

Declassified E.O. 12356 Section 3.3/NND No. 785017

ACC

10000/109/657
(VOL. I)

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10000/109/657
(VOL. I)

MONTHLY REPORT, PUBLIC HEALTH
JAN. - SEPT. 1944

HEADQUARTERS
ALLIED CONTROL COMMISSION

AFPO 394

Public Health Sub-Commission

ACC/3016/PH

SUBJECT : Correction of August 1944 Monthly Report
Public Health Sub-Commission.

17 September 1944

18 8 2 Recd

THRU : VP Adm Sec.

TO : Chief of Staff.

1. Please delete paragraph 7 (a) of the monthly report for August 1944, Public Health Sub-Commission and substitute therefor the following:

7. (a) The Ministry of Interior has at last issued a circular increasing the daily rates of assistance to political ex-internees. These rates for those living outside of camps are now L. 30 for the head of the family and L. 20 for each dependent, an increase of L. 10 and L. 10 respectively. For those living in camps the rates are L. 25 for the head of the family and L. 15 for each dependent, an increase of L. 5 and L. 5 respectively.

G. S. Parkinson
G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

DISTRIBUTION:

Adm Sec (37)
HQ AAI (1)
HQ No. 1 District (1)
HQ No. 2 District (1)
HQ No. 3 District (1)
HQ PES (1)
HQ 15th AF (1)
HQS all regions for PEROU (1 ea.)
HQ AUG 5th Army (1)
HQ AUS 5th Army (1)
Dr. Vazzoso (1)

Public Relations Branch (1)

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HQ FES (1)
HQ 15th AF (1)
PCS all Regions for RHOS (1 ea.)
HQ AME 5th Army (1)
HQ AME 8th Army (1)
Dr. Vezasco (1)
Public Relations Branch (1)
Information Division (3)
Army Sub-Commission (3).

HEADQUARTERS
ARMED CONTROL COMMISSION.

APC 394.

Public Health Sub-Commission.

ACC/3016/TH

4 September 1944.

SUBJECT: - Monthly Report for August 1944,
Public Health Sub-Commission.

15 SEP Recd

THRU : - VP Adm Sec.

TO : - Chief of Staff.

1. PERSONNEL:

(a) During August this Sub-Commission unfortunately lost the services of Lt. Colonel Wilson C. Williams, Deputy Director, who was assigned to another theater. Lt. Colonel Williams' work for Public Health, especially in the field of typhus control, was of outstanding quality. His departure deprived the Sub-Commission of the services of one of its ablest officers.

(b) On Lt. Colonel Williams' departure, Colonel Martin E. Griffin, Chief Medical Supply Branch, assumed in addition, the duties of Acting Deputy Director.

(c) A staff has been nominated for Region IX with Major Lenion Snedeker (A) as RPHO, Captain Edmond A Turner (A) as Sanitary Officer and Captain Ransom F. Carver (A) as Welfare Officer. It is proposed to strengthen this team further when necessity dictates.

(d) Southern Region is now staffed by Lt. Colonel Walter H. Miles (A), Major Edward E. Carrier (A), Major W.D.R. Thompson (B) and Major John McSweeney (A). It is proposed to call forward Major Thompson in the near future.

(e) Following the amalgamation of Rome Region with Region IV, the Region IV Staff now consists of Lt. Colonel Orpheus J. Bizzozero (A), RPHO, Major H.B. Follitt (B), Major Anthony Fino (A) and Major L.C. Norman (B), Public Health Officers, Lt. Colonel Herbert V. Spencer (A), Sanitary Officer, and Captain Ransom F. Carver (A) and Lt. George H. E. Brown (A), Welfare Officers.

(f) Staffs have already been nominated for the new forward regions.

(g) Lt. Colonel G.M. Friselle (B) has been awarded the Efficiency Decoration of the Territorial Army.

2. POLITICAL:

(a) It is a pleasure to record two appointments made by the Italian Government in the Public Health Service. H.E. Solimena has been confirmed in his office as Director-General of the Sanitary Publica and Dr. Bartolomeo Vezzoso has been appointed Principal Medical Officer. H.E. Solimena has a wide and comprehensive grasp of Public Health matters and has from the early days of Salerno cooperated most cordially with this Sub-Commission. Dr. Vezzoso has acted as Principal Medical Officer from January onwards, since then has had daily consultation with the Sub-Commission.

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(b) On Lt. Colonel Williams' departure, Colonel Martin E. Griffin, Chief Medical Supply Branch, assumed in addition, the duties of Acting Deputy Director.

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(b) The Ministry of Interior has instituted a survey of existing public health legislation under the Fascist regime with a view to assessing its value in the light of present day knowledge. Should it be considered desirable, a comprehensive improvement of present legislation will be proposed and put into being. This study will naturally occupy a very considerable time.

(c) Following the confirmation of H.E. Solimena in his position as Director-General, a widespread re-organisation of the Central Staff of the Sanita' Pubblica has been undertaken and it is hoped that the new setup will shortly be functioning smoothly and efficiently.

3. PUBLIC HEALTH BRANCH:

(A) Typhoid Fever:

(i) A small outbreak of typhoid occurred in Benevento during March and April totalling 62 cases with 8 deaths. This subsided during May and June.

(ii) In July and August, however, the outbreak flared up into epidemic proportions with 30 cases and 6 deaths in July and 172 cases and 21 deaths in August.

(iii) Lt. Colonel Miles, RMO, and Major W.D.P. Thompson, Provincial Health Officer, conferred with the officers of the British School of Hygiene at Benevento, with the Medico Provinciale and Ufficio Sanitario. In addition, Major Robert L. Cherry (A) was sent from this HQ to render every assistance possible.

(iv) The findings in brief, were that sanitation in the district was poor. Fresh vegetables were eaten, gathered from ground fertilized by human manure. There were many flies attracted by open sewers, and the river in which many people bathed was contaminated by fractured sewers. The case reporting was poor and all cases were not being isolated in hospitals.

(v) To combat these conditions the following measures were instituted: A campaign both from the pulpit and by poster, urging the populace to boil all water and milk before using, and to cleanse thoroughly all raw vegetables before eating. Immunization by inoculation rather than by oral vaccine was advocated. Six medical students are employed in visiting all houses where typhoid has occurred and gathering data. The City Engineer has furnished raps of the water and sewage systems and indicated where fractures have occurred. Repair of these fractures is being undertaken. Notices have been erected forbidding bathing in the river. Isolation of all cases in hospital is being undertaken. The Pathologist of the 106th General Hospital has undertaken to do stool cultures for carriers and supervise other laboratory procedures. The hospital accommodation (at present 50 beds) is to be doubled. A Sanitary Engineer will be sent from this HQ to assist in sanitary surveys.

(vi) In conclusion this Sub-Commission wishes to express its gratitude for the exceptionally valuable cooperation rendered by the British School of Hygiene and by the Pathologist, 106th General Hospital.

(B) Venereal Disease:

(i) The Italian Government is endeavouring to assist the anti-VD campaign in every way possible, but unfortunately no report is available from the inspector appointed by the Government.

(ii) In Sicily, despite the decrease in garrison troops, active control measures are still being undertaken.

(iii) The latest available figures for the months of July and August are as follows:

Incidence of VD in cases per thousand per week.

Week ending:	Total British Troops in Theatre:	PBS.
22 Jul 44	1.27	7.3
29 Jul 44	1.02	6.5
5 Aug 44	1.29	8.3
12 Aug 44	1.04	8.1
19 Aug 44	1.1	6.8

The much higher incidence shown in the PBS figures is undoubtedly due to the high VD rate among colored troops.

(iv) In Rome, as in Naples, a vice squad is active and on an average 10-12 women are arrested every night and taken to the Questura. The following day they are examined at a clinic and those found infected are compulsorily detained and treated in hospital until they are considered free from infection. These released as non-infective are compelled to return to the army.

water and milk before using, and to cleanse thoroughly all raw vegetables before eating. Immunization by inoculation rather than by oral vaccine was advocated. Six medical students are employed in visiting all houses where typhoid has occurred and gathering data. The City Engineer has furnished maps of the water and sewage systems and indicated where fractures have occurred. Repair of these fractures is being undertaken. Notices have been erected forbidding bathing in the river. Isolation of all cases in hospital is being undertaken. The Pathologist of the 100th General Hospital has undertaken to do stool cultures for carriers and supervise other laboratory procedures. The Hospital accommodation (at present 80 beds) is to be doubled. A Sanitary Engineer will be sent from this HQ to assist in Sanitary surveys.

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19 Aug 44	1.1	6.8

The much higher incidence shown in the PBS figures is undoubtedly due to the high VD rate among colored troops.

(iv) In Rome, as in Naples, a vice squad is active and on an average 10-12 women are arrested every night and taken to the Questura. The following day they are examined at a clinic and those found infected are compulsorily detained and treated in hospital until they are considered free from infection. Those released as non-infective are compelled to be registered as prostitutes, unless cogent reasons to the contrary can be adduced, and are, under police regulations, required to report for inspection twice a week. Adequate hospital facilities exist for the treatment of infected women.

(v) The total number of cases of VD amongst Allied troops in Rome rose from 44 in June to 130 in July. These figures have no statistical value as there is no means of gauging the total number of Allied troops to be found in Rome over any given period.

(C) Typhus:

(i) The Typhus Control Branch has been reconstituted as the Typhus Control Unit within the Public Health Branch. Dr. Floyd S. Markham has been appointed as Officer in charge of the Unit.

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(ii) The Typhus Control Unit proposes during the autumn to send a demonstration team to large towns in Central and Southern Italy. Workers nominated by Medical Provincialis will attend these centers for demonstrations on dusting procedures and will be supplied with powder and sprayers. In this way, every province in the South should have, by the winter months, a team of trained anti-typhus workers capable of dealing instantly with any case which might occur.

(D) Snailbox:

(i) During August the campaign against snailbox in the Naples area was intensified. The Italian Government sent a Medical Provinciale to Naples with funds and special powers to do everything possible towards controlling the epidemic. The figures now obtained are very encouraging and it may be assumed that the outbreak is definitely subsiding.

(ii) Naples City:

2. The following figures, in ten day periods, are reported from Naples

City:

	1st Ten Days	2nd Ten Days	3rd Ten Days	Total
February	2	—	—	2
March	—	—	—	0
April	1	17	—	18
May	30	114	102	246
June	22	25	36	83
July	29	114	13	156
August	34	32	13	79

It will be seen that there has been a marked reduction in the number for the last ten day period in August and later reports indicate that this elimination is being maintained. The daily notifications during this period are as follows:

August	20	21	22	23	24	25	26	27	28	29	30	31
Cases:	—	1	1	3	12	17	1	12	20	3	—	0

b. The type of the disease has been mild throughout and only 3 deaths have occurred in the total of 429 cases.

c. Mass vaccination has been instituted and by 28th August, 116,557 vaccinations had been performed. Of these over 150,000 were done in private houses; 100,000 in ambulance posts and approximately 70,000 in day-hospital.

(iii) Naples Province:

d. In the 120 communes of Naples Province a total of 1123 cases have occurred with 12 deaths. The area most affected has been Afragola with a total of 179 cases. 60% of the estimated population of 29,810. 21,824 vaccinations have been performed. Frattamaggiore with a population of 3,168 shows the next highest incidence of cases, the number to date being 75. In this area 17,071 vaccinations have been carried out.

e. Doctors, medical students and sanitary officers have been enrolled in the vaccination and re-vaccination campaign and vaccine has been supplied by the Institute of Public Health, Rome. As in Naples City, the notifications in the last ten day period are showing a marked reduction.

City:

2. The following

	1st Ten Days	2nd Ten Days	3rd Ten Days	Total
February	2	--	--	2
March	1	--	--	0
April	17	34	34	85
May	30	44	42	116
June	22	22	36	80
July	29	44	37	110
August	34	32	15	81

It will be seen that there has been a marked reduction in the figures for the last ten day period in August and lesser reductions in April and May. This diminution is being maintained. The daily notifications during this period are as follows:

August: 20 21 22 23 24 25 26 27 28 29 30 31

b. The type of the disease has been mild throughout and only 3 deaths have occurred in the total of 119 cases.

c. Mass vaccination has been instituted and by 26th April 1916, 557 vaccinations had been performed. Of these over 150,000 were done in private houses; 105,000 in ambulance posts and approximately 70,000 in day-and-night shelters.

(iii) Naples Province:

a. In the 130 communes of Naples Province a total of 112 cases have occurred with 12 deaths. The area most affected has been Afragola with a total of 179 cases. One of the estimated population of 26,233, 21,234 vaccinations have been performed. Extrapolation with a population of 1,100 shows the next highest incidence of cases, the number to date being 75. In this area 17,071 vaccinations have been carried out.

b. Doctors, medical students and sanitary officers have been enrolled in the vaccination and re-vaccination campaign and vaccine has been supplied by the Institute of Public Health, Rome. As in Naples City, the notification in the last ten day period are showing a marked reduction.

c. In conclusion it may be said that while at one time the epidemic was assuming alarming proportions, the measures of mass vaccination and re-vaccination on case recording, isolation of contacts and immediate hospitalization of patients have shown very gratifying results.

(E) Hospitals:

(i) The Directorate of Naples Government Hospital has been ordered to convey the control of the Ministry of Intention and the newly appointed Inspector of Hospitals has rendered a report to the Ministry on a tour of inspection made throughout Naples.

(ii) When a number of hospitals are in poor condition and have been un-dermined by the hazards of war, many are still partially or completely damaged, while others have been requisitioned by the Allied Forces.

(iii) The Inspector has made many recommendations to the Ministry regarding building programs, renovation of equipment, purchase of linen and provision of nurses. The Ministry in turn instructs the Directors of the provinces concerned as to the necessary measures to be adopted.

(iv) As with other reconstruction programs in Italy, it is anticipated that a considerable time will have to elapse before the hospital attention returns to normal. However, every effort is being made to effect the improvements which are possible at the moment.

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(F) Infant Mortality:

(i) At the present moment, accurate figures for infant mortality are difficult to obtain. (Infant mortality is the death rate per thousand live births among children under one year of age.) In Rome, the total figures - not to be confused with the mortality per thousand live births - for 1943 and 1944 are as follows:

	1943	1944
January	265	221
February	180	223
March	170	247
April	148	227
May	206	274
June	287	393
July	289	438

(ii) The August figures are not yet available but an estimate made at the moment suggests that they will be in the region of 250. This decrease is attributable to the distribution of powdered milk and it is anticipated that the decrease will continue, as the high figures of 1943 and 1944 have been due to nutritional deficiencies which it is believed are being rectified by the use of powdered milk. (iii) It is estimated that the present Italian infantile death rate is in the region of 20%. This is approximately the same as was found at the end of 1918, while the 1914 figure was 13% and the 1940 figure 10.3%.

4. MALARIA CONTROL BRANCH:

(a) Members of the staff visited Regions II, III, V and VII, and about 22 Kgs of chocolate quinine for the treatment of children were distributed. Malaria rates in these Regions are in general lower than they were in 1943.

(b) A member of the General Branch staff stayed in Region VI throughout July and for the first three weeks in August. All three provinces were visited. The present malaria rate is only one-half to one-third of that which obtained in 1943.

(c) Region IV received much attention during the month. Much work was done in connection with finance, distribution of drugs, spray-killing and in collaboration with the Army, spreading Paris green on the flooded Terracina areas. In conjunction with the Finance, Public Utilities and Agriculture Sub-Commissions, a 48 million lire appropriation was made available for canal clearing in Littoria Province. Due to German sabotage and resultant extensive flooding, malaria rates were higher in this Region than in 1943.

(d) Doctor Karm of the Demonstration Unit of the Central Branch assumed charge of the spray-killing program in the Lido, Isola Sacra and Fiumicino areas while Professor Gassiralli continued his control program in Maccarese, where several pumps were put into operation. In consequence, the Maccarese marsh was dry by 31st August and the Ostia marsh considerably reduced in area. As a result of the cooperative efforts of RMO, AFHQ, AAI, AAF, ACC, and civilian personnel and units, the transmission of malaria may be said to have been stopped in the Lido, Isola Sacra, and Fiumicino areas and to be under good control elsewhere in the Rome Region.

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(e) In Region VIII the only malarious area of importance is Grosseto where there has been good control. The assistance of 5th Army and AAF in this work is gratefully acknowledged.

5. VETERINARY BRANCH:

(a) Foot and Mouth Disease continues to be one of the most pressing veterinary problems. The disease is still spreading and a second virus strain has made its appearance. The procurement of sufficient cattle for adequate vaccine production is an important factor in combatting the disease. Thirty-two cattle have arrived in Rome for this purpose from Ascoli Piceno and it is hoped that a further four hundred will be transported by rail from Perugia on or about 5th September. Rome has already produced sufficient vaccine to immunize half of the dairy cattle supplying milk for Rome. If however, sufficient cattle cannot be brought to Rome to enable large quantities of vaccine to be prepared, the spread of the disease will have serious results.

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(b) Rabies still continues with the highest incidence in Rome. Impounding continues apace in Rome and 95 stray dogs have been destroyed during the month. Veterinarians in all provinces are employing the strictest possible measures to control Rabies.

(c) Hog Cholera continues to be widespread. All the provinces in which it has occurred have been supplied with antiserum and vaccine. A fresh supply of antiserum is being requested from the U.S.A.

(d) Swine trypanosomiasis has occurred sporadically in several provinces and antiserum and vaccine have been distributed.

(e) Both animal and human anthrax have been unofficially reported from Matera, Foggia, and Frosinone. Provincial veterinarians have been instructed with regard to methods of treatment and the proper disposal of infected carcasses.

(f) The cooperation of the Veterinarian, No. 2 District is gratefully acknowledged in giving valuable assistance in eradicating Sheep Pox in Brindisi.

(g) Two cases of Glanders have been reported from Foggia and one from Bari. The animals have been slaughtered and contacts have been mallein tested.

(h) Sheep Scab is to be found in every province and the Tobacco Institute of Bari is supplying mectins for Sheep dip to capacity. In addition, instructions have been circulated regarding the use of lime-sulphur for dipping sheep.

(i) Veterinary biologicals to the value of three hundred thousand lire have been distributed to Italian veterinarians during the past month, through medical supply channels.

(j) As few animals are being slaughtered in public abattoirs, meat inspection requires little attention.

(k) The Central Milk Pasteurizing plant is operating very much below capacity owing to the insufficient and irregular supplies of milk.

6. MEDICAL SUPPLY BRANCH:

(a) During the month of August a small shipment of insulin and dental instruments was received from the U.S.A. Since then nothing has been off-loaded although a considerable shipment is in the warehouse of Naples awaiting opportunity of being discharged.

(b) Regions V, VIII, and Florence were visited to ascertain the supply situation. This appears to be much better than was anticipated and fair stocks were discovered in Florence and Ancona.

(c) As long flame coal, necessary for the manufacture of glass tubing is practically unobtainable, a requisition is being made through AFHQ for tubing in bulk. Unless this tubing can be obtained and utilized for the packing of biological preparations, the situation is very serious.

regard to methods of treatment and the proper disposal of infected carcasses.

(f) The cooperation of the Veterinarian, No. 2 District is gratefully acknowledged in giving valuable assistance in eradicating Sheep Pox in Brindisi.

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(c) As long flame coal, necessary for the manufacture of glass tubing is practically unobtainable, a requisition is being made through ANFO for tubing in bulk. Unless this tubing can be obtained and utilized for the packing of biological preparations, it will be impossible to distribute these preparations which are now being manufactured both on the mainland and in Sicily.

(d) It is hoped that an Italian organization for the distribution of medical supplies throughout Italian Government Territory will be set up within a few weeks.

7. WELFARE BRANCH:

(a) The Ministry of Interior has at last issued a circular increasing the rates of assistance to political ex-internees. These rates for those living in camps, are now L. 30 for the head of the family and L. 20 for each dependent. An increase of L. 10 and L. 10 respectively. For those living outside camps the rates are L. 25 for the head of the family and L. 15 for each dependent, an increase of L. 5 and L. 5 respectively.

(b) The Ministry of Interior has reiterated its intention of re-organizing its welfare activities. It is thought however that until the present situation proceedings within the Ministry are concluded, no active steps will be taken in the matter.

SEC/30216/PB - August Report - Public Health Sub-Commission - (Continued).

(c) The Italian Government has been asked to develop its policy regarding the law providing care for illegitimate children and also regarding the administrative re-organization of the ONMI.

(d) Suggestions have been made to the Ministry concerning the increase in payments for welfare and relief purposes.

(e) Welfare officers were circumscribed on the rates payable by the Italian Government for care in institutions.

SUMMARY:

(a) The departure of the Deputy Director to another theater is reported.

(b) Staffs have been nominated for new forward areas.

(c) The Italian Government has confirmed the Director General and Chief Medical Officer of the Sanitary Public in their appointments.

(d) The Typhoid epidemic at Genoa is being thoroughly investigated and all possible prophylactic measures have been instituted.

(e) The campaign against Venereal Disease continues.

(f) The Typhus Control Unit will, during the autumn, instruct local teams throughout Central and Southern Italy in Typhus control measures.

(g) Smallpox figures in Naples City and Naples Province show a definite decrease.

(h) The Italian Government is making every possible effort to rehabilitate hospitals.

(i) Infant mortality figures in Rome are high but it is anticipated that the distribution of powdered milk will result in a definite decrease in those figures.

(j) The work of the Malaria Control Branch has been outstanding and has resulted, almost everywhere, in a marked reduction of cases in 1944 compared with those occurring in 1943.

(k) Foot and Mouth Disease and Hog Cholera are both widespread and everything possible is being done to combat them. Large supplies of veterinary biologicals have been distributed.

(l) Glass tubing is urgently required for the packing of biologicals produced locally.

(m) The Ministry of Interior has increased the rates of assistance to political ex-internees.

(b) Staffs have been nominated for new forward areas.

(c) The Italian Government has confirmed the Director General and Chief Medical Officer of the Sanita' Pubblica in their appointments.

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(j) The work of the Malaria Control Branch has been outstanding and has resulted, almost everywhere, in a marked reduction of cases in 1944 compared with those occurring in 1943.

(k) Foot and Mouth Disease and Hog Cholera are both widespread and everything possible is being done to combat them. Large supplies of veterinary biologicals have been distributed.

(l) Glass tubing is urgently required for the packing of biologicals produced locally.

(m) The Ministry of Interior has increased the rates of assistance to political ex-internees.

FH/GME/ja

M. E. Griffith
M. E. GRIFFITH,
Colonel, M.C., Acting Director,
Public Health Sub-Commission

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 391
Public Health Sub-Commission

ACC/3017/PH

1 September 1944

SUBJECT: Typhoid in Benevento.

TO: Lt. Col. Prizelle.

Herewith interim report on the typhoid fever situation (and paratyphoid B) in Benevento, where the writer spent the greater portion of the past 10 days.

It is erroneous however, to believe that this is a new epidemic, since typhoid fever reached epidemic proportions here in March and April of this year and there were cases in May and June.

Below is a table showing the typhoid experience by months for 1944. (Corrected report from Rodice provincially gives 301 cases & 38 deaths).

	Reported	Hospitalized	Died
January	0	0	0
February	0	0	0
March	13	0	0
April	49	32	6
May	5	2	0
June	9	12	0
July	36	29	8
Aug. (thru 28)	172	70	21
	<u>278</u>	<u>152</u>	<u>35</u>

The following table shows Benevento's typhoid experience for the past five years 1939-43, incl.

Year	Cases typhoid reported	typhoid deaths
1939	13	2
1940	18	6
1941	7	0
1942	16	1
1943	22	4
	<u>76</u>	<u>13</u>

Conferences were held in Naples with Lt. Col. Milos and Maj. Thompson prior to going to Benevento. In Benevento Conference

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past 10 days.

It is erroneous however, to believe that this is a new epidemic, since typhoid fever reached epidemic proportions here in March and April of this year and there were cases in May and June.

Below is a table showing the typhoid experience by months for 1944. (Corrected report from Medico Provinciale gives 301 cases & 33 deaths).

	•Reported	Hospitalized	•Died
January	0	0	0
February	0	0	0
March	13	0	0
April	49	32	0
May	5	9	3
June	9	12	0
July	30	29	0
Aug. (thru 28)	172	70	6
	<u>278</u>	<u>152</u>	<u>21</u>
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	<u>76</u>	<u>13</u>

Conferences were held in Naples with Lt. Col. Miles and Maj. Thompson prior to going to Benevento. In Benevento conferences were held with the then Regional Commissioner, Lt. Col. Armstrong, with Lt. Col. Martinez, Lt. Col. Morrison and Maj. Miller of the School of Hygiene, C.M.F.C. and with Maj. Gluckman, Pathologist at the 166th Gen (South African) Hospital, as well as with the Medico Provinciale, the Ufficiale Sanitario and the City Engineer.

Findings, briefly in general:

- 1) No field epidemiological investigations, worthy of the name being carried on.
- 2) No up to date spot map of cases.
- 3) Immunizations being offered 1 hr. daily, those by injection being negligible in amount. Oral vaccine generally used. Est. 18000 oral; 100 inoculation.
- 4) Sanitation poor, i.e., lack of screening, flies, open sewers, season for eating fresh vegetables (many grown on ground fertilized by human excreta)

inefficient toilet facilities for emergency housing areas.

- 5) Water supply consistently giving bad sample (M. Cole)
- 6) Water in river where bathing practised is contaminated heavily from broken sewers.
- 7) Poor reporting of cases.
- 8) Cases not all being isolated in hospital.
- 9) No apparent interest or great effort on part of civilian public health officials to cope with situation.

Measures instituted (with help of Maj. Gluckman and School of Hygiene):

- 1) Manifestos placed over town on walls (no newspaper) urging boiling of milk, thorough cleansing of raw vegetables and immunization of all people by inoculation rather than by oral method.
- 2) Archbishop visited and agreed to have this proclaimed to people in his ten parishes, as well as to urge boiling of water until city supply could be chlorinated, to urge people to refrain from defecating on the streets and to warn that river bathing was dangerous at this time. (This copy given to Lt. Col. Miles).

- 3) Epidemiological field record form drawn up and mimeographed.

- 4) Six medical students enlisted to visit all homes where typhoid has occurred this year and gather data for those records. This nearly completed.

- 5) Had City Engineer furnish a description of water and sewer systems and show both in a map which is being used by Maj. Gluckman and on which the Medical Students report all cases daily. (This given to Lt. Col. Miles).

- 6) Maj. Gluckman to isolate cultures for carriers and to assist and supervise in other lab procedures.

- 7) Morning, afternoon and night sessions now being held for immunization of civilians.

- 8) Kellogg Provincials agreed to facilitate by dish at point used for bathing on river that river bathing is dangerous now.

- 9) Conferred with Hospital Welfare Officer who agreed to send several hundred intranasal swabs to hospital to be used as checks on cats previously provided by Lt. Col. Miles.

- 10) Conferred with Maj. Hall, Major III, Naples who agreed to send a large quantity of tablets for use in typhoid ward in hospital.

- 11) Made arrangements for more scattered samples for regular bacteriological water analysis.

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5) Had City Eng. furnish * description of water and sewer systems and show both on a map which is being used by Maj. Gluckman and on which the Medical Students spot all cases daily. *(This given to Lt. Col. Miles).

6) Maj. Gluckman to do stool cultures for carriers and to assist and supervise in other lab. procedures.

7) Morning, afternoon and night sessions now being held for immunization of civilians.

8) Mexico Provincials agreed to indicate by sign at point used for bathing on river that river bathing is dangerous now.

9) Conferred with Regional Welfare Officer who agreed to send several hundred mattresses covers to hospital to be used as sheets on cots previously provided by Lt. Col. Miles.

10) Conferred with Maj. Hall, Region III, Mexico who agreed to send a large quantity of "Eliot" for use in typhoid ward in hospital.

11) Make arrangements for more scattered samples for regular bacteriological water analysis.

12) Since ambulance has broken down, make arrangements with Mexico Provincials to requisition horse drawn vehicle so that all patients should reach hospital.

13) Meeting arranged (within next few days) of all physicians to impress necessity for proper reporting of all suspects and to discourage attempt to immunize orally.

14) At meeting of Health Committee, with sindaco, Maj. Miller, Maj. Gluckman, City Eng., Lt. Col. Morrisich, town mayor, Garrison Eng. Others on night of 29 Aug., address letters discussed and all agreed that until city water supply could be chlorinated, boiling notices should be issued although it was realized only small percentage would observe. Also, that if more people did not respond to advice to come to center for immunization, team should make house to house attempts.

15) Discussed with Lt. Col. Miles possibility of having Col. Hensley's office expedite approval of only sewer repair project not yet approved.

Conclusion

Water: While maps and survey were left with Maj. Gluckman (as were same on sewerage system) and Lt. Col. Miles, respectively, the sources are from separate places and come by 3 aqueducts. One is now of necessity raw as it has no chlorinating apparatus, one raw because they have no chlorinated lime (they were asked for estimates which amounted to 200 kilo. of Ca hypochlorite per mo., based on 3000 meters of water daily) and the third is filtered and treated with chlorine gas. Distribution of cases indicates that the furnishing of Ca hypochlorite for the aqueduct with equipment is essential.

Sewerage: 1000 meters of sewer are still to be repaired and 3 mo. more work required. Approval not yet secured for the "Viale dei Retore" project, the most important.

Hospitalization: 80 beds now available. This amount will be doubled, with cots made available by Lt. Col. Miles, when mattress covers arrive. May be still further increased.

Military Cases: 1 sister in So. African hospital, 1 Newfoundland soldier, 1 British Soldier. The two former give history of bathing in river. The latter probably arrived in Benevento with a Para B in the incubation stage.

Maj. Gluckman has had stool containers made in attempt to pick up carriers. Will isolate strains if possible and advise us of developments and percentages of patients with typhoid and Para. B.

The services of a Sanitary Engineer were sorely needed here in connection with survey and advice on water and sewerage and will continually be needed on any filth-borne epidemic. It is strongly urged that this Sub-commission have one available for use in such instances on request.

ROBERT L. CHERRY,
Major, USPHS, M.C.,
Communicable Disease Officer.

RLC/mte/cc.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
PUBLIC HEALTH SUB-COMMISSION
Malaria Control Branch

ACC/3005/PH

4 September 1944

SUBJECT: - August Report - Malaria Control Branch.

TO : - Brigadier G.S. Parkinson, Director,
Public Health Sub-Commission, ACC.

1. During August the Malaria Control Branch devoted time and attention to malaria control problems in Regions II, III, IV, V, VI, VII and VIII and the Rome Region, each of which was visited by one or more members of the staff of the Branch.

a. Regions II, III, V and VII:

Captain Manzelli spent 16 days during August visiting Regions II, III, V, and VII. He distributed about 22 Kgs. of chocolate quinine for treatment of children. Malaria rates in these Regions continued low, in most areas lower than in 1943.

Colonel Russell, Captain Tuzio and Lt. Wehrle also visited Region III during the month.

The Demonstration Unit continued its DDT control projects in the Volturno area of Region III.

b. Region VI:

Lieutenant Wehrle of the Control Branch who had been in Sardinia throughout July, remained until the last week of August, visiting all three provinces during the month. Doctor De Muro, also of the staff, spent two weeks in Sardinia. Malaria rates continued low, being only 1/3 to 1/2 those of 1943.

c. Region IV:

Colonel Russell, Major Anderson, and Captain Manzelli, as well as Doctors De Muro and Conradetti made several visits to Region IV during the month. A good deal of time and attention has been given to assisting the RPHD in connection with finance, distribution of drugs, spray-killing, and arrangements for Army Paris greening of terracing flooded areas. Arrangements were also made to utilize the services of Professor Misirli in the control of malaria among workers on hydro-electric plant reconstruction at Cepereno.

In conjunction with the Finance, Public Utilities and Agriculture Sub-Commissions, a 46 million lire appropriation was finally made available for essential canal clearance in Littoria Province.

Due to the extensive German sabotage with consequent flooding of vast areas, malaria rates in southern Littoria Province have been higher than in 1943.

d. Rome Region:

Colonel Russell, Major Anderson, and Captain Tuzio made numerous visits to malarious areas in the Rome Region.

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Due to the extensive German sabotage with consequent flooding of vast areas, malaria rates in southern Littoria Province have been higher than in 1943.

d. Rome Region:
 Colonel Russell, Major Anderson, and Captain Tuzio made numerous visits to malarious areas in the Rome Region. Doctor Kuntz of the Demonstration Unit of the Control Branch assumed full charge of the spray-killing program in the Lido, Isola Sacra, and Fiumicino, at the request of RAAC. Professor Misiroli continued his control program in Maccarese. As a result of the cooperative efforts of RAAC, AFHQ, AAI, RAF, ACC, and civilian personnel and units, the transmission of malaria may be said to have been stopped in the Lido, Isola Sacra, and Fiumicino areas and to be under good control elsewhere in the Rome Region.

During the month it was possible to get several pumps into operation so that by the 31st the Maccarese marsh was dry and the Ostia marsh very much reduced in area.

Weekly malaria control meetings of the RAAC have been attended by Colonel Russell, Major Anderson, and members of the Demonstration Unit.

ACC/3005/PH - August Report - Malaria Control Branch - (Continued) 4 Sept 44.

e. Region VIII:

Colonel Russell and Captain Tuzio made visits to Region VIII during the month. The only area of any malaria importance is Grosseto and here there has been good control, due to extensive and cooperative measures by the RPHC, Region VIII, the 5th Army, and the AAF.

2. Staff Changes:

There have been no staff changes during August, except that Dr. Soper left the theater on T/D 30 August.

3. Demonstration Unit:

A special report will be submitted when received.

Paul F. Russell

PAUL F. RUSSELL
Colonel, M.C.

Chief, Malaria Control Branch.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APC 394
Public Health Sub-Commission

ACC/3000/PH

1 September 1944

SUBJECT: Report of Veterinary Activities for
Period 1 August to 31 August, 1944.

TO: Director, Public Health Sub-Commission,
HQs. ACC.

1. Foot-and-mouth disease continues to present one of the most serious problems to be solved. The disease continues to spread and has reached Frascati near Rome as well as Campobasso Province. The disease was reported in Perugia Province on 30 August, the presence of the disease in Perugia indicates that a second strain of the virus (there are four in all) has appeared. This adds fuel to the fire in that it is entirely possible that a second wave of the disease could sweep southern provinces this year. It also means that all vaccine must be produced by using both strains of the new active virus. The problem of securing cattle in Rome for vaccine production has not yet been solved and no cattle have been secured from Perugia though a total of 32 have arrived from Ascoli Piceno. Tentative plans have been made whereby rail transport for 400 cattle will be made available effective 6 September from Perugia to Rome. The undersigned intends to visit Perugia on or about 5 September with the hope of securing cattle for vaccine production in Rome. The Perugia strain of the virus will be harvested in a veterinary laboratory there beginning 4 September. This virus will be shipped to Rome for vaccine production. Enough vaccine has been produced in Rome to immunize one half of the dairy cattle supplying milk to Rome. This vaccine will be administered beginning 4 September. Due to a lack of knowledge about foot-and-mouth disease and its very rapid course with very serious losses, a delay of 20 days in the production of vaccine has occurred. This delay will result in many very valuable animals especially dairy cattle and breeding stock becoming infected with serious losses which could have been prevented. This problem of vaccine production has been engaged by the undersigned in the manner which in his opinion, would produce results most rapidly. There is one last means by which the necessary results may be obtained and that is a trip to Perugia. If this does not produce the necessary cattle, the vaccine cannot be produced unless drastic action is taken by those who possess the necessary authority to bring cattle to Rome.

2. Rabies is a serious problem in Rome and numerous cases in dogs with one human death in Bari have been reported. Rabies in dogs has been reported as follows: positive diagnosis Rome 26. Fontana 1, Avellino 1, Brindisi and Bari 2. Italian veterinarians in each of the provinces mentioned state that all sanitary police measures are being employed to control rabies. In Rome 95 stray dogs have been impounded and destroyed during the month and the impounding continues at a rapid pace. The reports of human rabies cases is not included by this Branch.

2. Rabies is a serious problem in Rome and numerous cases in dogs with one human death in Bari have been reported. Rabies in dogs has been reported as follows: positive diagnosis Rome 26, Potenza 1, Avellino 1, Brindisi and Bari 2. Italian veterinarians in each of the provinces mentioned state that all sanitary police measures are being employed to control rabies. In Rome 95 stray dogs have been impounded and destroyed during the month and the impounding continues at a rapid pace. The reports of human rabies cases is not included by this Branch.

4. Swine Erysipelas is occurring sporadically in numerous provinces and in Torano it is believed to have reached the epidemic state. A large supply of locally produced antiserum and culture vaccine for treatment and prevention has been distributed to Torano with small quantities to Ascoli Piceno, Ancona and other provinces in need of it. Numerous Italian veterinarians are missing

the differential diagnosis of hog cholera and swine dysentery. It will be necessary to include a short course of study in veterinary schools here to prevent these errors in the future.

5. Anthrax in both humans and livestock have been unofficially reported as having occurred recently in Matera, Foggia and Grosinone. Instructions have been sent through the Ministry of the Interior for the provincial veterinarians involved to complete the total immunization of livestock in the provinces immediately, to employ the use of antiserum where necessary and to provide for the proper disposal of infected carcasses.

6. Sheep pox in Brindisi has been completely stamped out through the excellent cooperation of the veterinarian No. 2 District and the employment of sanitary police measures and administration of vaccine by the Provincial veterinarian, Brindisi.

7. The veterinarian No. 2 District has been consulted regarding the possibility of the sheep imported from the Middle East bringing in Rinderpest. This is a very serious disease which results in great losses when it occurs. Every possible precaution will be taken to prevent its entry into Italy.

8. Two cases of glanders were reported in Foggia and one case in Bari. All three animals have been destroyed and numerous contact animals mallein tested, the results of which will be forthcoming soon.

9. Sheep scab is causing considerable concern in a few provinces and it is present in every province. Numerous requests have been received for nicotine with which to dip sheep. The Tobacco Institute at Bari is supplying to the limit of its capacity. Instructions in Italian regarding the procedure for the preparation of lime-sulphur dip have been circulated to provincial veterinarians. Lime-sulphur is a very efficient dip for sheep scab and can be prepared readily with lime and sulphur both of which are more plentiful than nicotine at this time.

10. Veterinary supplies other than biologics in the amount of 300,000 lire have been distributed to Italian veterinarians during the past month. These supplies as well as the hog cholera biologics are of great assistance to the Italian veterinarians and it has been through the fine cooperation of the Medical Supply Branch with this Branch that such urgently needed assistance has been afforded. Additional veterinary supplies are needed and a request will be forthcoming when the Ministry of the Interior gives assurance that payment will be made.

11. Meat inspection continues to require little attention because few animals are slaughtered in public abattoirs as is required by law. The Central Milk Pasteurizing Plant in Rome is a very well equipped plant with three flash and two holding type pasteurizers. The plant is very poorly operated at the present time because the supply of milk is irregular and insufficient for such a large plant. Capacity of the plant is 250,000 liters daily and only 30,000 liters actually pass through the plant now. Responsible Italian officials are very much concerned about the failure of Italian veterinarians and A.C.C. to produce the necessary vaccine for foot-and-mouth disease so as to prevent the loss of the already inadequate milk supply.

7. The veterinarian No. 2 District has been consulted regarding the possibility of the sheep imported from the middle east bringing in Rinderpest. This is a very serious disease which results in great losses when it occurs. Every possible precaution will be taken to prevent its entry into Italy.

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12. Italian veterinary personnel has required considerable attention during the past month. A two hour conference took place between the General Director, Public Health Division, Ministry of the Interior and the undersigned, the tentative plans agreed upon were as follows:

a. Every effort would be made by the General Director to enforce that portion of the Italian civil service regulations which requires that all veterinarians age 65 yrs. or over be retired. The enforcement of this regulation has resulted in the retirement of seven veterinarians formerly in the Ministry of the Interior and will place an additional 12 in retirement within the next two months. Replacement for these veterinarians has been tentatively arranged.

b An acting temporary chief of the veterinary service to be appointed immediately. A permanent chief not to be appointed until all of Italy is liberated.

RWR/ae

Rowland W. Rushmore
ROWLAND W. RUSHMORE
Major, Vet. Corps,
Chief, Vet. Branch

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
PUBLIC HEALTH SUB-COMMISSION
Medical Supply Branch

ACC/3072/PH

4 September 1944

SUBJECT: - August Report - Medical Supply Branch.

TO : - Director, Public Health Sub-Commission, ACC.

1. During the month of August very few medical supplies were received from the U.S.A. A small shipment of Insulin and a few dental instruments were all that was received. There has been reported an expected arrival of 286 tons of medical supplies but at the end of the month these had not arrived. Shipments were however made from Central Medical Depot to Regions I and IV. Likewise, Regions north of Rome and the 5th and 8th Armies have been supplied. There is now however no supplies of Allied origin which can be supplied to the new Southern Region or to newly activated Regions unless this anticipated shipment is off-loaded soon.

2. Regions V, VIII, and Florence were visited by representatives of this Branch to help with supply problems. As far as could be ascertained the medical supply situation in the northern areas is better than was anticipated. Fair stocks were found in Florence and Ancona.

3. Additional effort has been made to obtain neutral glass tubing for the manufacture of vials necessary for packaging biologicals. A requisition being submitted to AFHQ since it did not appear likely that long flame coal would be made available to a glass factory in Naples in time to assure early production. This is an essential requirement if we are to continue obtaining necessary biologicals from local Italian facilities. Further correspondence has been initiated in an attempt to retrieve the medical manufacturing plant at Ancona from Ordnance who now occupy the building.

4. Several conferences have been held with the Italian Government officials of the Ministry of Interior, Public Health Department and with Italian wholesale druggists in an effort to assist the Italian Government to establish an agency which can handle distribution of medical supplies in liberated Italy. These conferences have progressed favorably and it is expected an organization will be perfected in another two weeks.

5. It had been anticipated that the Central Medical Depot would be turned over to the Italian Government for their use, however notice was received from G-5, AFHQ that it was proposed to use this installation and its personnel as an MTO Civilian Medical Depot.

6. With the departure from this theater of the Deputy Director, Public Health Sub-Commission, the Chief, Medical Supply Branch, became the Acting Deputy Director in addition to his other duties.

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M. E. Griffin
M. E. GRIFFIN
Colonel, M.C.

Chief, Medical Supply Branch.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
PUBLIC HEALTH SUB-COMMISSION
Welfare Branch

11 September 1944

ACC/3078/PH

SUBJECT: - August Report - Welfare Branch.

TO : - Director, Public Health Sub-Commission, ACC.

1. The Ministry of Interior has issued a circular establishing augmented rates for assistance to political ex-internees. For those in camps, the daily rate is L.25 for the head and L.15 for each dependent, and for those living outside of camps, the daily rate is L.30 for the head and L.20 for each dependent. Increases are L.5 for the first category and L.10 for the second.

2. The Ministry of Interior has reaffirmed in writing its intention to proceed with welfare legislation. However, nothing concrete has been formally proposed. It is doubtful, now that epuration proceedings are going on within the Ministry, that any proposal will be made for some time.

3. Assistance was given to the UNRRA Observation Mission in preparing an estimate of the number of children who might be served by a supplemental feeding program and in exploring the methods by which the feeding might take place. The OMNI, Italian maternal and child care organization, was used as one of the chief sources of information.

4. The Italian Government has been asked to develop its policy on the following problems:

- a. The law providing care for illegitimate children - as under present arrangements, these receive more assistance than needy legitimate children.
- b. The administrative re-organization of the OMNI. In respect to the latter point, there is need for clarification of the status of the Central Headquarters in relation to the Ministry of Interior and its subsections. Further, the provincial and communal branches of the organization should be reconstituted to remove formally the provisions for representation of Fascist groups in the local committees and to provide a new impetus for operation. This is considered by the Welfare Branch to be of great importance as the OMNI is the only Italian organization with the possibility of initiating the much needed corrections in the deplorable conditions existing in respect to needy children.

