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

ACC

10000/109/658
(VOL. II)

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10000/109/658
(VOL. II)

MONTHLY REPORTS, PUBLIC HEALTH SUB/COMM
SEPT. 1944 – APR. 1945

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

218

CSO

PHSC report for 8 Dec is 211 - 217.
an excellent report with a useful summary
on reverse of 215.

22 Jan 45

Ex.C 230.

Please see P.H.S.C report for January at Folio 229. Passages of Interest have been marked & a Summary can be found at folio 227 - Page 6. This is a good report.
I agree

Ex C
27.2.45

C.S.O. 242

Monthly Report for February of P.H. Sc is at 241. Passages of Interest have been marked.

24/3.

C.S.O. 2014

255.

Ex.C

230.

Please see P.H.S.C report for January at folio 229. Passages of interest have been marked & a summary can be found at folio 227 - Page 6. This is a good report.

I agree

MS/4/3

Ex.C
27.2.45

C.S.O.

242

Monthly Report for February of P.H. S/c is at 241. Passages of interest have been marked.

24/3.

fA. 24/3 fls.

Sr. 24/3.

2014

C.S.O.

253.

Please see Public Health Report for March at 254. Passages of interest have been marked & a summary can be found at folio 252. As usual this is a good report.

24/4/45.

Sr 4/4

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186

CSO

This PH report for Sep is very good indeed.
I draw attention particularly to the following:-

Pages 6+7 a summary
Para 3A Typhoid at Beseverto
" 3F Tuberculosis figures
" 3G Infant mortality.
Folio 181 paras 2c (1)+(2)

18/10

198.

C.S.C.

Pl. see Public Health Odoba report at folios 187-197.

Summary given on page 4 may be useful to you/Dist. work ready, but paras. of interest are marked on paper 1-3

LLNR
18/11

210

CoS

The PHSC report for Nov is well written & well reasoned as usual, & with Finance SC is probably the best in AC.
In addition to paras I have marked see also summary on folios 207 & its reverse.

Folio 181 paras 2c (1) + (2)

18/10 195.

C.S.O.

Pl. see Public Health Odoba report at folios 187-197.

Summary given on page 4 may be all right / you wish to read, but paras. of interest are marked on paper 1-3

LLNR 18/11

210

CoS

The PHSC report for Nov is well written + well reasoned as usual, + with Finance SC is probably the best in AC.
In addition to paras I have marked see also summary on folio 207 + its reverse.

5 Jan 45

~~Spoke to Young~~ Seen by. SJG 6/1

This is too late.

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(25)

(6)

HEADQUARTERS ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

3403

AF/3016/PH

PH/GWE/ja
10 April 1945

17 APR 1945
E C Dist - 17 APR

1 - FILE
3 - PRB
1 - STATE

SUBJECT: - Public Health Sub-Commission,
Report for Month of March 1945.

TO : - CA Section.

VC : - Executive Commissioner.

1. POLITICAL.

(a) By April 1st a considerable change will have taken place in the distribution of officers of this Sub-Commission in liberated Italy. In accordance with the policy of handing over to the Italian Government as much authority and control as practicable in Italian Government territory, the one Medical Officer remaining in Sicily will be withdrawn and the staff of Lazio-Umbria and Abruzzi-Marche Regions will relinquish control over Lazio and Abruzzi areas respectively. A new Region comprising Umbria and Marche areas will come into being, in which there will be only three officers of this Sub-Commission.

(b) Naples Commune which remains as AMG Territory will, for the time being, retain two Medical Officers and one Sanitary Corps Officer, but the time may soon come when this staff will be reduced.

(c) As was stated in this Sub-Commission's report for November 1944, no public health representative has been in Sardinia since that date and this has never been the cause of any anxiety. All health matters in Sardinia have been adequately dealt with in routine fashion by the Italian authorities and it can be confidently anticipated that a similar measure of control will now obtain in Sicily and those other areas from which Allied Public Health Officers have been withdrawn. This step is welcomed as the Italian authorities must, sooner or later, resume control over their own affairs, and it is felt that the sooner this can be done the better, both for the Italian public health authorities and also for this Sub-Commission which has constantly to consider its numerous commitments in other spheres. It must be emphasised, however, that in the realm of venereal disease control and small-pox control the Italian authorities have experienced considerable difficulty and that in a number of cases the assistance of the military authorities has had to be invoked. It may well be that further assistance will be required in the future. The aid rendered by the military authorities is most gratefully acknowledged, for without such aid both the Italian and AC public health forces would have been unable to achieve the desired aims.

(d) The Headquarters of this Sub-Commission will remain in its present location and will continue to work in the closest possible liaison with the Italian Government and keep a careful watch on all health problems in Italian Government Territory.

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the lowest minimum.

4. PUBLIC HEALTH.

(a) No cases of Typhus were recorded during the month of March. The Typhus Demonstration visit to Sardinia has completed three demonstrations throughout the whole of AMG and AC Territory. The Typhus Control Unit in Naples has closed with effect from the 1st of April and the Italian Government has been informed that apart from a report to demonstrate the responsibility for typhus control in liberated Italy rests with the Italian authorities.

(b) Ten cases of Small-pox have been reported from Frosinone Province, three from Rome and one from Caserta. Benevento town has had only two cases and Benevento Province three during the month. The Salerno figures have risen to nine, while Naples City has reported one hundred forty-nine and Naples Province one hundred fifteen cases.

From the time of the onset of Small-pox in Southern Region until 28th February the following numbers of vaccinations have taken place:

Naples Province	2,228,671
Naples Commune	292,234
Benevento Province	99,311
Avellino Province	150,154
Salerno Province	90,000

(c) Work on the Tiber Delta Anti-Malaria project is now more than half completed. The Malaria Control Unit has worked out a provisional formula for use in estimating the amount of DDT required to treat any given area. It is feared that the 100 tons of this stock, the arrival of which was anticipated in April, will not be delivered until May. If this is so, it may be necessary to ask the Military authorities for a temporary loan.

(d) The Acute Typhoid epidemic may now be considered finished.

(e) The production of liquid chlorine has begun in Rome and it is hoped that sufficient will be produced to sterilize all water supplies which require sterilization.

(f) The high incidence of Venereal Disease in Rome is causing anxiety. As the result of a meeting held between C, A.C. and Italian Government officials, representations have been made to the Italian Government to intensify the campaign against clandestine prostitution and to improve the diagnosis and treatment of infected women.

(g) The Rome Infant Mortality figure for February was 111.5 as compared with 110.2 in January.

(h) The Rome Tuberculosis figure (both pulmonary and non-pulmonary) in February was 190. The January figure was 257.

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APPENDIX "A"

HEADQUARTERS ALLIED COMMISSION
APO 394
Civil Affairs Section.

AC/30440/PH

29 March 1945.

SUBJECT: - Typhus Control.

TO : - Ministry of Interior, Italian Government,
Rome - Attention H.E. Soliemna.

1. As you have already been informed, the Typhus Control Unit at Naples is being closed down with effect from 1 April 1945. This step has been taken in view of the approach of spring, together with the small incidence of Typhus cases throughout the whole of last winter.

2. During the winter, lectures and demonstrations in methods of Typhus Control were given to representatives of all provinces in liberated Italy as well as to those in the forward areas and every province has been supplied with 10 pounds of DDT and dust-guns to take action should any case of Typhus occur.

3. It must be clearly understood that in Italian Government Territory the control of Typhus, as of all other diseases, is the responsibility of the Italian Medical authorities and that only in the event of a major outbreak of Typhus will AC render assistance.

4. Supplies of DDT will be available at Naples, Rome and Florence. Should any Medico Provinciale in Italian Government Territory require additional stocks of DDT for Typhus control purposes he should immediately telephone the Ministry and the Ministry should pass his request to the Public Health Sub-Commission, AC. For provinces in Southern Italy, Sicily an Sardinia, Public Health Sub-Commission will authorize release of DDT from the Central Civilian Medical Depot, Naples. For provinces in Central Liberated Italy, release will be authorized from Rome.

5. For provinces in AMG Territory and Army areas, while AMG are responsible the actual work of control will be in the hands of the Italian Medical staff and the Medico Provinciale should make application for DDT to the Regional Public Health Officer or Senior Public Health Officer respectively, who will authorize issue from the Florence Depot. The Medici Provinciali will organise their control methods under the supervision of the Regional Public Health Officer or Senior Public Health Officer.

6. The release of DDT will be made without payment and will be debited by the Depots concerned to the AC Typhus Control Unit. It must be understood that requests for DDT should only be made to replenish stocks used in the control of cases of Typhus and for no other

1. As you have already been informed, the Typhus Control Unit at Naples is being closed down with effect from 1 April 1945. This step has been taken in view of the approach of spring, together with the small incidence of Typhus cases throughout the whole of last winter.

2. During the winter, lectures and demonstrations in methods of Typhus Control were given to representatives of all provinces in Liberated Italy as well as to those in the forward areas and every province has been supplied with 10 pounds of DDT and dust-guns to take action should any case of Typhus occur.

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5. For provinces in AMG Territory and Army areas, while AMG are responsible the actual work of control will be in the hands of the Italian Medical staff and the Medico Provinciale should make application for DDT to the Regional Public Health Officer or Senior Public Health Officer respectively, who will authorise issue from the Florence Depot. The Medici Provinciali will organise their control methods under the supervision of the Regional Public Health Officer or Senior Public Health Officer.

6. The release of DDT will be made without payment and will be debited by the Depots concerned to the AC Typhus Control Unit. It must be understood that requests for DDT should only be made to replenish stocks used in the control of cases of Typhus and for no other purpose.

7. In the event of a major outbreak of Typhus in Italian Government Territory in which the Government require assistance from AC (beyond the supply of DDT) requests for assistance will be made by the Government to Public Health Sub-Commission of AC.

8. It would be appreciated if you would be good enough to issue instructions to all your Medici Provinciali in Italian Government Territory in accordance with the terms of this letter.

For the Chief Commissioner

G.R. UPJOHN, Brigadier,
VP, CA Section.

Copies to: See Over.

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Copy to:- DMS AFHQ
DDMS No 1 District
" No 2 District
" No 3 District
Surgeon PBS
Surgeon RAAC
DADMS MMIA Allied Commission
HQ RN Naples
MO COM 8th Fleet APO 728
HQ NAAF - CBF
HQ 15th AAF APO 520
SCAO AMG 8 Army Att: SFHO
SCAO AMG 5 Army Att: SFHO
RC Sicilia Region Att: RFHO
" Southern Region " "
" Umbria-Marche Region Att: RFHO
" Toscana Region Att: RFHO
" Emilia " " "
" Liguria " " "
" Piemonte " " "
" Lombardia " " "
" Venezia " " "
Provincial Commissioner, AMG Naples Att: PFHO

AC Liaison Officer - Bari
" " " Catania
" " " Palermo
" " " Cagliari
OC CCHD APO 512
OC BCHD c/o AMG Florence
UNRRA (Italian Mission, Rome)
Dr Markham, HQ AC.

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1. Work on the Tiber Dist. project which began on February 27th is now more than half completed. When the program was being planned it was realized that adequate research for evaluating the effect of DDT concentrations applied and tried out was one of the secondary objectives of the undertaking should be the development of methods for estimating the needs in this type of control work. [illegible] and data sheet records have been kept of the number of urban and rural buildings treated and the number of rooms and inhabitants in those buildings. While requirements are theoretically determined by the arbitrarily selected concentration to be applied per unit area and the total surface area to be treated, an factor is largely unknown and must [illegible]; save in exceptional instances.

2. For the Tiber Delta project it was decided to apply 200 mg. of DDT concentrate per square foot and to employ a 0.5 per cent solution, by weight, in kerosene. By using this and giving heavy treatment [illegible] began it was noted that hibernating adults would be killed and that a single treatment would suffice for the entire season. At the end of the first month's work, which has been mostly rural districts where a great variety of dwellings [illegible] have been treated, the following figures are of interest:

	Rural			Urban
	Colle	Ostia	Fiumicino	Colle village
No. liters used	4990	6938	5042	2460
No. rooms treated	2011	4242	3503	2081
No. inhabitants	1413	2353	2278	1599
No. liters per person	3.6	2.97	2.56	1.2
Grams of DDT per person	718.0	593.0	466.4	79.2
Grams of DDT per room	1[illegible].0	107.0	107.0	87.45
No. persons per room	.547	.554	.611	.64

3. Each of the three rural districts was done by a different spray crew and each presents slightly different conditions. The village of Colle is unique in that it contains 226 [illegible] dwellings all built on the same plan. Each house had approximately 270 square meters of treated surface. To apply 200 mg per square meter [illegible] 0.5 per cent solution was required. The average amount applied for the 226 houses was actually 39.2 cc per square meter. Comparable information for the rural work is not available but when all of the rural work is completed, the amount of material used per room or per inhabitant [illegible] probably somewhat [illegible] than for Colle.

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HEADQUARTERS ALLIED COMMISSION
APO 394
PUBLIC HEALTH SUB-COMMISSION

Appendix "C"

AC/3006/13/PH

31 March 1945

SUBJECT: - Report of Veterinary Activities, 1 to 31 March 1945.

TO : - Director, Public Health Sub-Commission, HQ, A.C.

1. Total production of small-pox vaccine by Italian Veterinarians now amounts to more than 8 million doses. The Veterinary Laboratory in Palermo has produced more than 3 million and the Veterinary Division, Institute of Public Health, Rome more than 5 million doses.

2. Activities of this Branch during the month most closely related to health have been as follows:

a. Brucella abortus vaccine (strain n.19) is being produced in Rome and administered to the dairy calves of herds adjacent to Rome.

b. Brucellin was requested by and sent to Foggia province where cases of undulant fever presumably of ovine origin have occurred.

c. A few isolated cases of anthrax in bovines were reported in Terni province.

3. The control of swine cholera is being reasonably well effected through the continued immunization of swine with crystal violet vaccine and anti-serum. 25000 swine in Siena province have been vaccinated with locally produced crystal violet swine cholera vaccine. The larger veterinary laboratory near Rome has produced 15,000 doses of this vaccine. In Naples this product is in the process of production. There is now little probability that supplies of crystal violet vaccine will need to be requisitioned for use in Italy during the year. It is now, unless anti-serum producing plants in Northern Italy are found to be in working condition an additional supply of this biologic will of necessity be requisitioned.

4. Vaccine for foot-and-mouth disease has been produced in quantities as great as the available supply of virus tissue would permit. With the disease now in the provinces of Lucca, Siena, Pistoia, Florence as well as in Sardegna and all provinces South of and including Rome and Caserta, requests for vaccine have been far greater in amount than the rate of production could afford. Arrangements having been made for the immediate shipment of slaughter cattle to Rome from Foggia and of virus tissue from Siena, production will be greatly increased during April.

5. [illegible] information sent to regarding the manufacture and use of [illegible] distribution to agricul-

1. Total production of small-pox vaccine by Italian Veterinarians now amounts to more than 8 million doses. The Veterinary Laboratory in Palermo has produced more than 3 million and the Veterinary Division, Institute of Public Health, Rome more than 5 million doses.

2. Activities of this Branch during the month most closely related to health have been as follows:

a. Brucella abortus vaccine (strain n.19) is being produced in Rome and administered to the dairy calves of herds adjacent to Rome.

b. Brucellin was requested by and sent to Pistoia province where cases of undulant fever presumably from ovine origin have occurred.

c. A few isolated cases of anthrax in bovines were reported in Teramo province.

3. The control of swine cholera is being reasonably well effected through the continued immunization of swine with crystal violet vaccine and anti-serum. 25000 swine in Siena province have been vaccinated with locally produced crystal violet swine cholera vaccine. The larger veterinary laboratory near Rome has produced 14,000 doses of this vaccine. In Naples this product is in the process of production. There is now little probability that supplies of crystal violet vaccine will need to be requisitioned for use in Italy during this year. However, unless anti-serum producing plants in Northern Italy are found to be in working condition an additional supply of this biologic will of necessity be requisitioned.

4. Vaccine for foot-and-mouth disease has been produced in quantities as great as the available supply of virus tissue would permit. With the decrease now in the provinces of Bari, Siena, Pistoia, Florence as well as in Sardegna and all provinces South of and including Rome and Campobasso, requests for vaccine have been far greater in amount than the rate of production could effect. Arrangements having been made for the immediate shipment of slaughter cattle to Rome from Grosseto and of virus tissue from Siena, production will be greatly increased during April.

5. 10,000 instruction leaflets regarding the manufacture and use of lime-sulphur dip for sheep scabies are now ready for distribution to agriculture officials and farmers. Arrangements for the allocation of sulphur to each province for use in sheep dip are now being made through the Agriculture Sub-Commission.

6. The first of a series of demonstrations showing bovine artificial insemination is planned in Rome province for 5 April. Requisitioned bovine artificial insemination equipment has arrived for sale and distribution to Italian Veterinarians.

7. There has been no reports of sheep pox extending to new areas indicating that spread of the disease has been at least temporarily checked. 5 additional suspected cases of Equine Encephalomyelitis have occurred.

ROWLAND A. RASMUSSEN
Lt. Colonel Vet. Corps
Chief, Veterinary Branch.

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HEADQUARTERS APO 512
2065th CENTRAL CIVILIAN MEDICAL DEPOT (CVMD)
APO 512 U S ARMY

COMD/C/MS

1 March 1945

SUBJECT: Accounting for Medical Supplies
Entering Mediterranean Theatre of Operations.

TO : See Distribution.

I GENERAL

1. Pursuant to authority conferred upon the Chief Accountant, AC, by G-5 AFHQ, the following instructions prepared by the Chief Accountant, AC, are issued in relation to the accounting for civilian medical supplies shipped into or purchased in Italy for distribution in the Mediterranean Theatre of Operations (MTO).

II CENTRAL CONTROL OF MEDICAL SUPPLIES BY AFHQ

1. Control of all medical supplies entering MTO has been taken over by Allied Force Headquarters as of 1 January 1945. AFHQ has assumed responsibility for the receipt, storage, and issue of medical supplies to Italy and Balkan Countries.

2. 2065 Central Civilian Medical Depot (CVMD) (CCMD) at Naples and the branch Civilian Medical Depots (BCMD's) at Bari and Firenze, heretofore operated by the Allied Commission have been transferred to AFHQ, together with all supplies, equipment facilities, and necessary military personnel.

3. In accordance with previous arrangements an inventory as of the close of business on 31 December 1944, has been taken of all supplies on hand and in transit within Italy.

4. All medical supplies imported and/or drawn from the Allied Armies after 31 December 1944 will be accounted for by AFHQ. Medical supplies required for Italy, the Republic of San Marino and Vatican State, will be issued by CCMD and BCMD's to the Allied Commission in the manner hereinafter outlined; and AC will render an accounting thereon, reporting such supplies as received from AFHQ. Medical Supplies required for the Balkan countries will be shipped to these countries and the Military Liaison of such countries will render the accounting on their receipts to AFHQ.

III ACCOUNTING FOR MEDICAL SUPPLIES

1. The accounting record maintained at the Central Civilian Medical Depot will be based on the opening inventory of medical supplies taken over on 31 December 1944; on receiving reports for incoming imports beginning 1 January 1945; and on issue vouchers for medical supplies distributed to the countries in the Mediterranean Theatre of Operations.

2. The physical inventories taken in CCMD and BCMD's warehouses as of 31 December 1944, will be agreed upon and handled over to AFHQ by means of an issue voucher. Such inventory must include any medical supplies in transit between CCMD, BCMD's and regional warehouses. The Allied [illegible]
ending through 31 December [illegible]

Mediterranean Theatre of Operations (MTO).

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2. The physical inventories taken in CCMD and BCMD's warehouses as of 31 December 1944, will be agreed upon and handed over to AFHQ by means of an issue voucher. Such inventory must include any medical supplies in transit between CCMD, BCMD's and regional warehouses. The Allied Commission will render an accounting through 31 December 1944, as under existing regulations. Shortages in quantities due to breakages, damages, other losses, and out-of-date vaccines, sustained prior to 1 January 1945, will be reported by AC. The opening inventory of AFHQ shall therefore represent only these medical supplies determined to be on hand and in transit by actual physical inspection and count.

3. The following sources of medical supplies are anticipated:

(a) Direct imports from US.
(b) Direct imports from UK
(c) Issues from American or British Medical Company Depots to AFHQ
(d) Stocks returned by AC/AMG
(e) Captured or confiscated supplies
(f) Issues from US or UK Armies in the field
(g) Local purchases.

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(a) and (b). When imports are unloaded a warehouse receiving report will be prepared in duplicate by the Warehouse Supervisor. One copy will be sent to the administrative office (QMC, Naples; and the copy retained for use in posting the stock cards. Goods will be checked against the ships manifests and bills of lading which must be sent to the receiving warehouse by the Port Liaison officer. Receiving reports shall show the name of the vessel, date of receipt of the specific commodities, quantities billed, and the specific commodities and quantities actually received, the receiving report will also show total weight of the shipment. Cases containing a variety of goods will be opened and each item separatively checked and entered on the receiving report. Each receiving report will show source of origin of supplies.

(c) Goods received from American Army (Q Depots) & British Army Depots should be accompanied by US shipping tickets or British issue vouchers. Actual receipts should be checked against the tickets or vouchers and any discrepancies notified to the issuing depot.

(d) Medical Stocks returned by AG (MC will be a rare occurrence. In such cases however, a receiving report should be prepared and distributed as previously outlined in sub paragraphs (a) and (b). Supplies so returned to AFHQ will not be shown as an original receipt on the stock reports (since they have already been reported) but will be shown as a deduction or negative issue. (bracketed if report is typed and in red pencil or ink if handwritten).

(e) Captured or confiscated supplies will be taken on charge in the stock records and a receiving report prepared and distributed as outlined in sub paragraph (a). Care must be taken to see that this class of supplies is not confused with other sources of origin.

(f) Occasionally medical supplies will be drawn from US or UK Armies in the field. Invariably these supplies will be issued to the AMG 5th Army or AMG 8th Army. Receiving reports should be made out by the AMG 5th and AMG 8th Army. There will however be no necessity for these goods to be taken on charge in the stock records in as much as issue to AMG 5th Army and AMG 8th Army are to be regarded as free issues. (See also paragraph on issues).

( ) Locally purchased supplies fall under several categories. So far as practicable it is essential to relieve AFHQ and AC of accounting in respect to such transactions. Local medical supplies will not be stocked by QMC and QMD's. Purchases of local supplies will be made under the following circumstances:

(1) In areas where SMOTEA are operating all required Italian produced medical supplies will be purchased from the supplier direct by SMOTEA.

(2) In forward areas where the AMG 5th Army and AMG 8th Army are operating, the Public Health Officer for the areas will have authority to purchase local medical supplies not imported by PMMU (e.g. bacteriological supplies). Payment will be made to the Italian supplier by the AMG Finance Officer upon production by the supplier of a Payment Voucher Form F/F-3 prepared by the Public Health Officer. The voucher must be accompanied by an invoice verified by PMMU. The voucher should also contain a statement that the supplies are being "purchased for free issue in Forward Areas". It is not necessary to take the receipt and disposition of such supplies into the stock records.

(3) In areas where SMOTEA are operating, and it is found necessary to

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(d) Medical Stocks returned by AC AMG will be a free issue. In such cases however, a receiving report should be prepared and distributed as previously outlined in sub paragraphs (a) and (b). Supplies so returned to AFHQ will not be shown as an original receipt on the stock reports (since they have already been reported) but will be shown as a deduction or negative issue (bracketed if report is typed and in red pencil or ink if handwritten).

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(f) Occasionally medical supplies will be drawn from US or UK Armies in the field. Invariably these supplies will be issued to the AMG 5th Army or AMG 8th Army. Receiving reports should be made out by the AMG 5th and AMG 8th Army. There will however be no necessity for these goods to be taken on charge in the stock records in as much as issue to AMG 5th Army and AMG 8th Army are to be regarded as Free Issues. (See also paragraph on issues).

( ) Locally purchased supplies fall under several categories. So far as practicable it is essential to relieve AFHQ and AC of accounting in respect to such transactions. Local medical supplies will not be stocked by CCTO and MCWD's. Purchases of local supplies will be made under the following circumstances:

(1) In areas where ENDIMEA are operating all required Italian produced medical supplies will be purchased from the supplier direct by ENDIMEA.

(2) In forward areas where the AMG 5th Army and AMG 8th Army are operating, the Public Health Officer for the areas will have authority to purchase local medical supplies not imported by AFHQ (e.g. bacteriological supplies). Payment will be made to the Italian supplier by the AMG Finance Officer upon production by the supplier of a Payment Voucher Form F/P-3 prepared by the Public Health Officer. The voucher must be accompanied by an invoice verified by PHO. The voucher should also contain a statement that the supplies are being "purchased for Free Issue in Forward Areas". It is not necessary to take the receipt and disposition of such supplies into the stock records.

(3) In areas where ENDIMEA are operating, and it is found necessary to purchase local supplies for issue to displaced persons or refugees, both of which are treated as "free issues", a procedure similar to that in the preceding paragraph will be adopted. The payment voucher, also prepared by PHO, should show "Free Issues to Displaced Persons or Refugees".

