INDEX

INDEX

I. GENERAL:

1. This report covers the first full year of activity of Welch Convalescent Hospital, Daytona Beach, Florida, the calendar year 1945. The hospital was activated 16 May 1944, pursuant to General Order No. 30, Hq, Fourth Service Command, Atlanta, Georgia, dated 14 May 1944.

2. The hospital is located approximately two miles west of Daytona Beach, Florida at the location of the old Halifax Hospital and the Second WAC Training Center.

3. The year 1945 was one of intense activity at this installation. The closing stages of hostilities VE Day and VJ Day brought tremendous loads of convalescent evacuees who were transferred directly to this installation, from Ports of Debarkation as the final step in the chain of hospitalization. A 20% overload was carried for several months as a result of this heavy influx of patients; however, the fact that approximately 30% of the patients were on furlough relieved the heavy burden on the facilities.

II. FUNCTION AND ORGANIZATION:

1. Functions:--a. The mission of Welch Convalescent Hospital is to provide complete reconditioning to Class I and II patients, relieving General and Regional Hospitals of this work. Complete reconditioning includes not only physical but full and extensive education, orientation and vocational and personal guidance for the mental and emotional rebuilding of the patients. The Reconditioning Program is directed toward offering complete preparation of convalescents for return to duty or return to civil life.

b. During the year 1945 many changes were made in the manner of improvement in organization for the more efficient operation of the Administrative Department of this installation. The major revisions in organization which were made during the year are outlined in this report under the agencies affected. The Professional Department is unique, compared to General or Regional Hospital organization, as the Medical Officers command the patient battalions and the "CO Detachment of Patients" is an administrative head only. This plan has been quite successful and has added immeasurably to the calibre of treatment received by patients at this installation.

c. The following table shows the authorized bed capacity and breakdown:

	Authorized Beds	Gen'l Medical, Surgical Orthopedic Patients	Neuropsychiatric Patients	Acutely Ill
1 Jan 45	4400	3000	1000	400
15 Nov '45	2500	1500	750	250
4 Dec 45	2000	1000	850	150

III. PERSONNEL:

1. Personnel Division:--a. On 1 January 1945 the Personnel Division under the Director of Personnel was organized to include: Military Personnel Branch, Civilian Personnel Branch, Special Service Branch (later renamed Athletic and Recreation Branch), Army Exchange Branch, Personal Affairs Branch, Information and Education Branch and the Chaplains Branch. The varied picture presented by such a division presented many acute problems for the Director of Personnel because of the diversity of activities under his supervision. In addition, the tremendous work loads in the Personnel Branches, occasioned by a 20% overload in patients and a constantly changing personnel picture, made it desirable to establish an Individual Service Division to absorb the varied activities unrelated to personnel administration, but related to the welfare of duty and patient personnel. This was accomplished on 17 December 1945 and more efficient operation has resulted.

b. Personnel Control:--The Personnel Control Unit made up of the Director of Personnel, Control Officer, Chief of MPB and Chief of CPB began operation for the more efficient allocation of personnel to the using agencies at this installation. The results of the work of this unit, which each month reviews and revises the personnel assignments, has resulted in more efficient utilization of personnel. An additional advantage to this system of sub-authorization of personnel is that each officer has an opportunity to review his personnel requirements each month and anticipate future needs. During the last six months of 1945 the personnel problems encountered were virtually insurmountable; the Personnel Control Unit was an important stabilizing factor and was largely responsible for continuing smooth operation in spite of heavy losses of Civilian and Military personnel because of demobilization.

2. Military Personnel:--a. Officers: During the period 1945 this station was staffed with exceptionally well qualified officer personnel. Being a unique type of installation, highly qualified personnel was sent here in an effort to properly establish this station on an efficient operating basis. The officer strength fluctuated from a maximum of 285 to a minimum of 203. During the latter part of the year the officer level was substantially reduced and it has been determined that, by the efficient allocation of personnel, approximately 190 officers are required to operate this Post as a 3500 bed convalescent hospital. This figure is the result of consolidation of positions and came only after considerable effort and work to reduce to an economical operating set-up.

b. Enlisted men: Strength of enlisted men assigned to this station during the year 1945 fluctuated between a maximum of 1288 and a minimum of 750. As with officers, higher headquarters sent many highly qualified and skilled technicians to this station to assit in the operation and establishment of the Reconditioning Services. This has resulted in finer professional care for the convalescents and has aided immeasurably in the efficient operation of this Post.

(1) The Medical Detachment has been outstanding in its appearance and military bearing. This is attributable to the high calibre of enlisted personnel which has been assigned to this

station. During the demobilization period following VJ Day many enlisted men were released and few replacements were available for reassignment to this station. The result of this heavy drain of enlisted personnel was not felt until November 1945, when it became increasingly apparent that every effort would have to be made to replace enlisted men with civilian employees. Increased activities along this line have accomplished an approximately 40% replacement by civilians, with an additional 40% of our present detachment strength replaceable with civilians. Despite the success of the civilian replacement program, it has been determined that all personnel who have actual continuing contact with the patient must be military.

(2) Some success has been attained in the recruiting of enlisted men for the Regular Army. As of 31 December 1945 approximately 30 Regular Army enlisted men were on duty at this station. A continuing active recruiting program was carried on per instructions from high headquarters, and success was attained along these lines with regard to recruiting from patient personnel as well from detachment personnel.

(3) Efforts were made during the year 1945 to supplement detachment enlisted men with patients who were not eligible for release on completion of hospitalization and were desirous and qualified to remain at this station; however, the overall experience with patients assigned to a duty status has not been too successful, inasmuch as most were overseas returnees and soon became eligible for release, which left us shorthanded in many key positions.

(4) Efforts at using patients to assist duty personnel in Company Administrationand Supply have been very successful; however, this has been eliminated, except when urgently required, because it is not desirable to keep patients out of the Reconditioning Program.

c. Enlisted Women:-- The WAC Detachment during the year 1945 grew to be a sizeable unit with approximately 60 enlisted women assigned to this station. They performed many types of duty, but were primarily used as psychiatric social workers in NP Reconditioning or instructors in Educational Reconditioning. A yeoman's task was performed by the enlisted women in Physiotherapy and Occupational Therapy during the year. The morale of the enlisted women has been exceptional and their efforts have aided in speeding the convalescence of patients at this hospital.

3. Military Personnel Branch:--The Military Personnel Branch, administratively, has been one of the most active agencies on the Post. The intense administrative activities have been due to the incompleteness of records of overseas returnees and the separation, by CDD, of a great percentage of our patients. Many extra services have been added by this agency, the most successful being the processing line established in the Receiving Division. Skilled Service Record and Payroll clersk interviewed

each patient arriving at this station and brought his service record and pay up to a current basis. This included all factors concerning the patient's enlistment, overseas service, awards and decorations, and finances. Within 48 hours of a patient's arrival at this station his records have been brought up-to-date and he has been paid in full to the current month. During the period 17 September to 15 November, a Separation Point was in operation at this station. An outstanding job was accomplished during that period in the separation from the service of military personnel. From 1 September 1945 through 15 December 1945 a total of 4,426 men were processed through the Separation Point. Intense activity was brought about in the Military Personnel Branch, during the latter part of 1945, by the organization of a Travel and Ration Unit to prepare forms for per diem or expense incident to official travel for enlisted men. This section handled several thousand vouchers concerning the payment of travel and ration allowance. One handicap in the operation of this Military Personnel Branch has been the tremendous number of reports required by higher headquarters. This retarded the continuing operation of the Branch, inasmuch as much time and personnel was required to prepare and forward these reports.

4. Civilian Personnel:--During the year 1945 the Civilian Personnel Branch encountered great difficulty in the employment and placement of civilian personnel. During the early months of the year, the proximity of high paid shipyard positions and the acute shortage of skilled personnel in this area made it virtually impossible to employ the civilians required to operate the Post. Another factor was the difficulty encountered in attempting to make appointments with any speed, because of Civil Service Commission Regulations. This condition was further aggravated by regulations which restricted the employment of those who were not on the Civil Service Register and those who did not have veterans preference. A partial solution to this problem was the recruiting of personnel on a 30 day emergency appointment basis. After VJ Day many female employees resigned because of the return of their husbands from service overseas. One bright spot during the year was the receipt of standard procedures for Civilian Personnel Officers and War Department Installations. These procedures allow for a much more efficient Civilian Personnel organization. Of extreme difficulty during the year was our inability to recruit a classification analyst who was well qualified. The fact that a great percentage of the civilian positions at this installation, were unique, compared to normal Post organization, made the requirement for a highly qualified classification analyst acute. In November such a qualified person was assigned, and has done exceptional work in establishing civilian positions to replace enlisted men. This has been of great assistance in our civilian replacement program. The overall picture as of 31 December indicates that approximately 80% of the personnel at this Post will be civilians.

IV. EQUIPMENT, SUPPLIES AND TRANSPORTATION

1. Equipment and Supplies:--a. General:--Supply activity as of 1 Jan 1945 was organized under one accountable officer; however, on 2 April 1945 the supply activities were broken down into their normal technical services,

and accountable officers were assigned for Quartermaster, Ordnance, Signal, Transportation, Engineer Troop Supply and Medical Supply. Chemical Warfare Supply Officer continued as an additional duty for the Quartermaster. These officers worked under the one staff officer, who was Director of Supply. On 14 July 1945 the Supply Division was realigned and all technical service supply officers were placed on a staff level on Post organization. The Director of Supply was retained to act only as a liaison officer regarding supply as a whole. The principal problem of all supply agencies in the early part of 1945 was storage. Many warehouses were rented at widely distributed points and were used jointly by all supply agencies. This was not successful for efficient operation. Several buildings on the Post were used to supplement the widely spread storage space. In February 1945 three Quartermaster warehouses, Type WH-BT, were approved and constructed and allowed for the consolidation of all Quartermaster supplies, and included an individual issue line for induction station type issue to enlisted men. Other warehouses were permanently obtained in convenient locations on the Post and as the supply problem became less acute, the storage problem was readily dissolved. Many automatic shipments were received at this station for use in the Reconditioning Program and, during a period of a year, a great volume of these supplies were found to be in excess of requirements. These supplies were immediately reported excess and shipped as directed by higher headquarters. After urgent requests by this station, technical supply agencies at higher headquarters submitted lists of automatic shipments to this station, prior to their shipping date, and a selection of these supplies of value to the Reconditioning Program was made and the agency was notified prior to shipment. On establishment of this procedure a much more efficient handling of shipments was evolved.

b. Reconditioning Supply:--On 25 August 1945 an accountable officer was established for Reconditioning Supply. This was instituted because of the fact that such a tremendous volume of supplies, required for the operation of the Reconditioning Program including such shops as woodworking, metal working, auto mechanics, photography and radio, made it imperative that one office be established to handle the requirements. Physiotherapy, occupational therapy, and physical reconditioning also were included in the Reconditioning Program and required extensive supplies.

c. Post Quartermaster:--(1) Of exceptional activities during the year 1945, the Post Quartermaster's individual clothing issue warehouse should be noted. This warehouse issued complete authorized allowance to all patients reporting to this station. During the period 15 March 1945 to 15 August 1945 a total of 11,965 individual patients were processed. A clothing fitting room, alteration section, pressing room and shoe fitting section are a part of the issue warehouse and provide for proper fitting and neat appearance of patient personnel uniforms.

