

The medical aspect of the moral welfare of the soldier.

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THE MEDICAL ASPECT
OF THE
MORAL WELFARE OF THE SOLDIER.

Contents

1. Advice to Officers in medical charge of units.
2. Synopses of six lectures on hygiene and sanitation

To be given by Medical Officers
to Officers and Other Ranks

G.H.Q., M.E.L.F.

No. 14044 of Jan 48

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PART ONE

THE MEDICAL ASPECT OF THE MORAL WELFARE OF THE SOLDIER

Object

1. A high standard of mental and physical health attained by proper attention to hygiene is the essential background to the maintenance for the soldier of sound moral welfare. In attaining this object the unit medical officer can be of the very greatest value.

Responsibilities of O/i/m/c Unit

2. The responsibilities of the unit medical officer regarding the soldier fall into four categories:—

- (a) Environmental
- (b) Personal hygiene
- (c) Instructional
- (d) Remedial

Environmental

3. The object here is to ensure a satisfactory hygienic environment for the soldier. One of the most important duties of the O/i/m/c a unit is to bring to the notice of the commanding officer any conditions considered likely to affect adversely the health, both mental and physical, of the personnel of his unit.

In order to carry out this duty the medical officer must make frequent inspections of the unit and of the camp, huts or barracks occupied by it. These inspections should not be looked upon as concerning merely the disposal of waste products but must include all factors which go to make up the soldier's hygienic environment, among the more important of which are clothing, housing, feeding, cleanliness, work, recreation, water supply, anti-malaria organisation and discipline and the refuse disposal of the officers, other ranks and families.

Personal Hygiene

4. The object here is to ensure that the men are physically and mentally fit. To do this the O/i/m/c the unit should inspect the men of the whole unit once a month, or better, inspect each company or equivalent unit, once a week. The inspection should if possible be carried out indoors, or at

least in a properly screened-off area, and an officer representing each company, or equivalent, commander should always be present. One suitable method of conducting this inspection is for each man to stand at the end of his bed, in his bare feet, with his trousers loosed and his jacket off. As the M.O. approaches each man, the trousers are dropped to the ankles and the shirt pulled up to the chin. After inspecting the front of the body, the man is then told to turn round, when the M.O. completes the inspection. The M.O. should invariably ask each man how he is feeling and enquire if he has any complaint to make about his health. This inspection is important for several reasons:—

- (a) it enables the M.O. to get to know and assess the physical condition of the men of his unit;
- (b) it gives an opportunity to every man who is feeling out of sorts to inform the M.O. (All men who state they are not feeling well should remain behind when the inspection is over to be examined in detail by the M.O.);
- (c) it enables the M.O. to find and treat early cases of scabies or lice infestation and other skin conditions and thus prevent their spread to others;
- (d) it impresses upon the men the importance of personal hygiene;
- (e) it enables the M.O. to make a shrewd appraisal of the morale of the unit.

N.B. This inspection should *NEVER* be made the occasion for examination for venereal disease, which should, when necessary, be invariably done individually and in private.

Instructional

5. The object here is to inform the soldier how to achieve positive physical and mental well-being. This can be achieved by (a) set lectures; (b) informal talks.

- (a) *Lectures.* Precs of a set of six lectures appear in the following pages. These are intended to form the framework on which Os/i/m/c units can base their lectures to the men of their units. The complete series should be given at least twice yearly, and oftener if necessary.
- (b) *Informal talks.* A great deal can be done to impart a knowledge of hygiene by a few well-chosen words at sick parades, at barrack and camp inspections, at personal inspections, and in hospital wards. The M.O. should take every possible opportunity to make the personnel of his unit "hygiene conscious" both by word of mouth and by his personal example. The number of patients of his unit in hospital might well form the text when discoursing on personal hygiene.