(4) Italian produced Medical Supplies purchased for shipment to Balkan countries shall be procured by AC on behalf of AFHQ. Certified invoices for such purchases will be sent to Foreign Trade Section Commerce Sub-Commission AC who will arrange payment. Accordingly these items will not come into the stock records of AFHQ.

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IV ACCOUNTING FOR MEDICAL SUPPLIES ISSUED IN ITALY

1. Medical supplies issued by CCMD and PCMD warehouses under AFHQ control will be made to the following organizations:

A Ente Nazionale Distribuzione Medicinali degli Alleati (agent of the Italian Government).

B AMG 5th Army and AMG 8th Army.

C Displaced Persons and Repatriation Sub-Commission (for refugees, internees, etc).

D Public Health Sub-Commission (for typhus control, malaria control, experimental and similar purposes).

E Director of Health United Nations Relief and Rehabilitation (UNRRA) Italian Mission.

F Balkan countries (Albania, Greece, Yugoslavia).

(a) ENDIME:

1. Ente Nazionale Distribuzione Medicinali degli Alleati acts as the warehousing and distributing agency of the Italian Government for medical supplies furnished by the Allied Nations to the civilian populations of liberated Italy and the Republic of San Marino, except in forward areas of the AMG 5th Army and 8th Army. ENDIME is not required to make payments in lire to the Allied Commission. Charges for the value of imported medical supplies against the Italian Government, will be kept in London and Washington on the basis of shipments and reports furnished by AFHQ.

2. The Director of Sanita' Pubblica (Italian Government) will requisition required supplies through the Public Health Sub-Commission AC. The Medici Provinciali will submit requisitions once each month for medical supplies to the Director General Sanita' Publica. These requisitions will be consolidated and screened on a population basis, approved by the Italian Government, and submitted to the Public Health Sub-Commission AC. The Director Public Health Sub-Commission or his designated representative will screen and approve or revise these requisitions and forward them to CCMD or PCMD for filling and release to ENDIME.

3. The issuing warehouse, either CCMD or PCMD, will prepare an issue voucher in triplicate in the case of CCMD, and in quadruplicate in the case of the PCMD warehouse. Each branch warehouse will forward one copy of the issue voucher to the Central Civilian Medical Depot, Naples. Two copies of the issue voucher will accompany the medical supplies. The original issue voucher will be signed by the representative of ENDIME as acknowledgment of receipt of the goods, and thereupon given to the warehouse supervisor. The duplicate will be used by the agent or other consignee to account to ENDIME. The triplicate copy will be retained in the issuing warehouse for posting stock records. Each issue voucher will show source of drugs or supplies.

E Public Health Sub-Commission (for typhus control, malaria control, experimental and similar purposes).

Z Director of Health United Nations Relief and Rehabilitation (UNRRA) Italian Mission.

F Balkan countries (Albania, Greece, Yugoslavia).

(A) ENDIMEA:

1. Ente Nazionale Distribuzione Medicinali Degli Alleati acts as the warehousing and distributing agency of the Italian Government for medical supplies furnished by the Allied Nations to the civilian populations of liberated Italy and the Republic of San Marino, except in forward areas of the AMG 5th Army and 8th Army. ENDIMEA is not required to make payments in lire to the Allied Commission. Charges for the value of imported medical supplies against the Italian Government, will be kept in London and Washington on the basis of shipments and reports furnished by AFHQ.

2. The Director of Sanita' Pubblica (Italian Government) will requisition required supplies through the Public Health Sub-Commission AC. The Medici Provinciali will submit requisitions once each month for medical supplies to the Director General Sanita' Pubblica. These requisitions will be consolidated and screened on a population basis, approved by the Italian Government, and submitted to the Public Health Sub-Commission AC. The Director Public Health Sub-Commission or his designated representative will screen and approve or revise these requisitions and forward them to CCMD or RCMD for filling and release to ENDIMEA.

3. The issuing warehouse, either CCMD or RCMD, will prepare an issue voucher in triplicate in the case of CCMD, and in quadruplicate in the case of the RCMD warehouse. Each branch warehouse will forward one copy of the issue voucher to the Central Civilian Medical Depot, Naples. Two copies of the issue voucher will accompany the medical supplies. The original issue voucher will be signed by the representative of ENDIMEA as acknowledgment of receipt of the goods, and thereupon given to the warehouse supervisor. The duplicate, will be used by the agent or other consignee to account to ENDIMEA. The triplicate copy will be retained in the issuing warehouse for posting stock records. Each issue voucher will show source of origin of supplies.

4. When medical supplies are prepared for delivery to ENDIMEA, care must be exercised to show on the issue voucher the specific articles and the exact quantities. No allowances whatever will be made to the recipient for breakages or losses in transit. The signed issue voucher (original) will be transmitted with the stock movement report at the end of each month to the Chief Accountant, AC. These vouchers will constitute the supporting evidence of the charges against ENDIMEA.

5. In areas where ENDIMEA are operating, all local purchases of medical supplies will be made by that organization, and will therefore not enter into AFHQ accounts.

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(B) AMG 5th and 8th Army Areas

1. ANDIMA will not distribute medical supplies in forward area under AMG 5th and 8th Armies excepting where authorized so to do by SCAO, 5th or 8th Army. Requisitions for supplies for areas under the AMG 5th and 8th Armies will be prepared or approved by the AMG Public Health Officer. Goods as requisitioned will be assembled and dispatched by the issuing warehouse, on a transfer voucher, (Form F/PSC,) made out in triplicate by SCAO and quadruplicate by PCMO's. The original and duplicate should be forwarded with the goods. The original will be signed and returned by the AMG acknowledging receipt of the goods, the duplicate will be held by the PHO, the triplicate will be retained by the issuing warehouse for posting the stock records. In the case of branch warehouse the quadruplicate will be forwarded to the Central Civilian Medical Depot, Naples. At the end of the month the signed original transfer voucher will be forwarded with monthly report to the Chief Accountant, AC.

2. Medical supplies issued to the AMG 5th and 8th Armies will generally be treated as expended supplies. Should shortages arise on such shipments, because of loss in transit, breakage or damage, a report should be made to the issuing warehouse, but unless error occurred in the original billing no adjustment will be made in the stock records. The entire shipment will be reported as "Free Issues in Forward Areas" on the basis of the quantities dispatched from the warehouse platform.

3. In rare cases, sales of medical supplies may be made for cash in AMG 5th and 8th Army areas. When payment is received, in such cases, a Receipt Voucher (Form F/92) will be prepared by the PHO original being handed to the customer and copy lodged with the Sub-Accountant to whose account the proceeds of these sales are deposited.

(C) Displaced Persons and Repatriation Sub-Commission.

Issues to AC/A.M units such as Displaced Persons and Repatriation Sub-Commission for distribution will be treated in the same manner as para (b) (1). Except that such issues will be shown in the stock reports as "Issues to Refugees, etc"

(D) Public Health Sub-Commission:

Issues of medical supplies to the Public Health Sub-Commission for malaria control, typhus control, and similar purposes will be treated in the same manner as in para (b) (1), except that such issues will be shown as "Issues for Health protection".

(E) UNRRA.

Issues of medical supplies may also be made to Director of Health United Nations Relief and Rehabilitation Administration (UNRRA) under arrangements entered into between AC and that organization. Such issues will be treated in the same manner as para (b) (1) and will be shown in the appropriate column in the Stock Report.

(F) Italian Countries.

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2. Medical supplies issued to the AMG 5th and 6th Armies will generally be treated as expended supplies. Should shortages arise on such shipments, because of loss in transit, breakage or damage, a report should be made to the issuing warehouse, but unless error occurred in the original billing no adjustment will be made in the stock records. The entire shipment will be reported as "Free Issues in Forward Areas" on the basis of the quantities dispatched from the warehouse platform.

3. In rare cases, sales of medical supplies may be made for cash in AMG 5th and 6th Army areas. When payment is received, in such cases, a Receipt Voucher (Form F/Fl) will be prepared by the PHO original being handed to the customer and copy lodged with the Sub-Accountant to whose account the proceeds of these sales are deposited.

(C) Displaced Persons and Repatriation Sub-Commission.

Issues to AC/AS units such as Displaced Persons and Repatriation Sub-Commission for distribution will be treated in the same manner as para (b) (1). Except that such issues will be shown in the stock reports as "Issues to Refugees, etc"

(D) Public Health Sub-Commission:

Issues of medical supplies to the Public Health Sub-Commission for malaria control, typhus control, and similar purposes will be treated in the same manner as in para (b) (1), except that such issues will be shown as "Issues for Health Protection".

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Issues of medical supplies may also be made to Director of Health United Nations Relief and Rehabilitation Administration (UNRRA) under arrangements entered into between AC and that organization. Such issues will be treated in the same manner as para (b) (1) and will be shown in the appropriate column in the Stock Report.

(F) Balkan Countries:

1. Shipments to the Balkan Countries will be made upon instructions issued by AFHQ, after consultation with the MI of the particular country.

2. In the case of shipments to the Balkans, an AFHQ Shipping Ticket will be made out in triplicate by CCMD, and in quadruplicate by ECMD. The original shipping ticket will be signed for by the MI or its designated representative at the time the goods are withdrawn from the warehouse as acknowledgement of issue, the duplicate will be held by MI, and the triplicate retained by the warehouse for posting the stock records; the quadruplicate prepared only by ECMD's will be forwarded to CCMD, Naples. Each shipping ticket will show source of origin of supplies.

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If issues of medical supplies are made direct to the Vatican State it will be necessary to show such issues in a separate column on the Stock Movement Report. The procedure for making these issues will be similar to that set out in ¶ (2) above except that AC Issue Vouchers will be used instead of AFHQ Shipping Tickets.

V GENERAL RULES FOR ACCOUNTING AND REPORTING:

1. Sources of supply must never be confused. The stock records kept must enable receipts and issues from the different sources to be readily determined from the related record.

2. Losses in transit and in warehouses and losses by deterioration are bound to occur. Losses in transit to warehouse will be dealt with in the receiving reports, and extended therefrom to the statement of stock movements. When breakages or losses are found in the warehouses an issue voucher should be made out. A copy will be sent to CCMD. Losses by deterioration occur when such items as, vaccines become out of date. These losses also should be dealt with by an issue voucher which should be signed by the PHO authorizing the write-off.

3. As CCMD Naples is to become the headquarters where all records and information regarding the receipt and issue of medical supplies in MTO are to be kept, it is essential that the branch warehouse supervisors keep records of all supplies received and issued by their respective warehouses. CCMD warehouse therefore will keep:

(1) A copy of each receiving report
(2) A copy of each issue voucher
(3) Stores ledger by commodities
(4) Bin cards attached to each separate commodity in the section of the warehouse in which same is stored.

4. Each branch warehouse will be required to send at the end of each month to CCMD, Naples, copies of all receiving reports for the month, copies of all issue vouchers for the month; and a stock movement report. The monthly report should be forwarded not later than two days after the close of the month.

5. CCMD, Naples will follow exactly the same procedure for the Naples warehouse. In addition it will consolidate the stock movement reports, so as to include all movements of medical supplies in a single statement.

6. The consolidated statement should be made out in triplicate. Two copies will be forwarded to the Chief Accountant AC and one copy retained by CCMD.

7. To check the accuracy of the stock records, a complete physical inventory should be taken at least once every three months but a partial inventory should be taken each month.

8. CCMD shall send to the Chief Accountant AC every month with the consolidated stock movement report detailed schedules, priced and extended, of the total items of each class of supply in each of the following columns:

Issues to: ENDUSE:
8th Army AMG

to CCMD. Losses by deterioration occur when such items as, vaccines become out-date. These losses also should be dealt with by an issue voucher which should be signed by the PMO authorizing the write-off.

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Issues to: NMDIMSA
8th Army AMG
5th Army AMG
Displaced Persons
Typhus and Malaria Control

CCMD will send also a statement of the total lire value of the items comprised in all columns on the Receipts side and the remaining columns on the Issue side of the Stock Movement Report. Totals from different sources of original to be shown separately.

9. Local Purchases and Captured and Confiscated Supplies where these arise should be shown separately at the end of the Stock Movement Report.

(Signed) J. E. GRIFFIN,
Colonel, MC,
Commanding.

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HEADQUARTERS ALLIED COMMISSION
A.P.O. 394
Public Health Sub-Commission

APPENDIX 24

AC/3072/73/PH

7 April, 1945

SUBJECT: - Monthly Report for March 1945.
Medical Supply Officer.

TO : - Director, Public Health Sub-Commission.

1. During the month of March EMBASA has completed distribution of Allied medical supplies for the period of January and February 1945 to the following Regions: Southern, Sicily, Sardinia, Lazio-Umbria, Marche-Abruzzi and Toscana. This covers all of liberated Italy.

2. EMBASA has increased the number of their warehouses and representatives which has helped a great deal in their distribution problems. Transportation is still one of their great difficulties. Though many of their problems have been worked out they are still far from operating and functioning smoothly. Discussion still arises between EMBASA and Sanitary Publics of the Italian Government over proper management and operation of the organization.

3. This office forwarded to all RMOs the new directive published by 2665 CCRD on the Accounting for medical supplies entering Mediterranean Theatre of Operations. This new directive includes accounting of all medical supplies to EMBASA, AMG 5th and 8th Armies, Displaced Persons and Repatriation Sub-Commission and Public Health Sub-Commission as well as the Balkan countries.

4. It has now been worked out by the Finance Sub-Commission and this office that RMOs in newly activated Regions in Axis territory will be able to requisition emergency medical supplies from 2665 CCRD depots to take care of their needs until such a time that EMBASA will be able to operate within their areas.

5. There have been three meetings with Industry Sub-Commission on the production of certain pharmaceutical and biological products that can be produced in Italy in sufficient quantities to take care of civilian needs. These items will no longer need be requisitioned from the United States. Items as sulphur ointment, biologicals and alcohol are among those not being requisitioned from the States.

6. On March 22, 1945 the writer made a trip to Emilia Region and 8th Army Area for the purpose of clarifying Italian Decree on Italian drug prices as well as Allied drug prices. Also to check on requisitioning and distribution of Allied medical supplies.

7. Public Health Division, Italian Government, has submitted a [illegible]

1945 to the following Regions: Southern, Sicily, Sardinia, Lazio-Abruzzi, Marche-Abruzzi and Toscana. This covers all of liberated Italy.

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3. This office forwarded to all RMOs the new directive published by 2665 CCMD on the Accounting for medical supplies entering Mediterranean Theatre of Operations. This new directive includes accounting of all medical supplies to [redacted], AMG, SCI and all armies, Displaced Persons and Repatriation Sub-Commission and Public Health Sub-Commission as well as the Balkan countries.

4. It has now been worked out by the Finance Sub-Commission and this office that RMOs in newly activated Regions in AMG territory will be able to requisition emergency medical supplies from 2665 CCMD Depots to take care of their needs until such a time that [redacted] will be able to operate within their areas.

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7. Public Health Division, Italian Government, has submitted to this office on the 10th of March a list of medical items that represent their requirements of Italy for the period July to December 1945. This office censored the requisition as to allowance authorized for Italy by C.A.O. This requisition has been forwarded to higher HQ on the 19th of March 1945 for action.

8. Medical supplies for the period of January 1, 1945 to June 30, 1945 have not arrived, but notice has been received that they will arrive sometime in May 1945. A circular had been sent out to all RMOs instructing them to notify Medical Provincials to use supplies sparingly and economically. At the present time there are no great shortages in medical supplies for Italy except for confinement bags and X-Ray supplies.

FRANCIS W. RUSSELL,
Captain Sn.C.
Medical Supply Officer.

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salvage materials.

[illegible] these materials were made into [illegible] items where members of the needy together with the Red Cross Chapter had been committees to the institutions were converted this salvage into valuable and useful clothing for both children and adults. The welfare branch together with the needy people of Southern Italy will greatly value the splendid work of Capt. Cockrington.

Capt. George Ernst, the Naval Welfare Officer, Leghorn has also been withdrawn. On his arrival in Rome he was commended for the [illegible] welfare tasks he established among stations and housing program in the shortest time. His work was quickly and efficiently done. He established a helpful relation with the Vatican. The comparative institutional survey will be of invaluable assistance to UNRRA and I bow to the Italian Government. Similar surveys and compilations of information have been made in [illegible] and other Regions.

Mr. Scott rendered valuable service in his comprehensive report about the loss of many of the Red Cross personnel. Other [illegible] also.

This writer has already undertaken the task of cooperating in every way with the remaining [illegible] to carry on the efficient work of Captain Brown and Cochrane in the Leghorn-Naples and Southern [illegible] respectively.

March 15-March-16 were spent in Naples making plans for the closing of the Welfare Branch in the Southern Region.

2. (A) Clothing.

The chief source of supply has been the American Relief for Italy. These articles were shipped [illegible] through the A.F.S.C. The minutes of the Advisory Group concerning relief for Italy which [illegible] each Monday at 10 a.m. show in detail the amounts and the location of these distributions.

Capt. Cockrington sent to this office samples of clothing - a child's wool jacket, dresses, little boys pants, all made from salvage canvas and blankets. There were one [illegible] for children woven from [illegible] shelter halves and [illegible] rayon. This demonstrates conclusively that these [illegible] which come from our salvage dumps can be made into articles of clothing by the skill and patience of these [illegible] people with absolutely no cost to A.C.

In this category we can count on 100,000 blankets assigned to this Sub-Commission for distribution. Steps are [illegible] transportation facilities in this Command area. Supplies have [illegible] priority. The A.F.S.C. have been informed and they with their welfare officers will have [illegible] to make allocations. After [illegible] have been met the A.F.S.C. can make the remaining distribution. In the case of [illegible] the distribution should be through the Local C.C.

A [illegible] was made to inspect these blankets: to plan for labor to load new trucks without delay and proper [illegible] be arranged for with the [illegible] Government. A complete report of this trip has been submitted.

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HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3016/PH

PH/GMF/ja
12 March 1945

SUBJECT: - Public Health Sub-Commission,
Report for Month of February 1945.

MAR 16 1945

THRU : - VP, CA Section.

TO : - Chief of Staff.

1. POLITICAL:

There is little of interest in the political field to report for the month of February.

2. PLANNING:

A considerable amount of work has been done during the month in planning for the Northwest. Conferences have been held both with the Military and Regional Medical staffs concerned in order that there may be smooth and efficient cooperation between the Army and AMG and that each will understand and recognize the functions of the other. Lists of known hospital accommodation are being prepared and will be circulated to all concerned.

3. PUBLIC HEALTH BRANCH:

A. Typhus:

(a) Two cases of Typhus have been reported during February, one at Latiano near Brindisi, the other at Modica near Ragusa in Sicily.

(b) Three further suspected cases of Typhus were reported at the end of the month from Mesagne, a town about five or six miles from Latiano. Full particulars concerning these cases are not yet available but they will be described in detail in next month's report.

(c) The case occurring in Latiano was typical Typhus in a man of 24 who recovered from the disease. His father, mother and brother had died during December and January and the respective causes of death were given as Broncho Pneumonia, Myocaditis and Septicaemia. It is highly probable that the cause of death in each case was Typhus. Captain Battaglia of the Typhus Control Unit, on arrival, found that the local military authorities had control measures well in hand, both in the town of Latiano and the neighboring towns of Francavilla and Mesagne.

(d) The case in Modica occurred in a member of the Italian Army who had been living in Greece since 1943. He left Greece for Taranto in December, being deloused before departure and on leaving Taranto for Sicily towards the end of December he was again deloused and given a certificate stating that he had been through a disinfestation center. He took ill in the middle of January and was first thought to have Influenza and Broncho Pneumonia. He was, however, finally diagnosed Typhus, his Weil Felix being positive

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(e) During the month the Demonstration Unit completed a successful tour of Abruzzi-Marche Region and 8th Army Area. Demonstrations were held at Aquila, Chieti, Pescara, Teramo, Ascoli-Piceno, Macerata, Ancona, Pesaro, Ravenna and Forli and these were well attended by the Medici Provinciali and staff nominated by them.

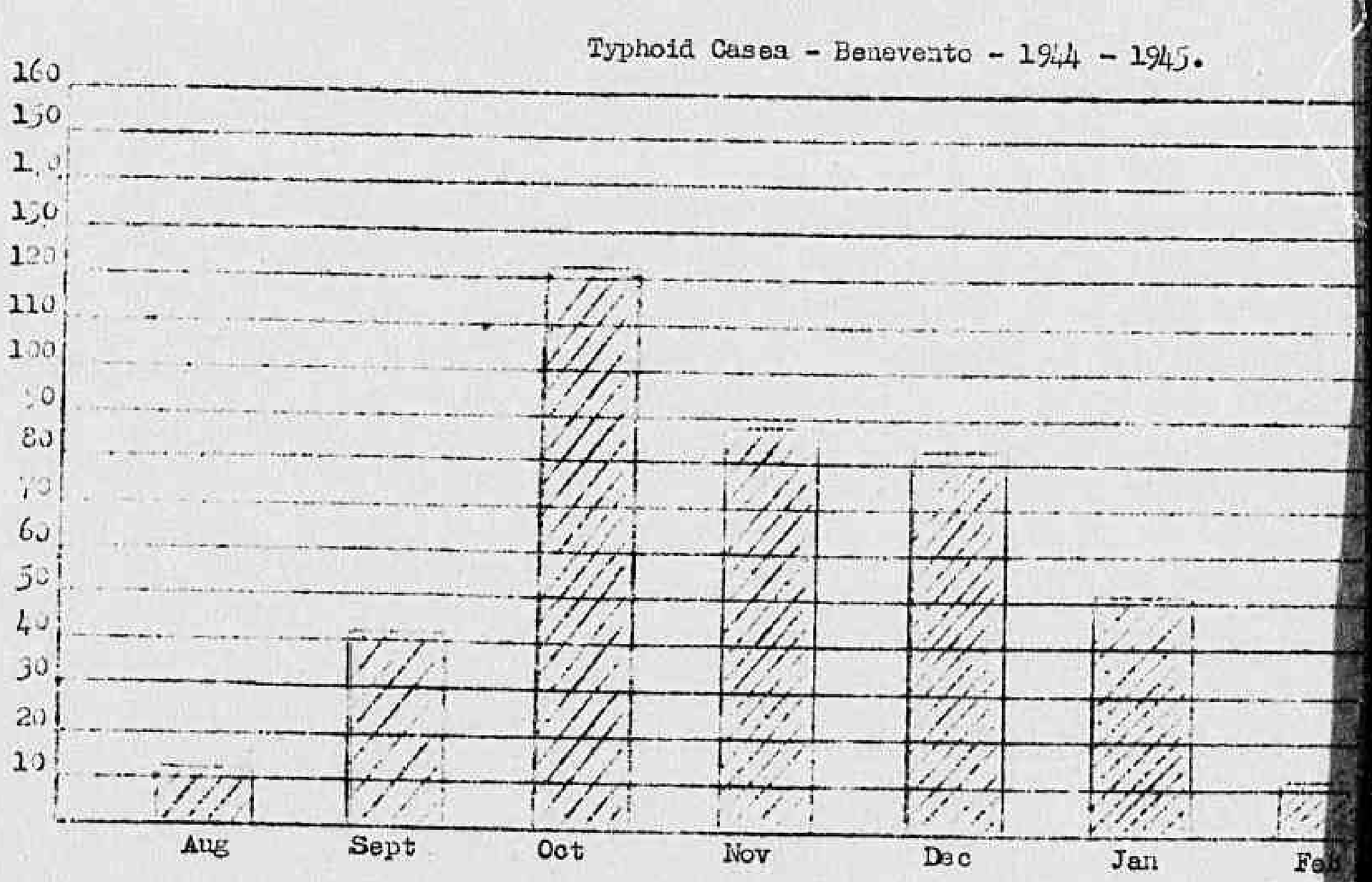
(f) Arrangements are at present being made for a demonstration tour in Sardinia. When that has been completed, the whole of AMG and AC Territory on the Italian Mainland and the Islands will have been covered by the Demonstration Unit.

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Typhoid Cases - Benevento - 1944 - 1945.