(2) The Laundry and Linen Control Officer was established under the Quartermaster during 1945 and

operated a small Post Laundry handling Infirmary linen and clothing. All patient laundry was sent to Camp Blanding for processing -- a distance of 100 miles. Regular schedules were established for this run and a fairly successful operation resulted by the end of 1945. Some difficulty was encountered due to the shortage of linen; however, the linen supply has been supplemented by additional issues and sufficient supplies are now on hand for exchange once per week.

(3) A commissary Sales Store was opened for business on 25 June 1945. This store handles the normal complement of Quartermaster, dry stores, meat and some fresh dairy products. Approximately 4,500 people are served.

c. d. Medical Supply Officer:--The Medical Supply Officer was originally assigned the responsibility at this installation of providing only supplies and equipment to a 400 bed station hospital (Infirmary) which operated in conjunction with the 3500 convalescent beds at this station. Some confusion resulted from this, inasmuch as the entire installation required certain medical supplies which had to be figured on a 3900 bed level. During the year 1945 this difficulty was alleviated by an increase instock levels for the particular Medical Department Supplies which were required for operating the 3500 convalescent beds. During the year, 5,162 stock record cards indicated the volume of supplies and equipment both standard and non-standard carried by the Medical Supply Officer on this Post. Supplements to the Medical Supply catalogue such as T.B. MED 10-22, 10-23, 10-24 and 10-25 were of considerable assistance in obtaining proper and sufficient Medical Department Supplies for the operation of this installation. The above lists comprise approximately 70% of the Medical Supply Officer's activity at this station, and were not in the original plan for the organization of the Medical Supply Office. In addition to the normal operations of the Medical Supply activity, a Medical Maintenance and Repair Shop was operated by the Medical Supply Officer for the repair and maintenance of all Medical Department equipment such as X-Ray Machines, centrifuges, Infra-Red Lamps and Laboratory equipment. A system of equipment inspection was set up by the maintenance unit which proved highly successful in maintaining a high level of operation of Medical Department specialized equipment. In addition to maintaining medical equipment, the shop also handled typewriter and office machine repair. Until October 1945 the Medical Supply Officer supervised the requisitioning, storage and issue of all standard blank forms. This function, however, has reverted to the Adjutant. As in other technical services, the Medical Supply Officer has had increased difficulty with reduction in bed capacity, because of the large amount of excesses which must be crated and returned to proper depots.

e. Ordnance:--Ordnance activities during the year 1945 showed continuing progress in line with the procurement of expensive supplies and equipment such as welding machines, sheet metal equipment, live engines, power train units, C & I Units and wheel vehicle units for courses in the Educational Reconditioning Program. Maintenance on this equipment has been accomplished by the using services, inasmuch as instructors were

available for this work and were responsible for maintaining the shop equipment in first class condition. This has been more successful than a centralized Ordnance Maintenance Repair Shop for this type of equipment.

f. Signal Supplies:--The operation of Signal Supply activities during the early portion of 1945 furnished signal equipment and supplies for the establishment of radio, telephone and photographic shops in the Educational Reconditioning Class Rooms.

g. Engineer Troop Supply:--The Engineer Troop Supply has filled in in many spots in obtaining supplies and equipment for the establishment of the Reconditioning Program. Many items such as drawing boards, instruments, etc. were provided during the year for the establishment of Reconditioning courses.

2. Transportation:--a. Transportation activities at this station were normal during the year 1945, with the exception of a water section which has operated seven boats for deep sea and river fishing trips, carrying a total of over 20,000 patients fishing during the year. In addition to the boats operated solely for fishing, one of the craft was rigged as a shrimper, and bait was provided for all fishing activities by this boat.

b. The administrative Motor Pool was operated by the Post Ordnance Officer until 27 July 1945 on which date this activity was transferred to the Post Transportation Officer. An average of 150 administrative vehicles used in post administration and transportation for patients were operated during the year. The maintenance of these vehicles has been charged to the Ordnance Officer with all 3rd and higher Echelon maintenance being accomplished by the evacuation of vehicles to Camp Blanding, Florida.

c. In September 1945 a consolidated railhead warehouse was established under the Transportation Officer with the responsibility for the receipt and storage of all supplies and equipment received or evacuated. This system has been most successful and has resulted in the saving of tremendous time and effort compared to an organization where each of the technical services operates an individual receiving and shipping warehouse.

IV. ENVIRONMENT:

1. Buildings and Grounds:--a. The complete conversion of the 2nd WAC Training Center to a Convalescent Hospital was accomplished in the final months of 1945. Many facilities had to be constructed, others were made available by the conversion of present buildings. The total cost of buildings and landscaping was in excess of $3,000,000. A certain amount of this work was accomplished by contract labor under the supervision of the district engineer; however, the Post Engineer was responsible for a great percentage of conversion work and the continuing maintenance of all buildings on the Post.

b. A complete list of projects accomplished to complete the conversion follows:

(1) Construction

(a) Swimming Pool, 60x100 feet
(b) Gymnasium
(c) Additional roads
(d) Beach bath house
(e) Eight tennis courts
(f) Basketball courts
(g) Five Red Cross recreation buildings
(h) One general recreation building
(i) One Orthopedic and Physiotherapy building
(j) Library
(k) Five warehouses
(l) Four day rooms
(m) Addition to Officer Patient Mess
(n) Addition to Receiving Building
(o) Addition to Dental Clinic
(p) Eighteen bowling alleys (some equipment transferred from other posts)
(q) Five shop buildings
(r) Thirteen school buildings
(s) Five Guest Houses
(t) Eleven Patient Officer Quarters
(u) Additional Nurses Quarters
(v) Additional WAC facilities
(w) Two Service Clubs
(x) Central heating plant
(y) Additional sidewalks
(z) Additional utilities

(2) Improvement:

(a) Painting interior of main Infirmary building
(b) Installation of asphalt tile in main Infirmary building.
(c) Painting interior and exterior of all buildings used by patients.
(d) Installation of mechanical ventilator in buildings used by patients.
(e) Landscaping program virtually completed.
(f) Post Headquarters building lined, ceiled and steam heat installed.
(g) Installation of 130 electric water coolers
(h) Mechanical ventilation installed in mess halls
(i) Water coolers installed in mess halls.
(j) Addition of concrete fire wells to all two story barracks.
(k) Linoleum laid in the great majority of the buildings
(l) Installation of automatic sprinkler systems in all barracks.
(m) Reinsulating of all steam lines

(3) Conversion:

(1) School Buildings for various administrative purposes

(2) Buildings for use by Hobby and Craft and Occupational Therapy
(3) Building for use of the library

2. Heating:--Four battalion areas, Post Headquarters, the Infirmary area, Officers Quarters and certain administrative buildings are provided with central heating plants. All buildings in the newly constructed school are are provided with central heating from a new power plant, which was installed along with the new school buildings, guest houses, chapel, BOQ's, NOQ's, etc. All patient's barracks currently in use in December 1945 were provided with central heating or automatic oil space-heater. This has been highly successful and has allowed for much neater and cleaner barracks for patient housing. Heating has not been a particular problem at this installation due to the geographical location.

3. Insect Control and Environmental Sanitation:--a. Insect Control:--The important insect problem at Welch Convalescent Hospital is the control of malarial and pest mosquitoes. Malaria exists among the civilian population of this area, and recurrences of malaria acquired outside of the Continental United States have appeared among the convalescing patients. There have been no new cases of malaria since the activation of the Post; however, in 1945, there were two hundred sixty-three recurrent cases admitted to the Malaria Ward. Of these, two hundred fourteen were readmissions. Two hundred thirty-six cases of fevers of undertermined origin were also reported. The mosquito population on the Post was sampled by four methods. These are (1) light-trap catches, (2) collection of adults from natural resting places, (3) biting records, and (4) collection of larvae in breeding areas. During 1945, 140 collections were made from light traps. From the insects collected, some 3501 mosquitoes were identified. Of these 525 were anophelines including 13 quadrimaculatus. Thus, of the mosquitoes taken by light traps, 14.9% were anopheles. A quadrimaculatus formed 0.37% of the total catch. Resting places, 167 mosquitoes were taken. Of this total eight were Anopheles quadrimaculatus, 26 were A. crucians and one was A. walkeri. This gave a 20.9% catch of anophelines and an index of 4.79% for "quads" almost 4-1/2% higher for "quads" than shown by the light traps. Some 378 visits were made to larval collecting points. Forty-one visits yielded larvae, of which thirty-three were anophelines. One of these anopheline collections on the Post was quadrimaculatus. Through arrangements with the Post Engineer, all insect control was handled by the Medical Inspector's Office, except for ditching, filling and ditch cleaning. All standard measures were used, such as painting screens and/or walls with DDT solution, the use of space type fly sprays, repellents, larviciding with diesel oil and/or diesel-DDT mixtures, etc. The work has been facilitated by the use of a small "jeep" -mounted power sprayer with a capacity of 30 gallons, operating at a pressure of 100 pounds with a variety of nozzles. With a Myers nozzle it has an output of one gallon in 3-1/2 minutes.

b. Other Insect Pests:--Roaches are the insects of second importance at this Post. Continued diligence was necessary to keep these pests at a minimum in mess halls. Ants are also troublesome, but were not so difficult to deal with. Since the completion of the DDT screen painting program, houseflies do not constitute a problem on the Post.

c. Rodent Control:--Rats and mice have not been abundant on the Post. Some difficulty was encountered in two mess halls and one warehouse, but the use of traps and poison baits has kept them at a minimum.