Remedial

6. The object here is the speedy and correct treatment of the mentally and physically sick soldier, and the prevention of a recurrence of his disability. The O/i/m/c unit is an essential link in the chain of treatment, since it is he who normally first sees the sick soldier. Beyond acting as his doctor, the O/i/m/c a unit should also aim at being the friend and confidant of every soldier who reports sick.

Each soldier should be received courteously and kindly at the sick table, and every effort made to assign the true cause to his present ill-health, mental or physical. Firmness is often necessary but this should never be divorced from courtesy. Each case of preventable illness should be made the occasion of proffering suitable advice on prevention. It is worth while remembering that many young soldiers—more than is often suspected—suffer from "home sickness", a fact which often explains un-social conduct. Such should be encouraged to unfold their troubles to the M.O. It should also be remembered that the O/i/m/c a unit is responsible for keeping the O.C. unit fully appraised of trends of sickness in his unit, and for recommending to him means of preventing and/or reducing all causes which are adversely affecting the mental or physical health of his men.

G.H.Q. M.E.L.F.

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PART TWO

SYNOPSIS OF SIX LECTURES TO BE GIVEN BY MEDICAL OFFICERS

NOTES FOR THE GUIDANCE OF LECTURERS

1. Each synopsis contains the bare bones of a lecture suitable to be given by a Medical Officer to non-medical officers and to other ranks of all arms.

2. These bare bones should be clothed by the Medical Officer in preparing his lecture. Flesh to cover the bones can be found in Field Hygiene Notes (India) 1945, a copy of which has been distributed to the Headquarters of every formation in M.E.L.F. and to every hospital.

3. Each lecture should be planned to last preferably not longer than 20 minutes—25 minutes should be an absolute limit. Questions from the audience should be encouraged after the lecture.

4. These lectures are considered to be important; and it is confidently expected that each lecturer will do his best to prepare them carefully before, and make them interesting during delivery.

PART TWO

SYNOPSIS OF SIX LECTURES TO BE GIVEN BY MEDICAL OFFICERS

NOTES FOR THE GUIDANCE OF LECTURERS

1. Each synopsis contains the brief outline of a lecture suitable to be given by a Medical Officer to non-medical officers and in other words of all ranks.

2. These brief notes should be checked by the Medical Officer in preparing his lecture. Flesh to cover the bones can be found in Field Hygiene Notes (India) 1915, a copy of which has been distributed to the Headquarters of every formation in M.F.F. and to every hospital.

3. Lectures should be planned to last preferably not more than 20 minutes—25 minutes should be an absolute limit. Questions from the audience should be encouraged after the lecture.

4. These lectures are considered to be important and it is confidently expected that each lecturer will do his best to prepare them carefully before and make them interesting during delivery.

LECTURE 1

GENERAL PRINCIPLES

Definitions

HYGIENE

The study of the maintenance of health and the prevention of disease.

SANITATION

The application of the laws of hygiene to living and working conditions.

AIM OF HYGIENE

AND SANITATION To promote health and prevent disease.

IMPORTANCE IN THE ARMY OF METHODS OF DISEASE CONTROL

Examples

Communicable Diseases

Definition and examples

Fundamental Principles

1. All caused by agents ("germs").
2. Same agent always causes same disease.
3. Spread needs three factors ("links") in the chain of infection.

(a) SOURCE Case: Carrier: Animal.

(b) ROUTE

- (i) Excreta — Enteric Groups,
- (ii) Droplet — C.S.F., T.B.
- (iii) Contact — V.D., Scabies.
- (iv) Blood-plus — Malaria, Plague, biting insect.

(c) DESTINATION Susceptible Population.

PREVENTION OF COMMUNICABLE DISEASES

Foundation of prevention is our knowledge of the links.
Break the links to destroy the chain.

(A) SOURCE

- (i) Isolation of case or carrier.
- (ii) Disinfection.
- (iii) Protection of contacts:
 Segregation
 Surveillance
 Immunisation.

(B) ROUTE

(a) Excreta

- (i) Sanitary latrines essential.
- (ii) Prevention of fly-breeding.
- (iii) Cleanliness, especially of cooks.
- (iv) Need for safe water supply.