5. Discussions have been held with Italian Government officials about amounts allowed in their budget for welfare and relief purposes. The amounts proposed are low, but the Italian officials seem to have little interest in raising them.

It has been suggested that a report be issued to Welfare Officers on the rates payable by them.

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2. The Ministry of Interior has reaffirmed in writing its intention to proceed with welfare legislation. However, nothing concrete has been formally proposed. It is doubtful, now that repatriation proceedings are going on within the Ministry, that any proposal will be made for some time.

3. Assistance was given to the UNRRA Observation Mission in preparing an estimate of the number of children who might be served by a supplemental feeding program and in exploring the methods by which the feeding might take place. The OMMI, Italian maternal and child care organization, was used as one of the chief sources of information.

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5. Discussions have been held with Italian Government officials about amounts allowed in their budget for welfare and relief purposes. The amounts proposed are low, but the Italian officials seem to have little interest in raising them.

6. Information was issued to Welfare Officers on the rates payable by the Italian Government for care in institutions, and on the relationship between institutions and government in regard to supervision, financing, and the placing of children in institutions.

7. No field trips were made because of lack of transport.

Edward E. Silveira

EDWARD E. SILVEIRA,
Captain, Seco Res.
Chief, Welfare Branch.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3016/PH

1 August 1944

SUBJECT: - Public Health Sub-Commission,
Report for Month of July 1944.

Recd

THRU : - VP Adm Sec.

TO : - Chief of Staff.

1. PERSONNEL:

(a) During July, Main Headquarters at Naples and Rear Headquarters at Salerno were closed and for the first time this year all personnel of the Sub-Commission together with the members of the Rockefeller Foundation Field Staff assigned for malaria and typhus control services began operation as a unit at Headquarters, Rome.

(b) Early in July, Colonel W.H. Crichton (B), RPHO, Region III was granted 61 days leave. Colonel Crichton was assigned as RPHO of Region III at a critical stage in its epidemiological history. The results achieved deserve commendation. Before his departure he was awarded the Cross of the First Class of the Order of Malta and the freedom of the City of Naples in recognition of his services.

(c) Upon the departure of Colonel Crichton, Lt. Colonel W.H. Miles (A) took over the duties of RPHO, Region III.

(d) NATOUSA has requested the return of Lt. Colonel H. Mark (A), RPHO, Region VII. On his departure it is proposed, in accordance with the policy already outlined in previous reports, to place this Region under the medical direction of the RPHO, Region II.

(e) The Regional Commissioner, Region VI has agreed in principle to the release of the RPHO should operational necessity require it.

(f) Dr. H.W. Kurr, Field staff member, International Health Division, Rockefeller Foundation, joined the staff of the Malaria Demonstration Unit in Rome on 9 July 1944.

(g) Dr. F.W. Knipe, Malaria Engineer, International Health Division, Rockefeller Foundation, joined the staff of the Malaria Demonstration Unit in Rome on 2 July 1944.

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(h) The first chill breath of demilitarization fanned the cheek of the Sub-Commission during July when the two Nurse Consultants - 1st Lt. I. Yarbrough and 2nd Lt. H.C. Milano - were ordered to return to their parent units. Information was received that they may be replaced by civilians if required.

(i) The general programme of work planned for the Nurse Consultant, embracing as it does long-term projects for the re-organization of nurse training programmes and improvement of standards of Italian nursing techniques, must be approached with care and deliberation. As the Italian Government regains control over increasing areas of Italian territory, the matter becomes more and more one of internal policy. In consequence, the Italian Government must be approached from the point of view of whether or not it desires outside assistance. If it does, it is thought that substantial aid may be offered. If not, it is entirely within its own competence to effect any internal improvements which may be considered desirable. The essential point remains, however, that it is not for this Sub-Commission to impose its views upon the Italian Government, but rather for the Government to request assistance on nursing problems should this be deemed necessary.

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2. POLITICAL:

(a) Due to the moves, both of ACC Headquarters and of the Italian Government during the month, a certain lack of liaison became inevitable. The threads are now, however, being picked up satisfactorily once more.

(b) Since the Italian Government moved to Rome it has shown considerable reluctance either to ratify the previous appointment of the Director General of the Sanita' Pubblica or to make a new appointment. As a consequence, the entire public health organization is in a state of suspended animation and little constructive work can be done until the organization is placed upon a satisfactory working basis. It is to be hoped that an appointment will be made very shortly, as at present, the lack of direction is hampering both the work of the Sanita' pubblica and of this Sub-Commission.

3. FIELD TRIPS:

Owing to the move to Rome, the number of field trips made by the HQ was considerably reduced. The total for the month was 56 days.

4. PUBLIC HEALTH BRANCH:

(a) Venereal Disease.

(i) The Italian Government issued, during the month, to all Prefects of provinces in Italian Government Territory, new instructions regarding the strict enforcement of the existing laws concerning the medical examination and treatment of infected prostitutes. In order to place the regulations in AVG Territory on a similar footing the RC & IG Section was requested to issue an instruction that parallel regulations should be enforced in the forward areas. This has been done.

(ii) The supervision of Venereal Disease control services in Italian Government Territory is now under the jurisdiction of Dr. Del Plato, Inspector of Venereal Diseases appointed by the Italian Government. The scope of his activities is very large and he is hampered by lack of reliable transport, as are all inspectors appointed by the Italian Government. For this reason and also because of difficulties of Italian Government communications, detailed reports on his inspections are not yet available.

(iii) The VD rate in the FHS-Naples area among troops has decreased from 136 per thousand per annum in May to 120 per thousand per annum in June.

(iv) The weekly average of new civilian cases of VD notified in Rome over a 30 day period is 28. Undoubtedly this low figure results from very inadequate reporting and does not give a true picture of venereal disease prevalence among the civilian population.

(v) Region VI reports a very gratifying decrease in VD rates. Reports of 60 and even 37 per 1000 per annum were received.

(vi) The hospital accommodation problem in Region II has improved. Lecce reports fewer cases than in any previous month and Brindisi has now secured 60 to 75 beds for the treatment of infected prostitutes. Bari now has 160 beds and this number will be increased when necessary repairs have been completed on the present hospital building.

(b) Smallpox.

(i) Figures concerning smallpox in Naples Province up until 31st July are as follows:

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(i) Figures concerning smallpox in Naples Province up until 31st July are as follows:

	Total No. of Cases	Total No. of Vaccinations
Naples City	351	338,705
Afragola	397	14,742
Frattamaggiore	41	14,834
Elsewhere	81	77,976
Totals	870	446,257

(ii) By the end of the first ten days in July the number of vaccinations in Afragola was 30,000. It was then discovered that Mercuric Chloride has been extensively used in cleaning the skin, thus invalidating the majority of the vaccinations. It was necessary therefore to start the campaign anew, using a proper technique. This explains the figure given above of only 14,742 vaccinations up until 31st July. In addition it was found that there was much local apathy, both on the part of the doctors as well as the general public. Major R.L. Cherry was detailed from this HQ to assist the RPHO in instituting a fresh campaign, which included newspaper and poster propaganda. Letters were sent to all Sindaci warning them of the protective measures to be adopted. In addition, the Provincial Commissioner interviewed the Prefect and Medico Provinciale, pointing out that the position was aggravated by the inertia of the latter. Subsequently, the Prefect agreed to dismiss the Medico Provinciale but his name still appears in reports rendered to the RPHO. This matter has been communicated to the Provincial Commissioner for action.

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(iii) The type of smallpox has been mild, no confluent or haemorrhagic cases being reported. This fact has been additionally conducive to the general indifference of the population to the vaccination programme. There have been in all six deaths, four from Afragola and two from Naples. These deaths are not an indication of the severity of the disease, as they occurred in debilitated children who might otherwise have been expected to recover. Unfortunately, it cannot be ascertained whether these children had been vaccinated or not.

(iv) It has been thought that the Palerme vaccine is not as efficacious as the American vaccine. To investigate this the Institute of Hygiene at Rome has asked for a sample of Palermo vaccine for the purpose of testing its potency. On the other hand, medical authority of the Army Sub-Commission states that the second (though not the first) batch of Palermo vaccine received in Sardinia for vaccinating Italian army troops gave excellent results. In addition, tests done in Palermo by the Institute of Hygiene and the Municipal Hygiene Office support the contention that the vaccine is satisfactory and any lack of potency has been due to faulty storage conditions, particularly lack of refrigeration during shipment and before use in the field.

(v) All Italian employees of the Allied Forces have been vaccinated and none are employed who cannot produce a certificate of recent successful vaccination.

(c) Veterinary.

(i) The major problem at present is that of Foot and Mouth Disease. There is one laboratory, the Stazione Zooprofilattica di Roma, which is capable of producing sufficient vaccine to immunize the most valuable herds of sheep, cattle and swine. It is however, hampered by lack of electricity, and every effort is being made to provide power for this station. It is hoped that in about 20 days the power will be available and the laboratory in consequence will be able to produce vaccine on a large scale. There is no other laboratory in Italian Government Territory which is able to produce this vaccine, and the vaccine is not manufactured in the United States or in Great Britain. The disease is present in all provinces on the mainland south of Cassino, but the mortality rate is very low.

(ii) Sheep-pox has been reported in Brindisi for the first time in the past ten years. The Stazione Zooprofilattica di Foggia is capable of producing vaccine and the Director has been instructed to turn out as much vaccine as quickly as possible. Brindisi has been informed of the availability of this vaccine from Foggia.

(iii) The requested crystal violet hog cholera vaccine has arrived by plane from the United States. 50,000 doses have already been distributed and further distributions are being made daily. As the extent of Hog Cholera is widely spread, the arrival of vaccine and anti-serum from the United States together with the local production of vaccine will, undoubtedly, prevent a high mortality rate.

(iv) A considerable quantity of veterinary supplies now in the Naples Depot is being shipped to Fortici and Palermo.

(v) Only one case of Rabies has been reported during the month. This case was one of a soldier who died in Rome as the result of a dog-bite. The Mayor of Rome has issued a decree concerning the impounding of stray dogs.

5. MALARIA CONTROL BRANCH:

(a) In order to co-ordinate civil and military malaria control programmes, the Chief of the Malaria Control Branch held a large number of conferences with representatives of the Navy and the Army.

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(b) The flooding of large areas (Pontine Marshes) of Region IV by the Germans will result in a considerable increase in clinical malaria. Much work has been done on the distribution of mepracrine, the clearing of canals and the repair of pumps. AFHQ has agreed to provide weekly airplane dusting of the marsh north of Terracina and in the Fondi area from the last week of July through August. HQ AAI has kindly released 10 tons of Paris green for dusting purposes during July and 4,000 pounds of this has been allocated to Region IV. PES kindly agreed to mix the powder and transport it to the airfield. Plans have been made for the spray-killing of adult mosquitoes with a kerosene-pyrethrum preparation and sufficient spray guns are now available for the use of several Region IV spraying teams. Conferences have been held with the Agriculture and Public Utilities Sub-Commissions regarding three large engineering schemes for the Pontine and Littoria benifications. The completion of these schemes should benefit agriculture this year and malaria control in 1945.

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(c) Reports from Sardinia are to date very satisfactory and indicate a 50% decrease in malaria rate in 1944 as compared with 1943.

(d) As a result of enemy sabotage of pumps and canals in Rome Region, the areas of Maccarese, Isola Sacra, Ostia and Agro Romano were in about the same condition as they were before Italian bonification schemes were begun in so far as mosquito breeding is concerned. Considerable improvements are however already in evidence. Dr. Kum of the Malaria Demonstration Unit, is in charge of a programme of spray-killing mosquitoes in the Lido and Isola Sacra areas. This supplements the Army's control programme in the protection of important tactical units. Dr. Richl, of the Malaria Demonstration Unit, is supervising the airplane dusting of the lakes at Ostia and on the Isola Sacra. More than 250 labourers are now working on malaria control in Rome Region.

(e) The control programme in Region VIII appears to be satisfactory.

6. MEDICAL SUPPLY BRANCH:

(a) Medical supplies which were expected to cover the period July to December inclusive have not yet arrived. The latest advice from AFHQ is to the effect that they may be expected any time between August 19th to August 29th. After they arrive a small time-lag will be inevitable until the warehouse staff has first broken them down and then built up the necessary bulk shipments for delivery to the areas which are in the greatest need. A further cause for delay is that the point of delivery is not known in advance, so the Supply Branch cannot make full arrangements for warehouse space before the actual day of arrival.

(b) Conferences have been held with representatives of the Italian Government regarding the plan for the latter to assume responsibility for distributing medical supplies in Regions I, II, III, VI and VII. The details worked out by the Italian Government are entirely satisfactory to the Medical Supply Branch, but so far the Italian Government has taken no further steps to implement its proposals.

(c) Medical supplies for the next two months are available in civilian pharmacies in Rome.

(d) Biological houses in Rome, Naples and Palermo are facing an acute shortage of glass ampules. This in turn is due to shortage of long flame coal for operating the glass furnaces. The matter has been referred to the Industry Sub-Commission and the Coal Division of the Transportation Sub-Commission, and it is hoped that a favourable reply will soon be received.

(e) An acute shortage of transport is hampering the work of the Medical Supply Branch. 30 CAD Medical Units are ready in the Naples Warehouse awaiting shipment to Rome for Regions IV and VIII since June 25th but cannot be moved owing to lack of transport.

(f) The clothing warehouse at Vairano was closed during the month, 100 tons being sent to Region IV and the remainder to Rome. This could only be done because the American Red Cross is authorized to hire and pay for civilian transport. Six hundred (600) tons of clothing at Naples are awaiting shipment to a northern

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7. WELFARE BRANCH:

(a) ONMI Headquarters, Rome, has appointed a new commissioner. As a result of this new appointment, there is, as yet, no integrated plan for the reconstitution of the organization on national, provincial and communal basis. Action by local committees is in consequence somewhat stultified. It is hoped, however, that in a short space of time a clear plan for re-organization will emerge.

(b) A similar state of confusion exists with regard to the re-organization of welfare activities. Until the Italian Government creates a unified national, provincial and communal welfare agency out of the multiplicity of agencies which now exist, and in addition, one to which the people can go for expert, decisive advice and assistance, no amelioration of the present chaotic conditions can be anticipated.

ACC/3016/PH - July Report, Public Health Sub-Commission. - (Continued).

8. TRANSPORT:

(a) Reference has already been made in the January and February reports to the way in which lack of transport is hampering the distribution of medical supplies. At the present moment this lack is becoming one of serious proportions, as can be seen from the statement that supplies in the Naples warehouse have been ready for movement since June 25th and are still awaiting transport. If the distribution of medical supplies breaks down through lack of transport, the consequence will be serious.

(b) The scarcity of ambulances to serve the civilian population in Sicily, Sardinia and Southern Italy is another serious problem. In addition the lack of ambulance transport is retarding the efficiency of the medical branches of A.G. 5th and 8th Armies. In consequence of representations made by this Sub-Commission HQ A.G. published an order to the effect that the location of captured ambulances should be notified immediately to A.G.C. As yet no notifications have been received and the ambulance situation is daily becoming more acute. A certain number of ambulances is out of commission due to lack of tyres. An attempt was made to procure tyres for these vehicles, but failed because no tyres or tubes of the sizes required were available.

(c) Attempts are now being made to obtain tyres for the cars of Medical Provincial.

SUMMARY:

- (1) The Headquarters Staff of the Sub-Commission is now unified under one roof.
- (2) The question of the re-organization of the Italian Nursing Service is one in which it is felt that the initial steps should be taken by the Italian Government.
- (3) The Italian Government has issued instructions regarding the tightening of existing regulations concerning infected prostitutes. Similar instructions have been issued in A.G. Territory.
- (4) The VD incidence among troops in the P.S.-Naples area has fallen to 120 per thousand per annum for June.
- (5) In Region VI the venereal rate is very satisfactory, being as low as 60 per thousand per annum and in some units even 37 per thousand per annum.
- (6) The hospital accommodation for infected women has improved in Region II and there is some diminution in the number of cases being admitted.
- (7) Smallpox continues in Naples City and Province. Total number of cases to date is 870 and total number of vaccinations is 446,257. The disease is in a mild form. Six deaths only have occurred in debilitated children who might otherwise have been expected to recover.
- (8) Foot & Mouth disease is now widespread in Southern Italy, but the mortality is low and it is hoped that sufficient vaccine will soon be available.

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- (8) Foot & Mouth disease is now widespread in Southern Italy, but the mortality is low and it is hoped that sufficient vaccine will soon be available.
- (9) Sheep pox has occurred in Brindisi.
- (10) Large quantities of crystal violet hog cholera vaccine are now available.
- (11) As a result of enemy sabotage, large areas of country in Region IV and Rome Region are flooded. This will increase the incidence of malaria. Emergency measures, including airplane dusting are being taken to cope with the existing conditions.
- (12) Expected shipments of medical supplies to cover the inclusive July to December period have not yet arrived. Latest advice indicates that they may be expected between the 19th and 29th August.
- (13) It is hoped that the Italian Government will soon take over the responsibility for the distribution of medical supplies to Regions I, II, III, VI, and VII.

ACC/3016/PH - July Report, Public Health Sub-Commission - (Continued).

- (14) There is an acute shortage of glass ampules due to scarcity of long flame coal.
- (15) The condition of all Italian welfare agencies is such that it is felt that a strong governmental policy of complete re-organization is essential.
- (16) Lack of transport is hampering the distribution of medical supplies.
- (17) Lack of ambulances is a serious problem in both forward and rear areas.

PH/GMF/ja

G. S. Parkinson
G. S. PARKINSON, Brigadier, *W*
Director, Public Health Sub-Commission.

DISTRIBUTION:

HQ, AAI (2).
HQ, No. 1 District (1).
HQ, No. 2 District (1).
HQ, No. 3 District (1).
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HQ 15th AF (1).

HCs for RPHOs all Regions (1 ea).

HQ AMG 5th Army (1).

HQ AMG 8th Army (1).

Dr. Vezzoso, c/o Italian Ministry of Interior (1).
Public Relations Branch, HQ ACC (1).

Chiefs of Branches, PH Sub-Commission, (1 ea).

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REAR HEADQUARTERS
ALLIED CONTROL COMMISSION *138*
APO 394
Public Health Sub-Commission
JUN 1944

ACC/3016/PH

8 June 1944

SUBJECT: - Public Health Sub-Commission
Report for month of May, 1944.

THRU : - Adm Sec.

TO : - Chief of Staff.

1. PERSONNEL:

(a) Early in May, Colonel D. Gordon Cheyne, CRE, MC, MD, was made Brigadier and appointed DDMS, XIII Corps. Brigadier Cheyne was the Director of Public Health and Welfare in AMGOT and it was under his aegis that all the plans for the original AMGOT medical organization for the invasion of Sicily was prepared. His work in this sphere was of outstanding quality and HQ, XIII Corps has undoubtedly gained a DDMS of great ability.

(b) Owing to increased military activities and the demand for medical and other specialist officers in the forward areas, the rear Regions are, according to ACC policy, being cut to the bone. Regions I, II, and VII are operating with only one medical officer. The RPHO, Regions III and VI have been warned to delegate increasing responsibility to the Italian officials so that Allied officers may be released when required.

(c) Lt. Col. Walter H. Miles, (A) MC reported for duty with the Sub-Commission on 26 May and has been assigned to Region III in order to familiarize himself with AMG/ACC problems.

(d) 1st Lt. Imogene Yarborough and 2nd Lt. Maria Milano of the U.S. Army Nurses Corps reported for temporary duty with the Sub-Commission on 17 May. They have been attached to HQ and are already initiating a study of Italian nursing services.

2. POLITICAL:

(a) Majors Biazozero and Frizella visited Palermo for the purpose of attending a meeting of Italian Medici Provinciali. This meeting was held to discuss the desirability of obtaining Government sanction for the formation of an Italian Ministry of Health.

(b) At the conclusion of the meeting, the Italian doctors withdrew to another room where, after a brief conference, they spontaneously issued an "order of the day" asking for the institution of a National Ministry of Health.

(c) The Italian Government has appointed a VD Control Officer whose functions have been outlined in previous reports.

(d) The Italian Government has also appointed a Chief Pharmacist, whose duties will be to supervise the production of drugs in Italian Government Territory and also to assist and advise the various Italian agencies in their problems of distribution of medical supplies after they have been received from ACC.

(e) Daily conversations took place with the Chief Medical Officer of the Italian Government, who has been very helpful in supplying Italian doctors to send forward to areas where they are most needed. Within 24 hours of the request having been received, a Medico Provinciale was on his way to reorganize the province of Littoria.

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ACC/3016/PN - May Report, Public Health Sub-Commission (Continued).

3. ITALIAN RED CROSS:

The Director of the Sub-Commission has had several conferences with the Secretary General of the Italian Red Cross, the Marquis Theodoli. The Marquis has outlined his proposals for the re-organization of the Society in Italy and has already circulated every province with a questionnaire regarding local conditions. He is, however, at present working under the joint difficulties of shortage of funds and shortage of staff.

4. FIELD TRIPS:

It is sometimes felt that a headquarters staff does not get in direct touch with problems arising in the field. Such an impression can or cannot be refuted by figures as the case may be. As far as the HQ of this Sub-Commission is concerned, May brought a new record in field trips, the total being 165 days.

5. PUBLIC HEALTH BRANCH:

(a) Smallpox.

- (i) Since last month's report no further cases have been reported from the Taranto area. Systematic vaccination is taking place over all Southern Italy.
- (ii) The Naples epidemic continues and the figures up until the last day of the month are 161 cases and 145,813 vaccinations. Individual vaccinations are done in the homes of contacts and mass vaccinations are done in dispensaries, hospitals and ricoveri. Ample quantities - over half a million doses - of calf lymph are available, and Palermo is in addition, still producing further vaccine on a large scale. The disease in Naples has occurred in a mild form and there have been no deaths.

(b) Veneral Disease.

- (i) The VD Control Officer's report for May is much more encouraging than the April report. There is a decline in VD rates among military personnel throughout the whole Italian Government Territory. This has been maintained progressively over a period of several months.
- (ii) New hospitals for the treatment of infected prostitutes have been opened in Bari and Foggia. In Italian Government Territory there are now nineteen such hospitals with a total of over 2000 beds. On an average, 1800 beds are constantly in use and the monthly turnover is approximately 3500.
- (iii) It is considered that while these gratifying results reflect great credit on Major Lewis's energy and initiative, the contribution of the Italian Government and the Italian doctors must not be forgotten. Much difficulty has been experienced in opening these hospitals, obtaining the necessary beds, blankets, sheets, knives, forks and so forth, and the success achieved has chiefly been due to the efforts of the Italian officials themselves.

(c) Veterinary.

- (i) Major Ashmore, together with a representative of the Italian Veterinary Service, spent a large part of the month at Foggia and Campobasso, dealing with the Hog Cholera epidemic. Approximately 2500 swine have been lost in both Foggia and Campobasso Provinces with a very slight loss (50-100) in Chieti Province. The extension of the disease is not considered abnormal in view of the contagiousness of the condition.
- (ii) In order to immunize large numbers of swine, a considerable quantity of vaccine is required. The newly repaired Zooprophyllactic Laboratory at Foggia is to be congratulated on turning out 8,000 doses of vaccine and is producing 500 doses daily. To supplement this, large quantities of vaccine have been ordered from the U.S.A., and are expected to arrive during the first ten days in June. Suitable decrees have been issued, making vaccination compulsory.

ACE/3016/PH - May Report, Public Health Sub-Commission (Continued) 132

- (iii) Instructions for the control of both Rabies and Epizootic Lymphangitis have been issued in Military Government and Italian Government Territory.
- (iv) The production of veterinary biological preparations at Portici is proceeding in a very satisfactory manner.
- (v) Proposals for the revision of livestock marketing and slaughtering regulations are being discussed with the Agriculture Sub-Commission.

6. MALARIA CONTROL BRANCH:

(a) Due to the efforts of Colonel Russell, AAI has agreed to release a considerable quantity of Paris Green for distribution to all Regions. This will be used for larviciding purposes in addition to the oil already on hand. As Paris Green is a cheaper larvicide than oil and is, in addition, the agent with which Italian malaria control workers are accustomed to work, this release should have a most stimulating effect upon civilian control agencies.

(b) The powder, DDT, which has proved of such value in Typhus control work, has been found to have a new sphere of usefulness in malaria control. Mixed with oil it proves to be a very efficient larvicide and when this mixture is put into specially prepared tanks slung below an aeroplane, large areas of water can be oiled from the air in a very short space of time. A number of demonstrations of aeroplane spraying have been held this month over a field demonstration area South of the Volturno River. These demonstrations were attended by many high ranking officers of all Services.

(c) It has also been found that DDT mixed either with kerosene or with talc powder will kill adult mosquitoes and flies. As mosquitoes rest during the day on the walls of houses, barns or stables, they can be killed by applying DDT to the walls on which they rest. Up till now it has been found that one application is effective for fourteen days. A number of field experiments have been carried out during the month regarding the most advantageous methods of employing DDT mixed either in kerosene or powder for such a purpose and Colonel Russell has issued a memorandum on the type of sprayer and the concentration which give the best results.

(d) A number of conferences on malaria control have been held with representatives of MATCUSA, AAI, 5th and 8th Armies, ASF, PBS and the Italian Government.

7. MEDICAL SUPPLY BRANCH:

(a) The distribution of medical supplies to 5th and 8th Armies has been discussed. Arrangements have been made for Region IV to set up a supply depot on which 5th and 8th Armies can draw as long as these units are still within Region IV territory.

(b) The medical supply situation in Region VI is much improved. This is considered largely due to the excellent work done by Lt. Col. Dehos.

(c) Ample supplies of smallpox vaccine are now available and 400,000 doses will be turned over to the Italian Government to enable the compulsory vaccination program to be carried out. It is reported that Palermo is preparing 1 million doses for use, if required, in the forward areas.

(d) A system of distribution of medical supplies has been set up in the newly formed Region VII.

8. WELFARE BRANCH:

(a) Executive Memorandum No. 58 was issued through RC & IG Section. This memorandum outlined the duties of Welfare Officers, established Provincial Welfare Departments in AMG Territory and clarified the functions of Sub-Commissions whose activities touch upon welfare.

ACC/3016/PH - May Report, Public Health Sub-Commission (Continued)

(b) Conferences have been held with Prof. Quarierello of Naples University concerning the determination of a minimum cost of food for a family.

(c) The Italian Government has issued two decrees concerning welfare activities. The first decree increases allowances to needy dependents of Italian soldiers and places this relief work under the ECA Committee. The second decree removes the possibility of Fascist organizations being represented on ECA governing committees and permits each committee to elect its own chairman.

(d) A meeting of Regional Welfare Officers was held at Salerno on 26-27 May. The High Commissioner for Italian Refugees and the Director General of the Civil Administration Section of the Ministry of Interior attended. The latter presented his views on the re-organization of Italian welfare legislation. He stated that any substantial change should have to be postponed until all Italy was liberated. Until that time, it is the intention of the Ministry of Interior to make only temporary changes.

SUMMARY:

- (I) All front areas are being reinforced by officers withdrawn from rear areas.
- (II) The Italian Government has appointed a Chief Inspector for Venereal Disease and a Chief Pharmacist.
- (III) The Italian Government is very helpful in providing doctors to be sent to the forward areas.
- (IV) The Naples smallpox epidemic, while still continuing, is of a mild nature and is not causing undue anxiety. There have been no deaths.
- (V) Large scale vaccinations are being introduced throughout Southern Italy and there is an ample supply of calf lymph.
- (VI) VD rates among troops are showing a progressive decrease. More hospitals for infected prostitutes have been opened.
- (VII) Energetic steps have been taken to combat the Hog Cholera epidemic.
- (VIII) Very important research work on the use of DDT in malaria control has been undertaken.
- (IX) Arrangements have been made for the furnishing of medical supplies to the advancing AMG 5th and 8th Armies.
- (X) The Italian Government is considering the eventual re-organization of its welfare agencies.

G S Parkinson

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

PH/GMF/ja

DISTRIBUTION:

HQ, AAI (2)
DDMS, XIII Corps (1)
RCs all Regions for RPHCs (1)
Dr. Vezzoso, c/o Italian Ministry of Interior. (1)
HQ, AMG 5th Army (1)
HQ, AMG 8th Army (1)
Heads of Branches, P.H. Sub-Commission (1)
Public Relations Officer, ACC. (1)

514 *Recd*
 REAR HEADQUARTERS
 ALLIED CONTROL COMMISSION
 APO 394

Public Health Sub-Commission

ACC/3016/PH

SUBJECT: - Public Health Sub-Commission,
 Report for Month of May 1944.

THRU : - Adm. Sec.

TO : - Chief of Staff.

8 May 1944

1. PERSONNEL:

The HQ. of this Sub-Commission suffered considerable reduction in strength during the month of April. Col. D. Gordon Cheyne, C.B.E., M.C. was attached temporarily to HQ. XIII Corps. Lt. Col. Charles D. Shields was transferred to Region III for temporary duty, while Lt. Col. E. E. Dobos was permanently assigned to Region VI as RPHC. In addition, Capt. Joel G. Earnest, formerly Chief of the Welfare Branch and Capt. Leonard A. Trager, Sn.C. left for another theater of operations.

The strength of the Sub-Commission in the field was also depleted by the departure for another theater of Major Charles L. Adams, Sn.C., Major Samuel A. Goldsmith, Spec. Res., Major Robert C. Hume, M.C., Major Robert P. Rogers, M.C. 1st Lt. Bernard D. Daitz, Sn. C. and 2nd Lt. George Mitchell, CMP.

The Sub-Commission as a whole is now at its ceiling, fixed by higher authority at 56, but several further departures are anticipated. It is felt that 56 is too small a ceiling for the successful operation of this Sub-Commission and that at present it is especially weak in numbers of medical officers. A request has been made for the ceiling to be raised to 62 and it is hoped that this will receive favorable consideration. If this request is granted, it is proposed to make up the remaining vacancies largely with medical officers, if obtainable.

2. POLITICAL:

For some time past, the Sub-Commission has given thought to the possibility of altering the existing Italian Public Health set-up, which is completely subordinated to the Ministry of Interior, by proposing the formation of a separate Ministry of Health. After views of Italian officials had first been sounded and judged to be favorable, a preliminary discussion was held on 30 April with Dr. Vezzoso, Chief of the Italian Health Service and Dr. Savoia, Region Medical Officer, Region I. It was agreed that a tentative scheme should be drawn up by a small joint committee and that after the committee had made its recommendations a preliminary discussion might be arranged between the Head of the Sub-Commission and the Minister of the Interior on the basis of these recommendations.

At the request of the Sub-Commission, the Italian Government had appointed a Malariologist whose duties will include supervision of all the Italian malaria control work and close collaboration with Col. Russell, Chief of the ACC Malaria Control Branch.

Request has also been made to the Italian Government for the appointment of a Venereologist whose functions were outlined in last month's report. It

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Request has also been made to the Italian Government for the appointment of a Venereologist whose functions were outlined in last month's report. It is anticipated that this appointment will be made in the near future.

3. FIELD TRIPS:

During the month, field trips by officers of this HQ covering the spheres of Malaria Control, Typhus Control, Medical Supplies, Venereal Disease Control and Veterinary surveys, totalled 145 days.

The Director, Brigadier Parkinson, visited Region VI for a period of 7 days and found the overall health situation on the whole satisfactory. Special points raised in his report will be dealt with in the reports on the work of the special branches.

4. APPRECIATION OF OFFICER'S WORK:

Capt. Paul S. Savage worked for 12 days in the town of Poggiorelino during the Vesuvius eruption. On the occasion of his departure he was thanked for his organization of relief work by the Sindaco at a mass meeting and was awarded the freedom of the town.

H. copies

REPORTS OF SPECIAL BRANCHES.

A. Hospitals and Medical Care:

Owing to the departure of Lt. Col. Shields for unavoidable reasons to Region III, there is little to report concerning hospitals and medical care. It is felt that, owing to the scarcity of medical officers in this Sub-Commission, a special hospitals branch is no longer necessary and that all relevant information concerning hospitals can be gleaned from the reports of Regional Medical Officers and the reports of medical officers on field trips from this HQ.

The hospitals visited by the Director on the occasion of his visit to Sardinia were clean, the patients well cared for and the medical staffs were found to be capable and full of enthusiasm for their work.

B. Public Health:

1. Small Pox.

Five cases have occurred in Taranto. Appropriate and energetic measures were taken to deal with this outbreak by the Italian Government and the PPHO. Large quantities of vaccine have been imported for distribution throughout Southern Italy and approximately 12,000 people have been vaccinated in Taranto alone. No fresh cases have occurred recently.

During the month Naples also had an outbreak and to date approximately 35 cases have been reported. The RPHO is dealing with the epidemic and 40,000 doses of calf lymph were recently flown from Palermo to Naples to assist in the vaccination program. Over 10,000 people have already been vaccinated in Naples.

The military medical authorities have been informed of all action taken by ACC in these matters.

2. Venereal Disease.

The report of the Venereal Disease Control Officer for the month of April is not one upon which enthusiastic comment can be made. Although the figures published by PBS show a diminution in the incidence of VD amongst troops stationed in Naples, these figures do not include the cases of VD contracted by troops on leave in Naples.

Now that the ban on leave in Naples has been relaxed, 1000 troops are coming into the city every day and the attendance at prophylactic stations is more than double what it was in January. It is also noted that the Metropolitan Area vice squad has been disbanded due to shortage of military police personnel.

The setting up of hospitals for the treatment of infected prostitutes in Region II is not making rapid headway, owing to the difficulty in obtaining beds, blankets, sheets, etc. Application was made by No. 2 District to HQ, AAI for authority for release of such articles from military sources of supply, but this was refused. The Provincial medical officers have been told to prosecute their search for the necessary articles with vigour.

3. Typhus.

The decrease in typhus is now so great that no reason remains for depicting the case incidence in the form of a graph. Only three cases were reported in Naples since April 7th and 10 cases outside Naples since April 15th.

The dusting centres have been reduced from the peak number of 40 to 9 and the personnel of the Typhus Control Service, both military and civil is being reduced.

As a result of the recent raids on Naples the population of the air raid shelters has increased. In consequence, the Ricoveri Dusting Service will be continued indefinitely.

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4. Malaria.

During April, the Malaria Control Branch was set up under the Command of Colonel Paul F. Russell. The Branch consists of two units, the Advisory Unit, composed of ACC officers, and the Demonstration Unit, composed of doctors from the Rockefeller Foundation and Italian physicians and entomologists.

The Rockefeller Foundation is taking an increasing interest in Italian epidemiological problems and is sending two further experts in malaria to Italy next month.

Lack of transport is going to be a handicap to the work of malaria control, but a separate communication on this is being prepared.

Special studies are now in progress on the use of D.D.T. as an insecticide against adult mosquitoes and flies and it's use in oil as a larvicide has already been demonstrated.

5. Veterinary.

During the month reports of four diseases, Rabies, Glanders, Epizootic Lymphangitis and Swine Fever, in different parts of Italy were received. The Italian Ministry of the Interior immediately issued instructions to the territory under its control concerning the proper counter-measures to be adopted. Instructions along similar lines have been or are being issued by ACC/AMG HQ for the forward areas.

Major Rushmore has been at Foggia and Campobasso for the past ten days with the Italian Government's Chief Veterinarian, supervising and directing the present intensive campaign against Swine Fever. Owing to the rarity of this disease, no immunizing agent is to be found in Southern Italy and request for vaccine has been made to the U.S.A.

In addition to this, the Italian Veterinary Laboratory at Foggia is being equipped to produce vaccine against this disease. Ten pigs have been bought and inoculated and it is hoped that in four to five weeks time, the Foggia Laboratory will be in a position to turn out a fair quantity of vaccine.

The Veterinary Biological Laboratory at Portici is now actively engaged in producing biologicals. Several provinces in the Country have already been furnished with their estimated requirements for the coming year. This is a very gratifying state of affairs which is largely due to Major Rushmore's energy and initiative.

C. Supply Branch:

Due to the shortage of Allied personnel for medical supply distribution work, and in keeping with the long term policy that all distribution must eventually be handled by the Italians themselves, a number of wholesale firms are now being employed to handle supplies after they have left ACC warehouses.

A letter has been sent to the Chief of the Italian Public Health Service impressing upon him the fact that once medical supplies have been handed over to Italian agencies from ACC warehouses, ACC can no longer accept responsibility for their ultimate distribution. It was further pointed out in this letter that if, after medical supplies have left the ACC warehouses, any of them become diverted to the black market, the fault will be entirely with the Italian organization. Consequently, upon the receipt of this letter, the Minister of the Interior sent instructions to Prefects of Provinces pointing out their responsibilities in safeguarding supplies and asking them to take all possible measures to prevent their diversion to the black market.

Much work continues to be done in handling Red Cross clothing and so much continues to arrive that a new store had to be opened at Viarano. Excellent relations exist with the American Red Cross, and the Supply Branch received a letter from the Director of the ARC expressing on behalf, both of the ARC and the BBC, his appreciation of the work done in handling Civilian War Relief Supplies.

The question of local production of medical preparations is always one which is given much attention. Two firms in Naples have been investigated and it is thought that if they can be put into production by supplying them with an adequacy of raw materials, sufficient biologicals for local needs could be manufactured. Steps are now being taken to obtain the necessary materials through Industry and Commerce Sub-Commission.

It should be noted that Palermo is now producing hundreds of thousands of doses of calf lymph and all the calf lymph used in the protective vaccination resulting from the Naples and Taranto outbreaks are the products of the Sicilian laboratories.

The Director's visit to Sardinia showed from first hand observation that often unfounded complaints are made of non-receipt of medical supplies, when, in actual fact, the supplies stated to be lacking are already in the possession of

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The Director's visit to Sardinia showed from first hand observation that often unfounded complaints are made of non-receipt of medical supplies, when, in actual fact, the supplies stated to be lacking are already in the possession of the Italian officials, and receipts for their delivery are held by ACC officers. It is felt that such complaints made by the Italians should be received with the greatest suspicion and require full investigation before any reliance can be placed upon them.

D. Welfare.

The welfare organization set up by AMGOT in Sicily is still in active operation in that area. It has impressed the Sicilians by its simplicity and flexibility and they are anxious that it be continued indefinitely.

The Italian Government has viewed the Sicilian experiment with interest and has sent an observer from the Ministry of the Interior to Sicily to study the working of the new scheme at first hand and report on it. He has reported most enthusiastically upon his findings and it is understood that the Minister has been impressed by his report.

In view of the favorable reaction of the Italian Government and recent discussions between the Chief of the Welfare Branch and responsible officials of the Ministry, it is felt that the time has now come to press for the adoption of the Sicilian scheme for the whole of King's Italy.

It is hoped that by next month, the Sub-Commission will be in a position to report definite and concrete advances in the adoption of this plan by the Italians.

SUMMARY:

- (1) A request has been made for authorization of a ceiling of 62 officers for this Sub-Commission. It is hoped that this request will receive favorable consideration. The existing need is for more medical officers.
- (2) Discussions are in progress for the remodelling of the Italian Public Health Service.
- (3) Small Pox has occurred in Naples and Taranto. 34,000 doses of calf lymph for vaccination purposes have been delivered to the mainland and further supplies are promised.
- (4) There is a diminution in the case incidence of VD among troops stationed in Naples. Difficulty is being experienced in obtaining supplies of blankets, etc., for the establishment of hospitals for infected prostitutes in Region II.
- (5) Only three cases of typhus have occurred in Naples since April 7th and ten cases outside Naples since April 15th.
- (6) The Malaria Control Branch is highly organized and is receiving active assistance from the Rockefeller Foundation.
- (7) An epidemic of Swine Fever is reported in Foggia and Campobasso Provinces. The Veterinary Officer has personally supervised quarantine and treatment measures.
- (8) The attention of Italian authorities has been drawn to their responsibilities concerning the safeguarding of medical supplies. Attempts are being made to stimulate the production of biologicals in Naples. The laboratories in Region I are now turning out large quantities of calf lymph.
- (9) The adoption of the Italian Government of the Welfare program in operation in Region I is anticipated.

PH/GMF/Ja

G. S. Parkinson

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

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Director, Public Health Sub-Commission.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
R.C. & M.G. SECTION
Civil Affairs Branch
APO 394

Ref/514/132/CA

14 May 1944

SUBJECT: Chief Commissioner's Report March 1944.

TO : Director, Public Health Sub-Comm.

1. Reference is made to your letter ACC/3120/PH,
8 May 1944.

2. The error in the Chief Commissioner's report
for March will be corrected in the April report which
is now being prepared.

Ref
ALFRED G. ROWMAN
Lt. Col.
Asst. Director
Civil Affairs Branch

Copy to:
Secretary General

(letter and accompanying papers returned)

ACB/eah.

239
[Signature]

5/14
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REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394.
Public Health Sub-Commission.

ACC/3016/PH

5 April 1944.

SUBJECT:- Public Health & Welfare Sub-Commission Report - Month of March 1944.

TO :- Chief of Staff (Through ADM SEC).

1. During March this Sub-Commission was considerably strengthened by the inclusion in its Headquarters of Colonel Paul F. Russell (A) of the Rockefeller Foundation. Col. Russell is a Malarialogist of world wide experience and repute and with his arrival, it is proposed to create a Malaria Control Section of this Sub-Commission under his direction. This Malaria Control Section will coordinate all ACC anti-malaria work and Col. Russell has already made many contacts with the military, air force and Italian medical authorities in the area.

Major Edgar B. Johnwick (A) has been transferred to another theater of operations.

Due to the shortage of welfare officers in Region III, Major John McSweeney (A) has been permanently assigned to Region III for welfare duties.

Eight medical, sanitary corps and welfare officers are at present under orders to proceed to another theater.

2. As soon as reports of the Belvano railway tunnel disaster reached this HQ, a welfare officer was sent to the scene of the accident with instructions to render Region II officials all the assistance in his power. On his arrival, however, he found that everything possible had already been done for the survivors, but this gesture was appreciated by the local authorities and the Sindaco expressed his gratitude for the prompt offer of assistance made by this Sub-Commission.

3. The Vesuvius eruption necessitated the dispatch of a number of officers from Rear Headquarters to the site of the disaster. Four officers, Lt.Col Shields, Major Rushmore, Captains Silveira and Savage, and one EM, T/5 Caputo, were sent from this Sub-Commission and one officer, Capt. Savage, is still on duty in the village of Foggionarino. An interesting sidelight on the work done in this area is the fact that valuable information concerning the situation of the crops was passed direct to the Agriculture Sub-Commission.

4. The hospital situation at Potenza, described more fully in the report of the Hospitals and Medical Care Section, assumed at one time the proportions of a major issue between ACC and the Italian Government. The fullest possible investigation of the situation revealed the fact that any blame which had to be apportioned rested with the Italian hospital director and not with the military authorities as alleged and a letter to that effect was addressed by the Vice President to the Minister of the Interior.

5. At a meeting held between the Director, Brigadier Parkinson, and the Under Secretary for the Interior, Dr. Capasso, the cordiality of the relationship between this Sub-Commission and the Italian Public Health authorities was evident.

ACC/3016/PH - March Report - P.H. Sub-Commission (Continued)

5 April 1944

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A number of points of general interest were discussed and in particular Dr. Capasso was asked to publish orders throughout the area controlled by the Italian Government calling upon Prefects and Sindacos to exercise the strictest possible supervision over the disposal of refuse and garbage in their respective provinces and communes. This is a problem which has frequently been raised with the Sub-Commission by the military authorities and unless it is dealt with efficiently, the incidence of fly borne disease will increase alarmingly during the coming months.

6. The VD problem in its relation to the Italian civilian population as well as to our own troops, was considered to be one of such paramount importance that the Vice President was requested to send to the Minister of the Interior a suggestion that a special venereal disease section of the Italian Public Health organization headed by an experienced venereologist should be created. The function of this section would be, broadly speaking, to work in close collaboration with the ACC VD Control Officer, to formulate an overall VD control programme for Italian civilians and to direct all civil treatment centers.

7. The Director, Brigadier Parkinson, visited Bari, Potenza, Foggia and Campobasso. The report of his trip is to be found at APPENDIX "A". One of the chief objects of this tour was to discuss the question of supplying medical officers to the Displaced Persons Sub-Commission.