3. Environmental Sanitation:--During the year 1945 barracks were painted, improved ventilation facilities in the form of ceiling fans were installed, and a program for the installation of downspouts and gutters were completed. Under the direction of the Engineer for Malaria Control in War Areas, a plane table topographical survey of the swamp area west of the Camp was made during January and February. This survey was used to formulate plans for drainage of the area. Recommended plans for the lowering of a highway culvert came to a standstill when Florida State officials failes to approve the project; however, in its place, as a substitute, a four inch siphon was installed through the culvert to facilitate drainage. In March and November all roadside drainage ditches within the cantonment area were cleared of vegetation and seyeral storm water drainage ditches were regraded.

4. Messing and Mess Sanitation:--a. All mess halls and service clubs are inspected regularly and, in general, have been found to be quite satisfactory. Dish cultures, taken at least once each month from each of the mess halls and the service club cafeteria, have usually been classified "excellent" by Behreno's method.

b. Dairy Supplies:--(1)Milk:--Milk is purchased under Quartermaster contract from two local sources to supply requirements of the mess halls; the Post Exchange purchases its milk direct. Weekly analyses have shown these supplies to be satisfactory.

(2) Ice Cream:--In general during the year 1945 the ice cream supplies were satisfactory. from a bacteriological and butter-fat content aspect although occasionally a sample was found with a slightly high bacterial count. A little difficulty was experienced by the Veterinary Officer in keeping the butterfat count up to Army Standards, but in all cases deficiencies were reported to the proper authorities and corrective action taken.

5. Waste Disposal:--a. Sewage Disposal: All wastes discharged into the hospital sewerage system are collected and conveyed by gravity to a sewage pumping station located in the city. From this point it is discharged, without treatment, along with the untreated sewage of the City of Daytona Beach into a force main leading to the Halifax River.

b. Garbage: Plans for the construction of an incinerator (during 1945) were disapproved by higher authority. Satisfactory arrangements were made to dump non-edible garbage and other waste material at a sanitary fill operated jointly by the City of Daytona Beach, the Daytona Beach Naval Air Station, and this installation.

6. Water Supply:--Completely treated water is purchased from the City of Daytona Beach whose water supply is pumped from deep wells.

Samples for bacteriological analysis are collected weekly and sent to the Area Laboratory at Camp Stewart, Georgia for analysis. Once each month duplicate samples are sent to Fourth Service Command Laboratory for analysis. Samples have been generally satisfactory. When samples show the presence of coliform organisms immediate recheck samples are taken, and an investigation made for possible sources of contamination. All recheck samples during 1945 were reported satisfactory. Chlorine residuals have varied between 0.0 ppm and 0.8 ppm and have averaged approximately 0.2ppm.

VI. SERVICES:

1. Army Exchange Service:--The Army Exchange Service of Welch Convalescent Hospital expanded its overall activity during the year with the opening of a large Main Exchange on 14 December 1945, the opening of five Guest Houses during the month of November, and the opening of a new cafeteria. The original Post Exchange set-up was rather inadequate for the post population; however, with the completion and opening of a Main Exchange, full and complete services are now offered at this station. The new Main Exchange building recently activated is complete and a model of its kind in the Service Command. It embodies not only normal exchange activities such as cigarettes, candy, toilet articles, etc., but also offers clothing, jewelry, supplies, a barber shop, cafeteria, soda fountain, and special mail order service. These activities are pointed toward the best service for convalescent patients at this installation.

2. Band:--a. The 391st ASF Band, a T/O organization attached to this station, has performed the normal functions of a Post Band, as well as the handling of individual musical instruction in the Educational Reconditioning Program. For fulfillment of their mission the Band is broken down into three activities.

(1) Military Band:--The Military Band is primarily used to furnish music for military programs and special ceremonies.

(2) Dance Orchestra: Two dance orchestras were formed which played for an average of 35 dances per month for patient, duty, and officer personnel in addition to weekly radio broadcasts.

(3) Educational Reconditioning:--The Band personnel used as individual musical instructors have operated one of the most popular Educational Reconditioning courses. There are approximately ten different musical classes which are well attended by patient personnel. Most popular have been classes in guitar, banjo, ukulele, and similar instruments, which readily lend themselves to class instruction; other classes, on more difficult instruments, have involved periods of individual instruction. Over all, it is believed that this program has been of great therapeutic value to the patients.

b. Originally the greatest problem in the musical educational program was the lack of adequate facilities, such as sound proof practice rooms and class rooms. This condition was alleviated by the completion of an

especially designed band building which includes band and class practice rooms as well as a small amphitheater for concerts. These physical facilities have added immeasurably to the effectiveness of the program. Some difficulty was encountered because of the lack of qualified instructors among the bandsmen; however, this problem was overcome by the assignment of bandsmen during the year who were sufficiently qualified on their instruments to instruct.

3. Chaplain:--a. A high point in the Chaplain's program for the year was the formal dedication of the new Post Chapel on 18 November 1945. This building is a well equipped Army Chapel, splendidly appointed and nicely landscaped for the effective handling of religious services. The Chapel is equipped with a Hammond Electric Organ and a public address system through which music or calls to service may be broadcast throughout the Post. This physical layout has aided the Chaplains in the more complete fulfillment of their mission. Results have been most gratifying since the completion of the plant.

b. Many specila problems were noted by the Post Chaplain at this station because of the type of personnel assigned here as patients; the great percentage of whom were from overseas and in need of the guidance a chaplain can offer. Over 7,000 individual office interviews were handled by the chaplains stationed at this Post and approximately 15,000 enlisted men were welcomed at the Post's original orientation by the Post Chaplains.

c. A volunteer choir was successfully organized during the latter part of the year. This group has added to the effectiveness of the religious services held in the Post Chapel.

4. Fiscal Division:--The original organization of the Fiscal Division at this station consisted of a Class B Agent Finance Office, a subsidiary of the Finance Office, USA, Jacksonville, Florida. However, on 21 August 1945, a Disbursing Office was organized in lieu of the Class B Agent Office. A high standard of immediate payment of enlisted patients arriving at this hospial was carried on throughout the year. As early as February 1945, the Finance Officer was paying all patients arriving at this installation within 72 hours after arrival. These payments were not simply "partial payments", but brought the man's financial status with the Army completely up-to-date. The Budget and Accounts Branch was particularly active during the late months of 1945 and much progress was made in the adjustment of budgets to eliminate excessive expenses at this Post.

5. Information and Education:--The Information and Education Branch initiated the publishing of a Post newspaper - "The Welchman", in addition to their normal activities. This paper, consisting of four to eight pages is a successful morale builder. I & E has been most effective in the orientation of patients and duty personnel at this station. Subjects of current interest as well as a periodical round up of news and world events in a dramatic form are presented.

6. Judge Advocate:—The activities of the Post Judge Advocate at this installation were normal, with the exception of a heavy load of claims resulting from a heavy influx of overseas patients. The majority of the

claims handled were attempts to locate baggage and personal belongings.

7. Personal Affairs:--One of the most active agencies at this station during the latter months of 1945 was the Personal Affairs Office. This extended activity was the result of many inquiries regarding separation from the service under War Department Circular 290, AR 615-362 and AR 615-365. As many as 200 applications for separation were completed per month for military personnel. A normal volume of work regarding family allowance, insurance and Army Emergency Relief was handled.

8. Postal Service:--The Postal Section as originally organized at this Post functioned with a main office and mail rooms in each convalescent company operated by company enlisted personnel. During the month of April 1945 a successful experiment was undertaken under which battalion mail rooms, manned by Post Office personnel, were established in place of company mail rooms with a designated company clerk picking up the battalion mail from the mail rooms twice a day. Undeliverable mail was returned to the battalion mail room for directory service. In November 1945 battalion mail rooms were discontinued for lack of personnel and designated company clerks picked up the company mail at the Central Post Office. This has operated successfully with a reduced patient load.

9. Red Cross:--a. The American Red Cross activity offered valuable service to the patients at this Post during 1945. Their program has been divided into two phases - Social Service and Recreation. The Social Service program was exceedingly active due to the great number of men who were on furlough and the presence of NP patients who offer many and varied problems of a personal and domestic nature. The heavy CDD rate here has added quite a burden to the Red Cross because of the service they have offered dischargees in the completion of Veterans Administration Form 526 for claims and pensions.

b. The Recreation Program was highly esteemed by the patients at this hospital especially after completion of five battalion recreation busildings. The "Rec" halls were opened in August and September and offered not only the routine movies, parties, games, etc., but also have completely equipped kitchens. These are available to the patients for the preparation of any food or snacks they may desire including fish frys with fish they have caught on fishing trips. This has been exceedingly popular and has aided in creating a "homelike" atmosphere.

c. Until July the Red Cross operated an arts and crafts program and a Playhouse in connection with Special Service; however, these activities were taken over by Occupational Therapy and Special Services, respectively, in a reorganization of these activities. Beach activities have been expanded during the year and have been well attended by officer and enlisted patients. Regular trips to nearby places of interest such as Silver Springs, St. Augustine and Elgin Grove have been sponsored by the Red Cross and have been highly successful.

10. Security and Intelligence:--a. Activity in the Security Branch of the Security and Intelligence Division has been very extensive during the year 1945 because of the many thousands of patients reporting into this

station directly from overseas. Daytona Beach, Florida, as a tourist town, offers many possibilities for delinquency. To alleviate this, a large number of MPs were used to cope with the situation. In addition to roving patrols in the City of Daytona Beach, it has been found effective to have a Military Policeman riding with each local police patrol.

b. Intelligence Branch:--Until 15 August 1945 the Intelligence Officer carried on an extensive program on foreign and technical intelligence collections. Five patient officers were recruited to assist in interviewing and screening and they were invaluable in handling the heavy load. Since 15 August 1945 activities of the Intelligence Office have been normal.

