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MEDICAL INTELLIGENCE

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U.S. MEDICAL FIELD SERVICE SCHOOL
Brooke Army Medical Center
Fort Sam Houston, Texas

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BY COMMAND OF MAJOR GENERAL MARTIN:

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PART ONE

GENERAL

PART TWO

ORGANIZATION, FUNCTIONS, AND OPERATIONS OF MEDICAL INTELLIGENCE

FM 8-30

MEDICAL INTELLIGENCE

CHAPTER 1

INTRODUCTION

1. PURPOSE. a. The purpose of this manual is to establish doctrine and to promote an understanding of the role of the Army Medical Service in the functions and operations concerned in the production of military and medical intelligence.

b. This manual should be studied in conjunction with FM's 30-5 and 30-15, particularly in connection with those sections dealing with combat intelligence and examination of enemy personnel, civilian repatriates, documents, and material.

2. SCOPE. a. The organization functions and operations of the Army Medical Service for military and medical intelligence and counterintelligence are contained herein. Relationships and responsibilities in military intelligence as they pertain to the Army Medical Service are included only to that degree considered essential to an understanding of the role of the Army Medical Service in relation to the total military intelligence effort.

b. For military terms not defined in this manual, see SR 320-5-1, FM 30-15, and FM 30-5.

3. DEFINITIONS. a. Intelligence. Broadly conceived, intelligence is evaluated information. Fragments of information collected from various sources are analyzed, collated with other information on the same subject, evaluated as to their reliability and approximation of the truth, and interpreted as to their significance. At this stage implications may be perceived and conclusions may be drawn in the form of a report which may be one sentence or a volume, but which nevertheless constitutes intelligence.

b. Military information. Military information includes all documents, facts, material, photographs, diagrams, maps, reports, or observations of any kind which may serve to throw light on a possible or actual enemy or theater of operations.

c. Military intelligence. Military intelligence is knowledge, acquired by the collection, evaluation, analysis, integration, and interpretation of all available information concerning a possible or actual enemy or areas of operations, including weather and terrain. It includes deductions concerning current and future enemy capabilities, vulnerabilities, and probable courses of action which can affect the accomplishment of our mission. It is used as a basis for all operational plans and estimates. Military intelligence also includes counterintelligence.

d. Strategic intelligence. Strategic intelligence pertains to the capabilities, vulnerabilities, and probable courses of action of foreign nations. It is produced primarily for use of high level military commanders charged with the planning and execution of national security measures in time of peace and with the conduct of military operations in time of war.

e. Combat intelligence. Combat intelligence is military intelligence required for use in a combat situation, whether based upon information collected locally or provided by higher headquarters.

f. Counterintelligence. Counterintelligence is that aspect of intelligence relating to all security control measures, both active and passive, designed to insure the safeguarding of information, personnel, equipment, and installations against the espionage, sabotage, or subversive activities of foreign powers and disaffected or dissident groups or individuals which constitute a threat to the national security.

g. Medical intelligence. Broadly stated, medical intelligence is that intelligence useful to or required by governmental and nongovernmental agencies, both civilian and military, for planning, supply, and conduct of the medical aspects of their activities. Military medical intelligence deals with both tactical and technical matters and contributes to the formulation of national estimates of actual or potential enemy capabilities, vulnerabilities, and hostile intentions, to strategic planning, to combat planning and operations, and to military government operations in occupied areas.

h. Essential elements of information. As applied to Army Medical Service requirements, the essential elements

of information consist of medical and allied information of the enemy, and territory not under our control, which will best facilitate the proper use and deployment of medical units and protect our own forces against unorthodox weapons and tactics, medical or otherwise. The essential elements of information will change with the changing status of military operations, and requirements will differ for planning, combat, and post-combat phases.

1. Targets. Medical intelligence targets may be persons, installations, or facts. Broadly considered, many elements of medical EEI's constitute medical intelligence targets. In a narrower sense, however, the majority of targets will consist of specific medical installations, research institutes, libraries, universities, and other installations behind enemy lines where information, personalities, or materiel of medical intelligence interest may be found and which are to be investigated as soon as possible after they are captured. Enemy concentration and prisoner-of-war camps may become medical intelligence targets because of the known or suspected location therein of knowledgeable scientific personnel or as a source of danger from disease to friendly forces.

CHAPTER 2

HISTORICAL

4. REALIZATION OF NEED FOR MILITARY MEDICAL INTELLIGENCE. The concept of the need for military medical intelligence was first developed as a result of the experience of this and other nations in wars of the past, in which certain fundamental concepts have been made abundantly clear.

a. Disease outbreaks in war. Wars have been regularly accompanied by outbreaks of disease. Evidence to support this statement may be cited from as far back as 430 B.C. when plague overran Athens and caused the fall of the Empire. Napoleon's army suffered from typhus and dysentery in the Russian campaign. Those diseases were contributing causes to the failure of that campaign. In the Spanish-American War, there were major epidemics of typhoid fever and dysentery. World War I saw widespread outbreaks of influenza and malaria. In World War II there was a high incidence of malaria and infectious hepatitis which was a cause of a high noneffective rate at various stages of the war.

b. Manpower losses from disease. In all wars prior to World War II, losses from disease exceeded losses from battle injury. Numerous examples may be cited but the following figures provide ample evidence of the importance of disease in military forces.

DEATHS AMONG UNITED STATES ARMY PERSONNEL

War and Inclusive Dates	Deaths		
	Disease	Battle Injury	Approximate Ratio
Mexican War - Apr 1846 to Feb 1848	10,982	1,557	7 to 1
Spanish War - May 1898 to Dec 1898	4,795	379	12 to 1
Philippine Insurrection - Jun 1899 to Dec 1902	4,874	1,064	4.5 to 1
World War I - Apr 1917 to Dec 1918	51,447	51,259	1 to 1
World War II - Dec 1941 to Jun 1946	15,125	237,049	1 to 15.5

c. Preventable losses from disease. A large proportion of manpower losses from disease may be prevented. The major diseases in wars of the past have been typhoid and paratyphoid fevers, dysenteries, cholera, typhus, plague, smallpox, respiratory diseases, and malaria, all of which can be controlled by the institution of proper preventive measures. The exigencies of a military campaign may not allow sufficient time to carry out the necessary control measures, in which case a calculated risk must be taken.

5. ESTABLISHMENT OF MEDICAL INTELLIGENCE UNIT IN U. S. ARMY. The earliest recorded expression of the need for medical intelligence in the U. S. Army was made by Major General (then Major) Edgar Erskine Hume, M.C. in an article entitled, "The Value of Studies in Health and Sanitation in War Planning," published in The Military Surgeon, December, 1933. The idea that he expressed was not implemented until June 1941, when the Office of the Surgeon General established a medical intelligence unit "to collect, analyze, evaluate, and disseminate, medical and sanitary data on foreign countries."

6. SCOPE OF MEDICAL INTELLIGENCE. a. Early concepts. Medical intelligence activities in the U. S. Army were established to assist the Army Medical Service in the fulfillment of its major mission of protecting, preserving, and promoting the health of Army personnel. Just prior to the entry of the United States into World War II, the need for knowledge concerning sanitary conditions and the geographical distribution of diseases and their vectors in those areas of the world where United States military personnel might be required to fight became increasingly apparent.

b. Current concepts. In contrast with the early concept of focusing attention almost solely upon sanitary conditions and diseases of military importance in foreign areas, medical intelligence activities today go far beyond the scope of military preventive medicine and include the production of intelligence concerning foreign areas on all matters of a medical or allied nature such as organization and operation of health agencies, locations and numbers of hospitals, sanitation and other factors; weather and terrain data likely to affect the activities of the Army in war or in peace; and security and training functions.

7. USE OF MEDICAL INTELLIGENCE. It should be pointed out that it is not only important in modern warfare to have medical intelligence but it is equally important to use it. One example may suffice to illustrate the point. During World War I, a military force landed in Greece. Warnings were given the commander by competent medical authorities that the force was encamped in a malarious area. The warnings were not heeded and during a five-month period there occurred 60,000 cases of malaria in an army of 115,000 men. From this it is apparent that intelligence per se in military operations is of little value unless such intelligence is applied to the existing military situation and conditions, in order to obviate defeat from avoidable causes.

CHAPTER 3

GENERAL CONSIDERATIONS

Section I. GENERAL

8. BASIC PRINCIPLES. a. Medical intelligence is an integral part of the intelligence picture and is absolutely essential in all military operations. In many cases, factors of medical intelligence will be the principal elements which determine the feasibility and execution of military operations. It has a direct bearing on all functions of the Army Medical Service at all levels. Such intelligence is essential in a theater of operations in order to provide for the adequate formulation and implementation of medical plans and operations. The importance of medical intelligence and information relative to a particular theater is not necessarily of concern solely to that theater. It is essential that such intelligence be made available immediately to the Department of the Army and to such other theaters of operation as may seem desirable.

b. The basic functions of the Army Medical Service do not normally permit any direct engagement or observation of the enemy by medical service personnel. However, captured enemy sick and wounded personnel, because their special mental condition creates in them an unusual willingness, will divulge the military information which they know. In the past, full exploitation of this source of information has been neglected. Every effort must be made by medical service personnel to report all information gained from such wounded prisoners to the appropriate S-2 or G-2.

c. Some aspects of medical intelligence will normally be developed from knowledge obtained from examination of captured documents or materials. However, most information is obtained through liaison with other intelligence agencies, from prisoners of war and residents of newly captured or liberated areas, or by perusal of scientific and other publications.

d. Because of the lack of trained intelligence personnel in most medical units, the task of collecting medical information becomes the duty and responsibility of all Army Medical Service personnel. The medical

service is unique in its position, being an integral part of almost every unit or command. The exceptional opportunities furnished for alert medical service officers and enlisted personnel to facilitate the task of medical intelligence becomes obvious and challenging. Primarily because of early contact with enemy military and civilian personnel, and early arrival in captured or liberated areas, this applies especially to the personnel of division, regimental, and battalion medical service. A special responsibility falls upon field medical personnel in preventing the careless handling of captured enemy material before its value and usefulness can be fully ascertained by qualified personnel.

9. ROLE OF MEDICAL INTELLIGENCE. a. The specific role of medical intelligence is the collection of information, data, and material of medicomilitary importance from all sources which can or may be of military significance, not only within the theater but on a world-wide basis. It encompasses the evaluation, interpretation, and dissemination of such intelligence.

b. Medical intelligence is an integral part of the over-all intelligence effort of the theater. All the arms and services are dependent on the medical service for intelligence of a medical nature. Therefore, it is necessary that proper liaison be maintained between the medical service and all other theater agencies concerned.

c. There is no fine line of distinction between the intelligence interests of the medical service and that of the other arms and services. All agencies of a theater of operations are dependent upon the medical service to provide any medical intelligence which will have an effect upon the operations of each arm and service. Conversely, the medical service is dependent upon all other arms and services to provide both military and technical intelligence which will affect the planning and operations of the medical service. This technical and military intelligence becomes an integral part of the over-all intelligence picture which is of major importance in all military operations.

Section II. TYPES OF MEDICAL INTELLIGENCE

10. GENERAL. Medical intelligence may be of either a strategic or a combat nature. Those studies which are

maintained on the sanitary and medical characteristics of various countries and their medical capabilities make up the strategic type of intelligence, while the capabilities and conditions within enemy forces affecting the medical service constitute the combat phase of medical intelligence.

