2.9	2.0	1.8	2.4
Tularemia	0.7	0.1	0.9	0.3	0.9
Typhoid Fever	0.9	0.7	0.6	0.7	0.7
Paratyphoid Fever	0.6	0.4	0.7	0.7	0.6
Rocky Mountain Spotted Fever	0.1	0.8	0.4	0.2	0.4
Smallpox <sup>b/</sup>	4 *	4 *	1 *	2 *	0.1
Leprosy	4 *	5 *	-	3 *	0.1
Relapsing Fever	1 *	3 *	14 *	15 *	0.2

\* Number of Cases.

<sup>a/</sup> New cases only, and excluding EPTS cases.

<sup>b/</sup> Only one of the cases reported in 1942 was confirmed. Both cases reported in 1944 were contracted in the Western Pacific. (See page 7.)



# DISEASE AND INJURY

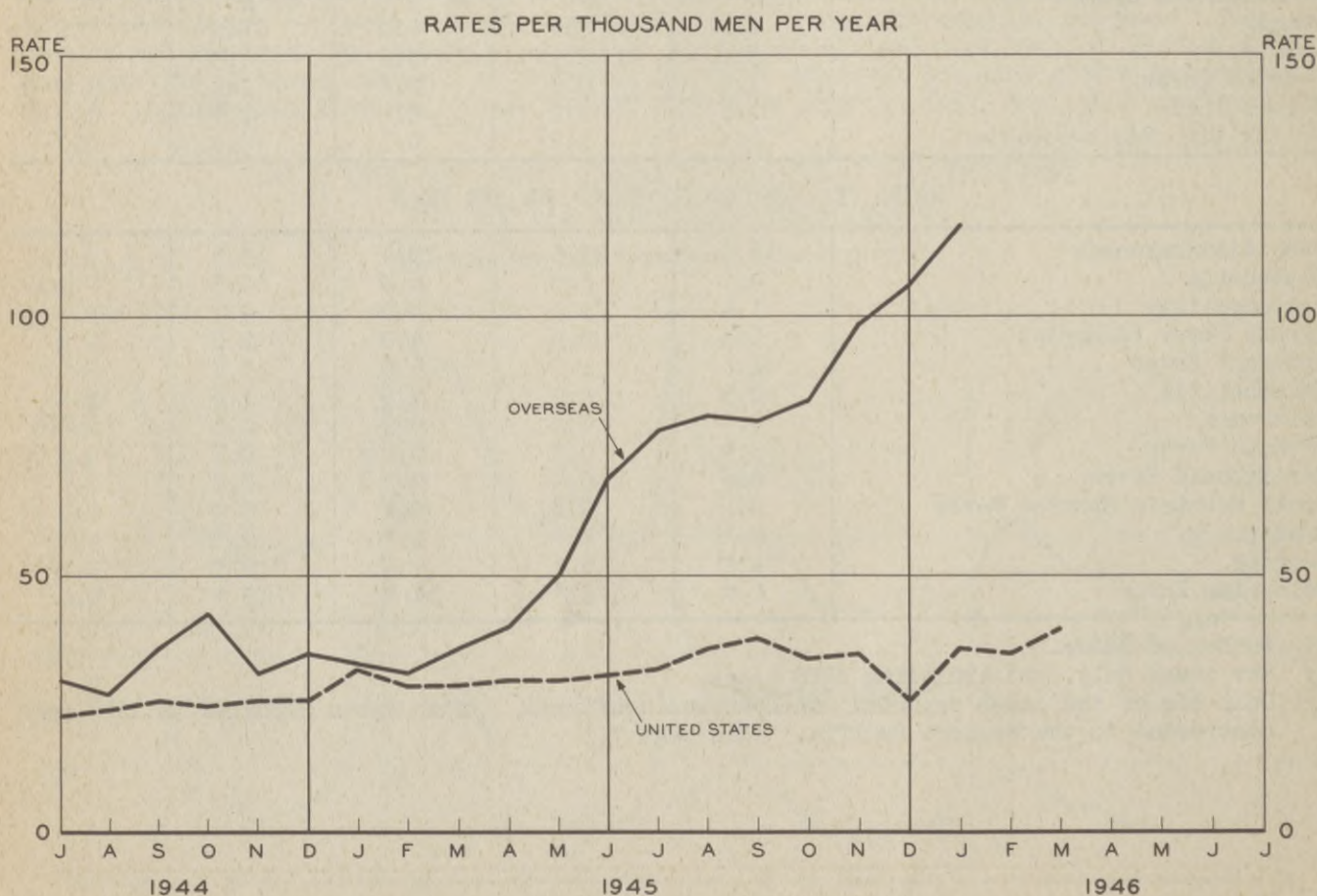
## VENEREAL DISEASE IN THE UNITED STATES AND OVERSEAS

The April venereal disease admission rate of 84 per 1,000 men per year for troops stationed in the United States appears to be in line with the general upward trend described in the previous issue of HEALTH. A breakdown of the trend of the rates by color revealed that while the rates for both white and Negro troops throughout 1944 and the first half of 1945 were increasing at about the same pace, 10 percent per quarter, during the second half of 1945 and the first two months of 1946 the admission rate for Negro troops was advancing at the more rapid rate of about 30 percent per quarter with the admission rate among white troops showing no tendency to rise above the peak rate of 38 in September 1945. However, the breakdown by color for March 1946 reveals a white rate of 40 admissions per thousand men per year, 2 points above the rate for September and 14 percent above the previous month's rate. From at least a statistical viewpoint it would appear that the white venereal disease rate in the Z/I may not have reached its peak. The Negro Z/I rate of 511 for March is 17 percent higher than it was in February.

In overseas theaters, the March venereal disease rates were generally higher than the February rates, the only notable decline occurring in the European Theater where the rate, adjusted for constant Negro population, dropped from 249 to 218. The adjusted rate for the Mediterranean after a series of marked reductions, increased slightly from 218 in February to 225 for March, while the adjusted rate for the Asiatic Theaters continued its upward movement to 170, and the March figure of 43.8 for the Latin American Theater represents an 18 percent increase over its February rate.

Not only is the general level of the overseas admission rate for venereal disease above the Z/I level, but since early 1945, the rate for the troops overseas has also been increasing much faster than that for troops in the United States. This applies to white as well as Negro troops. In the period from February through July of 1945, while the white venereal disease rate in the Z/I continued to increase by 10 percent per quarter, the rate for white troops overseas increased on an average by about 70 percent per quarter. Near V-J Day there was a slight decline in the white rate both in the U. S. and overseas, but begin-