11. Signal:--a. On 1 January 1945 the Telephone Section consisted of a two-position non-multiple type switchboard operated on a 24 hour basis; however, with increased activities on the Post, a three-position multiple type board was installed 16 February 1945. A one-position board was added on 1 September 1945 at which time a maximum of 373 phones were installed at this station to handle the peak load between 0800 and 1700. A long distance telephone center was operated by a commercial telephone company, and this activity has been well patronized during the year.

b. The telegraph section originally was set up with one type printer machine on a direct line to Jacksonville, Florida. As the load increased, a duplex system was installed to replace the single system. A maximum load of approximately 2400 messages has been handled weekly by this section.

c. Film Library:--The Educational Reconditioning Program has taken full advantage of motion pictures as visual aids for instruction. Showings have varied from a minimum of 39 in February to a maximum of 483 per month during the latter months of 1945. To accommodate this load, a school for training projectionists was established, so that a trained projectionist could be assigned to each of the using agencies on the Post. This has increased the efficiency of the film library.

d. Photographic Laboratory:--In addition to furnishing supplies and equipment for a photography course in Educational Reconditioning, a complete up-to-date photographic laboratory was completed and operated effectively during the latter months of 1945.

VII. PROFESSIONAL SERVICES:

1. Receiving and Disposition Division:--a. Receiving Section: This section continued its function of receiving patients. As the tempo of the war increased, particularly in the European Theatre, the patient load increased and it became imperative to streamline the admission procedures in order to effectively handle the load of 10,214 patients admitted during the peak period from January to August 1945. The following action was taken with the result that the mission was accomplished with a minimum increase in personnel:

(1) The R & D Office: Quarters were enlarged to include

a reception room and snack bar to accommodate incoming patients until they could be processed by the R & D Division. The installation of a multi-section desk allowed processing on a production line basis. Extra mimeograph machines enabled the use of WD MD 55-A, Clinical Record (brief mimeograph form), thereby saving other agencies many man hours in assembling information. Other changes include the assigning of a baggage truck and a bus to the R & D Division from the Post Motor Pool, the classification of administrative channels, and the designation of specific and additional duties to civilian and enlisted personnel.

(2) The R & D Battalion: This Battalion during the early part of the year was designated the First Battalion. At that time Company A received all NP patients, Company B was designated as the separation company, and Company C received Orthopedic and Medical Patients. Initial breakdown of incoming patients was accomplished by the R & D Office and assignments to the proper company were made through First Battalion Headquarters. Later the First Battalion was re-organized as the R & D Battalion. Company C was eliminated and all patients were placed in Company A, staffed by two officers and ten enlisted men, for processing and assignment to the proper Convalescent Battalion. During the early part of the year patients were processed as individuals which resulted in some confusion and considerable idle time which could not be utilized to advantage by these patients. The average length of stay in the battalion was five to seven days. This time was cut to approximately three days by accomplishing processing in groups - each under the director of a cadre man. For the first six months of the year a bad state of morale existed in this battalion culminating in June 1945 with 130 delinquencies for the month. During the re-organization period the following things were accomplished, all of which helped to reduce delinquencies to a bare minimum:

(a) A system was established so that men could be paid within 48 hours after arrival.

(b) Increased clothing stocks permitted the issuance of complete authorized allowances.

(c) Furloughs or TDY were given to all patients qualifying under the liberal Post pdicy.

(3) Medical Examining Section: This Section examines all patients admitted to the hospital, in addition to holding daily sick call for the R & D and 1st Battalions. Through 15 March 1945 the staff consisted of four medical officers and three or four civilian and enlisted personnel.

After 15 March the permanent staff consisted of two medical officers and two enlisted men. By relieving the officers from CDD board meetings and instituting a shorter examining form, the staff was able to perform its duties in an efficient manner in spite of the peak load experienced in May, June, July and August, during which period 6,035 patients were processed, compared with 3,519 patients processed during the period January - April. During the year the Sections Physical Plant was remodeled to provide facilities equal to anything of its type in the Army.

(4) Patients Supply and Baggage: This unit inventories all the clothing of incoming patients and arranges for issue by the Quartermaster of all items of clothing and equipage necessary to provide the men with the authorized allowance. The unit also handles all incoming baggage and acts as a storage facility for the baggage of all patients leaving the hospital on furlough or TDY. During the year the quarters allotted were refurnished to provide adequate facilities for accomplishing this mission.

b. Disposition Section:--Company B of the R & D Battalion was designated as the Separation Company. Originally designed to handle those patients being discharged by CDD, it also accommodated those men discharged on points and length of service during the period 17 September - 15 November when this Post functioned as a separation point. Staffed by one officer and three enlisted men, separation was accomplished very efficiently by handling separatees by groups - each under the supervision of the senior Non-Com in the group. During the peak period 100 men per day were separated from the service.

2. Primary Reconditioning Division:--a. Medical Service: -- Medical patients have never been a large problem at this hospital, comprising about 20% of all patients treated by the Primary Reconditioning Branch. One company was designated as the Medical Company and has been composed of patients convalescing from dermatoses, rheumatic fever, gastro-intestinal disorders, hepatitis, upper respiratory and pulmonary diseases, arthritis (non-traumatic), and eye, ear, nose, and throat diseases. Such patients are assigned to as much of the regular convalescent training program as their disabilities will permit.

b. Surgical Service:--During the early months of the year cases were grouped as follows: (1) 4th Battalion - neuro surgical cases and injuries of the back and trunk; (2) 5th Battalion - injuries of the lower extremities; (3) 6th Battalion - injuries of the upper extremities (the medical cases were a part of this Battalion also). Within these divisions, further grouping by companies of the several physical activity levels of the patient was possible. During the latter part of the year, as the patient load decreased, the 6th Battalion was inactivated. However, the basic system for grouping was maintained.

(1) An advanced Reconditioning Branch was maintained as long as there was a large number of patients in the hospital needing treatment at a high activity level. At the middle of the year the need ceased and this Branch was absorbed by a company within Primary Reconditioning.

(2) The program for the year stressed physical activity. A remedial gymnasium under the control of the Physical Reconditioning Branch made possible exercise even more specific and beneficial than was afforded by the general physical program. Liberal utilization was made of the other varied facilities of Physical Reconditioning.

(3) To meet the increasing demand for physical therapy, a new building was constructed. A gradual expansion of virtually every type of treatment known to the physical therapist. Particular emphasis has been placed on the treatment of convalescing peripheral nerve injuries.

(4) Following the advice of the Surgical Consultants from the Fourth Service Command, a system of ward rounds was established that enabled the Chief of Primary Reconditioning to review each patient every two weeks. These were in addition to the regular rounds made by the Company Surgeons. The rounds were made in the barracks with the patients undressed, the Clinical records and X-rays by the bedside, and in Company with the Battalion Commander, The Company Surgeon, the Company Commander, the enlisted Physical Reconditioning instructors, and the Battalion File Clerk. All dispositions and major changes in treatment were recommended at this time. The contact of all those directly concerned in the case of the patient facilitated decisions, and insured the execution of changes of the individual's program with a minimum of administrative overhead. Professionally, it disseminated evenly throughout the entire section the ideas and policies governing the control and care of the patients.

(5) Occupational Therapy shops were activated in August and the specific therapy thus afforded for crippled extremities was used to supplement the rest of the physical program.

(6) By careful scheduling throughout the day, the majority of patients were able to take part in some educational activity without any reduction of their physical activities.

(7) A brace shop, under the control of the Chief of Recon-

ditioning, constructed all orthopedic braces, performed shoe alterations, and provided necessary maintenance.

3. Neuropsychiatric Division:--a. The basic principles upon which the Neuropsychiatric Division is organized was presented in detail in the Annual Report for 1944. These principles have not altered significantly. The progress made during 1945 was essentially a refinement and strengthening of the organization and methods described in the earlier report.

b. Early in the year each company of 80 to 100 men was staffed with a Psychiatrist and one Psychiatric Social Worker. Later a Clinical Psychologist was added to each company. These three acted as a team - a concept that proved increasingly valuable in that, through this method, it was possible to give each patient a feeling that there was a genuine professional concern about his individual problems, in spite of a very heavy case load per Medical Officer.

c. It became obvious that a significant, but small, percentage of the patients did not respond well to the methods of mass treatment. With most of these patients the basic symptom picture arose deep within the personality of the patient and not purely from the situational elements in his history. A Special Treatment Company was set up, therefore, with facilities and personnel competent to give intensified therapy as indicated in the individual cases. Hypnosis, narcosynthesis, ambulatory insulin, andprolonged narcosis were all given as indicated by individual needs. The results of this treatment were eminently satisfactory in that it was possible to return 80% of these patients to duty in spite of the fact that they constituted the more seriously ill patients of the group.

d. Group therapy was continued as a very necessary part of the program because of the overwhelming patient load. It became apparent, however, that a standardized method for all therapists in the hospital should be written in order to insure a uniform quality of therapy. Accordingly, a manual was organized and distributed which contained specific instructions for the carrying out of an adequate group therapy program for the type of patients treated at this hospital.

e. In order to increase the quality of the professional care of patients it was deemed necessary to inaugurate an In-Service Training Program. Two such programs were initiated -- one for the Clinical Psychologists and one for the Psychiatric Social Workers. The emphasis in both programs was to orient the student to the specific responsibilities of the treatment program at this hospital, rather than to attempt to offer full post-graduate training in the specialty. As a result of this In-Service Training a definite improvement in the quality of the work was noted.

f. As theConvalescent Training Program emerged from a vague concept to an efficiently functioning organization it was possible to make full use of this training as an integrated, constructive part of the treatment, designed for the primary purpose of relieving symptoms

and returning the patient to a higher level of efficiency in either the military service or civilian life. Eventually the elective diversion hours were eliminated from the patients' schedule and all patients were mandatorily assigned to either an educational class or Occupational Therapy. Formal calisthenics were abandoned and the entire physical reconditioning part of the program was devoted to supervised recreation, in which the patient had a choice of numerous activities under the leadership of enlisted Reconditioning Instructors.

g. In April the function of counseling patients for educational classes was transferred from Classification and Counseling to the individual company Psychiatrists. This made possible a more efficient use of the Educational Reconditioning program as a therapeutic aid to the recovery of the patient.