11. TYPES OF STRATEGIC INTELLIGENCE. a. Basic studies. Basic studies constitute the first of three main forms of strategic intelligence. They deal with the statics or the established order of things in the areas with which the studies deal. Surveys of medical and sanitary data concerning foreign areas include consideration of such subjects as environmental factors affecting health and sanitation, public health administration and practice, medical care potential (military and civilian), medical research potential, vital statistics, and disease information. Such surveys of medical and sanitary data are basic studies which, when integrated with economic, political, sociological, and other military studies of the respective areas, serve governmental as well as military needs in connection with policy-making, planning, and operations.

b. Current intelligence. Current intelligence deals with the dynamics or current events of the foreign area under study. The medical aspects of recent trends and developments are analyzed and evaluated to assess their probable effect upon the capabilities and vulnerabilities of the area in question and their possible effect upon governmental and military policy-making, planning, supply, and operations.

c. Staff intelligence. This has been variously called strategic estimates, strategic evaluation, and capabilities intelligence. It deals with the potentials of other countries, or estimates of future possibilities or probabilities. Medical intelligence is called upon to assess specific medical and allied scientific data to determine their significance as indications of preparation for operations inimical to the United States.

12. RELATION BETWEEN STRATEGIC AND COMBAT INTELLIGENCE. Both combat intelligence and strategic intelligence are concerned with information of military significance on foreign powers and with areas of actual or possible operations.

a. Combat intelligence is produced largely in the field in time of war. It is used mainly by tactical commanders and their staffs. It is concerned with a relatively local situation; namely, the enemy forces opposing a combat unit, and the weather and terrain as they affect that unit.

b. Strategic intelligence is produced continuously, both in peace and in war, usually by theater and higher headquarters, or by agencies under their control. It is used mainly by senior military commanders and their staffs in connection with strategic plans and operations.

c. In many cases, combat intelligence will be detailed studies which have been prepared from general precepts as stated in strategic intelligence; and conversely, factors of strategic intelligence may have their inception in information which has been obtained through combat intelligence.

13. COMBAT MEDICAL INTELLIGENCE. a. Production. Combat medical intelligence is produced primarily in the field in time of war for tactical use by the medical service. Prompt dissemination to appropriate headquarters is necessary to insure its maximum usefulness to those concerned with strategic as well as tactical intelligence matters. Certain medical intelligence information of value in tactical operations will be found in the TB MED series of studies of medical and sanitary data on foreign areas.

b. Use of combat intelligence. Although combat medical intelligence is developed primarily for use by the Army Medical Service, it is again emphasized that other arms and services will depend upon the medical service to furnish them any medical intelligence that is necessary for the conduct of their operations. Close liaison between medical and other intelligence agencies is mutually beneficial.

c. Technical intelligence. Technical intelligence activities in the Army Medical Service in the theater of operations have been found to be concerned primarily with technical medical information gained through contacts with knowledgeable individuals, research centers, universities, etc., with assessment of medical

evidence indicating enemy use, or intentions concerning the use of unorthodox weapons of war (chemical, biological, radiological), and with exploitation of captured enemy medical materiel and documents.

14. COUNTERINTELLIGENCE. All medical personnel must be made aware of the significance and importance of counterintelligence measures and must understand their individual responsibilities for maintenance of secrecy discipline at all times, and especially in event of capture. The counterintelligence responsibilities of medical service personnel are discussed in chapter 6.

Part Two

ORGANIZATION, FUNCTIONS, AND OPERATIONS OF MEDICAL INTELLIGENCE

CHAPTER 4

ORGANIZATION AND FUNCTION

15. MEDICAL STAFF OFFICERS. a. General. Intelligence personnel are not normally provided in the medical sections at all echelons of command. Therefore, the surgeon is responsible for all medical intelligence activities pertinent to his respective level of command. At the higher levels of command such as theater, theater army, and field army, the functions of medical intelligence may be performed by the organization of an appropriate intelligence subsection within the organizational structure of the medical section.

b. Responsibilities. The surgeon at each level of command has the following responsibilities:

(1) For the collection, collation, and evaluation of all known data on enemy targets, personnel, and material of a medical nature obtained from higher headquarters, Department of the Army documents and publications, and reference works.

(2) For maintaining suitable files or target folders in the medical section giving all known details on enemy targets to be exploited, special personnel to be located and interrogated, special enemy equipment and supplies to be collected and studied, and on enemy medical and technical procedures to be investigated and evaluated.

(3) For informing all medical personnel, including members of medical intelligence detachments attached or assigned, of all information available, and for briefing such personnel from time to time as necessary on specific missions to be accomplished.

(4) For establishing suitable liaison with all available medical and general depots to insure adequate intelligence coverage of all medical materiel collected through regular supply channels.

(5) For maintaining close contact with G-2 and the technical intelligence coordinator in order to learn of the availability and location of targets and personnel to be investigated, and to secure access to captured documents and publications of interest to the medical service.

(6) For the routine collection, classification, storage, and reissue, if desirable, of all captured enemy medical equipment and materiel by appropriate sections of medical and general depots assigned to the theater.

(7) For the examination and evaluation of all materiel of a medical nature considered of primary intelligence interest.

(8) For the collection of all information to be derived from captured documents and publications, interrogation of selected enemy military and civilian personnel, and investigation of medical targets.

c. Relationships. (1) Relationship with G-2 and other intelligence agencies. The establishment of liaison with military intelligence and other intelligence agencies at various echelons is essential. It is the duty of the surgeon or his delegated representative to effect such liaison as may be necessary for the proper accomplishment of the medical intelligence mission and to insure maximum effective coverage in the medical intelligence field.

(2) Liaison with Air Force and Navy. No special unit or organization exists within the organizational structure of the Army Medical Service in a theater of operations for special liaison with corresponding intelligence sections of the Air Force and the Navy. However, such contact should be established and utilized wherever possible and necessary by the medical section concerned.

16. MEDICAL INTELLIGENCE DETACHMENTS. a. General. Medical intelligence detachments, T/O&E 8-500, are allocated to a theater of operations as may be required. Such detachments may be subsequently attached to any of the theater subordinate commands where they may be required for the accomplishment of the medical intelligence mission. Under normal conditions, medical intelligence detachments are not required at command levels lower than field army.

b. Duties. Medical intelligence detachments perform the following duties:

(1) Collect such items of enemy materiel and equipment of a medical nature which may be of special interest or have intelligence value.

(2) Evaluate the components, use, and effectiveness of collected material.

(3) Assist personnel of medical depots and supply agencies in instructing medical service personnel and troop units in the use, handling, and maintenance of such enemy medical equipment as may be reissued for use.

(4) Expedite the flow of all captured enemy medical materiel of intelligence interest to the appropriate agency concerned.

(5) Locate and evaluate medical intelligence targets of all types which have previously been designated or as may be uncovered by the detachment in the pursuance of its activities.

17. CONSULTANT PERSONNEL. Although not in the category of an intelligence team, the professional consultants in the medical sections of various headquarters of the theater and of the field army may be of much assistance in the elucidation of technical medical problems relating to their own fields of endeavor. Technical specialists in such fields as medical supply, equipment, bacteriology, biochemistry, parasitology, pathology, and toxicology are constantly available from medical depots, laboratories, and other medical installations in the theater for use, as necessary, in medical intelligence activities. Such technical specialists may be used as consultants in their respective fields, or may be assigned to serve temporarily as members of medical intelligence detachments to investigate special problems falling within a particular sphere of interest.

18. MEDICAL PERSONNEL OF COMBAT UNITS. Medical intelligence personnel normally are not required at headquarters lower than field army, but it is expected that medical service personnel of all units will constitute themselves as intelligence personnel when the situation warrants. In the absence of medical intelligence detachments, or medical intelligence officers assigned to the medical service, all medical personnel should investigate and report on information and materiel of special medical interest.

19. UNIT MEDICAL SERVICE. a. The regimental medical company and medical detachments of other units are primarily concerned with the care, treatment, and evacuation of troops. However, in the performance of this mission, it is mandatory that they be congnizant of military intelligence which will affect the performance of the medical mission. Enemy troop dispositions, order of battle, enemy weapons, and terrain will all have a marked influence on the employment of the medical company. The determination of areas of casualty density, lines of evacuation, and the location of the aid stations and collecting stations will be determined as a result of military intelligence in conjunction with the tactical disposition of friendly troops.

b. As a source of military intelligence, aid stations and collecting stations may prove to be the sites where the most valuable and current information may be obtained, by appropriate personnel, from wounded prisoners of war. Enemy tactical dispositions, strength, order of battle, intentions, and all other aspects of combat intelligence may be determined. Wounded prisoners of war are more prone to volunteer information when given adequate care and treatment than uninjured personnel. Therefore, it is necessary that all medical service personnel of the medical company and medical detachments be constantly aware of this potent source of information and that appropriate intelligence agencies are promptly informed when such information becomes available.

c. Medical intelligence targets may frequently be uncovered by medical service personnel of unit medical service. Under such circumstances, such targets should be reported to the division surgeon through technical channels. However, under normal conditions, investigation of such targets is precluded by the necessity for providing medical support to the regiment.

d. Medical intelligence as pertains to the health and morale of enemy forces, such as endemic diseases, incidence of trench foot, frostbite, or other conditions affecting the enemy may have a profound effect upon tactical operations and their successful accomplishment. Therefore, all diseases or injuries occurring in prisoners of war which may have an effect on enemy health or morale or which might have an adverse effect upon the health or morale of friendly forces must be immediately reported to the appropriate G-2 or S-2 concerned.

e. All medical service personnel, in addition to the general counterintelligence measures outlined in FM 30-5, must bear in mind that under many conditions the tactical disposition of medical units in combat will be a key to the tactical disposition of combat troops. Therefore, all countermeasures must be taken to preclude medical service operations from compromising friendly capabilities and intentions.

20. DIVISION MEDICAL SERVICE. In addition to those functions as primarily outlined in paragraph 19 for unit medical service, the various units of the medical battalion, in order to attain the maximum benefit, must function in the production of both military and medical intelligence by the prompt and proper dissemination of information both up and down technical and command channels so that such information is both timely and reaches those individuals or agencies concerned. The S-2 within the medical battalion must maintain liaison with both military and medical intelligence agencies in order that the aforementioned functions are carried out.

21. DIVISION SURGEON. The division surgeon as the special staff officer of the division commander under the general staff supervision of G-2 has the following responsibilities:

a. The supervision of medical intelligence activities to insure maximum collection and recovery, and the fullest exploitation and utilization of resulting information and materiel.

b. Cooperation with other services and intelligence agencies in order to obtain samples of captured enemy materiel of interest to the medical service.

c. The collection and dissemination of medical intelligence including tactical capabilities and limitations of enemy medical materiel.

d. Technical supervision of captured medical materiel.

e. The instruction of using personnel in the characteristics, use, and interchangeability of enemy material with United States' or other equipment.

f. The establishment and operation of a system of evacuation of captured enemy medical materiel.

g. The submission of such reports on the processing of captured medical material as may be required by G-2 or the surgeon of the next higher command.

h. Technical supervision and operational control of such medical intelligence detachments as may be attached or assigned from higher command.