While this discussion was in progress, six Italian doctors arrived in Italy from North Africa and were immediately assigned to the Displaced Persons Sub-Commission. The arrival of these doctors relieved the situation immeasurably, as the Public Health Sub-Commission would find it virtually impossible to supply the Displaced Persons Sub-Commission with medical men from its already scanty resources.

A. HOSPITALS & MEDICAL CARE SECTION:

1. Lt. Col. Shields, the Chief of this Section, was among the party dispatched on the Vesuvius refugee relief project and his observations are contained in his monthly report. APPENDIX "B".

2. As Lt. Col. Shields has stated in his report, Miss Tiley of the American Red Cross was appointed to act as liaison officer with the Italian Red Cross and she was asked by this Sub-Commission to investigate reports concerning the acquisition of Red Cross stores and materials by Allied troops.

It has just been learned, however, that Miss Tiley has been killed in an aeroplane accident within the last few days. This, in addition to being a serious loss to the American Red Cross of which she was Associate Director of War Relief, is also a matter for deep personal regret to members of this Sub-Commission. Miss Tiley first came to Sicily in the autumn of 1943 and her charm of manner and pleasant personality quickly impressed themselves on all who came into contact with her.

B. PUBLIC HEALTH SECTION:

1. Reports from the Typhus Control Service under Lt. Col. Williams are very satisfactory. The graph - APPENDIX "C" - shows the incidence inside and outside Naples City and compared with the graph for January and February, it indicates that at the present moment Typhus can no longer be considered a menace and its present negligible incidence is due entirely to the activities of the Typhus Control Service.

In consequence of this diminution in case incidence, the staff is being reduced and it is now Lt. Col. Williams' object to let the bulk of the work, such as it is, be handled by the Rockefeller Foundation and the Italian civilian medical and lay group.

It is considered that some very valuable and interesting epidemiological facts will emerge from the study of all the data now available to the Typhus Control Service.

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It is expected that a full report covering the entire epidemic together with the conclusions to be drawn from the available records will be prepared in about a month's time.

2. The report of the Venereal Disease Control Officer, Major Lewis - APPENDIX "D" indicates that there is an improvement in the VD incidence among troops in Region I. Considerable progress has been made in the provision of hospital accommodation for infected prostitutes. It is hoped that during the month of April, centers in Region I will have available a total of 775 beds, Region II 240 beds for such cases, Naples has now 700 beds for such cases. At the moment, every effort is being made to increase the available beds in Region II to a much higher level.

The Italian Government is issuing a decree calling upon the police to exercise more stringent control over prostitutes plying their trade outside licensed houses. The policy now is that when a prostitute is arrested she is taken straight to hospital instead of being first put in prison, where the practice was to have her medically examined. By removing her initially to hospital for examination, it is felt that more accurate diagnosis is possible, there is less risk of bribery and there is no possibility of infected and non-infected prostitutes being herded together in prison. This latter is a point made by the Italian authorities, though not considered by this Sub-Commission to be of great importance.

Several conferences have been held with Italian Public Health authorities and reference has already been made to the proposal for creating a Venereal Disease Division within the Italian Public Health organization.

3. With the arrival of Col. Paul F. Russell it is proposed to set up a fresh section of this Sub-Commission. This section is to be known as the Malaria Control Section and is to consist, under the direction of Col. Russell, of a medical officer, an entomologist and a sanitary engineer.

The function of the Malaria Control Section is to direct and advise all areas of Italy, Sicily and Sardinia under AGC/AMG control, and to work in conjunction with the military and civil authorities.

Since Col. Russell's arrival, he has made tours of Salerno plains, the Volturno River area and Caserta, has been given a seat on the Hygiene Advisory Board and is planning to hold early in April, a Malaria conference to be attended by representatives of all Naval, Military and Air force formations in the West coast of Italy. A similar meeting for East coast formations is projected for a later date in April.

Lt. Manzelli made a tour of Region VI during March and his report - APPENDIX "E" is an extremely valuable and detailed analysis of the present situation regarding Malaria Control on the Island.

4. Major Rushmore, the Veterinary Officer, returned during the month from a lengthy and comprehensive visit to Region I where he investigated the entire scope of Italian veterinary activities. One result of his visit was the discovery that apparently, the large stocks of dried milk at present held in Sicily are not being utilized. The Sicilians, apparently have no interest in this commodity. This information was passed on to the Food Sub-Commission which took prompt action by ordering the complete Sicilian stock of dried milk to be sent to Naples where an ample demand for it exists.

The Italian Veterinary Service in Region I is operating satisfactorily and the production of biological preparations in this area is up to pre-war quality and quantity. In fact, the Veterinary Service in this area is working so well that close supervision by AGC is no longer considered necessary.

Declassified E.O. 12356 5 April 1964

- March Report - P.H. Sub-Commission (Continued) 5 April 1964

more attended meeting of American Veterinary Officers in Naples at which the Rabies problem was discussed. The conclusions reached at this meeting are found in Major Kashmore's monthly report - APPENDIX "F", while his report on Region I, in the form of answers to a set questionnaire (Appendix I of Report) is to be found at APPENDIX "G".

AL SUPPLY SECTION:

1. Griffin's report - APPENDIX "H" - refers to the fact that the Central Committee has been abolished and that the responsibility for warehousing and stocks of American Red Cross Clothing now rests with the Medical Supply Section. This section deserves great credit for accepting this commitment in addition to carrying on the very onerous work for which it was originally designed.

Supplies continue to arrive satisfactorily and Executive Memorandum No. 34 - instruction on the method of warehousing and distributing medical supplies - has been circulated to all ACC medical officers, to all Medici Provinciali and to the Public Health Department.

Attention is drawn to the possibility of medical supplies appearing on the black market. Once ACC Public Health officers hand over drugs to the Italian agent in return for payment, all control over such drugs is lost. This Sub-Commission must, therefore, accept any responsibility for what happens to medical supplies which they have left Medical Supply warehouses. Executive Memorandum No. 34 has been especially devised to eliminate as much as possible all opportunities for black market activities, but in the final count, proper handling and ultimate distribution is entirely with the Italian officials. It is being made abundantly clear to the head of the Italian Public Health Department that his organization is responsible for the distribution of supplies and that if any find their way to the black market, he can in no way be held responsible. A copy of the letter addressed to the chief of the Italian Public Health Department is attached - APPENDIX "I".

WELFARE SECTION:

1. Due to the imminent departure of Capt. Joel G. Earnest for another theater, Capt. Edward E. Silveira has been chosen to succeed him as Chief of the Welfare Section.

2. The formulation of a unified Italian Welfare programme for all territory under the control of the Italian Government has been the subject of discussion between the Welfare Section and Comandatore Moscato, Chief of the Division of Civil Administration. As a result of these conferences, Capt. Willcox and Dott. Ferrante, Comandatore Moscato's deputy, are at present in Sicily for the purpose of examining and reporting upon the Island-wide organization now in operation. On their return it is proposed, in the light of their report and in conjunction with the Italian Government to prepare an overall welfare programme which may be put into effect as soon as it is possible.

3. Despite the abolition of the Soccorso Militari in Region I by AMG soon after its arrival in the Island, the Finance Minister is authorizing this agency to continue payments of relief to the dependants of soldiers. These payments are being made with the cognizance of the Finance Sub-Commission, which neither raised any objection to them nor informed this Sub-Commission what was taking place.

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Major Rushmore attended meeting of American Veterinary Officers in Naples at which the Rabies problem was discussed. The conclusions reached at this meeting are to be found in Major Rushmore's monthly report - APPENDIX "F", while his report of Region I, in the form of answers to a set questionnaire (Appendix I of February Report) is to be found at APPENDIX "G".

C. MEDICAL SUPPLY SECTION:

1. Col. Griffin's report - APPENDIX "H" - refers to the fact that the Central Clothing Committee has been abolished and that the responsibility for warehousing imported stocks of American Red Cross Clothing now rests with the Medical Supply Section. This Section deserves great credit for accepting this commitment in addition to carrying on the very onerous work for which it was originally designed.

2. Supplies continue to arrive satisfactorily and Executive Memorandum No. 34 - an instruction on the method of warehousing and distributing medical supplies - has been circulated to all ACC medical officers, to all Medici Provinciali and to the Italian Public Health Department.

3. Attention is drawn to the possibility of medical supplies appearing on the black market. Once ACC Public Health officers hand over drugs to the Italian agencies in return for payment, all control over such drugs is lost. This Sub-Commission cannot, therefore, accept any responsibility for what happens to medical supplies after they have left Medical Supply warehouses. Executive Memorandum No. 34 has been especially devised to eliminate as much as possible all opportunities for black market activities, but in the final count, proper handling and ultimate distribution rests entirely with the Italian officials. It is being made abundantly clear to the head of the Italian Public Health Department that his organization is responsible for the distribution of supplies and that if any find their way to the black market, ACC can in no way be held responsible. A copy of the letter addressed to the chief of the Italian Public Health Department is attached - APPENDIX "I".

D. WELFARE SECTION:

1. Due to the imminent departure of Capt. Joel G. Earnest for another theater, Capt. Edward E. Silveira has been chosen to succeed him as Chief of the Welfare Section.

2. The formulation of a unified Italian Welfare programme for all territory under the control of the Italian Government has been the subject of discussion between the Welfare Section and Commendatore Moscato, Chief of the Division of Civil Administration. As a result of these conferences, Capt. Willcox and Dott. Ferrante, Commendatore Moscato's deputy, are at present in Sicily for the purpose of examining and reporting upon the Island-wide organization now in operation. On their return it is proposed, in the light of their report and in conjunction with the Italian Government to prepare an overall welfare programme which may be put into effect as soon as it is possible.

3. Despite the abolition of the Soccorso Militari in Region I by AMG soon after its arrival in the Island, the Finance Minister is authorizing this agency to continue payments of relief to the dependants of soldiers. These payments are being made with the cognizance of the Finance Sub-Commission, which neither raised any objection to them nor informed this Sub-Commission what was taking place.

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The re-establishment of Soccorso Militari is completely opposed to the welfare policy of this Sub-Commission, but before further action is taken, the report by Capt. Willcox and Dott. Ferrante on their visit to Region I is awaited.

4. The monthly report of the Welfare Section is to be found at APPENDIX "J".

SUMMARY: -

1. A general report for the Sub-Commission of Public Health & Welfare in addition to more detailed sectional reports is submitted for the month of March 1944.
2. Four officers from the Public Health Sub-Commission were placed on temporary duty, HQ Region III to assist with relief work during the eruption of Vesuvius.
3. The occupation by the military of a civil hospital at Potenza assumed, shortly thereafter, the proportions of an "issue" but prompt and unbiased investigation showed the civilian director of the hospital to be deficient in hospital administrative ability and his removal has been requested.
4. The formation of a Division of Venereal Disease Control within the Public Health Dept. of the Italian Government has been recommended.
5. The Sub-Commission of Public Health & Welfare received with deep regret, news of the untimely death of Miss Tilley, Associate Director of War Relief of the American Red Cross, an able and outstanding worker in her field.
6. Typhus can no longer be considered a menace to civilian or military personnel. The control program, however, is still carried on under the direction of Lt. Col. W.C. Williams, Deputy Director, Public Health Sub-Commission.
7. The incidence of Venereal Disease among troops in Region I has decreased.
8. A Malaria Control Section has been newly created within the Public Health Sub-Commission. It is under the direction of Col. Paul F. Russell.
9. Veterinary service and practice in Region I has attained pre-war standards.
10. Medical Supplies are sold to the Italian Government and their proper use distribution is the responsibility of the Italian Public Health Dept.
11. Plans are being formulated by the Welfare Section to establish a unified Italian welfare program.

G. J. Parkinson
G. J. PARKINSON, Brigadier
Director, Public Health Sub-Commission

PH/GMF/ja

APPENDICES:

- 'A' Report by Brigadier Parkinson, Visit to Bari, Potenza, etc. 2388
- 'B' Monthly Report by Lt. Col. Shields, Hospitals & Medical Care Section.
- 'C' Graph - Daily Incidence of Typhus, Naples and District.
- 'D' Monthly Report of Major Lewis - VD Activities.
- 'E' Report by Lt. Manzelli - Malaria & Malaria Control - Sardinia.
- 'F' Monthly Report by Major Rushmore - Veterinary Activities.
- 'G' Report of Major Rushmore, Answers to Questionnaire.
- 'H' Monthly Report of Col. Griffin - Medical Supply Activities.
- 'I' Letter to Dr. Vessoso, Distribution of Medical Supplies.
- 'J' Monthly Report of Capt. Silveira, Welfare Activities.

APPENDIX "A" 126

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
ArO 394
Public Health Sub-Commission

25 March 1944

ACC/3010/PH

SUBJECT: - Report on Field Trip - 13 - 18 March 1944,
By Brigadier G.S. Parkinson, Director, P.H. Sub-Commission.

POTENZA: Met Major Pollit (the Provincial P.H.O.) and visited the civilian hospital in the Institute Piedmonti. This has been made the subject of a separate report as it is considered that the unsatisfactory conditions found there are largely due to complete lack of co-operation with the Military Authorities on the part of the Medical Superintendent Prof. Giavoli Federic. There are sufficient medical supplies in the Province, and these will be augmented when a consignment which left Naples on March 8th arrives. The directive dealing with distribution of Medical Supplies has not yet been received.

The food situation is now better and the civilian hospital is receiving the new scale of ration.

Supplies of Red Cross clothing have been received and distribution is being made by the local committee.

Before leaving I saw the Provincial Commissioner, Major Nichols.

BARI: The main object of my visit to Bari was to see the work of the Displaced Persons Sub-Commission and discuss the question of personnel.* I met Col. Kirkwood the Director and Lt. Col. King, his Chief M.C. and visited two of the camps and a hospital. In all there are nine camps which could take up to 22,000 if filled to capacity, but the average load is about 15000. In addition there are two hospitals with 300 beds and there will shortly be an orphanage as numbers of children have lost their parents. The great difficulty in staffing these camps is due to the uncertainty of tenure of the staff as the Yugoslav Committee moves Yugoslav personnel without warning. There are at present 12 Yugoslav doctors but unfortunately there are no trained nurses, and while the women employed in the wards are willing, they are little better than ward maids.

I learnt that there was some difficulty about closing Ferramonti Camp, as satisfactory accommodation has not so far been found. Every effort should be made to see that this is done before the malaria season begins.

The reception camp has a holding capacity of 3,500 and is very well run in spite of a shortage of personnel which has now been partially made good.

* This is the subject of a separate report to RC and MG Section dated 23 March 1944 - Ref. ACC/3006/PH.

APPENDIX "A"

Sheet 2

ADC/3010/3/PH - Report on Field Trip, by Brig. Parkinson.

On the date of my visit there were 1,130 in the camp and the daily intake is from 400-600 refugees who arrive with little warning. Two lorry loads of refugees arrived while I was there, while others were being disinfested and given a bath. This work which also includes vaccination etc., is under the care of Capt. Biswas IMS and the greatest credit is due to him for the efficient way this work is being performed.

The reception camp is hatted, each hut will hold an average of 210 persons. Only a few families live separately and there are usually from 400-600 Jews in separate huts.

Two committees have been formed to confer on camp management with the Commandant, Lt. Col. Kerr. There is a camp hospital which is quite comfortable and has a separate cook-house where I saw food being prepared. The displaced persons are receiving excellent rations which are well cooked and served, and everything was being done for their welfare.

Clothing has been received from ADC, but more is needed especially for women and children and there is need for recreational equipment. I spent more than an hour going round this camp and had ample opportunity of seeing most of its activities, and the thing that struck me most was the happy faces of both young and old.

Capt. Savage who accompanied me on my visit saw a train off at night taking 800 displaced persons to the staging camp. Rations were distributed for the journey and hot milk provided. Everything was done in a most orderly manner, under the supervision of a Yugoslav Nurse, military police and drivers etc., all giving a helping hand.

SANTA MARIA:

While included among the nine camps, this one consists of three villages of which Santa Maria is one, all on the sea where the displaced persons can live as families in houses when necessary. In the village there is a small hospital where the sick are well looked after by a Yugoslav doctor and by Yugoslav personnel. There are 30 beds, 33 of which were occupied. There are sufficient medical supplies except in the case of children's medicine, but this matter is receiving attention. There was a good supply of clothing for which there is constant demand. The clothing store is in charge of one of the British Red Cross and is staffed by Yugoslav personnel who carry out necessary repairs. There is need of recreational equipment for the children. While I was there I visited the school room and found a British driver playing folk songs for a number of children, all were clean and singing heartily.

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Sheet 3

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There were signs of malnutrition, but I was told that within a few days of arriving these children improved to an unbelievable extent. The food store was well stocked and the place was clean. The care of the camp is in the hands of a committee. Recreation for the adults is provided and there are dances and musical evenings, the latter arranged by a well known conductor from Prague. There is a piped water supply but no water carriage system of sewage, the disposal of which is causing some difficulty. The Commandant Capt. Geddes has on his staff a Hygiene Officer, a sanitary inspector in civil life. If more officers of this kind were available they would be invaluable in camps for Displaced Persons and Refugees.

WAGLIE

Here a school building has been taken over as a hospital. The Medical Officer in charge is Major Murry-Wood and to assist him there is a Yugoslav and a Polish doctor, apart from 3 British Nursing Sisters, the nursing is done by Yugoslav personnel, some of which have had little or no training. The hospital could take 200 beds, but so far only 124 have been received. There is no heating but at the time of my visit the wards were not really cold. Improvised heating had been provided for two newly born infants. The building is lit by electric light which is shut off at night. All surgical cases are sent to Bari. There was an unusual amount of nephritis among the children in the medical wards. This is a well run unit and the patients are comfortable and as well cared for as the facilities will allow. One or two trained nurses are necessary in all these hospitals. Some of these nurses should have their mid-wife's certificate.

While at Bari I had an opportunity of seeing Brigadier Cameron, DDMS No 2 District, and Colonel Benson, 15 Air Force (U.S.A.). With Brigadier Cameron I discussed the hospital situation at Potenza and after having read several reports I was convinced that the Military Authorities were in no way responsible for the incidents complained of by H.E. the Italian Minister of the Interior. Two hundred beds will be available shortly at Bari for the hospitalization of prostitutes. The military will provide the equipment but the drugs will be found by ACC. These beds will not only take in prostitutes from the Bari area, but if necessary those sent down from the forward areas.

I also discussed malaria control and other relevant matters. Colonel Benson (U.S.A.) asked if beds could be made available at San Severo and Lecce. Twenty beds have now been provided at Lecce and it is hoped that similar arrangements will be made at San Severo. He spoke about the connection between bad drink and V.D. and suggested that the number of cafes serving drink should be reduced, and the remainder put under control so that bad drink was not provided and that these should not be situated in the neighbourhood of brothels. The V.D. rate in the Air Force was very high, higher than the Military. Full co-Operation in an attempt

ACC/3010/3/PH - Report on Field Trip, by Brig. Parkinson.

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Sheet 4

to reduce the V.D. rate was offered and I am sure my contact with Col. Benson was a useful one. 123

FOGGIA

If Foggia is to be cleaned up before the hot weather and fly breeding begins, help not only as regards personnel but also of such mechanical devices as bulldozers will be required. I believe that this help will be given but it is unfortunate that the work has been delayed so long. This ruined town in the centre of air fields may well become a menace to the health of the troops as far as intestinal disease is concerned if the work of cleaning up is not soon completed. There are ten beds for the treatment of prostitutes but their evacuation under escort to Bari will continue when necessary. Foggia has its malaria problem, but the Air Force, co-operating with ACC/AMC is providing two air planes for dusting mosquito breeding places, with Paris green.

A refugee camp is being opened in P.O.W. building. It is not yet being used. The disposal of sewage has been a problem for some time as numbers of drains and sewers have been broken. Most of these have now been repaired, but there is still a block in the main sewer at the railway embankment but this whole question is being well handled by the Engineers. In the older parts of the town there is a complete absence of any sewage system and this may become a serious menace during the coming hot weather. The sanitation of Foggia will need constant supervision.

It is interesting to note that there is now a soap factory which has begun to turn out supplies for the province, but there is a shortage of Caustic Soda.

LUCHERA

Here I met Lt. Col. Temperly the Provincial R.O., Luchera has been chosen as the headquarters of Foggia Province. I discussed the hospital situation at Foggia with Col. Dalziel who told me there were only 60 beds in a school which was not enough.

There are sufficient medical supplies and more are on the way up, and there is sufficient powder and equipment for disinfection. Scabies is prevalent among the civilian population. The civilian bread ration is 150 grams, in some places it is more, but as elsewhere everything depends on being close to the source of supply. The Italian Provincial Medical Officer is satisfactory and is taking an active part in the Medical organization of the province. There is plenty of work for Welfare Officers in this area but unfortunately the demand is greater than the supply. Much good work has been done in liaison with the Red Cross.

CAMPBASSO.

Here I met the Regional Commissioner Col. Wheatly, the Regional P.H.O. Col. Marshall, the Provincial P.H.O. Capt. Royston, the Regional Sanitary Engineer Capt. Adams and the P.H.O. 8th Army Lt. Col. Farinacci.

There is the usual shortage of personnel and the policy must be to deplete the back areas to supply the more forward ones.

ACC/3010/3/PH - Report on Field Trip, by Brig. Parkinson.

APPENDIX "A"
Sheet 5

but this while proving difficult now, will become almost impossible in the near future. There is some feeling that personnel primarily assigned to Region V is now being used by the displaced Persons Sub-Commission, and this is in part true.

The Regional Commissioner asked if Col. Spencer the sanitary Engineer who had been assigned to Region IV could remain in the Foggia area for the time being, where he was doing some very good work. This was agreed to on the condition that he should return to Region IV when required. He also asked that Capt. Royston now temporarily attached could be permanently assigned to Region V and this was agreed to if a replacement could be arranged for the 8th Army.

A good warehouse has been obtained for Medical supplies of which there is now no actual shortage.

There is however some confusion both on the part of the P.H.O. 8th Army and of Region 5 regarding the price of some items in the price list of Medical stores as well as their distribution. This is largely due to difficulties of communication, as a new price list has not yet been received; which should clarify everything when received. As a result of this tour it is felt that copies of all directives etc., should be sent both to Regions and Provinces as there is often delay on the part of the former in passing them on to the latter.

At the moment V.D. is not a great problem, but at the same time it was suggested that machinery set up in other areas for dealing with the problem should be put in motion.

The new scale of rations for hospitals was now being issued and while there was an ample supply of bread there was a shortage of sugar, olive oil and meat, with the result that the patients were receiving the same amount of these products as the rest of the community.

The food situation throughout the Region on the whole was satisfactory. The shortage of transport prevents building up any supplies beyond day to day needs; but there is ample supply of fresh fruit and vegetables of local production.

BENEVENTO

When passing through this town I called in and saw the Provincial Commissioner Major Armstrong. This town has suffered a great deal of damage and housing is a problem at the moment. Out of a population of over 40,000, there are 10,000 homeless people. The position has not been improved by the wholesale requisitioning of buildings by the Military Authorities, no doubt a necessity, but the Provincial Commissioner considers that on one or two occasions a little more consideration might have been shown towards the needs of the Civil population without interfering with Military requirements. The Provincial Commissioner

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APPENDIX "A"
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told me that he had been asked what arrangements could be made to receive refugees from the front area in his province. As far as Benevento is concerned I consider that taking the housing situation and the general condition of the town into account on health grounds this would be most undesirable.

There is no shortage of Medical supplies.

The Medico Provinciale is young and active and all reports suggest that he is satisfactory.

While the food is available its distribution is difficult as in the province some 260 bridges have been destroyed and only some 5% replaced and when the rivers are in flood it is impossible to reach out-lying districts.

While all the essential services are now functioning, like Foggia and many other towns Benevento will present a sanitary problem when the warm weather comes, unless transport and other mechanical aids can be obtained to clear up the debris.

NAPLES

At Naples I met Col. Russell who has just arrived from Algiers to co-ordinate Malaria Control.

The inclusion of Col. Russell in the Public Health Sub-Commission will be most valuable, as his experience of this disease is world wide. He has already drawn up a programme which will be put into effect in the near future and which may go a long way towards keeping the incidence of this disease under control.

PH/GSP/rr.

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "B" 120

ACC/3012/PH

1 April 1944

SUBJECT: - Monthly Report - Section Hospitals & Medical Care,
March, 1944.

TO : - The Director, Public Health Sub-Commission, ACC.

During the month of March 1944 the following personnel were assigned to the Section of Hospitals & Medical Care:

Lt. Col. Charles D. Shields, M.C. (A)

The greater portion of time during the month was devoted to routine office work, reviewing correspondence and handling correspondence concerning hospital and medical care problems.

During the month it was brought to the attention of this Sub-Commission that supplies and equipment were requisitioned from the Italian Red Cross by Allied military authorities to such an extent that their ability to render service was disrupted. An effort was made to determine the facts.

The American Red Cross has recently appointed Miss Tiley of their organization as liaison officer to the Italian Red Cross. She is at present engaged in studying their organization and services and will visit their headquarters at which time she will obtain a list of supplies and equipment that have been requisitioned. This information, when compiled, will be made available to this office.

The latter portion of the month was spent working with the Emergency squad assigned to the vicinity of Mt. Vesuvio which had become unusually active, showering nearby communities with ashes and endangering other communities with extinction by means of molten lava.

Under the direction of the Regional Commissioner, Region III, an excellent plan for evacuation of communities was established. As a part of this plan, the undersigned was directed to supervise evacuation from the medical standpoint, isolation ~~of and~~ transport of communicable disease, selection of aged and ill who would be in need of transportation, provision of medical care, etc. Fortunately large scale evacuation did not become necessary. The problem, however, was greater than mere evacuation. Roads in certain communities became impassible, especially for civilian traffic and the pasture lands were completely covered with cinders and ash. A major problem of food supply both for man and animals was produced. A recommendation after a survey was made by the undersigned that food be transported to these stricken communities by means of Allied transportation and that workers engaged in clearing roads be given extra food. This recommendation was carried out.

During the month an excellent report on the survey and reorganization of hospitals in Catania Province, Region I was received. As a result of the survey conditions were found which needed correction and assistance. Under the guidance of the Provincial Commissioner, an unpaid Hospital Commission was formed from leading citizens in various fields and professions. It is planned to replace these groups, however, in the near future with paid technical experts working under the direction of the Medica Provinciale.

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APPENDIX "B"

Sheet 2

ACC/3012/PH - March Report - Hospitals & Medical Care Section - Continued. 119

1 April, 1944.

During the month of March the British military authorities found it necessary to occupy the Trachoma Hospital at Potenza which was at the time being used as a civil hospital. Military necessity prompted the requisition and occupation of their building. A complaint was received from the Italian Government that the community was unable to provide hospital service should such take place. Investigation by the Director of Public Health, ACC and senior military medical officers concerned, showed this to be untrue. The director of the institution seemed to be directly obstructing the military by misstatements of facts, and perhaps, by needlessly exposing civil patients to dangers which the military authorities foresaw, warned against and offered facilities to prevent. Furthermore, the administrative practice of this director was obviously inadequate and unskillful. His removal has been requested by the Vice President, Administrative Section, A.C.C.



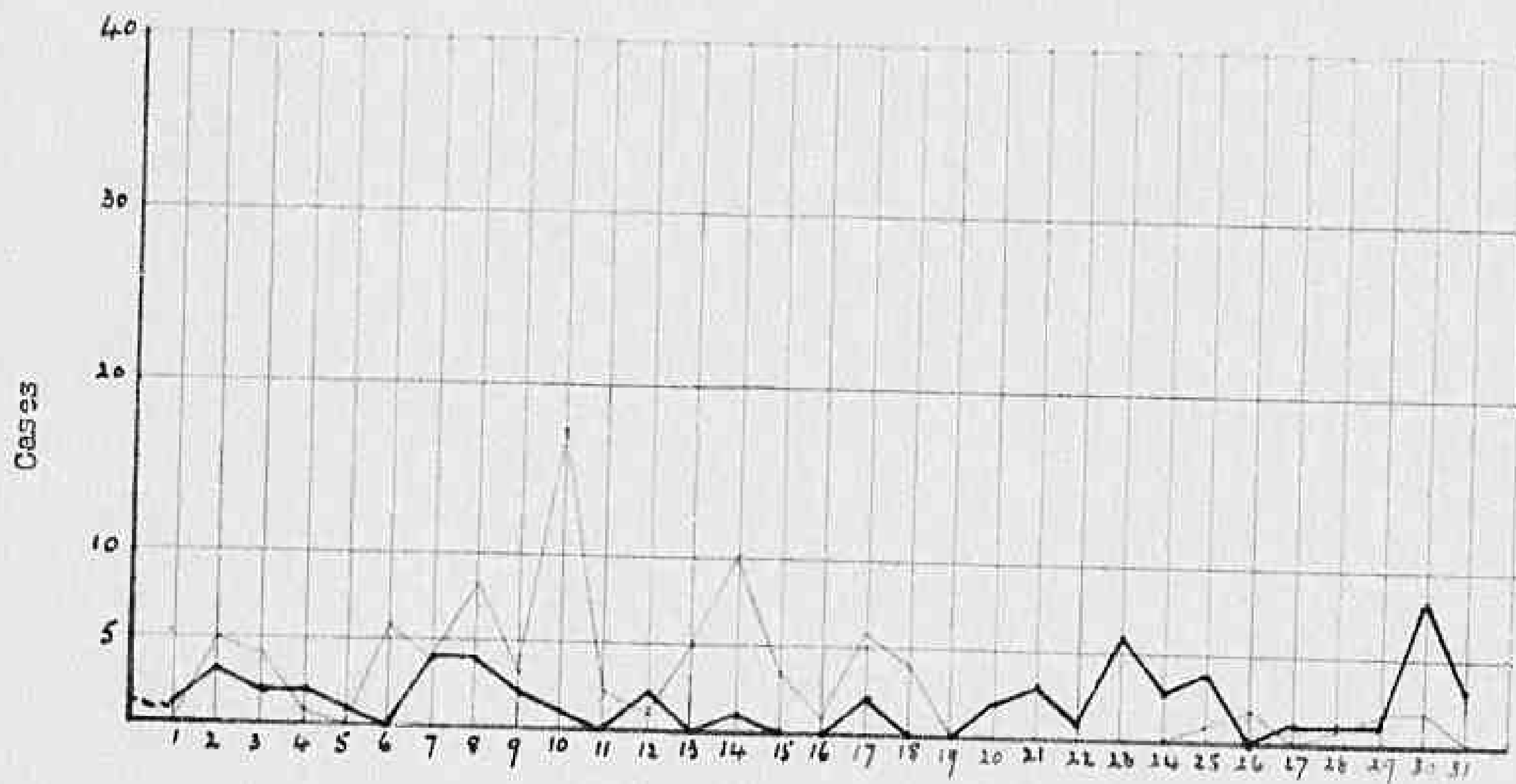
CHARLES D. SHIELDS

Lt. Colonel, A. C.

Chief, Hospitals & Medical Care Section.

APPENDIX "C"

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Daily Incidence of Typhus in
Naples and District during
MARCH 1944

— Incidence of Typhus in Naples City.

— Incidence of Typhus outside Naples City.

HEADQUARTERS
ALLIED CONTROL COMMISSION
Public Health Sub-Commission

APPENDIX "D"

31 March 1944

Subject: Report of Venereal Disease Control Activities for the
Month of March 1944.

To : Director of Public Health Sub-Commission (Att: Maj. Frizelle)

1. During the month of March, field trips have been made to Palermo, Catania and Cagliari to study progress in these areas; conferences were held with Dr. Vezzoso, Italian Director of Public Health; and conferences were attended at District III and AAI hqs.
2. At the time of the visit to Palermo improvement in the general situation was noted. The IBS order placing houses of prostitution "out of bounds" to troops was being enforced and the Italian police authorities were cooperating with the military police in the repression of clandestine prostitution. The Surgeon of IBS asked for more energetic action on the part of civil authorities. Region I had requisitioned, through the prefect, a suitable building to augment their hospital facilities but were experiencing difficulties in procuring the necessary beds, mattresses, blankets, and other equipment. The hospital in use had been expanded from 100 to 175 beds by adding more beds and transferring the tuberculous patients to another institution. It was learned that the patients at this hospital were not receiving proper treatment because of the failure of the Italian authorities to purchase from ACC the necessary drugs. The problem was solved by requiring the Italian Director of Health to authorize Prefects to expend funds for this purpose.

VD Rates IBS

Month	White	Coloured	
Dec.	186.1	728.8	These rates are still excessive and can still be brought lower by more effective repression of prostitution and emphasis on leadership and recreation for the troops.
Jan.	186.2	631.6	
Feb.	156.6	566.3	

3. The DDMS of District I reported an improvement in the situation in Catania although rates for this area were not available. The Catania Hospital has 110 beds and is very crowded; in some instances two patients were in one bed. A suitable building for additional facilities was provided by the DDMS which can accommodate an additional 200 beds. This building had not been occupied as a search was being made for necessary beds, mattresses, blankets and cooking utensils. It is expected that this hospital will be occupied in April making available a total of 310 beds for Catania. Shortage of drugs was also noted in the Catania hospital.
4. Progress is also being made elsewhere in Sicily. Siracuse has a hospital with 60 beds and efforts are being made to equip another building which will accommodate an additional 100 beds. These two hospitals will then serve both Siracuse and Augusta as there seems to be no possibility of establishing a hospital in Augusta. Messina has a smoothly operating hospital with 114 beds which may be adequate there. Trapani has 16 beds; no further expansion is contemplated in Trapani.

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Sheet 2

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Report of Venereal Disease Control Activities for the month of March 1944 (Cont)

5. Cagliari was visited early in March and conferences held with the Regional Public Health Officer, the Surgeon of the garrison, and Italian Medical authorities. A beginning has been made on a repression and hospitalisation programme. The hospital had a ward with 35 patients. Additional facilities are needed in Cagliari and at either Sassari or Alghero. The Regional Public Health Officer is trying to increase these facilities. The following rates for Sardinia were available:-

<u>Month.</u>	<u>White.</u>	<u>Coloured.</u>
Dec	67.4	301.4
Jan	71.9	839.0

The white rates are respectable in Sardinia but the coloured rates are too high. The Surgeon explained that the small number of coloured troops caused large variations from month to month in the coloured rate. The white rate is lower because of the operational nature of the duties of the troops compared with the white rates of base troops elsewhere in Italy which are higher.

6. The V.D situation in Salerno showed improvement during the month.

<u>Week</u>	<u>Rate.</u>
Nov 6	160
" 13	120
" 20	170
" 27	280
Dec 4	260
" 11	190
" 18	155
" 25	230
Jan 1	100
" 8	60
" 15	85
" 22	80
" 29	104
Feb 5	80
" 12	80
" 19	50
" 26	70

The hospital for Salerno is located at Nocera Inferiore and has capacity for approximately 110 patients. There is still considerable clandestine prostitution within Salerno although this condition has improved.

7. V.D rates for Naples showed no improvement in February; March figures are not yet available. The Surgeon of Metropolitan Area attributes the failure of the rate to decline to several military police units that had abnormally high rates, one was 1200. This would indicate that disciplinary measures are needed in these units.

Rates for Naples and PBS are:-

<u>Metropolitan Area (Naples)</u>	<u>Month.</u>	<u>White.</u>	<u>Coloured.</u>	<u>Total.</u>
	Jan	180.4	368.8	233
	Feb	183	355	229

Facilities have been provided in Region III for all clandestine prostitutes apprehended. In addition to hospitalisation, prostitutes on whom a charge can be

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Report of Venereal Disease Control Activities for the month of March 1944 (Cont.)

proved are taken after hospitalisation to the prison to await trial. The problem of clandestine prostitution within Naples is vast and will yield only to vigorous methods combined with publicity of the sentences that persons convicted may be expected to receive. Because of the shortage of military police to do this job, together with Italian police, it was suggested to PPS that non-coms of all units be given the responsibility of turning over to the nearest military police any pimp or woman that they see solicit enlisted men. A visit to the staging area at Bagnoli showed great crowds of soldiers hanging around the streets without entertainment other than that provided by prostitutes. No activities against clandestine prostitution were observed in Bagnoli said to be one of the worst areas in the vicinity of Naples.

8. Indirect reports are that facilities are needed in San Severino for hospitalisation of clandestine prostitutes. This area will be visited within the next few days.
9. Conferences were held with Dr Vezosso, Italian Director of Public Health, to achieve parallel action by the Italian government with the efforts of ACC and other military units in Venereal Disease Control. Recommendation was made that the Italian Government create a Division of Venereal Disease within the Department of Public Health under a competent venereal disease control officer.

JOHN A. LEWIS, Jr. Major, P.S.
Venereal Disease Control Officer, ACC.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "E"

ACC/3005/PH

30 March 1944

SUBJECT: - Malaria & Malaria Control in Sardinia.

TO : - Director, Public Health Sub-Commission.

General

I. Species of anopheles present in Sardinia:

- A. Anopheles maculipennis labranchiae.
- B. " " Elutis.
- C. " algeriensis.
- D. " claviger.

II. Incidence of Malaria:

- A. 80,000 to 120,000 reported cases of malaria per year.
- B. In 1943, 6000 military cases were hospitalized.
- C. One Italian division stationed on the Island experienced a 54% morbidity rate in 1943.
- D. It is reported that about 50% of the cases are of the malignant type (parasite P. falciparum).
- E. In 1943 there were about 150 civilian deaths and 238 military deaths caused by malaria.
- F. The months of July, August, September and October have the highest malaria incidence rate.

III. The following Island areas have been designated as malaria control priority districts by ACC Public Health Office of Region VI:

Carbonia, Cristano, Olbia, Sassari and Serrabus. Recommendations have been made by the Public Health Office that these areas receive extra attention as regards supervision of malaria control, supply and labor.

IV. Division of Malaria Control Work:

A. Malaria control work is to be done by the following agencies:

- 1. U. S.A. Malaria Control Unit (s).
- 2. Italian Military.
- 3. Italian civilian (through the provincial anti-malaria committees).

B. U.S.A. Malaria Control Unit (s).

- 1. At the present time the 20th Malaria Control Unit, under Capt. Chick and 1st Lt. Bellamy, is conducting control work at Cagliari, Decimomannu, Elmas, Villacrideo and Monserrato. About 250 Italian soldiers are being employed. These areas contain concentrations of Allied military personnel. An area of two miles in extent from the periphery of each troop concentration will be controlled of larval breeding.
- 2. The Region of Alghero, including the towns of Festilia and Alghero, is also to be placed in the control sphere of the U.S. Army.
- 3. Both oil and Paris green dust will be utilized by the control units.

C. Italian Military:

There is a large Italian garrison force scattered throughout the Island. The Italian military are to do control work in their barrack areas. However, due to their lack of equipment and materials, the present plan is to station most of the soldiers in mountainous regions during the malarious months. In those areas where the soldiers remain, malaria control will be attempted by the Italian Army.

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- D. Italian Civilian (through the provincial anti-malaria committees).
The committee will undertake control work in those malarious areas not falling under the jurisdiction of either the Italian military or Allied authorities. However, there is a possibility that these committees may have to conduct control work in the Italian military areas as well.

Provincial Anti-Malaria Committees' Programs.

I. Province of Cagliari - Proposed program for 1944.

A. Three main controls of malaria through:

1. Treatment of malarious humans - human bonification.
2. Anopheles control.
3. Protection of those health individuals who live in malarious zones.

B. Human bonification.

1. Anti-Malaria Ambulatories:

- a. There are 126 permanent ambulatories, distributed as follows:

- (1) One for each of the 117 communes.
- (2) Plus 1 additional for Cagliari Comune.
- (3) Plus 2 additional for Sinnai Comune.
- (4) Plus 3 additional ones, conducted by the Italian Red Cross for the Minister of the Interior, and located at Muscia, Giba, and Pileri.

- b. The commune ambulatories are managed by the medici condotti, who usually employ assistants.

- c. Each medici condotti received L.3000 at the end of the year. (This is a L.300,000 item on the committee's budget.)
The assistants get from L.300 to L.750 per year, depending on the ability of said assistants. (This is a L.80,000 item on the budget.)

2. "Condotte Antimalariche D'Integrazione".

The below named communes, which form part of the consorzio sanitario, do not have a resident commune doctor. Therefore, during the malaria season integrating condotte antimalariche function, working among the communes. At times they are assisted by the head medical officer of the consorzio. These are the communes: Allai, Aguni, Ballao, Barrali, Boniusdemaria, Gesico, Muzai, Neorali, Ussana and Villanova Franca.
This service is also extended to those private communes that are too large in area and require assistance, or who have a grave epidemic. These condotti are paid L.2000 to L.1800 a month. This is a L.180,000 item on the budget.

3. "Coaduttori Antimalarici" - Student Assistants.

Upper grade medical students are assigned to communal areas during epidemic periods. These students are chosen by the Medico Provinciale, and work under the direction of the commune doctors. They seek out and treat all malaria cases in their particular area, and assure the carrying out of anti-larval measures. They must cover their assigned area at least once a week, and must keep records of malaria cases, their treatment, and the distribution of drugs. Each student receives L. 1500 per month. This is a L. 315,000 item on the budget. The following communes receive this student service: Communes of Ales, Baresa, Bureci, Busachi, Cabras, Collinas, Decimoputzu, Fluminimaggiore (for the sector of Buggerru, Chilarza, Giba, Lunamatrone, Narcao, Ruinas, Cristano, Palmas Margiu, Ridda, Samatzai, San Basilio, Sanluri, Santadi, San Vero Milis, Selegas, Senis, Senorbi, Simaschi, Sinnai, Terralba, Tuili, Uras, Usellus, Villacrideo, Villamassargia, Villaputzu, Villaurbana and Teulada.

4. Anti-Malaria Stations:

Cagliari province does not have any. In 1943 a request was made to establish one each in Senorbi, Almas, Cristano, Santadi and Villaputzu. None were provided. This year, three have been asked for, one each for Senorbi, Almas and Cristano. This is a L.500,000 item on the budget.

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5. The following anti-malaria preparations have been requested:

Compresse chinino bisolfato	300 Kg.
" " idroclorato	150 "
" Anti malariche assortite	200 "
Tannato (cioccolatini)	150 "
Soluzione ipodermiche in fiale da gr. 1	120 "
" " in fiale da gr. 050	80 "
Atebrina or Italcina	350 "
Gamefar or Plasmoquine, or Certuna	50 "

C. Anopheles Control:

1. Types of control.

- Elimination of small water holes.
- Correction of water holding areas so that they won't breed anopheles larvae.
- Larval control (with Paris green or oil).
- Destruction of adult mosquitoes in homes and stalls.
- Mechanical protection for babies from adult mosquitoes. -
Screened cradles have been provided free to mothers with young children.
L.50,000 has been asked for this item.

2. Duration of Control Work:

April 15 to October 31.

3. Personnel:

- A total of 150 workers are to be used - one or more for each commune.
- 25 Squad leaders.
- Salaries.
(1) Workers - L.1200 per month for 6½ months. This is a budget item of L. 1,170,000.
(2) Squad leaders - L.1000 per month. This is a budget item of L.226,500.
- In military areas, military squads will work with the civilian squads.
- Workers attend courses at the malaria center of Carbonia. Each worker attending gets L.50 per day, plus travel expenses. This is a budget item of L.100,000.

4. Anti-larval Mixtures:

- Each commune possesses a small amount of Paris green mixture - enough to start a control campaign.
- There is one dust mixing center at Selargius. A request is being made to establish others at Abbasanta, Ales, Orisano, Villamar, Senorbi, Villaputzu, Iglesias, Carbonia and Oiba.
- 35 quintals needed for the 1944 program. The cost of dusting and mixing is established to be L.1,000,000.

D. Protection of humans in malarious areas:

This is to be effected through an intense campaign of acridina distribution to those people living in malarious areas.

E. Malaria Control in the Commune of Carbonia:

1. Antimalaria centre - its functions are as follows:

- Microscopic examination of blood smears.
- Obtain and record statistics relative to malaria.
- Conduct malaria control, both human bonification and anti-larval.
- Conduct small bonifica.
- Conduct teaching courses.