(b) Droplet

- (i) Importance of ventilation.
- (ii) Avoidance of over-crowding.

(c) Contact

- (i) Bodily cleanliness.
- (ii) Changing of underclothing.
- (iii) Avoidance of illicit sexual intercourse.

(d) Blood

Prevention of insects gaining access to the body.

(C) DESTINATION

Reduce susceptibility.

Other Measures

- (a) Maintenance of general physical health, proper food, adequate sleep, importance of fresh air and exercise.
- (b) Importance of vaccination and inoculation.

LECTURE 2
SOME IMPORTANT DISEASES AND THEIR PREVENTION

MALARIA
VENEREAL DISEASE

MALARIA

Source

Carried from man to man by certain kinds of mosquitoes.

Life History of Mosquito

- (a) Lays eggs in water.
- (b) 7 - 10 days later adult mosquito emerges.
- (c) Female feeds on blood and must have blood feed before she can lay eggs.

Mode of Transmission

1. When a female mosquito bites a person with malaria, she feeds on blood containing malaria germs.
2. These germs develop and multiply inside the mosquito and after 10 days they get into the salivary glands of the insect.
3. The mosquito is now infective and when she next feeds, the germs pass in the saliva which is injected into the person being bitten.

Control and Prevention

1. *The Malaria Patient*

- (a) Complete treatment.
- (b) Use of mosquito net to prevent mosquitoes becoming infected.

2. *The Mosquito*

- (a) Prevent breeding by:
 - (i) Eliminating water collections and preventing mosquitoes gaining access to water. Dry days.
 - (ii) Adding oil, Paris Green, D.D.T. to water.
 - (iii) Drainage.
- (b) Kill adult mosquitoes by:
spray killing with insecticides; Pyrethum; D.D.T.

3. *The Healthy Person*

- (a) Screening of houses, barracks, etc.
- (b) Mosquito nets.
- (c) Protective clothing.
- (d) Repellents.
- (e) Camp siting.
- (f) Suppressive mepacrine, paludrine.

VENEREAL DISEASE

Anatomy and Physiology of the Genitalia

V.D. How contracted.

Main Kinds of Venereal Disease

(a) *Gonorrhoea*

Signs and symptoms in brief.
Dangers to wife and children.
Ophthalmia neonatorum.

(b) *Syphilis*

Early signs and symptoms.
Late results.
Dangers to wife and children.

Avoidance and Prevention

1. Continnence only preventive and not harmful to health.
 2. Danger of alcohol in relation to V.D.
 3. If risk is taken, facilities are available to cut down chances of infection; Unit P.A. Rooms, P.A.Cs. Condoms.
 4. Early visit to the Medical Officer and early treatment is of the utmost importance to the soldier.
 5. Penicillin not the complete cure.
- N.B. Stress particularly continence.

SOME IMPORTANT DISEASES AND THEIR PREVENTION (continued)

ENTERIC FEVERS

CHOLERA

DYSENTERY AND DIARRHOEA

Enteric Fevers

Very prevalent in the native population of these countries

1. A safe water supply: chlorination, boiling in emergencies where the standard of civilian sanitation and hygiene is low.

2. In the Army has been almost eliminated by inoculation, which gives a very high degree of protection but not complete immunity.

Mode of Infection

1. *The Source* in an infected person or carrier. (A carrier is a person who having recovered from an attack of the disease still continues to pass the germs in his urine and faeces).

2. *The Route* is the excreta and urine of an infected person or carrier and the *Destination* is a healthy person.

3. The germs can pass to a healthy person in several ways.

- (a) Faeces and urine can contaminate water supply.
- (b) Even minute amounts on the hands of a carrier who is a food handler may become mixed with food.
- (c) Flies can carry infection from excreta to food.
- (d) Vegetables and fruits become contaminated by the use of human excreta as manure.
- (e) Dust from polluted ground may be blown onto food exposed in open cook-houses.