## VENEREAL DISEASE AMONG WHITE TROOPS IN THE UNITED STATES AND OVERSEAS





## DISEASE AND INJURY

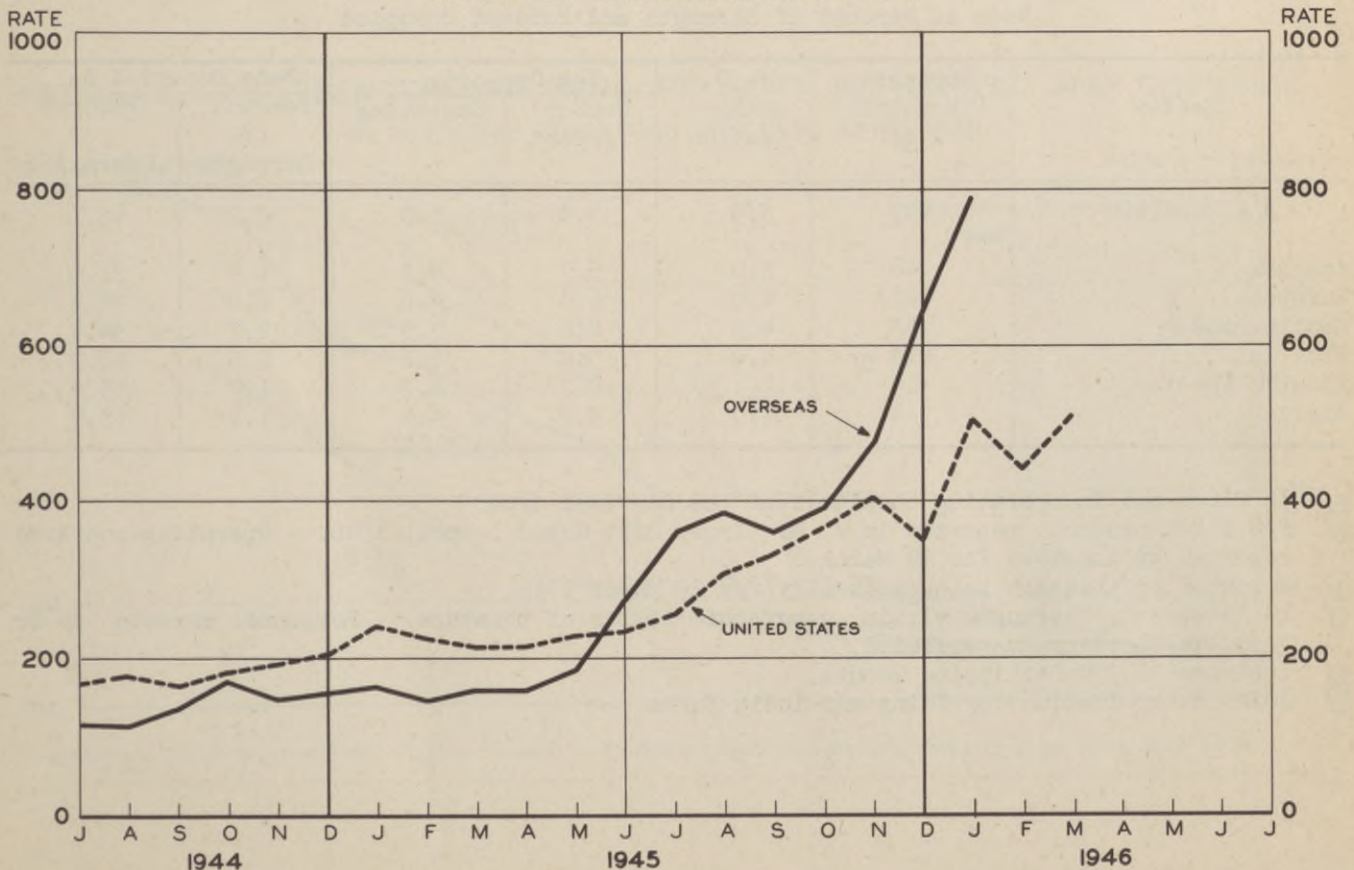
### VENEREAL DISEASE IN THE UNITED STATES AND OVERSEAS (Continued)

ning in October 1945 the rate for the white troops overseas climbed steadily increasing by 40 percent per quarter through January 1946 when it reached 118 admissions per thousand men per year while in the Z/I, the white rate for September was not topped until March 1946, and then by less than 10 percent. While the Negro venereal disease rate in the Z/I had been increasing at about 30 percent per quarter since early 1945, the rate for Negro troops overseas began to increase in April 1945 at the unprecedented rate of 100 percent per quarter, and but for a two or three month period after V-J Day during which its level remained fairly constant the Negro rate for venereal disease again doubled after 3 months, bringing the January rate for Negro troops overseas close to 800. The trends of the venereal disease admission rates for overseas and the United States are shown for both Negro and white troops in the chart below and on the previous page.

There can be no doubt that the increasing incidence of the venereal diseases presents a serious socio-medical problem, for which an adequate solution requires as a minimum, an army-wide intensification of venereal disease control, and a more constructive program of recreation and education. More dissemination of information among the troops on the limitations of venereal disease therapy might have some effect in lowering the venereal disease rates.

Although penicillin is generally believed to be the best available drug for the treatment of syphilis, the relative newness of this treatment is bound to give rise to occasional problems in its administration. It has recently been shown that commercial penicillins contain varying proportions of four chemically distinct substances, one of which, component K, appears to be ineffective against syphilis. In recent months the changing proportions of the four distinct chemical components, involving an increase in the proportion of the K component, have necessitated a revision of the penicillin treatment schedules for syphilis. On 24 April 1946 The Surgeon General directed that the dosage of penicillin in syphilis be revised upwards. To insure an adequate dosage, Telegram WCL 35918 calls for the administration of six to eight million units of penicillin in cases of early syphilis, in contrast with the uniform former dose of 2,400,000 units.

### VENEREAL DISEASE AMONG NEGRO TROOPS IN THE UNITED STATES AND OVERSEAS RATES PER THOUSAND MEN PER YEAR





# HOSPITALIZATION

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## HOSPITALIZATION OVERSEAS

In continuance of the program of demobilization of hospital facilities overseas, the T/O capacity of fixed hospitals and of operating non-fixed hospitals was reduced to 50,000 beds by 31 March, a drop of about 13,000 from the total reported in the W. D. Troop List as present on 28 February. At the end of March the theaters reported that 52,300 beds were set up. The discrepancy between the counts of the T/O capacity of units present and the number set up arises from the fact that the former is derived from the W. D. Troop List which does not consider a unit as present in a theater after the order for its inactivation has been issued. Because of the lag between the date of an inactivation order and the actual date of inactivation by a theater, the overseas areas may report more beds present, or even operating, than are shown as present in the Troop List. However, the contraction of overseas hospitalization facilities to meet the reduced requirements consonant with peacetime garrison and occupation duties should be completed about the middle of this year and at that time numbers of beds present will be more in line with the numbers operating. At that time the data shown in the table below and which continues the series shown in past issues of

### BEDS AVAILABLE AND OCCUPIED IN OVERSEAS THEATERS a/

Number of Beds, 31 March 1946

Theater	W. D. Author-ization	T/O Fixed and Operating Nonfixed Present <u>b/</u>	Operating		Occupied <u>c/</u>
			Number <u>c/</u>	Percent of Beds Authorized	
ALL THEATERS	37,189	49,777	52,293	140.6	20,946
American	1,430	2,700	3,170	221.7	684
European	16,489	16,652	18,943	114.9	8,385
Mediterranean	1,718	3,800	3,400	197.9	1,168
Pacific	16,756	24,475	25,725	153.5	10,349
Asiatic Theaters	627	2,000	880	140.4	315
Africa	169	150	175	103.6	45

### Beds as Percent of Strength and Percent Occupied

Theater	Strength (Thousands) <u>d/</u>	W. D. Author-ization	Bed Capacity		Beds Occupied As	
			Number Present	Operating	Percent of Strength	Percent of Operating
ALL THEATERS	945	3.9	5.3	5.5	2.2	40.1
American	48	3.0	5.7	6.7	1.4	21.6
European	412	4.0	4.0	4.6	2.0	44.3
Mediterranean	43	4.0	8.8	7.9	2.7	34.4
Pacific	419 <u>e/</u>	4.0	5.8	6.1	2.5	40.2
Asiatic Theaters	19	3.4 <u>f/</u>	10.7	4.7	1.7	35.8
Africa	4	4.0	3.5	4.1	1.1	25.7

a/ In fixed and in operating hospitals of the nonfixed type.

b/ T/O fixed present reported in W. D. Troop List dated 1 April 1946. Operating nonfixed reported by theaters for 29 March.

c/ Reported by theaters telegraphically for 29 March 1946.

d/ Includes only strength within geographic limits of theaters. Personnel enroute to or from the theaters are excluded.

e/ Includes 10,350 Philippine Scouts.

f/ Joint authorization for China and India-Burma.