2. The activities of the centre are directed by the Provincial Anti-Malaria Committee.

3. Control - The commune is divided into 10 zones, each zone has a squad leader. Paris green, oil, and Gambusia are used to combat malaria.

4. A hospital is maintained for the treatment of malarious humans.

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30 March 1944.

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5. 1943 Budget:
Carbosarda (Carbonia) L. 600,000
Minister of War 200,000
Minister of Interior 200,000
L. 1,000,000

6. 1944 Budget:
Carbosarda L. 600,000
Minister of Interior 973,000
L. 1,573,000

F. Provincial Budget:
Budget:
Provincial Administration L. 126,800.25
Communes 126,800.25
Minister of Interior 5,596,399.50
Carbosarda 600,000.00
Miscellaneous Income 50,000.00
6,500,000.00

Expenses:
Malaria Control in Carbonia L. 1,573,000.00
Malaria Control in Province 4,614,500.00
Other expenses 312,500.00
L. 6,500,000.00

The Medico Provinciale requests that a malariologist be hired at L. 30,000 per year. Transportation is to be furnished for him.

G. Malaria Incidence in the Province of Cagliari:

Year	Primary	Recurrent	Reinfestations	Pernicious (With Death)	Total
1936	1512	18,944	---	---	20,456
1937	1112	11,686	---	---	12,798
1938	708	9,564	---	7	10,272
1939	1148	8,425	---	4	9,573
1940	1061	7,098	---	24	8,159
1941	2,986	17,383	---	80	20,369
1942	7010	19,581	1,139	75	27,730
1943*	6314	10,732	1,811	---	18,857

* Incomplete figures.

II. Province of Nuoro - Proposed Program for 1944:

A. Human Sanifica.

1. The comune ambulatories will operate as Anti-malaria ambulatories under the direction of the medici condotti.
2. Those ambulatories having microscopes will examine blood smears of their own particular communes, and also those of the communes not having microscopes. The provincial laboratory will also examine all blood smears sent in from the communes.
3. Season (epidemic) ambulatories will be established in those malarious areas too distant from permanent ambulatories. Medical students will conduct these laboratories.

B. Anopheles Control:

1. Last year there were 26 anti-larval stations, located as follows: Nuoro, Oliena, Irgoli di Galtelli, Orroli, Siniscola (with the sectors of S. Lucia and La Galetta), Posada, Torpè, Budoni, S. Teorora, Lede, Lula, Ottana,

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Noragugume, Ichi, Borore, Macomer, Sini (with the sectors of Tinnura, Flussio, Sagama), Tresmuraghes (with the communes of Magomadas, Modolo), Bosa (with the sectors of L. Caterina), Sadali, Nurri, Orroli, Tortoli, (with the sectors of Girasole, Lotzorai, Arbatax), Barisardo, Cardeddu (Gairo), Tertenia, Villanueva, Syrisaili.

2. These additional areas are to be included in this years control program: Dorgali, Silanus, Boltane, Villanova Tulo, Meana Sardo, Crotelli, Ilbono, Loceri.
3. It is planned to station dusters at the below named communes. Paris green mixture will be drawn from the nearest anti-larval stations:

Tertenia - 1 Duster	Meana Sardo - 1 Duster
Sadali - 1 "	Cuglieri - 1 "
Lula - 2 Dusters.	
4. Anti-larval Stations:
 - a. Each anti-larval station operates for a distance of 5 km. out from the inhabited areas.
 - b. The stations are divided into two types; those of the plains, and those of the mountains.
Plains Stations operate for at least 8 months, and Mountain Stations operate for at least 6 months.
 - c. Each anti-larval station is sub-divided into 7 to 10 sectors.
 - d. Each anti-larval station has a squad leader and two workers, whose duties are as follows:
 - (1) Mix and spread Paris green mixture.
 - (2) Distribute Gamusia.
 - (3) Collect anophales adults.
 - (4) Clear and clean water canals and courses.
5. There are about 100 workers employed at these stations.
6. The small bonifica projects undertaken in the communes of Bosa, Borore, and Posada (S. Teodoro) will be completed for the total sum of L.115,000.
7. Surveys and estimates for small bonifica projects in the following communes will be undertaken: Borore, Bosa, Macomer, Sini, Scola, 'rosei, Posada, Torpe', S. Teodoro, Tortoli and Bari Sardo.

C. Anti Malaria Colony.

At Cuglieri there is located the Colonia Anti-Malaria, where malarious children of the province are sent to receive curative treatments.

D. Requirements of the Committee:

- | | |
|--|--------------------------------|
| 1. Truck for the transportation of material. | 6. 5 Sieves. |
| 2. Auto for the committee's use. | 7. 5 Mixers. |
| 3. 100 pairs of shoes for 100 workers. | 8. 10 bicycles. |
| 4. 200 bellows - or suitable dusters. | 9. 60 quintals of Paris green. |
| 5. 100 cloth sacks - to carry Paris green mixture. | |

E. Anti Malaria Drugs:

Drug.	On Hand.	Needed.
Tannato Ciccolatini	gr. 0.000	Kg. 100.00
Bisolfato compresse	Kg. 110.110	Kg. 160.00
Quinine - fiale of 1 gr.	Kg. 28.000	Kg. 50.00
" " " 1/2 gr.	kg. 9.055	Kg. 50.00
Idroclorato	-----	Kg. 150.00
Italcina }	Kg. 000.200 }	Kg. 40.00 }
Atebrina }	----- }	Kg. 30.00 }
Plasmochina	189 tubetti	Kg. 90.00
Certana	21 bot. 003	Kg. 1.50
Antimalarica synthetics	52.1.238	-----
Compresse bacelli	52 boxes	-----
	--- 5 ---	

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30 March 1944.

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III. Province of Sassari - Program for 1944.

A. Human Bonification - to be accomplished through:

1. Curative treatment.
2. Suppressive "
3. Mechanical protection for adults anopheles.
4. Destruction of adult anopheles with insecticide.

B. Bonification Program (Permanent control work).

1. Large scale bonification needed in the following areas: Coghinas - Agro di Sassari and Portotorres, I. Sucia Bonorva, Salinadde and Colco' in Olbia - Valla Inferiore del Liscia, Padulo di Tempio, Chilivani Siligo, Campu Giavesu, Campa Lasari, Nurra and Maddrongianus.
2. Small scale bonification in the following areas: Comuni di Romano (Bonifica Rio Pultos) - Ittireddu, Bulzi-Bonnanaro, Oschiri, Sorso, Sedini Codrongianus, Torralba, Sennori (Rio Taraculos), Giave, Padru, Sassari, (Rio Rosello-Nostaa Signoreddu - Rio Caniga), Monti and Laerru.

C. Larval Control - (From the 15 April to 31 October).

1.	To be done at:	No. Workers	Radius of Work in kms.
	Sorso	3 plus military	5
	Sennori	2 " "	3
	Perfugas	4 " "	5
	Laerru	2	3
	Martis	2	3
	Bulvi	3 plus military	3
	La Maddalena	2 " "	3
	Olbia	3 " "	3
	Alghero	2 " "	3
	Tula	3 " "	3
	Pioaghe	2 " "	3
	Ozieri	3 " "	3
	Eono	3	3
	Rottida	3	3
	Bultei	3	3
	Ardara	2	3
	Berchidda	2	3
	Bulzi	2	3
	Chirramonti	2	3
	Ittireddu	2	3
	Luras	2 plus military	3
	Mores	4 " "	3
	Monti	3 " "	3
	Mara	1	3
	Olmedo	2 plus military	3
	Oschiri	2 " "	3
	Ossai	3	3
	Sedini	3	3
	Uri	2 plus military	3
	Codariuna	4	3
	Putifigari	2	3
	S. Maria Coghinas	3	3
	Romana	2	3
	Usini	2 plus military	3

If military labor is not available, civilian workers will be used.

2. Sufficient Paris green is in stock to conduct a years program. Usually a 1% mixture is used, but often 5% mixture is employed in waters having a great deal of plant growth.
3. Distribution of Gambusia will be employed again this year.
4. The Anti-Malaria Committee employs two inspectors. The ambulatory assistants also act as inspectors in their comune areas.

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30 March 1944.

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D. Ambulatories:

1. Commune ambulatories will act as headquarters for the anti-malaria activities. The medico condotto of the commune and his assistant will direct the ambulatory anti-malaria function.
2. Permanent anti-malaria ambulatories are located at the following points:

Terga - (Castelsardo - Nuovi - Osilo). Codaruna (Sedini) Padru (Budduso) S. Antonio (Colangianus) S. Pantaleo (Olbia) Nuchis (Tempio) Telti (Tempio - Calangianus) Trinita D'Agultu (Aggius) Stintino (Sassari) Palau (Tempio)	S. Francesco D'Aglienta (Tempio) Luogo Santo (Tempio) Caddau - S. Leonardo (Sassari) Esportlatu (Burgos) Luos (Cargeghe) Putifigari (Villanova) S. Giuseppe (Capoluogo) S. Giovanni (") Monte Rosello (")
---	---
3. These anti-malaria ambulatories have the usual functions. All blood smears taken by them are sent to either the Provincial laboratory or to the Porto Torres Experiment Station.
4. There are three categories of ambulatories, based on commune populations and on malaria incidence rates:
 - Category 1. - Ambulatory has director, assistant, and anti-larval squad.
 - Category 2. - Ambulatory has a director, and anti-larval squad.
 - Category 3. - Ambulatory has a director only.

E. Epidemic Measures:

1. During the epidemic months assistant medical personnel are sent into those communes whose large areas make it impossible for the medici condotti to conduct their work properly. These doctors, known as "Condotti Mediche di Integrazione Stagionali", have the same duties as the medici condotti. They must also visit twice a week (on non-consecutive days) all malaria cases in their districts. They must keep the commune health officer informed of all primary and reinfect cases of malaria. These doctors are used in the following areas: Loiri, Padulo, Quartiere, Vecchiu, S. Giusta, Vaccileddi and Budduru.
2. In those areas where help is needed, but not as acutely as in the above areas, medical students are employed. Their duties are directed by the commune medico condotto.

F. Anti-Malaria Establishments.

1. Stazione Sperimentale Anti-Malaria di Portotorres:
 - a. A former Rockefeller laboratory - bombing has partially destroyed the building, causing the transfer of all laboratory work to Sassari.
 - b. This laboratory conducted research in malaria, and in entomology. Courses were given in all phases of malaria and mosquito control. Dusters, medici condotti and their assistants, and squad leaders were sent to these courses.
2. Centro di Malarioterapia - L'Ospedale Psichiatrico, Provinciale di Sassari. At the present time the Centre is not operating due to military circumstances. When possible, it will recommence its functions.

G. Anti-malaria Material:

1. Material on hand for anti-larval control.
 - a. Paris green -
 - In stock - 36 barrels (Kg. 1440)
 - Needed for '44. - 33 barrels (Kg. 1320)
 - Excess - 3 barrels (Kg. 120)
 - b. Other equipment:
 - Scythes - 26
 - Shoulder dusters - 7.

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2. Drugs:

Type	In Stock	Needed.
Bisolfato di Chini	Kg. 90 + (180) ?	Kg. 300 (120) ?
Iidroclovato		Kg. 120
Bicloridrato	Kg. 75	" 120
Soluzioni di Chini	" 30	" 90
Italchina	" 1	" 50
Plasmochina - Compresse	No. 40,000	
Certuna Flaconi	No. 202	Flaconi 370
Antimalariche compresse	No. 25,000	No. 200,000
Tannato	Kg. 50	Kg. 100

H. 1944 Program Budget:

1. Salaries to directors of ambulatories

- a. those of category No. 1 - L.2500 to 3000 per year.
 b. " " " No. 2 - L.1500 to 2000 " "
 c. " " " No. 3 - L.1000 to 1500 " "

2. Budget:

Payment to Directors:	1,200,000
" to Condotti D'Integrazione	70,000
" to Vigilatrici Antimalariche	200,000
" to Coaduttori Antimalarici (8)	70,000
" to Infermieri Permanenti (3)	26,000
" to Inspectors (2) (includes transportation & stipends)	50,000
" to workers (85 @ 30/day)	500,000
Financial assistance to:	
Malarious, expectant mothers - cost of hospitalization	5,000
Curative treatment for malarious children (treatment of 50 for 4 months)	60,000
Propaganda	25,000

IV. Malaria Supplies - Provisional for 1944 (See Appendix "A")

Conclusion & Recommendations.

I. Conclusions:

- Sassari Province alone has sufficient Paris green to conduct a larval control program.
- 5,000 gallons of diesel oil #2 have arrived at Cagliari for distribution to the three provinces. This sum represents one month's quota.
- Sardinia has been allotted 70 knapsack sprayers for oiling purposes. None have been received as yet.
- All three provinces lack larval control equipment.
- All three provinces lack anti-malarial drugs, and are dependent on ACC for obtaining such drugs.
- The Italian military force does not appear to have the means to conduct a malaria control program for the protection of its troops.
- Larval control in the Sardinian Provinces is actually performed by the individual communes, whose medici condotti are charged with the supervision of the work.
- The 20th Malaria Control Unit has initiated a vigorous program in the areas assigned to it for larval control.

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30 March 1944

II. Recommendations:

- A. Sassari Province should conduct its control program solely with the Paris green at its disposal, and any excess dust should be used elsewhere on the Island.
- B. The allotted oil and knapsack sprayers should be divided between the Provinces of Nuoro and Cagliari.
- C. Anti-malaria drugs should be made available to Sardinia as quickly as possible.
- D. Efforts should be made to expedite the shipment of knapsack sprayers to Sardinia. Without sprayers, the diesel oil will not be too efficient as a larvacide.
- E. With the introduction of oil and knapsack sprayers for larval control, two of the Provinces' proposed control programs have become unsuitable. When Paris green is used as a larvacide, individual communal control programs are feasible. But with a limited number of knapsack sprayers, and a limited amount of oil, such programs become impractical. The Provinces of Nuoro and Cagliari should revise their control programs to suit the present supply situation.
- F. Civilian malaria control supplies should not be used for malaria control in Italian military areas.

M. Manzelli

M. A. MANZELLI
1st. Lt. Sn. C.
Malaria Control Officer.

APPENDIX "A"

MALARIAL SUPPLIES PROVISIONAL FOR 1944
REQUIREMENTS PRESENT STOCK

ARTICLE	Cagliari	Nuoro	Sassari	Total	Cagliari	Nuoro	Sassari	Total
Chin bisolfato	300	160	390	850 Kg.	--	110	90(270)	200
" idroclorato	150	150	120	420 "	200	--	--	200
" bicloridrato			195	195 "	100	--	75	175
" tannato	150	100	150	400 "			50	50
Italchina atebri *	350	70	51	471 "	5	--	1	6
Gamefar e Plasmechina	5000	2400	2116	9516 "	0,500	--	0,400	0,900
Compresse Antimalariche								
(Compr) 400,000	--	--	250,000	650,000 Comp.	--	--	25,000	25,000
Chinino in Soluz.	200	100	120	420 Kg.	60	37	30	127
Verdi di Parigi **	35	60	13	108 Q.	5	--	14	19
Sprayers motor	2	--	1	3 No.	--	--	--	3
" hand	400	200	400	1,000 "	--	--	--	1,000
" back	50	100	50	200 "	--	--	7	207
Sieves	20	5	10	35 "	--	--	--	35
Mixers	20	5	10	35 "	--	--	--	35
Shovels	600	360	400	1,360 "	--	--	--	1,360
Spades	600	360	400	1,360 "	--	--	--	1,360
Scythes	720	270	520	1,510 "	--	--	26	1,536
Gumboots	350	100	150	600 "	--	--	--	600
Bicycles	40	10	30	80 "	--	--	--	80
Cars	1	1	1	3 "	--	--	--	3
Small Trucks	1	1	1	3 "	--	--	--	3
Benzina	3000	2200	2500	7700 Litri	--	--	--	7700
Scarpe	300	100	200	600 No.	--	--	--	600
Military Labour	1536	280	520	2336 "	--	--	--	2336
Special	(Oristano	300	Sassari 150					
	(Carbonia	150	Olbia 150					
	(Sarrabus	150						

* Including prophylaxis for Carbonia

** Does not include needs for special areas.

This table obtained
the R.D.P.H. - Reg

Declassified E.O. 12356 Section 3.3/NND No. 785017

MALARIAL SUPPLIES PROVISIONAL FOR 1944

REQUIREMENTS

PRESENT STOCK

DEFICIENCY

<u>Nuoro</u>	<u>Sassari</u>	<u>Total</u>	<u>Cagliari</u>	<u>Nuoro</u>	<u>Sassari</u>	<u>Total</u>		
160	390	850 Kg.	--	110	90(270)	200 Kg.	650	Kg.
150	120	420 "	200	--	--	200 "	220	"
	195	195 "	100	--	75	175 "	20	"
100	150	400 "			50	50 "	350	"
70	51	471 "	5	--	1	6 "	465	"
2400	2116	9516 "	0,500	--	0,400	6,900 "	8,616	"
850,000		650,000 Comp.	--	--	25,000	25,000 Com.	625,000	Com.
100	120	420 Kg.	60	37	30	127 Kg.	293	Kg.
60	13	108 Q.	5	--	14	19 Q.	89	Q.
--	1	3 No.	--	--	--	0	3	No.
200	400	1,000 "	--	--	--	0	1000	"
100	50	200 "	--	--	7	7	193	"
5	10	35 "	--	--	--	0	35	"
5	10	35 "	--	--	--	0	35	"
360	400	1,360 "	--	--	--	0	1360	"
360	400	1,360 "	--	--	--	0	1360	"
270	520	1,510 "	--	--	26	26	1480	"
100	150	600 "	--	--	--	0	600	"
10	30	80 "	--	--	--	0	80	"
1	1	3 "	--	--	--	0	3	"
1	1	3 "	--	--	--	0	3	"
2200	2500	7700 Litri	--	--	--	0	7700	Litri
100	200	600 No.	--	--	--	0	600	No.
280	520	2336 "	--	--	--	0	2336	"
300	Sassari 150							
150	Olbia 150							
150								

phylaxis for Carbonia
the needs for special areas.

This table obtained from
the R.D.P.H. - Region 6.

HEAR HEADQUARTERS
AFED CONTROL COMMISSION
APO 394

APPENDIX "F" 104

ACC/3008/FH

1 April 1944

SUBJECT: - Report of Veterinary Activities During
Period 1 March to 31 March 1944, Incl.

TO : - Director, Public Health Sub-Commission.

1. A survey of veterinary activities in Sicily was made. In general, the veterinary service in Sicily is being re-established to its pre-war status very rapidly. The Provincial Veterinarian in each of the nine provinces was interviewed regarding veterinary problems in general. There are no infectious diseases of great consequence at the present time with the exception of Agrigento Province.

2. Fifteen persons in Agrigento Province were found by the Medico Provinciale to be seriously ill with undulant fever on 4 March. All persons affected had been drinking raw goat's milk. It was recommended that an Avviso be published and circulated by the Prefetto warning the public of the dangers involved in drinking raw milk and instructing them to bring all milk to a boil before drinking. It was further recommended that all goats in the commune in which the disease occurred be tested with Brucellin. Brucellin is a diagnostic agent which, when used in a similar manner as Tuberculin and mallien, gives quite an accurate indication as to whether or not a goat is infected with Brucella Melitensis. In positive reactions the eye under which the brucellin is injected subcutaneously becomes severely inflamed and swollen. Positive reactions have a very good psychological effect upon the milk drinking public. As there is no pasteurizing plant in all of Agrigento Province and there is a shortage of food, it was not deemed advisable to recommend the slaughter of infected animals.

3. There were two instructives issued relative to veterinary activities to the Prefetti in AMG Territory through the Regional Commissioners. On 14 March one was issued as regards the slaughtering of livestock and on 24 March one regarding the immunization of livestock against infectious diseases with special reference to those diseases transmissible to man.

4. A conference was held with Capt. J.F. Kein, Agriculture Sub-Commission, as Capt. Kein is detailed to cope with problems pertaining to livestock. Useful information was obtained by both parties.

5. Requisitions for veterinary biologics and for the other veterinary supplies to arrive within about 35 days have been received regularly. These requisitions are and will continue to be met to the extent the products are available.

6. Considerable amounts of feed for livestock has been and is being supplied to those communes affected by the eruption of Vesuvius. Supplies are being sent from Salerno and Naples.

7. An investigation of a privately owned and operated veterinary laboratory producing patent medicines was made. This laboratory owned and operated by Prof. Nello Mori, Bellavista, Naples, is producing four patented products. Authority for the production and sale of the products has been granted by the minister of Internal Affairs. No reason was seen for suppressing or encouraging the work of the laboratory.

ACC/3008/PH - March Report - Veterinary Activities.
1 April, 1944.

A PPENDIX "F"
Sheet 2

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8. A meeting of all Veterinary Officers (A) in Italy was held in Naples on 28 March. Many veterinary problems of interest to all were discussed. It was decided that Rabies presents one of the most urgent problems to solve. The following conclusions were reached regarding the control measures to be taken as soon as possible:

1. Veterinary officers will encourage more rigid enforcement of the AFHQ Directive regarding dogs on military occupied premises. This directive states that under no circumstances will dogs be permitted on premises occupied by military personnel.
2. Executive Memorandum No. 3 published this Headquarters, 7 February, 1944 to be amended as follows:
 - a. Para. 4 shall read: - "Regional Commissioners will ensure that all prefetti and other authorities named act promptly and with diligence in this matter. Veterinarians in AMG Territory will be instructed and empowered to employ dog catchers to assist them in the same manner as they did under the Italian Government."
 - b. Para. 5 shall read: - "All communes in AMG Territory will be treated as infected areas as follows: (1) Dogs other than those on a leash or with muzzle cannot circulate; (2) Those dogs found circulating without muzzle or not on a leash will be impounded and destroyed immediately."
 - c. Para. 6 shall read: - "Special attention will be given in all AMG Territory."
 - d. Para. 7 - shall be made to read as Para. 6 Executive Memorandum No. 3.

PH/RWR/ja

ROWLAND W. RUSHMORE
Major, Vet. Corps,
Veterinary Officer, A.C.C.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3008/PH

APPENDIX "B"

16 March 1944

Veterinary Questionnaire
Answers

1. The following biologics for the treatment of animals are now being produced in Region 1 (Sicily):
- a. Vaccines: - (1) Anthrax; (2) Blackleg; (3) Infectious Abortion; (4) Mastitis; (5) Gangrenous Mastitis; (6) Strangles (Adenitis) Sero-vaccine; (7) Fowl Diphtheria; (8) Polyvalent poultry vaccine; (9) Hoof and Mouth disease (Afta).
- b. Anti serums: - (1) Anthrax; (2) Blackleg; (3) Tetanus.
2. The biological preparations produced in Region 1 during 1942 are the same as those listed in Para. 1 with the exception of Anti tetanic serum, none of which was produced in 1942.

3. The present production figures are compared with those of 1942 as follows:

	Present	1942
Anthrax Vaccine	1,000,000 doses	600,000 doses
Blackleg Vaccine	230 Litres	230 Liters
Infectious abortion vaccine	4.5 Liters	4.5 Liters
Mastitis Vaccine	30 Liters	30 Liters
Gangrenous Mastitis Vaccine	8 Liters	8 Liters
Fowl Diphtheria Vaccine	2000 Doses	2000 Doses
Polyvalent poultry Vaccine	164 Liters	164 Liters
Strangles (Adenitis, sero-vaccine)	20 Liters	20 Liters
*Hoof & Mouth Disease (AFTA)	None	None
Anthrax Antiserum	62 Liters	62 Liters
Blackleg	50 Liters	50 Liters
Tetanus	25 Liters	None
Brucellin	178,000 Doses	178,000 Doses

*No afta vaccine is being produced at the present time. As the disease does not exist now and there is no virus on hand, no vaccine will be produced unless the disease occurs.

4. The 1942 production of veterinary biologics was sufficient to meet the needs of the Region.
5. Region 1 did not supply veterinary biologics to other Regions in 1942.
6. The prevalent diseases among livestock in Sicily are as follows: (1) Anthrax; (2) Blackleg; (3) Epizootic lymphangitis; (4) Strangles; (5) Tetanus; (6) Infectious abortion; (7) Laryngeal tracheitis; (8) Fowl typhoid; (9) Fowl diphtheria.

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(Note- Very few of the above-mentioned diseases actually exist in livestock at this time but all of them have appeared on the Island within the past five years.)

7. No routine tests are made to detect Tuberculosis, brucellosis, or glanders.

8. In the event of a serious outbreak of infectious disease, a report is made to the director of the Prophylactic Institute, who in turn notifies the Regional Medical Officer and this Headquarters. There is at present no routine monthly reporting.

9. The anti-rabies laws are being fairly well enforced. Improvements are now being made in this respect.

10. There is an "acting" Regional Veterinarian, one provincial veterinarian for each province and sufficient communal veterinarians.

11. There is no official Regional Veterinarian. The acting Region Veterinarian is satisfied that the provincial and communal veterinarians are doing their job as well as is possible under wartime conditions.

12. There is no adequate system of inspection of individual veterinary work at present due to an acute shortage of transportation.

13. The Germans did, undoubtedly, slaughter and export a few animals. The figures below indicate that very few animals were lost to the Germans.

14. The present herd figures compared to those of 1939 are as follows:

	1939	1943
Horses	75,000	72,469
Asses	158,000	129,176
Cattle	197,000	196,000
Sheep	764,000	603,000
Pigs	67,000	50,000
Goats	338,000	260,000
Mules	195,000	134,252

15. Goat's milk is most commonly consumed by the Sicilians. Some cow's milk is consumed in the cities.

16. The local milk production is not sufficient to meet the needs of the Region.

17. There is little done to assure a sanitary milk supply in Sicily. There is one pasteurizing plant in Palermo. It is well equipped but very poorly operated. Avisos are published frequently for the purpose of warning people of the importance of boiling milk before consuming it. However, a small percentage of the milk is boiled, or heated, in the home before it is consumed.

18. Supplies of dried milk are no longer necessary for Sicily. Several tons are now on hand in Palermo which the Sicilians will not use.

19. No further assistance is required by the acting regional veterinarian unless a serious outbreak of infectious disease occurs.

20. The regulations concerning the slaughtering and inspection of livestock and meat are not now in effect to any great extent because of the black market conditions. That livestock which is slaughtered in the abattoirs, is done under the supervision of communal veterinarians.

Sheep
Pigs
Goats
Horses

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195,000

260,000
134,252

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PH/RWR/ja

ROWLAND W. RUSHMORE
Major, Vet. Corps.
Allied Control Commission.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
Public Health Sub-Commission.
APO 394.

APPENDIX "H"

MEG/cgh
3 April 1944.

Refer : RI/09/MS

SUBJECT: Monthly Report - Supply Service - March.

TO : Director, Public Health Sub-Commission.

1. Special report submitted covering conferences with Dr. Vezosso, Director Italian Public Health Department, outlining why it may be expected that, with reduced ACC personnel in Regions of Liberated Italy, distribution of medical supplies will not be ideal, but will be the prime responsibility of Italian Government, is not repeated.

2. Captain Wilhelmi of this Section made an extended trip through Region II, and Region V to explain system of medical supply as enumerated in Executive Memorandum # 34. Arrangements made for cooperation between Region V and AMG 8 Army on medical supply matters. Final arrangements made for an ACC medical Sub-Depot at Bari to handle imports for that and other eastern ports.

3. Decision obtained that medical supplies issued to Refugee Camps would be billed out on Issue Voucher with no collection of money from Camps, but a notation on Issue Voucher so Finance Sub-Commission can collect. Authority received to issue medical supplies to Displaced Persons Sub-Commission from AFHQ. This latter may create a problem since plans had not been made for the variety of instruments and medical items which this Sub-Commission apparently requires for its hospitals.

4. American NCO, Italian speaking, trained in Medical Supply work, sent to Bari to establish Medical ACC Sub-Depot until an officer can be made available from Sicily. Another NCO (A), Italian speaking, sent to duty with SPHC AMG 5 Army to assist in Medical Supply work.

5. Clothing Committee abolished and activities of clothing (ARC) warehouse taken over by this service. With this assumption of added duties, it was possible to release one officer (A) for duty elsewhere.

6. Because of complaints referable Medical Supply distribution in Sardinia, Captain Wilhelmi was sent to Sardinia with authority of Regional Commissioner, Region VI, to assist the RMO in establishing a Medical Depot and a proper distribution system making complete use of existing Italian agencies since it is impossible to supply Sardinia a permanent duty medical supply officer due to shortages of this type personnel and inability to obtain additional personnel.

7. Undersigned made a trip to Sicily, 28 March to 2 April, to determine status of medical supply system for Region I. Separate report written on problem reference status Dott. Savoia and Medici Provinciali. Warehouse at Caltanissetta has ample supplies on hand. Medico Provinciale draw supplies as required after payment is made to AMFA account. Any shortages in Provinces are now the direct responsibility of Medico Provinciale. Lt. Col. MacDonald, RMO, expressed the opinion that with the reduction of ACC personnel and the assumption of distribution activities by Italian agencies that there can be expected a 'black market' in our medical supplies. One officer ACC must remain in Sicily to handle accountability of imported ACC medical supplies until paid for by Italian Government. At present

Sheet 2.

Appendix 'H' to Monthly Report for March of Publ Health Sub-Commission. (Cont) 99

Lt. Arno at Caltanissetta is doing this work but it is believed Lt. Hill, assistant AFHQ, could do this in addition to his other duties. Narcotics must be handled by an officer until released to the Medico Provinciale. Routine inspections of distribution set-up of the Medico Provinciale must be made until ACC is withdrawn entirely. Lt. Arno can be released as soon as his present civilian assistant has had about three to four weeks additional training. Manufacture of biologicals, under control of Italian Medical personnel is progressing slowly but satisfactorily.

8. Higher authority must understand that this Service is attempting to follow the policy of using Italian Governmental agencies to the utmost but that the slowness or reluctance of the Italian Government to reestablish its normal functions is a considerable handicap. The Regional High Commissioner of Sicily was only recently (31 March 1944) installed officially by Prime Minister of Italian Government. The limited ACC Public Health Personnel in Regions cannot do a satisfactory police and control job on medical supplies in addition to their other duties. The success or failure of the medical supply distribution in the provinces in Liberated Italy will depend entirely upon the honesty and efficiency of the Italian Public Health personnel. This latter point cannot be stressed too often.

9. After conference with Colonel Russell, Malarialogist ACC, revised estimates on Atabrine, Quinine, and Plasmochin were submitted to AFHQ. Requirements for all Regions of Occupied Italy including Regions IV and V were submitted to Industry and Commerce for the period July-December, 1944.

M.E. GRIFFIN, Colonel.
Medical Supply Officer,
Supply Service.

COPY.

APPENDIX 'I' to

Public Health Monthly Report for March 1944.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION.
APO 394.
Public Health Sub-Commission.

ACC/3072/PH

5 April 1944.

SUBJECT:- Distribution of Medical Supplies.

TO :- Dr. Vezosso, Principal Medical Officer,
Italian Government.

As you are aware, medical supplies imported by ACC into Italy, Sicily and Sardinia are first stored in warehouses controlled by ACC Medical Supply Officers or non-commissioned officers. They are then sold to the Medici Provinciali or similar Italian agency.

During the time that medical supplies are in Medical Supply Warehouses, ACC accepts full responsibility for them, but once they have been sold to the Medici Provinciali or similar agencies, they pass out of the control of ACC Officers.

It must, therefore be fully understood that once medical supplies have been sold to the Italian agency, ACC can no longer accept the slightest responsibility for them. If, after this transaction has taken place they appear in the black market, the fault lies entirely with the Italian Distribution System.

PH/GMF/ja

G.S. PARKINSON, Brigadier,
Director of Public Health Sub-Commission.

Copy to:- Col. M.E. Griffin, Medical Supply Officer,
Public Health Sub-Commission, ACC Main HQ.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "J"

97

ACC/3078/PH

I April 1944

SUBJECT: - Monthly Report - March

TO : - D.P.H.

1. Major McSweeney, Major Goldsmith and Lieutenant Winterstein were assigned to Region III, Public Health and Welfare. Capt. Kirk of Region III, Public Health and Welfare was transferred to another theater.
2. During the month, conferences have been held with representatives of the Ministry of the Interior of the Italian Government, Commendatore Moscato Giovanni, Chief of the Division of Civil Administration, and Dott. Ferrante, who is responsible for relief activities, under Commendatore Moscato. The subject of discussion was the welfare program which Commendatore Moscato is planning.
3. During the conferences, the following has been pointed out:
 - a) The lack of positive supervision of comunal relief activities on the part of provincial authorities.
 - b) The fact that there is no welfare agency in Italian Government which operates on the basis that it has responsibility for needy and destitute persons not in categories covered by other agencies.
 - c) Slowness in the approval of money allotments to institutions for the care of children.
 - d) The difficulty in the coordination of the number of assistance programs which the Italian Government has.
 - e) The need for consideration of the financial resources of the Italian State in the formulation of a welfare program.
4. In order that the welfare experience of A.M.G. in Sicily be available in the welfare planning of the Italian Government, it was arranged that Capt. Willcox of this Sub-Commission and Dott. Ferrante go to Sicily to review the provincial welfare departments there. Capt. Willcox and Dott. Ferrante have not yet returned.
5. It was stated by representatives of the Italian Ministry of the Interior that Soccorso Militare allowances were to be increased 70%. The proposal has not yet been placed into effect.
6. The memorandum defining the scope of the Welfare Section of the Public Health Sub-Commission in relation to the activities of other Sub-Commissions awaits a reply from the Italian Refugee Branch of the R.C. and M.G. Section.

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APPENDIX "J"
Sheet 2

7. In respect to the eruption of Vesuvius, Capt. Earnest worked with the Italian National Government in Salerno, and made inspections of the work being done. Capt. Silveira was assigned on temporary duty to an emergency reception center in Castellammare. This activity is now finished.

Edward E. Silveira

EDWARD E. SILVEIRA
Captain, Spec. Res.

Declassified

No. 785017

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

4 APR Recd
574

ACC/3016/PH

7 March 1944

SUBJECT: - Sub-Commission of Public Health and Welfare
Report - Month of February 1944.

THRU : - Administrative Directorate.

TO : - Chief of Staff.

1. During the month of February Captain Paul S. Savage (A) was taken on the strength of the Headquarters of this Sub-Commission on arrival from Tizzi Ouzou and assumed the duties of Executive Officer.
Major John A. Lewis (A), having completed his tour of duty with Region III returned to duty with this Sub-Commission.
Major Edgar B. Johnwick is awaiting transfer to another theater of operations.
Major Lendon Snedeker (A) came to this Headquarters consequent upon the dissolution of AMG 15 Army Group and was temporarily attached to Region III as Venereal Disease Control Officer.
Major Samuel A. Goldsmith (A) has relinquished his position as Senior Staff Officer to the Central Clothing Committee and has been attached to Region III for temporary duty as Welfare Officer.
Major John McSweeney (A) has been transferred from the Interior to this Sub-Commission and has been assigned to the Welfare Section.
Captain T. M. Willcox (A) on arrival from Tizzi Ouzou was assigned to the Welfare Section of this Sub-Commission.
Captain Clayton C. Codrington (A) has been assigned for duty with the Typhus Control Service.
Captain George H. Wilhelmi, Sanitary Corps, and Captain Francis W. Bushard, Sanitary Corps, have been temporarily attached to the Medical Supply Section of this Sub-Commission from Personnel Center, No. 5 I.B.S., and from 105 Station Hospital respectively.
2. In Salerno, contact has been made with Dr. Vezzoso, head of the Public Health Department of the Italian Government. In Italy there is no Minister of Health and the Health Department comes under and has its orders issued by the Minister of the Interior. Regular weekly meetings have been arranged with Dr. Vezzoso and already a number of conferences covering the fields of typhus, VD, and Malaria have taken place. Dr. Vezzoso has evinced the utmost eagerness to cooperate with ACC and has already shown initiative in dealing with the numerous problems confronting his Department.
Contact has also been made with the ADMS, 94 Sub-Area and localized public health problems have been discussed with him.
3. During the month the Sub-Commission assumed responsibility for the Typhus Control Program. This will be discussed more fully in the report of the Public Health Section.
4. The food situation is confused as conflicting reports are received as to the adequacy of rations in different areas. A scheme has been projected in Region III for the scientific examination of a cross section of the school children for the purpose of ascertaining whether malnutrition and avitaminosis exists or not. A similar line of investigation will be instituted in Region I.

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ACC/3106/PH - P.H. Sub-Commission February Report (Continued)
7 March 1944.

At the moment a scheme is in course of preparation for the standardization of rations for hospitals, institutions and prisons. This is being prepared in co-operation with the Food and Public Safety Sub-Commissions.

The more detailed work of the Sections was:

A. HOSPITALS AND MEDICAL CARE SECTION:

Lt. Col. Shields (A) and Lt. Col. Lobos (A) visited Region VI. Lt. Col. Shields reports that adequate hospital facilities exist on the island, that there is sufficiency of doctors and that medical supplies are coming in satisfactorily. He is not satisfied, however, that children and young adults in hospitals are receiving an adequate diet.

Lt. Col. Lobos in his report at APPENDIX "A" expresses himself satisfied with the capabilities of the Director of Hygiene at the University of Cagliari, who also fills the role of Director of Public Health for the island. He also speaks highly of the ability of the Director of the Malaria Control Laboratory and the Director of the Veterinary Laboratory. Apart from these men, however, the standard of laboratory work in the island is not considered good.

Lt. Col. Lobos has also submitted a more detailed report on his inspection of laboratories in Region II. This report was summarized in the January monthly report of the Sub-Commission.

Lt. Col. Shields toured the 5th and 8th Army Areas and made arrangements for the assignment of an Italian 50 bed Field Hospital to the 5th Army Area. This hospital is to be utilized in dealing with wounded civilians and refugees and is meant to supplement static civil hospitals in the area.

Lt. Col. Shields' report, which covers all his activities during February, is to be found at Appendix "B".

A directive and questionnaire covering the field of hospitals and alternative accommodation similar to that used in Regions I and II has been sent to Regions III, IV, V, and VI - APPENDIX "C".

B. PUBLIC HEALTH SECTION:

On 20th February 1944 this Sub-Commission assumed responsibility for the Typhus program. The Deputy Director, Lt. Col. Wilson C. Williams (A), is in charge of the Typhus Control Service and his preliminary report is to be found at APPENDIX "D". It will be noted that a large number of Italian civilians, including doctors, is being utilized in this service, the principle being that, as time passes, more and more Italians will be trained in Typhus Control work thus enabling ACC Officers to act only in a supervisory capacity.

The incidence of typhus within the City of Naples has greatly decreased, while the incidence outside Naples shows some increase. A graph, APPENDIX "E" indicates the rates for the month of February. This graph should be compared with the graph contained in the January report.

The total number of persons dusted in Naples is:

Inside Naples, 2,065,561
Outside Naples, 182,681

The total number of persons immunized is: 55,696.

A dusting team has also been set up at the Anzio Beachhead to deal with refugees leaving this area. These refugees are again dusted on arrival in Naples.

A dusting team has also been established at Reggio to deal with the flow of travellers from Italy to Sicily. By this means it is hoped to prevent any outbreak of the disease in Region I.

ACC/3016/PH - P.H. Sub-Commission February Report (Continued)
7 March 1944. 93

Dr. Vezzoso, the Italian Director of Public Health, has been approached with the request to nominate teams of Italian workers in every province of "King's Italy". These teams are to be trained in dusting technique and will constitute flying squads to deal with any cases in their respective provinces. In this way it is hoped to educate the Italians to a realization of their own responsibilities in combatting this disease and also in time to relieve the strain put upon Allied personnel.

2. Venereal Disease still presents a very formidable problem especially in Naples and the control of prostitutes under Italian law is a matter of the utmost difficulty.

During February, Brigadier Parkinson, Major Lewis and Major Johnwick attended a conference on VD at Palermo. This conference was held with Medical, Provost and Legal officers of the American and British forces and ACC.

Captain Pino (A) has been put in charge of the VD program in Region I and is working in close collaboration with DDMS, No. 1 District and the Surgeon IBS.

Major Johnwick attended a conference of a similar nature at HQ. No. 2 District.

Major Lewis prepared a directive on the establishment by ACC of hospitals in various areas for the treatment of infected women together with a detailed guide to the methods of examination and treatment to be employed. This guide which is both in English and Italian is in the course of being mimeographed and when completed will be given as wide a circulation among Allied officers and Italian officials as is possible. The VD Control Officer's report - APPENDIX "F" covers the activities mentioned above.

Major Lewis has proved himself to be extremely zealous in his efforts to cooperate with the Military and take every possible step to control the scourge of Venereal Disease.

3. Brigadier Parkinson's proposal to set up a Malaria Control Board for this Theater has been favorably received by AFHQ and steps have been taken for the formation of such a board.

A request has been made to AFHQ for the release from NATOUSA of Col. Russell (A), an outstanding authority on malaria, for the purpose of supervising and coordinating ACC's malaria control program. If Col. Russell's services are made available, it is proposed that he be coopted to a seat on the Malaria Control Board.

Estimates have been submitted on the quantity of Diesel Oil required for Malaria control. These are enormous and are completely disproportionate to the requirements of Paris Green for the same purpose. It is felt that every effort should still be made to obtain Paris Green instead of Diesel Oil. A letter setting out the various advantages of Paris Green over Diesel is to be found at APPENDIX "G".

The refugee camp at Ferramonte is situated in a highly malarious district and it is felt that steps should be taken to have it closed. A letter to this effect was addressed to the Administrative Directorate.

Capt. Trager and Lt. Manzelli made a survey of malaria and malaria control in the Province of Naples - APPENDIX "H" contains Lt. Manzelli's report.

Lt. Manzelli stresses the point that owing to military activity, canals have been demolished and hydraulic pumps destroyed. In consequence, severe flooding has occurred in various districts. As a result of this, it is anticipated that the incidence of malaria this year will be very high. Military formations are responsible for malaria control to a radius of 2 kilometers from their camps. All areas beyond this are the responsibility of ACC. Unless adequate transport facilities and a sufficiency of tools are made available to the Italian workers, plans for malaria control will be largely negated. A questionnaire is now being circulated to Regions calling for information regarding the local availability of personnel, transport and equipment.

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7 March 1944

4. The chief concern of the Veterinary Officer during the past month has been to afford Italian officials all possible assistance in obtaining animals for the purpose of manufacturing biological preparations.

Major Rushmore is now on his way to Region I with an exhaustive questionnaire covering all aspects of veterinary activity. If the results obtained are satisfactory, it is proposed to standardize this questionnaire for all Regions. Major Rushmore's report is to be found at APPENDIX "I" together with a copy of the questionnaire.

C. MEDICAL SUPPLY SECTION:

1. Colonel Griffin's report, APPENDIX "J" states that two supply officers and six N.C.O.'s have been attached to the Medical Supply Section. One supply officer is, however, detailed for transfer to another theater, so the increase in staff is more apparent than real. The work of this Section has always been handicapped by a lack of personnel.

2. A price list covering all items in the CAD list has eventually been approved and circulated to Regions. Instructions covering accounting and distribution procedures have been prepared for some time but cannot be issued as they are still being considered by higher authority.

3. The use of CAD units is being discontinued. In future separate items will be indented for as they are required.

4. Lack of transport, which is a perpetual source of complaint, is handicapping the free distribution of medical supplies throughout the Regions.

D. WELFARE SECTION:

1. The proposed Italian Welfare organization referred to in the January report was established in Region I on 8th February 1944. Immediate problems have occupied the time of the Regional Welfare Officer, Region II, to such an extent that up until now no opportunity has presented itself of instituting a similar organization in this Region. Preliminary contacts have been made with the Italian Government for the purpose of discussing the setting up of an overall Italian welfare program.