Prevention

1. A safe water supply, chlorination, boiling in emergency.

2. Food handlers to pay scrupulous attention to hand washing.

3. Exclusion of flies from access to food-stuffs.

4. Boil all milk.

5. Avoid uncooked food; danger of untreated raw vegetables and fruit.

6. No ice to come in contact with food or drinks.

7. Inoculation.

Cholera

The Source

Always a case of cholera whose stools are infected. The germs of cholera are passed on to the healthy through:—

The Vehicles, which are water, food and flies. Infection with cholera is always through the mouth. Remember "You can eat cholera and you can drink cholera; but you can't catch cholera." If you obey the following rules your chances of getting cholera are very small. Even if you are unlucky enough to get it, modern treatment will certainly cure you.

Prevention

1. *Water*. Water for drinking and also all water used for washing and bathing must come from an approved military source, which is normally chlorinated. In an emergency water should be boiled.

2. *Food*. No uncooked food should be eaten. No food should be taken except in messes or at authorised institutions and shops.

3. *Storage and Preparation of Food*. All food must be protected against flies. Strict supervision of cook-houses and cooks to ensure that food is prepared, cooked, stored and served under the cleanest possible conditions. Special attention to be paid to dishcloths and cooking utensils. All cooks to wash their hands frequently and on all occasions after visiting latrines.

4. *Fruit and Vegetables*. Uncooked fruit and vegetables should not be eaten.

5. *Milk*. Milk must always be boiled before consumption.

6. *Mineral Waters*. Only mineral waters served at messes or at approved institutions should be taken.

7. *Ice*. On no account should ice be allowed to come into contact with food or drink.

8. *Flies*. Every effort will be made to (a) prevent flies breeding, (b) to destroy the adult flies, and (c) to prevent their gaining access to food.

9. *Hand Washing*. All personnel must wash their hands before each meal and after visiting the latrines.

10. *Inoculation*. Is of doubtful value and cannot compare in importance with the above rules. In this respect cholera differs from enteric fever in the prevention of which inoculation is of prime importance.

Diarrhoea and Dysentery.

1. All fly precautions to avoid contamination by flies of food, drink and feeding utensils.

(a) Removal of breeding places.

(b) Treatment of breeding places that cannot be removed.

(c) Residual spraying with D.D.T.

(d) Use of swats and traps.

(e) Protection of food.

2 Milk should be boiled before use and protected against contamination by flies after boiling and before use.

3. All vegetables must be sterilized and cooked. All soft skinned fruits must be sterilized before being eaten.

4. Cookhouse sanitation and cleanliness of cooks most important. Cooks must wash their hands frequently and always after visiting latrines.

5. Avoidance of all cafes and restaurants that are not approved. No purchases of food and drink to be made from unauthorised hawkers.

6. Ice should never be put into drinks.

Types of Latrines

Shallow trench latrine

When used with latrine

Deep trench latrine

Bucket latrine

Disposal of Human Excreta

(a) Direct disposal into the ground

(b) Burying

(c) Removal and burial

Types of Urinals

(a) Shallow trench urinal

(b) Trough urinal

(c) Piped urinal

(d) Bucket

Disposal of Dry Excreta

Dangers of fire and vermin

(a) Incineration - low method

(b) Burial - low method - excreta immediately with earth and not down hand with oil

The House Fly

Causes the spread of many diseases by its body, legs, etc.

Life History

Egg - laid in masses, deep yellow

Egg hatch within 2 - 4 days

Larva - pupa - adult

Habit of Adult

Constantly seeking food

Feeds on food, faeces, garbage or refuse in human food

Attracts house on feet and legs

The Cholera epidemic in India is a disease of the small intestine, caused by a specific micro-organism, the cholera vibrio. It is characterized by profuse watery stools, vomiting, and a feeling of restlessness. The disease is most prevalent in the summer months, and is often fatal if not treated promptly. The following are the principal causes of the epidemic:

1. Contamination of water and food. The cholera vibrio is found in the water and food of infected persons. It is also found in the water and food of animals, and in the water and food of the soil. The disease is often spread by the water and food of infected persons.