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# HOSPITALIZATION

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## HOSPITALIZATION OVERSEAS (Continued)

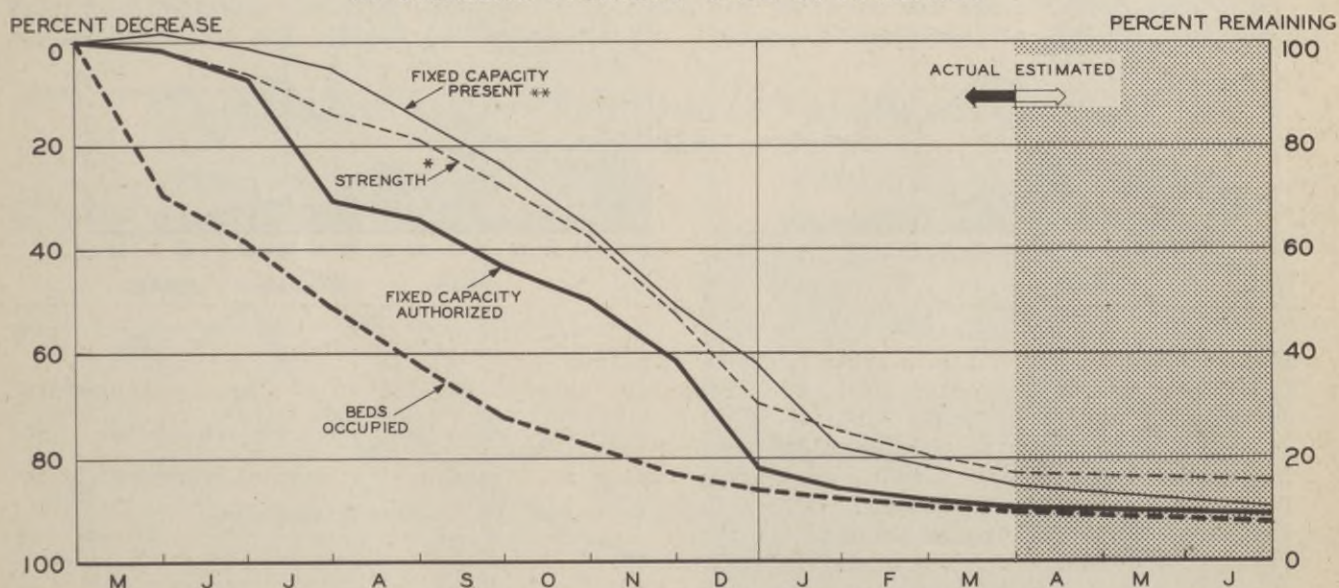
HEALTH will have more meaning. During March, the number of beds occupied overseas decreased by about 3,000 and at the end of the month the number of patients under treatment, both Army and non-Army, was equivalent to 40 percent of the operating capacity. As of 31 March, only 2,000 T/O beds remained in the Asiatic Theaters and this number was halved during April. Although the target date for the wind-up of the India-Burma theater had been set for the end of May, evidently it has been possible to close the medical facilities down faster. A final hospital report was received from this theater on 2 May. Medical and dental services for any American troops remaining in the area are to be obtained from civilian or British sources as available.

The chart below illustrates the trend in the reduction of some of the main components of the overseas hospital structure since 30 April 1945. The percentage decrease in strength, bed capacity, authorization, and occupancy since 30 April 1945, taken as the base date, is read from the left hand scale, while the scale on the right gives the percent of each of the items remaining. The points after 31 March 1946 are estimated. By the end of March the reduction in T/O capacity present equalled 85 percent of the number of beds overseas on 30 April 1945 and the number of beds occupied had declined by 91 percent. About 82 percent of the number of Medical Corps officers overseas on 30 April 1945 had been returned to the Z/I by the end of March 1946.

Although negotiations for the increase of bed credits in Army hospitals for the use of the Veterans Administration overseas have not yet been completed, the Secretary of War has requested the Commander in Chief, WESPAC to render all assistance to the representative of the Veterans Administration in Manila.

The most recent commitment of the War Department for medical service overseas is to provide hospitalization for its U. S. civilian employees and their dependents as well as for the dependents of military personnel. This additional requirement is to be undertaken within the present authorizations for hospital beds. At the present time the number of persons to be covered by this plan is small. On 28 February there were only 18,200 U. S. civilians in Army employ overseas, most of them in the European and Pacific Areas and as yet only a small number of dependents of military personnel have arrived overseas. The presence of these non-military personnel is a factor which must be taken into account in the determination of bed requirements overseas.

DECREASE IN STRENGTH AND BEDS PRESENT AUTHORIZED AND OCCUPIED  
IN OVERSEAS THEATERS SINCE 30 APRIL 1945



\* Strength on which hospital authorization is based. \*\* Includes operating nonfixed capacity after 30 November 1945.