2. The head of the Welfare Section recently made a tour of the 5th and 8th Army Areas. He reports that the most immediate need is for the allocation of a welfare officer to 5th Army AMG. Steps are being taken to assign an officer to this area. APPENDIX "K" contains Capt. Earnest's report.

3. It is reported that large quantities of clothing have already been received and distributed through Regions I, II, III, IV and V. This work has been done in conjunction with the American Red Cross. In addition, further bulk supplies continue to arrive.

SUMMARY:

1. Both concise and detailed reports on the activities of the Sub-Commission for the month of February are submitted.
2. Regular and frequent discussions are taking place between this Sub-Commission and representatives of the Italian Public Health Department of the Ministry of Interior.
3. Scientific investigations of alleged malnutrition have been instituted.
4. The hospital and laboratory situation in Sardinia has been investigated.
5. An Italian Field Hospital has been moved into the 5th Army Area.
6. Responsibility for Typhus control has been assumed. The incidence of Typhus in Naples shows a satisfying decrease.

ACC/3016/PH - P. H. S. - Commission February Report - Continued.
7 March 1944.

7. ACC has undertaken to establish special hospitals in all Regions for the treatment of women infected by VD. These hospitals will be staffed by Italian doctors.
8. A high incidence of malaria is anticipated in areas where recent fighting has occurred. Paris Green is essential for carrying out an efficient anti-malaria program.
9. A full investigation of veterinary activities in Region I is being carried out.
10. Large quantities of clothing have already been distributed in conjunction with the Red Cross. An Italian welfare organization has been instituted in Region I.
11. Medical supplies continue to arrive satisfactorily but distribution has been handicapped by lack of transport and trained personnel.

CONCLUSION:

It can now confidently be said that typhus in Naples no longer represents the serious danger which threatened in December and January. The work of the Typhus Control Service in reducing this menace deserves the highest praise.

Malaria is expected to prove a difficult problem during the coming summer and a high incidence is anticipated in areas over which fighting has recently taken place. The Sub-Commission is making every effort to deal with the situation and services of an expert malariologist have been requested.

Attention is again directed to the shortage of personnel and transport for dealing with medical supplies.

PH/GMF/ja

G. S. Parkinson
G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

APPENDICES:

- "A" - Monthly Report by Lt. Col. E.I. Dobos.
- "B" - Monthly Report by Lt. Col. C.D. Shields.
- "C" - Directive & Questionnaire re Hospitals.
- "D" - Report by Lt. Col. Williams re 'Typhus'.
- "E" - Graph - Incidence of Typhus Naples & District.
- "F" - Monthly Report by Major J. A. Lewis.
- "G" - Letter re Advantages of Paris Green over Diesel Oil in Malaria Control.
- "H" - Report of Lt. Manzelli - Malaria, Naples.
- "I" - Monthly Report by Major R.W. Rushmore & Copy of Questionnaire.
- "J" - Monthly Report by Colonel Griffin.
- "K" - Monthly Report by Capt. J.G. Earnest.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 39h
Public Health Sub-Commission.

APPENDIX "A"

SUBJECT: - Monthly Report - Laboratory and Biologies Control.

TO: - Director, Public Health Sub-Commission.

On the request of Brigadier Dunlop, Commissioner of Sardinia, the Island was visited during the first half of the month.

Following my arrival in Cagliari met with Captain Brooke, Medical Officer of the Island Commission who gave a comprehensive picture of the laboratories and helped to plan my ~~itinerary~~ through Sardinia. Captain Brooke seems to be an experienced man in Public Health Administration and has done a creditable job during his brief stay in his present post. He is well acquainted with the problems and with the civilian personnel and pursues a vigorous policy in matters of health. Some of his fellow officers find his meticulous attitude somewhat objectionable but from the point of view of competence his activities appear to be highly satisfactory and effective.

The civilian Director of Public Health for all three provinces of the Island is Giuseppe Brusa, Rector of the University and Chief of the Department of Hygiene of the University of Cagliari. He is energetic, well trained and experienced man with an excellent knowledge of laboratory medicine, and its application in the field of Public Health. All observations and opinions he expressed during my first conference with him I was able to verify during my subsequent visits of the Provincial Laboratories.

The Provincial Laboratories which were individually discussed in my report dated 17 Feb '44 are functioning quite ineffectively. The equipment is not adequate if proper diligence is used to exploit it to a greater extent than shown at the present time. Each of the provincial laboratories visited is capable of performing much greater variety of work and many times the amount that they are turning out at present time. These laboratories follow the same stereotype pattern as I have described when discussing the laboratories on the mainland. The choice of tests, methods and technique are left to the individual Director who, as a rule, is lacking training and experience. It should be part of the duties of a medical laboratory Director and of the Medico Provinciale to promote a greater utilization of laboratory diagnostic methods within his territory. That such effort is not made is clearly evident when one views the statistics dealing with the average number of tests these laboratories are performing. This inadequacy of the utilization of laboratory diagnostic methods is not a phenomenon that appeared as the result of this war but it is a partial manifestation of that general picture that characterises the entire Italian Public Health programme: an inherent inability of lack of desire to convert to practical use and effective application those well thought out measures that are promulgated by the decrees of the Sanitary Code.

Laboratories that are functioning outside of the Provincial Public organisational setup are functioning a great deal more satisfactorily. The malaria control laboratory which was originally established by the Rockefeller Foundation in Porto Torres is under the able direction of Prof. Francesco Maria Marras, a man of wide experience in malaria and tropical diseases in India and in the former Italian Colonies in North and East Africa. At present it is functioning in Sassari. Its function is limited entirely of diagnostic work. The equipment,

Monthly Report - Laboratory and Biologics Control (Continued)

Personnel and quality of work appear to be entirely satisfactory. It would seem desirable that this laboratory should be given a greater range of activities by assuming responsibility in the field of the epidemiology and preventive methods of malaria.

The Institute for Zooprofilassi is another laboratory that operates effectively in the field of Veterinary Medicine. Prof. Pavetti, the Director, is a competent, well-informed pathologist with considerable bacteriological research work to his credit. He displays a great deal of resourcefulness in his work which may be used to great advantage in the rehabilitation programs of Veterinary Biologics on the island.

The rabies vaccine production laboratory that was situated previously in Sassari is now completely abandoned (see previous report).

On 15 February 1946 the 15 General Laboratory (15) was visited. This institution comprises a laboratory in Sassari 15 January 1946. Col. Cornell is in command. The function is to supervise all laboratories of the S. Army in this theater, make recommendations as to methods, technique, check the accuracy of the tests and review their findings. Col. Cornell informed us that recently he received an inquiry from the Surgeon of the "Carabinieri" as to whether if the 15 General Laboratory could run 200 bacteriological tests weekly for Pace Hospital in Sassari. This inquiry indicated that we are not satisfied with the sero-diagnostic tests as performed at Pace Hospital. This was all the more surprising since through the courtesy of Col. Cornell a technician and a physician were sent to the 15 General Laboratory several weeks ago from the Pace Hospital to be trained in the technique of sero-diagnosis of syphilis. Both of them were at the completion of their training in the 15 General Laboratory were found to be competent to perform such tests. I pointed out to Col. Cornell that it seems beyond Army responsibility to take over the testing of blood specimens from a civilian hospital. If the work done at the hospital is not satisfactory it is the responsibility of the Army to make such arrangements as necessary to provide adequate laboratory service. There was no satisfactory evidence to substantiate the contention of the 15 General Laboratory. In order to clear up this controversy the matter was discussed with the Director in Sassari III. Col. Erickson felt that it would be desirable if I spend some time in the laboratory of Pace Hospital and check on the competence of the workers, dependability of the reagents and technique and the accuracy of the results.

Subsequently I was informed that the same antigen they are using at Pace Hospital is about to be exhausted. To provide an additional supply of Kahn antigen arrangements were made with the Istituto Sperimentale Nazionale to prepare 500 cc of fresh antigen which will be at our disposal against our known antigen bottles under my supervision at the Pace Hospital and by Col. Cornell's laboratory.

During the month, in a conference with Col. Griffin, Medical Supply Officer of our Sub-Command, it was agreed that two mobile laboratory units will be requested from AFHQ for the occupied area of the Italian mainland and one mobile laboratory unit for the island of Sardinia. These units, when received, will be turned over to the "Comando Provinciale" and utilized to augment the facilities of the existing provincial laboratories where the need is the most urgent.

APPENDIX "B"

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3069/FH

2 March 1944

SUBJECT: - Report on Hospitals & Medical Care. February 1944.

TO : - The Director, Public Health Sub-Commission.

1. During the month of February Major G.M. Frizelle, 47801 (B) was transferred from the Section of Hospitals & Medical Care to the Section of Public Health.

Lt. Col. Shields O-317364 (A) surveyed hospitals and medical care in Sardinia and in the 5th and 8th Army Areas.

In Sardinia hospital and medical care facilities have not suffered to any great extent as a result of Allied occupation. 250,000 Italian troops on the Island have their own medical institutions and facilities.

Only one medical institution has been taken over by Allied forces. An American General Hospital has requisitioned the tuberculosis sanatorium at Cagliari.

The two medical schools in Sardinia, at Cagliari and Sassari, are functioning at the present time.

An increase in the food ration of hospitals in Sardinia, especially those patients with long continued illnesses, has been recommended.

Medical supplies in Sardinia are adequate as far as ordinary medical care is concerned. The initial CAD Units have been received and hospitals receive first priority for their needs.

Arrangements were made to assign a 50 bed Italian Field Hospital to the 5th Army area.

The Eighth Army area is served by two Italian mobile field hospitals, one furnished by the Italian Army, the other by the Italian Red Cross. These field units are intended to augment civil hospitals and to be used whenever an emergency need arises.

Hospitals in the 5th and 8th Army areas are receiving adequate medical supplies in the form of CAD unit preparations.

Food supplies for hospitals in the 5th and 8th Army areas are at present satisfactory. The 5th Army AEC Surgeon has prepared an excellent diet directive based on 2500 calories diet for hospital patients using flour, pasta, biscuits and rice as the basis. These food stores. The 8th Army AEC Surgeon is using 2500 cal. rations to feed hospital patients. Hospitals in both areas are

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It must be continuously borne in mind that hospital and medical standards in Italy differ from our own and that no attempt can justly be made to compare the two. The efforts of this Section are directed to assist hospitals to regain pre-war standards as soon as such is possible and not to change their methods or techniques.

The services of a group of well trained nurses, preferably with public health training, could be well utilized in this Section for teaching and demonstration work in civil hospitals. It is my opinion that this effort to assist hospitals to re-establish themselves would go a long way to elevate nursing standards generally to a much needed higher level.

Charles D. Shields
CHARLES D. SHIELDS
Lt. Col. M.C.

PH/CDS/30

HEAD HEADQUARTERS
A MED CONTROL COMMISSION
APO - 384
Public Health Sub-Commission

APPENDIX "C"

AM/3055/PH

6 January 1944

SUBJECT: - Medical Care and Hospitals.

TO : - Regional Commissioner, Region 1 Att: RPHO
" " " Region 2 Att: RPHO
" " " Region 3 Att: RPHO
" " " Region 4 Att: RPHO
" " " Region 5 Att: RPHO
" " " Region 6 Att: RPHO

A. 1. An effort should be made to assist all hospitals to render a satisfactory service to the community which they serve. Many of these institutions will need assistance from Regional Directors of Public Health. Food and medical supplies to date have been major problems.

2. Emergency and ordinary medical care and hospitalization will be provided for Civil population through existing Italian official and private channels. This is necessary:

- a. To protect the health and welfare of our troops.
- b. To maintain health standards in the civil population.

B. The following specific suggestions are made for the guidance of Regional Directors of Public Health in evaluating hospital services and needs.

1. Survey of all hospitals with a capacity of 25 beds or more using the form, a sample copy of which is attached. A copy of the survey will be forwarded to this Headquarters.
2. A monthly report of bed status at least in larger hospitals (100 beds or more) should be available in each Regional office.
3. Requisitions for food, medical supplies, financial assistance, etc., for hospitals, should be approved by the Regional Director of Public Health before grants are made.
4. Plans should be made for the evacuation of patients, especially in larger hospitals, in the event of damage by air raid or similar emergency.
5. The adequacy of medical care facilities within the Region should be evaluated and when a condition of inadequate service, not subject to local remedy, is discovered a report will be forwarded to this Headquarters.
6. A plan should be available for the re-distribution of personnel, supplies and equipment in the event of local disaster or epidemic.
7. Buildings suitable for emergency hospitals, especially in larger communities should be surveyed and arrangements made to occupy them in the event of epidemic or civil disaster from air raids, etc.

8. Hospitals and institutions rendering medical service should be inspected by the Regional Director of Public Health or his representative at suitable intervals to determine proper use supplies, standards of practice, adequacy of water, heating, light, sewage, cooking facilities, sterilization, sanitation in general, condition of buildings, etc.

9. Disaster relief plans from the standpoint of medical care should be scattered, especially in larger centres.

10. Hospitals providing training for internes, nurses, technicians, etc., should be closely supervised as to standards, methods and facilities inasmuch as these centres will raise or lower the medical standards of the future.

C. Consultation services are available at this Headquarters in matters concerning problems of Medical Care and Hospitals.

PR/CTG/ja.

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

1 Enclosure:
Copy of form for Hospital Survey.

100

Public Health Sub-Commission

and the National Hospital for Neurology and Neurosurgery, London, UK

6. WATER SUPPLY _____ TREATED _____
7. ELECTRICITY _____ SEWAGE _____
8. CONDITION OF BUILDINGS _____
9. ANNUAL BUDGET BY SOURCES _____
10. EMPLOYEES: List by function & number, eg. Director, Surgeons, Physicians, Nurses
Sisters, etc., _____
11. NUMBER EMPLOYEES LIVING IN HOSPITAL _____ NUMBER FND IN HOSPITAL _____
12. DOES HOSPITAL CONDUCT EDUCATIONAL PROGRAM, eg. TRAINING OF INTERNS, NURSES,
TECHNICIANS, ETC. _____
13. IN EVENT OF EMERGENCY WOULD ALL PATIENTS BE PROTECTED _____
14. IS HOSPITAL USED IN WHOLE OR IN PART FOR MILITARY PURPOSES _____
15. IS EQUIPMENT ADEQUATE AND IN GOOD CONDITION _____
Information obtained by _____
Official title _____ 2349 _____
Date _____

HEADQUARTERS
ALLIED CONTROL COMMISSION
PUBLIC HEALTH SUB-COMMISSION
APO 394

APPENDIX "D"

20 February 1944

Subject: Summarization, Typhus Control Service.
To: 1. Chief Commissioner, Through Executive Commissioner.
2. Director, Public Health Sub Commission.

Take-over of typhus control by ACC became effective this date in accordance with agreement reached by Chief Commissioner, ACC, and Director, U.S. Typhus Commission early in February. A brief summarization of the service as of this date follows:

1. Administrative Headquarters will be maintained in Rooms 14 and 15, Questura Building, telephone Value Exchange 14 and 15, until on or about March 1, when transfer will be made to Post Office Building where rooms 5 and 6, and 7 will be utilized by Typhus Control Service and other Public Health Sub Commission, ACC, services. Administrative personnel consists of:

- a. Medical Director
- b. Executive Assistant
- c. Supply Officer
- d. Civilian Personnel and Transportation Officer
- e. Statistics and Reports Officer
- f. Stenographer - vacant
- g. Clerk-typist - vacant on or about March 5

Positions a to e, inclusive, are filled by Officer Personnel.

2. Operations Headquarters will be maintained at #35, Piazza Tribunale (Laboratorio Chimico Provinciale). All Service Chiefs, field staff, office and field personnel (civilians) and officers (c,d and e above) will work out of Operations Headquarters. In addition, the powder and equipment distribution center will be located at this place. Personnel of service units consists of:

a. Civilian Personnel and Transportation

Officer	1
Civilian	12
	<u>13</u>

b. Case Finding Service

Officer	8
Civilian	6
	<u>14</u>

c. Contact Delousing Service

Officer	6
Civilian M.D.	3
Civilian	50
	<u>59</u>

d. Mass Immunization Service

Officer	2
Civilian M.D.	10
Civilian	23
	<u>35</u>

2348

APPENDIX "D"

Sheet 2

e. Mass Delousing Service

Officer (Rockefeller)	4
Civilian M.D.	10
Civilian	460
	<u>474</u>

f. Flying Squadrons

Officer	3
Civilian M.D.	1
Civilian	2
	<u>11</u>

g. Refugee Service

Officer	7	
Civilian	1	0
# Italian (POW)		
Officer	5	
SM/ORS	31	36
	<u>31</u>	<u>36</u>
		44

h. SM/ORS (Various Services) 33

5 teams - 4 to be assigned to Refugee Sub-Commission for refugee camps, 1 to Reggio Calabria for port delousing.

3. PERSONNEL SUMMARYa. Type:

Officer	38
Civilian M.D.	27
Italian Military POW	36
Civilian	557
SM/ORS	33
	<u>711</u>

b. Sources:

ACC	3	
U.S. Typhus Commission (Temp)	4	* (one withdrawn Feby. 21)
" " " (Perm)	0	
WAC/FES	1	(Withdrawn Feby. 21)
Rockefeller Foundation	4	
RAND	10	** (two withdrawn Feby. 21)
MC/USA (temp)	7	*** (one withdrawn Feby. 21)
Civilian M.D.	27	
Italian Military Med. (POW)	36	
Civilian (Italian)	557	
SM/ORS (Allied)	33	#
	<u>711</u>	

* Subject to 20 day recall no replacement
 ** " to recall - replacement promised
 *** " to 24 hour recall - no replacement promised
 # Drivers, clerks, etc.

APPENDIX "D" Sheet 3

4. TRANSPORTATION

a. Type:

Jeeps	5
W/C	28
Civilian-	
Cars	<u>2</u>
	35

b. Source:

FBS	Jeeps	1
	W/C	28
AMB-Region	3- Jeep	1
	Civilian	<u>2</u>
		32

5. GENERAL INFORMATION.

Typhus vaccine is available for civilians at designated clinic places. The three (3) or one (1) dose methods of protection are used dependent upon individual circumstances.

Total vaccine clinics established	72
" vaccinations reported	51,480
" dustings to date	1,382,445
" dusting centers established	38

The number of cases occurring daily outside the city of Naples now exceeds those found inside thereby requiring more travel than formerly.

All cases are not being reported either by physicians seeing cases or by heads of households in which cases occur.

The supply of delousing powder now available is adequate for a period of at least ninety (90) days at present rate of use.

Special attention in the future, will be given to a program providing for the "walling in" of all cases as soon as possible by:

- Immediate removal of case to Hospital.
- Delousing of family and case contacts.
- Vaccinations (one dose method) of family contacts.
- "Block" delousing of area where case occurs.
- Mass delousing of general population.
- Preventive delousing of refugees, displaced persons and other lousy groups.

Respectfully submitted

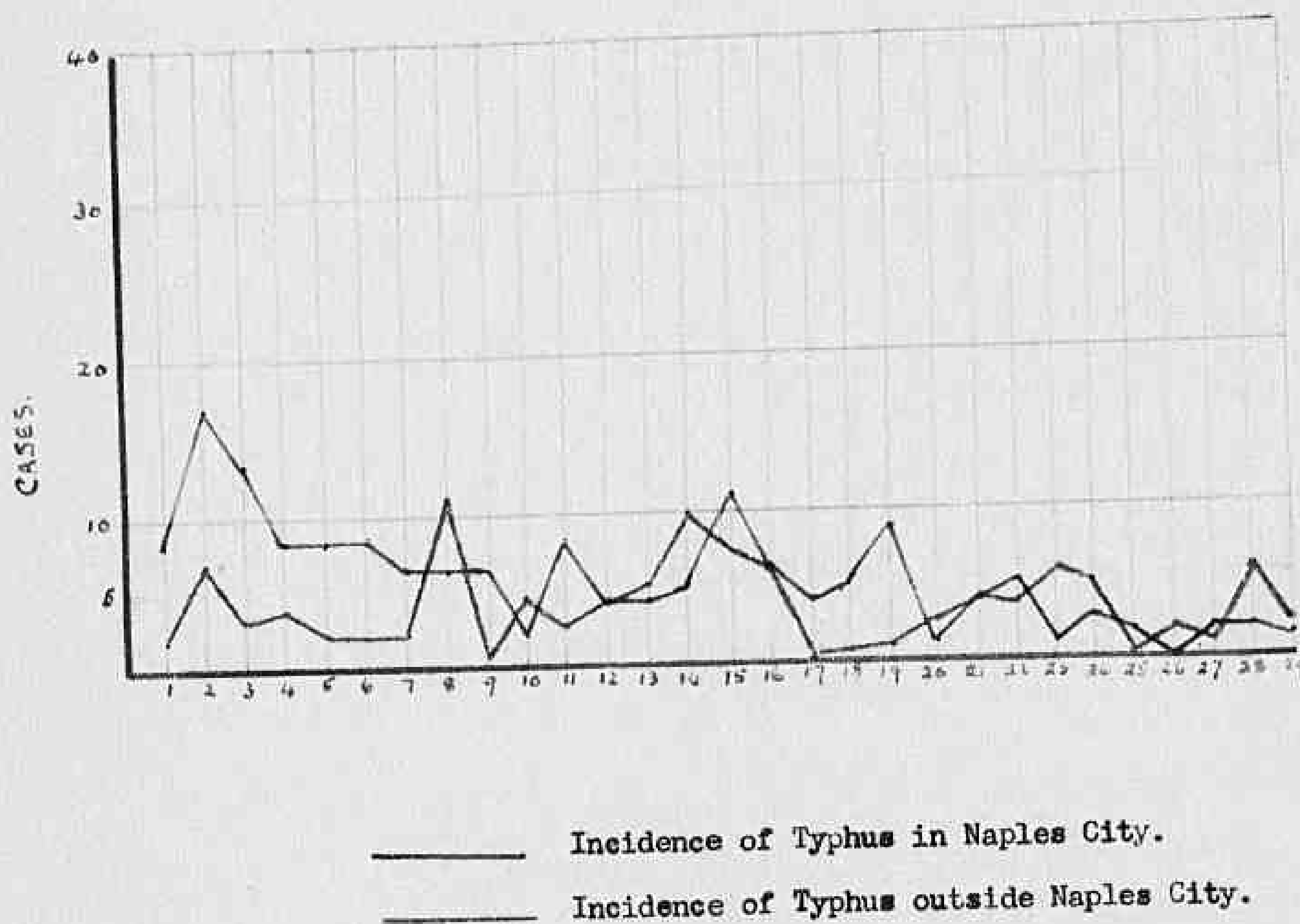
WILSON C. WILLIAMS, Lt. Col. M.C.
Director, Typhus Control Service

Distribution:

Original to Chief Commissioner (through Executive Commissioner)
Copy to DPH, ACC
" " General Slease
" " Brigadier Galloway
Files (2)

APPENDIX "E"

Daily Incidence of Typhus in
Naples and District During
February 1944



APPENDIX "F"

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

27 February 1944.

SUBJECT: - Report of Venereal Disease Control Activities
for the Month of February 1944.

TO : - Director, Public Health Sub-Commission.

1. During the month of February, venereal disease control conferences were held in Palermo and Bari; venereal disease control officers were assigned to Regions I and III; field visits were made by the Venereal Disease Control Officer to Matera and Bari in Region II, Palermo and in Region I to study progress made in Naples, Region III.

2. The conference in Palermo, 11 February, signaled an intensification of the efforts being made in Sicily to bring about a reduction in the venereal disease rates of troops stationed there. The conference was attended by the Director, of the Public Health Sub-Commission. Represented at the conference were Region I ACC, District 1, IBS, and 7th Army. Agreement was reached that ACC would provide hospitalization for women suspected to be sources of venereal disease among the troops; and that, the finding and bringing to the hospital of these persons would be the joint responsibility of the Provost Marshall and Italian Police Authorities.

3. The situation in Palermo at the time of the conference was that a program had been started using the Dermoceltic Hospital which had been used to hospitalize prostitutes in pre-war days. Unfortunately for the program it had been necessary to also use this hospital as the principal civilian hospital as civilian hospitals were in use as military hospitals. The result was that when this hospital was visited it was found to have about 100 women under observation and only about fifty beds for them to sleep in. It was apparent that another institution was needed. The Surgeon of IBS suggested a private mental hospital called Casa Salute D'Anna on the outskirts of Palermo. This place was visited and found to have about 30-40 private patients located in one of three buildings the sum of which could take care of 300 or more patients. The RPHC Region I also visited this place and started proceedings to get possession. While in Palermo arrangements were made for the assignment of Capt. Anthony Pino to venereal disease control activities in Sicily. Capt. Pino was ordered to Naples where he was given full instructions to begin hospital programs in Messina, Catania and Syracuse under the direction of RPHC Region I. While in Naples he was shown the program in effect in that city. VD rates obtained from the Surgeon IBS show very little recent improvement. In this connection it is well to bear in mind that it was only recently (26 January 1944) that houses of prostitution were placed "out of bounds" to American troops in Sicily, hence the results of a repression would not be immediately apparent.

VD RATES IBS per 1000 per annum:

Months	White	Colored.
September	62.3	263.5
October	107.8	390.6
November	125.9	375.7
December	186.1	728.8
January	186.2	631.6

It is expected that the situation in Palermo will improve in February and March provided present orders and directives are carried out in letter and in spirit.

4. A conference was called on the 17 of February in Bari by the District 2 DDMS. Substantially the same recommendations were made at this conference as were made at the Palermo conference. The situation in Bari is that there is much clandestine prostitution by Italian women highly infected with the venereal diseases and inadequate facilities for their hospitalization.

APPENDIX "F"

Sheet 2

A study of this situation disclosed that a hospital where troops are now billeted would be suitable. The DDMS of District 2 promised to make this hospital available to ACC. Developments at Bari await the delivery of the institution. The need for a program in the cities of Region II was discussed with the RPHO, Region II. He is well aware of these needs and is trying to arrange such programs. It happens that the provinces of Region II which most urgently need these programs do not have ACC Medical officers namely: Bari, Taranto, Brindisi and Lecce. A plan is under consideration by the Region II RPHO to transfer a medical officer to this area.

Weekly VD Rates per 1000 per annum 94th Sub Area.

Week Ending	Rate	Week Ending	Rate
6 November	166	18 Dec.	156
13 Nov.	120	25 Dec.	227
20 Nov.	170	1 Jan. 44.	100
27 Nov.	285	8 Jan.	60
4 December	265	15 Jan.	86
11 Dec.	188	22 Jan.	82

5. A visit was made to the Pace Hospital in Naples where a program is underway taking care of about 400 women. This hospital was found to be operating very unsatisfactory. The difficulty seems to be that the present Italian director of the hospital does not give sufficient time to the administration of the hospital. The director is a practising physician who can spare only mornings from a busy practice to the direction of the hospital; furthermore, he insists on making the examinations of patients personally, so there is little time left for planning, ordering supplies and directing personnel. By actual observation this director arrived at the hospital at 0900 hrs, examined patients until 1100 hrs and then left at 1130 hrs. No one can expect a hospital to operate efficiently if only thirty minutes per day is given to its operation. The suggestion was made by the venereal disease control officer to the RPHO Region III that the present Director be relieved of his responsibilities as administrator for the hospital and to confine his activities to the medical care of the patients; and that, an experienced hospital administrator be appointed to direct the hospital.

VD Rates Metropolitan Area, Naples.
per 1000 per Annum.

Month	White	Colored.
Dec.	212.4	475.2
Jan.	166.1	339.6

The overall situation in Naples looks encouraging. It is to be expected that as the full weight of the present repression program makes itself felt there will be a further decrease in the VD rates of the troops.

6. Detailed instructions for the management, of patients in the venereal disease hospitals have been prepared in English and in Italian and sent to Headquarters for transmittal to the Regions.

7. Additional reports on venereal disease control activities may be found in the reports of the Regional Public Health Officers which are sent directly to HQ.

(Signed) John A. Lewis
Major, USPHS
Venereal Disease Control Officer.

JAL/jal

APPENDIX "G" 79

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3072/PH

21 February 1944

SUBJECT: - Sanitary Supplies & Equipment.

TO : - Col. M.E. Griffin, Chief Medical Supply Section,
ACC Forward H.Q.

Reference your letter dated 17 February 1944, Para. 4 (Substitute of Diesel Oil for Paris Green). Many cogent arguments exist in favour of the use of Paris Green instead of Diesel Oil for malaria control.

The entire Italian control program is based upon the use of Paris Green. Italian technical assistance, upon which ACC has to rely, is trained in its use and suitable equipment is already on hand. The personnel used in this work has, through custom and training, become expert in the use of Paris Green and it is felt that to introduce an entirely new method, will at once reduce the efficiency of the workers to a marked degree and so impede the working of the program for the coming season.

Additional Allied personnel would also be required to train the workers in the new methods. It is not known where such personnel might be obtained.

The discrepancy in tonnage which exists between the Paris Green and the Diesel oil required to produce similar results is enormous. A tremendous amount of shipping space, labor and transport would be required to import and distribute the Diesel oil and necessary equipment, while only 60 tons, approximately of Paris Green would be required.

There is evidence to show that, as a larvicide, Paris Green is very much more effective than Diesel Oil.

Diesel Oil can be used for other purposes than Malaria control. The import of such vast quantities of oil would be an immediate inducement for much of it to be diverted to the Black Market.

In short, on grounds of custom, available equipment, personnel, economy, effective control and prevention of Black Market activities, the use of Paris Green is strongly recommended.

PH/GMF/ja

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

Copy to: A.D.H., AFHQ (Advanced)

NEAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO - 394
Public Health Sub-Commission

APPENDIX "H" 78Malaria and Malaria Control in the Province of NaplesI. Malaria.

(A) Anophelines found within the Province.

1. *Anopheles maculipennis labrancheiae*.
2. " " *clutus*.
3. " " *typicus*.
4. " " *messanae*.
5. " " *salunoch*.
6. " *claviger (bifurcatus)*.

The important malaria vectors in the Province are reported to be

A. *maculipennis labrancheiae* and A. *claviger (bifurcatus)*.

(B) Types of parasite species present.

1. *Plasmodium vivax* - causative agent of benign tertian fever.
2. " *falciparum* - " " " malignant " "
3. " *malariae* - " " " quartan fever.
4. " *ovale*

The important parasite for this area is *P. vivax*.

(C) Length of malaria season.

It is said to be from April-May through the month of October.

(D) Malaria Incidence (Pop. of Province - 2,264,509 - Census 1941).

Year.	<u>CASES.</u>			<u>FEVERS.</u>			
	Primary.	Recurrent.	Total.	Benign tertian.	Malig. tertian.	Quartan.	Total.
1935	?	?	7744	?	?	?	7744
1936	512	4340	4852	4298	456	98	4852
1937*	680	3250	3930	3426	402	102	3930
1938	337	3835	3772	3520	?	?	3772
1939	442	2561	3003	2702	?	?	3003
1940	340	2545	2885	2691	?	?	2885
1941	460	2243	2703	2448	528	27	2703
1942	340	212	2752	2410	315	27	2752
1943	No data available.						

Thirty-four (34) of the 130 Provincial communes are considered to be malarious. Following is the statistics of these communes for the year 1941 and 1942:

APPENDIX "H"

Sheet 2

- 2 -

Comune	Population.	1941		1942	
		Primary Cases	Recurrent Cases	Primary Cases	Recurrent Cases
1. Albano	18,100	15	215	16	251
2. Aversa	37,260	9	13	3	10
3. Baia e Latina	2,100	6	42	7	40
4. Brzza	No record.				
5. Caianello	1,398	7	13	6	11
6. Calvi Risorta	4,052	20	20	3	16
7. Camigliano	5,909	31	216	-	13
8. Cancellate ed Arnone	2,450	31	266	20	252
9. Capua	14,183	2	2	-	-
10. Cerinola	11,549	66	132	71	158
11. Castel Volturno	1,478	20	88	17	82
12. Francolise	3,061	23	67	17	60
13. Frignano	10,408	9	11	6	3
14. Giuliano in Campania	21,020	76	258	65	304
15. Grazzanise	4,139	16	18	6	9
16. Lago	No report.				
17. Lauro	" "				
18. Licola	" "				
19. Marcianise	21,816	22	287	9	296
20. Marzano Appio	4,056	1	3	-	3
21. Mondragone	12,312	5	40	-	18
22. Pietravalle	2,830	-	7	-	4
23. Pignataro Maggiore	6,378	3	8	-	4
24. Pontelatone	1,751	2	-	-	-
25. Pozzuoli	30,650	-	26	4	30
26. Presezzano	1,752	10	-	-	-
27. Sessa Aurunca	25,250	29	280	32	338
28. S. Maria Capua Vetere	30,175	-	-	-	-
29. S. Maria la Fossa	1,918	3	13	2	14
30. Sparanise	14,783	25	12	4	10
31. Teano	13,684	25	13	3	9
32. Vairano Patenora	4,199	12	85	12	130
33. Villa Literno	3,491	23	225	6	280
34. Villa Volturno	63,200	3	3	4	-
TOTAL	514,513	460	2,243	340	2,412

II. Malaria Control prior to 1944.(A) Type of Control carried on.

Anti-malaria measures consisted of spreading a 1% Paris green mixture over anopheles breeding waters, the treatment of malaria patients, and the distribution of malaria suppressive drugs. Indirect control of malaria was effected by the construction of drainage in the coastal and inland low plains.

(B) Main mosquito breeding areas.

Upper Naples Province is characterized by its low plains, which

run from the coast to an inland. Two rivers, the Volturno and the Garigliano lead in a southeast to west direction across these plains from their watersheds in the encircling mountains. To assist in the drainage of the upper plains a network of canals, known as the Regni Lagni Canale, were built. A few miles inland from the coast, and northwest of Naples City lies Lake Patria. The lower Volturno River area and the Lake Patria regions were once extremely marshy. A government undertaking reclaimed much of the land in this area by constructing hydraulic pumps and canals.

These water-holding plains have been the major breeders of anopheline larvae.

(C) Control Organizations.

The Province had an Anti-Malaria Committee consisting of the following members: -

1. Governor of the Province.
2. Provincial Medical Officer.
3. Provincial Malariaologist.
4. Director of the Consorzi Riuniti di Bonifica.
5. Director of the Genio Civile.
6. Representative of the Italian Red Cross.
7. Representative of the Railroad.
8. Representative of the Agrario.

Most of the actual control work was carried on by the Consorzi Riuniti di Bonifica della Campania, who were in charge of the large reclamation areas. The Genio Civile conducted the control work in those areas outside the Consorzi's boundaries. In a few cases the Committee supervised small programs of its own.

(D) Types of establishments, their locations, duties and personnel.

I. Anti-Malaria Stations - two, located at Cancellate Arnone and Laura. Their functions were as follows:

- (a) Area headquarters for control squads and control work.
- (b) Centres for receiving, mixing, storing, and distributing Paris green.
- (c) Received malarial patients.
- (d) Diagnosed malarial cases, carried out the suppressive treatment and cure of malaria.
- (e) Examined blood slides sent in from outside areas.
- (f) Maintained entomological laboratory.
- (g) Kept statistics, distributed literature pertaining to malaria.

- 4 -

APPENDIX "H"

sheet 4

The personnel of these stations were as follows:

- (a) Director (medical);
- (b) One or more hygienist technicians, who examined blood smears.
- (c) A nurse.
- (d) Two assistant sanitarians to conduct the ambulatory activities of the station.
- (e) One labor superintendent.
- (f) Squads of workmen to do larvicidal work.

2. Ambulatories - There were twelve, located at the following towns.

- | | |
|---------------------|-----------------------|
| (a) Aversa | (g) Sicola |
| (b) Brezola | (h) Marcianise |
| (c) Carinola | (i) Mondragone |
| (d) Castel Volturno | (j) S. Andrea Piazone |
| (e) Calvi Risorta | (k) Villa Literno |
| (f) Giugliano | (l) Villa Volturno. |

These ambulatories served the inhabitants of the immediate communes. Blood smears were collected at these ambulatories and if no microscope was available they were sent to the anti-malarial stations or to the provincial laboratory at Naples. Malarial suppressive and curative drugs were issued free. Anti-malaria squads also used these ambulatories at headquarters.

The personnel consisted of the commune doctor, and if necessary, an assistant.

3. In those communes where no ambulatories were established, the commune doctor would manage the distribution of malarial drugs.

E. Mosquito Control.

1. Division of work.

As noted before, the Consorzio Riuniti was in charge of all anti-malaria measures within the boundaries of their land reclamation projects, and the Genio Civile was responsible for control work in the remaining provincial areas.

2. Types of control work.

- (a) Larviciding - 1% Paris green (99% road dust) mixture was used.
- (b) Construction of drainage canals and their maintenance.
- (c) Screening of homes.
- (d) Adult mosquito control by use of insecticide.

3. Length of mosquito control program.
April through October.

F. Control Funds.

The Minister of Agriculture, the Minister of the Interior and the Provincial Government (through Communal appropriation) were to have given the following sums:

1941	Lire 222,000
1942	" 576,400
1943	" 3,000,000

For 1944 the following control estimate have been submitted:

Consorzio Riuniti di Bonifica della Campania	L. 15,151,000
Genio Civile	L. 6,736,300
Total	L. 21,887,300

G. Control Work accomplished in 1943.

Anti-malaria activities were reported to have been carried on up to the end of the month of September, when the Allied invasion, plus subsequent combat actions, completely halted all work. The results of these events will be discussed in a later paragraph.

H. Paris green requirements for 1944.

33.5 quintals (3300 lbs) of Paris green have been asked for larvae control.

III. Results of military activity in Naples Province, particularly in the upper and Lower Volturno regions.

(A) Canals have been demolished, filled in, and in some instances, the canal banks have been mined. The hydraulic pumps have been destroyed, as well as the power lines that fed them. Result: Great areas of the low lands have been inundated, driving out the inhabitants and their livestock. New pools and lakes have been created. In many sections the water has flooded the land to a depth of five (5) feet.

There is an estimated 200 Kms of canals to be repaired and maintained.

(B) Emergency built bridges, without culverts, or with inadequately built ones, have caused pooling of water.

(C) The anti-malaria stations and the ambulatories have all been entirely destroyed or badly damaged. The public health authorities claim that all the records, drugs and equipment of these establishments were either stolen or destroyed.

(D) Bomb Craters, tank traps, trenches, and fox holes have created new water holding hazards.

(E) Breakdown in the malaria suppressive and curative treatment of humans.

IV. Conclusion.

(A) Present Situation.

- (1) All the Marise Ty since area north of the Volturno river is at the present time under the control of the armed forces. It is also true of some areas south of the Volturno. All malaria control measures around such areas will be under the supervision of the Army.
- (2) Some of the damaged hydraulic pumps in the Bonifant di Volturno area are being repaired.
- (3) An inventory is being made of available malaria drugs within the province.
- (4) The requested Paris green will not be forthcoming, but in its stead a limited amount of diesel oil #2 will be furnished, the quantity being based on estimates of Col. Stoen and Lt. Col. Radin, AMH.
- (5) Neither the Consorzio di Bonifant or the Genio Civile have equipment with which to conduct either a dusting or oiling program. However, the Consorzio does claim to have, on hand, trained personnel to conduct a dusting program.
- (6) The Provincial Governor (Prefetto) of Naples Province, for the purpose of rising in the control of malaria, has issued a decree, said decree forming an anti-malaria committee (See Appendices 'A' and 'B').

However this Committee does not differ in any great respect from the previous year's Provincial Malaria Committee, said organization being formed under the same articles of the Testo Unico Leggi Sanitarie. No individual has been appointed to head the forthcoming control program.

(B) Recommendations.

It is recommended that:

- (1) All possible effort be made to repair damaged canals and pumps. Filling in of craters, potholes and the like should be undertaken where feasible.
 - (2) Anti-malaria stations and ambulatories be repaired or relocated.
 - (3) The provincial malaria control program be based on the assumption that the Army will at some future time move out of its present areas leaving all control work to the civilian organizations.
- In the meantime, all possible Army assistance would be welcomed.
- (4) An itemized budget be submitted by the Provincial Anti-Malaria Committee. The requested estimate of the Consorzio and the Genio Civile for the 1944 season is quite high, though in all probability it includes the cost of repairing canals, bridges, and hydraulic pumps, in addition to conducting direct malaria control.
 - (5) A qualified individual, preferably the Medico Provinciale, be placed in charge of all civilian malaria control activities.
 - (6) Efforts be continued for the purpose of obtaining Paris green.

2336

M. A. MANZELLI
1st. Lt. Sn. C.
Malaria Control Officer.

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Appendix 'A'APPENDIX "H"
Sheet 7IL PREFETTO
DELLA PROVINCIA DI NAPOLI

Sanità' No. 1261

Sentita la necessità di coordinare i servizi per la lotta antimalarica.

Vista la richiesta del Comando A.M.G.

Visto gli art. 51 e seguenti del Testo Unico Leggi Sanitarie approvato con R.D. 27.7.1934. No. 1265

D E C R E T A

E' costituito il seguente Comitato antimalarico avente lo scopo di coordinare e facilitare la esecuzione dei servizi assistenziali e profilattici:

Com/re Dott. G. Beneduce	-	Medico Provinciale
Cap. Med. Dr. Abate Enrico	-	Delegato della C.R.I. componente
Prof. Ing. Ruggiero Placido	"	Genio Civile
Dr. Galloro Giovanni	"	Consorzi riuniti
Dr. Maffei Carlo	"	Amminis. P.S.
Prof. Giuseppe Leone	"	Ispettorato Sup. Agr.
Cav. Peante Amedeo	"	Segretario

Napoli 19 febbraio 1944

IL PREFETTO
(Cavalieri)

APPENDIX 'B'

APPENDIX "H"
Sheet 8

Translation of Appendix 'A'

Prefect of the Province of Naples.

Public Health No 1261

Having been aware of the necessity to coordinate services
in order to combat malaria.

Having known the request of the Allied Military Government.

In conformance with Art 313 and following of the Testo Unico
Health Laws, approved by Royal Decree, 27.7.1934 No 1265.

DECRETE

There is constituted the following Anti-Malaria Committee
whose function is to coordinate and facilitate the carrying out of
remedial and prophylactic services.

Com/re Dott. G. Beneduce	Provincial Health Officer.
Cap. Med. Dr. Abate Enrico	Delegate of the CRI Component.
Prof. Ing. Ruggiero Flacido	" " Genio Civile "
Dr. Galloro Giovanni	" Admin. P.S. "
Prof. Giuseppe Leone	Ispettorato Sup. Agr.
Cav. Pesante Amideo	Secretary.

Naples, 19 Feb 1944.

Il Prefetto.
(Cavalieri)

APPENDIX "I" 70

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

Public Health Sub-Commission

ACC/3008/PH

26 February 1944

SUBJECT: - Report of Veterinary Activities During
Period of 1 February to 29 Feb. 1944, Incl.

TO : - Director, Public Health Sub-Commission.

1. The Provincial Veterinarians of Potenza, Matera, Cosenza, and Catanzaro Provinces were interviewed for the purpose of obtaining information regarding the kind and amount of Veterinary biologics and veterinary supplies which will be needed to carry on a satisfactory program of livestock disease control during the next six months in their respective provinces. Additional information was obtained. The most serious infectious disease now in existence is Infectious Laryngo Tracheitis of poultry. This disease is taking a considerable number of birds. As there is no known effective means of preventing or treating the disease, the control measures are limited to the segregation and isolation of infected birds. Transportation facilities for all of these Provincial Veterinarians are very scant.

2. Request has been made through Colonel Griffin, Medical Supply Officer, for all of the necessary Veterinary drugs and supplies which will need to be imported to meet the requirements of the Italian Veterinarians for the next six months.

3. A directive to all RGAO's pertaining to the enforcement of anti-rabies laws has been distributed.

4. The livestock slaughtering laws are not being enforced. The possibility of enforcing these laws is being discussed with the proper Italian officials with a view to starting the enforcement of the laws at an early date.

5. Doctor Igino Martini is acting chief veterinarian for the Minister of Internal Affairs. Numerous conferences have been held with Doctor Martini for the purpose of discussing Veterinary problems.