2. Contamination of the air. The cholera vibrio is found in the air of infected persons. It is also found in the air of animals, and in the air of the soil. The disease is often spread by the air of infected persons.

3. Contamination of the soil. The cholera vibrio is found in the soil of infected persons. It is also found in the soil of animals, and in the soil of the soil. The disease is often spread by the soil of infected persons.

4. Contamination of the clothing. The cholera vibrio is found in the clothing of infected persons. It is also found in the clothing of animals, and in the clothing of the soil. The disease is often spread by the clothing of infected persons.

5. Contamination of the bedding. The cholera vibrio is found in the bedding of infected persons. It is also found in the bedding of animals, and in the bedding of the soil. The disease is often spread by the bedding of infected persons.

6. Contamination of the food. The cholera vibrio is found in the food of infected persons. It is also found in the food of animals, and in the food of the soil. The disease is often spread by the food of infected persons.

7. Contamination of the water. The cholera vibrio is found in the water of infected persons. It is also found in the water of animals, and in the water of the soil. The disease is often spread by the water of infected persons.

8. Contamination of the air. The cholera vibrio is found in the air of infected persons. It is also found in the air of animals, and in the air of the soil. The disease is often spread by the air of infected persons.

9. Contamination of the soil. The cholera vibrio is found in the soil of infected persons. It is also found in the soil of animals, and in the soil of the soil. The disease is often spread by the soil of infected persons.

10. Contamination of the clothing. The cholera vibrio is found in the clothing of infected persons. It is also found in the clothing of animals, and in the clothing of the soil. The disease is often spread by the clothing of infected persons.

11. Contamination of the bedding. The cholera vibrio is found in the bedding of infected persons. It is also found in the bedding of animals, and in the bedding of the soil. The disease is often spread by the bedding of infected persons.

12. Contamination of the food. The cholera vibrio is found in the food of infected persons. It is also found in the food of animals, and in the food of the soil. The disease is often spread by the food of infected persons.

13. Contamination of the water. The cholera vibrio is found in the water of infected persons. It is also found in the water of animals, and in the water of the soil. The disease is often spread by the water of infected persons.

14. Contamination of the air. The cholera vibrio is found in the air of infected persons. It is also found in the air of animals, and in the air of the soil. The disease is often spread by the air of infected persons.

15. Contamination of the soil. The cholera vibrio is found in the soil of infected persons. It is also found in the soil of animals, and in the soil of the soil. The disease is often spread by the soil of infected persons.

16. Contamination of the clothing. The cholera vibrio is found in the clothing of infected persons. It is also found in the clothing of animals, and in the clothing of the soil. The disease is often spread by the clothing of infected persons.

17. Contamination of the bedding. The cholera vibrio is found in the bedding of infected persons. It is also found in the bedding of animals, and in the bedding of the soil. The disease is often spread by the bedding of infected persons.

LECTURE 4

DISPOSAL OF HUMAN EXCRETA

THE HOUSE FLY

DISPOSAL OF HUMAN EXCRETA

Dangers of bad sanitation and need for good sanitary discipline.

Latrine area : Site should be ;

- (a) Circumscribed.
- (b) On leeward side of the camp.
- (c) Remote from sources of water supply and cook-houses.
- (d) Close to sleeping and living area.
- (e) Clean and tidy.

Types of Latrines

Shallow trench latrine

When used : scale : dimensions :

Deep trench latrine

Bucket latrines

Disposal of Human Excreta

- (a) Direct disposal into the ground.
- (b) Burning.
- (c) Removal and burial.

Types of Urinals.—

- (a) Shallow trench urinal
- (b) Trough urinals
- (c) Funnel urinals
- (d) Buckets.

Disposal of Dry Refuse

Dangers of flies and vermin.