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# HOSPITALIZATION

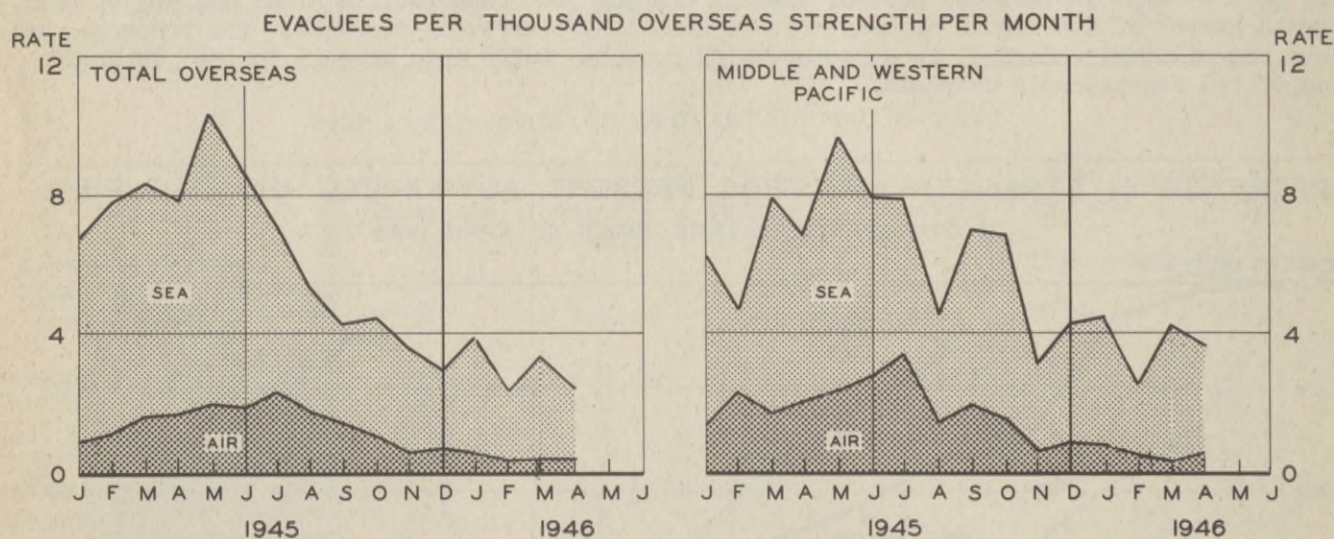
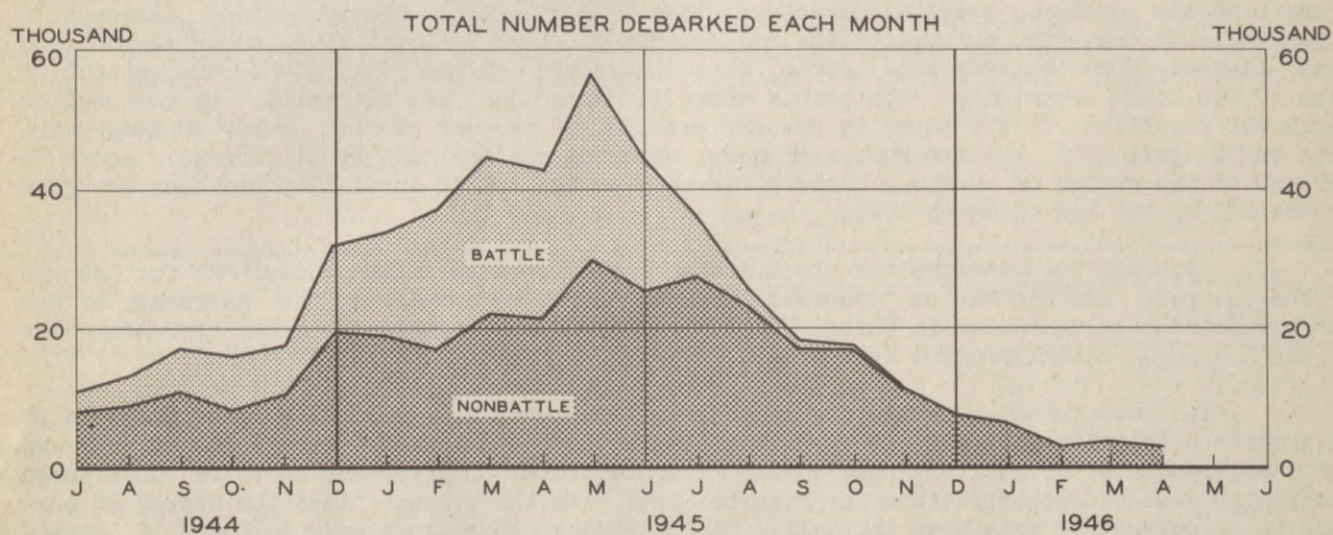
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## TREND OF EVACUATION FROM OVERSEAS

During April only 2,440 Army patients were debarked in the United States, 1,800 of them from the Pacific. In comparison to about 400 arriving by air and 3,300 by water during March, less than 350 were transported by air and 2,090 by water in April.

Although overseas strengths are declining, the drop in the number of evacuees received during April was sufficient to cause a decline in the total evacuation rate which dropped to 2.5 per thousand overseas strength per month. The rate for air debarkations was 0.4 and that for water 2.1.

## EVACUATION OF ARMY PATIENTS FROM OVERSEAS



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# HOSPITALIZATION

## HOSPITALIZATION IN THE ZONE OF INTERIOR

The number of patients remaining in the general and convalescent hospital system was reduced to 69,000 by the end of April, a decrease of only 9,000 for the month as compared to 18,000 for the preceding month and 21,000 during February. More than 20,000 battle casualties remained in hospitals at the end of April.

Authorized patient capacity of the general and convalescent hospital system was reduced by 14,000 beds during April to a new total of 76,000. More than 10,000 of the total reduction represented changes in authorizations in blocked general hospitals. Following the designation of general and convalescent hospitals as Class IV installations the Surgeon General assumed direct responsibility for the revision of authorizations of each of the closing hospitals semi-monthly, a function previously performed by the service command surgeons. Patient capacities in convalescent hospitals were reduced by 1,500. The balance of the reduction was achieved by the closure of Deshon General Hospital, the Eastman Annex of Army and Navy General Hospital and a section of Madigan General Hospital.

Patients remaining in the general and convalescent hospital system at the end of April represent less than 30 percent of the peak load for the system. Patient capacity represents 35 percent of the peak. However, the occupancy ratio in general and convalescent hospitals increased from 69 percent in June 1945 to 77 percent at the end of April.

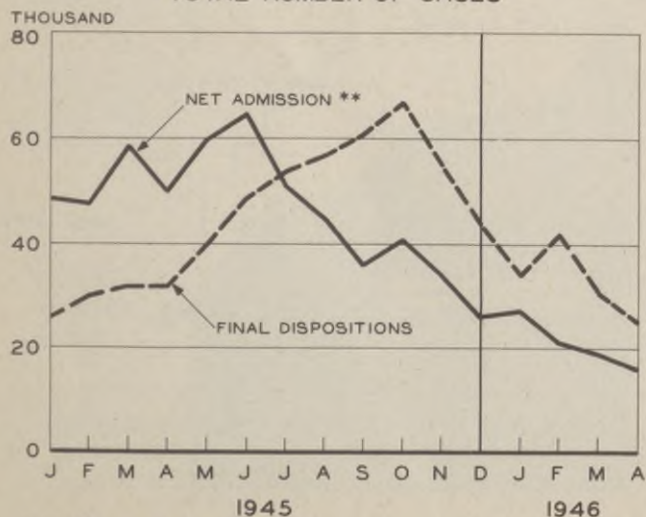
The large reduction of patient capacity during April was distributed among all specialties except tuberculosis for which an increase in patient capacity was authorized. General and orthopedic surgery, neurosurgery, and amputation, absorbed more than 60 percent of the total decrease in general hospital patient capacity. In view of the decreasing number of patients evacuated from overseas theaters the 800 debarkation beds at Madigan General Hospital were converted for the definitive treatment of patients. In addition, the number of debarkation beds at Camp Kilmer Station Hospital was reduced by 500. Fort Lawton Station Hospital was authorized 100 debarkation beds to provide facilities at the Port of Seattle.

In accordance with the agreement of the War Department to make available 10,000 bed credits to the Veterans Administration by 1 October, the number of beds allotted in ASF hospitals for Veterans Administration beneficiaries was increased from 2,450 at the end of March to 5,505 at the end of April. Approximately 2,000 of these beds were allotted in station and regional hospitals. Veterans Administration patients increased from 1,754 at the end of March to 2,110 at the end of April.