22. CORPS SURGEON. Since the army corps is primarily a tactical unit, only those factors of military and medical intelligence which have a direct influence on tactical operations will be of primary concern to the corps.

a. The corps surgeon must maintain liaison with component divisions of the corps in order to gain prompt information of such medical intelligence as will affect corps operations. Conversely, such liaison is necessary in order that both military and medical intelligence which has been obtained through corps intelligence agencies or has been received from higher command may be disseminated to component divisions.

b. Under special conditions, medical intelligence detachments may be attached to the corps from the field army. These detachments then function under the operational control of the corps surgeon.

c. When operating as in independent corps, the corps surgeon assumes those intelligence functions and responsibilities of a field army surgeon.

23. ARMY SURGEON. a. General. The T/O&E does not provide for an intelligence subsection within the medical section of the field army. Nevertheless, intelligence functions are a responsibility of the field army surgeon. Local conditions and availability of appropriate personnel will determine the method by which the surgeon will carry out his intelligence responsibilities.

b. Tactical intelligence functions. The tactical intelligence duties and functions of the field army surgeon under the general staff supervision of G-2 will include:

(1) The supervision of all intelligence activities of field army medical units to insure maximum coverage of all available sources of information and material of intelligence value.

(2) The full utilization and exploitation, insofar as is feasible, of all resulting intelligence for maximum benefit to the field army. Assistance of higher echelons and other services is to be sought where full exploitation is not possible locally.

(3) Cooperation and liaison with other services and intelligence agencies to obtain information and material of interest or importance to the medical service.

(4) The collection and evaluation of information and material forwarded by medical service personnel and units of lower commands.

c. Medical intelligence functions. The specific functions and responsibilities of the army surgeon in connection with medical intelligence are as follows:

(1) The supervision of all the medical intelligence activities of the medical service within the field army to insure maximum recovery and collection of captured medical items, and full exploitation and utilization of the resulting information and materiel.

(2) Cooperation with representatives of other technical services and intelligence agencies to obtain samples of captured enemy material of medical interest.

(3) Technical supervision over the collection of items of captured material of special interest to the medical service.

(4) The submission of complete reports on the processing of such material and the information and intelligence derived therefrom to the army G-2, and to higher commands.

(5) The supervision of the employment of medical intelligence detachments assigned or attached to the field army, and the coordination of their efforts to secure maximum exploitation of targets and other sources of information in the army area.

(6) The furnishing of technical assistance to the medical depots in the handling of captured enemy medical materiel.

(7) The maintenance of a suitable target file for his area of operations.

(8) The inspection of enemy equipment of medical interest in all depots, the study and evaluation of items of enemy material deemed of special medical significance or interest, the preparation of reports on such items as may be indicated, and the forwarding of samples of such items to the surgeons of higher commands as may be required.

24. ARMY GROUP SURGEON. a. Since the army group like the army corps is primarily a tactical grouping, the army group surgeon will be primarily concerned only with those intelligence activities which will influence the tactical operations of the field armies concerned. Under certain conditions medical intelligence detachments may be allocated to the army group. The intelligence duties and responsibilities of the army group surgeon under the general staff supervision of G-2 will include:

(1) The supervision of all medical intelligence activities within the area under the jurisdiction of the army group. Information and reports will normally be received from lower commands, but the army group surgeon will not have a supervisory role for these commands.

(2) Technical supervision of all medical intelligence detachments assigned or attached to the army group.

(3) Cooperation with other technical services and intelligence agencies to obtain samples of captured enemy material of interest to the medical service.

(4) The submission of complete reports on the processing of captured material mentioned in paragraph (3) above, and on the information and intelligence derived therefrom to the army group G-2 and the surgeon of the next higher command.

(5) Assistance in completing target investigations begun earlier by other units, detailed investigation of new targets uncovered during operations, and furnishing assistance as required to medical intelligence detachments operating in the army group area.

25. THEATER CHIEF SURGEON. The theater chief surgeon as a special staff officer of the theater commander is responsible for the operations and functions of the theater medical service. The theater staff will be primarily a planning staff with limited operational functions. Operations in most cases will be delegated to lower commands. Depending upon the organization of the theater, the operations involved in medical intelligence will be carried out by theater army forces, communications zone forces, joint logistical commands, or unilateral Army, Navy, or Air Force commands. The intelligence responsibilities of the theater surgeon under the general staff supervision of J-2 will include:

a. Based on medical service responsibility for issue--the preparation of preliminary instructions, to include all information of value, on the operation and maintenance within the theater of captured enemy medical materiel and for the fullest utilization of such materiel captured in large quantities.

b. Based on the medical service responsibility for design--

(1) The processing of captured enemy medical materiel for nameplate data and rubbings in accordance with current Department of the Army directives.

(2) The preliminary analysis as to the characteristics of enemy medical materiel.

(3) The delivery of selected samples of captured medical materiel to the Surgeon General of the Army for final analysis.

(4) The transmission of reports for (2) and (3) above to the Surgeon General of the Army or to such installation as he may designate.

c. To insure that captured medical materiel and information collected within the theater for which the medical service has responsibility for issue is transmitted at theater level to the service having design responsibility.

d. To control the allocation of medical intelligence detachments to lower commands as required.

e. Additional functions of the theater chief surgeon which will normally be delegated to lower commands include:

(1) The supervision of all medical intelligence activities at theater level to insure maximum coverage of all available sources of information and materiel of intelligence value.

(2) The dissemination of medical intelligence through appropriate channels to all agencies of the theater concerned.

(3) The liaison with other governmental intelligence agencies operating within the theater, and other such groups as may be desirable.

26. THEATER SUBORDINATE COMMANDS. Commands operating under theater headquarters such as theater army, navy, and air force, communications zone, task forces, or joint logistical commands perform such intelligence functions as may be delegated to them by theater headquarters. In general, basic policies with regard to intelligence activities will emanate from theater headquarters. The implementation of such policies and the operations in connection therewith are normally carried out by one or more of the above commands dependent upon the organization and desires of the theater commander.

27. MEDICAL UNITS. Intelligence sections are lacking in the majority of medical units in the theater of operations. Therefore, it is considered the responsibility of all personnel of these units to assist wherever possible in the location and collection of such technical information as may become available through early arrival in captured areas, or early contact with enemy military and civilian personnel. Specific functions of medical units in relation to medical intelligence include:

a. The familiarization of all unit personnel with the general problems and needs of the medical service in the field of medical intelligence.

b. The prevention of careless handling of captured enemy materiel and equipment before its value and usefulness can be fully ascertained by qualified personnel.

c. The recognition of enemy equipment or supplies which appear to be new or which appear to be of special intelligence interest, from a medical and/or other technical service aspect.

d. The recognition of the presence, among prisoners of war or among civilians, of individuals with specialized knowledge valuable to medical or other technical intelligence agencies.

e. The prompt forwarding of all information and materiel to the appropriate intelligence agency.

28. MEDICAL SUPPLY AGENCIES. Medical intelligence personnel normally select and evaluate samples of captured enemy medical equipment and materiel for intelligence purposes. The handling of such equipment and materiel for other purposes is effected by medical supply installations and activities. Close liaison between medical intelligence detachments and medical supply facilities serve to obtain maximum results with minimum expenditure of personnel time and other resources.

CHAPTER 5

OPERATIONS AND PROCEDURES

29. SOURCES OF INFORMATION. a. General. Practically every agency, civilian or military, in the zone of the interior or in the theater of operations may serve as a source of information.

b. Liaison. In all phases of medical intelligence, liaison with other intelligence agencies and technical services is of first importance in securing information. This is especially true because the medical service normally lacks close contact with combat and reconnaissance patrols or direct observation of the enemy during combat. The nature of medical intelligence requires that it be obtained by different methods and from different sources.

(1) Purpose of liaison activities. Liaison activities are designed to make available to appropriate medical service agencies that portion of the combined intelligence and information picture which is of medico-military significance.

(2) Effectiveness. The effectiveness of liaison activities will depend in large measure upon the ingenuity and acumen of medical service personnel charged with medical intelligence functions. The chief surgeon has greater opportunities and responsibilities in this regard than equivalent personnel at army or lower level. In general, effective and informative contacts must be established with the following groups, depending upon their availability:

(a) Military intelligence. Close liaison should be maintained with G-2 and S-2 sections at all levels for the purpose of: securing the tactical or combat intelligence required for effective employment of medical units; securing introduction to new sources of medico-military information; learning the location of and gaining access to medical targets; and arranging for prisoner-of-war interrogations under suitable circumstances.

(b) Technical intelligence coordinators. Technical intelligence coordinators are found on the staff of all G-2's of separate commands, divisions, and higher units. They assist the technical services in obtaining

enemy technical documents and prisoner-of-war interrogations pertaining to material for which they are responsible, and in obtaining items of captured enemy material in which they are interested but for which another service has the primary responsibility.

(c) Other technical services. Close liaison must be maintained at all times and at all echelons with the intelligence elements of the other technical services. In this way there is constant interchange of valuable information, and the opportunity is afforded to develop new sources of information through targets uncovered by intelligence elements of the other services.

(d) Navy and Air Force. Every effort should be made to exchange medico-military information between the armed services, and to utilize the contacts of all three for the purpose of securing additional information.

(e) United States civilian intelligence agencies. By arrangement through G-2, normally at theater headquarters, liaison may be established with all United States civilian agencies operating in the theater which may possess or have access to medical information. These agencies may include those devoted to research and development, civilian medical problems, and technical and industrial problems.

(f) Civilian medical agencies of allied or occupied countries. Local, regional, and national health authorities or organizations are an added source of medical information which may be useful in both planning and post-combat phases of medical intelligence. There may also be local or national representatives of international health and medical organizations who may be found especially useful in furnishing information on public health and epidemiology.

(g) Allied armed forces intelligence agencies. Under certain conditions and for certain types of information, contact with intelligence agencies of the armed forces of allied nations can be made through theater G-2.

(h) Higher, lower, and adjacent units. Proper functioning and maximum effectiveness of medical intelligence activities require that there be free and

rapid interchange of information between all levels of command and in all directions. Lower echelons must forward all pertinent information to higher echelons as speedily as possible, consistent with full local exploitation. Higher commands must keep all lower echelons fully informed on recent important developments in the intelligence field, and to aid in keeping up to date the essential elements of information required of each unit.

c. Published data. (1) Information from higher headquarters. Information from higher headquarters may be furnished in a variety of forms, and may deal with many different intelligence problems. Documents, surveys, and reports prepared within the Department of the Army may first be utilized. These will include National Intelligence Surveys, TB MED's (medical and sanitary surveys of various areas), and special reports prepared from material and information available to the Department of the Army and the Office of the Surgeon General. In the same category may be placed equivalent reports prepared and published by other technical services of the Departments of the Army, Navy, and Air Force. In addition, similar surveys and reports prepared by allied governments are usually made available to the technical service intelligence units of the Army. These reports contain facts and figures dealing with medical problems in the areas covered, and furnish a background upon which to build an intelligence picture. Of special interest will be certain geographical considerations, climatology, natural resources, and industries to give a picture of the area as a whole. Peoples may be better understood by an appreciation of socio-economic conditions under which they live, their psychological make-up, and the cultural advantages which they enjoy. Civilian medical capabilities may best be understood by a consideration of industrial potential; numbers and training of physicians; numbers, sizes, and types of hospitals; and the activities of medical organizations. Of special intelligence value will be information concerning hospitals and other buildings suitable for hospitalization of the sick and wounded, the availability and location of ports, airports, and railheads for evacuation of casualties, and any limiting factors concerning their use.