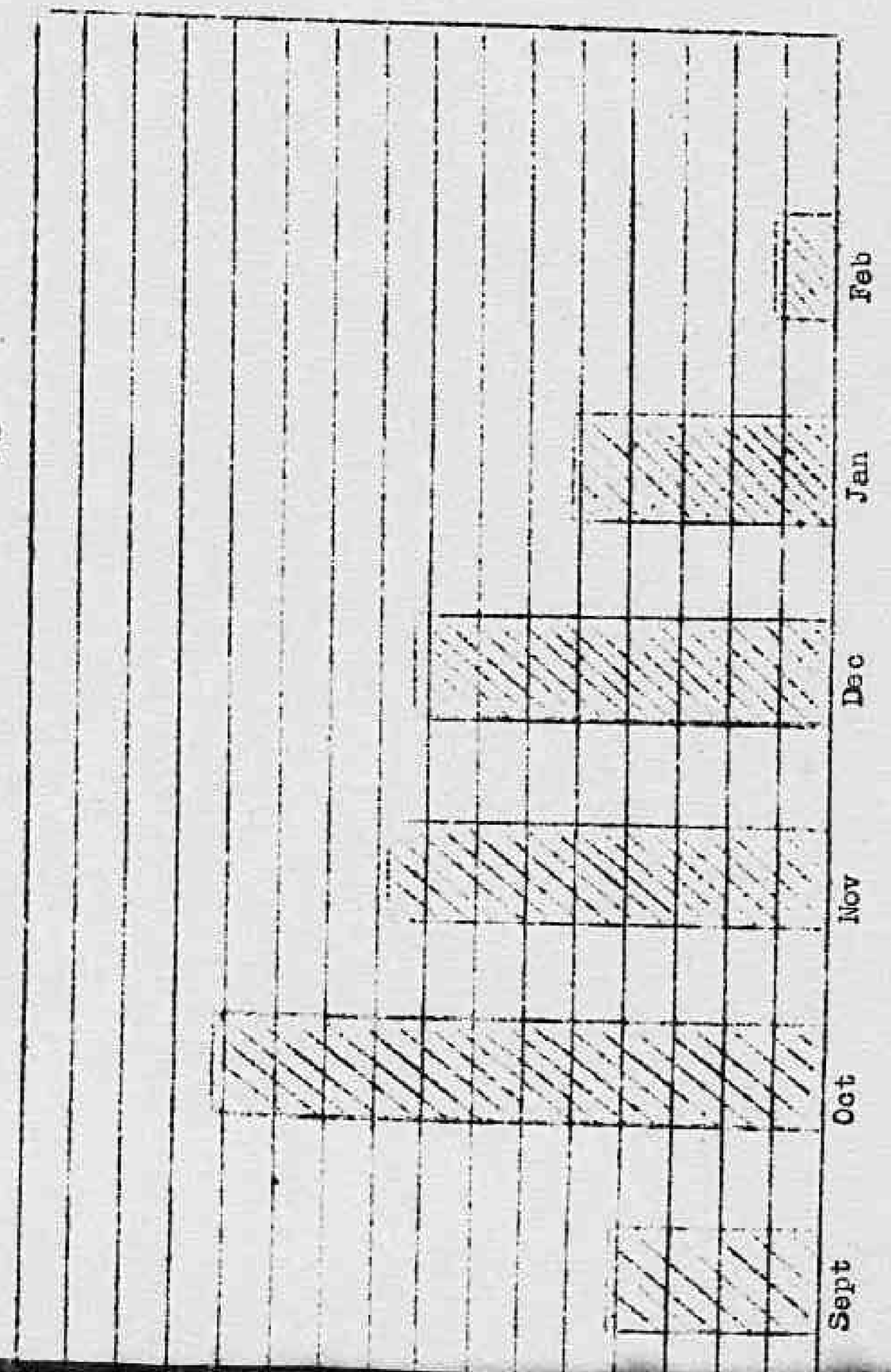


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(g) Although isolated cases may still occur it is felt, with the approach of spring, that the danger of a widespread typhus epidemic is receding and that the precautions taken during the past winter have been successful in preventing an outbreak such as occurred in Naples during the winter of 1943-1944.

B. Smallpox:

(a) The Benevento smallpox epidemic may now be considered at an end. During February only 11 cases were reported and none have occurred since the 20th February. The whole population has now been either vaccinated or re-vaccinated. A table of comparative figures is set out below:



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Major King, whose two months work in Benevento has shown such excellent results, was withdrawn during February.

(b) The Naples figures show a slight decrease in February, being 241 as compared with 201 in January. These 241 consisted of 100 cases in Naples City and 141 in the remainder of Naples Province. 67,838 persons were vaccinated in the City and Province during the month.

(c) Scattered cases have been reported from other provinces on the Mainland, the only number of any importance being 23 in Salerno where mass vaccination of the entire province is being undertaken, 90,000 persons having been vaccinated during February.

C. Malaria:

(a) During February, a meeting was held at the Ministry of Interior with members of the Malaria Control Branch, UNRRA, Professor Missiroli of the Institute of Hygiene, and the Italian Authorities. The outline of the coming year's programme was discussed. Approval has been given by the Combined Chiefs of Staff for the delivery of 100 tons of Paris Green ordered by the Medical Supply Branch but unfortunately this consignment is not expected to arrive until April. This Sub-Commission agreed to place at the disposal of the Italian Government 50 million Atebrine tablets and all the available Italian quinine preparations which were obtained from Italian Army sources. The whole of the latter and 20 million of the 50 million Atebrine tablets have already been made available to the Italian authorities. UNRRA agreed to provide a further 50 million tablets and stated that it was shipping DDT Powder into the country, some of which might be used in malaria control projects. UNRRA also agreed to attempt to procure tyres for cars used by Medici Provinciali and malaria officials and thigh boots for workers in canals. It was emphasized that owing to lack of Medical and Sanitary Corps officers, the Public Health Sub-Commission could not take an active part in any malaria control programme in Liberated Italy this coming season.

(b) The malaria control project in the Ostia Lido and Maccarese areas mentioned in the January report was begun during the latter part of February and is now proceeding satisfactorily.

D. Typhoid:

(a) In Arezzo Province a water-borne epidemic of Typhoid which began in January, flared up early in February and in all 134 cases have been reported with 3 deaths. The number of infected males has been very small and this is believed to be due to the fact that many of the men were immunized against Typhoid during their military service. All the cases have been hospitalized, mass immunisation is in progress, polluted wells have been sealed off, hygienic propoganda has been employed both from the pulpit and by poster and the epidemic which is showing marked signs of diminution is already under control.

(b) The Prato Typhoid epidemic referred to in last month's report, is responding to the energetic measures taken to bring it under control. Only twenty-eight cases were reported during February. In all, 495 definitely confirmed cases have occurred from September 1944 until February 1945. Six inoculation teams are now at work and 35,800 primary inoculations have been carried out. At Appendix "A" is to be found a comprehensive report on the epidemic and the countermeasures taken, compiled by Major Taylor, PAMG, the local D/PH. This Sub-Commission

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E. Infant Mortality:

During January there were 1963 live births in Rome and 291 deaths occurring in children under one year of age. This gives an Infant Mortality figure of 148.2 as compared with 148.8 in December.

F. Tuberculosis:

The January figure for the number of deaths in Rome from all forms of Tuberculosis was 257 as compared with 213 in December and 269 in January 1944.

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4. VETERINARY BRANCH:

A. During the past month all possible anticipatory measures have been taken to deal with incidence of animal disease which may be expected with the advent of warm weather.

B. The local production of Crystal Violet Swine Cholera vaccine has aroused the utmost interest in Veterinary circles. Production has already begun at the SCLAVO Institute in Siena and it is hoped that laboratories in Rome and Naples will soon be in a position to begin turning out this vaccine.

C. Owing to the shortage of cattle for slaughter purposes, the production of vaccine against Foot-and-Mouth Disease is proceeding slowly. It is hoped that more cattle will be made available in the future.

D. The Veterinary Branch has taken steps to interest the Italian Authorities in the use of lime-sulphur dip for Sheep Scab. This dip, which is highly efficacious and can easily be prepared from local resources, has never been used previously in Italy. A demonstration showing methods of production and use has been held and the Italian Veterinary Division of the Ministry of Interior has issued instructions concerning production.

E. Veterinary supplies for the second six months of this year have been requisitioned.

F. The report of the Veterinary Branch is to be found at Appendix "B".

5. MEDICAL SUPPLY BRANCH:

A. During February ENDIMEA has increased the number of its warehouses and also of its representatives. At present there are warehouses in Naples, supplying Southern Region and Sicily, a warehouse in Cagliari, supplying Sardinia, a warehouse in Rome which supplies Lazio-Umbria and Abruzzi-Marche Regions and one in Florence for Toscana Region. It is hoped during March to acquire a warehouse in Palermo for Sicilia Region. The operation of ENDIMEA is, however, slow and still far from satisfactory and there is little cooperation between their central office and their field representatives. The Medical Supply Branch affords the organization every possible assistance but it is still dilatory in its methods of handling the numerous problems which face it. A distribution chart (Appendix "C") has been prepared by this office, showing the method by which requisitions should be submitted and supplies forwarded. This was sent to all RPHOs for information.

B. Further plans have been made for the distribution of medical supplies in the North, so as to enable Public Health Officers of Regions to effect distribution in the same manner as SPHOs of AMG Armies until ENDIMEA is in a position to operate.

C. Supplies for the first six months of this year are not expected to arrive until the middle of April. Arrangements have been made that essential shortages can be met by drawing upon the MTO stockpile.

D. Appendix "D" contains the report of the Medical Supply Branch.

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D. Appendix "D" contains the report of the Medical Supply Branch.

6. WELFARE BRANCH:

A. Much good has been achieved by the distribution of clothing in the forward areas, in Sicily and inthe devastated areas. Distribution of milk, supplied by the American Relief for Italy, is being coordinated by Regional Welfare Officers together with the local Italian communal and provincial committees.

The Welfare Branch is taking an active interest in the procurement of materials for the manufacture of orthopedic appliances for mutilated Italian soldiers and civilians. It is estimated that five to six thousand Italian soldiers and fifty-thousand civilians will need to be supplied with such appliances. The Ministry of war and interested civilian agencies have submitted estimates of the materials and quantities required.

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C. Close contact has been maintained with Regional Welfare Officers and a tour of Toscana Region and 5th Army Area was undertaken.

D. The full report of the Welfare Branch is to be found at Appendix "E".

7. PERSONNEL:

A. This Sub-Commission sustained a severe loss in February due to the death of Colonel Maurice King (B) in a motor accident. Colonel King, who came to the Public Health Sub-Commission from the Displaced Persons and Repatriation Sub-Commission, was an officer of wide experience who had been nominated as RPHO of one of the Northern Regions.

B. Lt Colonel J.L. Swanston (R) who was attached to the Displaced Persons and Repatriation Sub-Commission, has been assigned to this Sub-Commission.

C. Major Robert L. Cherry (A) has been promoted to the rank of Lt. Colonel.

D. Plans have been completed to staff all the Northern Regions as and when they are opened up.

E. Dr. Fred L. Soper of the Rockefeller Foundation left for Egypt during February.

SUMMARY

1. POLITICAL:

There is little of interest to report.

2. PLANNING:

Much work has been done during the month in planning for the Northwest and satisfactory liaison has been established between the Military and Regional Staffs concerned.

3. PUBLIC HEALTH:

(a) Two verified cases of typhus were reported, one at Latiano near Brindisi and one at Modica near Ragusa in Sicily. Three other suspected cases were reported at the end of the month from Mesagne, a small town about five or six miles from Latiano. Fuller details of these last three cases will be given in the March report. The typhus demonstration unit completed a successful tour of Abruzzi Marche Region and 8th Army Area and a demonstration visit to Sardinia has been arranged for the middle of March. It is felt that with the approach of Spring and the preventive measures which have been taken all over Liberated Italy the possibility of a large sized epidemic is now negligible.

(b) The smallpox situation in Naples remains much as before, 241 cases having been reported as compared with 261 in January. 67,838 persons were vaccinated during February. Scattered cases have been reported from other provinces on the mainland, the greatest number - 23 - occurring in Salerno Province where 90,000 people have been vaccinated. Only 11 cases have been reported from Benevento and no cases have occurred since 20 February.

(c) Early in February a meeting on Malaria Control measures for the coming year was held at the Ministry of Interior, the Italian [illegible] Malaria Control Branch, UNRRA and [illegible]

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(c) Early in February a meeting on Malaria Control measures for the coming year was held at the Ministry of Interior, the Italian Authorities, the Malaria Control Branch, UNRRA and the Institute of Hygiene being represented. The Public Health Sub-Commission agreed to place at the disposal of the Italian Authorities 50 million atebrin tablets, all available stocks of Italian quinine preparations and 100 tons of Paris Green, the arrival of which was not anticipated before April. UNRRA agreed to provide further supplies. The Public Health Sub-Commission stated that owing to lack of Medical and Sanitary Corps Officers the Malaria Control programme in Liberated Italy would have to be undertaken by the Italian Authorities. The only exception to this is the Control project in the Ostia Lido and Maccarese region which has already begun and is proceeding satisfactorily.

(d) In Arrezo Province a typhoid epidemic which flared up early in February is now under control. In all 134 cases have been reported with three deaths. Energetic measures to combat this epidemic have yielded most satisfactory results.

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The Prato epidemic is virtually at an end, only 28 cases being reported during February. Approximately 35,800 primary inoculations have been carried out. The help given by the Military Medical Authorities has been invaluable.

(e) The Rome Infant Mortality Rate for January 1945 was 148.2.

(f) The Rome Tuberculosis figure (both pulmonary and non-pulmonary) for January was 257.

4. VETERINARY:

Production of Crystal Violet Swine Cholera Vaccine has begun at the Sclavo Institute, Siena. It is hoped that Rome and Naples will soon follow suit. Vaccine against foot and mouth disease is being produced slowly. The introduction of lime sulphur dip against sheep scab is contemplated and the Italian Veterinary authorities have issued instructions concerning production. Veterinary supplies for the last half of this year have been requisitioned.

5. MEDICAL SUPPLIES:

E.M.D.I.M.E.A. has increased the number of its warehouses and representatives but distribution operations still remain far from satisfactory. Further plans have been made to secure adequate distribution of medical supplies in the North. Delivery of the requirements for the first six months of this year is not anticipated before April.

6. WELFARE:

The distribution of clothing in Sicily, the devastated areas and the forward areas has been greatly appreciated. Milk, supplied by E.M.D.S.I., is to be distributed through Welfare Officers and local Italian Committees. Material has been procured for the manufacture of orthopaedic appliances for mutilated Italian soldiers and civilians.

7. PERSONNEL:

It is with great regret that the death, in a motor accident, of Colonel Maurice King (S) is reported.

Another American promotion was announced during the month.

Dr Fred Soper left for Egypt.

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

APPENDICES:

Appendix "A" - Report of Epidemic at Prato - Major G.C. Taylor, R.A.M.C.

Appendix "B" - Veterinary Branch Monthly Report - Major Rowland W. Rushmore.

Appendix "C" - Requisition & Distribution Allied Medical Supplies (Instructions and Chart) - Captain Francis W. Bushard.

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Appendix "D" - Medical Supply Branch Monthly Report - Capt Francis W. Bushard.

Appendix "E" - Welfare Branch Monthly Report - Lt Colonel John McSweeney.

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EPIDEMIC OF BACILLARY GROUP FEVER
CITY of PRATO (June 1944 - February 1945)

APPENDIX "A"

1. HISTORICAL & TOPOGRAPHICAL

The industrial city of Prato, in the Province of Florence, Region of Tuscany, situated some twelve miles from Florence, lies at the foot of Monte ALBANA to the North East, and Monte CALVELLO to the North West. It lies mainly on the west bank of the river BISENZIO which flows from North East to South West. The city itself is an 11th Century Mediaval walled town and was evacuated by the Germans on 7th September 1944 after having carried out a systematic demolition of all services which included incidentally the water supply which was derived from Montepiano, 16 miles distant, and was delivered by means of a 18" water main to the city.

2. SOCIOLOGICAL CONDITIONS.

The population of the Comune is 80.000 approximately. About 35.000 are at present living within the city walls. This number has been swollen by 600 refugees who came principally from Vernio.

(a) HOUSING. The general standard of housing represents two extremes. Fifty per cent appear to be below average standard, the rest up to this standard. A piped Public Water supply serves the town. Sewage is collected in a series of individual cess pits numbering 5000 within the city proper and 12.000 in the Comune. These are normally emptied by Private Contract. A high percentage are defectively lined and underground seepage is common. They are serviced irregularly and are inwardly situated near private wells.

(b) WATER SUPPLY. Before the aqueduct at Montepiano was rendered useless by enemy action on Sept. 1944, an unlimited Water Supply to Prato was available. Following this the population existed from September to November on private well water supplies. No Public supply was available. In December 1944, Carteano aqueduct was reconditioned and Carteano spring realising a flow of 12 litres/sec. was tapped, to the main water system and this was supplemented by wells situated at MACCHI, Via Ducchi, LA PIETA', and other points. These relied on Electric power in order to pump the water and although a maximum of 30 litres/sec. was envisaged, the electric pumps boosted the town supply to about 15 litres/sec. only (250.000 gallons per day).

(c) SEWAGE. Within the city of Prato no piped Sewage System exists (Vide para 2 Sub-para (a)). All cess pits are emptied by contractors and sold to local farmers, as fertiliser. Regularised controlled disposal by contractors into two large 5000 cubic metre tanks on the outskirts of the city was instituted and after a period of natural digestion was sold to the farmers as fertiliser. This did not represent by any means an ideal, but rather the only system which could be adopted to avoid "blocking" of the material.

3. EPIDEMIOLOGICAL CONSIDERATIONS.

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3. EPIDEMIOLOGICAL CONSIDERATIONS.

(a) STATISTICS.

Enteric Fever Cases

1940	16	
1941	42	Suspect and
1942	126	ascertained cases
1943	131	(Civilian Population)
1944	704	

The latter figure of 704 was made up of 459 ascertained and 245 cases suspect. In general the yearly epidemic curve has shown an upward trend although a false impression may be given by these figures up to 1943, as notification was not carried out efficiently, and domiciliary treatment of pyrexial cases, and cases ascertained as Typhoid fever, was common.

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In 1945 up to the middle of February, thirty-six cases of Undulant Fever complicated the picture. Regularised bacteriological and diagnostic control was finally established during the month of January 1945.

The statistical difficulties which were experienced by the Typhoid Control Centre were a direct result of the inability of the Local Hygiene offices to produce reliable data, without cross-checking by this Centre.

(b) GENERAL EPIDEMIC CONTROL. Major Leiper A.A.M.C. took over as [illegible] Prato in December 1944 and by improvisation carried out an investigation of the situation.

During the months of July and August cases were springing up in the country districts and in the town, at regular intervals. In November however a sudden "flare up" took place and was traced to a male nurse who was privately employed by Dr. Falcini. This man Otello Tempestini living at Vicolo Stoviglia is thought to have been the cause of some forty cases, directly or indirectly.

Professor Pisani, Director of the Civil Hospital estimated that the epidemic could be divided into three phases.

Phase 1. Spread by legumes & fruits brought to Prato from the Country districts where night soil was used as fertiliser. (June-September 1944).

Phase 2. Spread by water (September-November 1944).

Phase 3. Carriers spread (November '44-February 1945).

Major Leiper embodied these recommendations in his report of 12th January 1945:-

(a) Central Control should be instituted under an A.M.G. Public Health Officer.
(b) A Central Bureau should be established.
(c) Control of Sewage and Refuse instituted.

On the 6th January 1945 I was delegated to take over from Major Leiper and was set the task of integrating and operating an organisation based on these proposals. In this I received the co-operation of the P.O. AMG, authorities, and the Army Authorities.

4. CENTRAL ADMINISTRATIVE CONTROL.

This was vested in the Typhoid Control Centre and consisted of the following subdivisions.

(a) THE TYPHOID BUREAU. This bureau was concerned with the Compilation of the Family Card Index System, Carrier Register, Convalescent Register, Immunisation Register, Domiciliary Case Records, Case Dismissal Register, and provision of Hospital Comforts.

(b) WATER SUPPLIES, SANITATION, AND REFUSE DISPOSAL. This was vested in various A.M.G. Public Health Officers, under central direction.

Under this system 5 Public Health Nurses (Italians), 5 Italian Medical Students, and 5 Italian Doctors together with Clerical Staffs were employed.

A. HOSPITAL CONTROL. Suspect cases of Typhoid were hospitalised. General practitioners were forbidden to treat domiciliary cases, and under these conditions hospitalisation and isolation became effective for the first time. Acute cases were admitted to the [illegible]

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A. HOSPITAL CONTROL. Suspect cases of Typhoid were hospitalised. General practitioners were forbidden to treat domiciliary cases, and under these conditions hospitalisation and isolation became effective for the first time. Acute cases were admitted to the Civil Hospital and when convalescent were transferred to the Italian Red Cross Hospital (Casa di Riposo) which had been renovated, staffed and opened for this purpose.

B. CARRIER CONTROL. This proved difficult to start with. It involved examination of some 1,250 convalescent cases who had been treated in the Civil Hospital or in their houses, and who had never had a regularised bacteriological examination in my estimation. For this purpose the 2nd American Bacteriological Laboratory examined these by rectal swabbing at the "Casa di Riposo". The suspect carriers were brought in by a "Milk Round" system employing Ambulances and Italian Medical Students. By these methods 16 carriers were isolated and hospitalized.

Mass examination of Food Handlers was considered impracticable in view of the large numbers involved and the limited bacteriological facilities

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available, so that a selective Examination has been carried out which involved examining only those food handlers, who were suspect and were case contacts.

C. BACTERIOLOGICAL CONTROL.

Two Bacteriological teams worked to full available capacity, the 2nd American Laboratory commencing in January, and the U.S. 5 Mobile Bacteriological supplementing it toward the end of the month.

Convalescent cases were discharged on 3 negative stools.

Carriers received only one examination.

Rectal swabbing was carried out in the case of the carriers and Selinite F enrichment broth inoculated, and subsequently plated on Desoxycholate Citrate Media.

D. IMMUNIZATION.

From the start I regarded that mass immunisation of the population was essential if a long term policy was envisaged or required from a military point of view.

It represented the only certain and sure method of building up an adequate barrier to the yearly "flare up" of the disease and it was an ideal which could be achieved, and did the fact that all other control measures could never be absolutely effective. This was potential obvious from the lack of facilities available, and the general apathy of the population. Accordingly immunisation was carried out at the clinic, using propaganda but this was largely a failure and subsequently compulsory immunisation was arranged, after consultation with the industrialists, and local business owners through the P.O. A.M.G. In this way five clinics were operated successfully.

E. PROPAGANDA.

Posters were used throughout the Campaign together with a loud speaker, at the Commune. The Church was advised.

In my opinion propaganda was ineffective until it was backed by some other measure such as a control of payment of salaries, which was adopted in Prato, to speed the immunisation programme also employing Carabinieri, in ordering carriers to report for examination.

F. [illegible] CONTROL.

Card Indexing of all cases on a family basis was instituted and routine home visits carried out by Public Health Nurses, and with the aid of a questionnaire, all members of the family were checked, including method of consumption of vegetables fruit and milk products and water.

G. SUNDRY AND MISCELLANEOUS.

(1) Control of an epidemic of Typhoid Fever was our first exploring recognised Public Health measures.

(2) These measures were carried out in an Italian Industrial Community suffering from general pitch, mainly workers existing on a rudimental diet.

(3) Routine Widal examinations were carried out by the Civil Hospital. To what extent reading stress was full cious I am not certain as routine use of Anti Tox (Pulvo) was employed in the Civil Hospital.

(4) Transport difficulties were commonplace throughout the campaign however these limitations were [illegible]

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It represented the only [illegible] method of building up an adequate barrier to the early clear up of the disease and it was an ideal which could be achieved, and also the fact that all other control measures could never be absolutely effective. This was probably obvious from the lack of facilities available, and the general apathy of the population. Accordingly immunisation was carried out at the clinic, using propaganda but this was largely a failure and subsequently compulsory immunisation was arranged, after consultation with the industrialists, and local business owners through the P.W.B.A.M.G. In this way five clinics were operated successfully.

E. PROPAGANDA.

Posters were used throughout the Campaign together with a loud speaker, at the Commune. The Church was advised.

In my opinion propaganda was ineffective until it was backed by some other measures such as a control of permit of soldiers, which was adopted in Prato, to speed the immunisation programme also employing Carabinieri, in ordering carriers to report for examination.

F. [illegible] CONTROL.

Card indexing of all cases on a family basis was instituted and routine home visits carried out by Public Health Nurses, and with the aid of a questionnaire, all members of the family were checked, including method of consumption of vegetables fruit and milk products and water.

G. SUMMARY [illegible].

(1.) Control of an epidemic of Typhoid Fever was carried out employing recognised Public Health measures.

(2.) These measures were carried out in an Italian Industrial Community suffering area general public, mainly starved existing on a minimal diet.

(3.) Routine Widal Examinations were carried out by the Civil Hospital. To what extent existing nitrous were fallacious has not certain as routine use of Hand Test (Selavo) was employed in the Civil Hospital.

(4.) Transport difficulties were commonplace throughout the campaign however these limitations were largely overcome by improvisation and working on foot.

(5.) No cases of typhoid were notified amongst Allied troops during this period although ten thousands were contained within the city. This is a tribute to immunisation with T.A.B. vaccine, and to the hygiene discipline of the Commanding Officers.

(6.) The results achieved in this epidemic would not have been possible had it not been for the willing co-operation of the Central and local A.M.G. Authorities, Army Authorities, and American Red Cross under Mrs. Sexsmith A.R.C.

(7.) Up to date (20th Feb) some 10,000 of the population have been immunised and this continues at the rate of 1500 approx. every day.

Signed: Gordon C. Taylor
G. C. Taylor, Major
R.A.M.C. - D.A.D.M.S. Prato

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APPENDIX "B"

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HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3008/13/PH

28 February 1945

SUBJECT: - Report of Veterinary Activities 1 to 28 February 1945 inclusive.