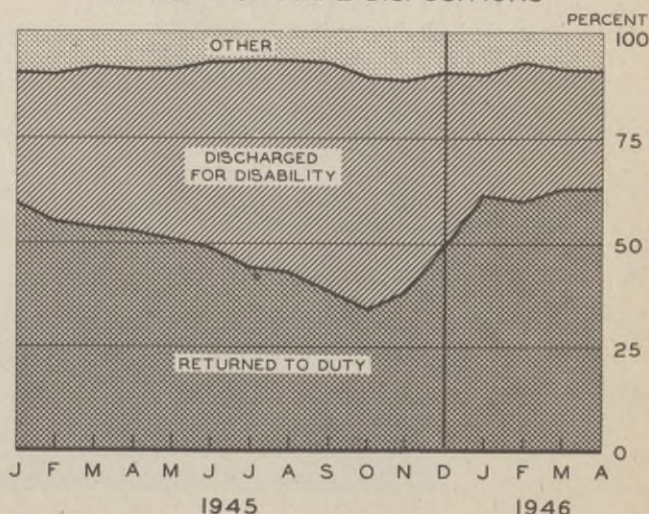
The number of patients remaining in station and regional hospitals decreased by approximately 4,700 during April. Despite the allocation of Veterans Administration bed credits, the total authorized capacity in station and regional hospitals decreased by 5,700. Excluding Veterans Administration bed allotments and patients and station hospitals under the jurisdiction of the Chief of Transportation, patients remaining in station and regional

### ADMISSIONS AND DISPOSITIONS OF PATIENTS IN GENERAL AND CONVALESCENT HOSPITALS

TOTAL NUMBER OF CASES\*



PERCENT OF FINAL DISPOSITIONS



\* Adjusted to four-week months.

\*\* Total admissions less dispositions by transfer.



# HOSPITALIZATION

## HOSPITALIZATION IN THE ZONE OF INTERIOR (Continued)

hospitals equaled 95 percent of effective beds.

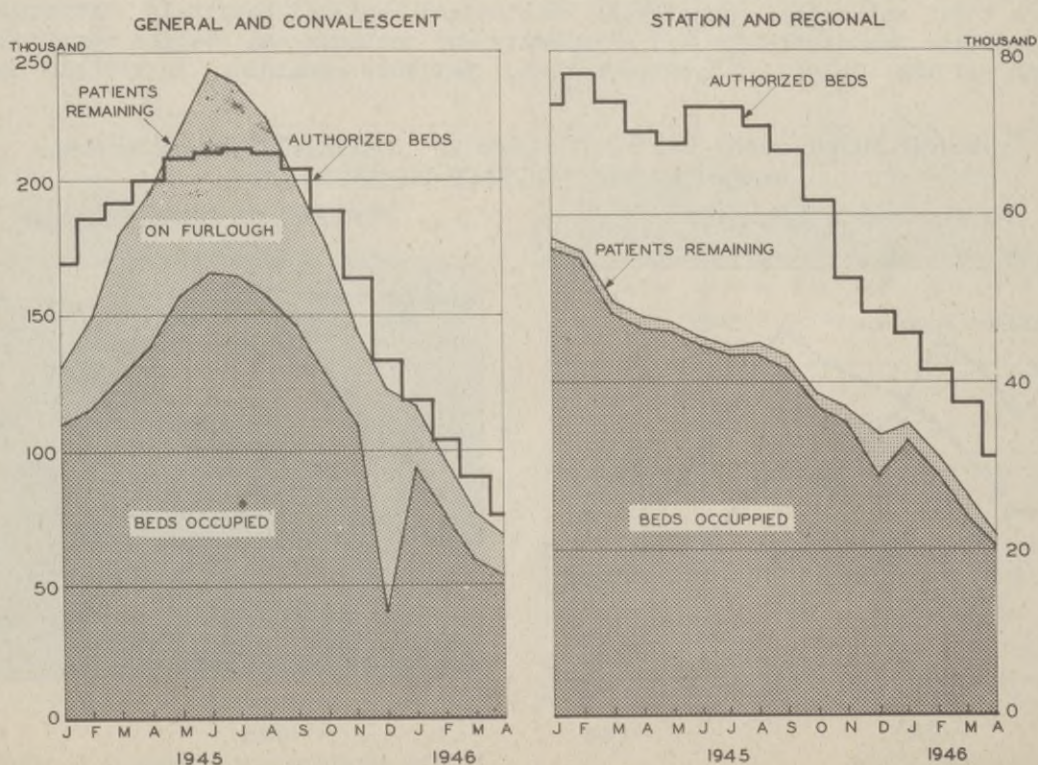
Corresponding to the contraction of the Zone of Interior hospital system, personnel requirements for the operation of these hospitals decreased by more than 11,000 during April. Personnel assigned to ASF hospitals decreased in all categories except enlisted men. The assignment of more than 10,000 enlisted men to Zone of Interior installations during April resulted in a net increase of 3,000 enlisted men assigned to Zone of Interior hospitals. The total of other categories of personnel in these hospitals decreased by 5,000. Practically all the enlisted men assigned during April are without technical training and many of these without basic training. Because all available personnel was channeled to overseas theaters for a considerable period of time, Zone of Interior hospitals were denuded of personnel with short length of service. To prevent a critical situation from developing, the Assistant Chief of Staff G-1, on 15 March, directed the assignment of all available enlisted men, not to exceed 15,507, to Zone of Interior medical installations. Many of these men are now receiving on the job, training in hospitals to enable them to replace personnel scheduled for separation by 30 June. At present, however, both incumbents and their replacements are counted in the assigned strength.

Another factor in the apparent surplus of personnel in Zone of Interior hospitals is the rapid reduction in authorized capacities of the blocked hospitals. Assigned personnel must necessarily lag behind reductions in authorizations. Steps have been taken to reduce the surplus of Medical Corps officers and nurses indicated at the end of April. On 1 May, the length of service required for the separation of Medical Corps officers was reduced to 30 months for non-specialists and 39 months for critical specialists. Approximately 800 nurses were put under orders for overseas duty during the early part of May.

### Summary:

- a. Dispositions of patients in the general and convalescent hospital system slowed down considerably during April.
- b. Patient capacity of general and convalescent hospitals was reduced by 14,000 beds.
- c. Beds allocated to the Veterans Administration were increased from 2,450 to 5,505.
- d. Beds authorized in station and regional hospitals decreased more than patient load.
- e. The assignment of more than 10,000 enlisted men during April resulted in a temporary surplus of personnel.

### HOSPITAL CAPACITY AND PATIENT LOADS, Z/I HOSPITAL





# HOSPITALIZATION

## HOSPITALIZATION IN THE ZONE OF INTERIOR (Continued)

- f. Separation criteria for Medical Corps officers have been lowered on 1 May.  
 g. During early May, approximately 800 nurses were put under orders for overseas duty.

### SUMMARY ASF HOSPITALIZATION IN THE ZONE OF INTERIOR End of April 1946

Type of Hospital	Patient Capacity		Patients Remaining			Personnel Shortages c/		
	Authorized	Effective a/	Number b/	Percent of Effective Beds	Beds Occupied	MC	ANC	Total
Total	107,927	99,590	90,703	91.1	73,316	-844	-1,269	-17,477
General	70,154	68,614	62,331	90.8	48,245	-428	-834	-12,017
Not Blocked	52,754	51,214	44,292	86.5	34,484	-224	-164	-3,423
Blocked d/	17,400	17,400	18,039	103.7	13,761	-204	-670	-8,594
Convalescent	6,190	6,190	6,393	103.3	4,607	14	-22	-471
Not Blocked	3,690	3,690	3,264	88.5	2,312	21	-6	286
Blocked d/	2,500	2,500	3,129	125.2	2,295	-7	-16	-757
Regional	15,408	12,326	12,129	98.4	11,087	-201	-196	-1,860
Station e/	16,175	12,460	9,850	79.1	9,377	-229	-217	-3,129

a/ Less debarkation beds and 20 percent dispersion in regional and station hospitals.

b/ Data exclude patients in triage at debarkation hospitals.

c/ Overages are indicated by a minus sign (-).

d/ Hospitals blocked for receipt of new patients; Crile scheduled for closure by 31 May; all others by 30 June 1946.

e/ Includes hospitals under the Chief of Transportation.