(2) Medical and technical publications. Information is found in a diverse group of medical and technical publications which may be available in military and civilian facilities both in the zone of the interior

and in a theater of operations. These publications may include medical journals covering a wide variety of subjects; journals on sciences allied to medicine, monographs, epidemiological surveys, maps, statistical reports, yearbooks, public health records, and publications of research institutes. These cover a variety of subjects and may be counted upon to give much detailed information on the prevalence and geographic distribution of disease and many other facets of the health and medical picture. Much of the material obtained from these sources may be old or outdated. For this reason, liaison with military intelligence, and with the intelligence sections of other technical services, must be maintained in order to secure such current information as may become available. Previous publications may often be brought up to date by careful questioning of individuals recently sojourning in areas under consideration, especially if these persons have medical or other technical training.

d. Enemy order of battle. A careful analysis of all enemy order of battle reports dealing with the medical service may permit the development of a fairly comprehensive picture of enemy medical organization, supply, training, and capabilities. In addition, some knowledge may be gained in regard to the basis on which medical units and personnel are assigned to enemy forces.

e. Prisoner-of-war interrogation. (1) General considerations. Interrogation of prisoners of war is an important and often difficult task. When done by trained personnel with an adequate knowledge of the subjects being covered, it is one of the richest sources of information available. Where interrogators from medical intelligence or military intelligence are not available, the use of an outline questionnaire designed to ascertain the prisoner's capacity and special knowledge, if any, is valuable. In this manner, prisoners of war can be interrogated on the spot, and can be passed on to more experienced personnel if preliminary screening makes additional interrogations appear desirable. Such questionnaires can be prepared and furnished by experienced medical intelligence officers or personnel of medical intelligence detachments. With the knowledge and assistance of military intelligence, accredited medical personnel may be allowed access, for interrogation purposes, to such of the enemy as may have

or be suspected of having information of medico-military significance. Upon request by military intelligence or other appropriate agencies, medical intelligence personnel will be furnished to interrogation units for interrogation of knowledgeable prisoners of war.

(2) Medical officer prisoners. (a) While medical officers are protected personnel under the Geneva Convention, they may and should be interrogated wherever possible. This is primarily the duty of the prisoner-of-war interrogators or medical intelligence personnel; however, this may be done by any qualified medical service personnel if no such intelligence personnel are available. It is the responsibility of appropriate unit commanders to make knowledgeable prisoners of war available for interrogation at the earliest possible moment consistent with the military situation.

(b) Information to be obtained from enemy medical officers will include medical procedures and techniques, health and nutrition among enemy troops, special medical problems currently in evidence or being prepared for, current immunization procedures, medical anti-gas precautions, and evidence indicating the possibility of the introduction of disease-producing organisms or vectors of disease; and chemical, incendiary, or radiological agents as instruments of warfare. Special problems may be encountered frequently, depending upon the tactical situation and the knowledge of the prisoner. In every case where the prisoner gives evidence of highly specialized knowledge, the assistance of additional qualified personnel, whether from the medical or other technical services, should be sought in order to obtain maximum results.

(3) Other enemy medical personnel. Additional information of a similar nature, less detailed but often very informative, may be obtained by routine questioning of all enemy medical personnel encountered. In this category are included aidmen, litter bearers, ambulance personnel, hospital personnel, and personnel of laboratories and medical supply depots.

(4) Other prisoners of war. Medical personnel of combat units have a special opportunity to interrogate prisoners of war who are handled or treated in aid stations and collecting or clearing stations. The wounded prisoner immediately after good medical treatment and relief of pain is apt to be much more voluble and cooperative than he will

be later on in a prisoner-of-war inclosure. With proper handling and encouragement, much valuable information may be volunteered. Information obtained is forwarded to that agency having primary congizance of such information. Medical personnel should immediately notify the S-2 of the nearest combat unit or the S-2 or G-2 of the next higher headquarters if prisoners of war volunteer information or appear knowledgeable concerning details of enemy dispositions, strength, or troop movements.

f. Captured documents and materiel. Because of the inability of medical intelligence detachments satisfactorily to handle the large bulk of captured medical supplies, subsequent handling is the responsibility of medical and general depots. Medical intelligence personnel will be responsible only for the investigation of such enemy medical materiel as may be necessary for intelligence purposes, as previously described. Medical intelligence officers and personnel of medical intelligence detachments should make every effort to secure samples of supplies and materiel needed as early as possible, preferably from the enemy installation where located, rather than waiting for eventual removal of the supplies to our own medical depots. Contact must be maintained with medical depots to insure that no useful materiel has been overlooked.

(1) Captured documents. All captured documents of value to the medical service will be handled as prescribed in section IV, FM 30-15. When examined systematically by competent personnel, captured documents constitute one of the most valuable sources of information available regarding enemy organization and order of battle, types and specifications of equipment, manpower and manpower reserves, physical standards and qualifications, disease incidence, special medical problems, technical procedure, and supply. Any and all documents are utilized that deal with the structure and function of the enemy medical service, the troop basis on which medical personnel and units are supplied, the operation of the enemy medical service, techniques, and technical procedures as applied to management of the sick and wounded, and civilian medical problems, resources, and capabilities.

(2) Captured enemy materiel. Those items of enemy materiel and equipment which are new, valuable, and of use or interest to the medical service should be

fully investigated. Special attention should be directed toward the discovery of any equipment or material suggestive of the study or use of chemical, incendiary, biological, or radiological agents as methods of warfare.

(3) Safeguarding of captured materiel and documents. (a) Individual responsibilities. All individuals in the Army and all those attached for duty with its forces are responsible for promptly turning in or reporting the presence of captured enemy materiel to the commanding officer of their own or nearest unit. Certain items may be excluded from this procedure as prescribed by the theater commander.

(b) Unit commander's responsibilities. All unit commanders are responsible that captured enemy materiel in their zone of action or operations is: properly safeguarded; reported to the S-2 or G-2 of the next higher command; left in position, if immediate use or destruction is not necessary; and promptly turned over to the interested technical service. If contact with the proper technical service cannot be made, captured materiel should be evacuated promptly through supply channels.

(4) Processing of captured documents and materiel. (a) Objectives. The four principal objectives in the handling of captured enemy medical items are: prompt development of counterweapons and countertactics with special reference to enemy intentions in the use of chemical, biological, and radiological agents as instruments of war; prompt exploitation of new ideas, whether in medical techniques or materiel, for our own benefit; early deductions as to the state of enemy resources in medical supply and equipment; and use by our own forces of enemy medical materiel, including the provision of literature and other aids to assist in training.

(b) Responsibilities. In order to make full use of the limited specialist personnel available, responsibility for the achievement of these objectives is divided between medical intelligence detachments and supply sections, as indicated in paragraphs 16 and 28.

g. Enemy civilian personnel of medical and allied sciences. Because of the nature of medical

problems and the type of information which may be useful, it is desirable that specially qualified enemy civilian personnel working in the field of medicine or the allied sciences be thoroughly interrogated. These individuals may furnish much information on civilian medical problems, nutritional status, disease incidence, the availability and distribution of medical supplies, and psychological and morale factors among civilians. In addition, many such individuals are in a position to furnish vital information concerning conditions within enemy forces, in which case the appropriate S-2 or G-2 should be notified.

h. Enemy civilian medical facilities. Hospitals, laboratories, universities, research centers, manufacturing plants, and special facilities may be valuable sources of information concerning the many medical problems previously outlined and should be covered thoroughly whenever possible.

30. PROGRESSIVE STEPS IN INTELLIGENCE. a. General. The principal objective of intelligence for medical service units during the various phases of field operations is to furnish sufficient military and medical intelligence to allow maximum effective planning and execution of medical service operations. To accomplish this goal, intelligence activities are divided into three phases; planning, combat, and post-combat. The intelligence requirements of each of these phases differ in many respects. Therefore, a standard medical EEI will be composed of three separate sections.

b. The planning phase. The essential elements of information required for the proper planning of medical support for a combat operation include both military and medical intelligence, dealing with conditions under which the operation will take place and the effect of these conditions upon our own troops. Specifically, the EEI are as follows:

(1) Medical, sanitary, and environmental surveys of the areas of projected operations, to indicate conditions under which troops will operate and to forecast the medical and sanitary problems which must be solved to assure the maximum effective strength of our own troops. As examples, it is desirable to know the climatic conditions of the projected area of operation,

the incidence of disease, especially contagious diseases, the presence of insect vectors of disease, the presence or absence of acceptable sanitary facilities, and the availability and condition of water supplies.

(2) Enemy strength, order of battle, dispositions, and capabilities of resistance to our forces, as an aid in estimation of casualties and areas of casualty density.

(3) New weapons (explosive chemical, biological, or radiological) with respect to their potentialities for infliction of casualties.

(4) Terrain and enemy installations of all types for use in planning for the location of installations and lines of evacuation.

(5) Transportation facilities, and the probable condition in which they will be found.

(6) Location of ports, airports, and railheads for evacuation of casualties, and any factors which may in any way limit their use for this purpose.

(7) Possible hospital sites in preexisting facilities.

(8) Communications facilities.

(9) Classification, numbers, and location of all enemy prisoner-of-war and concentration camps where United States or Allied military or civilian personnel may be held in order to insure planning for adequate medical care.

c. The combat phase. During actual combat, the rapidly changing tactical picture throws added stress on the medical service in making proper disposition of medical units and supplies to best support the contemplated action, at the same time safeguarding the health of troops in new areas recently wrested from the enemy. The essential elements of information required under these conditions include the following:

(1) Enemy strength, capabilities of resistance, and location of principal points of resistance where the greatest number of casualties may be expected.

(2) Detailed medical information on areas in the path of the projected advance, with special reference to the incidence of disease and the presence of any special health and sanitary problems.

(3) Knowledge of the medical condition of enemy forces, number of casualties, presence of special medical problems, and the use of any special immunizing procedures designed to protect enemy personnel against biological warfare agents.

(4) The status of enemy medical equipment and supplies, together with any new items which would be of use to our own forces.

(5) Information required to bring up to date the intelligence material originally furnished during the planning phase.

(6) Continuation of all possible inquiries into enemy potentialities for unorthodox methods of warfare in order to insure full medical protection.

(7) Continuation of collection of information on numbers, location, and classification of all enemy prisoner-of-war camps where United States or Allied military personnel may be held, to insure planning for adequate medical care.

d. Post-combat phase. The essential elements of information required during the post-combat phase properly cover not only the data as outlined above which may be secured by proper investigation and interrogation, but also full exploitation of enemy medical information and resources which are available through capture. In both instances it is essential that steps be taken early to insure full exploitation and utilization of all medical information of value in future operations or required by medical research and development agencies.