TO - Director, Public Health Sub-Commission, HQ,A.C.

1. The activities of the Veterinary Branch during the month have been aimed at preparatory measures to reduce high incidence of animal disease which has normally appeared with warm weather. These measures have included, first, the manufacture of veterinary vaccines and antisera to prevent and afford treatment for both animal diseases which have been present for many years and for those few animal diseases not commonly present but which have occurred under present conditions; secondly, steps have been taken to assure the use of certain livestock dips so as to prevent and treat skin diseases, thirdly, veterinary medical supplies have been requisitioned for use by Italian Veterinarians.

2. Effective immunity imparted following swine vaccination with crystal violet swine cholera vaccine from the United States during the past season, and the incidence of swine cholera has created great interest in the local production of this vaccine. Every assistance possible to instigate local production is being afforded by this Branch. Conferences have been held with the Allied Officers, Prefetto, Inspettorato, Provincial Veterinarians, and officials of the Institute "Sclavo" in Siena in this respect. The method of procurement of virus blood from swine has been demonstrated and the necessary chemicals made available in Siena. Similar assistance has been given to the veterinary laboratories in Rome and Naples, all to instigate production as soon as possible. In Siena production has actually started with a total of 35 swine having been inoculated, the blood withdrawn, and vaccine in the process of manufacture. The local production of this vaccine now not only saves shipping but affords experience in the manufacturing process which will be of great assistance in future years. One thousand litres of anti-swine cholera serum has arrived from the United States and has been turned over to the appropriate Italian officials for distribution.

3. Vaccine for foot-and-mouth disease is being produced at a very slow rate due to a lack of slaughter cattle for virus production. Only sixty slaughter bovines have been made available for legal slaughter in the Rome abbatoir during the period 15 December to 15 February. This has afforded enough virus to produce 3500 doses of vaccine. Agricultural officials who hold all authority for the release and transport of such cattle have been contacted in conferences, per letters, and per telephone. They are giving all possible cooperation to the program and more cattle, virus and vaccine are expected in the near future. Shipments of previously manufactured vaccine were made to Sardegna by air and sea transport.

4. Diagnostic Brucellin was sent to the Provinces of Pistoia and Ravenna following a few cases of undulant fever as Brucellin is effective in testing goats and sheep for brucellosis.

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4. Diagnostic Brucellin was sent to the Provinces of Pistoia and Ravenna following a few cases of undulant fever as Brucellin is effective in testing goats and sheep for brucellosis.

5. Several provincial veterinarians in the Abruzzi-Marche Region have filed requests for veterinary biologics. These requests have been fulfilled from locally manufactured stocks.

6. Steps have been taken to assure the use of lime-sulphur dip for sheep scab during the coming months. Nicotine dip had previously been used but due to an acute shortage of nicotine and a widespread incidence of sheep scab lime-sulphur will be employed. Though there has been an over-abundance of sulphur and lime in Italy this most efficient dip was never employed here. The Veterinary Division of the Ministry of the Interior has circulated instructives on the manufacture and use of this dip. A demonstration showing the production and the actual dipping of infected sheep was sponsored jointly by Captain Keim, Agriculture and this Branch in Viterbo Province on 24 February. PWB took pictures of the

demonstration and will publicize it very soon. If possible several thousand circulars of information on the manufacture and use of this dip will be prepared and distributed in the near future.

7. Veterinary medical supplies have been requisitioned for distribution during the last six months of this year.

8. The Veterinary Division, Ministry of the Interior, is preparing an information circular on the preparation and use of arsenical dips to prevent piroplasmosis. Though there is little hope of this dip being employed on a large scale this year this circular should be the beginning of its use in Italy. A sizeable quantity of Pirevan has been requisitioned for use in the treatment of infected animals.

ROWLAND W. RUSHMORE,
Major Vet. Corps,
Chief, Veterinary Branch.

RWR/mtc

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Appendix "C"

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HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3072/2/PH

4 February, 1945

SUBJECT: - Requisition and Distribution of Allied Medical Supplies.

TO : - See Distribution.

1. With the formation of ENDIMEA and the requisitioning and distribution of Allied medical supplies the responsibility of the Italian Government in the liberated parts of Italy, some confusion has arisen as to the channels of requisitioning and distribution. A chart is attached which shows this in a graphic form.

2. It is expected that in each Region the Regional Public Health Officer will continue to keep in touch with distribution in his area and give every possible assistance to the agencies doing distribution in his area. It would also be of assistance to this office if any evidence of improper or unsatisfactory distribution is reported to this office promptly with recommendations for corrective action.

3. The provincial medical doctors submit requisitions, through the Prefects, to the Public Health Director, Italian Government. Beginning this month, these requisitions are to be for two months supply, and are to be submitted one month in advance, i.e. in February for March and April.

4. The Director Public Health, Italian Government, consolidates these Provincial requisitions into a Regional requisition, and submits this to Hq., AC. The Medical Supply officer, Public Health Sub-Commission screens these requisitions against allowances by population and availability, approves amounts to be issued, and forwards to the 2665 Civilian Medical Depot for filling.

5. The 2665 CMD is not an Allied Commission organisation, but the depot fills these requisitions and turns the merchandise over to the ENDIMEA representative who signs the issue vouchers and arranges for transportation. The 2665 CMD has in the past, and will in the future, give ENDIMEA every possible assistance in obtaining required transport.

6. Issue vouchers are forwarded to the Director Public Health, Italian Government, and Hq., A.C. Public Health Sub-Commission. From their copy of these issue vouchers the Italian Government, Public Health, prepares the break-down list of supplies for the Provinces, and sends this to ENDIMEA.

7. The following lists for distribution are forwarded by the Italian Government to ENDIMEA:

a. A break-down list of supplies by Provinces.
b. A Provincial wholesaler list (those authorized to distribute Allied medical supplies in each Province by the Italian Government).

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7. The following lists for distribution are forwarded by the Italian Government to ENDIMEA:

a. A break-down list of supplies by Provinces.
b. A Provincial wholesaler list (Those authorized to distribute Allied medical supplies in each Province by the Italian Government).

8. The Provincial wholesaler receives the supplies from ENDIMEA, makes the required deposits in the designated bank and distributes the supplies according to plans of the Public Health, Italian Government, under the supervision of the Prefect and the Medico provinciale.

9. Emergency requisitions:

a. The Italian Government has made provision for emergency requisition being forwarded whenever necessary, this applies to any medical supplies require, whether the supply is to be of Allied or Italian origin (biological products).

b. If it is found that the Medico provinciale or the Prefect fail to contact the Italian Government on emergency requirements,

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it is requested that the Regional Public Health Officer contact this office where immediate action will be taken to furnish the supplies.

For Brigadier G.S. PARKINSON:

FRANCIS W. BUSHARD,
Captain Sn C,
Medical Supply Officer.

FWB/mtc/20

DISTRIBUTION:

Regional Commissioner, SICILIA Region - Attn: MPH
" " SOUTHERN " - " "
" " LAZIO-UMBRIA " - " "
" " ABRUZZI-MARCHES " - " "
" " SARDEGNA " - " "
" " TOSCANA " - " "
" " APULI " - " "
" " LIGURIA " - " "
" " PIEMONTE " - " "
" " EMILIA " - " "
" " VENEZIA " - " "
Ministry of Interior, Italian Government, Attn: Sanita' Pubblica
MMIMSA.

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Appendix "C"
Sheet 3

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REQUISITION AND DISTRIBUTION SYSTEM OF ALLIED MEDICAL SUPPLIES (For a region)

A.F.H.Q. emergency requisition

PROVINCIAL DOCTORS
Two months supply requisitions

Provincial Prefects

A.C.A.S.

MINISTERO DELL'INTERNO
DIV.GEN.SANITA'PUBBLICA
Prepares two months supply
regional requisition

E.M.D.I.M.S.A.
Centr.office
transmits
requisition to
A.F.H.Q.

Sn.O.
CENTR.DIV.MEDICAL DEPOT

E.M.D.I.M.S.A. Represent
in C.D.M.D.

The depot fills the requisition
E.M.D.I.M.S.A. represent. check the supplies
" " sign the vouchers
The supplies are turned to the
ITALIAN GOVERN.

SUPPLIES

VOUCHERS

A.C.A.S.

E.M.D.I.M.S.A.
Regional depot.
Break-down of the supplies
for the provincial whole-
salers as per Italian Gov.
plan.

TO:

MINISTERO INTERNO
Div.Gen.San.Pubbl.
transmits
1/ vouchers
2/ distribution's
plans
3/ wholesaler list
TO:

E.M.D.I.M.S.A.
Centr.office

MINISTERO DELL'INTERNO
DIV.GEN.SANITA'PUBBLICA
Prepares two months supply
regional requisition

E.N.D.I.M.E.A.
Centr.office
transmits
requisition to
AND

Sn.O.
CENTR.SERV.MEDICAL DEPOT

E.N.D.I.M.E.A. represent
in S.C.M.D.

The depot fills the requisition
E.N.D.I.M.E.A. represent. check the supplies
" " sign the vouchers
The supplies are turned to the
ITALIAN GOVERN.

SUPPLIES

VOUCHERS

E.N.D.I.M.E.A.

Regional depot.

Break-down of the supplies
for the provincial whole-
salers as per Italian' Gov.
plan.

TO:

MINISTERO INTERNO
Div.Gen.San.Pubbl.
transmits

1/ vouchers
2/ distribution's
plans
3/ wholesaler list
TO:

E.N.D.I.M.E.A.
Centr.office

R.A.M.O.
for
emergency
distribution

Provincial
doctor

PROVINCIAL WHOLESALERS
for distribution
to

HOSPITALS
AMBULAT MIES
CHILS
AID-STORES

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HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "D"

AC/2072/73/PH

2 March 1945

SUBJECT: - Monthly Report for February.
Medical Supply Officer.

TO : - Director, Public Health Sub-Commission.

1. During the month of February AMMSA has made some improvements within their organization as well as some progress in the distribution of Allied Medical Supplies. Though they have improved their organization at large it is far from satisfactory in the distribution of supplies. During the month there were held 15 meetings with representatives from the Director General of the Sanita' Pubblica and AMMSA in regards to improving distribution problems. As a result of these meetings AMMSA has increased the number of their warehouses and also their representation. At the present time they have warehouse in Naples with 3 representatives which handle shipments from our Naples depot for all the Southern part of Italy and Sicily. They also have a warehouse with a representative in Bari, Italy. The Rome warehouse handles the distribution for Rome City, Lazio-Umbria Region as well as Marche and Abruzzi Region. The warehouse in Florence takes care of the distribution for Toscana Region.

AMMSA's internal organization has not functioned as to be expected. There is poor cooperation between the General Office and their field representatives. This is slowly being corrected.

Transportation is still the big problem for AMMSA in the distribution of supplies. They are able to bid for transportation either by Rail either or truck, but they still are quite slow in getting around to submitting bids in advance for future shipments of their supplies.

There is some dissension between Sanita' Pubblica of the Italian Government and AMMSA over proper management and operation of AMMSA. These dissensions are rapidly coming to light and corrected and are being made as soon as they are noticed.

2. There has been a question on certain prices of Allied Medical Supplies. A new landing cost price list on U.S. dollar basis has been made up and forwarded to all concerned on U.S. medical supplies.

3. Distribution plan of AMMSA with chart explaining in complete detail the exact channels of how requisitions and supplies are to be handled was forwarded to all Units for their information to instruct Medical Provinciali in Northern Areas so that supplies could move along more smoothly and shortages in certain provinces would not arise.

4. A meeting has been held with Industry Sub-Commission on the rehabilitation of pharmaceutical and biological firms in Italy, to work out plans between the two Sub-Commissions and the Italian Government. This plan is to get essential firms into production, producing items that are [illegible]

Medical Supplies. In fact they have improved the organization at large but is far from satisfactory as the distribution of supplies. During the month there were held 15 meetings with representatives from the Director General of the Sanita' Pubblica and EMUNRA in regard to improving distribution problems. As a result of these meetings AMG has increased the number of their warehouses and also their representatives. At the present time they have warehouse in Naples with 3 representatives which handle shipments from our Naples spot for all the Southern part of Italy and Sicily. They also have a warehouse with a representative in Sardinia. The Rome warehouse handles the distribution for Rome City, Lazio-Umbria Region as well as Marche and Abruzzi Region. The warehouse in Florence takes care of distribution for Toscana Region.

EMUNRA's internal organization has not functioned as to be expected. There is poor cooperation between the General Offices and their field representatives. This is slowly being corrected.

Transportation is still the big problem for EMUNRA in the distribution of supplies. They are able to get for transportation either by Rail Motor or truck, but they still are quite slow in getting around to submitting bids in advance for future shipments of their supplies.

There is some dissension between Sanita' Pubblica of the Italian Government and EMUNRA over proper management and operation of EMUNRA. These dissensions are gradually coming to light and corrections are being made as soon as they are noticed.

2. There has been a question on certain prices of Allied Medical Supplies. A new landing cost price list on U.S. dollar basis has been made up and forwarded to all concerned on U.S. medical supplies.

3. Distribution plan of EMUNRA with chart explaining in complete detail the exact channels of how requisitions and supplies are to be handled was forwarded to all AFHQ for their information to instruct Medici Provinciali in Northern areas so that supplies could move along more smoothly and shortages in certain provinces would not arise.

4. A meeting has been held with Industry Sub-Commission on the rehabilitation of pharmaceutical and biological firms in Italy, to work out plans between the two Sub-Commissions and the Italian Government. This plan is to get essential firms into production, producing items that are low in stock in our Medical Depot and are important for civilian health. Items such as sulphur ointment biological and alcohol are not ordered from the United States because sufficient is produced in this country to take care of civilian requirements.

5. Additional plans for the distribution of medical supplies in the North have been made. Regional Public Health Officers will be able to make distribution of supplies on the same basis as AMG Armies until such a time that EMUNRA can step in and operate. This plan will take care of any shortages that might arise after AMG Armies turn over territory to Regions. The plan has been approved by Finance Sub-Commission.

6. Medical supplies for the period of January 1, 1945 to June 30, 1945 have not arrived, but notice has been received that they will arrive some time in the middle of April. In case of shortage of essential medical supplies arrangements have been made with the 2665 CCAO to draw supplies from MTO Stockpile.

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FRANCIS W. BUSHNELL, Capt SnC,
Medical Supply Officer.

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(C) Lt Colonel C.A. Oliver, of Displaced Persons Sub-Commission discussed the possibility of the EAR of Rome and the ECA of other communes helping in the care of bombed-out people, a question for Italian authorities to decide.

4. The Italian Ministry of Interior gave approval for a complete survey and check up on all institutions in the Rome area. Although similar surveys had been made under direction of the Regional Welfare Officers these earlier ones chiefly were for information about clothing and food.
If the reports of the Rome area survey disclose sufficient useful information the same complete checkup will be requested in other Regions.

5. Welfare officers in HQ during the month:

(A) Major Charles Hirt, Piemonte Region. Keeps in touch with HQ while working on his clothing manufacturing program in Naples.

(B) Major John Bullay, 8th Army rear. Spent several days in Rome and frequent conferences of a general nature were held.

(C) Captain Thomas Winterstein, PWC Emilia Region. Brought in some problems, among them the action PWCs should take with regard to the trials of juveniles. Under Article 8, Sec 5 of the Directive relative to juvenile offenders it stated that if possible a Welf re Officer should attend the trial. Captain Winterstein had recently been called in to a court proceeding and asked for suggestions as to sentence or accused. The Captain had no list of juvenile institutions so could make no specific recommendations. This list has been prepared by Major Handbury of the Security Dept, and will be sent to the PWCs for their use in similar circumstances.

6. Our officers in the field are meeting their varying problems with great initiative and promptness. When the experiences of all these officers can be given in a general conference, from this we hope to evolve a simple but universal welfare plan which will apply and work effectively in all Italy.

JOHN McSWEENEY
Lt Col, Spec Ops,
Chief, Welfare Branch.

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Appendix "E"

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3078/10/PH 6 March 1945

SUBJECT: - Report of Welfare Branch for February 1945.

TO : - Director, Public Health Sub-Commission.

1. Personnel - No change in officer personnel.
Six full days of this month were spent in visiting Toscana Region and the 5th Army Area - 12 Feb through the 16. The chronological report of this trip will be attached.

2. More definite planning for a welfare program can be undertaken soon because some of the more pressing needs for food and clothing are being met.

(A) Clothing: - In AMG Territory the Red Cross personnel has continued its effective distribution of clothing even in communes that are still being shelled by the enemy.
The clothing sent to Sicily did much good, much more is needed.
The devastated Area has also obtained clothing. All of these groups and agencies have been helpful. Our efforts have been directed toward coordinating these activities and trying to get a coverage of need without duplication.

(B) Food: - Milk continues to be supplied by American Relief for Italy, Inc. Director, Public Health Sub-Commission has approved the request to supply the Italian Government and indirectly the E.D.I with copies of our welfare regional reports on institutions. These reports in the Regions in which they have been made will be helpful for facilitating an equitable distribution of this milk because they contain accurate information as to number of wards in and the general condition of the eleemosinary institutions. The Regional Welfare Officers together with the welfare committees of Italian personnel which have been set up are all to be consulted before milk distribution is made. This was agreed to by Mr. Barr, Deputy to Mr. Myron Taylor and by officials of the E.D.I.

3. The following meetings were held during February:

(A) Italian Officials - Three of the regular weekly meetings were held with M.E. Dott. Valente, Vice Prefect, head of Welfare Department in the Ministry of Interior on the 2nd, 9th and 23rd of February. The Chief, Welfare Branch was away Friday, February 16th.
A separate detailed report is submitted to the Director, Public Health Sub-Commission. However, one of the chief items discussed was the obtaining of material for orthopaedic appliances for mutilated Italian soldiers and civilians. No directive assigning this problem to another Sub-Commission could be found. It is reported that fifty thousand civilians and between five and six thousand Italian soldiers will need braces or prostheses [illegible]

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A separate detailed report is submitted to the Director, Public Health Sub-Commission. However, one of the chief items discussed was the obtaining of material for orthopaedic appliances for mutilated Italian soldiers and civilians. No directive assigning this problem to another Sub-Commission could be found. It is reported that fifty thousand civilians and between five and six thousand Italian soldiers will need braces or appliances of some kind. The Italian Minister of War together with representatives of the civilian groups who were wounded by the war submitted a list of required material from which these appliances could be made. Colonel Chapman of Security Division permitted his Staff Sergeant Pedula to be called into these meetings. The Sergeant is an expert in the manufacture of highly specialized equipment for mutilated people. He approved the lists of materials submitted and we will proceed to get whatever is available.

(B) National Committee representatives or E.D.S.I. The regular Monday meetings have been attended. The chief discussion has been the building up of the Italian Red Cross by having it and not newly created civilian organizations taking over the raising of money and the collection of clothing and materials from the Italian people for the use of their fellow Italians in the devastated areas.

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(C) Lt Colonel C.A. Oliver, of Displaced Persons Sub-Commission discussed the possibility of the EAR of Rome and the ECA of other communes holding in the care of bombed-out people, a question for Italian authorities to decide.

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6. Our officers in the field are meeting their varying problems with great initiative and promptness. When the experiences of all these officers can be given in a general conference, from this we hope to evolve a simple but universal welfare plan which will apply and work effectively in all Italy.

JOHN McSWEENEY
Lt Col, Spec Res,
Chief, Welfare Branch.

Declassified E.O. 12356 Section 3.3/NND No. 789011

Declassified E.O. 12356 Section 3.3/NND No. 787017

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

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AC/3016/PH

PH/GMF/ao
10 February 1945

SUBJECT: - Public Health Sub-Commission
Report for Month of January 1945.

TO : - VP, CA Section.

TO : - Chief of Staff.

1. POLITICAL:

(A) No points of major political importance were discussed during January.

2. PUBLICATIONS:

(A) Since 1939 the Italian Medical Profession has been cut off from its colleagues in Great Britain and USA. This isolation has been particularly felt in the field of medical publications. Moreover, since the liberation of Rome there has been a dearth of indigenous medical periodicals. For those reasons there is a great and urgent demand for literature on recent medical advances in the Allied countries.

(B) Publications Section PWB-ITAC has arranged for a regular supply of medical literature from US and UK, both in a pulp condensation of medical publications and in reprints, extracts and precis of original articles prepared by NOI-OWI.

(C) Six weeks ago it was decided that the servicing from US and UK was adequate and regular enough to contemplate publishing under the auspices of PWB, a Medical Bulletin in Italian for the information of the Italian Medical Profession.

(D) At this stage PWB consulted the Public Health Sub-Commission AC. This Sub-Commission wholeheartedly approved of the idea. The Chief of the Public Health Branch agreed to act as editor in the selection of material to be published.

(E) It was decided to publish an eight page monthly bulletin. Two columns a page (roughly 10,000 words) and 15,000 copies to be distributed free to Italian doctors and hospitals all over Liberated Italy, a proportion to be stock-piled for the North.

(F) The following problems had to be solved by Publication Section, PWB: - translation of the Italian copy (this meant finding competent technical translators), printing and production (which called for policy and financial approval by PWB) and finally distribution.

(G) All these problems have been solved and the first number of the "Bulletin Medico" will be off the presses in the first week of February. The second number is being prepared.

(H) Distribution will be handled locally by PWB detachments. Florence has ordered 3,000 copies, Bari 2,500, Palermo 2,000.

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(B) Publications Section PWB-ICD has arranged for a regular supply of medical literature from US and UK, both in single copies of medical publications and in reprints, extracts and precis of original articles prepared by MOI-WI.

(C) Six weeks ago it was decided that the servicing from US and UK was adequate and regular enough to consider the publishing under the auspices of PWB, a Medical Bulletin in English for the information of the Italian Medical Profession.

(D) At this stage PWB consulted the Public Health Sub-Commission AC. This Sub-Commission wholeheartedly approved of the idea. The Chief of the Public Health Branch agreed to act as editor in the selection of material to be published.

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(G) All these problems have been solved and the first number of the "Bulletin Medico" will be off the presses in the first week of February. The second number is being prepared.

(H) Distribution will be handled locally by PWB outposts. Florence has ordered 3,000 copies, Bari 2,500, Palermo 2,000.

(I) In Rome distribution will be direct to the hospitals and clinics, also through the Sindacato dei Medici, the doctor's professional society to whose office they have to go regularly to get petrol coupons, etc. 2,500 copies will be distributed in Rome monthly.

3. PUBLIC HEALTH BRANCH:

(A) Typhus:

(i) The Typhus Demonstration Unit completed a tour of Tuscan Region and 5th Army area during the month, holding demonstrations in each provincial capital. Dr. Rubino's report on the tour is to be found at Appendix A.

(ii) A tour of Abruzzi-Marche Region and 8th Army area is now being arranged and will take place during the first half of February.

(iii) No cases of Typhus have been reported during the month.

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(ii) A January a conference was held with the AMG V. J. District concerning the Benevento epidemic. More strenuous measures have been instituted to control the disease. An A.S. medical officer has been living in Benevento for more than a month, vaccination stations have been opened and penalties have been imposed on persons failing to present themselves for vaccination. The number of cases has fallen from 81 in October to 51 in January, there being no deaths, while 24,000 persons have been vaccinated during the month.

(iii) The Naples figures have also shown a slight decrease, being 261 as compared with 285 in December. Of these 261, 91 occurred in the city of Naples and 170 in the province. 93,110 people were vaccinated in Naples Province during January.

(iv) Isolated cases have been reported from various provinces during the month, but no further cases have occurred in Sicily.

(c) Malaria.

(i) The first month of the new year was occupied in preparing reports and in planning two winter spraying projects. The latter will include an experiment in the destruction of hybernating anophelines at Bonifica Castel Volturno near Naples, and a malaria control demonstration in the area around the mouth of the Niger River near to Rome. Major P.H.G. Aitken drew up the proposals for the experiment to be made in the Castel Volturno area. The spraying was done during the last three weeks of January by a group of Italian laborers supervised by Captain Clarkson and Corporal D'Alco. Lieutenant Fisher, Entomologist from the 15th General Laboratory, carried on routine inspections for hybernating mosquitoes. He reported finding no Anopheles in the sprayed area of the Bonifica, though they were encountered in houses situated in the untreated periphery of that zone.

(ii) Between January 16th and 29th Drs. Cusimi and Rubino examined 456 children in the Castel Volturno area. They worked both the town and the bonifica, finding a general splenic index of 25.6%. In the bonifica the rate had fallen from what it was during 1944 as shown below:

Results of Spleen Surveys at Bonifica Castel Volturno

Date when Spleen Surveys were made	No. of children palpated	No. of children with palpable spleens	Percent with Splenomegaly
May 1944	485	209	43.1%
Aug 1944	575	245	42.6%
Oct 1944	541	207	39.0%
Jan 1945	362	96	26.5%

(iii) A good deal of time was spent discussing the malaria control demonstration to be made in the large tract of flat land near to the delta of the

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Tiber river. It was proposed that all buildings within [illegible] metres radius of Ostia Lido be sprayed before the onset of the seasonally breeding season. Dr. W.A. Super and Colonel [illegible] was approved that project, which is now known as Castello in Colonel Steele's office on January 25th. The bone of DDT now in Rome, at present stored in the Typhus Control Office in Naples and in the basement of the Institute of Public Health in Rome, will be available for that purpose. Dr. Super felt that the project should be extended to include the whole of the Maccarese plain as well as the area covered by an arc with a seven miles radius embracing the town of Lido di Roma.