### BEDS AUTHORIZED AND PATIENTS REMAINING IN ASF HOSPITALS BY TYPE OF CARE AND TYPE OF HOSPITAL a/ End of April 1946

	Beds Authorized	Patients Remaining				
		Total	General	Convalescent	Regional	Station b/
Total	105,787	90,703	62,331	6,393	12,129	9,850
General-Convalescent Care	58,861	52,257	45,888	6,185	-	184 c/
Evacuees		41,565	36,344	5,091	-	130
Z/I		10,692	9,544	1,094	-	54
Regional-Station Care	37,710	32,058	12,872	188	11,001	7,997
Regional	6,136	5,838	2,879	-	2,953	6 c/
Station	31,574	26,220	9,993	188	8,048	7,991
Non-Army	9,216	6,388	3,571	20	1,128	1,669
POW	1,469	1,971	468	4	403	1,096
Civilians	1,918	2,057	1,076	14	466	501
Veterans Administration	5,505	2,110	1,850	1	241	18
Other	324	250	177	1	18	54

a/ Excludes debarkation beds and patients.

b/ Includes hospitals under the Chief of Transportation.

c/ Patients remaining in hospitals reduced from general hospital status.



## STATISTICAL TABLES

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### CASUALTY RATES OF FIELD ARMIES

The casualty experience of field armies as measured by the rates at which their troops are admitted to the medical installations under Army control is useful for many purposes. The rates may be employed for the planning of needs for medical personnel and supplies and they are needed for the estimation of evacuation policies. Together with counts of deaths and missing they are necessary for setting personnel replacement rates, and they may be employed historically as descriptive indexes of variations in combat. Subdivided into significant campaign intervals the wounded rates may be used to evaluate the influence of variations in intensity of combat upon the incidence of nonbattle injuries and of various diseases.

The tables on the following pages give for each of the U. S. field armies, except the Eighth for which no data are available, its disease, nonbattle injury and wounded admission rates, for its combat period. All of the data except those for Tenth Army are derived from WD AGO Form 8-122 (formerly 86ab) and measure weekly admissions to the medical facilities attached and assigned to the various armies. The rates for Tenth Army are taken from a report of its surgical consultant. The disease rates include neuropsychiatric casualties, and those for wounded include all admissions who subsequently died of wounds. Admissions for the cold injuries (trench foot, frost bite, ground type, and immersion foot) are included as nonbattle injuries, for all armies except the Ninth. By directive of its headquarters, all units of this army were instructed to consider these conditions as diseases and report them as such. The section of the 8-122 from which rates of the type shown in the table are derived requires the tabulation of patients rather than admissions. As a result, persons admitted to medical treatment with more than one diagnosis will appear in only one of the three possible categories. Except in the case of Tenth Army which fought in the Ryukyus in 1945 all of the data relate exclusively to Army personnel. The rates for Tenth Army are based upon the experience of both Army and Marine personnel inasmuch as the army was composed of one Army corps, and a Marine amphibious corps.

For each army, except the Sixth on Luzon, for which the series is not available, the average weekly strengths upon which the rates are based are shown in thousands, and the proportion of this strength assigned or attached to the divisions under control of each Army has also been included. Except for certain periods when this proportion was changing, or for short combat periods, this proportion has been computed for only the last week of each month. The strengths include all personnel in divisions, and the corps troops and army troops assigned and attached to each army. The admissions upon which the rates are based are also derived from the experience of these troops except that admissions of casualties, excluded from the strength, are included.

For First, Third and Ninth Armies which were in combat in France and Germany, and for Seventh Army after 20 November 1944 (the date on which it was assigned to the European Theater) casualty data are available which have been derived from another report. This report, ETO MD Form 323, the Combat Medical Statistical Report, was unique in the European Theater, having been initiated by First Army and subsequently adopted by the theater. It was a report prepared daily by the clearing stations and hospitals of each army. Comparisons of admission statistics derived from this report with those obtained from the 8-122, the Weekly Statistical Health Report, indicate that generally more admissions were reported on the 8-122. This, however, is the result of greater coverage by the latter which included patients who did not get to a clearing station and hence were not included on the Combat Medical Statistical Report. In addition, changes and corrections in diagnosis were available in the preparation of the Weekly Statistical Health Report which were not available in time for the daily report. Another source of the differences in the total admissions reported on these two reports may be found in the frequent reattachment of divisions or smaller units from one army to another. In general, units which were under the command of two or more armies during the course of one week submitted a consolidated 8-122 for the week to the headquarters to which they were attached at the beginning of the week. The Combat Medical Statistical Report, on the other hand, being prepared daily, could more easily be submitted to the "correct" headquarters as required. For general descriptive indexes of combat and its effects on the disease and nonbattle injury rates the data reported on the Weekly Health Report are preferable to those which may be derived from the daily report. In addition, adequate reports of admissions for communicable diseases may be obtained only from the 8-122. However, for the development of planning rates, especially for battle casualties, the Combat Medical Statistical Report is the source of choice, measuring as it does those patients who need more than minimal treatment and will require bed space at some echelon.

For Fifth Army, data are available which give the number of the Army's troops who were killed in action, died of wounds, and who were reported as missing in action or as prisoners of war. The data are derived from a report published by the headquarters of Fifth

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# STATISTICAL TABLES

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## CASUALTY RATES OF FIELD ARMIES (Continued)

Army on the basis of reports of casualties submitted to the Adjutant General's Office, Mediterranean Theater. It is believed that the added value of including these data, week by week in rate form, so that the complete casualty rate of an army will be available, more than outweighs any problems associated with differences in definitions arising out of differential reporting of killed and died by The Adjutant General and the Medical Department. The rates for died of wounds do not necessarily represent deaths for the report week inasmuch as they are reported as a change in original casualty status and may occur days after a wounded patient is admitted. Actually however most men who die of wounds do so within one week of admission so that any error is minimal.

Comparison of the rates for the armies, particularly between those which fought in the different theaters, is complicated by variations in types of combat and in the different disease hazards encountered. The following table, which shows the average rates for most of the armies for their combat periods indicates, at least for disease, that quite different problems arose in the various combat zones. The data are averages for the same intervals for which weekly data are shown in the detailed tables. The disease rate for Seventh Army in Europe is high in comparison with the similar rates for First, Third, and Ninth Armies because a large portion of its troops were drawn from the Mediterranean Theater where disease rates in general were higher than in the European Theater. The excessive wounded rate for Tenth Army is attributable to the short but intense campaign on Okinawa during the course of which no units were in reserve for any substantial period and during which aggressive combat was continuously maintained against stubborn resistance. Some of the highest wounded admission rates for single weeks of combat experienced by any of the field armies obtained on Okinawa. The peak rate of the campaign, 1,892 wounded per thousand men per year during the week ending 18 May 1945 was exceeded only by the initial rates of First Army based on casualties incurred in expanding the initial beachhead in Normandy.

AVERAGE CASUALTY EXPERIENCE OF U. S. FIELD ARMIES IN COMBAT  
Admissions to Army Medical Facilities per Thousand Men per Year

Army	Rate per 1,000 Men per Year			
	Disease	Nonbattle Injury	Wounded	Total
European Theater				
First	537	179	625	1,341
Third	521	142	473	1,136
Seventh <sup>a/</sup>	729	193	403	1,325
Ninth	391	108	218	717
Mediterranean				
Seventh (Sicily)	1,477		989 <sup>b/</sup>	2,466
Fifth	866	143	288	1,297
Pacific				
Sixth (Leyte)	1,151	149	366	1,666
Tenth (Okinawa)	402	378	1,082	1,862

<sup>a/</sup> Including period when Army was assigned to Mediterranean Theater.