31. MEDICAL INTELLIGENCE PLAN. In addition to those factors influencing medical service operations mentioned above, the following essential elements of information are included in the medical intelligence plan.

a. Details of new or improved materiel, supplies, chemicals, biologicals, and instruments as designed and used by the enemy, together with an estimation of the possibility of their use by our own forces.

b. Quantities found, methods of packaging, and instructions furnished with medical supplies and equipment, which may serve as indications of amounts of the supplies available for use. The disappearance of certain standard items from the supplies normally found with hospitals, medical depots, and medical units, furnishes prompt indication of items which are in short supply. Methods of packaging and labeling may also serve to indicate shortages, by indicating that certain materials are to be used only for certain purposes, with substitutes otherwise being utilized.

c. Composition, packaging, and labeling of dressing materials, bandages, and similar surgical supplies, especially with reference to the quality of materials used and their availability.

d. Availability, appearance, composition, and quality of manufacture of all surgical instruments. Differences between surgical steel of fine quality and substitutes used in time of shortage are readily apparent in the quality, workmanship, and durability of these materials.

e. Availability and quality of manufacture of precision instruments and special equipment, including microscopes of various types, x-ray equipment, short-wave and diathermy equipment, and electrosurgical units.

f. Careful investigation of all possible sources, locations, laboratories, research institutions, and available personnel for evidences of the employment of chemical, biological, and radiological materials as agents of warfare.

g. Careful checks of all supplies and stores of biologicals, vaccines, serums, etc., for new items or preparations of potential value in biological warfare.

h. Careful surveys of all enemy documents, publications, and field orders for possible information on enemy resources and potentialities in the field of medical supply and material.

i. Check of these same sources for information on new discoveries or techniques, or improvements on existing methods or treatments, in medicine, surgery, and the allied sciences.

j. Careful interrogation of selected enemy prisoners of war to obtain further details on information desired.

32. SPECIAL OPERATIONS. Special operations, primarily those planned for arctic or tropic areas, require only the essential elements of information previously described. However, it is the task of the medical personnel concerned to anticipate the importance of certain information necessary for successful operations in these areas. Special emphasis is laid upon climatological factors in combat operations and the effects of adverse conditions on our own troops, together with methods for maintaining maximum effective strength of combat personnel.

CHAPTER 6

RECORDS AND REPORTS

33. RECORDS. a. Purpose. The purpose of records and reports is the arrangement of all information in a systematic manner in order to facilitate its use by all agencies concerned and to permit rapid and accurate dissemination.

b. Methods of recording. Methods of recording information are in general in accordance with theater directives, but must be adapted to the needs of the individual unit and service. Proper and prompt dissemination of intelligence is of primary importance; records are a secondary consideration.

c. Standard records. After the initial examination, each item of information must be recorded in a manner to facilitate reference and study. The item may be recorded in an accession sheet, a daily journal, a work sheet, a situation map, or a target folder, or in any or all combinations of these. Selection of the types of records to be kept by the specific medical unit concerned depends upon the need for the information contained therein. Simplification is desirable.

(1) Accession sheet. The accession sheet is a continuous record of all documents, papers, reports, etc., which are received in the medical intelligence unit. Material is listed in the order of its reception, and each document or report is given an identifying number which appears on the accession sheet and on the document if it is to be retained in the intelligence files. Additional information required on the accession sheet includes: date received, source, subject, and disposition. If the report is forwarded, the destination is recorded, and if filed, the file number recorded.

(2) Daily journal. The daily journal contains briefs of important oral or written messages received or sent, records of important conferences, records of any action taken by the unit or its personnel, and similar matters pertaining to the intelligence section. The journal may be kept in synopsis form, and is a permanent record.

The journal is closed daily, and a copy is made available for consolidation with other journals of the headquarters. The form of the journal may be as designated by the appropriate headquarters, or as prescribed in paragraph 36, FM 10-5.

(3) Medical intelligence work sheet. A medical intelligence work sheet is designed primarily to bring together all items bearing on a particular subject as soon as received. Work sheets are maintained on special problems for the purpose of preparing daily intelligence summaries and special summaries and reports. On the work sheet the information is not necessarily chronological, but groups together all items of information bearing on a particular subject. The work sheet is a temporary memorandum and not a part of the permanent record.

(4) Situation map. The situation map, as employed in medical intelligence, is designed to indicate graphically such details of the intelligence picture as are important to the proper functioning of the medical service. As much may be shown of the pertinent elements of the tactical situation as may be desirable or required. Location of such enemy headquarters, installations, and supply depots as are of interest may be delineated and known locations of enemy prisoner-of-war camps housing United States or Allied military personnel may be indicated. Medical intelligence targets may also be shown. It is normally more desirable to indicate the above information on appropriate overlays which are kept up to date, rather than by a permanent map.

(5) Target folders. Folders or files should be maintained on all potential medical intelligence targets in the projected area of operations. All pertinent information on any of these targets may then be filed in the appropriate folder as received. By the time the target is available for exploitation, sufficient background data will have been amassed to make final investigation and evaluation easier and more complete.

d. Files. In addition to any of the forms of records which are kept, it may be desirable or necessary to employ a filing system suitable for the cataloguing of all medical intelligence information, especially that which is required for future use. An appropriate filing

system also facilitates comparison and evaluation of information and dissemination of intelligence. Any systematic filing system may be employed which allows ready availability of information. At higher command levels, it is recommended that the filing system be patterned after that used in the Medical Intelligence Branch, Office of the Surgeon General, Department of the Army. (See appendix I.)

34. REPORTS. a. General. Medical intelligence is only of value when made available sufficiently in advance to allow full utilization by individuals or units concerned. Dissemination should be in accordance with the urgency of the information. Each item should be carefully examined by a qualified officer to determine its nature, urgency, and proper dissemination. All dissemination should be recorded in the daily journal.

b. Responsibility. Responsibility for the preparation of suitable reports on medical intelligence investigations, interrogations, and other activities lies with the individuals or units who have carried out the specific assignments. Reports cover examinations of enemy equipment, medical supplies, biologicals, drugs, and material; examination and translation (where required) of captured enemy documents; investigation of all medical intelligence targets; and detailed interrogation of prisoners of war and other specially qualified enemy civilian or military personnel.

c. Elements of reports. The form of a medical intelligence report depends in large measure upon the subject of the report, and the method by which the information was obtained. In order to insure greatest usefulness, however, all reports should contain certain specific data. Most important is inclusion of sufficient details of the background of the individual, place or item being investigated to give the recipient of the report an adequate understanding of the purpose of the investigation, as well as to allow the formation of some opinion as to the credibility of the information. The investigator preparing the report should also give his personal estimate of the source and the reliability of the report. Reports should be as detailed as possible consistent with source and subject matter; it may be necessary to cover information on different subjects from the same source in separate reports to maintain brevity and clarity of meaning.

d. Methods of reporting. (1) Personal contact. It is frequently possible for medical intelligence to be transmitted directly, either in person or by telephone, to those immediately concerned. Where such means of contact are not possible, urgent information may be dispatched by special messenger if required by the situation.

(2) Conferences. Exchange of information is facilitated by frequent personnel conferences between the individuals concerned. To make full and immediate use of current intelligence and situation maps, it is desirable, especially at higher levels, to have frequent conferences with such members of the surgeon's staff as may be desirable or necessary. These conferences are especially useful since they permit full opportunity for other individuals to outline new and current essential elements of information indicated by the changing tactical situation and intelligence previously received. This in turn allows the intelligence section to be fully aware of all the needs of the headquarters, and to attempt to anticipate these needs in future situations.

(3) Periodic report. A periodic report or summary, briefly outlining the important information of the day, may be prepared for distribution among authorized personnel of the medical section, to other technical intelligence services, and to G-2. A summary need be issued only if desired by the headquarters concerned, and if the information warrants such dissemination. The periodic report may cover any given period, and may be issued as required.

(4) Medical intelligence summaries. Medical intelligence summaries are prepared as authoritative and accurate reviews or summaries of any information available on a special topic and phase of medical intelligence. An example of a summary prepared during the planning phase of an operation might be a medical and sanitary survey of the area of projected operations, including all known facts which will aid in carrying out the operation. During the combat phase of operations, a summary might be prepared on the status of enemy medical supply or the enemy manpower situation as influenced by the physical standards required for Army service. Summaries should be on current problems and should attempt to furnish sufficient information to give a true picture of the enemy's plans, capabilities, or

intentions. In addition, technical summaries on special items of enemy equipment may be issued. These summaries will be devoted to new and unusual items of equipment particularly suitable for use in friendly forces, due to new techniques developed within the enemy medical service. Organization and equipment of enemy medical units and the basis on which they are assigned should be reviewed frequently, and kept up to date in appropriate summaries.

(5) Special reports. Special reports on special or emergency situations may be prepared as required for authorized persons, agencies, or headquarters. In this category will be included reports on evidence of enemy attempts to use chemical, biological, or radiological agents as weapons of warfare. All information of this nature will be treated with the utmost urgency. All details of the suspected incident will be transmitted by the most expeditious means available, consistent with security, to the surgeon and G-2 of the command concerned so that prompt and full evaluation may be made and prompt countermeasures taken.

e. Dissemination. (1) Reports of all investigations of targets, equipment, materiel, documents, and personnel are forwarded promptly to the appropriate headquarters. Under certain conditions and in certain locations it may be necessary or desirable to furnish copies of such reports to unit commanders or S-2's in the immediate vicinity of the investigation, especially where this may be of assistance to local units.

(2) All staff reports prepared by medical sections or received by them from investigating detachments should be made available to the surgeon and G-2 of higher commands. Copies may also be sent, as necessary, to the intelligence units of other technical services, as indicated.

(3) In addition to the local dissemination as described above, all medical intelligence reports processed through the medical channels are forwarded to higher commands in accordance with current instructions. Reports are forwarded through technical channels to the next higher headquarters. Information copies of appropriate reports prepared at army level are sent to army group or communications zone headquarters if desirable, but are, in any case, forwarded to that command designated by the theater commander.

(4) Appropriate medical intelligence material prepared in the theater should be transmitted promptly to the Office of the Surgeon General, Department of the Army, for such use and additional dissemination as may be required. This applies particularly to technical summaries on enemy equipment and techniques.

CHAPTER 7

COUNTERINTELLIGENCE

35. COUNTERINTELLIGENCE FUNCTIONS OF MEDICAL UNITS. a. Objective. The objective of counterintelligence activities is to render enemy intelligence ineffective. All medical personnel must understand the significance and importance of counterintelligence measures, and the necessity for using every precaution to prevent useful information from reaching the enemy. Medical information or information concerning medical units may not appear to have any significance with regard to the over-all tactical picture, but enemy knowledge of our medical organization and the basis on which we assign medical units in support of combat units will enable him to deduce our dispositions, strength, and capabilities. Such deductions may permit the infliction of heavy losses on our forces and may endanger the success of our operations.

b. Responsibilities. Medical staff officers and units of higher commands because of their location in areas farther to the rear will have fewer counterintelligence functions than those located in more forward areas, but such functions are no less important. Their responsibility will be directed largely toward maintaining secrecy discipline, security of movements, and exercising some supervisory control over visitors to their specific unit. However, because of the wide dispersion of medical units and the presence of many medical service personnel and units in combat areas, it is essential that all elements of counterintelligence be carried out to the maximum degree. It is apparent that as a result of present and future alliances between the United States and other nations speaking the same or different languages, counterintelligence measures particularly applicable to staff officers and units of higher commands will have special application. Identification of individuals seeking information must be emphasized. The uniform alone of the individual must not be accepted as sufficient identification for such information-seeking individuals.