6. The Veterinarians (A) at the PBS Quartermaster Remount Depot, Persano, have been consulted regarding the infectious diseases of horses and mules at the depot.

PH/RWR/ja

ROWLAND W. RUSHMORE
Major, Vet. Corps.

APPENDIX "I" Sheet 2

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

Public Health Sub-Commission

24 Feb. 44.

VETERINARY QUESTIONNAIRE

- (1) What biological preparations for the treatment of animals are being produced?
- (2) What biological preparations for the treatment of animals were produced in 1942?
- (3) How do present production figures compare with 1942 production figures?
- (4) Was 1942 production sufficient for the needs of the Region?
- (5) Did Region I supply biologicals to any other Region?
- (6) What are the prevalent diseases among horses, cattle, sheep and goats?
- (7) Are adequate tests in force for the diagnosis of tuberculosis, brucellosis and other diseases?
- (8) Is an adequate system of disease reporting in existence?
- (9) Are the anti-rabies laws being enforced?
- (10) What is the Regional Veterinary organization?
- (11) Is the Regional Chief satisfied that the Provincial and Communal Veterinarians are doing their 'jobs'?
- (12) Is there any system of inspection or checking of work done?
- (13) Did the Germans export many horses, cattle, sheep or goats?
- (14) How do present herd figures compare with 1942 figures?
- (15) What is generally drunk - Cow's or goat's milk?
- (16) Is the local milk production adequate for the needs of the Region?
- (17) What steps are taken to pasteurize milk or insure clean milk distribution to communities?
- (18) Are supplies of dried milk still necessary?
- (19) What further assistance is required by Regional Veterinarians?
- (20) What regulations are in force concerning the slaughtering and inspection of meat?

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 994

APPENDIX "J" 68

Public Health Sub-Commission

3 March 1944

SUBJECT: - Monthly Report - Supply Service.

TO : - Director, Public Health Sub-Commission (Salerno).

1. During the month ACC headquarters took over control of all AMST activities including AMB 13 Army which permitted this service to deal directly with all Regional Public Health Officers and SAMCO's. This permitted this Service for the first time to render real assistance to Public Health Officers having supply responsibility.

2. Because of the separation of this office from the Director, Public Health as a result of move to Salerno of the Director, permission was obtained to deal directly with the Economic Director on all matters of a purely supply nature.

3. During the month the Hq. ACC took over the warehouse No. 575 with the civilian personnel and made the Central Medical Warehouse an ACC organization. The warehouse is now in very satisfactory repair except for the floors which are being worked on. Electricity has been laid on, the elevator repaired and the work on roof completed.

4. Two officers, Captains, American with supply training reported to this office for duty with six non-committed officers. This military personnel was ordered to this Hq. for temporary duty by SARCOUSA - AMH. It is understood this duty assignment will be changed to permanent when the T/O of 267 Regiment permits. Request was submitted through channels requesting an attachment to the 2675 Regiment of a Depot Company under T/O 3-667 in order that the personnel doing supply work might be properly covered into a T/O. This T/O would not cover the Supply Officer, Public Health Sub-Commission but would cover all other military personnel if approved.

5. On February 10 price list for CAD items (Medical) to be supplied to occupied Italy was approved by Finance Sub-Commission and sent out. Instructions covering accounting, requisitioning and distribution procedures also prepared but held up by higher authority.

6. Capt. Doerr went to Taranto and arranged for distribution of 17 CAD Basic units and 12 Tropical Units to Provinces of Taranto, Bari, Brindisi, Matera, Potenza, Lecce, and Foggia. This officer also had conferences with Regional P.H.O., Region I and Region II, on prices and distribution of medical supplies.

7. Region II has established a Regional Medical Depot at Reggio. Region III has a Medical Depot in Naples. Regions IV and V are not as yet active regions. 4th and 5th Armies have also established depots. Region I

still has its medical warehouse at Caltanissetta which is not believed to be the ideal location. It is believed a Regional Warehouse at Palermo would be more ideal with the anticipated reduction in Allied Officer personnel in Region I and the turnover of the Island to Italian Control.

8. Inspection trip made to Cagliari, Sardinia by the undersigned, Brigadier Dunlop and Capt. Brooke interviewed and also attended malaria conference. Region VI is seriously in need of additional Public Health Officers. Capt. Brooke is only officer with too many problems to handle all efficiently. There will be a very large malaria control program which cannot be properly handled by Capt. Brooke except at the expense of his other duties. No CAD medical supplies have been distributed. Brig. Dunlop wants an officer to handle supply problem and one was provided. It has been learned however that one of our officers is being transferred out which makes it impossible to send an officer over except on temporary duty. An additional Public Health Officer could assist Capt. Brooke and allow him to handle the supply problem himself.

9. Capt. Wilhelm made a trip to Bari to offer our assistance to the Food Sub-Commission representative on any medical supply problems. An American MCC will be sent to Bari to assist in this as soon as he has had two weeks training here.

10. Preparation of requisitions for the six months period, July - December, have been started. These requisitions will be on an item by item basis and not on the CAD unit basis as in the past. Assurance has been received of delivery of 200,000 gallons of Diesel Oil No. 2 for anti-malarial use throughout Italy. Backpack sprayers are also to be furnished.

11. The main points of interest obtained by Capt. Doerr, Capt. Wilhelm and the undersigned is that although medical supplies have arrived in Italy from the U.S.A., there is not as yet adequate distribution of these supplies within the Regions and Provinces. The fault seems to be twofold; a) lack of adequate transport. b) inability of this office to get instruction to field agency on systems of accounting and distribution.

M.E. GRIFFIN, Col.,
Medical Supply Officer.

MEG/sjd.

APPENDIX "K"

Public Health Sub-Commission
 1000
 1000

WJL/STW/LH

3 March 1944

Subject: - February Report - Welfare Section.

To: - Dr. J. G. Vardaman, Director, P.H. Sub-Commission.

1. During the month of February, the Section on welfare gained two officers, as against one lost in January. Major McManus was transferred from the Interior Sub-Commission on February 25 and Captain T.M. Wilcox arrived from Tinian on February 5, 1944.

2. The personnel of the Section on welfare as of 28 February consisted of 4 welfare officers: Captain J.G. Vardaman, Major John McManus, Capt. T.M. Wilcox and Captain L. J. Wilcox. There are 1 welfare officer in Region I, Capt. Vardaman; 1 in Region II, Capt. Wilcox; 1 in Region III, Capt. Wilcox; 1 in Region IV and V, Major McManus; 1 in Region VI, Capt. Wilcox; and 1 with the 1st Army, Capt. Wilcox. There is no welfare officer assigned to Region VII or VIII or the 1st Army.

3. The United States Army has received more than 100,000 sets of clothing which has been distributed through the Civilian Control Committee, to Regions I, II, III and IV and V which have 100,000 sets of clothing to date. (The distribution of clothing to the recipients is proceeding rapidly through the efforts of the welfare officers and sections and their personnel.)

4. Clothing was prepared in cooperation with the Civilian Control Committee needed for destitute persons through December 1943. Then estimates were forwarded to the Economic Section, U.S.A.C. An additional 300,000 sets are being received from the U.S. and some of these are currently being received. The estimate calls for an additional 300,000 sets, making a grand total of 700,000 sets of clothing. An estimate of clothing can be divided among needy persons, considering the period through December 1943, the estimates plus present receipts will allow distribution to about 1,000,000 persons.

5. In Region I, a Regional Italian Welfare Department of Italian Government was established by order of the U.S.A.C. on 1 February 1944. This Italian Department has jurisdiction over the provinces of Sicily in respect to public welfare matters, and exercises directive and inspection functions for control and coordination over provincial public welfare offices of Italian Government, and over all public and private welfare institutions in Sicily.

6. In the remaining regions, no material progress has been made in the organization of provincial welfare departments. Each of Regions II and III has had one welfare officer. These officers have had their time taken up by emergency matters, and particularly by the handling of Italian refugees in Region II, with the result that supervision of welfare program in Italian Government, and the better organization of Italian Government to meet such problems has not taken place. Welfare work has also developed in the case of the Japanese, in the matter of extending aid, and in the supervision of welfare institutions.

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APPENDIX 'K' sheet 2

1. The purpose of this plan is to provide a framework for the development of a system of control and coordination of the various activities of the organization, and to ensure that the system is flexible and adaptable to changing circumstances.

2. The purpose of this plan is to provide a framework for the development of a system of control and coordination of the various activities of the organization, and to ensure that the system is flexible and adaptable to changing circumstances.

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8. The purpose of this plan is to provide a framework for the development of a system of control and coordination of the various activities of the organization, and to ensure that the system is flexible and adaptable to changing circumstances.

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Censorship (Civil Censorship Section) transmits an extract from a Censored letter from Antonio STEFANIZZI, Villa S Luigi, Napoli to Giosue STEFANIZZI, Matino, mailed by ordinary surface post 14 February 1944, stating that living conditions at Naples are better and concerning the typhus conditions, they were not as bad as reported. "Only in several districts was it as serious at all but the publicity given the disease caused the population to be put on guard and there is no danger of an epidemic since the first cases were quarantined."

CONFIDENTIAL.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3016/PH

7 March 1944

SUBJECT: - Sub-Commission of Public Health and Welfare
Report - Month of February 1944.

THRU : - Administrative Directorate.

TO : - Chief of Staff.

1. During the month of February Captain Paul S. Savage (A) was taken on the strength of the Headquarters of this Sub-Commission on arrival from Tizi Ouzou and assumed the duties of Executive Officer.

Major John A. Lewis (A), having completed his tour of duty with Region III returned to duty with this Sub-Commission.

Major Edgar B. Johnwick is awaiting transfer to another theater of operations.

Major Lendon Snedeker (A) came to this Headquarters consequent upon the dissolution of AMG 15 Army Group and was temporarily attached to Region III as Venereal Disease Control Officer.

Major Samuel A. Goldsmith (A) has relinquished his position as Senior Staff Officer to the Central Clothing Committee and has been attached to Region III for temporary duty as Welfare Officer.

Major John McSweeney (A) has been transferred from the Interior to this Sub-Commission and has been assigned to the Welfare Section.

Captain T. M. Willcox (A) on arrival from Tizi Ouzou was assigned to the Welfare Section of this Sub-Commission.

Captain Clayton C. Codrington (A) has been assigned for duty with the Typhus Control Service.

Captain George B. Wilhelm, Sanitary Corps, and Captain Francis W. Bushard, Sanitary Corps, have been temporarily attached to the Medical Supply Section of this Sub-Commission from Personnel Center, No. 5 I.B.G., and from 105 Station Hospital respectively.

2. In Salerno, contact has been made with Dr. Vezzoso, head of the Public Health Department of the Italian Government. In Italy there is no Minister of Health and the Health Department comes under and has its orders issued by the Minister of the Interior. Regular weekly meetings have been arranged with Dr. Vezzoso and already a number of conferences covering the fields of typhus, VD, and malaria have taken place. Dr. Vezzoso has evinced the utmost eagerness to cooperate with ACC and has already shown initiative in dealing with the numerous problems confronting his Department.

Contact has also been made with the ADUS, 9th Sub-Area and localized public health problems have been discussed with him.

3. During the month the Sub-Commission assumed responsibility for the Typhus Control Program. This will be discussed more fully in the report of the Public Health Section.

4. The food situation is confused as conflicting reports are received as to the adequacy of rations in different areas. A scheme has been projected in Region III for the scientific examination of a cross section of the school children for the purpose of ascertaining whether malnutrition and avitaminosis exists or not. A similar line of investigation will be instituted in Region I.

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ACC/3106/FR - P.H. Sub-Commission February Report (Continued)
7 March 1944.

At the moment a scheme is in course of preparation for the standardization of rations for hospitals, institutions and prisons. This is being prepared in co-operation with the Food and Public Safety Sub-Commissions.

The more detailed work of the Sections was:

A. HOSPITALS AND MEDICAL CARE SECTION:

Lt. Col. Shields (A) and Lt. Col. Dobos (A) visited Region VI. Lt. Col. Shields reports that adequate hospital facilities exist on the Island, that there is sufficiency of doctors and that medical supplies are coming in satisfactorily. He is not satisfied, however, that children and young adults in hospitals are receiving an adequate diet.

Lt. Col. Dobos in his report at APPENDIX "A" expresses himself satisfied with the capabilities of the Director of Hygiene at the University of Cagliari, who also fills the role of Director of Public Health for the Island. He also speaks highly of the ability of the Director of the Malaria Control Laboratory and the Director of the Veterinary Laboratory. Apart from these men, however, the standard of laboratory work in the Island is not considered good.

Lt. Col. Dobos has also submitted a more detailed report on his inspection of laboratories in Region II. This report was summarized in the January monthly report of the Sub-Commission.

Lt. Col. Shields toured the 5th and 8th Army Areas and made arrangements for the assignment of an Italian 50 bed Field Hospital to the 5th Army Area. This hospital is to be utilized in dealing with wounded civilians and refugees and is meant to supplement static civil hospitals in the area.

Lt. Col. Shields' report, which covers all his activities during February, is to be found at Appendix "B".

A directive and questionnaire covering the field of hospitals and alternative accommodation similar to that used in Regions I and II has been sent to Regions III, IV, V, and VI - APPENDIX "C".

B. PUBLIC HEALTH SECTION:

On 20th February 1944 this Sub-Commission assumed responsibility for the Typhus program. The Deputy Director, Lt. Col. Wilson C. Williams (A), is in charge of the Typhus Control Service and his preliminary report is to be found at APPENDIX "D". It will be noted that a large number of Italian civilians, including doctors, is being utilized in this service, the principle being that, as time passes, more and more Italians will be trained in Typhus Control work thus enabling ACC Officers to act only in a supervisory capacity.

The incidence of typhus within the City of Naples has greatly decreased, while the incidence outside Naples shows some increase. A graph, APPENDIX "E" indicates the rates for the month of February. This graph should be compared with the graph contained in the January report.

The total number of persons dusted in Naples is:

Inside Naples, 2,065,561
Outside Naples, 182,681

The total number of persons immunized is: 55,696.

A dusting team has also been set up at the Anzio Beachhead to deal with refugees leaving this area. These refugees are again dusted on arrival in Naples.

A dusting team has also been established at Reggio to deal with the flow of travellers from Italy to Sicily. By this means it is hoped to prevent any outbreak of the disease in Region I.

ACC/3016/PH - P.H. Sub-Commission February Report (Continued)
7 March 1944.

Dr. Vezzoso, the Italian Director of Public Health, has been approached with the request to nominate teams of Italian workers in every province of "King's Italy". These teams are to be trained in dusting technique and will constitute flying squads to deal with any cases in their respective provinces. In this way it is hoped to educate the Italians to a realization of their own responsibilities in combatting this disease and also in time to relieve the strain put upon Allied personnel.

2. Venereal Disease still presents a very formidable problem especially in Naples and the control of prostitutes under Italian law is a matter of the utmost difficulty.

During February, Brigadier Parkinson, Major Lewis and Major Johnwick attended a conference on VD at Palermo. This conference was held with Medical, Provost and Legal officers of the American and British forces and ACC.

Captain Pino (A) has been put in charge of the VD program in Region I and is working in close collaboration with DDMS, No. 1 District and the Surgeon JBS.

Major Johnwick attended a conference of a similar nature at HQ. No. 2 District.

Major Lewis prepared a directive on the establishment by ACC of hospitals in various areas for the treatment of infected women together with a detailed guide to the methods of examination and treatment to be employed. This guide which is both in English and Italian is in the course of being mimeographed and when completed will be given as wide a circulation among Allied officers and Italian officials as is possible. The VD Control Officer's report - APPENDIX "F" covers the activities mentioned above.

Major Lewis has proved himself to be extremely zealous in his efforts to cooperate with the Military and take every possible step to control the scourge of Venereal Disease.

3. Brigadier Parkinson's proposal to set up a Malaria Control Board for this Theater has been favorably received by AFHQ and steps have been taken for the formation of such a board.

A request has been made to AFHQ for the release from NATOUSA of Col. Russell (A), an outstanding authority on malaria, for the purpose of supervising and coordinating ACC's malaria control program. If Col. Russell's services are made available, it is proposed that he be co-opted to a seat on the Malaria Control Board.

Estimates have been submitted on the quantity of Diesel Oil required for Malaria control. These are enormous and are completely disproportionate to the requirements of Paris Green for the same purpose. It is felt that every effort should still be made to obtain Paris Green instead of Diesel Oil. A letter setting out the various advantages of Paris Green over Diesel is to be found at APPENDIX "G".

The refugee camp at Ferramonte is situated in a highly malarious district and it is felt that steps should be taken to have it closed. A letter to this effect was addressed to the Administrative Directorate.

Capt. Trager and Lt. Manzelli made a survey of malaria and malaria control in the Province of Naples - APPENDIX "H" contains Lt. Manzelli's report.

Lt. Manzelli stresses the point that owing to military activity, canals have been demolished and hydraulic pumps destroyed. In consequence, severe flooding has occurred in various districts. As a result of this, it is anticipated that the incidence of malaria this year will be very high. Military formations are responsible for malaria control to a radius of 2 kilometers from their camps. All areas beyond this are the responsibility of ACC. Unless adequate transport facilities and a sufficiency of tools are made available to the Italian workers, plans for malaria control will be largely negated. A questionnaire is now being circulated to Regions calling for information regarding the local availability of personnel, transport and equipment.

ACC/3016/PH - P.H. Sub-Commission February Report - (Continued)
7 March 1944

4. The chief concern of the Veterinary Officer during the past month has been to afford Italian officials all possible assistance in obtaining animals for the purpose of manufacturing biological preparations.

Major Rushmore is now on his way to Region I with an exhaustive questionnaire covering all aspects of veterinary activity. If the results obtained are satisfactory, it is proposed to standardize this questionnaire for all Regions. Major Rushmore's report is to be found at APPENDIX "I" together with a copy of the questionnaire.

C. MEDICAL SUPPLY SECTION:

1. Colonel Griffin's report, APPENDIX "J" states that two supply officers and six M.C.O.'s have been attached to the Medical Supply Section. One supply officer is, however, detailed for transfer to another theater, so the increase in staff is more apparent than real. The work of this Section has always been handicapped by a lack of personnel.

2. A price list covering all items in the CAD list has eventually been approved and circulated to Regions. Instructions covering accounting and distribution procedures have been prepared for some time but cannot be issued as they are still being considered by higher authority.

3. The use of CAD units is being discontinued. In future separate items will be indented for as they are required.

4. Lack of transport, which is a perpetual source of complaint, is handicapping the free distribution of medical supplies throughout the Regions.

D. WELFARE SECTION:

1. The proposed Italian welfare organization referred to in the January report was established in Region I on 8th February 1944. Immediate problems have occupied the time of the Regional Welfare Officer, Region II, to such an extent that up until now no opportunity has presented itself of instituting a similar organization in this Region. Preliminary contacts have been made with the Italian Government for the purpose of discussing the setting up of an overall Italian welfare program.

2. The head of the Welfare Section recently made a tour of the 5th and 8th Army Areas. He reports that the most immediate need is for the allocation of a welfare officer to 5th Army Area. Steps are being taken to assign an officer to this area. APPENDIX "K" contains Capt. Earnest's report.

3. It is reported that large quantities of clothing have already been received and distributed through Regions I, II, III, IV and V. This work has been done in conjunction with the American Red Cross. In addition, further bulk supplies continue to arrive.

SUMMARY:

1. Both concise and detailed reports on the activities of the Sub-Commission for the month of February are submitted.
2. Regular and frequent discussions are taking place between this Sub-Commission and representatives of the Italian Public Health Department of the Ministry of Interior.
3. Scientific investigations of alleged malnutrition have been instituted.
4. The hospital and laboratory situation in Sardinia has been investigated.
5. An Italian Field Hospital has been moved into the 5th Army Area.
6. Responsibility for Typhus control has been assumed. The incidence of Typhus in Naples shows a satisfying decrease.

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ACC/2016/PH - P. H. Sub-Commission February Report - (continued).
7 March 1944.

7. ACC has undertaken to establish special hospitals in all Regions for the treatment of women infected by VD. These hospitals will be staffed by Italian doctors.
8. A high incidence of malaria is anticipated in areas where recent fighting has occurred. Paris Green is essential for carrying out an efficient anti-malaria program.
9. A full investigation of veterinary activities in Region I is being carried out.
10. Large quantities of clothing have already been distributed in conjunction with the Red Cross. An Italian welfare organization has been instituted in Region I.
11. Medical supplies continue to arrive satisfactorily but distribution has been handicapped by lack of transport and trained personnel.

CONCLUSION:

It can now confidently be said that typhus in Naples no longer represents the serious danger which threatened in December and January. The work of the Typhus Control Service in reducing this menace deserves the highest praise.

Malaria is expected to prove a difficult problem during the coming summer and a high incidence is anticipated in areas over which fighting has recently taken place. The Sub-Commission is making every effort to deal with the situation and services of an expert malarialogist have been requested.

Attention is again directed to the shortage of personnel and transport for dealing with medical supplies.

G. S. Parkinson
G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

PH/GMF/ja

APPENDICES:

- "A" - Monthly Report by Lt. Col. E.I. Dobos.
- "B" - Monthly Report by Lt. Col. C.D. Shields.
- "C" - Directive & Questionnaire re Hospitals.
- "D" - Report by Lt. Col. Williams re 'Typhus'.
- "E" - Graph - Incidence of Typhus Naples & District.
- "F" - Monthly Report by Major J. A. Lewis.
- "G" - Letter re Advantages of Paris Green over Diesel Oil in Malaria Control.
- "H" - Report of Lt. Manzelli - Malaria, Naples.
- "I" - Monthly Report by Major R.W. Rushmore & Copy of Questionnaire.
- "J" - Monthly Report by Colonel Griffin.
- "K" - Monthly Report by Capt. J.G. Earnest.

SAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission.

APPENDIX "A" 59

Subject: - Monthly Report - Laboratory and Biologics Control.

To: - Director, Public Health Sub-Commission.

On the request of Brigadier Dunlop, Commissioner of Sardinia, the Island was visited during the first half of the month.

Following my arrival in Cagliari met with Captain Brooke, Medical Officer of the Island Commission who gave a comprehensive picture of the laboratories and helped to plan my ~~itinerary~~ through Sardinia. Captain Brooke seems to be an experienced man in Public Health Administration and has done a creditable job during his brief stay in his present post. He is well acquainted with the problems and with the civilian personnel and pursues a vigorous policy in matters of health. Some of his fellow officers like his civilian counterparts somewhat objectionable but from the point of view of competence his activities appear to be highly satisfactory and efficient.

The civilian Director of Public Health for all three provinces of the Island is Giuseppe Ortoni, Doctor of the University and Chief of the Department of Hygiene of the University of Cagliari. He is energetic, well trained and experienced man with an excellent knowledge of laboratory medicine, and its application in the field of Public Health. All observations and opinions he expressed during my first conference with him I was able to verify during my subsequent visits of the provincial laboratories.

The provincial laboratories which were individually discussed in my reports dated 17 Feb 44 are functioning quite ineffectively. The equipment is not adequate if proper diligence is used to exploit it to a greater extent than shown at the present time. Each of the provincial laboratories visited is capable of performing much greater variety of work and many times the amount that they are turning out at present time. These laboratories follow the same stereotype pattern as I have described when discussing the laboratories on the mainland. The choice of tests, methods and techniques are left to the individual director who, as a rule, is lacking training and experience. It should be part of the duties of a medical laboratory director and of the medical authorities to promote a greater utilization of laboratory diagnostic methods within his territory. That such effort is not made is clearly evident when one views the statistics dealing with the average number of tests these laboratories are performing. This inadequacy of the utilization of laboratory diagnostic methods is not a phenomenon that appeared as the result of this war but it is a partial manifestation of that general picture that characterizes the entire Italian Public Health program: an inherent inability or lack of desire to convert to practical use and effective application those well thought out measures that are promulgated by the decrees of the Sanitary Code.

Laboratories that are functioning outside of the Provincial Public organizational setup are functioning a great deal more satisfactorily. The malaria control laboratory which was originally established by the Rockefeller Foundation in Porto Torres is under the able direction of Prof. Francesco Maria Maras, a man of wide experience in malaria and tropical diseases in Italy and in the former Italian colonies in North and East Africa. At present it is functioning in Sassari. Its function is limited entirely to diagnostic work. The equipment,

2321

Declassified E.O. 12356 Section 3.3/NND No. 785017

APPENDIX "A" Sheet 2

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Annex B

Annex 1.68

Public Health Sub-Committee
at 200

Annex 1.68

1. During the month of February 1961, the Committee held 12 meetings.

2. The Director, Public Health Sub-Committee.

3. During the month of February 1961, the Committee held 12 meetings. The Committee held 12 meetings during the month of February 1961.

4. The Committee held 12 meetings during the month of February 1961.

5. The Committee held 12 meetings during the month of February 1961.

6. The Committee held 12 meetings during the month of February 1961.

7. The Committee held 12 meetings during the month of February 1961.

8. The Committee held 12 meetings during the month of February 1961.

9. The Committee held 12 meetings during the month of February 1961.

10. The Committee held 12 meetings during the month of February 1961.

11. The Committee held 12 meetings during the month of February 1961.

12. The Committee held 12 meetings during the month of February 1961.

13. The Committee held 12 meetings during the month of February 1961.

In Sardinia hospital and medical care facilities have not suffered to any great extent as a result of Allied occupation. 250,000 Italian troops on the island have their own medical institutions and facilities.

Only one official hospital has been taken over by Allied forces. An American hospital, located and requisitioned the tuberculosis sanatorium at Cagliari.

The two official schools in Cagliari, at Cagliari and Sassari, are functioning at the present time.

An increase in the food ration of hospitals in Sardinia, especially those patients with long continued illnesses, has been recommended.

Medical supplies in Sardinia are adequate as far as ordinary medical care is concerned. The medical aid units have been received and hospitals receive first priority for their needs.

Arrangements have made to assign a 50 bed Italian field hospital to the 5th Army area.

The Eighth Army area is served by two Italian mobile field hospitals, one furnished by the Italian Army, the other by the Italian Air Force. These field units are intended to augment civil hospitals and to be used whenever an emergency need arises.

Hospitals in the 5th and 6th Army areas are receiving adequate medical supplies in the form of 100 unit preparations.

Food supplies for hospitals in the 5th and 6th Army areas are at present satisfactory. The 5th Army Air Surgeon has prepared an excellent diet directive based on 2500 calories that for hospitalized patients using flour, pasta, biscuits and rice as the basis. These food stores. The 6th Army Air Surgeon is using 1,500 rations to feed hospital patients. Hospitals in both areas are supplied with dehydrated apples and powdered milk to supplement the other foods.

It must be continuously borne in mind that hospital and medical care standards in Italy differ from our own and that an attempt can justly be made to compare the two. The efforts of this Section are directed to assist hospitals to regain pre-war standards as soon as such is possible and not to change their methods or techniques.

The services of a group of well trained nurses, and many other medical education work in civil hospitals. It is to be noted that this effort to assist hospitals to re-establish themselves would go a long way to elevate nursing standards generally to a much needed higher level.

Charles H. White
Colonel H. White
Lt. Col. A.C.

24/05/54

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO - 394
Public Health Sub-Commission

6 January 1944

AMM/3055/PR

SUBJECT: - Medical Care and Hospitals.

TO : - Regional Commissioner, Region 1 Att: RPHO
" " " " Region 2 Att: RPHO
" " " " Region 3 Att: RPHO
" " " " Region 4 Att: RPHO
" " " " Region 5 Att: RPHO
" " " " Region 6 Att: RPHO

1. An effort should be made to assist all hospitals to render a satisfactory service to the community which they serve. Many of these institutions will need assistance from Regional Directors of Public Health. Food and medical supplies to date have been major problems.

2. Emergency and ordinary medical care and hospitalization will be provided for Civil population through existing Italian official and private channels. This is necessary:

- a. To protect the health and welfare of our troops.
- b. To maintain health standards in the civil population.

3. The following specific suggestions are made for the guidance of Regional Directors of Public Health in evaluating hospital services and needs.

1. Survey of all hospitals with a capacity of 25 beds or more using the form, a sample copy of which is attached. A copy of the survey will be forwarded to this Headquarters.

2. A monthly report of bed status at least in larger hospitals (100 beds or more) should be available in each Regional office.

3. Requisitions for food, medical supplies, financial assistance, etc., for hospitals, should be approved by the Regional Director of Public Health before grants are made.

4. Plans should be made for the evacuation of patients, especially in larger hospitals, in the event of damage by air raid or similar emergency.

5. The adequacy of medical care facilities within the region should be evaluated and when a condition of inadequate service, not subject to local remedy, is discovered a report will be forwarded to this Headquarters.

6. A plan should be available for the re-distribution of personnel, supplies and equipment in the event of local disaster or epidemic.

7. Buildings suitable for emergency hospitals, especially in larger communities should be surveyed and arrangements made to occupy them in the event of epidemic or civil disaster from air raids, etc.

- 2 -

8. Hospitals and institutions rendering medical service should be inspected by the Regional Director of Public Health or his representative at suitable intervals to determine proper use supplies, standards of practice, adequacy of water, heating, light, sewage, cooking facilities, sterilization, sanitation in general, condition of buildings, etc.

9. Disaster relief plans from the standpoint of medical care should be fostered, especially in larger centres.

10. Hospitals providing training for internes, nurse, technicians, etc., should be closely supervised as to standards, methods and facilities inasmuch as these centres will raise or lower the medical standards of the future.

11. Consultation services are available at this Headquarters in matters concerning problems of Medical Care and Hospitals.

PH/CHB/ja.

G. S. FARMINGTON, Brigadier
Director, Public Health Sub-Commission.

1 Enclosure:

Copy of form for Hospital Survey.

APPENDIX 'C' Sheet 3

HEADQUARTERS
ARMED MILITARY GOVERNMENT

APG 391

Public Health Sub-Commission
Sub-Section Hospitals and Medical Care

1. NAME OF HOSPITAL			
2. ADDRESS			
3. NAME OF DIRECTOR			
4. TYPE OF ADMISSIONS: eg. General, The... Children, Mental, Etc..			
5. DISTRIBUTION OF PERS. Male Female	Children Under 14 years		
6. WATER SUPPLY	TREATED		
7. ELECTRICITY	SEWAGE		
8. CONDITION OF BUILDINGS			
9. ANNUAL BUDGET BY SOURCE			
10. EMPLOYEES: List by function & number, eg. Director, Surgeons, Physicians, Nurses, Sisters, etc..			
11. NUMBER EMPLOYEES LIVING IN HOSPITAL	NUMBER IN HOSPITAL		
12. DOES HOSPITAL CONDUCT EDUCATIONAL PROGRAM, eg. TRAINING OF TECHNICIANS, NURSES, TECHNICIANS, ETC.			
13. IS THERE AN EMERGENCY WHERE VUL. PATIENTS ARE EVACUATED			
14. IS HOSPITAL USED IN WHOLE OR IN PART FOR MILITARY PURPOSES			

6. WATER SUPPLY _____

7. ELECTRICITY _____

8. CONDITION OF BUILDING _____

9. ANNUAL BUDGET BY SOURCES _____

10. EMPLOYEES: List by function & number, eg. Director, Surgeons, Physicians, Nurses Sisters, etc., _____

11. NUMBER EMPLOYEES LIVING IN HOSPITAL _____

12. FORS HOSPITAL CONDUCT EDUCATIONAL PROGRAM, eg. TRAINING OF INTERNS, NURSES, TECHNICIANS, ETC. _____

13. IN EVENT OF EMERGENCY WHERE WILL PATIENTS BE QUARANTINED _____

14. IS HOSPITAL USED IN WHOLE OR IN PART FOR MILITARY PURPOSES _____

15. IS EQUIPMENT ADEQUATE AND IN GOOD CONDITION _____

Information Obtained By _____

Official title _____

Date _____

HEADQUARTERS
ALLIED CONTROL COMMISSION
PUBLIC HEALTH SUB-COMMISSION
APO FPA

APPENDIX "D"

53

20 February 1944

Subject: Summarization, Typhus Control Service.
To: 1. Chief Commissioner, Through Executive Commissioner.
2. Director, Public Health Sub-Commission.

Take-over of typhus control by ACC became effective this date in accordance with agreement reached by Chief Commissioner, ACC, and Director, U.S. Typhus Commission early in February. A brief summarization of the service as of this date follows:

1. Administrative Headquarters will be maintained in Rooms 14 and 15, Quarantine Building, telephone Vaino Exchange 14 and 15, until on or about March 1, when transfer will be made to Post Office Building where rooms 5 and 6, and 7 will be utilized by Typhus Control Service and other Public Health Sub-Commission, ACC, services. Administrative personnel consists of:

- a. Medical Director
- b. Executive Assistant
- c. Supply Officer
- d. Civilian Personnel and Transportation Officer
- e. Statistics and Reports Officer
- f. Stenographer - vacant
- g. Clerk-typist - vacant on or about March 1

Positions a to e, inclusive, are filled by Officer Personnel.

2. Operations Headquarters will be maintained at 439, Piazza Tribunali (Laboratorio Chimico Provinoale). All Service Chiefs, Field Staff, Office and Field personnel (civilians) and officers (a, d and e above) will work out of Operations Headquarters. In addition, the powder and equipment distribution center will be located at this place. Personnel of service units consists of:

- a. Civilian Personnel and Transportation

Officer	1
Civilian	13
	<u>14</u>
- b. Cause Finding Service

Officer	8
Civilian	6
	<u>14</u>
- c. Contact Delousing Service

Officer	6
Civilian M.D.	3
Civilian	50
	<u>59</u>
- d. Mass Immunization Service

Officer	2
Civilian M.D.	10
Civilian	23
	<u>35</u>

2310

a. Mass Delousing Service

Officer (Rockefeller)	4
Civilian M.D.	10
Civilian	<u>450</u>
	464

f. Flying Squadrons

Officer	3
Civilian M.D.	4
Civilian	<u>2</u>
	11

g. Refugee Service

Officer	7
Civilian	<u>1</u>
Italian (POW)	3
Officer	5
SM/ONS	<u>31</u>
	46

h. SM/ONS (Various Services)

23

23 teams - 1 to be assigned to refugee sub-commission for refugee camps, 1 to Reggio Calabria for port delousing.

3. PERSONNEL SUMMARYa. Type:

Officer	36
Civilian M.D.	27
Italian Military POW	36
Civilian	557
SM/ONS	<u>23</u>
	711

b. Source:

IGC	6
U.S. Typhus Commission (Temp)	4
" " " (Perm)	6
SAC/IGC	1
Rockefeller Foundation	4
RACG	10
SC/USA (temp)	7
Civilian M.D.	27
Italian Military M.D. (POW)	36
Civilian (Italian)	557
SM/ONS (Allied)	<u>23</u>
	711

- * Subject to 20 day recall no replacement
 ** " " to recall - replacement promised
 *** " " to 24 hour recall - no replacement promised
 / Drivers, clerks, etc.

APPENDIX "D"

Sheet 3

4. TRANSPORTATION

a. Type:

Jeeps	5
W/O	28
Civilian-	
Cars	<u>2</u>
	35

b. Source:

FBI	Jeeps	4
	W/O	28
ADB-Region 3-	Jeep	1
	Civilian	<u>2</u>
		35

5. GENERAL INFORMATION.

Typhoid vaccine is available for civilians at designated clinic places. The three (3) or one (1) dose methods of protection are used dependent upon individual circumstances.

Total vaccine clinics established	72
" Vaccinations by oral	51,480
" " by injection	1,832,415
" " by both methods	33

The number of cases occurring daily outside the city of Manila now exceeds those which occur there. Increasing more travel than formerly.

All cases are now being reported either by physicians seeing cases or by heads of households in which cases occur.

The supply of delousing powder now available is adequate for a period of at least ninety (90) days at present rate of use.

Special attention in the future, will be given to a program providing for the "trailing in" of all cases as soon as possible by:

- Immediate removal of case to hospital.
- Delousing of family and case contacts.
- Vaccinations (one dose method) of family contacts.
- "Block" delousing of area where case occurs.
- Mass delousing of general population.
- Preventive delousing of refugees, displaced persons and other lonely groups.

Respectfully submitted

WILSON C. WILLIAMS, Lt. Col. U.S.A.
Director, Typhus Control Service

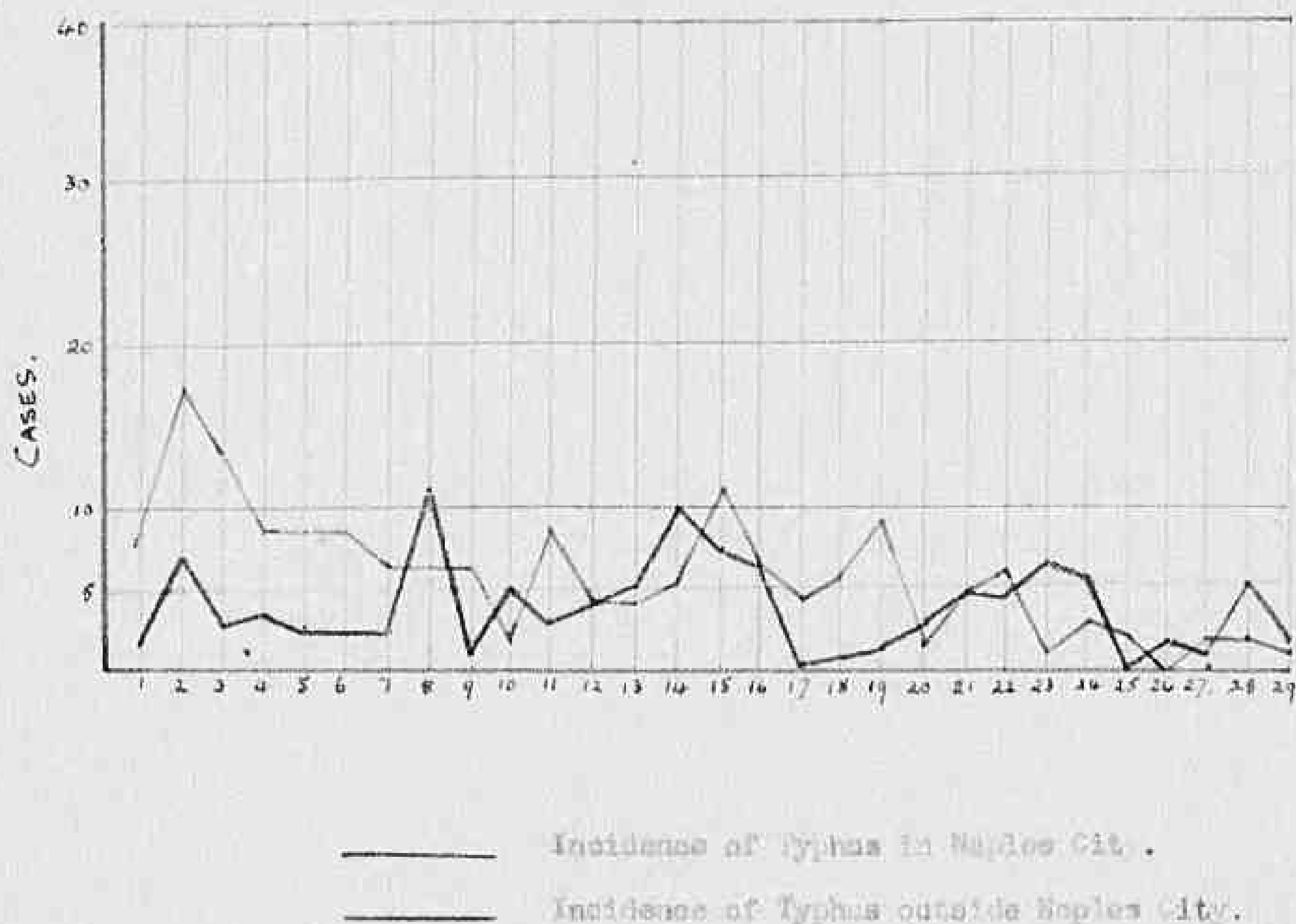
Distribution:

Original to Chief Commissioner (through Executive Commissioner,
Copy to DPH, ACC
General Rings
Brigadier Calloway
Files (2)

PERIODIC "E"

30

Daily Incidence of Typhus in
Naples and District During
February 1944



HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

27 February 1944.

SUBJECT: - Report of Venereal Disease Control Activities
for the Month of February 1944.

TO : - Director, Public Health Sub-Commission.

1. During the month of February, venereal disease control conferences were held in Palermo and Bari; venereal disease control officers were assigned to Regions I and III; field visits were made by the Venereal Disease Control Officer to Matera and Bari in Region II, Palermo and in Region I to study progress made in Naples, Region III.

2. The conference in Palermo, 11 February, signaled an intensification of the efforts being made in Sicily to bring about a reduction in the venereal disease rates of troops stationed there. The conference was attended by the Director, of the Public Health Sub-Commission. Represented at the conference were Region I ACC, District 1, IBC, and 7th Army. Agreement was reached that ACC would provide hospitalization for women suspected to be sources of venereal disease among the troops; and that, the finding and bringing to the hospital of these persons would be the joint responsibility of the Provost Marshall and Italian Police Authorities.

3. The situation in Palermo at the time of the conference was that a program had been started using the Dermocytic Hospital which had been used to hospitalize prostitutes in pre-war days. Unfortunately for the program it had been necessary to also use this hospital as the principal civilian hospital as civilian hospitals were in use as military hospitals. The result was that when this hospital was visited it was found to have about 100 women under observation and only about fifty beds for them to sleep in. It was apparent that another institution was needed. The Surgeon of IBC suggested a private mental hospital called Casa Salute located on the outskirts of Palermo. This place was visited and found to have about 30-40 private patients located in one of three buildings the sum of which could take care of 300 or more patients. The RHD Region I also visited this place and started proceedings to get possession. While in Palermo arrangements were made for the assignment of Capt. Anthony Pino to venereal disease control activities in Sicily. Capt. Pino was ordered to Naples where he was given full instructions to begin hospital programs in Messina, Catania and Syracuse under the direction of RHD Region I. While in Naples he was shown the program in effect in that city. VD rates obtained from the Surgeon IBC show very little recent improvement. In this connection it is well to bear in mind that it was only recently (26 January 1944) that houses of prostitution were placed "out of bounds" to American troops in Sicily, hence the results of a repression would not be immediately apparent.

Months	VD RATES IBC per 1000 per annum:	
	White	Colored.
September	62.3	263.5
October	107.3	390.6
November	125.9	375.7
December	156.1	728.8
January	166.2	631.6

It is expected that the situation in Palermo will improve in February and March provided present orders and directives are carried out in letter and in spirit.

4. A conference was called on the 17 of February in Bari by the District 2 DDMS. Substantially the same recommendations were made at this conference as were made at the Palermo conference. The situation in Bari is that there is much clandestine prostitution by Italian women highly infected with the venereal diseases and inadequate facilities for their hospitalization.

APPENDIX "F"

Sheet 2

A study of this situation disclosed that a hospital where troops are now billeted would be suitable. The DDMS of District 2 promised to make this hospital available to ACC. Developments at Bari await the deliver of the institution. The need for a program in the cities of Region II was discussed with the RPHO, Region II. He is well aware of these needs and is trying to arrange such programs. It happens that the provinces of Region II which most urgently need these programs do not have ACC medical officers namely: Bari, Taranto, Brindisi and Lecce. A plan is under consideration by the Region II RPHO to transfer a medical officer to this area.

Weekly VD Rates per 1000 per annum 94th Sub Area.