(iv) Three forms were drawn up to be used in the survey and treatment of houses situated in the zone. Data such as the number of inhabitants, both human and animal, the number of structures and the number of rooms of each type are to be recorded. A daily bulletin will be made out giving the number of houses treated as well as the number of rooms of each kind sprayed. Other records, to be kept daily, cover the amount of oil solution used and the equipment in hand.

(v) A large map on a scale of 1 to 12,500 was prepared showing the exact location of all inhabited buildings in the coastal plain of Rome Province. This includes the towns of Lido di Roma, Ostia Antica, Fregene, Fiumicino and Torlia as well as all rural settlements in this region. It will be necessary to include the Maccarese plain and will be valuable in orientating the spraying teams.

(vi) Dr. Knipe continued to supervise the production of a new type of Knapsack Sprayer designed to deliver between one and two quarts of oil to the acre. It also arranged to have a dozen long extension tubes made to be used with the Dobbins sprayers for treating high ceilings and inaccessible corners inside the larger buildings. During the month he gave the complete issue of his new spraying equipment to groups of Italian officers taking the course of instruction at the 10th Malaria Field Laboratory.

(vii) A revision was made of Colonel Russell's manuscript entitled - "Malaria and its Control in Liberated Italy from January to September 1944". At the express request of Dr. Lorenzo Variey this is to be submitted for possible publication in the Rivista di Malariologia. Also a report under the joint authorship of L.R. Aichel and G. Chamal was written covering the - "Studies made at Castel Volturno, Italy, on the Control of Adult Anopheles mosquitoes with DDT". In addition Dr. Fred W. Knipe prepared a descriptive article entitled - "Notes on Improvements made to equipment for killing both larvae and adult mosquitoes with DDT".

(D) Venereal Diseases:

(i) Owing to shortage of staff this Sub-Commission no longer has the services of a specialist in venereal disease. As consequence, contact has largely been lost with the work of the Italian V.D. clinics and liaison with Allied V.D. consultants has become difficult. To overcome the difficulties arising from this situation, the Ministry of Interior has been approached with the suggestion that in Liberated Italy Allied military V.D. consultants should have direct approach to Italian specialists and clinics and the Ministry has agreed to this suggestion. This agreement has been communicated to the appropriate Headquarters.

(ii) During January the Director and First Assistant of the Pace Hospital, Naples, which is solely devoted to the treatment of infected prostitutes were apprehended on grounds of obstructive irregularities and are being detained pending trial. The AMG No. 3 District has kindly lent a British VD Specialist to supervise and re-organize the running of the hospital while the Italian Government has been asked to supply a capable pathologist. This hospital was inspected by the Director of the Sub-Commission during his visit to Southern Region in January and

(v) A large map on a scale of 1 to 12,500 has been prepared showing the exact location of all inhabited buildings in the coastal plain of the Provinces. This includes the towns of Lido di Roma, Ostia Antica, Aprilia, Fiumicino and Ardea as well as all rural settlements in that region. It will be extended to include the Maccarese plain and will be valuable in orienting the spraying teams.

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(E) Typhoid:

(i) A typhoid epidemic of some severity has existed at Prato during December and January. As from 17th December until 12th January 194 new cases were notified and the total number of cases reported to be 734. The epidemic is attributed to contamination of springs and water mains and the pollution of surface wells. An AC Medical Officer has been sent to Prato to assist in control measures, which, as usual, invaluable help has been rendered by Military Medical Officers, especially the DDMS of the Area and the 2nd US Medical Laboratory.

(ii) At present attention is being focussed on carriers and mass examination of recovered cases is taking place, all of whom will have rectal swabs taken.

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(E) Reports of the occurrence of Equine Encephalomyelitis have not been substantiated.

(F) Sheep-pox has been reported from Taranto Province, as well as from Lecce, Naples and Avellino Provinces. The provincial laboratory at Foggia is turning out adequate quantities of vaccine for immunization.

(G) The report of the Veterinary Branch is to be found at Appendix B.

5. MEDICAL SUPPLY BRANCH:

(A) The position regarding the distribution of medical supplies by E.M.B.A. was still unsatisfactory during the month and energetic action had to be taken to effect immediate distribution in Rome City and Tuscania Region. A number of meetings were held with the Director General of the Italian Public with the object of eliminating bottle-necks in distribution and ensuring every means of making E.M.B.A. operate as efficiently as possible.

(B) The supplies for this theatre covering the first six months of the year are not expected to arrive before March due to delay in approval of the indents by the War Department. At present there is no shortage except for ointment bags and X-ray films. The Italian Government has been asked to prepare by the 15th February, an indent for the last six months of this year covering the whole of Italy. Plans for distribution to the Northern Italy should these suddenly be required, have been prepared.

(C) A new price list, giving the landed cost of Allied supplies was issued. The Italian Government will, from this list, prepare a list of wholesale and retail prices.

(D) Close touch is being maintained with the Industry Sub-Commission concerning the requirements of raw materials for the rehabilitation of pharmaceutical and biological firms and the distribution of finished products.

(E) The 2665th Control Civil Affairs Medical Depot (CMCD) was activated on 6th January and all American Medical Supply personnel were transferred to this organization. The 2665th CMCD will serve both this theatre and other countries in the MTO and is under the direct command of A.F.H.Q. The Medical Supply Branch of this Sub-Commission will cease to exist as from 1st February, when Colonel Griffin will leave for Army and Captain Bushnell will remain attached to this HQ acting as liaison officer to the Italian Government and E.M.B.A.

(F) The report of the Medical Supply Branch is to be found at Appendix C.

(G) Appendix D contains a descriptive historical summary of the setting up and development of distribution channels established by the Medical Supply Branch during the past year.

6. WELFARE BRANCH:

(A) The Welfare Branch operated in close cooperation with AFHQ and through the latter has organized the distribution of 300 tons of clothing for civilians. Distribution of clothing for Sardinia is under consideration and when the needs of those islands have been taken care of, arrangements will be made for clothing to be sent to the extreme area of Southern Italy.

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operate as effectively as possible.

(E) The supplies for this theatre covering the first six months of the year are not expected to arrive before March due to delay in approval of the indents by the War Department. At present there is no shortage except for clothing, boots and X-ray films. The Italian Government has been asked to prepare by the 15th February, an indent for the last six months of this year covering the whole of Italy. Plans for distribution to the Northern Italy, should these suddenly be required, have been prepared.

(G) A new price list, giving the landed cost of Allied supplies was issued. The Italian Government will, from this list, prepare a list of wholesale and retail prices.

(H) Close touch is being maintained with the Industry Sub-Commission concerning the requirements of raw materials for the rehabilitation of pharmaceutical and biological firms and the distribution of finished products.

(I) The 2665th Central Civil Affairs Medical Depot (CMAD) was activated on 5th January and all American Medical Supply personnel were transferred to this organisation. The 2665th CMAD will serve both this theatre and other countries in the MTO and is under the direct command of AFHQ. The Medical Supply Branch of this Sub-Commission will cease to exist as from 15th February, when Colonel Griffin will leave for AFHQ and Captain Dushkin will remain attached to this HQ acting as liaison officer to the Italian Government and SCAEGA.

(J) The report of the Medical Supply Branch is to be found at Appendix C.

(K) Appendix D contains a descriptive historical summary of the activation and development of distribution channels created by the Medical Supply Branch during the past year.

3. WELFARE BRANCH.

(A) The Welfare Branch operated in close cooperation with SCAEGA and through the latter has organized the distribution of 100 tons of clothing for Sicily. Distribution of clothing for Sardinia is also under consideration and when the needs of these islands have been taken care of, arrangements will be made for clothing to be sent to the Potenza area of Southern Italy.

(B) ENSOL officials, at the request of the Welfare Branch, are incorporating existing communal and provincial welfare committees with the ENSOL organization, thus facilitating both the receipt of information and the process of distribution. By this means, distribution of newly arrived stocks of milk will be hastened.

(C) Meetings have been held with representatives of the Italian Government with the object of unifying the financial organisation of all ECAs and WCCs. Proposals have been presented to the Government on which a plan is to be constructed. Regular weekly meetings on this subject will continue to be held.

(D) The question of feeding, housing and financing destitute Allied nationals is an important one. It has been agreed with the ECAs that these institutions will look after Allied internals while their cases are being investigated by the appropriate authorities. The problem of former Allied Nationals who have become "stateless" on account of enforced service in enemy armies is being considered and a draft proposal is being prepared for presentation to the Inter-Governmental Committee on Refugees.

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(3) Juvenile delinquency is a serious problem in Naples where plans are being made to open a training centre for children in order to avoid their being sent to prison. If this scheme should prove successful, it is proposed to open similar centres in other large cities.

(F) The report of the Welfare Branch is to be found at Appendix B.

7. P.W.B. SUB:

(a) The Director and the Executive Officer visited Southern Region during the month.

(B) Dr. Frank L. Soper and Dr. Floyd . Markham have returned from the U.S.A.

(C) One British and a number of American promotions occurred in this Sub-Commission during January. These are as follows:

- Lt Colonel to Colonel:

  Lt. Colonel C. Carr (S) Senior Public Health Officer, AMG 5th Army.

- Major to Lt Colonel:

Major Leyton Chalker	(A)	Regional Public Health Officer, Emilia Region
Maj F Raymond Kenny	(A)	Welfare Officer, Venezia Region
Major John McConaughy	(A)	Chief, Welfare Branch, HQs.

- Captain to Major:

Capt John A. Fallow	(A)	Public Welfare Officer, AMG 5th Army
Capt Renato Giuliani	(A)	Public Health Officer, AMG 5th Army
Capt Joseph L. Guisti	(A)	" " " " Venezia Region
Capt Paul C. Savage		Executive Officer, HQs
Capt Edward . Turner		Regional Sanitation Officer, Emilia Region.

- 1st Lt. to Captain:

  1st Lt. Thomas T. Grierson, Regional Welfare Officer, Emilia Region.

SUMMARY

1. PUBLICATIONS:

(A) Nothing of major importance to report.

2. PUBLICATIONS:

(A) The Publications Section of P.W.B. is reviewing a number of both American and British medical journals. It was decided that the supply of medical literature was sufficient to contemplate the publication of a Medical Bulletin in Italian for the information of the Italian medical profession. The Public Health Subcommission accordingly selected papers suitable for publication and P.W.B. made all arrangements for translation, printing, reproduction and distribution. The first

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(C) One British and a number of American promotions occurred in this Sub-Commission during January. These are as follows:

- Lt Colonel to Colonel:

Lt. Colonel C. [illegible] (S) Senior Public Health Officer, AMG 5th Army.

- Major to Lt Colonel:

Major Denton Smallman (A) Regional Public Health Officer, Emilia Region
Major Raymond Kelly (A) " Welfare Officer, Venezia Region
Major John McSweeney (A) Chief, Welfare Branch, HQs.

- Captain to Major:

Capt John W. Bellow (A), Public Welfare Officer, AMG 5th Army
Capt Fausto Chilini (A), Public Health Officer, AMG 5th Army
Capt Joseph L. Smith (A), " " " Venezia Region
Capt Paul C. Savage, Executive Officer, HQs
Capt Edmond .. Turner, Regional Sanitation Officer, Emilia Region.

- 1st Lt. to Captain:

1st Lt. Thomas M. Winterstein, Regional Welfare Officer, Emilia Region.

SUMMARY

1. POLITICAL:

(A) Nothing of major importance to report.

2. PUBLICATIONS:

(A) The Publications Section of P [illegible] is receiving a number of both medical and British medical journals. It was decided that the supply of medical literature was sufficient to contemplate the publication of a Medical Bulletin in Italian for the information of the Italian medical profession. The Public Health Sub-Commission accordingly selected material suitable for publication and P.B made all arrangements for translation, printing, production and distribution. The first number of the Bulletin Medico will be ready early in February and free distribution throughout Liberated Italy will take place, while a proportion of copies will be stock-piled for the North. The second number is being prepared.

3. PUBLIC HEALTH:

(A) No cases of Typhus were reported during January. The Demonstration Unit completed a tour of Tuscany (Leghorn and 5th Army Area and will tour Abruzzi-Marche Region and 8th Army Area in February. It is emphasised that stocks of DDT Powder must be husbanded in case a Typhus epidemic should occur and these stocks cannot be dissipated on disinfestation programmes.

(B) One case of Smallpox occurred in Rome in the month of January. In Consequence the number of cases reported during January was 51 as compared with 81 in December, 24,000 persons being vaccinated during the month. The Naples Province figure was 261 as compared with 205 in December. 93,410 people were vaccinated. Isolated cases have been reported from the Bari Province in Southern Region.

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to keep this in check, the boiling of milk and avoidance of local cheeses is recommended.

(F) The Rome Infant mortality figure for December was 118.6.

(G) The Rome tuberculosis (both pulmonary and non-pulmonary) rate for December was 23.5.

(H) Allied stocks of Penicillin in this Theater are limited and can only be used for the treatment of Allied soldiers. It is impossible to release Penicillin for the treatment of civilians.

4. VETERINARY:

Of 15,000 cattle vaccinated against Foot and Mouth Disease during the year in Rome Commune, none developed any signs of infection. The veterinary laboratory at Portici and the bolzano Institute at Siena are prepared to produce vaccine for Swine Cholera, which is prevalent, when they can obtain the necessary BB oil. The incidence of Sheep Scab is high and the use of lime-sulphur dip is recommended. Sheep pox is reported from the Provinces of Naples, Taranto, Lecce and Brindisi.

5. MEDICAL SUPPLY:

SHAEF's distribution system during January was not satisfactory but every effort has been made to improve it. There is an anticipated delay until 1 March of the arrival of the first six months consignment of medical supplies for this Theater. At present there is no shortage of supplies except for confinement bags and X-ray films. The requisition for the second six months, covering the whole of 1945, is in preparation. The new 2045th Control & Civilian Supply Depot (CVSD) was activated on 6th January. This organization, which is under the direct command of AFHQ, will serve both this Theater and other countries in the MTO.

6. WELFARE:

The Welfare Branch, in cooperation with SHAEF is arranging for the distribution of 100 tons of clothing to Sicily. Following this, Sardinia and the Potenza area of Southern Region will be supplied. Plans for the unification of the financial programmes of all NGOs and UNRRA are under consideration. Arrangements are being made for the care of destitute Allied Nationals and also "Stateless" former Allied Nationals. It is hoped to open a training center for juvenile delinquents in Naples in order to avoid their being sent to prison.

7. PERSONNEL:

The Director and Executive Officer visited Southern Region during the month. Drs. Soper and Larkin returned from the U.S.A. One Britain and nine American promotions were announced among members of the sub-Commission during January.

E. Hamilton Gill
E. S. HAMILTON, Brigadier
Director,
Public Health Sub-Commission.

24 Feb

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APPENDICES:

APPENDIX "A" - Report on Typhus Demonstration Tour - Dr. Alexander Fabino.

APPENDIX "B" - Monthly Report, Veterinary Branch - Major Rowland V. Rushmore, Chief.

APPENDIX "C" - Monthly Report, Medical Supply Branch - Col Martin E. Griffin, Chief.

APPENDIX "D" - Report on Medical Supply Situation in Liberated Italy - Director, Public Health Sub-Commission.

APPENDIX "E" - Monthly Report, Welfare Branch - Lt Colonel John McSweeney, Chief.

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APPENDIX (B) - Identity Report #1

APPENDIX "B" - Report on Medical Situation in Liberated Italy - Directors; Public Health Branch - Lt Colonel John McSweeney, Chief.

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APPENDIX "A"

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2. The following plan was adopted to enable a number to possible and was usually held in a room in the receiving. Following is a copy of the notes used in the typhus course:

a. Why we are interested in typhus at the present.
b. Geographical distribution of typhus fevers (all to scale
from? North & South
c. Where lice are found.
d. How a louse sucks blood.
e. Biological characteristics of (louse)
(1) Its world wide geographical and surgery.
(2) How we typhus
(3) Where hibernates
(4) Life's history.
f. Old methods of delousing.
g. New method of its advantages - when and when to doubt.
h. Methods used in various epidemics
(1) Cases reported by Medical Inspectors.
(2) Camp during War #1.
(3) Dark Ambush Relousing - Cops and Black.
(4) Serbian Squad in and around Bordeaux.
(5) Delousing stations.
(6) Discharge surveys.
(7) Propaganda.
i. What is to be done in case typhus appears

3. An instruction sheet on the method of application of dem-ing powders and use in the typhus disease was given to each representative member of group. Everyone was instructed to use the term "Dermotiff" without abbreviation for old world typhus and "Dermotiff Murine" for the murine type in all communications. Reference was made to Brill's disease so that this term be no longer used as a synonym for murine typhus.

4. The demonstrations were given in the city jails except in Paris and Marseilles where refugee camps were used. The jails are more recommendable because of greater ease with which subjects may be procured. A new method for delousing individuals was introduced by Major Edgar Hume (U.S.P.H. public health service, France), which was adopted. The procedure is as follows:

a. The instructor places the persons to be instructed in a circle around himself.

b. He then treats one or two subjects and explains each step. The subjects' clothes are examined after each step so as to demonstrate the effect.

c. Each person is then given a subject to treat and follows the instructor step by step until he is familiar with the technique.

5. A detailed report on the process in attendance at each demonstration is not available until the individual reports forgotten in files on (A.P.O. 763) are procured.

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HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "B"

AC/3006/13/PH

31 January 1945

SUBJECT: - Report of Veterinary Activities for the Period 1 to 31 January 1945.

TO : - Director, Public Health Sub-Commission, H.Q. Allied Commission.

1. The report of Italian veterinary activities within the Zone of Combat during the past year reveals several future dangers, the most potent factor about the serious animal disease are the slaughter of livestock in that area. There were 2/3 dogs murdered as rabies suspects, 5% of which were rabid. Three persons reported for treatment following dog bites. The apparent decrease pertaining to the control of rabies must continue to be carefully enforced. Approximately 15,000 cattle, most of which are dairy cows, were vaccinated for foot and mouth disease. Immunity by following administration of the vaccine has been very good. One herd of 200 dairy animals and 30 calves eventually became infected approximately two weeks after the cattle on all adjacent farms had been vaccinated. There has not to this date been a single case of the disease reported among the 15,000 vaccinated animals. The vaccine which has already been produced in Rome has been made by the Maldarelli process. There were 56,787 sheep as well as a number of equines, bovines and swine, slaughtered in the home abattoir during the year. Practically all of the sheep were slaughtered prior to the liberation of the Commune. The Director of the abattoir reports that these sheep were slaughtered primarily for the pelts.

2. Foot-and-mouth disease has appeared in the Provinces of Siena and Florence during the month. Following numerous conferences with the Superintendent Agricultural Officers, Italian veterinarians, Provincial Commissioner, Prefetto and other provincial officials, plans are now complete for the harvesting of virus with which to make vaccine for use in the 4th Province.

3. Swine cholera continues to be quite prevalent in many provinces. It has appeared in Siena Province where there are estimated 100,000 swine. 10,000 doses of vaccine and a small quantity of anti-serum has been shipped to Siena. Immunative vaccinations are now being made there. In addition, two Italian veterinarians for large swine use of the crystal violet vaccine. At least two biologic producing laboratories plan to produce this vaccine on a large scale. The Veterinary laboratory at Portici, Naples is equipped to produce large quantities of this vaccine. In a recent conference with the director of this laboratory and the Provincial Veterinarian Naples, it was agreed that production could and would begin within 7 to 10 days provided the proper steps were taken by the appropriate Agricultural officials. The Regional Agricultural Officer, Southern Region, has given verbal assurance that he will help in every way he possibly can to make available the necessary swine from which to harvest blood. In Siena the "Solvay" Institute is equipped to produce the vaccine and the director of the laboratory is most anxious to begin production. Here, as in Southern Region, verbal assurance has been given by the Regional Agricultural Officer that every effort will be made to afford swine from which to harvest the necessary blood.

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structions can be made available upon request. Extensive plans are in progress with the Italian Services, Treasury Sub-Commission, to make up to 100 tons of commercial sulphur available in Rome at controlled prices. The other necessary chemicals, lime, is known to be plentiful. This Branch will give all possible assistance to encourage the wide-scale use of this dip upon request from the Regions.

6. The importation of sheep for military use will of necessity continue and the appropriate Italian officials have not assured an adequate local supply.

7. Lung worm/bronchitis continues to take a monthly toll of lambs. Commercial vaccine for this disease has been produced and distributed by a private privately owned and operated veterinary laboratory in Ascoli Piceno. At last report, thirty liters of this vaccine was available there. The laboratory in Rome is equipped to produce vaccine and will begin production when female ages are released for the purpose.

8. There is no concrete evidence from reports of the recent investigations by assigned Italian veterinarians that equine encephalomyelitis has actually occurred. There have been reported 20 to 30 suspected cases, over a period of 4 months, in two provinces. This Branch is endeavoring to find suspected animals. from forest, a full report from personal observation will be rendered.

9. Sheep pox has now been reported in Taranto Province. This brings to four the number of provinces in which the disease is reported, namely Brindisi, Lecce, Naples, Taranto. Vaccine for sheep pox is available at the Foggia laboratory. A number of sheep in areas surrounding all infected herds have been inoculated. This procedure appears to have eliminated the disease in at least two communes.

10. No reported incidence of other animal diseases has been available during the month.

[signature]

EDWARD W. STEWART,
Major, Vet Corps,
Chief, Veterinary Branch.

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HEADQUARTERS ALLIED COMMISSION
AFO 394
Public Health Sub-Commission

APPENDIX "C"

3 February 1945

AC/3072/73/PH

SUBJECT: - Monthly Report for January 1945,
Medical Supply Branch.

TO : - Director, Public Health Sub-Commission, A.C.

1. The second month of operation of UNRRA continues to be in a measure unsatisfactory, however, there has been considerable improvement over the first month's operations. One of the principle defects was the fact that both UNRRA and the Italian Government had not requisitioned sufficient supplies for Rome City, but had taken care of Rome Provinces. The other glaring defect was a marked delay on the part of the Italian Government in furnishing a break-down for the distribution in Toscana Region for the months of January and February. By the end of the month, supplies had however been distributed in Rome City, and in Toscana Region. In the other Regions, except for a minor delay in Abruzzi-Marche, distribution has been apparently satisfactory.

2. During the month, five (5) meetings were held with the Director General of the Sanita' Publica, regarding methods of improving the operations of the UNRRA organization. It was pointed out to the Italian Government representatives that in Liberated Italy the final distribution of supplies was their responsibility, and that they should give UNRRA every possible assistance. As a result of these meetings, it was decided to put all Regions on a two (2) months requisition basis, in the hopes that this would give everyone more time in which to get the supplies prepared for shipment, give UNRRA more time to prepare their bills to the wholesalers, and give the Italian Government more time to prepare their break-downs of requisitions to UNRRA for each Province. In addition UNRRA and the Italian Government has made arrangements so that payments by the wholesalers will be made promptly, and that financial transactions will not in the future hold up the distributing of supplies.

3. Requisitions for all Regions for February were transmitted to the UNRRA depot for filling before the end of the month. Requisitions for March and April will be transmitted to this office the first week in February, and will allow of ample time for all necessary actions. A new price list of all Allied supplies was prepared during the month, and copies furnished everyone concerned. It's new price list is based on latest CAD list, and gives landed costs only. Wholesale and retail prices are the responsibility of the Italian Government.

4. Shipment of medical supplies for Italy, for the period 1 January to 30 June, 1945, are not expected to arrive in this theater prior to March. It is understood that the delay in approval of this requisition occurred in the War Department. Urgent signals have been sent out from G-4, AFHQ asking that these supplies be expedited. At the present time there are no shortages in medical supplies for Italy except for confinment bags and x-ray supplies.

5. Anticipating that additional supplies might be required for the period 1 July to 31 December, 1945, the Italian Government has been asked to prepare a requisition covering that period for submission to this office not later than 15 [illegible] the Italian Government all possible assistance

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3. Requisitions for all Regions for February were transmitted to the QMAB depot for filling before the end of the month. Requisitions for March and April will be transmitted to this office the first week in February, and will allow of ample time for all necessary actions. A new price list of all Allied supplies was prepared during the month, and copies furnished everyone concerned. This new price list is based on latest CAD list, and gives landed costs only. Wholesale and retail prices are the responsibility of the Italian Government.

4. Shipment of medical supplies for Italy, for the period 1 January to 30 June, 1945, are not expected to arrive in this theater prior to March. It is understood that the delay in approval of this requisition occurred in the War Department. Urgent signals have been sent out from G-5, AFHQ asking that these supplies be expedited. At the present time there are no shortages in medical supplies for Italy except for confinement bags and x-ray supplies.