36. SECRECY DISCIPLINE. Secrecy discipline in medical units is primarily concerned with careless talk, movement security, action in the event of capture, and the proper reporting of breaches of secrecy discipline.

a. Careless talk. The dangers of careless talk repeatedly must be impressed upon all medical personnel. Persons possessing military information, such as that concerning troop movements, disposition of units, numerical strength, and morale, must refrain from discussing such matters in public places or within the hearing of strangers. In addition, such information must never be mentioned to military personnel not authorized to know nor entitled to such knowledge. This is a breach of security too often ignored. It is axiomatic that the more persons who are in possession of classified information, the greater the possibility there is for a leak. Additionally, as the result of the extensive development of electronic and other types of devices utilized for transcribing conversations, wire tapping, and recording, it is mandatory that all knowledgeable personnel take all necessary precautions to assure that such measures have not been employed by the enemy or enemy agents.

b. Movement security. In maintaining movement security, reliance is entirely on enforcement of security discipline. Rumors of moves to new locations must be discouraged, and all personnel are advised not to discuss or to repeat such planned moves or rumors of moves as may come to their attention.

c. Event of capture. All medical service personnel should be instructed as to their rights as prisoners of war and the dangers of giving anything other than the required information. A prisoner of war is required to give only his name, rank, and serial number. Any information beyond these facts may be prejudicial to the success of our own military operations.

d. Reporting of breaches in security. It is the responsibility of all personnel to report to appropriate authority such violations of security as may come to their attention, whether a result of careless talk or other breach of secrecy discipline. In this manner, the compromise of present or impending operations may be precluded, secrecy discipline more stringently maintained, and proper action taken by appropriate commanders in the event of such violations both in respect to the individuals concerned and in the modification or change in plans necessary as a result of the divulgence of military information.

37. HANDLING OF VISITORS. a. Visitors to the medical service in a theater of operations may include both military personnel and civilians of our own or allied forces. Such individuals come with specific requirements for information to be obtained or to perform a specific task. In general, their work is done through or under the auspices of that subsection of the medical section most concerned with the visitor's problem. Because many of the visitors are civilian, with little knowledge or appreciation of conditions in a theater of operations and too little appreciation of the necessity for maintenance of security, and because the same criticisms may be applied to certain military personnel of specialist nature, it is necessary for each visitor to be thoroughly indoctrinated on security discipline. This indoctrination is given by medical intelligence personnel of the headquarters visited.

b. Visitors' credentials are checked and accepted by appropriate intelligence agencies in accordance with theater directives. Such validation normally is accomplished by that agency designated for approving all visitors to the theater. Thereafter, the visitor is briefed carefully in all counterintelligence matters with which he should be concerned. The briefing includes appropriate remarks directed toward emphasizing the necessity for maintaining security, avoiding all unnecessary discussion of military medical matters, and proper handling of all classified documents entrusted to his care. The visitor must be cautioned against the danger of repetition of rumors and propaganda, whatever their origin. Briefing on the military situation includes no more than the bare essentials necessary for the proper carrying out of the visitor's mission. The visitor's itinerary should be planned, giving dates and locations of projected visits; a copy of this itinerary should remain in the intelligence subsection. Depending upon the mission to be accomplished, it may be required that a copy of the report of information obtained be retained in the files. Where there is no conflict with the visitor's specific orders and mission, the possibility of obtaining additional intelligence information through the visitor's help should be investigated. All assistance possible should be given in completing the mission for such visitors.

38. OTHER COUNTERINTELLIGENCE ACTIVITIES. In addition to the specific duties outlined above, all medical units may, under certain circumstances, be required to perform certain other functions in connection with counterintelligence.

a. Concealment and camouflage. This will be especially applicable to field units. The responsible officer institutes the proper measures to be taken for proper concealment, and checks their efficiency.

b. Defense against propaganda and rumors. Medical service personnel should be alert to the appearance of rumors and propaganda which may undermine morale, including certain types of talk which stimulate disaffection among troops. Prompt steps should be taken to report and counteract all such sources of trouble as soon as they appear.

CHAPTER 8

TRAINING

39. PURPOSE. The purpose of training of all medical service personnel in both military and medical intelligence is to insure the efficient performance of intelligence functions by both officer and enlisted personnel. It is of paramount importance to instill into every medical service officer and enlisted man an appreciation for his intelligence obligation. The manner in which this is to be accomplished depends to a large extent upon the imagination and initiative of medical unit commanders and staff surgeons.

40. SCOPE. Training in intelligence at all levels of command includes appropriate instruction in the collection, recording, evaluation, and interpretation of information in the fields of both military and medical intelligence; in the dissemination and application of both military and medical intelligence; and in the proper planning and application of counterintelligence in order to assist commanders at all levels adequately to plan for and to execute the medical service mission.

41. RESPONSIBILITY. a. Medical unit commanders. Military and medical intelligence with reference to medical units is produced for the commander in order that he can properly perform his mission. Therefore, all commanders must understand the need for and the method of obtaining such intelligence. Training in these fields is the commander's responsibility. He must insure that all officers and enlisted men of his command have an understanding of their intelligence duties.

b. Staff surgeons. A staff surgeon of higher commands may have a subsection of his office devoted to intelligence functions. These functions, however, are the surgeon's responsibility and operations in connection therewith are carried out under the general staff supervision of G-2. The staff surgeon at all levels of command is responsible for the proper implementation and supervision of training in intelligence of subordinate commands in compliance with established training directives.

42. RELATIONSHIPS. The surgeon at each level of command must cooperate and coordinate the instruction and training in intelligence with G-2 of the command. Medical intelligence portions of the unit training program are coordinated with G-2 but the execution of such program is supervised by the surgeon. Such training should be conducted concurrently with other types of training and if properly planned and executed will enhance the value of the other training.

43. PERSONNEL TO BE TRAINED. a. All medical service personnel. (1) Each medical soldier and officer is a potential collecting agent of military and medical information and therefore must be trained in collecting and reporting such information. Each should be able to observe and report upon such things as enemy attitude; diseases prevalent in enemy forces; information of the use or contemplated use of various types of weapons--atomic, radiological, or chemical--which may be available to them from wounded enemy prisoners of war.

(2) Reports are limited only by the inability of the individual soldier to see, think, and remember.

(3) Since medical installations in the combat zone in many cases may be a key to the tactical distribution of troops, it is essential that all personnel of the medical service receive instruction and training in counterintelligence and defense against enemy propaganda.

b. Divisional personnel. All medical service personnel of the division receive training in combat intelligence; secrecy discipline; defense against enemy propaganda; collecting and reporting information; handling wounded prisoners of war, enemy deserters, civilians, materiel, and documents; safeguarding of captured medical supplies and equipment; the use of countersigns; enemy identifications; and in the use of enemy weapons, counterintelligence, and the characteristics of enemy armed forces. Additionally, they will receive training in the related subjects of message writing, map and aerial photograph reading, use of the compass, camouflage, and United States Army organization.

c. Medical intelligence officers and enlisted personnel. Specialized medical officers and enlisted personnel who perform specific medical intelligence functions at

higher levels of command receive specialized instruction and training in both military and medical subjects. This instruction will normally include specific subjects relative to medical materiel, equipment, literature, and various other types of documents; in preventive medicine procedures carried out by enemy forces; climatological and terrain factors which, from the medical viewpoint, affect military operations; interrogation of knowledgeable enemy prisoners of war with regard to medicine or the ancillary sciences; and in the preparation and submission of such intelligence reports, surveys, memorandums, or special studies as may be required.

d. Medical intelligence detachments. Medical intelligence detachments, T/O&E 8-500, in addition to the subjects as outlined in subparagraph c above, will receive detailed instruction in collection, evaluation, and disposition of medical materiel and equipment of all types.

44. METHODS OF INSTRUCTION. Methods of instruction as prescribed by FM 21-5, "Military Training", are applicable to all phases of both military and intelligence training. Such training is best accomplished by a centralized form of instruction in appropriate training units or various military schools, and during all phases of training to include individual unit and combined training in the field.

CHAPTER 9

MEDICAL INTELLIGENCE IN ZONE OF INTERIOR

45. MISSION. The mission of the medical intelligence organization in the Office of the Surgeon General, as currently stated, is to serve the medical intelligence needs of the Office of the Surgeon General, the Department of the Army, the Joint Chiefs of Staff, and such other agencies as may be designated by competent authority.

46. FUNCTIONS. The functions of the medical intelligence organization in the Office of the Surgeon General may be summarized under three headings: intelligence, security, and training.

a. Intelligence functions. (1) Collection and dissemination. (a) Collect and disseminate detailed information and intelligence from all possible sources in all languages on public health, disease incidence, vectors of disease, sanitation, sanitary engineering, preventive medicine, military medicine, medical practice, medical resources, and medical research, concerning all areas outside the continental United States.

(b) Maintain a systematic file of all documents and other materials collected so as to insure ready availability and rapid dissemination.

(2) Production of intelligence. (a) Analyze, evaluate, and interpret the information collected and prepare and submit for publication as needed, regular and special reports or surveys on matters listed in paragraph 46a(1)(a), above.

(b) Prepare surveys of medical and sanitary data concerning various areas of strategic and tactical importance as required by the Assistant Chief of Staff, G-2, U. S. Army, and the Joint Chiefs of Staff.

(c) Keep published surveys under constant review, adding to appropriate file copies pertinent current information as it becomes available for purposes of correcting errors, incorporating new information, and keeping the surveys up-to-date.

b. Security functions. (1) Foreign liaison. Act for the Surgeon General and class II installations under his jurisdiction in the release of military and technical information and materials to foreign governments and their nationals, and in making arrangements for visits, training, or medical care of foreign nationals.

(2) Security review. When necessary, review articles or papers prepared by Army Medical Service personnel for publication in unclassified media to insure that release to the public of technical medical data and other information contained therein will not be in violation of current directives.

c. Training responsibilities. Develop techniques and assist in developing training programs and materials in the field of medical intelligence.

APPENDIX I

CLASSIFICATION SCHEDULE

FOR

MEDICAL INTELLIGENCE

DOCUMENTS

PREFACE

EXPLANATION OF THE CLASSIFICATION SCHEDULE.

The following pages represent an attempt to produce an orderly arrangement of the subject matter of primary interest to medical intelligence personnel. This classification of subject matter is based upon the use of the alphabetical symbols A thru Z. Each letter represents a general field of knowledge, and as many letters are used as prove necessary to cover medical intelligence interests. The omissions provide for future expansion into unknown subject fields.

The use of a second alphabetical breakdown within each letter of the main alphabet provides for a specific breakdown of the subject within the general fields of knowledge. It will be noted that many of these specific subjects are repeated in one or more of the general subject fields. For example - PERSONNEL appears under AS, the symbol for individual names, who's who, etc.; under JJ, the symbol for general discussions of personnel problems in the field of public health; and under MZ, the symbol for general discussions of medical personnel problems. Therefore, the general as well as the specific aspects of the subject should be considered, and care should be exercised to place the document in its proper general subject field, as well as in its proper specific subdivision within that field. If more than one subject is discussed in the document, select the subject of primary interest to medical intelligence work and classify accordingly.

It is recommended that the letters used as subject classification symbols be written in capitals, in the upper left-hand corner of the document, and that the use of the letters I and O be avoided because of the similarity to the digits one and zero.

Accompanying the classification schedule is an index of subjects with references and cross-references to the appropriate classification symbols. This should aid the classifier, and should be kept up-to-date with any changes or additions made in the schedule.