<sup>b/</sup> Nonbattle injury and wounded combined.

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**RESTRICTED****STATISTICAL TABLES**

## CASUALTY RATES OF FIELD ARMIES (Continued)

## ADMISSIONS TO MEDICAL INSTALLATIONS OF FIELD ARMIES PER THOUSAND MEN PER YEAR, BY WEEKS

Year, Month, and Week Ending	Strength		Rates			Year, Month, and Week Ending	Strength		Rates		
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded		Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded

## FIRST ARMY IN EUROPE

1944						1944					
Jun 9	141		99	143	2,503	Dec 1	320		653	202	676
16	211		458	165	2,329	8	323		654	182	444
23	273		488	152	1,224	15	349		747	291	589
30	336	53	461	138	541	22	349		725	427	817
						29	317	62	664	340	741
Jul 7	397		473	106	784						
14	406		549	149	1,305	1945					
21	416		576	168	865	Jan 5	316		617	275	485
28	437	60	461	133	963	12	320		747	395	481
						19	319		751	388	757
Aug 4	317		535	192	1,594	26	326	62	675	341	419
11	300		562	127	1,238						
18	283		517	122	668	Feb 2	302		720	242	446
25	276	51	290	109	166	9	248		711	251	362
						16	294		635	159	203
Sep 1	275		257	123	376	23	312	60	501	97	159
8	269		209	85	266						
15	257		361	107	390	Mar 2	318		488	123	609
22	256		604	120	890	9	317		519	203	653
29	273	51	515	100	328	16	316		548	188	555
						23	315		519	157	415
Oct 6	289		590	127	581	30	319	57	422	128	364
13	294		599	107	638						
20	295		563	108	477	Apr 6	338		371	129	380
27	305	53	466	97	207	13	371		361	172	471
						20	375		338	161	551
Nov 3	296		452	94	229	27	341	67	400	118	134
10	310		526	108	410						
17	333		677	166	493	May 4	336		427	100	47
24	321	57	808	211	888	11	279	56	419	122	23

## NINTH ARMY IN EUROPE

1944						1945					
Sep 15	134		269	83	723	Jan 5	175		426	149	132
22	125		322	109	339	12	180		450	151	126
29	200	72	224	82	42	19	183		440	132	117
						26	180	39	401	104	85
Oct 6	165		263	79	52						
13	167		299	86	67	Feb 2	298		260	72	110
20	141		330	78	77	9	290		462	122	154
27	166	50	351	98	184	16	263		427	69	53
						23	300	54	440	78	200
Nov 3	172		484	101	324						
10	188		385	100	179	Mar 2	307		413	114	598
17	183		422	88	366	9	312		388	111	204
24	191	47	618	106	999	16	318		376	95	29
						23	320		284	103	28
Dec 1	191		682	105	634	30	340	51	374	129	437
8	195		636	106	310						
15	181		524	99	97	Apr 6	337		301	119	284
22	198		433	86	233	13	327		353	139	437
29	167	39	456	127	221	20	326	51	330	143	160
						27	319	51	324	119	61
						May 4	357		320	108	22
						11	356	53	341	116	6

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# STATISTICAL TABLES

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## CASUALTY RATES OF FIELD ARMIES (Continued)

### ADMISSIONS TO MEDICAL INSTALLATIONS OF FIELD ARMIES PER THOUSAND MEN PER YEAR, BY WEEKS

Year, Month, and Week Ending	Strength		Rates			Year, Month, and Week Ending	Strength		Disease	Non- battle Injury	Wounded
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded		Total in Thou- sands	Per- cent in Divi- sions			

#### THIRD ARMY IN EUROPE

<u>1944</u>						<u>1945</u>							
Aug	4	120		112	96	92	Jan	5	346		675	210	704
	11	264		264	141	801		12	339		812	172	895
	18	251		220	124	440		19	350		592	216	733
	25	294	53	195	100	403		26	354	60	633	177	462
Sep	1	312		250	103	608	Feb	2	324		639	228	297
	8	340		254	85	358		9	300		804	192	504
	15	223		382	112	768		16	299		805	158	471
	22	256		523	117	676		23	298	61	640	135	513
	29	258	47	437	117	524	Mar	2	289		700	137	836
Oct	6	228		523	106	333		9	304		650	148	559
	13	227		479	104	399		16	309		501	127	454
	20	252		426	102	89		23	323		391	128	411
	27	258	54	473	90	137		30	303	59	350	114	350
Nov	3	240		422	90	91	Apr	6	311		278	129	266
	10	238		541	146	611		13	318		325	137	298
	17	232		1,374	194	1,334		20	295		367	144	145
	24	240	54	830	149	793		27	378	59	342	109	165
Dec	1	252		850	144	674	May	4	338		325	123	128
	8	248		699	125	508		11	398	59	347	146	61
	15	247		688	184	506							
	22	254		509	170	469							
	29	316	67	723	184	671							

#### SEVENTH ARMY IN EUROPE

<u>1944</u>						<u>1945</u>							
Aug	18	114		694	177	843	Jan	5	228		596	259	384
	25	117	49	1,049	179	367		12	237		698	276	530
								19	245		695	182	532
Sep	1	129		860	221	452		26	270	63	697	256	382
	8	131		916	177	218	Feb	2	298		793	266	419
	15	123		1,032	209	551		9	313		798	198	368
	22	118		975	162	393		16	275		683	115	158
	29	135	39	1,173	205	579		23	270	62	656	130	275
Oct	6	122		1,184	165	660	Mar	2	278		636	114	163
	13	121		1,045	178	355		9	269		741	131	205
	20	123		1,093	167	611		16	312		672	133	447
	27	117	44	1,129	209	631		23	313		648	191	553
Nov	3	115		1,052	234	885		30	312	62	576	156	266
	10	131		1,040	295	569	Apr	6	293		553	150	476
	17	147		1,059	296	375		13	288		766	174	439
	24	180	53	814	275	456		20	288		590	169	560
Dec	1	202		906	281	586		27	300	67	525	162	295
	8	204		741	246	571	May	4	295		462	189	155
	15	206		798	295	636		11	333	58	136	54	5
	22	215		733	233	509							
	29	218	56	644	242	219							