4. Infirmary Division:--a. The mission and organization of the Infirmary Division remained substantially the same as that given in the Annual Report for 1944 with the exceptions noted below:

(1) The peak of the patient load occurred during July when an average of 167 beds were occupied contrasted with an average of 4032 beds occupied in the entire hospital. The authorized bed capacity of the Infirmary was 400 and most of the outlying wards were in use. Subsequently, as the patient load decreased, the outlying wards were closed until at the end of the year only two (contagious and detention) were still open. The authorized bed capacity for the Infirmary was cut to 250 on 15 November and on 4 December to 150.

(2) Since most of the Dental Service rendered at this hospital was done for the Reconditioning Program as a part of the patients' treatment program, the Dental Service was removed from the jurisdiction of the Infirmary Division and placed under the Reconditioning Division. Under this new arrangement, it has been possible to integrate dental service more closely to the patients' schedule. In addition, supply and personnel problems were simplified.

(3) In November the out patient Clinic was consolidated with the Attending Surgeon's Office and his Dispensary, thus forming a Central Records Section for all out patient records. This has enabled the Attending Surgeon to screen with greater efficiency all persons applying for out patient service. The consolidation has made possible a saving of military and civilian clerical personnel.

(4) Because of the large number of routine X-rays made for patients, a complete X-ray unit was set up in a central location in the Battalion Area. This was planned so that its functional and administrative

activities could be integrated into the reconditioning program with maximum efficiency.

b. During 1945 the Infirmary Division has handled 29,469 out patients and 4,844 in patients. The average number of days per patient spent in the Infirmary was 6.7.

5. Officer Section:--a. The mission of the Officer Section has been to complete the convalescence of the officer patient and to prepare him for return to the status which his physical and mental condition finally permits. This has been accomplished by a coordinated program which includes professional services, an educational program, a physical reconditioning program, and a program of recreational activities.

b. Originally this section was organized, administratively, as one company comprising approximately 200 patient officers who were housed in three double wing barracks. This company was staffed by one officer, two enlisted physical instructors and four orderlies. In March the ground work for a battalion organization was laid and a separation into a battalion headquarters and two companies was effected. The patients were divided as follows: Company A - Medical and Surgical cases; Company B - Neuropsychiatric. This organization functioned effectively; however, in July it became evident that patients in Company B (neuropsychiatric) were feeling stigmatized. All medical cases were, therefore, shifted to Company B and the company redesignated as the "Medical Company."

c. At the beginning of the year the professional services were rendered by the various professional consultants of the hospital. Following the battalion organization in March, professional personnel were assigned to the battalion. The consultation service was maintained on a weekly basis for the benefit of the more difficult cases. This organization has made for better coverage of the patients.

d. A Patient Officer Council was established for the Section in March. In the beginning the Council dealt largely with "gripes" and complaints. Following the re-organization of the administrative and professional services, the complaints subsided and the Council then undertook surveys and studied projects designed to improve the lot of the officer patients. Beginning in June this Council met weekly with the Commanding Officer of the hospital to discuss the problems of the officer patients. The Council has been of great benefit in the liaison work it has done for administrative control and discipline.

6. Veterinary Service:--a. The Veterinary Service has continued to inspect dairy farms and milk pasteurization plants from which hospital supplies are obtained. Constant supervision has been maintained over the various meat boxes on the hospital grounds and the Quartermaster Cold Storage. Supervision also has been given to the training and efficiency of mess personnel, conservation of food, and the improvement of food and service and sanitation.

b. In cooperation with local health authorities, various res-

taurants and similar establishments have been inspected for cleanliness and observance of sanitar procedures.

VIII. CONVALESCENT TREATMENT PROGRAM

1. Organization:--The Convalescent Treatment Program was organized as a part of the Reconditioning Division. This Program consists of a Physical Reconditioning Section, an Educational Reconditioning Section, a Classification and Counseling Section, and an Occupational Therapy Section, and furnishes to the various convalescent battalions the facilities for a full convalescent program.

2. Phsytal Reconditioning Section:--a. The Physical Reconditioning Program at this hospital has been divided into three parts: first, remedial; second, conditioning; and third, recreational activities. Orthopedic patients have taken part in all three phases of the program as directed by the Company Medical Officers. Neuro-Psychiatric patients took part in the second and third phases until July when it was determined that the best results could be obtained from participation in the third phase only.

b. This Section, during the early part of the year, was organized with a Chief, several Officers, and all the enlisted Physical Instructors operating in one headquarters. The majority of the Physical Reconditioning Officers (5521) were acting as Company Commanders in the various Battalions. In March the section was reorganized and the officers were relieved of their duties as company commanders and assigned to full time Physical Reconditioning duties. The enlisted Physical Instructors were assigned to the companies, although administrative control was retained in the Physical Reconditioning Section. This arrangement has insured the maximum utilization of the personnel available.

c. Throughout the year the facilities of the Section were energetically expanded until at the end of the year, this hospital had a Physical Reconditioning plant of extremely high efficiency. This plant included two gymnasia fully equipped for remedial and recreational needs, a beach house, 215 bicycles, swimming pool, archery courts, recreation areas for each battalion, eight tennis courts, outdoor basketball, volley ball, hand ball, and shuffle board courts, and bowling alleys.

d. Throughout the year full use was made of all these facilities. In addition, the Transportation Officer furnished boats which were used for patient fishing trips both on the Inland Waterway and the Atlantic Ocean. During those months when the hospital experienced the peak patient load, Physical Reconditioning Section handled 80,200 man hours of patient participation per month.

3. Educational Reconditioning Section:--a. January 1945 found the Educational Reconditioning Section operating under severe handicaps. Five officers and eleven enlisted men were assigned to the Section and were being assisted by 15 patients on a part time basis. To accomplish the mission, it was estimated that 22 officers and 144 enlisted men were necessary. Housing, equipment, and supplies were also lacking. At this time a limited shop and classroom program was in operation only for patients in the neuropsychiatric battalions. An orientation program was being conducted five

days a week in the Post Theatre and a Military Education Program for patients in the Advanced Educationing Section.

b. During February increased personnel, supplies, and equipment arrived making it possible to open Educational Reconditioning classes to the Primary Reconditioning Section, leaving them restricted only to patients in Advanced Reconditioning who continued to receive Military Education. Plans were drawn and approved for eleven shop and classroom buildings which were felt would be adequate to house the projected program. As the new buildings became available through August and September they were put into immediate service. This increase in facilities enabled an increase in the number of courses offered from twelve to twenty-one.

c. During the early months of the year enrollment did not go above 700 students because of the lack of facilities for expansion, particularly in the shop courses, and because of the wholly voluntary system of enrollment for the patients. The advent of larger facilities, a modification of the enrollment policy, and a change in scheduling resulted in a vastly increased attendance. The peak occurred in early August when over 1800 patients were enrolled.

d. One of the extra curricular phases of the Educational Reconditioning Section has been its Patient Advisory Council which was organized late in March for the purpose of considering the program and making constructive criticisms concerning its operation. This council was composed of one representative from each company in the convalescent battalions and met once a week with the Chief of Educational Reconditioning. Problems concerning the whole hospital soon became an integral part of the discussions, and various representatives of Post Agencies were invited to appear before the council to answer questions regarding the services they provided for the patients. Beginning in September representatives from this Council met weekly with the Commanding Officer of the hospital, to discuss the problems of the enlisted patients. This series of meetings has been of great value in maintaining a high state of morale among the enlisted patients.

4. Classification and Counseling Section:--a. The activities of this section were divided into the following phases:

(1) The counseling of patients for placement in Educational Reconditioning classes.

(2) Separation counseling for patients leaving the service. This included completion of WD AGO Form 100 (Army Separation Qualification Record).

(3) Counseling of patients prior to return to duty, including remaking of WD AGO Form 20 (Soldier's Qualification Card).

(4) Vocational Counseling.

b. In addition to its counseling activities the Section gradually assumed an important part in the orientation of patient personnel

to the entire hospital program. This has been accomplished through informal lectures delivered to incoming patients, outlining for them the purpose and nature of the reconditioning activities in which they will be engaged while at the hospital. Group orientations also were given to patients prior to discharge, emphasizing veterans' rights and benefits and other personal problems of interest.

c. All individual counseling activities took place in the Classification and Counseling building, except for a brief period in June when an experiment of decentralization was tried. Counselors were detailed to function at the company level within the battalions. After several weeks it was concluded that, although closer liaison with patients and company officers was possible under this system, the opportunity for vocational guidance, offered during class enrollment interviews was considerably lessened by the unavailability of reference materials. Unpropitious surroundings and the inability of one counselor to keep the same patient as his counselee during his entire stay at the hospital were also unfavorable factors.

5. Occupational Therapy Section:--a. This section was organized at this hospital in March when a Chief and two assistant Occupational Therapists reported for duty. Additional personnel and facilities were added throughout the year until all patients in need of this type of therapy could be accommodated.

b. The mission of the Occupational Therapy Section has been to provide functional and constructive activity under medical supervision. Occupational Therapy has been prescribed for restoration of functions to injured or diseased muscles and joints; for controlled activity for nervous and mental disorders; for readjustment attending chronic diseases; for re-education in permanent disabilities; and for purposeful utilization of leisure time. Because of this wide range of activities the Occupational Therapy shops have been furnished with equipment and facilities far in excess of that generally found in hospitals. In addition to the usual opportunities for simple leather craft, weaving, and work with plastics, the shops at this hospital have offered short courses in fly-tying, manufacture of fly rods and surf rods, advanced leather work, jewelry manufacture, art metal work, and others.