5. Anticipating that additional supplies might be required for the period 1 July to 31 December, 1945, the Italian Government has been asked to prepare a requisition covering that period for submission to this office not later than 15 February. This office is giving the Italian Government all possible assistance in the preparation of this requisition, and will screen same against CCAC allowances and local availabilities.

6. Plans have been made for the distribution of medical supplies for the Northern Regions of Italy in the event of a sudden collapse. These plans are secret and are therefore not included in this report.

7. A meeting was held between representatives of the Industry Sub-Commission and this office with regard to establishing responsibilities in connection with rehabilitation of pharmaceutical and biological manufacturers in Italy. It was agreed that Industry Sub-Commission would be responsible for obtaining all required raw materials for these firms, and that Public Health would assume responsibility with the Italian Government agencies for the distribution of finished medicinal products. It was further agreed that representatives of this office in the field would give every assistance in this work to the Industry Sub-Commission, and that the two Sub-Commissions would keep each other closely informed of actions taken, to the end that the required medical supplies might be produced in Italy, if at all possible.

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8. The 2665 Central Civilian Medical Depot (CCMD) was activated on 6 January 1945, and personnel formerly working in the Medical Supply Branch, HQ. AC, and in the Central Medical Depot, Naples, and the Florence and Bari sub-depots were all transferred to this new organization. The undersigned and Captain Bushard were placed on temporary duty with Hq. AC. to continue the activities of the Medical Supply Branch, Public Health Sub-Commission. In the future, the Allied Commission will draw required supplies from the 2665 CCMD, or its branch depots, while the accounting will be done by the 2665 CCMD depot. All supplies in this depot and the branch depots are now Army property, and the Finance Sub-Commission has prepared an accounting procedure for this depot and for the Allied Commission, which when published will clearly outline the necessary actions to be taken by all concerned. The 2665 CCMD has received a large consignment of medical supplies from the Mid-East stockpile, which can be used for filling requirements for Italy as well as other countries in the MTO.

9. Since the operation of medical depots in Italy is now a function of AFHQ, and since the principle work of the Medical Supply Branch, Public Health Sub-Commission will be liaison with the Italian Government, and MMMEA, it is considered that one officer should be sufficient for this work. Captain Bushard has for the past month been handling these problems in a most commendable manner while the undersigned has been occupied with the organization of the 2665 Central Civilian Medical Depot. It is therefore recommended that Captain Bushard be made the Medical Supply Officer, Public Health Sub-Commission, and that the Medical Supply Branch, as such, be abolished effective 14 February 1945, when the undersigned is to be relieved from temporary duty with Allied Commission.

MARTIN E. GRIFFITH
Colonel MC,
Chief, Medical Supply Branch.

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HEADQUARTERS, ALLIED COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "D"

AC/3072/PH

13 January 1945

SUBJECT: - Report on Medical Supply Situation in Liberated Italy.

MEMO : - CG, CA Section.

TO : - Chief Commissioner,
Allied Commission.

1. From the beginning of Allied Military Government activities in Italy, up to 1 January 1945, there have been imported into Italy approximately 3500 long tons of medical supplies, having an approximate value of 6,000,000 dollars. Practically all of these medical supplies are of United States origin, the bulk of them having been shipped to this theater direct from the United States. A small portion was shipped from U.S. Medical Supply depots within this theater. A negligible amount was of British origin being principally supplies which were furnished direct from British Medical depots to AAI installations in emergency.

2. It must be remembered that the amounts of medical supplies furnished to Italy by the Combined Chiefs of Staff, is only that amount of supplies that will save life and prevent the spread of disease to Allied troops. For Italy this represents five-thirteenths of the estimated requirements as computed on the status of medical practice in Italy and the numbers of hospital beds. The kinds of supplies allowed, and the quantity are limited by this policy, and it is not possible to fill all requests made by the Italian civilian population. Penicillin is one example of an excellent drug which is not available to Italian civilians because of its short supply to the Allied troops. Medical supplies are therefore furnished on an emergency basis, and first priority is given to the AAI Army areas; second to the hospitals, clinics, and ambulatories; third to doctors; and lastly to pharmacies for general sale to the public. The Italian system of requiring a doctor's prescription for practically all drugs is not generally known by Allied personnel. Pharmacies are more completely controlled by Italian law than is the case in the U.S. or U.K., and all Allied drugs require a doctor's prescription. This has been done to prevent a "black market" of allied drugs.

3. Up to 1 November 1944 the system of distribution of medical supplies in liberated Italy was as follows:

a. A Central Medical Depot, AAI was established in Naples, with branches located wherever necessity demanded. At one time there was a branch at Bari, later in Rome, and now in Florence. Supplies from the United States were received in this Central Depot, and were distributed to the various Regions. All accounting was done at this Central Depot, which operated under the direct control of the Medical Supply Branch, Public Health Sub-Commission.

b. Italy was divided into Regions for administrative purposes and in each of these Regions there was a Regional Public Health Officer who was responsible for the distribution of medical supplies within his Region. Each of these Regional Public Health Officers obtained the monthly requirements for the general population in his Region, by consolidating

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a. A Central Medical Depot, ACC was established in Naples, with branches located wherever necessity dictated. At one time there was a branch at Bari, later in Rome, and now in Florence. Supplies from the United States were received in this Central Depot, and were distributed to the various Regions. All accounting was done at this Central Depot, which operated under the direct control of the Medical Supply Branch, Public Health Sub-Commission.

b. Italy was divided into Regions for administrative purposes and in each of these Regions there was a Regional Public Health Officer who was responsible for the distribution of medical supplies within his Region. Each of these Regional Public Health Officers obtained the monthly requirements for the several provinces within his Region, he consolidated these requirements into a monthly requisition, this was forwarded to the Public Health Sub-Commission, HQ, ACC, where it was screened against the allowances for the Region, based on population, and on the allowances as prescribed by higher authority. This requisition was then sent to the Central Depot, or to the proper branch of this Depot, and the supplies were shipped to the Regional warehouse which was either operated by the Regional Public Health Officer or by a wholesale drug firm, under his supervision. The Medico Provinciale of each province, working under the Prefect of the Province, was held responsible by the Regional Public Health Officer for the final distribution of medical supplies in the province. This system required a Regional Public Health Officer in each Region, and further required additional personnel to assist in the supervision of distribution. As more and more regions were liberated, it was soon found that there was not sufficient personnel to accomplish this mission, and more and more reliance was placed in the use of civilian wholesale drug firms, who operated under the supervision of the Medico Provinciale of the provinces. Under this system the

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the final distribution of medical supplies, and who ascertain the requirements of the hospitals in the area. It is the opinion of this office that in the Army areas because of the requirements and the follow-up are done by personnel working directly under the military that the system of distribution is adequate and that no black market activities of Allied furnished supplies occurs.

d. Medical supplies for Refugees and Displaced Persons Camps are drawn from the Central Medical Depot, on requisitions approved by Public Health Sub-Commission each month. These supplies are shipped to a central point and the final distribution is the responsibility of the Displaced Persons and Repatriation Sub-Commission. These supplies are shipped on an issue voucher, with the final payment being made by the Italian Government, in that no deposits are made by the Displaced Persons and Repatriation Sub-Commission. No change is to be made in this system of supply, so long as the Allied Commission is responsible for the supply of these camps.

4. The last distribution of medical supplies to the several Regions on the system enumerated in paragraph 2 above was made in October, and was for the month of November. Starting 1 November 1944, the responsibility of medical supply distribution in Liberated Italy, not including AFHQ Army areas, was passed to the Italian Government. The Italian Government, with the assistance of the Public Health Sub-Commission, had organized an Italian corporation, known as ENDIMEA (Ente Nazionale Distribuzione Medicinali degli Alleati). This organization as initially organized, was composed of three Italian wholesale drug firms, as initially organized, was composed of three Italian wholesale drug firms, that had been handling Allied supplies under the Regional system, and had been found to be quite efficient in the areas where they operated. This Corporation is responsible to the Italian Government, for distribution of required medical supplies from the Central Medical Depot, to the Provinces. Deliveries are made to wholesale druggists in the provinces as indicated by the Sanita' Pubblica. The Sanita' Pubblica obtains the requirements from the several provinces of Liberated Italy, from the Medico Provinciale, and passes these to the Public Health Sub-Commission who checks each request to see that the amounts are within the allowance for the province as determined by the population of the province and the rules of higher authority. The approved requisition is then filled by the Central Medical Depot and turned over to ENDIMEA for the distribution as indicated by the Sanita' Pubblica. ENDIMEA obtains through the Prefects of the several provinces payment for the supplies delivered, from the wholesale druggists who are to distribute these supplies, and deposits this money in the Bank of Labor. The Public Health Sub-Commission no longer makes any collections but furnishes the Italian Government with a copy of all issue vouchers to ENDIMEA, with a copy to the Finance Sub-Commission. These accounts are now kept by the Finance Sub-Commission as either dollar or pound accounts, not Lire accounts as formerly. Public Health Officers of the Public Health Sub-Commission working in the Regions are giving ENDIMEA every possible assistance in their distribution, as is the Medical Supply Branch, Public Health Sub-Commission. This assistance consists of helping this agency find transportation, tires, gasoline and obtaining required passes so that their personnel may travel from province to province to supervise their work. With the acute shortage of cars and tires, this has been a major problem. This office has also arranged for both train and boat transport for medical supplies in order to accelerate distribution.

5. The Italian Government is wholly responsible for the final distribution of imported medical supplies, and has delegated this responsibility down to the prefects of provinces with the Medico Provinciale of the province. A standard system of in and out bookkeeping is kept by each wholesale distributor and by each pharmacy,

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and this is checked by an inspection service of the Senior Public Health Officer. In the past month instances of irregularities have been found, and persons properly punished. Insulin is handled as a doctor's prescription item, and its sale is absolutely controlled, so that only a diabetic patient who can produce a doctor's prescription may purchase this item. The same is true of all narcotic drugs. The only action that the Public Health Sub-Commission can take to ensure equitable distribution, is first to check requests to see that each province obtains what is allowed that province, and second by occasional inspections by our limited field personnel to see that hospitals and clinics have supplies, and that the wholesalers are furnishing all items possible to the pharmacies.

6. In an effort to send more supplies to the Provinces, with the hope that the pharmacies may receive adequate supplies, this office is now insisting that each province obtain during this month, two months supplies. This action is considered advisable since there has been practically a month's delay in the effective distribution of medical supplies by the Italian Government. In spite of this delay, this office has had no report of shortages in hospitals and clinics. It is the opinion of this office that this new system of distribution will be working satisfactorily in another two weeks, and that it will continue to function effectively if political activities are not infiltrated into this organization.

7. Effective as of 6 January 1945, the 2665th Central Civilian Medical Depot (CMD) took over the activities of the Central Medical Depot, AC, which relieved the Allied Commission of the responsibility of storage, and shipment of supplies in Italy. This office is still responsible for estimating the six month's advance requirements of the civilian population of Italy, for the screening of all requests from the Italian Government, and acts in an advisory capacity to [illegible] and the Italian Government in the distribution of Allied supplies, and renders such assistance in obtaining required transport for these medical supplies. There is now in the CCMD sufficient stocks to handle all Liberated Italy through the month of March. Supplies for the period 1 July to 31 December 1945 were requisitioned in September, and should have started arriving this month, but to date cables indicate this requisition has not received final approval and allocation by the Combined Chiefs of Staff. Plans have been made for the orderly distribution in the northern provinces of Italy when liberated. Transport difficulties continue to be the major problem in distribution.

8. In addition to imported Allied supplies, there has been found a fair amount of Italian and other supplies, with a small amount of medical supplies being manufactured in Italy. Biological products are being manufactured on a modest scale, and the distribution of these Italian made products is the complete responsibility of the Italian Government. Prices for all medical supplies have been established by Government decree, and persons found dealing in "black market" activities are properly prosecuted.

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

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

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APPENDIX 'E'

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3078/10/PH

4 February 1945

SUBJECT: - Report of Welfare Branch for January 1945.

TO : - Director, Public Health Sub-Commission.

1. Personnel - No change in officer personnel. The assignments of Red Cross personnel are entirely in the hands of Red Cross officials.

2. Food and clothing is still the pressing need in practically all provinces of each region.

(A) Clothing. This office is still operating in conjunction with the ENDSI. Reports came to the Welfare Branch of the serious needs of Sicily and Sardinia; these reports together with a detailed description of the needs of these islands was presented to the ENDSI. Officials of this organization have made further personal investigation and, finally, plans for the distribution of 100 tons in Sicily now, more later were completed. Sardinia will be considered in later plans. With these two Islands receiving some help leaves only the mountainous region around Potenza of the Southern Region which has not yet been taken care of with a clothing distribution.

(B) Food: Milk has come in through American Relief for Italy. This office has authorized the Regional Welfare Officers in whose regions distribution will be made to make available all institutional as well as generally needed information, to the ENDSI committees so that the distribution will be as equitable as possible. The ENDSI officials have been requested by Chief Welfare Branch to make the already established welfare committees of the Provinces integral parts of the committees set up by ENDSI. This is working well; is lessening the time for investigations and hastening distribution.

3. Many meetings were necessary during the month.

(A) Italian officials. Two meetings were held with Dottor Valente - Vice-Prefetto, Head of the Assistance Branch of the Ministry of Interior in an effort to get a stabilized financing program set up for all Enti Communali Assistenza and O.N.M.I.s. The Regional Welfare Officer Lazio-Umbria Region and Lt. Kasun who is cooperating in Welfare under the Regional Commissioner of Region VIII were present. Facts were presented by our Branch upon which the Italian Government can predicate future budgets. Regular weekly meetings were discussed and planned for each Friday at 16. The Regional Welfare Officers will be notified of these regular meetings and should they be in Rome or plan to be in Rome to arrange to

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(B) Food: Silk has come in through American Relief for Italy. This office has authorized the Regional Welfare Officers in whose regions distribution will be made to make available all institutional as well as generally needed information, to the ENDSI committees so that the distribution will be as equitable as possible. The ENDSI officials have been requested by Chief Welfare Branch to make the already established welfare committees of the Provinces integral parts of the committees set up by ENDSI. This is working well; is lessening the time for investigations and hastening distribution.

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(B) Representatives of Allied Nationals. The question of financing Allied Nationals has become urgent. The Chief Welfare Branch has felt that S.C.A.E can meet the immediate pressing needs of these people while investigations are being made by the respective Delegations. Lt. Buck Regional Welfare Officer, Region V, brought this Allied National question to the office while in Rome on other business. A meeting was held with Captain Trigg of Displaced Persons Sub-Commission and the above procedure was decided upon. Further provision had to be made for former Allied Nationals who had become "stateless" because of being forced to serve in enemy armies or for other reasons. A meeting to take up the care of these persons was held with Major B. H. Culloton of Region IV and Mr. Luijdjens of the Royal Netherlands Mission who is Chairman of a voluntary group representing forty Allied countries. Result of meeting was to have Maj. Culloton draft a

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request to have this group through its Chairman Mr. Luijo Jona present the claims of the stateless nationals to the Inter-Governmental Committee on Refugees which is authorized to establish a status for those people. After which they will receive financial assistance on the same basis as other Allied Nationals.

(C) American Red Cross. Meeting with Mr. Crawley to discuss personnel and clothing distribution in Region VII, Lt. Kazen was present from Region VIII.

(D) Italian Disabled Veterans. Several meetings were held with officials to discuss their problems. The exact status of these groups has not been established and so no definite action was taken.

4. The urgent need for a survey of eleemosynary institutions of the Rome area was presented by the Regional Welfare Officer Lazio-Umbria Region. The Istituto San Michele, Tor Marancio, was visited. Somewhat over four hundred children were housed in this very modern and well equipped institution where at least twelve hundred could be cared for and also trained in their wood working and machine shops as well as in their sewing rooms. It is felt that similar conditions exist all over Italy. With furniture and bedding many homeless youngsters can be placed without requiring additional buildings.

5. Juvenile delinquency persists in Naples. The Regional Welfare Officer Southern Region is continuing his efforts to establish an institution for these youngsters so they will not be sent to the prisons. The Provost Marshall of P.B.S. is cooperating. If this training center proves successful in Naples, similar ones can be established in the industrial cities of the North of Italy, if necessary.

6. Welfare Officers in Hq. during the month:

(A) Maj. Charles Birt - Piemonte Region - has been in both Rome and Naples working effectively in his well worked out clothing program.

(B) Lt. Paul Buck - Regional Welfare Officer, Region V - among other problems presented the one of Allied Nationals discussed above.

(C) Lt. Charles Kazen, representing the Welfare Officer of Region VIII, presented the needs for clothing and food in that Regions and worked with the Chief Welfare Branch in an effort to find new sources of these needed supplies.

7. The work done by ENDAS, the Joint Committee under Jewish supervision, the American and British Friends, together with other welfare organizations, has been very effective. Their speed and efficiency in distributing clothing and food has been a tremendous help in reducing suffering among needy people of Italy during this severe winter.

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of the Rome area was presented by the Regional Welfare Officer Lazio-Umbria Region . The Istituto San Michele, Tor Marancio, was visited. Somewhat over four hundred children were housed in this very modern and well equipped institution where at least twelve hundred could be cared for and also trained in their wood working and machine shops as well as in their sewing rooms. It is felt that similar conditions exist all over Italy. With furniture and bedding many homeless youngsters can be placed without requiring additional buildings.

5. Juvenile delinquency persists in Naples. The Regional Welfare Officer Southern Region is continuing his efforts to establish an institution for these youngsters so they will not be sent to the prisons. The Provost Marshall of F.B.S. is cooperating. If this training center proves successful in Naples, similar ones can be established in the industrial cities of the North of Italy, if necessary.

6. Welfare Officers in HQ. during the month:

(A) Maj. Charles Birt - Piemonte Region - has been in both Rome and Naples working effectively in his well worked out clothing program.

(B) Lt. Saul Rack - Regional Welfare Officer, Region V - among other problems presented the one of Allied Nationals discussed above.

(C) Lt. Charles Kazen, representing the Welfare Officer of Region VIII, presented the needs for clothing and food in that Regions and worked with the Chief Welfare Branch in an effort to find new sources of these needed supplies.

7. The work done by AJDC, the Joint Committee under Jewish supervision, the American and British Friends, together with other welfare organizations, has been very effective. Their speed and efficiency in distributing clothing and food has been a tremendous help in reducing suffering among needy people of Italy during this severe winter.

Ex Comm Dist

1 — CSO, EE, CC
3 - PRB

John M Sweeney

JOHN MCSWEENEY,
Lt. Col. Spec. Ser.
Chief, Welfare Branch.

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3403

(27)

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3016/PH

sh/GMF/jm
10 January 1945

JAN 19 1945

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

THRU : - WD, CA Section.

TO : - Chief of Staff, HQ Allied Commission.

1. POLITICAL.

(a) On the occasion of preparing the twelfth monthly report made by the Headquarters of this Sub-Commission it is thought that a brief review of the work done by the Sanita' Pubblica Division of the Ministero of Interior during 1944 would be of interest.

(b) When contact was first made in late June with the Italian medical authorities in Salerno, it was found that their position was a very difficult one. Without files, without adequate staff, without even moderately easy means of communication with their local provincial and crowded into inadequate office accomodation themselves, nevertheless, began to work with energy and vigour. A great number of the original staff of the Ministry was in the field in Rome or dispersed widely over the country, with the result that a staff of sixteen, (two of whom were medical men), had to begin from the bottom the task of re-creating the Governmental Medical Department. In contrast to this, the Headquarter staff of this Sub-Commission numbered eighteen, all of whom were experienced in the basic efforts to them.

(c) From the first, daily conferences were held between this Headquarters and the Italian authorities, at which all questions referable to Allied Control, Control Commission, reorganization of hospitals, refugee problems, medical supply and welfare matters in particular and the whole field covering the efficient re-organization of the country's health services in general, were discussed in an atmosphere of complete cordiality. So close was the liaison, that for a time the principal medical officer accredited to the Sub-Commission's Headquarters for certain hours of the day. As degrees of communications improved, conditions became somewhat better and the Ministry, despite its cramped quarters and shortage of materials, began to function as a cohesive whole.

(d) Then came the fall of Rome and the move of the Government from Salerno. Conditions now presented fresh issues of organization, including the absorption and allocation of personnel found in the capital, the administration of fresh areas of liberated territory and the complete re-organization of the Department. It was fortunate that the Ministry had at its disposal the services of the Director General, the principal Medical Officer was the original Salerno staff, who had had experience of dealing with such problems from the early days. The new administration started soon [illegible] path, and more and more [illegible]

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1. POLITICAL.

(A) On the occasion of preparing the twelfth monthly report made by the Headquarters of this Sub-Commission it is thought that a brief review of the work done by the Sanitary Public Health Division of the Ministry of Interior since 1944 would be of interest.

(B) When contact was first made in late January with the Italian medical authorities in Palermo, it was found that their position was a very difficult one. Without files, without adequate staff, without even moderately easy means of communication with their medical provincials and crowded into inadequate office accomodation they, nonetheless, began to work with energy and vigour. A great number of the original staff of the Ministry was either still in camps or dispersed widely over the country, with the result that a staff of eighteen, of whom eight were medical men, had to begin from the bottom the task of re-organising the Governmental Medical Department. In contrast to this, the Commander-in-Chief's Sub-Commission numbered fifteen, all of whom were experienced in the tasks allotted to them.

(C) From the first, daily conferences were held between this Headquarters and the Italian authorities, at which all questions referable to Malaria Control, D.D.T. Control, Infectious Diseases, rehabilitation of hospitals, Veterinary Problems, medical supply and welfare matters in particular and the whole field covering the efficient re-organisation of the country's health services in general, were discussed in an atmosphere of cordiality. So close was the liaison, that for a time the principal Medical Officer had a desk-room office in the Sub-Commission's Headquarters for certain hours of the day. As distress communications improved, conditions became somewhat better and the organisation, despite its cramped quarters and shortage of materials, began to function as a cohesive whole.

(D) Then came the fall of Rome and the move of the Government from Salerno. Conditions now demanded fresh lines of organisation, including the absorption and allocation of personnel found in the capital, the administration of fresh areas of liberated territory and the complete re-organisation of the Department. It was fortunate that the Ministry had at its disposal the services of the Director General, the Principal Medical Officer and the original Salerno staff, who had had experience of dealing with such problems from the early days. The new administrative system soon became a workable entity and more and more new experiences were added. The Ministry staff has now increased to 80 persons while this Sub-Commission Headquarters staff has shrunk to 7.

(E) During the past year, this Sub-Commission has had to make many demands upon the Italian public health authorities, all of which have been scrupulously carried out according to the personnel and materials available to them. The Italian authorities, on their part, had also problems often of a difficult and at times apparently insurmountable nature to present to this Sub-Commission but it is hoped that these problems have always been fairly dealt with. The daily conferences still continue and the personal contacts which have been made during the past year between the Italian officials and the officers of this Sub-Commission have led a long way towards the simplification of many difficulties. At the present moment, the demands and problems are becoming less and less and the Italian authorities are tackling their difficulties with determination and energy.

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in Rome Province of Lazio Umbria Regions and were well attended by teams from the various provinces. All teams were given a 10 pound tin of DDT and a spray gun before returning to their respective provinces.

(iv) A Demonstration Unit set out on the 27th of December on a tour of Toscana Region and 5th Army area. As transport and rationing difficulties prevailed teams from various provinces assembling at certain centres, the Unit is making a separate visit to each provincial capital. This has necessarily prolonged the period of the tour beyond original expectation, but it is hoped that a tour of Abruzzi-Marche Region and 5th Army area can be arranged soon after the termination of the present tour.

(v) Conditions in the Regina Coeli Prison, Rome, were such that a request was received from the Public Safety Sub-Commission for disinfestation measures to be taken. An inspection of the prison and prisoners revealed a much better state of affairs that was anticipated and a surprisingly low percentage of lousiness. Non-the-less, disinfestation was done and the total of 800 prisoners were dusted.

(vi) As we indicated in last month's report, dusting teams have been trained in Rome and a dusting station set up at the Tiburtina Railway Station where incoming refugees are treated. During December a total of 4,705 persons have been dusted, while the refugee camps at Cinecittà, S. Croce in Marmora and Cesano have received careful attention. Altogether, a total of 12,437 persons in Rome have been dusted by the Typhus Control Unit.

(vii) In Naples the "Ricovero" service is still working steadily as the number of persons living in these shelters has not greatly diminished. In addition to the "Ricovero" service, the general delousing service, both inside and outside Naples, has continued throughout the winter. This has been kept up systematically as Naples is regarded as possibly the most dangerous potential starting point of a fresh epidemic. Inside Naples a total of 70,125 persons was deloused during the month while outside Naples the figure was 2,889.

(e) Small-pox:

(i) One case of small-pox occurred in Rome during the month in a person who had come to the city from Naples; no more cases have been reported. Vaccination stations have been set up in Rome and the public notified in the press where and when they may be vaccinated. Arrangements are on hand for the vaccination of the civilian staff of this Headquarters.

(ii) 12 cases of small-pox were reported from Palermo during December as compared with 29 in November.