- (a) Incineration—best method.
- (b) Burial—less satisfactory. Cover immediately with earth and ram down hard with oil.

The House Fly

Carries the germs of such diseases as dysentery, typhoid, cholera, etc.

Life History

Eggs laid in manure, damp refuse.
Eggs hatch usually 1—4 days.
Larva—pupa—adult.

Habits of Adult

Constantly seeking food.
Passes from faeces, manure or refuse to human food.
Carries germs on feet and body.

Defaecates while feeding. "Vomit drops"

Anti-Fly Measures

1. Removal of breeding places.
2. Treatment of breeding places that cannot be removed with D.D.T. residual spray.
3. Residual spraying of quarters, cookhouses, etc, with D.D.T. residual spray.
4. Use of swats and traps.
5. Protection of food.

LECTURE 5

WATER SUPPLIES

Water Supplies

1. A safe water supply is most important in prevention of disease. Typhoid group of diseases, dysentery, cholera, and worm diseases carried by water. Cholera, apart from certain worm diseases, is pre-eminently THE disease carried by water. All raw water must be regarded as contaminated and water intended for human consumption must be purified.

2. A good water supply should

- (a) Contain no poisonous substances.
- (b) Have no suspended matter.
- (c) Have no disease-producing germs.
- (d) Be reasonably free from colour, taste and smell.

Water Purification

1. The absence of any poisonous substances is verified by the Medical Officer.

2. Clarification, i.e., a muddy water requires clearing.

(a) *Sedimentation.*

(i) Storage reservoir.

(ii) Sedimentation tanks. Use of chemicals (alum or alumino-ferrie as coagulants.)

(b) *Filtration.*

Sand filters.

Meta and stellar filters (filter powder)—water trucks and trailers.

3. Sterilization, i.e., all germs are destroyed.

(a) *Chlorine:*

Ordinary chlorination.

Super-chlorination Dechlorination.

Halazone method: Individual sterilizing outfit consists of super-chlorination for 15 minutes and de-tasting.

Three bottle method: For use where individual sterilizing outfit not available.

Four scoopfulls of Water Sterilizing Powder are added to a water-bottle full of water. (A)

Similarly one detasting tablet is added to a water-bottle full of water. (B) To each water bottle of water to be purified is added:

(i) A scoopful of W.S.P. solution from Bottle A followed by thorough soaking.

(ii) After 30 minutes a scoopful of detasting solution from Bottle B.

(b) *Boiling.*

Valuable in case of emergency.

WATER SUPPLIES

Water Supplies

1. A safe water supply is most important in prevention of disease. Tainted ground water, surface water, and water drawn from wells, may contain harmful bacteria and other organisms. This is especially true of water drawn from shallow wells. All raw water must be rendered safe by filtration and disinfection.

2. A good water supply should be free from:
 - a. Contain no poisonous substances.
 - b. Have no suspended matter.
 - c. Have no disease-producing germs.
 - d. Be free from color, taste and smell.

Water Purification

1. The absence of any poisonous substances is verified by the Medical Officer.

2. Filtration, i.e., a muddy water requires clearing or sedimentation.

- a. Storage reservoir.
- b. Sedimentation tank. Use of chemicals (alum or aluminum sulfate as coagulants).

3. Filtration.
Sand filter.
Mud and silt filter.
Filter powder—water.
Trucks and rollers.

4. Sterilization, i.e., all germs are destroyed.
a. Chlorine.

Ordinary chlorination.
Super-chlorination (Bichlorination).
Haloform method: Individual sterilizing units can be used for super-chlorination for 15 minutes and the water is then filtered.

Three bottle method: For use where individual sterilizing units are not available.

Four bottles of water sterilizing powder are added to a water-bottle full of water.

Simultaneously one de-aerating tablet is added to a water-bottle full of water. (b) To each water bottle of water to be purified is added:

- (i) A scoopful of W.S.P. solution from bottle A followed by thorough shaking.
- (ii) After 30 minutes a scoopful of de-aerating solution from bottle B.