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WELCH CONVALESCENT HOSPITAL

DAYTONA BEACH, FLORIDA

FINAL REPORT

JANUARY - JUNE, 1946

CARL J. MELNICK
Lt. Colonel, FD
Commanding

I. GENERAL:

1. This report covers the final six months of the operation of Welch Convalescent Hospital. The hospital was activated 16 May 1944, pursuant to General Order No. 30, Headquarters Fourth Service Command, Atlanta, Georgia dated 14 May 1944.

2. The hospital is located approximately two miles west of Daytona Beach, Florida in the location of the old Halifax Hospital and the Second WAC Training Center.

3. The final period of activity at this installation, January to June 1946, was one of decreasing activity and gradual deactivation. The tremendous load of convalescent patients which had been transferred to this installation during 1945 had, for the most part, received the maximum benefits of hospitalization and had been disposed of. As comparatively few new patients were sent to this hospital during the current year, the patient census decreased gradually until shortly after the surplus order was received. Since the annual report for the calendar year 1945 covered in detail the activities at this installation, this report will deal only with those problems which arose in the various branches of the organization mainly as a result of the closing activities.

II. PERSONNEL:

1. With the decline in the patient load, the ceiling on personnel was progressively lowered. During the early part of the year the ceiling was difficult to meet. Through consolidation of positions and complete elimination of any overlapping functions, the operation of the hospital was continued without serious difficulty. The most difficult time came in

January and February when, in accordance with Army Service Forces Circular No. 18 dated 18 January 1946, a drive was started to replace as many military personnel as possible with civilian workers. The Military Personnel Branch, Civilian Personnel Branch, and the Director of Personnel, working with and through the Personnel Control Unit, accomplished the task satisfactorily without impairing the completion of the mission of this installation. Considerable success was experienced in convincing separated officers and enlisted men to accept, in a civilian capacity, those positions they held on the post while in the service. Civilian Personnel activities increased following the receipt of the declaration of surplus letter dated 3 May 1946 from Headquarters, Fourth Service Command, Atlanta, Georgia. Activities were directed toward reducing the total number of personnel on the post and at the same time retaining the key personnel in those activities whose operations necessarily increased following the receipt of the above letter.

III. EQUIPMENT, SUPPLIES, AND TRANSPORTATION:

1. Equipment and Supplies.

a. Reconditioning Supply. Reconditioning Supply was originally established in 1945 under an accountable officer, because a tremendous volume of supplies was required to handle the operation of the Reconditioning Program. With the decline in patient strength and the subsequent closing of numerous activities of the Reconditioning program, this supply office was no longer needed; therefore, on 22 March 1946, the transfer of accountability for these supplies back to the Technical Services was begun.

b. Post Quartermaster.

(1) The activities of the Post Quartermaster increased greatly beginning with 1 February 1946, the date Salvage and Surplus property activities were started at this station, because of the closing of Camp Blanding, Florida. This required additional administrative personnel and warehousing space incident to the receipt, classification, warehousing, and disposition of salvage and surplus property from the entire Florida Military District.

(2) During May and June 1946, the Quartermaster made disposition of approximately 75% of his property, in accordance with instructions from higher headquarters.

c. Medical Supply. Activities continued in a normal fashion until the inactivation of the Reconditioning Supply Accountability. Since the major part of this supply originated from Medical Supply, the transfer necessitated the deactivation of approximately 1,500 stock record cards and added 20 memorandum receipt accounts. Following receipt of the declaration of surplus letter, all attention was directed toward closing out memorandum receipt accounts and toward the disposal of all medical property.

d. Ordnance.

(1) Beginning in the month of March, 1946, seven (7) stations in the Florida Military District were based upon this shop for maintenance. This necessitated requisitioning a large amount of additional tools and equipment. After the hospital was placed in the "surplus" category, the seven stations originally based here for maintenance were assigned other bases and every effort was made to dispose of all the excess and

serviceable property at this station.

2. Transportation. Transportation activities at this station continued to be normal with the exception of the Water Section, which was inactivated on 10 May 1946.

IV. ENVIRONMENT:

1. Building and Grounds. During the months of January and February, the following facilities were constructed: completion of roadway to main entrance, completion and painting of the Hydro-Therapy pool, construction of wash rack and installation of two hydraulic hoists at the Ordnance motor pool, construction of concrete walks near the main Post Exchange Building, construction of a baseball diamond. Emphasis was placed on completion of the landscaping program and the continuing maintenance of all buildings on the post. During April, May, and June, the Post Engineers engaged mainly in (1) closing of buildings and placing them in a stand-by condition, (2) the packing and crating of hospital supplies and equipment as well as furniture and household effects of moving military personnel and (3) the disposition of Engineer stock and equipment.

V. SERVICES:

1. Staff Judge Advocate. The activities of the Staff Judge Advocate were normal except for the large number of cases which had to be prepared for general courts-martial. These cases arose when, under the provisions of War Department Circular No. 3 dated 4 January, 1946, absentees and deserters, who surrendered or were apprehended in the State of Florida, were confined at this station for proper disciplinary action.

The obtaining of records and documents necessary for the preparation of the charges involved much correspondence and administration..

VI. RECEIVING AND DISPOSITION DIVISION.

1. This division continued its normal operation until 14 May 1946, when, in order to save personnel, the division was formally abolished. The Receiving and Disposition Office was transferred to the Registrar, the Medical Examining Section was eliminated, and the Receiving and Disposition Battalion was redesignated as the Disposition Company, with jurisdiction over the Patients Supply and Baggage Section. The last enlisted patient was evacuated from the hospital on 17 June 1946.

CARL J. MELNICK
Lt. Colonel, FD
Commanding

ARMY SERVICE FORCES
HEADQUARTERS FOURTH SERVICE COMMAND
ATLANTA 3, GEORGIA

SPISM-D 210.61 27 February 1946.

SUBJECT: Survey of Professional Services by the Consultants in Surgery, Medicine, and Orthopedics, Welch Convalescent Hospital, Daytona Beach, Florida, 22-25 February 1946.

TO : The Surgeon General, Washington 25, D. C. (Through: The Commanding Officer, Welch Convalescent Hospital, Daytona Beach, Florida, and The Surgeon, Headquarters Fourth Service Command.)

333.1 (Welch Convalescent Hospital)

I. GENERAL

The Commanding Officer of the Post is Colonel Harry A. Bishop. At the time of the visit there were 1613 patients. The location of this hospital is ideal for convalescent patients. The entire Post is neat and attractive and all buildings seem to be in excellent repair. The morale of the duty personnel and patients seemed far superior to that seen in most hospitals. The number of AWOLs was negligible. The general organization of this Post is entirely different from that of a General, Regional, or Station Hospital. The emphasis is placed on the care of convalescent patients (Class I & II) who are physically and mentally suited to take part in the extensive Reconditioning Program which has been established. The physical equipment and the arrangement of the buildings shows careful planning and apparently functions well.

The receiving office is well arranged and attractively decorated. It was planned to handle large groups of patients in a short period of time, perhaps much larger than is needed at the present time as the admissions only run about 25 to 40 a day. The organization of the patients into battalions of various types has apparently been an excellent arrangement, some companies having their Educational Reconditioning in the morning, and Physical Reconditioning in the afternoon; while one group of companies have their Physical Reconditioning in the morning, and Educational Reconditioning in the afternoon.

All patients receive a physical examination in the receiving office and on the basis of this are assigned to the proper battalion and company. Patients able to go on furlough who have not had one are given a furlough at this time before being assigned to a definite battalion.

The medical officer in charge of each battalion examines the new admissions every day within 48 hours of their admission. A brief summary of the entire case is made and a program of medical treatment outlined. Patients are seen on regular rounds at least once or twice a week and their physical progress noted.

The greater part of the patient's time each day is taken up with the Reconditioning Program. All Physical Reconditioning is done at the direction of the medical officer in charge of the patient. If Occu-

pational Therapy is ordered, the patient is given credit for Educational Reconditioning so that he can still carry out all the Physical Reconditioning in addition to Occupational Therapy.

All patients are disposed of as soon as it can be determined what the proper disposition can be. CDDs are advised on the patients who will continue to improve but will not benefit from prolonged medical supervision. There has been considerable delay in disposing of patients who have enough points for discharge. These are patients who do not have sufficient disability to warrant CDD. As soon as the patient has received maximum benefit, his chart is promptly completed and sent in with a request for orders to transfer him to the proper Separation Center. There is a delay up to two weeks in many of these instances in obtaining orders sending these patients to their Separation Centers. It is very bad for the patients' morale to remain in a hospital (even a convalescent one) after it has been determined that he is eligible for separation. It also means that a great many hospital days are wasted in this way. Some effort should be made to expedite the transfer of patients from hospitals to Separation Centers.

The personnel assigned to the Convalescent Hospital Program was at one time more than adequate. It is now barely adequate to continue the excellent program which has been developed and carried out. At one time there were 38 officers assigned to Physical Reconditioning. At present there are only 12. At one time there were 30 officers and civilians assigned to Counselling and Classification. At present there are 14. This, however, seems to be sufficient for the present patient load.

II. INFIRMARY

The Infirmary at this Post is located in a beautiful, modern, and well designed civilian hospital. The physical arrangements are excellent and with very little additional equipment, this Infirmary could perfectly well function as a Station Hospital. At present the main hospital building is open and caring for patients. An expansion unit of seven W-1 wards is closed. These wards are on the ground floor level and are connected by a covered walk-way with the enlisted men's mess which is now operating for the enlisted personnel of the Post and the ambulatory patients in the Infirmary. In addition there are three nearby barracks which could be used for patients.

With the assignment of a small number of enlisted and medical personnel, a considerable number of ambulatory patients could be cared for in this group of wards. They would be entirely suitable for a group of patients who were able to dress themselves and get to mess but who are unable to engage in the active Reconditioning Program as now set up.

If the activities of this Post increase, it is quite likely that this Infirmary will have to function more as a Station Hospital than at present. When the Station Hospital at Camp Blanding closes, this will be the only Army Service Forces Hospital south of Fort Benning, and even though it is termed an Infirmary, a considerable amount of Station Hospital type of medical care would be demanded of it. With the

addition of very little extra equipment and addition of some medical officers, this Station Hospital work could be carried out at this Post and a large group of severely crippled patients (selected from Class III) could be cared for here. These patients would benefit not only by the climate and pleasant surroundings, but also by the excellent Educational Reconditioning Program which has been developed here.