SYNOPSIS

A Reference

B Geography

C Science, Physical

D Science, Biological

F Social Science and Services

H Environmental Hygiene

J Public Health

K Disease

L Medical Institutions

M Medicine, General

N Medicine, Specialties

R Medical Department - Armed Forces

S Military Medicine, General

T Military Medicine, Special

A REFERENCE

AA Abbreviations, Symbols, Insignia
AB Dictionaries, Encyclopedias

AD Bibliographies, Abstracts

AF Organizations, Associations, Societies, Institutions, Foundations, Academies, etc.
AG Periodicals, Yearbooks

AJ Atlases, Maps SEE ALSO B Medical Cartography

AM Histories

AP Surveys, Travel Notes, Missions

AS Personnel, Directories, Biographies, Who's Who SEE ALSO JJ,MZ
1. Physicians
2. Surgeons
3. Dentists
4. Pharmacists
5. Nurses
6. Veterinarians
7. Military personnel SEE ALSO RD
8. Technicians

AV Handbooks, Manuals, Guides, SEE ALSO RJ
AW Films, Catalogs, Lists

AZ Special Collections

B GEOGRAPHY

BB Geographic material - gazetteers, catalogues, mapping projects, techniques, etc.

BC Physical Geography - topography, soil, natural resources, geology, paleontology.

BD Meterology - climate

BJ Economic Geography

BM Medical Geography SEE ALSO KB

BP Political Geography

BT Military Geography

C SCIENCE, PHYSICAL

CB Research Studies

CD Physics - electronics, radar, etc.
ultrasonics, optics, accoustics, supersonics, isotopes, etc.

CG Chemistry - elements, industry, etc.
CH Chemicals - SEE ALSO NS-2

CK Plastics

CP Technology - laboratory technics and devices, cameras, devices, aids

CS Biochemistry
CT Biophysics

GEOLOGY - paleontology SEE BC

D SCIENCE, BIOLOGICAL

DB Research Studies

DD Botany - flora, distribution, uses, classification

DF Zoology - fauna, distribution, classification
1. Insects and arachnids, leeches
2. Crustaceans
3. Mollusks
4. Fish and Reptiles
5. Snakes
6. Rodents
7. Other mammals

DP Supplies, apparatus and equipment

DQ Discussions on classification and nomenclature in general -
(ex. Phyllum - Class - Order - Family - Genus - Species - Variety - Race)

F SOCIAL SCIENCE AND SERVICES

FA Congresses, conferences
FB Anthropology, Ethnology

FD Population - births, deaths, marriages, vital statistics, composition and size, groups - racial, national, class migrations, refugees, evacuees SEE ALSO RR

FE Sociology, General - customs, mores, folklore, attitudes, faiths, beliefs, etc., family relations, crimes, etc.

FF Social Service Institutions - charity, welfare SEE ALSO JL, AF

FG Social Insurance - social security, civil pensions, state or socialized medicine, sickness, accident compensation, health, social welfare.

ECONOMIC GEOGRAPHY SEE BJ

FK Economics, General - industry, manufacturing, agriculture, forestry, fishing, transportation and communication, trade and finances, public utilities, power, refrigeration, warehouses SEE ALSO HC, HD, HE, HU

FL Economics, Individual - salaries, wages, costs of living, labor force

FM Economics, War - planning, rehabilitation

POLITICAL GEOGRAPHY SEE BP

FP Politics - government - administrative units, functions, rights, world, federal, state, municipal, colonial, boundaries, territorial agreements, treaties, laws and legislation SEE ALSO RP

FR Public order - police, penal institutions.

(continued)

FT Education - schools, colleges, universities, institutes, programs, propaganda, physical culture, etc.
SEE ALSO RJ

FZ Statistics - questionnaires, forms, standards

H ENVIRONMENTAL HYGIENE

HB Sanitation, general
HC Water supply)
HD Sewage disposal) (SEE ALSO UNDER FK
HE Waste disposal)

HG Air pollution or purification) (SEE ALSO TE
HH Soil pollution or purification)

HJ Pest control - insecticides, rodenticides, etc.

HL Industrial hygiene and medicine - safety regulations, working conditions, etc.

HN Underground installations

HP Housing

HR Research studies on environmental hygiene

HU Food supply, production - agricultural statistics SEE ALSO FK
HV Food consumption - diets, rationing, nutrition, vitamins, etc.
HW Food, sanitation - inspection and control
HX Food, preservation - refrigeration, storage, packaging, spoilage

J PUBLIC HEALTH

JB Congresses and conferences on public health, societies, agencies, foundations, organizations, etc. SEE AF

JE Organization - international, national, municipal, county

JF Budget for public health organization

JH Health and sanitation - general conditions, situations, standards

JJ Personnel of health departments - statistics and general discussion SEE ALSO AS, MZ

JK Mobile Health Service SEE ALSO SV

JL School Health SEE ALSO NH

DENTAL HEALTH SEE NL

JN Maternal and child health services SEE ALSO NH

JP Rehabilitation of disabled SEE ALSO RK

JR Medical missions and teams

JT Narcotics - control, traffic, use

JV Research studies in public health

JW Public health, laws and legislation - abolition of prostitution, immunization programs (legal aspects) etc. SEE ALSO NQ

SCHOOLS SEE FT

K DISEASES

KB Diseases, general - epidemiology, statistics
KC Diseases, individual - alphabetical by name
-- Classification --

1. Rickettsial disease
   a. Typhus (Exanthematous typhus).
      Epidemic - classical, louse-borne - (Brill's disease).
      Endemic - murine, flea-borne
   b. Spotted fever - tick-borne
      Rocky Mountain
      Brazilian
      Fievre Boutonneuse (Africa)
   c. Scrub typhus - (tsutsugamushi) - tick-borne
   d. Q fever - mite-borne (Australia, United States)
   e. Trench fever - louse-borne
   f. Rickettsial pox - mite-borne (U.S., N.Y.City)

2. Treponematosis (spirochetosis)
   a. Syphilis - treponema pallidum
   b. Yaws - Treponema pertenue, Framboesia, Pian
   c. Pinta - Treponema carabeum, Carrate, Puru Puru
   d. Byel - Treponema - species unknown - (Syria, Arabia, Balkans)
      (Spirocheta pallidum) (Endemic Syphilis)

3. Venereal Diseases
   Major a. Syphilis - lues hard chancre (Treponema pallidum)
      (Tabes - Tertiary syphilis with Nerve involvement)
   b. Gonorrhea - Neisseria gonorrhea
   Minor c. Chancroid - Soft chancre (Duarey's disease)
   d. Lymphogranuloma venereum (Lymphogranuloma inguinale Nicolas-Favre, Virus Disease)
   e. Granuloma inguinale (granuloma venereum, Donoran's disease, Bacillus Donorane, Donoran's Bodies)

4. Protozoal Diseases
   a. Blood protozoa - Malaria - Leishmaniasis - Trypanosomiasis
   b. Intestinal protozoa - Amebiasis - Giardiasis - Balantidiasis

(continued)

(DISEASES continued)

5. Enteric Diseases
   a. Diarrhea or Dysentery of unknown origin
   b. Diarrhea or Dysentery caused by protozoa. SEE 4: b.
   c. Diarrhea or Dysentery caused by virus - Infantile Diarrhea of new-born
   d. Diarrhea or Dysentery caused by bacteria - Typhoid, Paratyphoid (Salmonellosis), Shigellosis (Bacillary Dys.)
   e. Diarrhea or Dysentery caused by worms - Hookworm, Schistosomiasis, Ascariasis

KE Diseases, Deficiency - SEE ALSO HV
KF Research Studies on diseases

KH Quarantine regulations

DISEASES, Organic SEE KC

L MEDICAL INSTITUTIONS

LC Hospitals - Description
LD Hospitals - statistics
LE Clinics and out-patient departments
LF Health centers

LJ Laboratories - diagnostic
LK Laboratories - research
LL Laboratories - serum and vaccine SEE ALSO NS-4, SQ

DRUG MANUFACTURERS SEE NS-8

LM Laboratories - mobile

LP Supplies, apparatus and equipment used in laboratories and hospitals

LT Medical libraries

M MEDICINE, GENERAL

Academies, societies, institutions & foundations, etc.
SEE AF

MB Congresses and conferences on medicine

STATE MEDICINE SEE FG

MC Ethics

ME Internal Medicine
MF Anatomy
MG Psysiology SEE ALSO SG
MH Pathology

MJ Toxicology
MK Parasitology, Helminthology, Protozoology
ML Bacteriology and mycology
MM Immunology
MN Allergy and anaphylaxix

MP Diagnosis and Diagnostic Tests

MQ Therapeutics - general
MR Physical therapy

MT Research studies in medical fields

MV Addresses, essays, lectures

MX Supplies, apparatus, equipment of general medical nature

MZ Personnel - statistics and general discussion
SEE ALSO AS,JJ

SCHOOLS - SEE FT

N MEDICINE, SPECIALTIES

NB Dermatology
NC Surgery - operative, cerebral, plastic, prosthetics, ~~etc.~~
ND Ophthalmology SEE ALSO CD
NE Otorhinolaryngology SEE ALSO CD
NF Radiology
NG Roentgenology
NH Pediatrics SEE ALSO JN

NJ Pediatry
NK Neurology and psychiatry - mental disorders, mental hygiene, psychology
NL Dentistry - dental health and hygiene
NM Oral surgery
NN Nursing

NP Endocrinology
NQ Legal medicine SEE ALSO JW
NR Veterinary medicine and surgery SEE ALSO SK
NS Pharmacy and pharmacology
1. Pharmacy - research
2. Pharmaceuticals - drugs and chemicals
3. Pharmaceuticals - antibiotics
4. Pharmaceuticals - biologicals SEE ALSO LL
5. Pharmaceuticals - enzymes
6. Pharmaceuticals - standardization incl. Laws & Regulations

8. Pharmaceutical industry
9. Pharmaceutical equipment

NT Obstetrics and Gynecology
NU Geriatrics
NV Tropical medicine

NX Cryopathy (Arctic or cold weather medicine)
NY Aviation medicine, SEE ALSO JK,SV

R MEDICAL DEPARTMENT - ARMED FORCES

MILITARY GEOGRAPHY SEE BT

RA Organization - dental, nursing, pharmacy, veterinary, sanitary corps, medical
RB Administration - planning, policy, budget

RD Personnel - statistics and general discussion, SEE ALSO AS-7
RE Order of battle - medical, dental, pharmacy, veterinary, etc. corps
RF Medical intelligence - security, policy, organization, etc.

RH Physical standards

RJ Training - manuals, practices, courses, recondition programs, SEE ALSO FT
RK Veterans service - hospital treatment, rehabilitation, demobilization problems, SEE ALSO JP
RL Uniforms, protective clothing
RM Medical department regulations, records, publications, history, quarantine, vaccination requirements, etc.

SUPPLIES, APPARATUS AND EQUIPMENT SEE SS

RP Rules of warfare, Treatment and care of prisoners
RQ Prison camps, interrogation of prisoners of war
RR Civilian public health problems - military government, civil defense SEE ALSO FD

SCHOOLS SEE FT

Special Problems peculiar to -
Army
RS
RT

Marine Corps
RU

Navy
RV
RW

Coast guard & merchant marine
RX

Air Corps
RY
RZ

S MILITARY MEDICINE, GENERAL

SA Research studies

SB Preventive medicine
SC Military surgery
SD Military nursing
SE Military dentistry
SF Military pharmacy
SG Military physiology - Caisson's disease, acceleration sickness, decompression, etc. SEE ALSO MG, NY
SH Military psychology - mental health and hygiene, psychological warfare, morale

SJ Military psychiatry
SK Veterinary services SEE ALSO NR

SM Field sanitation - camps, barracks, troop ships, etc.
SN Food and nutrition

SQ Military laboratories
SR Military hospital services - casualty stations, aid stations, field, base & general hospitals, clinics
SS Medical equipment and supplies - packaging, shipment, storage, captured materiel

SU Casualties - statistics
SV Casualties - evacuation - ambulance, hospital trains, planes SEE ALSO JK
SW Casualties - injured - wounds, burns, fractures, etc.
SX Casualties, ill - disease, epidemics, fatigue - mental, physical
SY Casualties, hospitalized - general analysis, statistics
SZ Congresses, conferences, and conventions

T MILITARY MEDICINE, SPECIAL

TB Atomic warfare

TE Biological and bacteriological warfare

TG Chemical warfare

TJ Gas warfare - nerve gas

TL Tank warfare
TM Mountain warfare

TP Winter warfare

TT Tropics and Jungle warfare SEE ALSO NV

TW Rocket warfare - guided missiles - manufacture of, gases, etc.