(iii) In Naples province the incidence of small-pox has decreased slightly; the December figure being 285 as compared with 317 for November.

(iv) The Benevento outbreak continues with 61 cases in December compared with 89 in November. The latter figure avails the figure of 30 given in last month's report. An A.F.H. Medical Officer has once more been sent to Benevento to supervise and stimulate the vaccination, case finding and follow-up program, while an inspector from the Sanità Pubblica Branch of the Ministry of Interior will shortly arrive to provide additional assistance. Vaccine manufactured by the Selavo firm of Siena is being used and the R.A.F.M.S. is satisfied with the potency of this vaccine.

(v) Sporadic cases of small-pox have occurred in Salerno, Foggia and Avellino provinces.

(f) Malaria:

(i) Early in the month, a meeting was held with representatives of the Italian Government, Dr. Nunn of the Rockefeller Foundation and Professor Missiroli of the Institute of Hygiene, to discuss the malaria program for the coming year. The Government accepted, in principle, the proposals made by Professor Missiroli and on this basis ordered quantities of material and equipment for use in 1945.

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istics on Tuberculosis.

(E) Vital Statistics.

(i) This Sub-Commission is frequently asked to publish figures in the field of Vital Statistics, especially comparative tables covering the last few years. It is, on the whole, extremely reluctant to comply with such requests as it is felt that in many cases the figures will be both inaccurate and misleading for the following reasons.

(ii) The spread of hostilities from Sicily northward through the Peninsula has resulted in the destruction of many municipal and provincial records. In addition, when the Germans retreated from Rome they took with them many important and valuable documents from the Institute of Statistics. Furthermore, during the past year, the standard of reporting of figures concerning adult and child mortality has fallen to a low level, especially in the country districts and even yet, although communication facilities are improving, it has not reached the pre-war mark. It is felt, therefore, that at the present moment, any survey covering wide areas of Italy treated lightly would result only in figures from which erroneous conclusions would be drawn.

4. VETERINARY BRANCH.

(A) The Rome Institute of Public Health is now producing vaccine for the protection of cattle against Brucellosis. This production has been begun since the importation of the cultures of "Brucella abortus" reported last month. The same Institute is also producing small-pox vaccine.

(B) Close contact is being maintained with the Agriculture Sub-Commission on all matters in which Agriculture and the Veterinary Branch have common interests.

(C) This Fabies is reported sporadically from various provinces it is at the moment prevalent in Perugia Province where active measures are being taken for its suppression.

(D) It is hoped that local production of swine Cholera vaccine will soon be begun, thus eliminating the necessity of import from the United States. Vaccine to protect against Foot and Mouth Disease is being turned out by the Rome Veterinary Laboratory.

(E) The Veterinary Branch Report is to be found at Appendix "A".

5. MEDICAL SUPPLY BRANCH.

(A) The first month of operation of AMMISTRA has been beset with some difficulties due to slowness in forwarding indents from the provinces and in appointing wholesale distributors. Various conferences were held with the Italian Government and AMMISTRA as a result of which the Government appointed a representative to act fully in all dealings with the Medical Supply Branch and AMMISTRA. It is hoped that this appointment will tend to eliminate some of the previous delays. A third difficulty has been shortage of transport and in this, the Medical Supply Branch has tried to assist AMMISTRA in every way possible.

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and London was turned over to the Institute of Hygiene in Rome. Since then, cultures have been furnished to two biological firms and it is hoped that after a time small quantities of the drug will become available to the public. As the manufacturing process is difficult and tedious, no great hope is held out for an early completion of the finished product.

(D) During December, the Director of the Medical Supply Branch visited Cairo and Medina on supply matters on behalf of G-5, A.F.H.Q.

(E) It is anticipated that the General Medical Supply Depot will be able to assist UNRRA in the storage of supplies which that organization will bring into Italy.

(G) The report of the Medical Supply Branch is to be found at Appendix "B".

6. WELFARE BRANCH:

(A) Much time has been spent by the Welfare Branch during the past month in assistance in the distribution of food and clothing for the devastated areas and cooperating with the American Relief for Italy Inc. in their programme of importation of food and clothing for the needy. The latter agency, known in Italy as the ente Wardonnis per le Distribuzione dei Soccorsi all'Italia, or E.W.D.S.I., has already imported 1500 tons of clothing while a ship, chartered by the Vatican, has unloaded 1973 tons of clothing from Spain.

(B) The Welfare Branch has, in addition, made arrangements to obtain salvage of discarded clothing in ports from ships chaplains and in other areas from Army sources. It is hoped that this salvage may be put to good use in supplementing the imports which are already taking place.

(C) The report of the Welfare Branch is to be found at Appendix "C".

7. PERSONNEL:

(A) During the absence, in December, of the Vice-President of Civil Affairs Section, the Director of this Sub-Commission acted as Vice-President.

(B) Major Anthony Pino (A) has been assigned to another theater. Major Pino was among the original A.M.G.O.T. officers who first landed in Sicily and later acted as V.D. Officer for the Island.

(C) Major C.H. Whitmeld (A) who has done excellent work in the Medical Supply Branch and was largely instrumental in the setting-up of SICOMSA has received another assignment. His place at this Headquarters has been taken by Capt. Francis T. Pushard (A).

(D) One British officer, Major K. King has been transferred to this Sub-Commission from Tripolitania.

(E) Mr. Floyd S. Markham of the Typhus Control Unit left for Washington during the month.

(F) The Medical Officers belonging to the Displaced Persons and Repatriation 2 3 0
Sub-Commission were, during the month, assigned to this Sub-Commission, but remain attached to their original Sub-Commission carrying out their normal duties.

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SUMMARY

1. POLITICAL:

(A) An account has been given of the development of the work of the Sanita' Pubblica Division of the Ministry of Interior during 1944, where it started in Salerno with a staff of sixteen. The Rome staff has now increased to eighty-six and the Ministry is playing an active and energetic part in the rehabilitation of all Public Health services in liberated Italy.

2. ITALIAN RED CROSS:

(A) The history of the Italian Red Cross in pre-Fascist and Fascist days has been briefly touched upon; the losses it has suffered, due to German pillaging, have been described. These include the removal of medical stores, laboratory equipment, sheets, blankets, mattresses and food supplies. Nearly all the motor ambulances were removed and 6 hospital trains were sent to the North. The damages are estimated, so far, at 520 million of lire.

(B) An account has then been given of the internal re-construction undertaken by the Red Cross and the many activities to which it has devoted itself in the past year, including re-organisation of hospitals, the medical care of refugees, the re-organisation of nursing standards, the opening of first-aid stations to care for civilians, the institution of an Information Bureau for the assistance of refugees and the participation in the distribution of relief supplies imported from America by the American Relief for Italy Inc.

3. PUBLIC HEALTH:

(A) Two cases of typhus have been reported from the outskirts of Naples during the month. Laboratory tests have not yet revealed whether these were Murine or Epidemic Typhus. Demonstrations on Typhus Control measures were held in Rome for the Provinces of Lazio and Umbria Region, and the Typhus Demonstration Unit has begun a tour of Tuscany Region and 5th Army area. Disinfestation of the Regina Coeli prison in Rome has been undertaken and incoming refugees and refugee camps have been disinfested, a total of 12,437 persons having been dusted in Rome. Dusting continues both inside and outside Naples in dusting stations and "recoveres". Inside Naples 70,325 persons were dusted, while the figure for those outside Naples was 2,889.

(B) There was one case of small-pox in Rome during the month, while twelve were reported from Salerno. In Naples province, 269 cases were reported as compared with 317 in November. Benevento has had 21 cases compared with 89 in November. Sporadic cases have occurred in Caserta, Foggia and Avellino provinces.

(C) The Italian Government has ordered quantities of material and equipment for anti-malarial work for 1945 and has invoked the assistance of the Rockefeller Foundation and UNRRA in the coming year's anti-malarial programme.

(D) The amended infant mortality figure of 190.2 for the month of November is now reported instead of the figure 138.7 given last month. In view of the non-availability of complete figures until the middle of the month, the December rate will not be published until next month's report.

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(B) There was one case of small-pox in Rome during the month, while twelve were reported from Palermo. In Naples province, 285 cases were reported as compared with 317 in November. Benevento has had 1 cases compared with 89 in November. Sporadic cases have occurred in Salerno, Foggia and Avellino Provinces.

(C) The Italian Government has ordered quantities of materials and equipment for anti-malarial work for 1945 and has invoked the assistance of the Rockefeller Foundation and UNRRA in the coming year's anti-malarial programme.

(D) The amended infant mortality figure of 100.2 for the month of November is now reported instead of the figure 131.9 given last month. In view of the non-availability of complete figures until the middle of the month, the December rate will not be published until next month's report.

(E) The difficulty of publishing accurate tables of vital statistics covering the past few years has been stressed.

4. VETERINARY BRANCH:

(A) The Rome Institute of public health is now producing vaccine for the protection of cattle against brucellosis in addition to small-pox vaccine, while the Rome Veterinary Laboratory is turning out vaccine which protects against Food and Mouth Disease. There is little Rabies in the country, except in Perugia province where active measures have been taken for its suppression. Close liaison is maintained with the agriculture Sub-Commission on all matters in which Agriculture and the Veterinary Branch have a mutual interest.

5. MEDICAL SUPPLY BRANCH:

(A) SIMEDIA has not been very successful during the first month of its operation. The specific difficulties which have hindered its smooth operation have been recognised and every effort is being made to eliminate these difficulties and build up a smoothly running organization.

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APPENDIX "A"

HEADQUARTERS ALLIED COMMISSION
AFO 374
Public Health Sub-Commission

AC/3000/PH 31 December, 1944.

SUBJECT: - Report of Veterinary Activities for the Period 1 to 31 December, 1944.

T. - Director, Public Health Sub-Commission, HQ, Allied Commission

1. The production of vaccine for bovine brucellosis from the cultures of brucella abortus strain No. 1, is now under way in the Veterinary Division of the Institute of Public Health, Rome. The first calves will be vaccinated on or about 5 January, 1945. All data which are necessary to determine the effectiveness of this vaccine in the Rome area will be carefully recorded including the agglutination titer of all calves before vaccination and at the various intervals following.

2. It is conservetively estimated that 2,000,000 doses of small-pox vaccine will have been produced in the a/m laboratory within the very near future. Calf lymph for this vaccine has been harvested from calves without the loss of a single animal.

3. Several veterinary problems in which the Agriculture Sub-Commission has a common interest are being approached by that Sub-Commission and this Branch jointly. At the request of the a/m Sub-Commission, this Branch has made recommendations which it is believed will help to solve the following problems:

a. Closer cooperation between the Italian Veterinary Service and Italian Agricultural officials.

b. The widespread practice of bovine artificial insemination in liberated Italy.

Information regarding the present diseases of livestock and the available means for their control was, at the request of Agricultural officers, furnished by this Branch. This information was mimeographed and distributed among all Allied and Italian Agricultural officials who attended the recent agricultural meeting in Rome.

The importance of production, allocation, and distribution of tobacco extract and nicotine sulphate during the early part of 1945 has been emphasized. Scabies in sheep will result in serious losses during the coming year unless large scale dipping is employed in all liberated provinces during March, April and May, 1945.

4. Rabies is quite prevalent in Perugia Province at the

1. The production of vaccine for bovine brucellosis from the cultures of brucella abortus strain No. 1 is now under way in the Veterinary Division of the Institute of Public Health, Rome. The first calves will be vaccinated on or about 5 January, 1945. All data which are necessary to determine the effectiveness of this vaccine in the Rome area will be carefully recorded including the agglutination titer of all calves before vaccination and at the various intervals following.

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4. Rabies is quite prevalent in Perugia Province at the present time. Decrees allowing for the impounding and immediate destruction of stray dogs is being enforced. The production of vaccine for the widespread immunization of dogs in that province is contemplated for the near future. Sporadic cases of rabies continue to occur in several provinces.

5. Sporadic cases of swine erysipelas continue to be reported from Terni, Perugia, Ascoli Piceno, Ancona, Pescara, Teramo and Aquila Provinces. Immunization of swine is continuing in all of these areas.

6. Plans have been laid for the local production of swine cholera vaccine during the early months of 1945. It is anticipated that a sufficient supply of such vaccine to meet all demands will be produced locally, thereby eliminating the necessity of importing such supplies from the United States. Anticorum will continue to be imported as facilities are not available for local production at this time.

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APPENDIX "B"

(22)

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/3072/PH 2 January 1945

SUBJECT: - Monthly Report for December 1944, Medical Supply Branch.

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

1. The first month of operation of the Italian Government organization, ENDIMEA, has not been as satisfactory as it was hoped. The principle cause for this unsatisfactory operation has been due to inability of the Italian Government and ENDIMEA to quickly set up an efficient method of obtaining requirements from the several Provinces of Liberated Italy, and in a slowness in appointing Provincial and Communal wholesale distributors. In an effort to assist, this Branch has with the help of the Director of this Sub-Commission, called several meetings with both the Public Health Department, of the Italian Government and the ENDIMEA representatives, in an endeavor to streamline their methods of operation. One of the principle results of these several conferences has been the appointment by the Public Health Department, Ministry of Interior of Dr. Dacanto as the direct representative of the Government who will have full authority to act for the Public Health Department, in all dealings with this office, and with ENDIMEA with regard to medical supplies. It is felt that this appointment will materially assist in the correction of delays that occurred during this first month of operation by ENDIMEA.

2. The second difficulty which has resulted in delays in distribution of supplies by the Italian Government, has been the shortage of transport. This Branch has given every possible assistance to ENDIMEA, in obtaining transportation, and in helping this agency to obtain tires for their trucks. Some delays have been experienced in making shipments from the AC medical depots, due to transport shortages, but these have not been too serious.

3. Major George H. Wilhelmi, was relieved from assignment to this Branch, and Captain Charles D. McDonald was assigned as his replacement on 19 December 1944. Captain Packard, who has been operating the AC Medical Depot, at Florence, has reported to this Headquarters and will be in charge of the Italian distribution. Captain McDonald has taken over the Naples Depot, and Captain Coffeen will take over the Florence Depot. The Branch Depot at Bari is at present under the charge of M/Sgt. Joseph Winters. The material stored at this later depot is all supplies for Greece and the Balkans.

4. Under date of 22 December 1944, No., WDO., established a T/O & E for the 2685th Central Medical Depot (CMD). This new depot organization, when activated, will take over the operation of all of the depots enumerated in paragraph 3 supra. A list of the proposed personnel for this organization has been submitted by the Surgeon, NATOUSA, to G-1, through G-3, AFHQ, and upon publication of said numerical orders, this organization will be activated. Upon activation, it is attached to NATOUSA, attached to PBS for administration

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5. Throughout the past year the Medical Supply Branch of the Public Health Sub-Commission has been interested in the rehabilitation of Pharmaceutical and Biological firms within Liberated Italy. It has been the intent of this Sub-Commission to help as many of the essential firms to get back into production as possible. By so doing, this Branch has been able to cut down on the quantities of medical and biological supplies required to be shipped from the United States and the United Kingdom, and secondly by assisting those Italian Firms to obtain required raw materials to produce Italian products, it has been possible to at least partially rehabilitate the Pharmaceutical and Biological Industry and thereby contribute something of economic value to the nation.

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Approximately thirty (30) percent of Italian pharmaceutical production is in that portion of Italy that has been liberated by Allied Forces and of this thirty (30) percent, it has been possible to put into production approximately fourty-four (44) pharmaceutical firms and three (3)

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biological firms. It has also been possible for this Branch to assist in the rehabilitation of a glass-tubing manufactory, for the manufacture of neutral glass tubing for vials to be used both as pharmaceutical and biological products. The firm, Cristalleria Mandelo located in Naples is producing over thirty (30) tons per month of this neutral glass tubing of various sizes. Although these forty-four (44) pharmaceutical firms are all in production at the present time, they are only producing at about twenty-five (25) percent of capacity, based on pre-war volume. This low production level is due to the scarcity of raw materials available in Liberated Italy. Materials that are available have been blocked and issued to the various firms on the basis of priority on the quality and type of products which they manufacture. Some of the more important firms that have resumed production are as follows:

1. Maltoni S.A., Florence.
2. Serono, Rome.
3. Menotti & Roberts, Florence.
4. Lancellotti S.A., Naples.

The Biological firms in Liberated Italy are few, but all are now at about sixty-five (65) percent production capacity. For this reason it has not been necessary for this Branch to requisition many biologicals from the United States or the United Kingdom. Sufficient raw materials and animals have been made available to these firms to enable them to get back into production on a large enough scale to take care of most of the requirements of Liberated Italy. In addition, this Branch has furnished cultures of penicillum notatum to two of the biological plants, with a view to the production research and assay of penicillin sodium, and it is hoped that in the next few months that this valuable drug will be available in small amounts for the use of Italian civilians. The main Biological firms that are now in production are as follows:

1. Sclavo, Siena.
2. Istituto Sieroterapico Nazionale, Naples.
3. Istituto Zooprofilattico, Palermo.

6. During the month, the undersigned made a trip to Cairo and Haifa in the interests of G-5, AFHQ.

7. As a result of conversations with USFA representatives it is assumed that the Central Civilian Medical Depot, NYD., will assist UNRRA in the storage of such medical supplies as are brought into Italy, or as may be required by UNRRA in Italy.

MARTIN J. GRIFFIN,
Colonel MC,
Chief, Medical Supply Branch.

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APPENDIX "BB"

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AS/3078/RH 7 January, 1945

SUBJECT: - Report of Welfare Branch, for December, 1944.

TO - Director, Public Health Sub-Commission.

1. Personnel - No change in officers of the various regions - a few changes and additions in Red Cross personnel.

2. This Branch has confined its activities to obtaining food and clothing for the devastated areas. Although a month has passed it seemed unnecessary to visit the Northern Regions and the officers in charge unless the welcomed news could be brought to them that supplies were being definitely arranged for or on their way. Maj. Charles Birt, Regional Welfare Officer, Piemonte, has located a supply of materials and has been untiring in his efforts to have them processed and ready for the Piemonte Region. This supply may be sufficient to help in other regions.

3. By VOCO S/C the Chief, Welfare Branch was to cooperate with Mr. Myron Taylor in the distribution of food and clothing supplied by the American Relief for Italy group. This assignment has required the time of the Chief, Welfare Branch from 0930 hrs. until noon and often afternoon.

4. It is apparent that there is no time for theorizing on permanent social planning until the needy Italian people are better clothed and fed. Every effort of the Welfare Branch is being bent in this direction.

5. It is regretted that only a few meetings could be held during the month with Italian officials. With the extensive Christmas plans for children completed and plans definitely in progress to get clothing and food into the devastated areas before passage is blocked with snow - the fine contacts established by the former Chief, Welfare Branch will now be taken up and continued.

6. Everything possible is being done to strengthen the Ente Comunale Assistenza. Lazio-Umbria was visited and an ECA meeting on housing was attended. This meeting has been covered in the Regional Report.

7. Two trips were made during the month - one to the devastated areas in the vicinity of Cassino and Frosinone on 21 De-

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6. Everything possible is being done to strengthen the Ente Communale Assistenza. Lazio-Umbria was visited and an ECA meeting on housing was attended. This meeting has been covered in the Regional Report.

7. Two trips were made during the month - one to the devastated areas in the vicinity of Cassino and Frosinone on 24 December, 1944 in company with Mgr. Carrol-Abbing. A separate complete report has been made.

Second trip was to Naples under S.O. 331 par 6 to facilitate the docking and unloading of a Spanish ship, the Ciudad de Melilla, which was a neutral and had been denied a berth for five days and also to wait for the Liberty-ship - the Peregrine White and speed up the unloading of her relief cargoes. A complete special report on this work will be available.

8. The juvenile delinquency program has had some set backs especially in Naples Province where special progress had been made. The Chief, Welfare Branch while in Naples met with the Provost Officers and other interested officials of A.C. The encouragement from this meeting was the fact that P.B.S. and the British Area Command had began to realize that the Welfare Officers had a problem which could not be solved without army support. A complete report of this meeting is being prepared and it is hoped to make the findings a basis for similar programs in all large cities of Italy.

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CLOTHING

9. 197 tons of clothing arrived in Naples.
50 tons have so far been obtained by Maj.Birt.
1500 tons are now under the American Relief for Italy for distribution.

The Regional Welfare Officer Southern Region reports that the Navy chaplains will continue their fine cooperation of notifying welfare officers in the vicinity of the various ports of any shoes or discarded clothing on board. The Regional Welfare Officer will immediately have institutions send transportation to receive this material. Through the year this will involve hundreds of tons of much needed equipment.

A request was made to a representative of the quartermaster General's Dept. (A) that all salvage be turned over to the Public Health Sub-Commission to be treated as expendable and charged off - this would cut down waste - reduce greatly black market activities and indirectly affect juvenile delinquency. This material with that being sent in would go far toward meeting the present needs of Italy's destitute, (B) that the requirement for the fabrication of these salvage materials be revised so that all of it could be distributed directly to orphanages, hospital and welfare organizations all of which in turn would make this material into articles which they needed.

Instead of several factories doing this work we shall have hundreds of institutions - with their great supply of efficient although youthful labor getting these much needed things in 1/10th the time.

JOHN MCSWEENEY,
Major Spec. Res.,
Chief, Welfare Branch.

COS DIST
1 - 7 le CSO, c/s, c.c.
3 - P.R.Br.

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(c) The departure of Lt Colonel Grace L. Dobbs (A) now leaves carabinieri region without any registered Chief of Public Health Sub-Commission, as it has been decided both in principle and also on account of shortage of personnel not to replace him.

(D) This it has been felt, applies to the first area of Italian Force and Territory to revert to the complete control of the Italian Public Health authorities. The Italian Public Health Administration [illegible] at this reversion.

(E) It is expected, at that stage, that [illegible] the activities of the Public Health Sub-Commission in Italian Government hands only. [illegible] omission of the word "Control" from "Allied Control Commission" interest was once been aroused in the functions of Allied Commission. These functions, interpreted by this Sub-Commission, are to advise and not to consult with the Italian authorities on health matters, but not to act in an executive capacity. This policy has always been upheld, primarily as a matter of principle and secondarily because the Sub-Commission is not the necessary personnel or have executive control of [illegible] matters. Assistance has always been afforded to the Italian authorities both in medical supplies and otherwise when the need has arisen, but the Public Health situation is now handled by [illegible], and the answer would be in the negative. The Italian authorities on the other hand have always understood this Sub-Commission's position that anything it can do in an emergency is purely supplementary to their own obligations.

(F) It is felt that full publication should be given to these facts as at times the Sub-Commission is expected to assume full executive responsibility for epidemiological problems in Italian Government territory. Such, however, is far from being the case.

(G) The Italian public health authorities are under an obligation to play their full part in their own country's health problems and have indeed done the best they have done much towards that end. They have re-organised their Central Office and have taken an active part in the Public Health [illegible] in liberated Italy. The new Public Health Organisation, in accordance with enunciated policy, encourages and fosters such a spirit, the former [illegible] the Sanitary Public Health Branch of the Ministry be stimulated into full and practical activity.

(H) Several meetings have been held with the Chief of the Medical Branch of UNRRA and questions concerning the part to be played by UNRRA in public health activities have been discussed.

2. PUBLIC HEALTH:

(a) Typhus:

(i) Four cases of "Endemic" Typhus have been reported from the village of Carbate, Napoli province, during the month of November. None of these patients was house detected and the disease appears to be [illegible], and no deaths.

(ii) A suspected case of Typhus was reported from the Italian military garrison in Sardinia. While the Italian Military authorities on the Island have stocks of Al-03 or Weidmann, Dr. Dibb of the Typhus Control Unit was sent to Sardinia with [illegible] supplies for the purpose of investigating the case, assisting with advice and arranging for a further [illegible] tour.

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ATTACHED "A"

MALARIA CONTROL EFFORT OF ROME DURING THE SUMMER OF 1944

HENRY J. KITCH.

Prior to the onset of the present war the Malaria situation in the Agro Romano was well under control. Areas such as the Tiber Delta and the Pontine Marshes to the south had been drained, and thriving agricultural colonies were flourishing in them. It looked as if the great bonification schemes were well on the way to wiping out the sources of the infamous Roman fevers, whose evil reputation had been acknowledged for centuries.

Italian statistics from 1929 to 1942 showed that less than two tenths of one percent of the population living in the provinces of Rome and Littoria contracted Malaria each year.

Table 1. - Italian figures on civilian Malaria in two provinces - 1929 to 1942.

YEAR	ROME PROVINCE		LITTORIA PROVINCE	
	Number Cases Malaria	Malaria Rate Per 1,000 Inhabitant	Number Cases Malaria	Malaria Rate Per 1,000 Inhabitants
1939	469	.28	614	2.45
1940	357	.21	572	2.25
1941	159	.09	738	2.83
1942	428	.25	1793	6.84

But as the war advanced that situation changed for the worse. The retreating Germans systematically destroyed the pumping stations of the bonifiche, flooding huge tracts of country with the dual purpose of rendering more difficult the advance of the Allied forces and of magnifying the problem subsequently to be dealt with by the Allied Civilian administrations. The full effect of this German sabotage was manifested in Littoria Province in 1944, where the Malaria incidence increased to thirty-eight times its former level.