SURGICAL SERVICE:

The surgical cases at Welch are under the direction of Captain Irving V. Glick, Orthopedic Surgeon. He is assisted by:

Captain Franklin W. Kapke, D-3108. MD, University of Wisconsin; internship, Medical College of Richmond (Va.), one year; residency, Riverside Hospital, Newport News, Va., obstetrics and gynecology, two years.

Captain Edward J. Wagner, D-3108. MD, Jefferson Medical College, Philadelphia; internship, two years, Lenox Hill Hospital, N. Y., surgical, and Sloane Hospital for Women, one year, obstetrics and gynecology. This officer has been in the private practice of general practice and surgery for 10 years.

Lt. Charles G. Young, D-3130. Recommend additional MOS of D-3150. MD, Medical College of Virginia; internship, Medical College of Virginia Hospital, 9 months; residency, Sheltering Arms Hospital, Richmond, Va., 18 months, surgery.

The hospital is run as an infirmary and the surgical procedures are limited to the most minor operative interference and emergency surgery that cannot be transferred. The Infirmary is under the immediate supervision of the Chief of Surgeons who is assisted by Captain Kapke, in charge of obstetrics and gynecology and all surgical cases in the Infirmary. Two other surgically trained officers at this Post, Captain Wagner and Lt. Young, spend only a small portion of their time in the Infirmary and most of the time as Company Commanders in the Surgical Battalion.

Cases are seen which need only very minor surgical procedures but instead of being accomplished at the Infirmary are returned to the General Hospital from which the patient was originally transferred. While no major surgery should be done at this hospital and no interference with plastic procedures, it does seem that time is lost in transferring patients when a very simple surgical procedure and a few days subsequent treatment would often save the patient a long journey. The Reconditioning and Educational Program is so much better here than at any other place, it seems a pity that these long-term cases should not have the benefit of this excellent program. While the patients do not maybe altogether fit into Groups I and II, the Surgical Consultant feels that the enlargement of the program of Welch could well be considered at this time for future installation.

The surgical procedures carried out in the Infirmary have been well done and the whole Infirmary runs smoothly. The surgical cases in the Battalion are well supervised and there is no complaint from any of the patients for lack of medical care.

X-ray:

Now in the charge of Captain Alexander Kaiser, SGO classification unknown. Captain Harold G. Jacobson, E-3306,is to be transferred from Camp Gordon Johnston to this station.

The equipment is not working as satisfactorily as it should and recommendations have been made and approved that a maintenance officer be sent to Welch to inspect and repair the equipment.

E.E.N.T.:

Chief: Major Edwin L. Wilds, C-3106. MD, Medical College of South Carolina; internship, Georgia Baptist Hospital, Atlanta, Ga., one year, Grady Memorial Hospital, Atlanta, E.E.N.T., one year, and Brooklyn (N.Y.) Eye Hospital, two years.

This department is not active at this time, only taking care of the acute emergencies.

Operating Pavilion:

In the charge of Captain Kapke. The operating room is in the Infirmary and is very well arranged but there is very little activity. It seems that even with the present personnel it might be used to care for more minor surgical conditions.

MEDICAL SERVICE:

There were 33 patients with medical conditions hospitalized in the Infirmary Division. These were under the care of Captain Francis X. Fallon who works under the supervision of the Chief of the Infirmary Division, Lt. Colonel Joseph H. Shaffer. Several cases of hepatitis are on the service at present and a few cases with musculo-skeletal complaints referred from the convalescent area for evaluation, the other cases had miscellaneous medical conditions requiring special study and for the most part had been referred from the convalescent area. When a patient is hospitalized from one of the convalescent groups, he is usually transferred back to his original group for disposition with the recommendations of the Chief of Service. Only rarely are patients CDD'd from the Infirmary. The records and workup of the patients are only fair which is explained by the loss of qualified officers and the present inexperienced and less well trained personnel. It is essential that a qualified internist to assist Colonel Shaffer be assigned. One is on orders and should reach there in a few days, Major Sidney Berkowitz, E-3139.

Personnel:

Chief of Infirmary Division: Lt. Colonel Joseph H. Shaffer, E-3139. Eligible for separation 15 March 1946. A highly trained, capable officer who has been doing a splendid piece of work. It is felt that Major Sidney Berkowitz will be able to succeed Colonel Shaffer.

Captain Francis X. Fallon, D-3130. MD, Long Island College of

Medicine, Brooklyn, 1942; 12 months medical internship, same hospital; completed 12 weeks course in neuropsychiatry at Mason General Hospital. Captain Fallon's workup and general management of the medical cases was not sufficiently good. However, with closer supervision, it is felt that he can perform satisfactorily.

Outpatient Service:

In the charge of Lt. Russell D. Rodham, D-3130. MD, Jefferson Medical College, 1943; 9 months rotating internship, Jefferson Hospital; 18 months residency, same institution, internal medicine. An extremely enthusiastic young man who is doing a splendid job. The assignment of an additional officer to this department is desirable and it is contemplated that Captain Fallon may be so assigned upon the arrival of Major Berkowitz.

VD & Dermatology:

This service is handled by Captain Harold Rosenhaus, 3100. MD, Middlesex University, Waltham, Mass.; 29 months "substitute rotating" internship, Beth Israel Hospital, New York; 10 months rotating internship, Coney Island Hospital, Brooklyn; acting resident in OB, 5 months, latter hospital. He is not a trained dermatologist but is enthusiastic and is apparently doing a satisfactory job. He needs supervision in view of his inadequate training and experience.

Laboratory:

Lt. Robert W. Withers, D-3325. MD, Duke Medical School, 1943; 9 months rotating internship, Los Angeles County General Hospital; 9 months assistant residency in pathology, Duke Hospital, Durham, N. C. He is doing an efficient job in running the laboratory which at present has a comparatively light load. If the Induction Station and Army Screening Board are transferred to Welch, it is felt that local facilities are adequate to care for the added load and that Lt. Withers is capable of acting in his current capacity as Chief.

X-ray:

Chief: Lt. Colonel Noll. Has just been separated. Assigned is Lt. Alexander Kaiser, whose training in X-ray consists of an intensive 8 months course in the Army School of Roentgenology. Captain Harold G. Jacobson is being assigned to this station from Camp Gordon Johnston. These two officers should be able to handle the contemplated X-ray needs.

Neuropsychiatry:

During the week of 16 February there were 35 admissions to the Battalion for NP convalescent patients. In the same interval there were 66 dispositions. Of these, 33 were sent to duty. Frequent use is being made of WD Circular 391 in returning these soldiers to duty for separation. 24 patients were given CDD. Remaining on the section 22 February were 404 patients.

Headquarters personnel consists of a chief and two assistants.

Chief: Major Bernard A. Cruvant, B-3130, EAD 7 April 1941, eligible for separation December 1945. He has had extensive training in neuropsychiatry and is doing a splendid job. He has been in grade 39 months. Recommendation for promotion has been submitted on at least two occasions and within the past few weeks by Colonel Bishop, the Commanding Officer. Both from point of view of position and qualifications he rates a promotion.

Clinical Director: Captain Lawrence J. Roose, C-3130. Not eligible for separation. MD, 1937, New York University College of Medicine; one year surgical internship, Queens General Hospital, Jamaica, L.I.; 2 years residence in psychiatry, Rockland State Hospital, Orangeburg, N.Y.; one year residency in psychoanalysis, New York Psychoanalytic Institute; appointment as assistant physician, Rockland State Hospital, July 1940 - August 1942; senior psychiatrist, latter hospital, August 1942 to date. Diplomate of American Board of Neuropsychiatry, 1946. He is an exceedingly able, energetic officer who supervises or participates in the treatment of these cases.

Major Charles Kaplan, C-3130, Battalion Commander. Well trained in pediatrics in addition to having had an 18 months residency at the State Hospital, Howard, R.I. Has charge of all administrative work in the NP Battalion, seeing every problem case. Is doing an excellent job. Upon separation of Major Cruvant, it is felt that either Major Kaplan or Captain Roose could take over the duties of Chief.

Medical officers in the NP Battalion are:

Captain Joseph Vollnerhausen, C-3130; Captain Richard C. File, D-3130; Captain Horace Greene, D-3130; Captain John B. Scanlon, D-3130; and Lt. Millard McGee, D-3130.

The neuropsychiatrists assigned to the Officers Company are: Captain John L. Schimel, D-3130, and Lt. Jacob M. Myers, D-3130.

These officers are all doing good work in their assignments.

Supervision of the patients is constant and treatment in indicated cases is being effectively carried out. At the present time it is felt that the personnel is adequate in this section.

ORTHOPEDIC SERVICE:

The only Orthopedic Surgeon on this Post at the present time is Captain Irving V. Glick, C-3153. He is assigned as Chief of the Primary Reconditioning. The executive work in the battalion area is largely carried out by non-medical officers and his administrative and clinical duties are largely restricted to examining patients and checking their records and dispositions. He is assisted by three medical officers: Captain John W. Griffith, D-3130, 1st Lt. Charles G. Young, D-3150, and Captain John Munchak, Jr., 3100. These officers are enthusiastic and interested and carry out their work in an excellent manner.

The orthopedic cases present many problems in proper disposition. It is often difficult to decide whether a patient should continue in a convalescent hospital, return to a general hospital for further corrective or reconstructive surgery, or be discharged in his present condition. The decisions are being made after a careful study of the X-ray, and the patient himself.

In the Infirmary there were about 10 orthopedic cases. Several of these were patients who had had recurrences of osteomyelitis and who were awaiting transfer back to general hospitals for further surgical treatment. Several others were cases who were physically unable to engage in the Reconditioning Program and live in the barracks area. These patients were able to dress themselves and go to mess and needed no specific medical care. A large number of similar patients are apparently given furloughs when they cannot carry out the Reconditioning Program. A decision should be made whether these patients should be retained in general hospitals or whether they should be cared for over a prolonged period in the Infirmary. If they are maintained in the Infirmary, provisions should be made for some type of Educational and Physical Reconditioning Program for them.