TY Explosion injuries - bomb blasts, gunshot wounds SEE ALSO TB,TE

I N D E X

A

B

Bacteriological warfare - SEE Warfare - biological	
Bacteriology	ML
Barracks	SM
Battle, order of	RE
Bibliographies	AD
Bibliographies, scientific	AD
Biochemistry	CS
Biographies	AS
Biological warfare - SEE Warfare - biological	
Biologicals	LL,NS-4
Biophysics	CT
Births	FD
Blast	TY
Blood	NS-4
Blood banks	MX
Blood plasma	NS-4
Bombs	TY
Botany	DD
Boundaries	FP
Budget, Army Medical	RB
Budget, public health	TF
Burns, casualty	SW

C

Caisson disease	MG,SG
Camps, military	SM
Camps, prison	RQ
Captured materiel	SS
Casualties, evacuation	SV
Casualties, hospitalized	SY
Casualties, injured	SW
Casualties, sick	SX
Casualties, statistics	SU
Casualty stations	SR
Catalogues	BB
Census studies	FD
Cerebral surgery	NC
Charity, institutions	FF
Chemical warfare - SEE Warfare - chemical	
Chemicals, manufacture	CG
Chemicals - research	CH
Chemistry	CG
Child welfare	JN,NH
Chiropody	NJ
Civil defense	RR
Civil pensions	FG
Classification, science	DQ
Climate	BD
Clinics	LE
Clothing, protective	RL
Coast guard	RX
Cold weather	TP
Collections, special	AZ
Colleges	FT
Communications	FK
Compensations SEE Accident, etc	
Conferences SEE under SUBJECT	
Congresses SEE under SUBJECT	
Conventions SEE CONGRESSES	
Crimes	FE
Cryopathy	TP
Crustaceans	DF-2
Customs	FE

D

Deaths, statistics	FD
Defense, civil SEE Civil defense	
Demobilization	RK
Dental corps	RA
Dental health	NL
Dentists	AS-3
Dentistry	NL
Dentistry, military	SE
Dermatology	NB
Diagnosis	MP
Dictionaries	AB
Diets	HV
Directories	AS
Disabled, rehabilitation	JP, RK
Diseases	K, SX
Dispensaries	LE, SR
Doctors	AS-1
Drug manufacturers	NS-8
Drugs	NS-2

E

Ear	NE
Economic geography	BJ
Economics	FK
Economics, individual	FL
Economics, war	FM
Education	FT, RJ
Electronics	CD
Encampments	SM
Encyclopedias	AB
Endocrinology	NP
Environmental hygiene	H
Enzymes	NS-5
Epidemics	KB
Epidemiology	KB
Equipment SEE UNDER SUBJECT	
Ethics, medical	MC
Ethnology	FB
Evacuees, statistics	FD
Explosion injuries	TY
Eye	ND

F

Faiths	FE	Frostbite	NX
Fatigue	SX		
Fauna	DF		
Feet	NJ		
Field sanitation (Military)	SM		
Films	AW		
Finance	FK		
Fish	DF-4		
Fishing	FK		
Fleas	DF-1		
Flies	DF-1		
Flora	DD		
Folklore	FE		
Food	SN, HV		
Food, consumption	HV, SN		
Food preservation	HX		
Food, production	HU, FK		
Food, ration	HV, SN		
Food, sanitation	HW, SN		
Forestry	FK		
Foundations	AF		
Fractures - casualty	SW		

Gases	TJ
Gas masks	TJ
Gas warfare - SEE Warfare, gas	
Gazetteers	BB
Geography	B
Geography, economic	BJ
Geography, medical	BM
Geography, military	BR
Geography, political	BP
Geology	BC
Geriatrics	NU
Government	FP
Guided missiles	TW
Gunshot wounds	TY
Gynaecology	NT

I

Immunization programs	MM
Immunology	MM
Industrial hygiene	HL
Industrial medicine	HL
Industry	FK
Industry, pharmaceutical	NS-8
Insect control	HJ
Insecticides	HJ
Insects	DF-1
Insignia	AA
Installations, underground	HN
Institutes	FT
Institutions, medical	L
Institutions, general	AF
Insurance, health	FG
Insurance, social	FG
Intelligence, medical	RF
Internal medicine	ME
Interrogations, POWs	RQ
Isotopes	CD

J

Jungle warfare - SEE Warfare, jungle

L

M

Mammals	DF-7
Manuals	RF, AV
Manufacturing	FK
Mapping projects	BB
Maps	AJ
Marriages, statistics	FD
Marine corps	RU
Materia medica	NS
Maternal services	JN
Medical care, military	SR
Medical congresses	MB
Medical corps	RA
Medical department-armed forces	R
Medical experiments	MT
Medical geography	BM
Medical institutions	L
Medical intelligence	RF
Medical missions	JR
Medical schools	FT
Medicine - equipment & supplies	MX, SS
Medicine, general	M
Medicine, industrial	HL
Medicine, internal	ME
Medicine, military	S
Medicine, military special	T
Medicine, preventive	SB
Medicine, research SEE ALSO Medical (Experiments)	
Medicine, socialized	FG
Medicine, specialties	N
Medicine, tropical	NV
Medicine, veterinary	NR
Mental disorders	NK
Mental health & hygiene	NK, SH
Merchant marine	RX
Meterology	BD
Microbiology	ML
Military dentistry	SE
Military geography	BT
Military medicine, general	S
Military medicine, special	T
Military nursing	SD
Military personnel	AS-7
Military pharmacy	SF
Military psychology	SH
Military surgery	SC

(continued)

Military symbols	AA
Missions	AP
Missions, medical	JR
Mobile laboratories	LM
Mollusk control	HJ
Mollusks	DF-3
Morale	SH
Mores	FE
Mosquitoes	DF-1
Mountain warfare	TM
Mycology	ML

N

Narcotics, control	JT
Natural resources	BC
Navy	RV
Nerve gases	TJ
Neurology	NK
Nomenclature, science	DQ
Nose	NE
Nurses	AS-5
Nursing	NN
Nursing corps	RA
Nursing, military	SD
Nutrition	HV, SN

Obstetrics	NT
Old age	NU
Operative surgery	NC
Opium - SEE also Narcotics	JT
Ophthalmology	CD, ND
Optics	CD
Oral surgery	NM
Order of battle - SEE Battle, order of	
Organization	AF
Otorhinolaryngology	CD, NE
Out-patients depts.	LE, JK
Out-patient services	JK

P

Paleontology	BC	Physics	CD
Parasitology	MK	Physiology	SG, MG
Pathology	MH	Physiotherapy	MR
Pediatrics	NH	Planes, hospital	SV
Penal institutions	FR	Plants	DD
Pensions, civil	FG	Plastic surgery	NC
Periodicals	AG	Plastics	CK
Personnel	AS, JJ, MZ	Podiatry	NJ
Pest control	HJ	Police	FR
Pharmaceutical equipment	NS-9	Political geography	BP
Pharmaceutical industry	NS-8	Politics	FP
Pharmaceuticals	NS-2,3,4	Pollution, air, soil	HG, HH
Pharmacists	AS-4	Population	FD
Pharmacology	NS	Power	FK
Pharmacy	NS	Pressure injuries	MG, SG
Pharmacy corps	RA	Preventive medicine	SB
Pharmacy, military	SF	Prison camps	RQ
Pharmacy, research	NS-1	Programs	FT
Physical culture	FT	Projects, mapping	BB
Physical geography	BC	Propaganda	FT
Physical standards	RH	Prosthetics	NC
Physicians	AS-1	Prostitution	KC, JW
		Protozoology	MK

(continued)

P (continued)

Psychiatry	NK
Psychiatry, military	SJ
Psychological warfare	SH
Psychology	NK
Psychology, military	SH
Public health	J
Public health, budget	JF
Public health nursing	NN
Public order	FR
Public utilities	HC, HD, HE, FK
Purification, air, soil	HG, HH

Q

Quarantine	KH

R

Radar	CD
Radiology	NF
Rationing	HV
Reconditioning, physical	RJ
Recruitment, medical dept., corps, etc.	RD
Reference	A
Refrigeration	FK
Refugees, statistics	FD
Regulations - medical dept.	RM
Rehabilitation	JP, RK
Research SEE UNDER SUBJECT	
Resources, natural	BC
Respiratory changes	SG, MG
Rocket warfare	TW
Rodent control	HJ
Rodents	DF-6
Roentgenology	NG
Rules of warfare	RP

S

Safety regulations, industrial	HL
Salaries	FL
Sanitary corps	RA
Sanitation	HB, SM
School health	JL, NH
Schools	FT
Schools - medical	FT
Science, biological	D
Science, physical	C
Scientific personnel	AS
Security	RF
Security, social	FG
Serum	SQ, LL, NS-4
Services	F
Services, air health	JK
Sewage	HD
Sickness compensation	FG
Snakes	DF-5
Social insurance	FG
Social science	F
Social security	FG
Social service institutions	FF
Social welfare	FG
Socialized medicine	FG
Societies	AF
Sociology, general	FE
Soil	BC, HH
Soil pollution	HH
Soil purification	HH
Special collections	AZ
Spiders	DF-1
Spoilage	HX
Standard of living	FL
Standardization, drugs	NS-6
Standards, physical	RH
State medicine	FG
Statistics SEE UNDER SUBJECT SEE ALSO	FZ
Statistics, vital	FD
Storage, cold	FK
Supplies, SEE UNDER SUBJECT	
Surgeons	AS-3
Surgery	NC
Surgery, military	SC
Surgery, oral	NM

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S (continued)

Surgery, plastic	NC
Surgery, veterinary	NR
Surveys	AP
Symbols	AA

T

Tank warfare	TL
Technicians	AS-8
Technology	CP
Territorial agreements	FP
Therapeutics	MQ
Therapy - physical	MR
Ticks	DF-1
Topography	BC
Toxicology	MJ
Trade	FK
Training	RJ, FT
Transportation	FK
Travel notes	AP
Treaties	FP
Troop ships	SM
Tropical medicine	NV
Tropics, warfare SEE Warfare, jungle	

U

Ultrasonics	CD
Underground installation	HN
Uniforms	RL
Universities	FT
Utilities, public	FK

V

Vaccine	LL, NS-4
Veterans	RK
Veterinarians	AS-6
Veterinary corps	RA
Veterinary medicine	SK, NR
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Vitamins	HV
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Wages	FL
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Warfare, atomic	TB
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Warfare, chemical-gases	TJ
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SEE ALSO Cryopathy	NX
Waste disposal	HE
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SEE ALSO Cryopathy	NX
Who's Who	AS
Working conditions	HL
Wounds, casualty	SW
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