<u>Week Ending</u>	<u>Rate</u>	<u>Week Ending</u>	<u>Rate</u>
6 November	106	18 Dec.	156
13 Nov.	120	25 Dec.	227
20 Nov.	170	1 Jan. 44.	100
27 Nov.	285	8 Jan.	60
4 December	265	15 Jan.	86
11 Dec.	188	22 Jan.	82

5. A visit was made to the Pace Hospital in Naples where a program is underway taking care of about 400 women. This hospital was found to be operating very unsatisfactorily. The difficulty seems to be that the present Italian director of the hospital does not give sufficient time to the administration of the hospital. The director is a practising physician who can spare only mornings from a busy practice to the direction of the hospital; furthermore, he insists on making the examinations of patients personally, so there is little time left for planning, ordering supplies and directing personnel. By actual observation this director arrived at the hospital at 0900 hrs, examined patients until 1100 hrs and then left at 1130 hrs. No one can expect a hospital to operate efficiently if only thirty minutes per day is given to its operation. The suggestion was made by the venereal disease control officer to the RPHO Region III that the present Director be relieved of his responsibilities as administrator for the hospital and to confine his activities to the medical care of the patients; and that, an experienced hospital administrator be appointed to direct the hospital.

VD Rates Metropolitan Area, Naples.
per 1000 per Annum

<u>Month</u>	<u>White</u>	<u>Colored.</u>
Dec.	212.4	475.2
Jan.	166.1	339.6

The overall situation in Naples looks encouraging. It is to be expected that as the full weight of the present repression program makes itself felt there will be a further decrease in the VD rates of the troops.

6. Detailed instructions for the management of patients in the venereal disease hospitals have been prepared in English and in Italian and sent to Headquarters for transmittal to the Regions.

7. Additional reports on venereal disease control activities may be found in the reports of the Regional Public Health Officers which are sent directly to HQ.

(Signed) John A. Lewis
Major, USPHS
Venereal Disease Control Officer.

JAL/jal

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PENDIX "G"

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3072/FH

21 Febraury 1944

SUBJECT: - Sanitary Supplies & Equipment.

TO : - Col. M.E. Griffin, Chief Medical Supply Section,
ACC Forward H.Q.

Reference your letter dated 17 February 1944, Para. 4 (Substitute of Diesel Oil for Paris Green). Many cogent arguments exist in favour of the use of Paris Green instead of Diesel Oil for malaria control.

The entire Italian control program is based upon the use of Paris Green. Italian technical assistance, upon which ACC has to rely, is trained in its use and suitable equipment is already on hand. The personnel used in this work has, through custom and training, become expert in the use of Paris Green and it is felt that to introduce an entirely new method, will at once reduce the the efficiency of the workers to a marked degree and so impede the working of the program for the coming season.

Additonal Allied personnel would also be required to train the workers in the new methods. It is not known where such personnel might be obtained.

The discrepancy in tonnage which exists between the Paris Green and the Diesel Oil required to produce similar results is enormous. A tremendous amount of shipping space, labor and transport would be required to import and distribute the Diesel oil and necessary equipment, while only 60 tons, approximately of Paris Green would be required.

There is evidence to show that, as a larvicide, Paris Green is very much more effective than Diesel Oil.

Diesel Oil can be used for other purposes than Malaria control. The import of such vast quantities of oil would be an immediate inducement for much of it to be diverted to the Black Market.

In short, on grounds of custom, available equipment, personnel, economy, effective control and prevention of Black Market activities, the use of Paris Green is strongly recommended.

PH/GMF/ja

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission.

Copy to: A.D.H., AFHQ (Advanced)

REAR HEADQUARTERS
MALARIA CONTROL COMMISSION
APO - 394
Public Health Sub-Commission

APPENDIX "III"

Malaria and Malaria Control in the Province of NaplesI. Malaria.

(A) Anophelines found within the Province.

1. *Anopheles maculipennis labronchiae*.
2. " " *clutus*.
3. " " *typicus*.
4. " " *nebulosus*.
5. " " *melanocephalus*.
6. " *claviger (bifurcatus)*.

The important malaria vectors in the Province are reported to be

- A. *maculipennis labronchiae* and A. *claviger (bifurcatus)*.

(B) Types of parasite species present.

1. *Plasmodium vivax* - causative agent of benign tertian fever.
2. " *falciparum* - " " " malignant " "
3. " *malariae* - " " " quartan fever.
4. " *ovale*

The important parasite for this area is *P. vivax*.

(C) Length of malaria season.

It is said to be from April-May through the month of October.

(D) Malaria Incidence (Pop. of Province - 2,364,509 - Census 1941).

Year.	<u>CASES.</u>			<u>FEVERS.</u>			
	Primary.	Recurrent.	Total.	Benign tertian.	Malign. tertian.	Quartan.	Total.
1935	?	?	7744	?	?	?	7744
1936	512	4340	4852	4298	456	98	4852
1937*	680	3250	3930	3426	402	102	3930
1938	537	3235	3772	3520	?	?	3772
1939	442	2561	3003	2702	?	?	3003
1940	340	2545	2885	2638	?	?	2885
1941	160	2243	2703	2148	523	27	2703
1942	340	2412	2752	2410	315	27	2752
1943	No data available.						

Thirty-four (34) of the 130 Provincial communes are considered to be malarious. Following is the statistics of these communes for the year 1941 and 1942:

APPENDIX "H"
Sheet 2

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Commune	Population.	1941		1942	
		Primary Cases	Recurrent Cases	Primary Cases	Recurrent Cases
1. Albanova	18,100	15	218	16	251
2. Aversa	37,260	9	13	8	10
3. Baia e Latina	2,100	6	42	7	40
4. Bzza	No record.				
5. Caisanello	1,398	7	13	6	11
6. Calvi Risorta	4,052	20	20	5	16
7. Camigliano	3,709	31	216	-	18
8. Cancelli ed Arnone	2,430	31	266	20	252
9. Capua	14,133	2	4	-	-
10. Carinola	11,545	66	154	71	152
11. Castel Volturno	1,475	20	35	17	32
12. Francolise	3,061	23	67	17	60
13. Frignano	10,408	9	11	6	3
14. Giugliano in Campania	21,020	76	298	65	304
15. Grazzanise	4,135	16	16	6	9
16. Lago	No report.				
17. Laure					
18. Liscia					
19. Marcianise	21,816	23	267	9	296
20. Martano Appio	4,056	1	5	-	3
21. Mondragone	12,312	5	40	-	48
22. Pietravairano	2,830	-	7	-	1
23. Pignataro Maggiore	6,378	8	8	-	4
24. Pontelatone	1,753	2	-	-	-
25. Pozzuoli	30,650	-	26	4	30
26. Resenzano	1,752	10	-	-	-
27. Sessa Aurunca	25,253	29	200	12	398
28. S. Maria Capua Vetere	38,177	-	-	-	-
29. S. Maria la Rosa	1,516	3	13	2	11
30. Sparanise	14,723	25	12	4	10
31. Teano	13,681	25	13	3	9
32. Vairano Patenora	4,155	12	55	12	130
33. Villa Literno	3,491	25	223	6	260
34. Villa Volturno	63,200	5	9	4	-
TOTAL	314,518	460	2,243	340	2,412

II. Malaria Control prior to 1944.(A) Type of Control carried on.

Anti-malaria measures consisted of spreading a 1% Paris green mixture over anopheles breeding waters, the treatment of malaria patients, and the distribution of malaria suppressive drugs. Indirect control of malaria was effected by the construction of drainage in the coastal and inland low plains.

(B) Main mosquito breeding areas.

Upper Naples Province is characterized by its low plains, which

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run from the coast to many miles inland. Two rivers, the Volturno and the Garigliano lead in a northeast to west direction across these plains from their watersheds in the encircling mountains. To assist in the drainage of the upper plains a network of canals, known as the Regai Lagni Canals, were built. A few miles inland from the coast, and northwest of Naples City lies Lake Patria. The lower Volturno River area and the Lake Patria regions were once extremely marshy. A government undertaking reclaimed much of the land in this area by constructing hydraulic pumps and canals.

These water-holding plains have been the major breeders of anopheline larvae.

(C) Control Organizations.

The Province had an Anti-Malaria Committee consisting of the following members: -

1. Governor of the Province.
2. Provincial Medical Officer.
3. Provincial Malariaist.
4. Director of the Consorzi Rionali di Bonifica.
5. Director of the Genio Civile.
6. Representative of the Italian Red Cross.
7. Representative of the Railroad.
8. Representative of the Agrario.

Most of the actual control work was carried on by the Consorzi Rionali di Bonifica della Campania, who were in charge of the large inundation areas. The Genio Civile conducted the control work in those areas outside the Consorzi's boundaries. In a few cases the Committee supervised small programs of its own.

(D) Types of establishments, their locations, duties and personnel.

I. Anti-Malaria Stations - two, located at Cancello Arnone and Laura. Their functions were as follows:

- (a) Area headquarters for control squads and control work.
- (b) Centres for receiving, mixing, storing, and distributing Paris green.
- (c) Received malarial patients.
- (d) Diagnosed malarial cases, carried out the suppressive treatment and cure of malaria.
- (e) Examined blood slides sent in from outside areas.
- (f) Maintained entomological laboratory.
- (g) Kept statistics, distributed literature pertaining to malaria.

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APPENDIX "H"

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The personnel at these stations were as follows:

- (a) Director (medical)
- (b) One or more hygienist technician, who examined blood smears.
- (c) A nurse.
- (d) Two assistant sanitarians to conduct the ambulatory activities of the station.
- (e) One labor superintendent.
- (f) Squads of workmen to do larvicidal work.

2. Ambulatories - There were twelve, located at the following towns.

- | | |
|---------------------|-----------------------|
| (a) Avessa | (g) Sicola |
| (b) Brezina | (h) Marcianise |
| (c) Carinola | (i) Mondragone |
| (d) Castel Volturno | (j) S. Andrea Pizzano |
| (e) Gaiviglietta | (k) Villa Literno |
| (f) Giugliano | (l) Villa Volturno. |

These ambulatories served the inhabitants of the immediate communes. Blood smears were collected at these ambulatories and if no microscope was available they were sent to the anti-malarial stations or to the provincial laboratory at Naples. Malarial suppressive and curative drugs were issued free. Anti-malaria squads also used these ambulatories as headquarters.

The personnel consisted of the commune doctor, and if necessary, an assistant.

3. In those communes where no ambulatories were established, the commune doctor would manage the distribution of malarial drugs.

7. Mosquito Control.

1. Division of work.

As noted before, the Consorzio Unità was in charge of all anti-malaria measures within the boundaries of their land reclamation projects, and the Genio Civile was responsible for control work in the remaining provincial areas.

2. Types of control work.

- (a) Larvaciding - 1% Paris green (50% road dust) mixture was used.
- (b) Construction of drainage canals and their maintenance.
- (c) Screening of houses.
- (d) Adult mosquito control by use of insecticide.

3. Length of mosquito control program.
April through October.

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APPENDIX "H"
Sheet 5F. Control Funds.

The Minister of Agriculture, the Minister of the Interior and the Provincial Government (through communal appropriation) were to have given the following sums:

1941	Lire 222,000
1942	" 375,000
1943	" 3,500,000

For 1944, the following control estimates have been submitted:

Consorzio Sincati di Bonifica della Campania	L. 15,151,000
Benio Civile	L. 3,756,200
Total	L. 21,907,200

G. Control work accomplished in 1943.

Anti-malaria activities were reported to have been carried on up to the end of the month of September, when the Allied invasion, plus subsequent combat actions, completely halted all work. The results of these events will be discussed in a later paragraph.

H. Paris green requirements for 1944.

36.3 quintals (300,000 lbs) of Paris green have been asked for larvae control.

III. Results of military activity in Naples Province, particularly in the Upper and Lower Volturno regions.

(A) Canals have been demolished, filled in, and in some instances, the canal banks have been mined. The hydraulic pumps have been destroyed, as well as the power lines that fed them. Result: great areas of the low lands have been inundated, driving out the inhabitants and their livestock. New pools and lakes have been created. In many sections the water has flooded the land to a depth of five (5) feet.

There is an estimated 200 km of canals to be repaired and maintained.

(B) Emergency built bridges, without culverts, or with inadequately built ones, have caused pooling of water.

(C) The anti-malaria stations and the ambulatories have all been entirely destroyed or badly damaged. The public health authorities claim that all the records, drugs and equipment of these establishments were either stolen or destroyed.

(D) Bomb Craters, tank traps, trenches, and fox holes have created new water holding hazards.

(E) Breakdown in the malaria suppressive and curative treatment of humans.

IV. Conclusion.

(A) Present Situation.

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- (1) All the Naples Province area north of the Volturno River is at the present time under the control of the armed forces. This is also true of some areas south of the Volturno. All malaria control measures around such areas will be under the supervision of the Army.
- (2) Some of the damaged hydraulic pumps in the Bonifica di Volturno area are being repaired.
- (3) An inventory is being made of available malaria drugs within the province.
- (4) The requested Paris green will not be forthcoming, but in its stead a limited amount of diesel oil will be furnished, the quantity being based on estimates of Col. Stone and Lt. Col. Reda, AMH.
- (5) Neither the Consorzio di Bonifica or the Genio Civile have equipment with which to conduct either a dusting or oiling program. However, the Consorzio does claim to have, or have, trained personnel to conduct a dusting program.
- (6) The Provincial Governor (Prefetto) of Naples Province, for the purpose of aiding in the control of malaria, has issued a decree, said decree forming an anti-malaria committee (See Appendixes 'A' and 'B').

However this Committee does not differ in any great respect from the previous year's Provincial Malaria Committee, said organization being formed under the same articles of the Testo Unico Leggi Sanitarie. No individual has been appointed to head the forthcoming control program.

(3) Recommendations.

It is recommended that:

- (1) All possible effort be made to repair damaged canals and pumps. Filling in of craters, foxholes and the like should be undertaken where feasible.
 - (2) Anti-malaria stations and ambulatories be repaired or relocated.
 - (3) The provincial malaria control program be based on the assumption that the Army will at some future time move out of its present areas leaving all control work to the civilian organizations.
- In the meantime, all possible Army assistance would be welcomed.
- (4) An itemized budget be submitted by the Provincial Anti-Malaria Committee. The requested estimate of the Consorzio and the Genio Civile for the 1944 season is quite high, though in all probability it includes the cost of repairing canals, bridges, and hydraulic pumps, in addition to conducting direct malaria control.
 - (5) A qualified individual, preferably the Medico Provinciale, be placed in charge of all civilian malaria control activities.
 - (6) Efforts be continued for the purpose of obtaining Paris green.

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M. A. MANZELLI
1st. Lt. Sn. C.
Malaria Control Officer.

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APPENDIX "III"
Sheet 7

Appendix 'A'

IL PREFETTO
DELLA PROVINCIA DI NAPOLI

Sanità' No. 1261

Sontita la necessita' di coordinare i servizi per la lotta antimalarica.

Vista la richiesta del Comando A.M.G.

Visto gli art. 913 e seguenti del Testo Unico Leggi Sanitarie approvato con R.D. 27.7.1934. No. 1265

DECRETA

E' costituito il seguente Comitato antimalarico avente lo scopo di coordinare e facilitare la esecuzione dei servizi assistenziali e profilattici:

Com/te Dott. G. Beneduce - Medico Provinciale

Cap. Med. Dr. Abate Enrico - Delegato della C.R.I. componente

Prof. Ing. Ruggiero Placido

" Genio Civile "

Dr. Gallone Giovanni

" Concorzi riuniti "

Dr. Laffai Carlo

"A" Amminist. F.S. "

Prof. Giuseppe Leone

" Ispettorato Sup.agr.

Cav. Pesante Amedeo

" Segretario

Napoli 19 febbraio 1934

IL PREFETTO
(Cavalieri)

APPENDIX 'B'

APPENDIX "H"
Sheet 8

Relation of Appendix 'A'

Prefect of the Province of Naples.

Public Health No 1261

Having been aware of the necessity to coordinate services
in order to combat malaria.

Having known the request of the Allied Military Government.

In conformance with Art 313 and following of the Testo Unico
Health Laws, approved by Royal Decree, 27.7.1934 No 1261.

DECREES

There is constituted the following Anti-Malaria Committee
whose function is to coordinate and facilitate the carrying out of
remedial and prophylactic services.

Com/re Dott. G. Beneduce	Provincial Health Officer.
Cap. Med. Dr. Abate Enrico	Delegate of the CRI Component.
Prof. Ing. Ruggiero Flacido	" " Genio Civile "
Dr. Galloro Giovanni	" " Admin. P.S. "
Prof. Giuseppe Leone	Ispettorato Sup. Agr.
Cav. Pasante Amadeo	Secretary.

Naples, 19 Feb 1944.

Il Prefetto.
(Cavalieri)

APPENDIX "I" 38

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

Public Health Sub-Commission

ACC/3008/PH

26 February 1944

SUBJECT: - Report of Veterinary Activities During
Period of 1 February to 29 Feb. 1944, Incl.

TO : - Director, Public Health Sub-Commission.

1. The Provincial Veterinarians of Potenza, Matera, Cosenza, and Catanzaro provinces were interviewed for the purpose of obtaining information regarding the kind and amount of Veterinary biologics and veterinary supplies which will be needed to carry on a satisfactory program of livestock disease control during the next six months in their respective provinces. Additional information was obtained. The most serious infectious disease now in existence is Infectious Laryngo Tracheitis of poultry. This disease is taking a considerable number of birds. As there is no known effective means of preventing or treating the disease, the control measures are limited to the segregation and isolation of infected birds. Transportation facilities for all of these Provincial Veterinarians are very scant.

2. Request has been made through Colonel Griffin, Medical Supply Officer, for all of the necessary Veterinary drugs and supplies which will need to be imported to meet the requirements of the Italian Veterinarians for the next six months.

3. A directive to all RCAC's pertaining to the enforcement of anti rabies laws has been distributed.

4. The livestock slaughtering laws are not being enforced. The possibility of enforcing these laws is being discussed with the proper Italian officials with a view to starting the enforcement of the laws at an early date.

5. Doctor Igino Martini is acting chief veterinarian for the Minister of Internal Affairs. Numerous conferences have been held with Doctor Martini for the purpose of discussing Veterinary problems.

6. The Veterinarians (A) at the PHS Quartermaster Remount Depot, Persano, have been consulted regarding the infectious diseases of horses and mules at the depot.

PH/RWR/ja

ROWLAND W. RUSHMORE
Major, Vet. Corps.

REAR HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 39h

Public Health Sub-Commission

24 Feb. 44.

VETERINARY QUESTIONNAIRE

- (1) What biological preparations for the treatment of animals are being produced?
- (2) What biological preparations for the treatment of animals were produced in 1942?
- (3) How do present production figures compare with 1942 production figures?
- (4) Was 1942 production sufficient for the needs of the Region?
- (5) Did Region I supply biologicals to any other Region?
- (6) What are the prevalent diseases among horses, cattle, sheep and goats?
- (7) Are adequate tests in force for the diagnosis of tuberculosis, brucellosis and other diseases?
- (8) Is an adequate system of disease reporting in existence?
- (9) Are the anti-rabies laws being enforced?
- (10) What is the Regional Veterinary organization?
- (11) Is the Regional Chief satisfied that the Provincial and Communal Veterinarians are doing their 'jobs'?
- (12) Is there any system of inspection or checking of work done?
- (13) Did the Germans export any horses, cattle, sheep or goats?
- (14) How do present herd figures compare with 1942 figures?
- (15) What is generally drunk - Cow's or goat's milk?
- (16) Is the local milk production adequate for the needs of the Region?
- (17) What steps are taken to pasteurize milk or insure clean milk distribution to communities?
- (18) Are supplies of dried milk still necessary?
- (19) What further assistance is required by Regional Veterinarians?
- (20) What regulations are in force concerning the slaughtering and inspection of meat?

Declassified E.O. 12356 Section 3.3/NND No. 785017

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 994

APPENDIX "J"

Public Health Sub-Commission

3 March 1944

SUBJECT: - Monthly Report - Supply Service.

TO : - Director, Public Health Sub-Commission (Salerno).

1. During the month AGC headquarters took over control of all AGC activities including AGC IS Army which permitted this service to deal directly with all Regional Public Health Officers and SAPHO's. This permitted this service for the first time to render real assistance to Public Health Officers having supply responsibility.
2. Because of the separation of this office from the Director, Public Health as a result of leave to Salerno of the Director, permission was obtained to deal directly with the Technical Director on all matters of a purely supply nature.
3. During the month the AGC took over the warehouse No. 875 with the civilian personnel and also the Central Medical Warehouse as AGC organization. The warehouse is now in very satisfactory repair except for the doors which are being worked on. Electricity has been laid on, the elevator repaired and the work on roof completed.
4. Two officers, Captain, American with supply training reported to this office for duty with six non-commissioned officers. This military personnel was ordered to this in for temporary duty by MATSUSA - AFM. It is understood this duty assignment will be changed to permanent when the T/O of 2675 Regiment permits. Requests was submitted through channels requesting an attachment to the 2675 Regiment of a Depot Company under T/O 8-561 in order that the personnel doing supply work might be properly covered into a T/O. This T/O would not cover the Supply Officer, Public Health Sub-Commission but would cover all other military personnel if approved.
5. On February 18 price list for GAD items (medical) to be supplied to occupied Italy was approved by Finance Sub-Commission and sent out. Instructions covering accounting, requisitioning and distribution procedures also prepared but held up by higher authority.
6. Capt. Doerr went to Taranto and arranged for distribution of 17 GAD Basic Units and 12 Tropical Units to Provinces of Taranto, Bari, Brindisi, Matera, Potenza, Lecce, and Reggio. This officer also had conferences with Regional P.H.O., Region I and Region II, on prices and distribution of medical supplies.
7. Region II has established a Regional Medical Depot at Reggio. Region III has a Medical Depot in Naples. Regions IV and V are not as yet active regions. AGC 5th and 6th Armies have also established depots. Region I

- 2 -

still has its medical purposes at Palermo which is not believed to be the ideal location. It is believed a medical purpose at Palermo would be more ideal with the anticipated reduction in Allied medical personnel in Sicily and the turnover of the island to Italian control.

8. Inspection trip made to Cagliari, Sardinia by the undersigned, Brigadier Bailey and Capt. Brooke interviewed and also attended malaria conference. Report is seriously in need of additional Public Health Officers. Capt. Brooke is only officer with the very problem to handle all efficiently. There will be a very large malaria control program which cannot be properly handled by Capt. Brooke except at the expense of his other duties. He has medical supplies have been distributed. Capt. Bailey wants an officer to handle supply problem and one well qualified. It was then learned however that one of our officers is being transferred but which one is responsible to find an officer over subject on temporary duty. An additional public health officer could assist Capt. Brooke and another to handle the supply problem.

9. Capt. Bailey will be a trip to Bari to offer our assistance to the World War Committee representatives on any medical supply problem. An American MCO will be sent to Bari to assist in this as well as to see the medical training.

10. Preparation of regulations for the six month period, July - December, have been started. These regulations will be in effect by the end and will be on the way to the end of the year. Advancement has been received of the delivery of 100,000 gallons of medical oil (No. 1) for malaria control and treatment Italy. Transport arrangements have been made to be furnished.

11. The main points of interest obtained by Capt. Bailey, Capt. Bailey and the undersigned on cases of malaria. Medical supplies have arrived in Italy from the U. S. A. There is not as yet adequate distribution of these supplies within the regions and provinces. The health needs to be satisfied: a) lack of adequate transport; b) inability on the part of the medical personnel to field agents on systems of accounting and distribution.

L. J. Bailey, Maj.
Medical Supply Officer.

100/cjt.

HEADQUARTERS
ALLIED CONTROL COMMISSION
(Salerno Detachment)
APO 394
Public Health Sub-Commission

ACC/3016/PH

3 February 1944

SUBJECT: - Sub-Commission of Public Health & Welfare
Report - Month of January 1944.

TO : - Chief of Staff (Thru Adm. Directorate)

1. During the month of January 1944 the following officers were transferred to another theatre of operations: - Lt. Col. James A. Tobey (A), Major Lenoard A. Scheele (A), Major Ernest F. Witte (A), and Lt. Anton J. Vlesch (A). These officers were associated with Military Government since the inauguration of the original AMMOP and rendered the organization much valuable service.

In addition to these officers, Lt. Col. Joseph A. Dell (A), Major R. P. Drake (A), Captain Alden Bevier (A) and Lt. George B. Roessing (A) were withdrawn from the Regional Organization for a similar purpose.

Major O. J. Bizzozero (A) and Major L. W. Norman (B) were assigned to HQ. 5th Army for special planning in Rome Province.

Major E. B. Jonawick (A) has been assigned to this Headquarters from Region II to assist Major John A. Lewis in the Venereal Disease Control Program.

As a result of the departure of Majors Scheele and Witte, the Sub-Sections of Public Health and Welfare were deprived of their respective chiefs. Major G. M. Frizelle (B) and Capt. J. G. Earnest (A) have been selected to fill these vacancies. For information, the present composition of the Headquarters of this Sub-Commission is shown in APPENDIX "A".

It will be seen that the position of Executive Officer and Chief of the Welfare Sub-Section are occupied by the same person. It is hoped that this will soon be rectified by the arrival of an officer from Tizzi Ouzou who has been specifically requested to fill the post of Executive Officer.

2. The most important Medical & Welfare problems which arose in occupied territory during the month occurred in Naples City. These problems were caused by the typhus epidemic, the high incidence of venereal disease and the necessity for warehousing and distributing large quantities of clothing brought in by the American Red Cross.

Owing to the fact that Naples City came under the administration of 15 Army Group, this Sub-Commission had no direct control over these matters. Nevertheless, the active interest taken by this Headquarters in the problems presented to Region III is reflected by the fact that six officers of this Sub-Commission were offered and placed at the disposal of Region III to assist in dealing with their problems and difficulties. A seventh officer was lent to the special committee set up for dealing with clothing distribution.

3. The quantity of food for consumption in hospitals is of special interest to the Sub-Commission. Reports indicate that the hospital dietary in Regions II and III is inadequate. An army food demonstration was reported at the Incurabile Hospital, Naples. It has since been learned that supplies of milk and cheese are available.

In addition, the quantity of food available for the general population has a very close bearing upon prostitution and disease. It is reported that many women are resorting to prostitution as a means of obtaining food, while it is common knowledge that undernourishment is a predisposing factor towards ~~typhus~~ especially typhus.

ACC/3016/PH - F.R. Sub-Commission - January Report. (Continued)
February 8 1944.

Unless the civil population is adequately fed, little enthusiasm or cooperation can be anticipated for ACC programs of any nature affecting the health of the population.

The more detailed work of the Sub-Sections was: -

(A) Hospitals and Medical Care Sub-Section:

1. A survey of hospitals in the provinces of Salerno, Brindisi, Bari and Lecce was made by Lt. Col. Shields. This revealed a shortage of drugs and medical supplies. Medical Supply Sub-Section, however, reports that shipments of medical stores have recently reached Region II and these will make good any shortages.

Lt. Col. Shields also reported verbally that the food supplies to hospitals in Region II was not satisfactory.

2. Major Frizelle, who was temporarily detached to Region III for work on typhus, was given the responsibility of re-organizing the work of the Cotugno Typhus Hospital, Naples, for the reception of typhus cases. He also made a report to the Sub-Commission on the method of handling admissions to a typhus hospital.

3. A report has been rendered by Lt. Col. Dobos on laboratory methods in Region II. It will be seen that the standard and the amount of laboratory work in this part of the Country is amazingly poor and will not bear the least comparison with British and American methods. The service rendered to the population is completely inadequate and in addition, would not appear to be reliable.

4. The detailed reports of these officers are attached - APPENDICES "B", "C", & "D".

(B) Public Health Sub-Section:

1. During January 1944 the Deputy Director, Lt. Col. Williams, made a tour of the 5th and 8th Army Areas where contacts were made with A.S. Officials. In the 8th Army Area measures were instituted, through channels, for the more effective handling of refugees, with special reference to typhus prevention. In the 5th Army Area steps were taken to bring together representatives of all agencies for the operation of more effective V.D. Control measures.

In addition, contact was made with the Senior Medical Officer of the Italian Government and arrangements made with him for representatives of this Sub-Commission to visit the "King's Italy" in the course of their duties.

2. The typhus situation occupied much of the time of the Sub-Commission. The Director, Brigadier Parkinson, became a member of the Typhus Control Board on 24th January 1944.

The Board is composed of members from AMHQ, FRS, 5/ Area, the Typhus Commission and AMG/ACC. It holds frequent meetings to discuss typhus problems and initiate counter measures.

It is proposed that the responsibility for Typhus Control will be delegated to this Sub-Commission on or after the middle of February. The Deputy Director, Lt. Col. Williams, is in close touch with Col. Bishop of the Typhus Commission and Col. Orlinton, RMPd, Region III, on all typhus problems. Definite plans for the administration of the typhus control program are being made, anticipating the time when the USA typhus Commission will be withdrawn. Lt. Col. Williams will then assume responsibility for the program in cooperation with the RMPd, Region III, Col. Orlinton.

APPENDIX "E" is a graph representing the incidence of typhus in Naples district during January.

ACC/3016/PH - P.H. Sub-Commission - Report for January
5 February 1944

(Continued)

It will be seen that there is a definite reduction in the incidence of the disease which can be attributed to the energetic counter measures adopted by the Typhus Commission. On the other hand however, there is an increase in the number of cases occurring outside Naples. The majority of these cases have been established as contacts of cases within the City. The distribution of these new cases is along the main exits from the City and steps are being taken to establish powdering stations along the main roads leading out of Naples and at the Steamer Terminals. A dusting team has long been established at the main railway station.

Major Cherry, Major Rogers, Lt. Manzelli and Pvt. D'Aleo were lent to the Typhus Commission to assist in the immunization, dusting and case finding programs. Lt. Manzelli has submitted a report of the work of dusting teams - APPENDIX "F".

The Typhus Commission report shows that a total of 1,352,124 of the population has been dusted, while 32,464 persons have been dusted outside the City.

A total of 37,206 key persons such as doctors, nurses, Red Cross workers, dusting teams, railway and municipal workers has been inoculated against the disease.

There is still a large population inhabiting the Ricoveri in Naples and until these are cleared the epidemic will probably maintain its present height. The Sub-Commissioner for Naples, Dr. Bergami, has undertaken to do anything he can to obtain alternative accommodation for those now living in the Ricoveri.

3. A report on V.D. problem by Major John A. Lewis, Venereal Disease Control Officer, lent to Region III for special duty, is to be found at APPENDIX "G". It will be seen that active steps have been taken to control the high incidence of V.D. especially in Naples and also in Sicily and Region II. Major Lewis has worked in close cooperation with officers of the British and American Armies and Italian civil officials. His work in establishing hospitals in Naples and elsewhere for the detection and treatment of infected women should be a large factor in reducing the incidence of the disease.

In addition, his proposals for a unified, overall program of V.D. Control in Occupied Territory is one which should have far reaching results.

4. With the approach of the malaria season, the experience of last summer are being re-evaluated and in the light of these experiences, fresh approaches are being planned. Requisitions have been placed for larvacides, fuel oil has already been received and Paris Green for seasonal needs has been requested.

The Director, Brigadier G. S. Parkinson, proposes that a Malaria Control Board, similar in constitution to the Typhus Control Board, should be set up. A malarialogist is also required to coordinate methods of control.

5. A report (APPENDIX "H") submitted by Major Rushmore, Veterinary Corps, indicates that active steps have been taken towards the re-establishment of the production of biological preparations from Italian sources in Region III. This policy has also been put into effect in Region I where similar facilities exist.

The more the Italian production of biologicals is stimulated the less strain will be put on Allied sources of supply. This is an important branch of the Sub-Commission's activity and should show ever increasing results month by month. The laboratories at Naples and Palermo are the only ones south of Rome which exist for the production of these preparations. One of these laboratories at Naples is at present occupied by the military.

The reinforcement of the laws regarding the slaughtering of livestock and the control of rabies have been urged upon the appropriate Italian authorities.

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8 February 1944

(Continued)

The lack of proper control of the milk supply in Naples has been drawn to the attention of Region III in order to re-effect the pasteurization of milk and to prevent its diversion into Black Market channels.

6. Captain Leonard W. Trager, Sanitary Engineer, has submitted two reports, APPENDICES "I" & "J", on the water supply situation in Region II. It will be seen that Italian methods of water analysis do not in any way approximate to British and American practice. Considerable difficulty is anticipated in getting the Italians to adopt a sound and standardized method of water analysis.

(C) Medical Supply Sub-Section:

1. The most important points arising from this Sub-Section's report, APPENDIX "K", are the satisfactory flow of imported medical supplies to Occupied Territory and the wholly unsatisfactory lack of personnel to deal with them. Ever since the invasion of Sicily this lack of personnel has been a great handicap and it must obviously increase as more territory is occupied. Colonel Griffin, Chief of the Sub-Section, asked AMHQ for four officers and twelve enlisted men trained in supply work and though the necessity for this was appreciated, the request could not be granted due to the fact that the 2675 Regt is already over strength. When it is realized that only two British QM officers are in charge of hundreds of thousands of dollars worth of medical supplies in Sicily and Italy the position must be acknowledged to be serious. The distribution of supplies is also handicapped by the lack of adequate transport.

2. A new price list of imported supplies for sale to the Italians has been prepared and will be published shortly, while a fresh set of instructions covering the method of distribution of supplies and of recovering the cost has been distributed.

(D) Welfare Sub-Section:

1. Assistance was given to Region III for part of the month by the loan of Lt. Vlack to organize the Regional Child Welfare program. Lt. Roessing was also lent to act as Welfare Officer in two provinces.

2. Large consignments of clothing for the Italian civil population called for by AMHQ through the American Red Cross have begun to arrive and some 300 tons have already been received. A committee known as the Central Clothing Committee has been set up to deal with the warehousing, sorting, and distribution of these supplies. Major Goldsmith has been seconded from the Sub-Commission to act as Senior Staff Officer to the Committee.

3. In Region I work is in progress for the establishment of Provincial Welfare Departments which did not exist under the Fascist Government. These are to be co-ordinated under a Regional Welfare Department.

At this Headquarters plans are being made to put forward concrete proposals to the Italian Government for the establishment of an overall Italian Welfare Organization under the Minister of the Interior. It is proposed that this organization will eventually integrate and simplify welfare work throughout the whole of Italy, which work is at present administered by a multiplicity of conflicting organizations.

It will be seen that this is an important and ambitious program but if it succeeds it is felt that the benefit to Italian Welfare will be very great and the present burden upon Allied Welfare Officers will be considerably lightened.

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8 February 1944

(Continued)

4. The Welfare Sub-Section works in close contact with the American and British Red Cross and a very cordial liaison exists with these organizations.

5. The complete report of the Welfare Sub-Section is to be found at APPENDIX "L".

SUMMARY:

1. Both concise and detailed reports on the activities of the Sub-Commission for the month of January are submitted.

2. The relationship of the food problem both to prostitution and disease has been stated.

3. Distribution of food to hospitals in Regions II and III leaves much to be desired.

4. Criticism of Italian laboratory methods in Region II is expressed.

5. Contact with AMG 5th and 8th Armies and Senior Medical Officer "Kings Italy" has been effected and discussed.

6. Typhus in Naples appears to be decreasing at the moment. Typhus in out-lying districts still presents a problem but active measures are being taken to keep it under control.

7. Much progress is reported in the sphere of V.D. Control and treatment. It is believed that this will be reflected in decreased V.D. rates in the Armies.

8. Increased emphasis will be placed on malaria control in succeeding months.

9. Progress is being made in the local production of biological preparations. Substantial increases are to be expected from month to month.

10. Reports on the water supply of Region II have been submitted.

11. While the import of medical supplies is satisfactory, much difficulty in supervision, warehousing and distribution is occasioned by the acute shortage of trained officer and enlisted man personnel and transport.

12. A proposal will be put forward to the Italian Government to institute a unified welfare program.

CONCLUSIONS:

The activities of the Sub-Commission covered a wide and varied field. The reports submitted for the month of January 1944 are distinctly encouraging. Satisfactory progress is being made in most directions but three great problems remain:

1. The complete eradication of the Typhus epidemic. Every effort that is possible has been made to effect this and the results obtained so far are encouraging. Additional personnel and transport have also been requested from AMG.

ACC/3016/PH - P.H. Sub-Commission - January Report
8 February 1944

(Continued)

2. The distribution of adequate food supplies. When this can be effected the general health of the population should show an improvement.

3. The procurement of sufficient officer and C^A/EM personnel and transport to deal with the pressing needs for adequate supervision and distribution of the vast quantities of medical supplies being shipped into the country.

G. S. Parkinson

G. S. PARKINSON, Brigadier
Director, Public Health Sub-Commission

PH/GMF/ja

APPENDICES:

- "A" -- Composition of HQ. P.H. Sub-Commission.
- "B" -- Report on Hospitals & Medical Care, Lt. Col. C.O. Shields.
- "C" -- Report on Organisation of Typhus Hospital, Major G.M. Frizelle.
- "D" -- Report on Laboratory and Biologicals Control, Lt. Col. E.F. Dobos.
- "E" -- Graph - Incidence of Typhus, Naples and Districts.
- "F" -- Report on Typhus Dusting, Lt. M. A. Manzelli.
- "G" -- Report on Venereal Disease Control, Major J. A. Lewis.
- "H" -- Report on Veterinary Activities, Major R.W. Rushmore.
- "I" -- } Report on Water Supply Situation, Region II, Capt. L.W. Trager.
- "J" -- } Report on Welfare Activities, Capt. J. G. Barnes.
- "L" -- } Report of Medical Supply Sub-Section, Col. M.K. Griffin.
- "K" -- }

HEADQUARTERS, PUBLIC HEALTH SUB-COMMISSION

Director

Brigadier G.S. Parkinson, D.S.O. (R)

Deputy Director

Lt. Col. Wilson C. Williams (A)

Executive Officer

Captain Joel C. Earnest (A)

SUB-SECTIONS

Hospital & Medical Care

Lt. Col. C.D. Shields (A)
Lt. Col. E. I. Dolos (A)

Public Health

Major G.M. Frizelle (B)
Major J. A. Lewis (A)
Maj. E. S. Jonnwick (A)
Major R.P. Rogers (A)
Major R. A. Cherry (A)
Major R.W. Rustmore (A)
Lt. M.A. Manzelli (A)

Medical Supply

Col. H.E. Griffin (A)
Capt. G.V. Doerr (A)
Capt. (Q) F.W. Light (B)
Capt. E.E. Silveira (A)

Welfare

Capt. J.G. Earnest (A)
Maj. S.A. Goldsmith (A)
Capt. E.E. Silveira (A)

APPENDIX "B"

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394

Public Health Sub-Commission

ACC/3016/PH

1 February 1944

SUBJECT: - Report for January, 1944 - Sub-Section
Hospitals and Medical Care.

TO: - Director, Public Health Sub-Commission

1. During the month of January 1944, the Sub-Section of Hospitals and Medical Care had the following officer personnel assigned:

Lt. Col. Charles D. Salsida - O-317961 (A)
Major G. M. Frizelle 47801 (A)

2. A directive on hospital and medical care was prepared for Regional Medical Officers. Also a questionnaire to be completed for all hospitals with a bed capacity of fifty or more.

3. Lt. Col. Salsida visited the provinces of Salerno, Brindisi, Bari, Lecce and Taranto. The Medical Provinciale was interviewed and at least one civile hospital in each of these provinces was visited. In the provinces of Brindisi, Bari, Lecce, and Taranto a shortage of drugs and medical supplies was found to exist. The Medical Supply Section, however, informs the undersigned that this situation will very shortly be remedied, by stocks from Allied sources.

4. These same provinces all lack suitable hospital facilities for contagious disease. The Medical Provinciale concerned, are at present working on this problem.

5. Major Frizelle spent the month on detached service in Region III. The greater part of this time was spent in organizing the Cotugno Typhus Hospital, Naples. This hospital was considerably damaged by air raids with no result that the pre-existing accommodation was much reduced, both by structural damage and by loss of beds and blankets. Under the direction of Col. Oricton, the delivery of food, beds, blankets, sheets, mattresses, bed tables, etc., was undertaken, repair services were supervised and teams of orderlies from the Italian Red Cross were organized. A convalescent station was set up at the Albergo dei Roveri to relieve pressure on bed space at the Cotugno Hospital. This convalescent station was staffed by the Italian Red Cross.

In the early days of January, an emergency hospital at San Giorgio was also admitting cases of Typhus to the maximum capacity of circa 100. With the increase of bed space at the Cotugno Hospital, due to the delivery of more beds, and the convalescent overflow at the Albergo dei Roveri, Typhus admissions to San Giorgio were stopped toward the end of the month.

APPENDIX "B" SHEET 2

ACC/3016/PH - "January Report, Hospital and Medical Care SubSection"- Continued
1 February 1944

Thus, all fresh typhus cases were concentrated at the Cotugno and in due course the San Giorgio will become completely devoted to the care of infectious diseases other than Typhus.

A report on the method of dealing with Typhus cases on admission to hospital has been submitted to the Sub-Commission, based on experience gained at the Cotugno Hospital.

CHARLES D. SHIELDS

1st. Col. M.C.

Chief, Hospitals & Medical Care SubSection.

PH/CCD/ja

APPENDIX "C"

HEADQUARTERS
ALLIED CONTROL COMMISSION

Public Health Sub-Commission
1 February 1944

The Organization of a Typhus Hospital

Suggestions concerning the method of Reception and Disposal of
Typhus Cases.

When a patient enters a Typhus Hospital, certain very necessary steps concerning his personal cleanliness and the disposal of his clothes have to be taken before he is fit for admission to a ward. It is necessary for him first to pass through:-

- (a) A Dusting Centre.
- (b) A Cleansing Centre.

These centres being set up at the point of entry to the hospital.

The two centres mentioned should be contiguous, adequately lighted both by natural and artificial means, have a good supply of hot water and be well heated. Each centre should have sufficient space for the segregation of the sexes and sufficient male and female orderlies to carry out their duties without fatigue.

Dusting Centre.

On arrival at the hospital, the patient is removed from the ambulance, taxi or other conveyances by "dirty" orderlies, distinguished by wearing a red brassard. Any stretchers used by these orderlies are painted a similar colour. He is taken by these orderlies to a waiting ward where he is put to bed fully clothed between blankets and his boots or shoes are removed.

A dusting team is on duty at this centre and when the patient has been put to bed, he, his clothes and his boots are thoroughly dusted by a member of the team.

In the meantime, other members of the dusting team in another room are dusting all the friends and relatives who have accompanied the patient to hospital, together with the ambulance or taxi driver and the conveyance itself.

A policeman or orderly should be stationed at the gate to assure that no friends, relatives, or vehicles who have not been dusted are allowed to leave the hospital.

When the patient is ready to be dealt with in the cleansing centre, he together with his boots, is transported there from the waiting ward by the "dirty" orderlies.

Cleansing Centre.

This is divided into two portions:-

- (1) Clipping Section.
- (2) Bathing Section.

1. On arrival at the clipping section the patient is stripped and his clothes and boots are taken by the "dirty" orderlies to the disinfectant.

APPENDIX "C" - Sheet 2

Suggestions concerning the method of Reception and Disposal of Typhus Cases (Cont'd)

The patient is now placed on a bed or table and the hair of the head is clipped close to the skull, or shaved. The body hair is also shaved and the hair clippings should be received in sheets of newspaper placed underneath the patient. The paper is then rolled up and burned. After the head has been clipped, it is thoroughly rubbed with paraffin.

When the clipping has been completed, the patient is moved by two clipping orderlies to the bathing section.

2. Here he is placed in a hot bath and thoroughly scrubbed with a nailbrush and soft soap from head to foot. If too ill to permit of bathing, he is given a bed bath with as much vigor as his condition permits. As in the clipping section, two orderlies are required for duty in the bathing section. When the patient has been bathed he is put in a clean nightgown and again powdered. Following this he is moved by two "clean" orderlies wearing white brassards to the ward on a clean white stretcher.

General

The system outlined above calls for a considerable number of personnel whose work should be divided into shifts of eight hours each. This necessitates:-

	Male	Female
Dusting Team	3	2
"Dirty" orderlies	6	-
Gate Police	3	-
Clipping orderlies	6	6
Bathing Orderlies	6	6
"Clean" orderlies	6	-

Where possible orderlies who have suffered from Typhus should be employed.

Great care must be taken not to have the "dirty" and "clean" stretchers used for any other purpose than that for which they are designated.

All personnel should be given as high a caloric diet as possible.

Besides the primary Typhus inoculations, all personnel should be re-inoculated once a month.