(iii) In the case of emergency, the following is also applicable.

LECTURE 6

PERSONAL HYGIENE

1. This is of vital importance to the individual and the community in maintenance of health and the prevention of the spread of diseases.

2. Personal hygiene is a personal responsibility, each man and woman must keep fit by forming good habits and a sound mental make-up; mental and bodily health closely interconnected.

- (a) *Environment.* Everything possible is done by staff and Regimental Officers and Army welfare staffs and welfare organisations to provide good camps and amenities.
- (b) *Work and Play.* A combination of both is necessary for sound mental and bodily health. Value of exercise and games.

- (c) *Eating and Drinking.* A balanced diet is provided better than that in U.K. but still allows no waste. Eat slowly—drink plenty of fluid in hot weather and use abundant salt with meals.

Hawkers and food and mineral vendors are everywhere trying to undersell the N.A.A.F.I. Most fruitful source of bowel diseases and may be actual carriers themselves. Their wares are contaminated by germs from flies, dirty hands and filth of all kinds.

Alcohol is of no food value. It is best avoided certainly until evening.

Smoking. Excessive smoking places a strain on the body.

- (d) *Bowels.* Daily evacuation important especially in hot weather, eat vegetables and fruit. Taking of regular doses of laxatives is not recommended.
- (e) *Baths and Laundry.* Important to remove sweat, dirt and germs. Skin diseases very prevalent in Eastern Countries. Take showers, bath daily if possible, always twice weekly.

Attend to teeth, hair and nails, change under-clothing as often as possible. Always wash your hands before eating or handling food and after visiting latrines.

- (f) *Vaccination* against smallpox is necessary every two years in M.E.L.F.

T.A.B. (Anti-typhoid) must be renewed every year and a booster dose given to every man on arrival in the Theatre.

Other Inoculations are in abeyance but may be ordered from time to time in the presence of special diseases, e.g., typhus, or as required by Civil Governments.

- (g) *Malaria*. Don't get malaria by disregarding personal precautions ordered, such as wearing long sleeves and trousers after dusk.

Malaria in Greece has been nearly eliminated among our troops by a high standard of discipline. Malaria orders are relaxed wherever it is considered to be safe to do so in stations where unit and general mosquito control is maintained satisfactorily.

- (h) *Venereal Diseases*. Continnence is *not* harmful but beneficial. Keep fit and continent—respect your body—plan your off-duty interests and go in for plenty of games.

- (j) *Skin Diseases* are easily acquired in Eastern Countries. They take rapid hold and are more difficult to cure than at home. Report at once to your M.O. if you have a skin complaint, however trivial.

- (k) *Care of the Feet*. Feet must be washed daily, they are hardened by cold salt water. On the march socks should be changed daily even if it is only possible to turn socks inside out and dry them in the sun.

- (l) Boots should be dubbined and kept soft. New socks should be chosen an inch too long to allow shrinkage of wool in washing. Avoid bad darns which cause blisters.

A useful plan on the march is to wear a pair of thin civilian socks under army socks if marching boots are big enough. Change into canvas shoes, or better still, sandals at the end of the day's work.

Get dusting powder or lotion from your M.O. if you have sore or sweaty feet.

A patch of Elastoplast, which is the best adhesive plaster, powdered on the outside, will short circuit a blister. If a blister forms, do not try and pick it—go to the M.I. room and have it properly emptied by the M.O.

- (m) *Bathing*. Avoid unauthorised bathing places—they are very dangerous. You may pick up Bilharzia (schistosomiasis), typhoid fever, cholera or infantile paralysis (poliomyelitis) and other infections.

- (n) *Ventilation*. Keep doors and windows open. It is better to use an extra blanket than sleep in a "fuggy" atmosphere in which the germs and viruses of disease are floating ready to be breathed in.

Passage of air across a room from windows on each side or each end is to be aimed at.