It is essential that at least one orthopedically trained officer should be assigned to this Post as the decisions as to treatment and disposition of cases require the best of orthopedic judgment. It is not advisable, however, to keep an Orthopedic Surgeon in this position for an indefinite period. If another Orthopedic Surgeon can be obtained at any time, it would be advisable to assign him here for a period not to exceed a year and transfer Captain Glick to an active general or regional hospital for a period of active Orthopedic Surgery experience.

III. TRANSFER OF PATIENTS TO OTHER HOSPITALS

This hospital is primarily designed and equipped to care for ambulatory convalescent patients. Because of the interpretation of directives as to what type of patient should be handled in this hospital, a number of patients are admitted here who cannot engage in the Reconditioning Program and live in ordinary barracks at some distance from the mess hall. Many of these patients have to be returned to General Hospitals. There is another group of patients requiring minor surgery and some with chronic infections which flare up from time to time. In this type of patient a minor surgical procedure performed locally would often correct the condition. These patients are now being transferred long distances to General or Regional Hospitals.

As soon as the Station Hospital at Camp Blanding closes, all of these patients will have to be transferred great distances, many of them as far as Kennedy General Hospital in Memphis, Tennessee. There is a great waste of personnel in effecting these transfers as it is practically a three day trip for an attendant or medical officer to take a patient to Kennedy General Hospital and return to this Post. If arrangements could be made to use air transportation for routine transfer of patients from one hospital to another in this Command, there would be a great saving in time and personnel.

IV. RECOMMENDATIONS

1. No major improvements are suggested for the continuance of this Post as a hospital for convalescent patients.

2. Because of the present and impending shortage of personnel of all categories, every effort must be made to curtail unnecessary activities and use available personnel to the best advantage.

3. If additional activities are transferred to this Station, suggest personnel should be provided to carry them out as medical officers cannot be spared from the Infirmary or from the Convalescent Hospital Program for outside medical examinations.

4. If the Station Hospital at Camp Blanding is closed and the activities of this Post are increased, it is suggested that the Infirmary be designated as a Station Hospital. If such a decision is made, an appropriate assignment of personnel should be made and some additional hospital equipment obtained.

5. The expansion wards of the Infirmary are ideally located to care for several hundred patients who are ambulatory but not able to participate in the active Reconditioning Program of Class I and II. If a group of this type patients could be maintained in this expansion unit, a great deal of the strain of the capacity of the General and Regional Hospitals in this Service Command could be relieved and the patients cared for here would be greatly benefitted.

George A. Stewart

GEORGE A. STEWART,
Colonel, Medical Corps,
Consultant in Surgery.

Richard P. Stetson

RICHARD P. STETSON,
Lt. Colonel, Medical Corps,
Consultant in Medicine.

Theodore C. Thompson

THEODORE C. THOMPSON,
Lt. Colonel, Medical Corps,
Consultant in Orthopedics.

WELCH CONVALESCENT HOSPITAL
DAYTONA BEACH, FLORIDA

28 November 1945

PERSONNEL & ORGANIZATION

BED CAPACITY

Convalescent Beds	- 2350
Infirmary Beds	- 150
Authorized Bed Capacity	- 2500

TOTAL PERSONNEL

Officers	- 189
Warrant Officers	- 4
Enlisted Personnel	- 731
Civilian Personnel	- 1105
Total Personnel	- 2029

AUTHORIZATION
15 FEB 46

MC	DC	SNC	V.C.	JA	CHC	TOT	W.O.	ANC.	F.M	EW	CIV 49	CIV TOT	TOT CIV	T/O	P.W	TOT
38	7	3	1	1	4	166	4	20	680	60	375	535	1465	29	150	1644
REVISED FOR 15 FEB						3	~~126~~	3	15	→ 130	60	427	885	1615	29		1644
31 MAR '46																
35	5	3	1	1	3	160	2	15	525	0	~~237~~ 325	~~394~~ 289	1096	29	0	1125
												594				

TOTAL RECAPITULATION

Chart No.	Officer MC	DC	VC SnC	ChC JAD*	PTA ANC* HD**	BI	WO	EM EM	CIV CIV	CIV PL 49	Total
1. Commanding Officer	2								1	1	3
Control Officer						2			2	2	4
Public Relations						1		2	2	2	5
2. Infirmary	10		1*		20	1		67	31	24	130
3. Receiving Div.	2					5		41	12	12	60
4. Dir. Recond. Div.	1					4		6	5	5	16
Chief, Off. Recond.	3					1		10	2	2	16
Dental Branch		7						3	9	9	19
5. Chief, Class. & Counsel.						4		28	11	11	43
"Physical Recond.						9		56	1	1	66
" Occ. Therapy								22	10	10	32
6. Chief, Ed. Recond.						10		66	14	14	90
7. N.P. Treatment	10					16		50	16	16	92
8. Primary Recond.	9				4	12		55	8	8	88
9. Judge Advocate				1*		1	1	1	2	2	6
Adjutant						1	1	8	19	19	29
Postal Section						1		5	4	4	10
Security Branch						2		99	2	2	103
Intel. Branch						1		1	1	1	3
Dir. Sec. & Intel.						1					1
Detachment Hq.						2		33	1	1	36
WAC Detachment						1		2			3
10. Fiscal Division						2	1	3	28	28	34
11. Dir. of Personnel						1			1	1	2
Civilian "						2			25	25	27
Personal Affairs						2		3	3	3	8
Info. & Ed.						1		5	1	1	7
Chaplain				4				4	2	2	10
Athletic & Rec.						2		19	16	11	37
Army Exchange Br.						2					2
12. Military Personnel						5		35	40	40	80
13. Quartermaster						5		7	74	53	86
14. Transportation						1	1	4	40	33	46
Motor Pool						1		34	61	4	96
15. Med. Supply								6	14	10	20
Signal						1		6	24	24	31
Ordnance						1		6	16	6	23
Dir. of Supply						1			1	1	2
16. Post Engineer						2			325	150	327
17. Dietetics Div.					1**	3		33	249	4	286
Medical Insp.	1		1			1		3	1	1	7
Registrar						2		2	26	26	30
Veterinary			1					3			4
19. Army Retiring Bd								1	4	4	5
Army Recruiting Off.						1		2	1	1	4
Total	38	7	3	5	25	111	4	731	1105	574	2029

28 November 1945

RECAPITULATION

Officer:		EM:	
2120 - 1	3135 - 1	055 - 5	
3100 - 1	3136 - 2	149 - 1	
3108 - 1	3309 - 1	264 - 2	
3111 - 1	3325 - 1	409 - 20	
3150 - 1	3425 - 1	452 - 2	
3306 - 2	3430 - 1	502 - 4	
	3449 - 18	590 - 2	
	32	858 - 5	
		859 - 3	
Civilian-G - 24		861 - 23	
Civilian-U - 7			67

Grand Total - 130

INFIRMARY DIVISION

(1) Director Infirmary (3135)
Lt. Col. (MC)

MEDICAL SERVICE

(1) Chief of Service* (3135)
Major (MC)
(1) Ward Officer (3100)
Captain (MC)

(20) Medical Tech. (409)

(2) Ward Attendants Civ.-G

*Primary Duty -Dir.,Inf.Div.

ADMINISTRATIVE SERVICE

(1) Administrative Ass't (2120)
Major (BI)

(1) Sgt Major (502)
(3) Adm. NCO (502)
(2) Duty Soldier (590)
(3) Clerk (055)
(3) Storekeepers Civ-U
(7) Clerk-Steno Civ.-G
(3) Clerk-Typist Civ.-G
(2) Messenger Civ.-G

SURGICAL SERVICE

(1) Chief of Service (3150)
Major (MC)
(1) E.E.N.T. Officer (3111)
Major (MC)
(1) OBGYN Officer (3108)
Major (MC)

(15) Surgical Tech. (861)
(2) Optometrist (452)

(2) Ward Attendants Civ.-G

LABORATORY SERVICE

(1) Chief, Lab.Service (3325)
Major (MC)
(1) Biochemist (3309)
Captain (SnC)

(5) Lab. Tech. (858)

(3) Lab. Tech. Civ.-G

X-RAY SERVICE

(1) Chief of Service (3306)
Lt. Col. (MC)
(1) Asst Chief (3306)
Captain (MC)

(2) X-Ray Tech. (264)
(2) Clerk-General (055)
(1) Chief,X-Ray Tech. Civ.-G
(4) X-Ray Tech. Civ.-G
(1) Receptionist Civ.-G
(1) Clerk-Steno Civ.-G
(1) File Clerk Civ.-G
(1) Clerk Civ.-G

NURSING SERVICE

(1) Chief Nurse (3430)
Major (ANC)
(1) Asst Chief Nurse (3449)
Captain (ANC)
(1) Anaesthotist (3425)
1st Lt. (ANC)

(17) General Duty Nurse (3449)

PHARMACY SERVICE

(1) Pharmacy Off.* (3309)
Captain (SnC)

(1) Chief Pharmacist (149)
(3) Pharmacy Tech. (859)

*Primary Duty - Biochemist,Lab.

ATTENDING SURGEON

(1) Attending Surgeon (3136)
Major (MC)
(1) Asst Attend. Surgeon (3136)
Captain (MC)

(8) Surgical Tech. (861)

CHART NUMBER 2

1ST LT RUSSELL D. RODHAM (MC), relieved Ward Officer Medical Service Infirmary Division (Prim Dy) designated Assistant Attending Surgeon I Infirmary Division (Prim Dy) and Member (Add Dy).

1ST LT KATHRYN PANCOE (ANC) and 1ST LT MARGARET M. GODFREY (WAC), were granted three (3) and four (4) days extension on ordinary leave, respectively.

1ST LT ESTHER NEWBY (WAC), designated Recorder, WAC Det Unit Fund Council (Add Dy).

1ST LT HELEN M. REED (WAC), designated Member WAC AR 615-368 & AR 615-369 Board (Add Dy).

CAPTAIN CHARLES E. DIEHL (QMC), designated Counsel for CAPTAIN GROVER C. ROBINSON, JR. (FA), to appear before ARB this station pursuant to AR 605-250.

DAILY DIARY