To prevent respiratory rickettsial infection, the clipping and bathing orderlies should wear gauze masks.

All orderlies should wear dusted anti-louse clothing. This should be removed and kept in a separate room on completion of a tour of duty.

In order to prevent the introduction of the stray louse, all hospital beds, patients' nightgowns and patients should be re-dusted once a fortnight.

It is suggested that the initial dusting of the patients and his clothes in the Dusting Centre and bathing section should be done with quick acting A.L. 63 or D.D.T. The fortnightly dusting in the ward should be done with DDT.

The above suggestions are based on experience gained when acting as Medical Superintendent of the Cotugno Typhus Hospital, Naples.

(Signed) G. M. FRIZELLE,
Major, R.A.M.C.

APPENDIX "D"

HEADQUARTERS
ALLIED CONTROL COMMISSION
(Salerno Detachment)
APO 394
Public Health Sub-Commission

21

AGC/3572/44

7 February 1944

SUBJECT: - Monthly Report - Laboratory and
Biologics Control.

TO : -

On 2 January 1944 I reported for duty to Brigadier Parkinson, Director of Public Health Sub-Commission, A.C.C. In conformity with Brigadier Parkinson's orders a general outline for the Laboratory and Biologics Control program was prepared. The preparation of this report required an investigation of the organization, status, function and administration of the Istituto Superiore di Sanita whose functions the Laboratory and Biologics Control of ACC will parallel. This information was compiled from the Sanitary Code of Italy and from other sources such as the publications of the Istituto Superiore and the Royal and Legislative Decrees that govern the activities and outline the sphere of authority of the Istituto Superiore. This report was completed and submitted to the D.P.H. of 15 January 1944.

I received orders to investigate the laboratories of the Provinces on 12 January 1944 and departed on 16 January 1944 with Lt. Col. Shields on a tour that covered Salerno, Potenza, Bari, Brindisi, Lecce and Taranto provinces. The purpose of the trip was to collect data on the laboratories operated by the Provincial Governments known as "Laboratorio Provinciale d'Igiene e Profilassi". The titular head of these laboratories is the respective "Medico Provinciale" of the Province. Each of these laboratories consists of a medical and chemical division which operate under a director appointed by the Prefect on the recommendation of the Medico Provinciale. The chemical laboratory is engaged in the testing of food to ascertain the conformity with the pure food laws of the Government. The medical laboratory functions as a diagnostic laboratory doing urine analyses, blood chemistry, serology, bacteriology, assays for Neisserian infection, tuberculosis, malaria, diphtheria etc., and is also charged with the laboratory control of the water and milk supply. The treatment of rabies is administered in the medical laboratory of each province and the examination for negri bodies are performed here.

EMERIC I. DOBOS
Lt. Col. Sn. C.

2285

APPENDIX "D" - Sheet 2

I wish to submit the following summary of the activities and organization of the laboratories that I have visited:

Physical Equipment:

All the laboratories are housed in well constructed buildings and are provided with very adequate floor space. (The only exception is the Provincial Laboratory at Potenza which was completely destroyed by bombs). The equipment is quite adequate but many of the instruments are antiquated. The reference libraries consist of a few periodicals and books that are very much out-dated. There are a number of more recently published German and a few French books on the shelves but since the scientific staff is not familiar with these languages, they are practically useless. The bacteriological equipment and instruments are quite satisfactory. Biochemical determinations are done by colorimetric methods but the nephelometers are cheap, inaccurate antiquated pieces. Incubators, autoclaves and centrifuges are satisfactory. There is sufficient glassware, the shortage is only in petri dishes.

Personnel:

With the exception of Dr. Vincenzo Marino, Director of the Provincial Laboratory in Bari, the directors of the medical laboratories are very poorly trained, poorly informed and decidedly inferior type people who, according to American and British standards, could not qualify as pathologists. Most of them never had any formal training and are conspicuously lacking the critical judgment and habitual precision which one usually expects of a well trained laboratory man. The staff of assistants are also of an inferior type.

The Amount and Quality of Work:

The number of tests performed in the laboratories is insignificant when one considers the population they serve. In Taranto, for instance, where the laboratory serves a population of 300,000 only about 1400 tests were performed in six months time. This is a daily average of 8. When one considers the fact that half of the tests consisted of urine analysis it becomes self evident that these laboratories are not fulfilling the functions for which they were created. The tabulation of six months' work shows that in that period only 1 spinal fluid examination, 1 blood culture, 2 haemoglobin determinations, 1 for bacillary dysentery, 5 for amoebic dysentery, 17 for ISG, 10 for diphtheria, 36 for malaria and 69 S.C. smears were done. All tests for the sero-diagnosis of syphilis averaged less than 2 a day and darkfield examination of primary lesions is not even mentioned. With the exception of the laboratory in Bari none of the laboratories visited had on hand a single tube of media for the cultivation of diphtheria bacillus.

Antigens for the sero-diagnosis of syphilis, emboceptors and practically all reagents are purchased ready made, frequently from very questionable sources. There seems to be very little effort made to standardize the reagents and none to prepare them themselves.

Materials:

The main shortages are: agar, peptone, alcohol, glycerine, acetan, pipets, meat extract and petri dishes. Glassware, sugars, napline dye and most of the raw materials seem to be in adequate quantities to assure operations for six months.

MERIC I. BOBOS
Lt. Col. Sn. C.

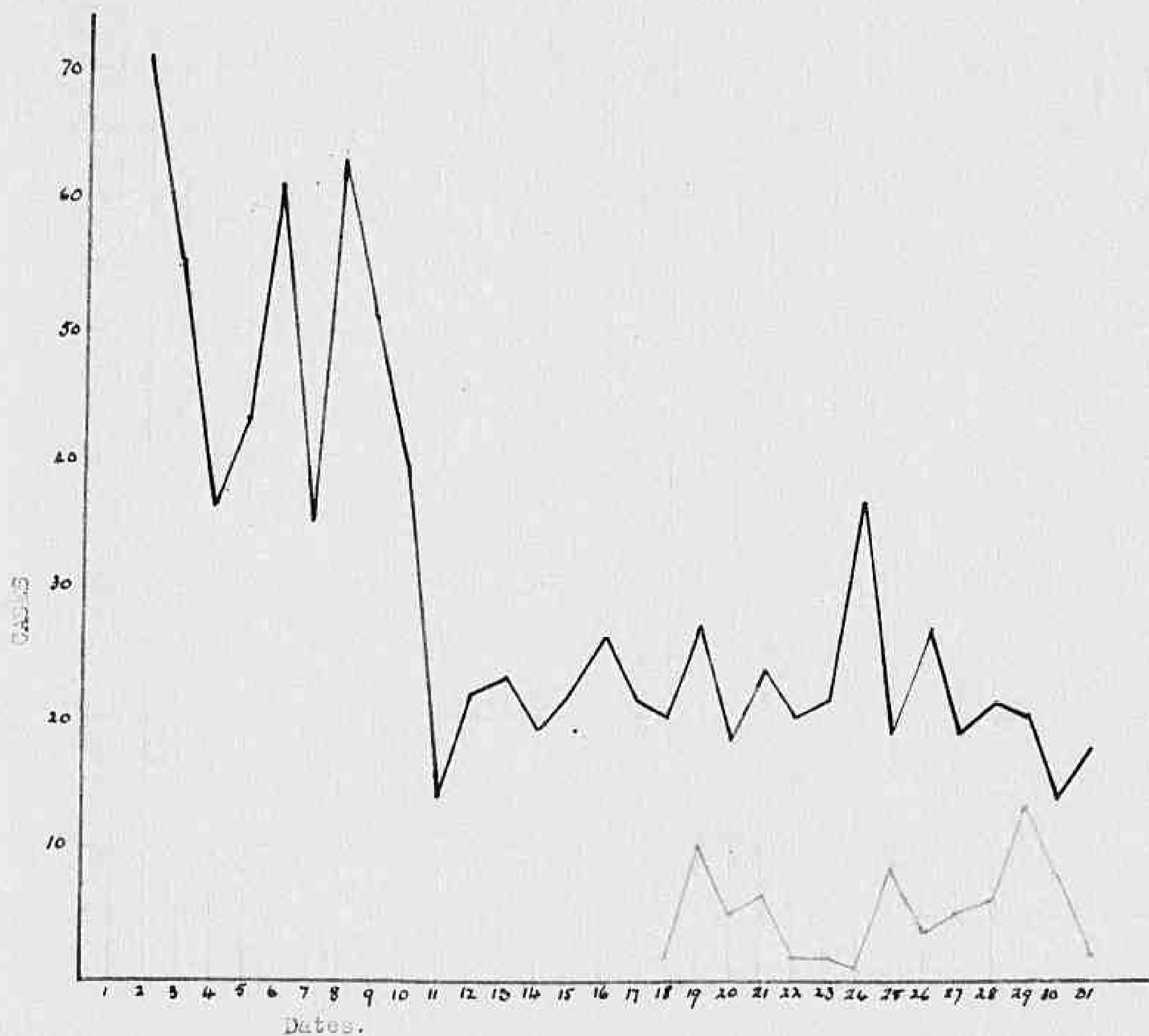
2284

APPROX MAX

"B"

19

Daily Incidences of typhus in Naples and District
during January 1944.



— Incidence of Typhus in Naples City.
- - - Incidence of typhus outside Naples.

APPENDIX "F"

HEADQUARTERS
ALLIED CONTROL COMMISSION
(General Detachment)
APO 324

Public Health Sub-Commission

ACC/3010/PH

4 February 1944

SUBJECT: - Typhus Control Activities, Naples City,
From Dec. 18, 1943 to January 23, 1944.

TO : - Director, Public Health Sub-Commission.

This report covers the period spent with ASD, Region III, on temporary duty, for the purpose of aiding in the control of typhus in Naples City. At the time of my reporting for duty, December 18, 1943, the control work was being organized by ASD, Naples City, and the Rockefeller Foundation Typhus Unit. On January 3, 1944, a reorganization took place, with the U.S.A. Typhus Commission taking charge of the control program.

I. Period of December 18 to January 1944.

The headquarters of the delivery services group was established at the Istituto di Igiene e Profilassi, Naples City.

A. Control Work - the following services were organized during the first period:

1. Case Contact Dusting.

The Naples City Health Office sent in the cases of the reported verified, or suspected typhus cases. On receipt of such cases, a squad consisting of a female nurse and several male dusters was sent out immediately to isolate the patients and all the contacts. Quite a deal of time had been previously spent in teaching the employees the proper method of dusting.

2. Recovery Service.

The recovery, or air raid shelters, housing a large number of destitute and homeless people, were producing a heavy number of typhus cases. Several squads of male dusters were organized, each with a civilian doctor in charge, the duty of these squads being to isolate the inhabitants, and their bedding, of the recovery. This service was carried on in the evenings, for at that time more of the homeless would be found in the air-raid shelters.

3. Powdering Stations.

Permanent powdering stations began to be organized in areas of dense population and of high incidence of reported typhus cases. Each station consisted of male and female dusters, with either a nurse or doctor in charge. Very little advertising was necessary in order to attract large numbers of people who wished to be powdered.

4. Epidemiological Investigations.

The reported typhus suspects were investigated by a Medical Corps officer, who was assisted by two Italian Red Cross nurses. Requests for ambulances to transport typhus patients to the Ospedale Civile, an Italian civilian hospital, as well as requests for burials were sent to the Naples City Health Office.

100/3040/11 - "Typhus Control Activities" - Continued.
4 February 1948

APPENDIX "F"
Sheet 2

B. Material Employed in Delousing.

In the early stages of the delousing program the only material present in sufficient quantity was D.P.T. powder, which was the insect powder issued by the U.S. Army to its troops. Also on hand was some B.P.T. powder, which was mixed with talc to form a 10% mixture. Until that time when the U.S.A. began to arrive already mixed, a concrete mixer was used to prepare the 10% D.P.T. dust.

Later, when the D.P.T. was obtainable in sufficient quantity, it became the standard powder in use, and the use of B.P.T. stopped altogether.

Between 10 and 20 persons could be dusted per pound of mixture, the number depending on the size of the person and the manner of powdering.

C. Equipment Used in the Dusting Process.

1. Hand Dusters
 - a. Hudson Duster.
 - b. Robbins Duster.
2. Compressed air duster.

A sufficient number of the Hudson Dusters, which is a light affair, were in stock at the U.S.A. Co. Warehouse. Only a few of the Robbins duster, which is heavier, but much more efficient than the Hudson type, were obtainable. The Hudson duster had the disadvantages of quickly becoming useless with use, due to structural deficiencies, and held only a small powder to dust two or three people.

Two portable air-compressing machines were obtained, each machine capable of operating two dusting guns at a time. These guns proved to give a much superior dusting result, and at the same time used less powder than the hand dusters did.

D. Personnel Employed.

1. Italian Red Cross
 - a. Nurses - females
 - b. Assistants (used as dusters) males.
2. Italian - Civilians.
 - a. Doctors - males and females.
 - b. Nurses - males and females.
 - c. Workers - males and females.

E. Method Employed in Dusting.

Below is an English translation of the instructions given to the dusters of the procedure to follow in powdering:

"The operator, in using the duster, should remember that the powder must be distributed within the inner surfaces of the clothing and on the skin itself.

Those who are doing the work for the first time must receive the clothing of the persons who have already been dusted in order to observe the results obtained. If the work was done well and the insides of the clothing should more or less be covered with powder and there should be traces of powder on the body, in the hair, on the chest, on the back, on the thighs, under the armpits and in the pubic region and the perineal region. Since the body lice are found mainly within the seams of the garment, around the neck, under the armpits, near the waist and within the interior part of the clothing, these parts should be diligently dusted; the dusting of individuals should follow certain rules in order to avoid forgetting certain articles of clothing, as it sometimes happens when some person is treated differently.

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NSC/3440/21 - "Typhus Control Activities" - Continued.
4 February 1944.

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Sheet 3

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The following rules have been found to be useful:

1. Spray the powder in the hair. Spray the powder on the head, letting it penetrate well to the very roots of the hair, especially so at the back portion of the head and at that portion above the ears.
2. With arms outstretched laterally and at shoulder height insert the pump first in the right sleeve and then in the left sleeve and spray the powder between the skin and the underside of the clothing. Afterwards the arms should be raised in such a fashion that the powder can fall towards the armpits. The powder should reach well within the armpits, and the position of the mouth of the pump should be changed about in order to insure that the powder will reach all the exposed parts of the shoulder. In case the subject has been clothing the powder should be applied between the outer garments and the underwear just as has been done between the underwear and the skin.
3. The pump must then be inserted at the back of the neck and the spray of the powder must reach down the entire back; see to it, moreover, that the posterior region of the neck is well sprayed.
4. The tube of the sprayer should be inserted at the front part of the garment, spraying first the right side, then the breast and in the last left side, paying particular attention to spray the armpits.
5. For men - anteriorly.
Unbutton the trousers, insert the tube at the front and spray a good dose of powder between the innermost garments and the skin; a good dose of powder must be sprayed at the inguinal and pubic regions. With the tube still in contact with the skin, spray the underside of the clothing, paying particular attention to the crotch and to all side areas.
For men - posteriorly.
Raise the gown and dust the underside of the clothing well to the skin.
6. For men - posteriorly.
With the trousers unbuttoned insert the tube at the back of the trousers between the underwear and the skin and spray the crotch region and the region of the gluteal fold.
For women - posteriorly.
With the gown in a raised position, powder posteriorly the underside of the undergarments.

Note: If the individual should be wearing more than one set of clothing it is necessary to place the tube between the various garments, between shirt-jacket and shirt and between undergarment and trousers.

F. During this phase of work consisted of obtaining supplies and equipment, hiring labor, checking the work being conducted in the air-rail stations, and in treating personnel not to dust.

II. Reorganization - as of January 1, 1944.

A. In January 1, 1944 the U.S.A. Typhus Commission took charge of the control work. An increase in personnel and in available transportation allowed the control work to be divided into four main services, which were as follows:

APPENDIX "F" - Typhus Control Activities - Continued.
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 Sheet 4

- I. Case Finding Service - Made up of medical officers and civilian nurses, whose duty it was to check all reported typhus cases, whether suspects or verified. Findings and disposition of the cases were recorded, and the names of the patients and contacts were given to the Contact Following Service as soon as possible.
- II. Contact Following Service - Made up of the following sub-services:
 - a. Case-Contact Service - The object of this service was to follow all typhus patients and their contacts, as reported by the Case Finding Service.
 - b. Special Service - The squad, made up of male nurses with nursing experience, visited the occupants, personnel and bedding of the following types of institutions: hospitals, clinics, dispensaries, prisons, and other institutions of a like nature.
 - c. Bedding Service - Making of occupants and bedding of air-line soldiers was the main function of this service. All recovered beds occupied were thoroughly disinfected and changed once a week. At first, five squads of twelve soldiers each, headed by a medical man, were used. Later the individual squad personnel were cut down to six men. With further expansion being made as beds and beds people remained in the hospital.
 - d. Sanitation Service - The duty of this service was to inspect, with reference to personal and domestic hygiene, food and drink, civilian contacts and other matters with the public, clinics, dispensaries, prisons, and other institutions.
 - e. Case Following Service - This service was in charge of the collection of data on typhus cases.
- III. Typhus Control Stations - These were established at various locations, and were used for the treatment of patients and for the control of typhus.
 - a. These stations were staffed by both male and female doctors, and were usually in the form of a house or a hut.
 - b. These stations were used for the treatment of patients.
 - c. At the end of January, 1945, all these stations were in operation, and they were closed for 3/10 of all the patients being treated.
- IV. Control of the City of Naples.

In order to facilitate the control program, the city was administratively divided into six wards, or districts, and further into 1, 2, 3, with the addition of the latter 1 and 2. In this manner the task of searching, curing, recovering, and of control was made easier.
- V. Control of Reporting.

This service reported its daily units of work completed to a central office, and reported the daily and total of work accomplished. A sample of work was also made of the daily work and daily units of typhus cases reported.
- VI. Additional Plans as follows.
 - a. Typhus Control Service Instituted.

The object of this service was to investigate all typhus cases outside the city boundaries of Naples, and to control the contacts of these cases.
 - b. Refugee Finding Service - Organized to follow all incoming refugees, and to control the contacts of these refugees. Information pertaining to the recovery of refugees was obtained from the office of the Refugee and Displaced Persons Administration.

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Sheet 5

ADD/WHO/MI - "Type of Control Activities" - Continued.
4 February 1944

- IV. During this later phase I was assigned to the Control Dusting Service, and my duties were a bit more diverse, consisting of the following:
- a) Contacting institutions, and arranging working dates for the Special Service squads.
 - b) Handling of the Service personnel.
 - c) Computation and recording of the daily service results.

ADD/WHO/MI

W. J. Mitchell
1st Lt. Col. G.
Public Health Sub-Commission.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO - 39h.
Public Health Sub-Commission.

APPENDIX 13

SUBJECT:- Report of Venereal Disease Control Activities for January 1944.

TO :- Brigadier G.S. Parkinson.

1. During the month of January 1944 a program for the control of venereal diseases as they affect the military situation has been worked out by units of AMG and military tactical units, American and British. It is believed that the plan is applicable to all parts of Italy where large bodies of troops are collected and its adoption is recommended.

2. The plan calls for coordinated action between tactical and AMG units involving (A) Provost Marshalls (B) Surgeons or DDMSs and (C) AMG.

(A) The Provost Marshall performs the following functions:

- i. Enforcing the brothels 'Out of Bounds' order.
- ii. Campaign against clandestine prostitutions and 'pimps'.
While this is a civilian matter it is impractical to rely on Italian Police alone because troops are so often involved. Prostitutes are arrested for the following violations of Italian law:
(a) Soliciting
(b) Prostitution without licence.
(c) Operating in unauthorised dwelling.

These charges are comprehensive as long as authorised houses are 'out of bounds'. Difficulty is encountered in obtaining evidence but the charge is sufficient to bring about detention for examination and further detention for those found infected. An active 'pimp' campaign is carried out by both the military police and Italian police. Convictions have been obtained in 75% arrested and sentences given up to 3 months.

(B) The Surgeons and DDMSs have been helpful by:

- i. Providing counsel on planning of local programs.
- ii. Giving technical assistance in laboratory work, diagnosis and treatment.
- iii. Furnishing information of assistance in identifying infected prostitutes. In some instances infected soldiers have been permitted to accompany military police to the sites of their exposure; this has resulted in positive identification in 30 per cent of trials.

iv. Explaining the program to local commanders and provost marshalls.
(C) The role of AMG is to provide facilities for segregation, diagnosis and treatment of infected prostitutes. In addition AMG coordinates the activities of the individuals participating and ensures that all parties are kept advised as to what steps are being taken.

3. In the formulation of programs the following miscellaneous procedures have been found useful:

(A) The formation of a definite vice squad to concentrate on the problem. Members of the vice squad remove their military police arm bands and carry on their investigations in areas of the city frequented by prostitutes.

(B) The admission directly to the hospital of all prostitutes arrested. It was found that Italian physicians could not be relied upon to meet the standard of examination required by the program. Prostitutes

APPENDIX ^G Sheet 2.

release as healthy were definitely identified as sources of venereal disease among the troops. One check showed that of 129 prostitutes examined only 21 were judged suspicious by the Italian physician, whereas, at a subsequent examination it was found that of 200 prostitutes studied 196 had ulcers, condylomata or cervical discharges, one or all.

(C) The treatment with sulfonamide therapy of all prostitutes with a cervical discharge. This was necessary because reliance on slide tests alone permits the detection of only 30% of the cases of female gonorrhea.

4. During the month of January 1944 programs along the lines described were carried on in Naples, Palermo, Salerno, Torre Annunziata and neighbouring towns and in Caserta. In addition efforts are being made to establish institutions for prostitutes in Sorrento and Castellammare.

(A) Naples. The program in Naples was started by Region III AMG in December and grew rapidly in January. It is built around the Pace Hospital which has 400 beds. When repairs now under way are completed the hospital can be expanded to 500 beds. This hospital is at present overcrowded: on January there were 472 female patients. The average period of detention at the hospital is 12 plus days. The performance of routine blood tests was initiated in January and arrangements made for the tests to be supervised by the Director of the U.S. 15th General Laboratory. An Italian technician was provided with Kahn antigen, certain glassware and distilled water. Statistics of the Naples Program for January provided by the Questura showed:

Authorized brothels operating	34.
Prostitutes licensed and operating in authorized houses	87
Unauthorized brothels closed	7
Prostitutes arrested	1184
Prostitutes hospitalized	859

(B) A program was begun in Palermo in January. An institution has been provided which can accommodate 200 patients. A conference has been called for 11 February 1944 to coordinate the program.

(C) A program is in operation in Salerno. A hospital has been provided with accommodation for 100 patients. The DDMS of the 94th Area has agreed to undertake supervision of diagnosis and treatment at the hospital.

(D) The program at Caserta is built around the prison at Santa Maria which has capacity for 100 women and the Caserta Civil Hospital which has 25 beds but which is being expanded to 50 beds. Prostitutes are just taken to Santa Maria jail and detained there for diagnosis supervised by the 5th Army Surgeon. They are then removed for treatment to the Civil Hospital. An Italian physician will be added to the Caserta program to assist at the jail and to continue the work when the 5th Army moves on.

(E) The program at Torre Annunziata is built around the Civil Hospital there. The hospital has accommodation for only 50 beds and more are needed. As there is no other suitable institution nearby, arrangements were made to bring the overflow to Naples where facilities are being expanded to meet the need.

5. Directives are being sent to Regions to reopen out-patient venereal dispensaries and to supply them with necessary drugs and supplies.

6. Plans are being made to expand the program described to the principal occupied cities of Italy. In addition to this a hospital form is being prepared to obtain current data on the operation of the program. A shipment of Mapharsen has been requested for use in the hospitals. When this is received a directive of suggested treatment for gonorrhea, syphilis and chancoid will be distributed to the

APPENDIX ^G Sheet 3.

hospitals through channels.

7. Venereal disease rates will not be available for the month of January until 15th February. A report of these will be made as soon as they become available. Comparative statistics for Naples show a sharp drop in the number of prophylactics given of such proportion as to warrant the conclusion that the number of exposures in January was much less than in December. It is not possible to estimate what proportion of the drop was due to the repression campaign and what proportion was due to the order that put Naples 'Off Limits' to troops. The figures are:

Prophylaxis given

December 1943.	49,052
January 1944.	14,787

(Signed) JOHN A LEWIS Jr.
Major,
Venereal Disease Control Officer.

JAL/cjd.

2275

APPENDIX "H"

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 374

Public Health Sub-Commission

AM/3008/TH

31 January 1944

SUBJECT: - Report of Veterinary Activities During
the Period 1 January to 31 January 1944, Inclusive.

TO : - The Director, Public Health Sub-Commission

1. Three inspected and condemned horses have been secured from the Quartermaster, FM. These animals, though unfit for further military service are suitable for use in the production of veterinary biologics such as anti-serums and normal horse serum. The horses are now being put to good use at the Stazione Sperimentale Sero-profilattica Del Boscajorno, Portici (Naples), which is directed by Prof. G. G. Corinti, Veterinarian. The biologics produced by the above-named institute are for use by Italian Veterinarians on civilian livestock.

2. Twenty-five liters of Anti swine Erysipelas serum produced at the above-mentioned institute was delivered to the provincial veterinarian, Catanzaro as a result of a recent request for this antiserum.

3. Through the fine cooperation of the public health section, Region III Headquarters, a means of transporting veterinary vaccines and other biologics to the various provincial veterinarians in Region III has been arranged for use in the immediate future.

4. At the request of the chief medical officer and the Agriculture Section, Region III Headquarters, an investigation of the livestock slaughtering and meat sanitation standards was made. The following conditions were found:

- a. There are three abattoirs in Naples, one of which is not suitable for use. The two abattoirs which are suitable for use are both idle.
- b. Even though the existing Italian laws regarding livestock slaughtering and meat inspection state that all livestock slaughtering will be done in a public abattoir under the direction and supervision of a veterinarian, the slaughtering is now being done in various sheds, houses, and in some cases an open field with no supervision. This condition has been brought to the attention of Region III (Agriculture and Public Health Sections), Region IV (Agriculture), the Public Safety and Agriculture Sub-Commissions of A.C.C., Headquarters. All of those whose attention has been drawn to the fact that this condition exists have shown keen interest and plans are being made to enforce these laws in the near future. Copies of the laws in English are now in my possession.

5. It is my opinion that there is a comparatively high incidence of Rabies on the Italian Mainland at the present time. This opinion is based on the following:

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AP/3003/PH - Report on Veterinary Activities - (Continued)
31 January 1944

- 9
- a. Dr. Giovanni Vanna, Provincial Veterinarian, Naples Province, states that forty persons reported for treatment of dog bites during the first week of January. As there was no rabies vaccine available, a sufficient quantity was secured by Colonel Griffin.
 - b. Prof. C.G. Carrati, Veterinarian, diagnosed rabies after histopathological examination of a dog's head during the first week of January.
 - c. Major Hanson, V.C. (A) made a positive diagnosis after histopathological examination of a dog's head during the first week in January. This dog had bitten two soldiers six days prior to the examination.

The laws pertaining to the control of rabies are not being enforced even to a slight degree.

6. Following my recommendations of 12 January, the following action has been taken:

- a. The Public Safety Sub-Commission has been furnished, at their request, with a copy, in English, of the existing laws pertaining to the control of rabies.
- b. A directive to GAFB's and medical officers has been prepared and will be distributed in the very near future.
- c. The Provincial Veterinarian, Naples Province, has prepared a similar directive for distribution to the appropriate Italian personnel in that province.

The reason for the delay in action on this problem has been due to the question in the minds of all as to the "Status quo" of the Allied Control Commission.

7. At the request of Colonel Criston, an investigation of the milk supply to Naples was made. A completely equipped milk plant capable of handling 100,000 liters of milk per day is available. It is completely closed now as the milk produced is either distributed on the black market in raw state or is sold to cheese plants for the manufacture of cheese. The existing laws state that all milk produced in the Naples area, except "surplus", will be pasteurized at and distributed by the above mentioned plant. This problem is being considered by Major III A.C. officers. A copy of the milk laws, City of Naples are in my possession.

PH/3003/3a

R. W. R.
ROBERT W. RICHMOND
Major, Vet. Corps
Allied Control Commission

APPENDIX "I"

DEPARTMENT OF HEALTH
PUBLIC HEALTH SUB-COMMISSION
(Palermo Detachment)
APC 774

Public Health Sub-Commission

100/11/1/1/1

5 February 1944

SUBJECT: - Inspection of Region II Water Analysis & Records.

TO: - Director, Public Health Sub-Commission
(Vice Chief, Public Health Sub-Section)

Between the dates of 15 January 1944 and 27 January 1944, inspections were made of the provincial laboratories of Palermo, Catania, Caltanissetta, Ragusa, and Siracusa for purposes of obtaining information on the number of water analyses performed, the methods and procedures of analyses, whether or not there was a regular sampling schedule, the kind of equipment used, and finally what particular items of equipment or materials are needed to carry on the regular routine work, as regards only the bacteriological analysis of water.

Without exception, none of the laboratories have ever had a regular water sampling schedule for all the supplies in the province. Certain one of the laboratories, however, does take periodic tests on the supply serving only the provincial capital. In general the only samples that are submitted for analysis are those that are specifically requested by the local provincials and then only when the water supply is being responsible for some source of trouble. As a result, the few analyses that have been made are not sufficient to provide a dependable report on which to judge the potability of the supplies. Lack of adequate transportation, not only for the present but in the past was given as the reason for this deficiency.

In addition to the infrequency of water analyses, another very serious deficiency with regard to the laboratories is that of the great variety of procedures and methods of analyses. There is no pretense at standardization and in some cases the results obtained are of little or no value at all. Therefore, if this type of service is ever to be of any value whatsoever, standardization must be made and certain techniques must be changed as soon as is practical.

Laboratory equipment and materials, such as incubators, sterilizers, autoclaves, pipettes, petric dishes, fermentation tubes, bacteria media etc. are, for the most part, very good but not adequate to perform a large scale sampling program. In some cases there is no heat available to operate the sterilizers etc., while in other cases the laboratory is equipped with only a very small amount of equipment, etc.

The matter of reporting results of analyses are, of necessity, as inconsistent as are the methods and procedures of conducting the analyses. In other words, any analysis made is that of a gesture rather than with an aid for follow-up work or for indicating corrective measures. There is no attempt made in the routine analyses to determine the amount of contamination by taking smaller portions, such as 0.1, 1.0, 10, 50, or 100 cc portions.

APPENDIX "I" - Sheet 2

AGC/30/1/41 - "Inspection of Region II Water Analyses & Records." - Continued.
5 February 1944

As indicated in the Supplement to this report some of the laboratories take 30 or 40 cc portions only, while others take 50 or 100 cc portions or only 10 cc portions. Finally, the report is made with simply a comment that the water is either potable or non-potable. If the sample is declared non-potable there is no follow up procedure by engineers or inspectors to determine the cause of the contamination, and no complete data on the results of analyses for each supply. Each sample on a supply is judged by itself, with no reference to past analyses. This fault is due in part to the small number of samples submitted.

In checking through the Journal in which all analyses are recorded, water, urine, blood etc., - a high percentage of the water was found contaminated. With such an indication there can be no doubt that certain supplies are undoubtedly responsible for some of the typhoid fever cases reported from these communities. Whether the contamination came from the source of supply directly or if it came as a result of back siphonage when the supply was turned off during the day of sampling, is not known. It is presumed, however, that the greater part of the contamination has resulted from this latter procedure. Such information can only be obtained by instituting a sampling schedule in which samples will be taken from both the main aqueduct at the distribution reservoir and from points in the distribution system. Sample collections must be periodical, covering every season of the year.

AGC/30/1/36

LEONARD H. IRADON
Captain SN. C.
Sanitary Engineer

APPENDIX "J"

Information Concerning the Provincial Laboratories
and the Bacteriological Examination of Water in
Region II

General
At the date of inspection (13 January 1944) only one sample of water had been submitted for bacteriological analysis this year and this one as collected by Capt. J. A. Anderson, Regional Sanitary Officer. During the year 1941 only one sample of water was analyzed from 1 January to 1 September. The records for the remaining part of that year or for 1942 were not examined. Samples from the other countries are never submitted.

Coliform examinations follow, in general, the same procedures as are outlined by the Standard Methods of the American Public Health Association. However, Hesi solution is used instead of Lactose broth and a Trigalski agar is used instead of Bacto or M.F.C. agar.

Inoculations are generally made into 30 or 40 cc fermentation tubes. As 1 c.c. examinations are not made, - the small amount of water examined is 10 c.c.

The water for the city of Tawara is generally supplied to B. coli which is probably due to the practice of turning off the supply part of each day. The source of water for Tawara is from the Aquedotto Pugliese which also supplies, among others, the cities of Puglia, Fasano, Bari, Villa Castelli, Taranto, Brindisi, and Lecce.

General
The number of bacteriological water analyses made in 1943 was 70 while in 1942 only 4, were made. Practically all these analyses were for domestic supply. Samples are collected only rarely from the smaller domestic supplies, and then only when trouble is suspected.

Coliform examinations are made in Hesi solution to which has been added a blue Victoria indicator, followed by partial confirmation in Bacto Agar and final confirmation with gram stain. The blue Victoria indicator changes color at pH 6.8. The number of fermentation tubes inoculated and the quantity of water placed in the tubes are given as follows:

10 tubes inoculated with 10 c.c. water
5 " " " " 10 c.c. "
2 " " " " 10 c.c. "

The number of samples which can be analyzed is limited by the number of fermentation tubes on hand but more particularly by the extremely small stock of sample bottles. The laboratory has only 15 sample bottles. In addition, the laboratory is completely out of bottled illuminating gas and are very short of the quantities of alcohol, petroleum and peptone. Of the latter item there is sufficient quantity to last six months.

Methods
The procedure for the inoculation of the fermentation tubes for the coliform determination is as follows: place 100 c.c. of water in an ordinary flask followed by 10 c.c. of their so-called Hesi solution number one, then 5 c.c. of Hesi solution number two, then 5 c.c. of Bacterio Statico, and finally 5 c.c. of Fucsin. This mixture of water and broth media is then measured out and placed in gas tubes. The ten tubes each containing 10 c.c. placed in a 37 degree C. incubator for only 24 hrs. If gas is produced the sample is deemed to be positive for B. coli, - on a percentage basis. There is no further confirmation made.

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APPENDIX "J"
Sheet #2Information Concerning the Provincial Laboratories
and the Bacteriological Examination of Water in
Region II

- - Continued - -

Plate counts are also made on both Gelatine and Agar. Portions of 10 c.c., 1 c.c. and 1/10 c.c. are used. The gelatine plates are incubated for 24 to 48 hours at a temperature of 20 to 25 degrees C. while the Agar plates are placed in another incubator for a temperature of 25 degrees C.

WATER

Since 1951 only 245 bacteriological water analyses have been made and these have been taken, for the most part, from the Cotacachi "leg supply". Any analysis that is done either for Cotacachi or for the other smaller cities and towns is done only at the request of the medical professionals.

Because the laboratory does not have any regular sample collection bottles (if sample is collected, therefore, are in exsiccator flasks with cotton stoppers).

For the gelatine fermentation test solution is used in the fermentation tubes. If gas is produced there is no further confirmation.

Because the laboratory has only about 20 - 25 c.c. fermentation tubes the number of analyses that can be done is extremely limited. In fact, only two samples can be run at one time because for each sample ten tubes are inoculated.

WATER

Not including the analyses done on the Cotacachi supply there have been only 24 analyses since 1951 from the supplies for the smaller cities and towns in the Province. The materials and the procedures used in this laboratory for culture examinations is more nearly like those set forth in the Standard Methods of Water Analysis of American Public Health Association. However, the quantities used and the laboratory techniques are not standard procedures. In this case, 100 c.c. tubes and six 10 c.c. tubes are inoculated after mixing in an original flask. The 100 or the 30 c.c. portions does not mean that quantity of water used. It simply means that that quantity of water and broth is placed in the tubes.

The laboratory is extremely short of both tubes and Agar.

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO - 394
Public Health Sub-Commission.

APPENDIX *6*

SUBJECT:- Medical Supplies Sub-Section - January Report.

TO :- Brigadier G.S. Parkinson.

1. During the month adequate supplies have been received from US Army sources which included a large quantity of insecticide powder for anti-typhus work by the Typhus Commission. Approximately 425 tons of medical supplies have been received in Italy and Sicily during the last month.

2. The work of this section has been considerably handicapped by lack of personnel trained in supply work. This officer made a special trip to AFHQ in an effort to obtain officer and enlisted personnel required to carry on medical supply activities in this area. Although MGS, AFHQ, and Medical Section, NATOUSA, concurred in the request for additional personnel, and in spite of evident need, G-1, AFHQ, refused to allow additional personnel, due to the over-strength position of the 2675 Regiment.

3. Authority was granted this Sub-Commission to operate A Central Medical Depot in Naples, prior to the amalgamation of ACC, AMG and AMG 15 Army Group, in order that centralized control might be effected. Here again lack of personnel has interfered with a satisfactory operation of the Depot, which has been able to operate only by taking all enlisted personnel assigned to this Section, and putting them on duty at the Depot.

4. Repairs to the roof of the depot were completed during the month, so that there is now a dry place in which to keep medical stores. Repair to the building has been extremely slow, and unsatisfactory. At the close of the month, electricity, water and sewage were not repaired and available. The doors have not been repaired so that this depot can be locked, necessitating the use of Civil police guards day and night.

5. Inventory of the stock in the Central Medical Depot was completed with the aid of personnel loaned from the Finance Sub-Commission. The Finance Sub-Commission also loaned one Master Sergeant to go over the accounts of the depot, and bring these back accounts of the depot, when operated by Region III up to date, so that this section would have a clean starting point for accounting records.

6. This Section has been unable to comply with a request from MGS, AFHQ, that all requisitions for medical and sanitary supplies would be put in on an item by item basis rather than on the CAD Unit basis, due to lack of personnel, and at this time inadequate records of usage from several regions. It is estimated that it will be for the July requisitions that this Section might be able to place item by item requisition. The gathering of statistical information from the Regions on the rate of use of drugs and the actual requirements for a long range requirements program is extremely difficult due to the limited Public Health personnel in the field, and the slowness of communication. Lack of transport is also a material factor.

7. With the separation of the Public Health Sub-Commission between Salerno and Naples, the Supply Section and Clothing Committee were left with but one clerk to act as chief clerk of the Naples office, file clerk, typist and messenger. Request has been submitted for the required additional personnel to operate this central office at Naples.

APPENDIX K Sheet 2. 3

Medical Supplies Sub-Section - January Report (Continued).

8. Captain Doerr made a trip through Region II and the King's Provinces in an effort to determine the status of medical supply, and to confer with ACC and AMG Public Health personnel on the supply problems. In all the provinces visited, Potenza, Bari, Brindisi, Lecce and Taranto, the situation was about the same, in that there was shortage of supplies, and not adequate transport. During the last of the month, supplies were delivered to Bari and Taranto, and the situation in Bari, Brindisi and Lecce has been relieved by the distribution of some 25 tons of supplies under the direction of Captain Doerr at Brindisi. Rail transport is improving, but it is still necessary to have all shipments closely guarded to prevent theft.

9. A new Price List of Imported Medical Supplies was started as a result of a ruling that all Medical Supplies would be sold to the first Italian agency at the USA cost price plus 20% to cover the transportation and warehousing costs. This Section is adding 30% to most items, and it is expected to have this work completed and published before the end of the first week in February.

10. Due to the reorganization of ACC/AMG, 15 Army Group AMG, it has been found advisable to re-write existing Administrative Instructions referable Medical Supply procedures, and this has been started with the cooperation of the Finance Sub-Commission. It is believed that this revision will considerably clarify the field procedures and have all instructions in one document.

11. It cannot be too strongly reported that the lack of sufficient trained personnel has seriously handicapped the successful operation of the medical supply system.

(Signed) M.E. GRIFFIN.
Colonel, Med. Corps.,
Supply Officer.

APPENDIX ^L₁₂

HEADQUARTERS
LIED CONTROL COMMISSION
(Salerno Detachment)
APO - 394.
Public Health Sub-Commission

SUBJECT: Sub-Section of Public Welfare - January Report.

3rd February 1944.

TO : Brigadier G.S. Parkinson, D.S.O.

1. During the month of January the Sub-Section on Welfare lost 4 officers; Major Witte, Director of the Sub-Section, Captain Bevier, Lt. Roessing and Lt. Vlcek by transfers to other theatres and one officer, Major Goldsmith, was attached to Col. Spofford's Office to direct the warehousing, transportation and allocation of American Red Cross clothing. At the same time 3 Welfare Officers in Region I, Major Drake, Regional Director of Welfare, Capt. Strash and Capt. Wills were also transferred to other theatres.

2. On 13th January 1944, Captain Earnest was appointed Director of the Sub-Commission on Welfare to succeed Major Witte. The number and assignment of Welfare Officers on 31 January 1944 was therefore: at Sub-Commission HQ - 3 Welfare Officers Capt. Earnest, Director, Capt. Silveira, Statistician, research and budgets, and Capt. Wilcox who is still at Tizi Ouzou. One Welfare Officer in Region I, Capt. Savin, one in Region II, Capt. Carver, one in Region III, Capt. Kirk and four in Region IV, Major Kenny, Major Birt, Lt. Brown and Lt. Solenberger. One of these Region IV Welfare Officers should be transferred to the Home planning group and as rapidly as possible additional trained welfare personnel should be made available for work in Regions II and III and at Sub-Commission HQ.

3. As Regions III and IV became a responsibility of this Headquarters only in the closing days of January no information is presently available on the work done in those Regions. Region III was, however, assisted by this Sub-Commission as Lt. Vlcek was loaned to this Region to assist in the re-establishing regional child welfare programs and also as Lt. Roessing was loaned to this Region for part of the month to act as welfare officer in two provinces in the Region.

4. Region I Welfare Dept. continued its program of directing and supervising and where they had not been already established, of establishing Italian provincial welfare departments. These did not exist in the Fascist Italian Governmental structure, as party organization largely dominated the welfare field, and preliminary plans were made for the establishment of a Regional Italian Welfare Dept., to coordinate the Provincial Italian Welfare Departments. Arrangements were completed in conjunction with the Allied Red Cross for the distribution of Red Cross clothing through local committees upon its arrival in Sicily.

5. Region II - The work in this Region has been much retarded by the distances to be covered, the difficulties of communications and the fact that Region II has never had more than two welfare officers and for some months only one officer, Captain Carver, has been on duty in the Region. Capt. Carver has had to devote most of his time to meeting emergency situations relating to children's matters, institutions of all kinds, requests for financial assistance by communes and provinces and in working with the Red Cross in establishing distribution committees and distribution facilities for Red Cross clothing. It has been impossible for him to devote much time to the program of developing Italian Provincial Welfare Departments who can and must eventually shoulder the burdens in the Region. Certainly, in the coming months attention and assistance in this problem must be given to Captain Carver.

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Welfare Sub-Section Report for January (Continued).

6. At Headquarters much work was done in clarifying the areas of responsibility to the Italian Government and people, between the Sub-Commission of Public Health and those of Labour (notably in the fields of social insurances), Interior, Food and Displaced persons and Refugees. It is hoped during the month of February to continue this work of clarification and to reduce to memorandum form, an outline of these responsibilities on specific subjects for the use of this Headquarters and the Regional staffs.

7. A start was also made on the collection of statistics and information concerning the welfare and relief programs now in operation in the Regions and plans are being made for a proposal to be submitted to the Italian Government for the establishment of an Italian Welfare Department in one of the existing Italian Ministries with the hope that with the establishment of such a department, much of the administrative burden of welfare work, now carried on by Allied Officers, can be assumed by the Italian Government and at the same time a closer control can be kept by ACC of the work being done and of the expenditure of AMFA funds.

(Signed) JOEL G. EARNEST,
Captain, A.C.,
Director, Welfare Sub-Section.

JGE/ja.

