hastily abandoned by the enemy on the approach of one of our armoured columns. From them it was learnt that there were some 600-700 prisoners, not fit to move, still in Rangoon gaol. These were liberated when we re-entered Rangoon on the 3rd May. The general condition of these prisoners of war was somewhat better than was expected, there being only some 50 stretcher cases. Their morale was high, despite the fact that they had been ill-treated and underfed for three years. All Allied prisoners of war were immediately evacuated by returning transport aircraft to Allied Land Forces, South-East Asia Advanced Base Hospitals at Comilla. After a week's recuperation, they were transferred to Base Hospitals in India.

408. As the Japanese retreat from Burma progressed, they left the "Indian National Army" behind, totalling about 16,000 strong. These formations surrendered as we approached, incidentally providing a useful labour force. The units of the I.N.A. were made up of Indians locally enlisted in Malaya and of prisoners of war captured by the Japanese. The prisoners of war joined the I.N.A. for various reasons. Some joined under duress, in the hope of escaping to India; some joined it honestly believing that by doing so they would be fighting for the freedom of India; some because they felt that the creation and presence of an Indian Army under Indian officers might prevent Japanese atrocities and cruelties when they entered India; others joined solely as followers of Subhas Chandra Bose, and still others joined in order to avoid the hardships of a prisoner of war's life. But all members of the organization were treated by us as prisoners of war until they had been interrogated in India and classified as "Black" or "White." This caused a serious administrative problem. Initially the rate at which we could evacuate them was limited by India's ability to receive them; later it was restricted by shortage of transport aircraft and shipping. Large numbers, therefore, had to be held forward, and we had to accept the burden of feeding and guarding them. There was a very strong feeling against these men among the members of the Indian Army and special precautions had to be taken to prevent clashes.

409. Turning to the services administered by the Adjutant-General's branch of the staff, it is impossible in this campaign to over-emphasise the importance of the work of the medical services. As I have said elsewhere, without the modern developments of medical science, the campaign could not have been fought at all. The degree of success attained is shown in the figures that I will quote. From November, 1944, to April, 1945, both months inclusive, the number of casualties from sickness totalled 69,713, while battle casualties amounted to 17,693. Thus, during the period under report, the ratio of medical to battle casualties was 3.93 to one. Even during the periods of hardest fighting in February and March, the ratio only fell to 2.4 and 1.8 to one respectively. Nevertheless the sick rate during this same period was surprisingly low. In early March, for example, it was only 0.96 per 1,000 per day; in late April it was 1.42 per 1,000 per day, that is, about one-third of the rate in October, 1944.

Such low figures among troops fighting and working in an unhealthy tropical climate, in areas where malaria, dysentery, scrub typhus, small-pox and cholera are endemic, are in themselves a tribute to the medical services. They can be attributed in part to the more extensive use of comparatively new drugs, e.g., mepacrine and sulphaguanidine, and to that invaluable insecticide, D.D.T. But I would like to lay stress on the important part played by good discipline, particularly in regard to anti-malaria measures and hygiene. Without this discipline, modern medical science and the efforts of the officers of the medical services are largely ineffective.

410. The difficulties of surface communications in the theatre resulted in two particular lines of development, namely, the evacuation of casualties by air, and the necessity for forward treatment being carried out in light medical units, since hospitals could not be moved in. These factors produced the "Corps Medical Centres," which consisted of one (or two) Indian Malaria Forward Treatment Centres, and one (or two) Casualty Clearing Stations, with ancillary units, such as X-ray, laboratory, transfusion units, etc. Casualties from forward formations, usually 30-50 miles distant, were carried to these Centres in light aircraft (L.5), piloted by U.S.A.A.F. and R.A.F. personnel. As a general rule, cases requiring more than three weeks' treatment were evacuated from these Centres by C.47 (Dakota) aircraft to forward base hospitals, but geography and climate imposed certain restrictions. In crossing the high mountain ranges often obscured by cloud, aircraft flew at 13,000-15,000 feet altitude, sometimes being forced up to 17,000 feet. Since oxygen was not available, this imposed limitations on the types of cases which could be evacuated. During the Irrawaddy crossings, for example, there was a sharp increase in the number of chest wounds. Such cases had to be retained in forward areas until convalescence was well established.

411. In Fourteenth Army, some 75 per cent. of medical cases were returned direct to units from the Corps Medical Centres. With regard to surgical cases, the establishment of these Centres also resulted in an immense saving of manpower and suffering. Thorough and timely forward surgery was rendered possible, followed by rapid evacuation to base.

412. In the Arakan, the series of assault landings made amongst mangrove swamps, inland creeks and other ground unsuitable for advanced landing grounds, made early evacuation difficult. Hand-carriages, jeeps, assault landing craft and small river steamers had to be used as far as the advanced landing grounds, which prevented early evacuation of casualties to Casualty Clearing Stations. This disadvantage was partially offset by locating Mobile Surgical Units forward with Field Ambulances, to carry out emergency life-saving surgery.

413. In certain sectors, air and overland evacuation were alike impossible over long periods. A medical centre in the Tiddim area, for example, was supplied entirely by air-drop, and it held and treated a large number of wounded and sick, with excellent results.