**RESTRICTED**



# STATISTICAL TABLES

**RESTRICTED**

## CASUALTY RATES OF FIELD ARMIES (Continued)

ADMISSIONS TO MEDICAL INSTALLATIONS OF FIELD ARMIES PER THOUSAND MEN PER YEAR, BY WEEKS

Year, Month, and Week Ending	Strength		Rates per Thousand Men per Year						
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded	Deaths		Missing and Prisoner	All Causes
						KIA	Died of a/ Wounds		
FIFTH ARMY IN ITALY									
1943									
Sept 10				Not Available					
17	72	62	1,413	367	1,959	241	25	436	4,416
24	118	65	1,271	223	374	75	16	258	2,201
Oct 1	171	47	1,002	120	107	19	4	4	1,252
8	190		919	125	123	34	4	4	1,205
15	190		883	112	252	84	7	13	1,344
22	219		885	136	152	44	9	15	1,232
29	196	41	799	124	130	28	7	5	1,086
Nov 5	196		830	126	224	54	11	15	1,249
12	207		906	143	440	110	18	19	1,618
19	203		1,029	122	178	38	12	6	1,373
26	203	42	996	66	156	35	10	6	1,259
Dec 3	198		993	110	191	73	13	8	1,375
10	200		1,256	161	454	67	12	8	1,946
17	200		1,084	151	354	60	7	11	1,660
24	197		1,279	139	161	34	6	2	1,615
31	200	43	1,233	139	130	26	4	2	1,530
1944									
Jan 7	201		1,336	195	435	67	9	23	2,056
14	204		1,384	168	215	40	10	7	1,814
21	206		1,127	134	185	40	8	45	1,531
28	210	46	821	120	431	178	19	208	1,758
Feb 4	208		830	99	516	164	26	308	1,917
11	224		781	97	508	114	25	50	1,550
18	224		825	110	418	119	21	223	1,695
25	227	43	915	118	306	68	20	120	1,527
Mar 3	226		905	101	126	93	15	68	1,293
10	227		904	107	188	41	12	10	1,250
17	232		784	97	119	29	10	10	1,039
24	232		782	100	154	28	6	7	1,071
31	234	50	700	138	92	25	6	6	961
Apr 7	243		732	106	90	18	4	4	950
14	237		663	103	95	15	6	5	881
21	235		690	122	104	18	7	1	935
28	227	56	660	118	153	30	3	11	972
May 5	232		684	147	92	17	4	3	943
12	239		706	170	285	97	4	65	1,323
19	240		704	156	453	89	12	34	1,436
26	236	56	650	178	951	197	18	42	2,018
Jun 2	245		858	200	1,219	256	37	80	2,613
9	240		760	211	507	77	24	30	1,585
16	235		768	176	267	31	10	12	1,254
23	246		831	162	152	25	6	5	1,175
30	191	51	713	170	253	66	11	17	1,219

a/ Included in wounded.

**RESTRICTED**



# STATISTICAL TABLES

**RESTRICTED**

## CASUALTY RATES OF FIELD ARMIES (Continued)

ADMISSIONS TO MEDICAL INSTALLATIONS OF FIELD ARMIES PER THOUSAND MEN PER YEAR, BY WEEKS

Year, Month, and Week Ending	Strength		Rates per Thousand Men per Year						
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded	Deaths		Missing and Prisoner	All Causes
						KIA	Died of a/ Wounds		
<b>FIFTH ARMY IN ITALY</b>									
<u>1944</u>									
Jul 7	184		840	193	466	96	13	19	1,614
14	157		1,028	228	753	166	22	35	2,210
21	156		1,174	213	615	112	17	43	2,157
28	151	50	935	176	213	28	5	36	1,388
Aug 4	150		897	156	89	9	2	1	1,152
11	152		800	137	43	6	3	7	993
18	155		807	169	58	9	3	14	1,057
25	147	55	916	156	98	25	1	4	1,199
Sep 1	146		761	126	104	10	4	1	1,002
8	142		683	123	97	12	3	6	921
15	137		804	178	504	128	10	30	1,644
22	140		970	209	818	159	14	55	2,211
29	142	56	1,097	256	727	156	14	38	2,274
Oct 6	140		1,131	199	836	170	22	37	2,373
13	140		1,244	226	913	187	21	124	2,694
20	141		1,177	194	875	184	25	110	2,540
27	137	55	1,021	193	505	103	12	157	1,979
Nov 3	138		936	182	297	58	9	19	1,492
10	142		858	162	166	27	7	4	1,217
17	143		913	177	134	26	5	8	1,258
24	143	60	892	139	159	28	6	5	1,223
Dec 1	144		934	123	113	14	3	33	1,217
8	146		1,096	130	79	16	4	5	1,326
15	148		969	120	110	18	4	3	1,220
22	147		884	115	81	10	1	1	1,091
29	147	58	830	198	70	30	4	38	1,166
<u>1945</u>									
Jan 5	150		873	158	76	9	3	7	1,123
12	152		790	142	34	14	1	1	981
19	152		781	135	36	7	2	3	962
26	160	62	786	117	45	9	1	3	960
Feb 2	166		695	111	34	5	2	4	849
9	166		710	106	213	44	6	17	1,090
16	166		777	132	136	19	4	19	1,083
23	166	62	666	96	234	65	3	5	1,066
Mar 2	172		694	96	112	16	3	3	921
9	168		668	97	224	49	9	3	1,041
16	171		707	106	73	9	4	1	896
23	174		673	103	46	8	2	4	834
30	178	58	640	92	37	7	1	7	783
Apr 6	176		656	97	112	25	3	6	896
13	178		790	140	153	30	3	7	1,120
20	177		783	142	909	232	15	17	2,083
27	175	58	538	138	441	95	20	5	1,217
May 4	173	59	422	163	175	36	6	-	796

a/ Included in wounded.

**RESTRICTED**



# STATISTICAL TABLES

RESTRICTED

## CASUALTY RATES OF FIELD ARMIES (Continued)

### ADMISSIONS TO HOSPITAL AND QUARTERS PER THOUSAND MEN PER YEAR, BY WEEKS

Year, Month, and Week Ending	Strength		Rates		
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded

Year, Month, and Week Ending	Strength		Rates		
	Total in Thou- sands	Per- cent in Divi- sions	Disease	Non- battle Injury	Wounded

#### SIXTH ARMY IN THE PHILIPPINES

##### Leyte-Samar

1944					
Oct 28	78	62	989	368	1,061
Nov 4	81		733	190	493
11	102		980	188	434
18	146		1,206	141	349
25	154	60	1,194	116	290
Dec 2	159		1,209	106	276
9	168		1,289	148	349
16	176		1,300	153	253
23	183		1,202	127	329
30	158	53	1,029	98	282

##### Luzon

1945					
Jan 13			157	90	269
20			570	90	655
27			616	90	646
Feb 3			910	99	461
10			1,053	99	767
17			1,095	99	649
24			1,204	99	548
Mar 3			1,359	53	460
10			1,565	125	305
17			1,580	158	351
24			1,648	166	384
31			1,548	163	370
Apr 7			1,662	167	398
14			1,596	150	390
21			1,756	156	449
28			1,706	128	541
May 5			1,610	136	337
12			1,716	156	291
19			1,554	127	256
26			1,734	165	197
Jun 1			1,559	136	110
8			1,571	117	133
15			1,548	123	106
22			1,577	123	131
29			1,309	115	86

##### TENTH ARMY IN RYUKYUS

1945					
Apr 6	134	45	108	243	605
13	137	58	241	359	933
20	129	61	259	334	1,113
27	121	64	346	246	1,044
May 4	117	68	382	419	1,096
11	115	62	285	491	1,485
18	114	58	338	825	1,892
25	112	57	350	489	1,363
Jun 1	118	56	645	389	712
8	115	56	691	159	598
15	119	53	603	273	1,004
22	117	54	651	358	1,263
29	117	55			269

##### SEVENTH ARMY IN SICILY

1943				
Jul 17	141		460	1,317 <sup>a/</sup>
24	144	58	1,097	638 <sup>a/</sup>
31	167	57	1,529	496 <sup>a/</sup>
Aug 6	169	54	1,978	831 <sup>a/</sup>
14	171	52	1,993	853 <sup>a/</sup>
20	201	61	1,491	302 <sup>a/</sup>

<sup>a/</sup> Nonbattle injury and wounded combined.

RESTRICTED