Table 2. - Italian Statistics on civilian Malaria in Littoria Province during the past two years.

YEAR	Number of cases of Malaria Diagnosed in Littoria Province
1943	1217
1944 (To end of September only)	36,174

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1940	357	.21	572	2.25
1941	159	.09	739	2.89
1942	429	.23	1793	6.34

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Although there was a constant movement of troops through Littoria Province, only a few small units were stationed there during the entire summer. For that reason no continuous systematic Malaria control program was carried out, with the result that civilian Malaria among the Italian peasants increased tremendously. A similar epidemic would have appeared in the coastal lowlands west of Rome, but for the preventive measures that were initiated shortly after Allied troops entered that region.

From reliable Italian civilian sources we have been informed that the Germans gave orders that the Maccarese pumping station should stop working on October 9, 1943. At the same time it was stipulated that the irrigation pumping machines should continue to operate, thus producing extensive flooding of the Maccarese plain. On October 19th the drainage pumps on Isola Sacra ceased to function by order of the Germans and at the same time the tide gates on the out-

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Table 3. - Malaria statistics on Guadalcanal before and after DDT dusting and antimalaria.

Year	Name of Town	Total exposed population	No. of cases of malaria diagnosed	Percent of exposed population that developed malaria
1943	Ostia Lation	5240	125	2.4
1944 (Up to October 31st)	Ostia Lation	1954	674	34.9
1943	Tiuuloino	7080	127	1.8
1944 (Up to October 31st)	Tiuuloino	6650	1439	21.5

The flooded areas west of Koli were a menace not only to the indigenous inhabitants of the region but also to all non-immune allied troops stationed near Ostia-Lido, of which there were at times considerable numbers. For these reasons plans were drawn up to treat the flooded areas near Ostia Lation and on Lola Beach with weekly applications of larvicides until such a time as the pumps could be put back into operation again. By careful observation of the effects of the treatment applied, it was hoped that we might learn more about the best methods of distributing DDT from planes for larvicidal purposes.

Between July 3rd and September 4th the Ostia lagoons were sprayed seven times with oil and dusted on four occasions with Perla #3. Each forenoon when the plane visited the area, a smoky fire was lit in a convenient place to indicate to the pilot the velocity and direction of the prevailing wind. Up until the middle of August DDT in oil was sprayed from 5-10 stoke tanks mounted on the wings of an F-20.

But the 120 gallons of larvicide that could be carried in that manner proved insufficient to treat an area so large as the Lt Lingua marsh, so eventually three 100-gallon tanks of oil were mounted in the bomb bay of another F-20 and these were discharged through a tail vent. By the latter device an adequate coverage of the entire flooded area was finally secured.

A good dispersal of larvicidal oil was obtained when the plane flying at 200 miles per hour travelled at an altitude of 75 feet above the ground. If a moderate wind was blowing across the long axis of the swamp, successive passes that were 125 steps wide proved satisfactory.

We would liked to have found out whether 1%, 2% and 3% solutions of DDT in diesel oil were equally effective, but the results obtained were not convincing largely because a complete coverage of the area was not obtained until August. Therefore, it was not possible to decide whether the large larvae that survived the spraying given on July 25th escaped because only a 1% solution was used or because there was an incomplete coverage of the breeding area.

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As brought out in Table 4, a complete kill was obtained on August 7th, one of the days on which Dr. Giglioli himself made the flight with the pilot and saw to it that the oil was properly sprayed everywhere. The final disappearance of anopheline breeding from this area should be attributed, not to the last spraying with 3% DDT in Diesel oil that was given on September 4th, but to the fact that the entire area was practically dry between August 21st and September 22nd.

Table 4. - Results of 11 airplane applications of larvicides to Anopheles breeding creek in the Ile Lingue, Forsh near Petit Anicu.

Date	Treatment applied	Days after treatment	No. of dips made	No. of Anopheline larvae taken		No. of Anopheline larvae per 50 dips.		
				1st and 2nd instar	3rd and 4th instar	1st and 2nd instar	3rd and 4th instar	Total larvae
July 1	Paris Green							
July 10	Paris green							
July 12		2	150	14	1	4.6	.1	5.6
July 15		5	21	20	2	4.8	0.5	5.1
July 17	Paris Green 1% DDT in No.2 Diesel Oil							
July 19		2	100	33	0	16.5	0.0	16.5
July 21		4	225	55	11	12.2	2.4	14.6
July 22		5	350	175	24	25.0	3.4	28.4
July 24	1% DDT in No.2 Diesel Oil							
July 25		1	325	125	29	19.3	4.5	23.7
July 27		3	300	341	21	56.9	3.5	60.3
July 29	Paris Green							
Aug. 1		4	300	476	80	79.3	13.3	92.6
Aug. 3		6	250	288	96	57.6	19.2	76.8

	Applied	After treat-ment	Dips made	Anopheline larvae taken				
				1st and 2nd inst	3rd and 4th inst	1st and 2nd inst	3rd and 4th inst	Total larvae
July 7	Paris Green							
July 10	Paris Green							
July 12		2	150	14	3	4.6	.1	5.6
July 15		5	215	20	2	4.6	0.5	5.1
July 17	Paris Green 1" DDT in No.2 Diesel Oil							
July 19		2	100	35	0	16.5	0.0	16.5
July 21		4	225	55	11	12.2	2.4	14.6
July 22		5	350	175	24	25.0	3.4	28.4
July 24	1" DDT in No.2 Diesel Oil							
July 25		1	325	125	29	19.2	4.5	23.7
July 27		3	300	341	21	56.8	3.5	60.3
July 28	Paris Green							
Aug. 1		4	300	476	30	79.3	13.3	92.6
Aug. 3		6	250	288	96	57.6	19.2	76.8
Aug. 5		8	250	258	77	51.6	15.4	67.0
Aug. 7	3" DDT in No.2 Diesel Oil							
Aug. 8		1	200	0	0	0.0	0.0	0.0
Aug. 10		3	250	200	3	40.0	0.6	40.6
Aug. 12		5	200	67	3	16.8	0.8	17.6

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Table 4. - (continued).

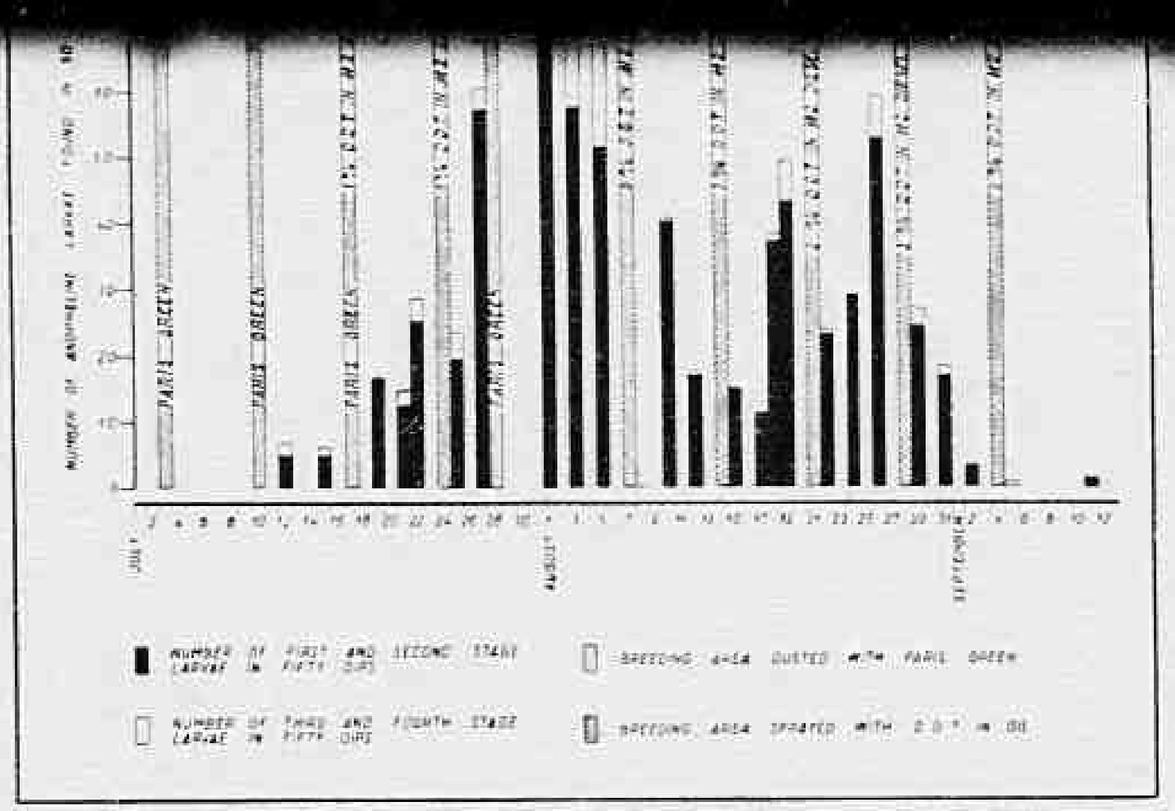
Aug. 14	3% DDT in No. 2 Diesel Oil							
Aug. 16		1	200	59	0	14.8	0.0	14.8
Aug. 17		2	100	23	0	11.5	0.0	11.5
Aug. 18		4	150	112	3	37.3	1.0	38.3
Aug. 19		5	200	173	25	43.3	4.3	49.6
Aug. 21	3% DDT in Diesel Oil and Navy Fuel Oil							
Aug. 23		1	200	93	2	23.3	0.5	23.8
Aug. 24		3	150	88	0	29.3	0.0	29.3
Aug. 26		5	200	218	25	52.5	7.0	59.5
Aug. 28	3% DDT in Diesel Oil and Navy Fuel Oil							
Aug. 29		2	200	98	11	24.5	2.8	27.3
Aug. 31		3	300	100	9	16.7	1.5	18.2
Sept. 2		5	100	6	0	3.0	0.0	3.0
Sept. 4	3% DDT in Diesel Oil							
Sept. 5		1	250	0	2	0.0	0.4	0.4
Sept. 7		3	250	0	0	0.0	0.0	0.0
Sept. 9		5	200	0	0	0.0	0.0	0.0
Sept.11		7	200	2	0	0.5	0.0	0.5
Sept.12		8	250	0	0	0.0	0.0	0.0
Sept.14		10	200	1	2	0.3	0.8	1.1

	Diesel Oil and Navy Fuel Oil						
Aug. 22		1	200	93	2	28.0	0.5	28.8
Aug. 24		3	150	28	0	29.3	0.1	29.3
Aug. 26		5	200	210	28	52.5	7.0	59.5
Aug. 28	2% DDT in Diesel Oil and Navy Fuel Oil							
Aug. 29		1	200	98	11	24.5	2.8	27.3
Aug. 31		3	300	100	9	14.7	1.5	16.2
Sept. 2		5	100	4	0	3.0	0.0	3.0
Sept. 4	3% DDT in Diesel Oil							
Sept. 5		1	250	0	2	0.0	0.4	0.4
Sept. 7		3	200	0	0	0.0	0.0	0.0
Sept. 9		5	226	0	0	0.0	0.0	0.0
Sept.11		7	200	2	0	0.5	0.0	0.5
Sept.12		8	250	0	0	0.0	0.0	0.0
Sept.14		10	200	1	0	0.3	0.0	0.3
Sept.16		12	200	0	0	0.0	0.0	0.0
Sept.22		18	200	0	0	0.0	0.0	0.0
Sept.29		25	60	1	0	0.8	0.0	0.8

There was some indication that 3% solution of DDT in Diesel Oil gave slightly better results than 1% or 2%, but we found no evidence whatever of any residual toxic effect on anopheline larvae. Neither were eggs killed by DDT in Diesel Oil or Navy Fuel Oil, because numerous first stage larvae usually appeared within three days or less. Perhaps we had expected too much from this type of treatment, when we hoped for complete destruction of all living anopheline lar-

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Results of airplane dustings and sprayings of the La Lingua Marsh near Ostia Antica.

In addition to weekly treatments of the Ostia lagoons, Isola Sacra was visited ten times for the purpose of spraying the principal canals and residual swampy areas breeding Anopheles on that island. Table 5 gives the concentrations of the solutions used and the numbers of larvae secured at the periodic surveys made following each larvicidal application. The findings seemed to indicate that on Isola Sacra, just as in the La Lingua Marsh near Ostia, airplane spraying with 1% DDT was not effective.

Table 5. - Results of Airplane Applications of Larvicides to Anopheles Breeding Areas on Isola Sacra.

Date	Treatment applied	Days after treatment	No. of dips made	No. of Anopheline larvae taken		No. of Anopheline larvae per 50 dips		Total
				1st and 2nd instar	3rd and 4th instar	1st and 2nd instar	3rd and 4th instar	
July 17	1% DDT in No. 2 diesel oil							
July 19		2	75	13	3	8.7	2.0	10.7
July 20		3	200	45	4	11.3	1.0	12.3
July 24	1% DDT in No. 2 diesel oil							
July 26		2	250	453	121	90.6	24.2	114.8
July 28	5% DDT in No. 2 diesel oil							
July 31	Hand surveying with 5% DDT in kerosene							
Aug. 2		3	100	11	11	5.5	5.5	11.0
Aug. 7	2% DDT in No. 2 diesel Oil							

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Table 5. - (continued)

Aug. 8		1	35	1	0	2.5	0.0	2.
Aug. 14	3rd rnd in No. 2 Diesel Oil							
Aug. 16		2	100	30	1	15.0	0.5	15.5
Aug. 22	2nd rnd in No. 2 Diesel Oil & Navy Fuel Oil							
Aug. 28		2	150	39	0	13.0	0.0	13.0
Aug. 28	3rd rnd in No. Diesel Oil & Navy Fuel Oil							
Aug. 30		6	160	1	12	2.5	6.0	31.5
Sep. 4	3rd rnd in No. 2 Diesel Oil							
Sep. 9		3	95	0	0	0.0	0.0	0.0
Sep. 11	3rd rnd in No. 2 Diesel Oil							
Sep. 14		3	25	0	0	0.0	0.0	0.0
Sep. 16		5	121	0	3	3.0	1.2	1.2
Sep. 18		7	200	50	1	12.5	0.3	12.3
Sep. 19		6	200	40	0	13.3	3.0	10.6
Sep. 20		10	66	8	0	6.1	0	6.1

The extent of the winter flooding on the island had been very great and for that reason anopheline breeding must have been tremendous in the early part of the summer. In the middle of July in one of the houses, known as Podere Fabbri, we caught as many as 480 A. labranchiae in fifteen minutes. That farm was only two miles in a straight line from Lido di Roma.

At about that time adult anophelines were found in Lido di Roma itself, in barracks occupied by troop units, in all farm houses examined near the Ostia lagoons, in tents on the Lido di Roma airstrip, and also in every house that we visited on Isola Sacra. Because of the obvious danger of this situation to troop units stationed in and around Ostia Lido, two P.R.S. power spray teams were sent up and they worked in the area from July 28th to August 9th. In the Lido itself they treated 2200 rooms with 385 gallons of 5% DDT in kerosene. That gave them an average figure of 6.2 medium-sized rooms per gallon of insecticide.

On August 5th and 9th they worked on the island of Isola Sacra with two Haitian spray teams. As both of the P.R.S. power sprayers broke down on August 9th they had to leave. The British malaria control units completed the remainder of the 114 houses on the island by August 13th. Subsequent adult surveys, however, revealed some unexpected results.

For instance, a farm house call Podere Cervelle was treated by one of the P.R.S. teams on August 5th and yet [illegible]

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...ions. These conditions favored a heavy spray which wets the walls and ceilings, and leaves sufficient residue of DDT crystals to produce a long lasting effect.

Table 6. - Results of Adult Captures from Houses, Barns, and Pigsties on Isola Sacra.

Date	Treatment applied	No. of houses examined	Time spent in hours	Adult Anopheles Mosquitoes ran it	
				Total No. taken	Average per man per hour
July 19		4	1.0	1109	1169.0
July 30		7	1.75	1203	658.0
Aug. 2		9	2.25	457	203.1
Aug. 8	Houses, barns, & pigsties sprayed with 5% DDT in kerosene.				
Aug. 16		5	1.5	88	58.7
Aug. 23		6	1.5	97	71.6
Aug. 30		8	2.0	24	15.0
Sept. 7		13	3.0	256	102.1
Sept. 14		10	2.0	634	192.9

Using the procedure recommended by Dr. Davis, all houses in the town of Fiumicino were sprayed with 5% DDT in kerosene between August 25th and September 6th. Both a power sprayer and several hand-operated knapsack sprayers were used. A total of 3013 rooms were treated with 403 gallons of DDT solution, giving a coverage of 7.5 cubic meters per gallon. The results as shown in Table 7 were excellent. Before the treatment was begun, 79.2% of the rooms examined contained mosquitoes and that figure fell to Zero and remained a negligible one for more than a month. That mosquitoes were still present in the areas around Fiumicino was evident from the catches made at Isola Sacra and Ostia Antica during September and October.

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2032

Table 2 - Results of Sieve Analysis

Sieve Designation	% Passing	Cum. % Retained
3"	100.0	0.0
2"	97.5	2.5
1½"	94.0	6.0
1"	90.5	9.5
¾"	87.5	12.5
½"	84.0	16.0
⅜"	81.0	19.0
#4	76.5	23.5
#8	72.5	27.5
#16	67.5	32.5
#30	61.0	39.0
#50	52.5	47.5
#100	42.0	58.0
#200	32.5	67.5

Sub-angular to angular gravel and sand size fragments of fine grained basalt, with a trace of silt size material. Dry strength: none. Dilatancy: rapid. Toughness: none. Plasticity: none. Liquid limit: non-plastic. Plastic limit: non-plastic. Plasticity index: non-plastic. Classification: A-1-a(0). Group index: 0. Natural moisture content: 2.4%. Specific gravity: 2.78 (assumed). Boulders: 0% by volume. Cobbles: 0% by volume. Gravel: 60.7%. Sand: 31.8%. Silt: 5.0%. Clay: 2.5%. Colloids: 2.5%. Activity: 1.00.

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| | | |

Until June of this year Castia Antica was occupied by German troops but since July when the civilians began to come back accurate records have been kept of the weekly prevalence of malaria. These show a peak in the first week in August, and indicate that more than a third of the entire population of the commune came down with that disease before the middle of October.

Table 9. - Weekly Prevalence of primary cases of Malaria diagnosed in the Commune of Castia Antica during the Summer of 1944.

Town of Castia Nordata				Rural areas in the same commune			
Weeks	Vivax Malaria	Falciparum malaria	Total No. primary cases	Dates when town was sprayed with pyrethrum	Vivax malaria	Falciparum malaria	Total No. of primary cases
July 3- 9	25	-	25		10	-	10
July 10-16	39	-	39		23	-	23
July 17-23	34	-	34		24	-	24
July 24-30	34	-	34		13	-	13
July 31 to Aug. 6	36	-	36		26	-	26
Aug. 7-13	47	-	47		33	-	33
Aug. 14-20	23	-	23	Aug. 16	15	-	15
Aug. 21-27	27	-	27	Aug. 23	34	-	34
Aug. 28 to Sept. 3	30	-	30	Aug. 30	38	1	39
Sep. 4-10	22	-	22	Sep. 6	29	-	29
Sep. 11-17	18	-	18	Sep. 13	13	2	15
Sep. 18-24	8	-	8	Sep. 20	17	1	18

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Week No.	Dates when town was sprayed with pyrethrum	Falciparum malaria	Vivax malaria	Total No. of primary cases
1	July 3- 9	25	-	10
2	July 10-16	32	-	25
3	July 17-23	34	-	24
4	July 24-30	34	-	24
5	July 31 to Aug. 6	36	-	19
6	Aug. 7-13	47	-	26
7	Aug. 14-20	23	-	33
8	Aug. 21-27	27	-	15
9	Aug. 28 to Sep. 3	30	-	34
10	Sep. 4-10	22	-	39
11	Sep. 11-17	19	-	25
12	Sep. 18-24	9	-	15
13	Sep. 25 to Oct. 1	4	-	18
14	Oct. 2- 8	4	-	13
15	Oct. 9-15	5	-	11
16	Oct. 16-22	3	-	11
17	Oct. 23-29	1	-	3
TOTALS:		355	0	365

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of all items on Tools & Gage, Die & Fixture
Standard to every Trailer Coach
of Land Use and also Public Buildings
Site shall be in the City.
Plan shall have been approved
Report that there has been no cases of malar
constantly in the area of the proposed

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SECRET

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/303/PH

PH/WF/ja
10 November 1944

16 NOV Recd

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

TO : - Chief of Staff.

THRU : - VP CA Section, AC.

1. PERSONNEL:

(a) There are no personnel changes of any importance to report during the month of October except that certain officers assigned to forward regions have been withdrawn temporarily to afford assistance to regions further South.

(b) It is not proposed in this, or in any subsequent reports, to make detailed reference to personnel changes of a minor nature which are of little interest outside the Sub-Commission.

2. POLITICAL:

(a) Daily contact is maintained with the Sanita' Publica branch of the Ministry of Interior. No points of major political importance were discussed during the month.

3. PUBLIC HEALTH MATTERS:

(a) Typhoid fever:

(i) The Benevento outbreak is subsiding. There were 90 cases during the month of September while up until the 26th of October - which is the latest date upon which figures are at present available - the case incidence had fallen to 15. 1181 inoculations have been performed and open sewers are being repaired.

(b) Smallpox:

(i) Smallpox still continues to be found in Naples and adjacent areas, and two cases have in addition been reported from Palermo. Major Cherry visited Benevento to investigate the smallpox and typhoid situation, and his report is to be found at Appendix "A".

(ii) There has been an increase in the incidence of smallpox cases in Benevento, 118 being reported up till the end of October as compared with 62 in September. The number of deaths, however, has fallen from 12 in September to 5 in October.

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1. PERSONNEL:

(A) There are no personnel changes of any importance to report during the month of October except that certain officers assigned to forward regions have been withdrawn temporarily to afford assistance to regions further south.

(B) It is not proposed in this, or in any subsequent reports, to make detailed reference to personnel changes of a minor nature which are of little interest outside the Sub-Commission.

2. POLITICAL:

(A) Daily contact is maintained with the Senate' Publica Branch of the Ministry of Interior. No points of major political importance were discussed during the month.

3. PUBLIC HEALTH BRANCH:

(a) Typhoid Fever:

(i) The Benevento outbreak is subsiding. There were 90 cases during the month of September while up until the 26th of October - which is the latest date upon which figures are at present available - the case incidence had fallen to 15. 1193 inoculations have been performed and open sewers are being repaired.

(B) Smallpox:

(i) Smallpox still continues to be found in Naples and adjacent areas, and two cases have in addition been reported from Palermo. Major Cherry again visited Benevento to investigate the smallpox and typhoid situation, and his report is to be found at Appendix "A".

(ii) There has been an increase in the incidence of smallpox cases in Benevento, 116 being reported up till the end of October as compared with 62 in September. The number of deaths, however, has fallen from 12 in September to 5 in October.

(iii) Two reasons are adduced for the prevalence of the disease. The first is the mildness of the symptoms combined with the low death rate which leads the population to regard the epidemic with disinterest verging upon apathy. In consequence, despite press appeals and admonition from the pulpit a large number of persons deliberately avoid presenting themselves for vaccination. Nonetheless, 26,078 people have been vaccinated since the beginning of the epidemic. The second reason put forward by the local doctors is that they regard both the Palermo and Rome vaccines with disfavor and believe that they are not as potent as is desirable. This has been represented to the Ministry, with the request that a Commission be appointed to investigate the potency of the Rome and Palermo strains and recommend measures to increase their valency should they in fact be discovered to be lacking in strength. 2459

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4. VETERINARY BRANCH:

(A) Italian veterinary laboratories are doing good work in producing all the vaccines and sera required for immunization and treatment of all animal diseases with the exception of hog cholera. In this work they are receiving all possible support and assistance from the Veterinary Branch. Increasing attention is also being directed to the slaughtering of animals in abbattoirs and the subsequent inspection of meat.

(B) Anthrax has occurred in several provinces but the outbreaks are under control. No cases of human anthrax have been recorded.

(C) The incidence of rabies has decreased and as a result of newspaper articles the public is now aware of the desirability of muzzling dogs and using leashes. The impounding of stray dogs continues.

(D) Swine erysipelas is to be found in the central provinces of the mainland. Approximately 60,000 animals have been immunized against this complaint.

(E) The incidence of bovine tuberculosis amongst dairy cattle is high and recommendations are being made to the Italian authorities regarding the pasteurization of milk. This also applies to goat's milk which, in infected goats, carries the germs of undulant fever.

(F) A conference was held with the Director General of the Sanita' Publica concerning the status of the Italian Provincial Veterinary Officers and it was emphasized that to carry out his duties the veterinarian must have the full support and backing of the Prefect. The Director General was in complete agreement with these views and stated that the Prefect was always expected to give full support to the prefectural officials.

(G) The report of the Veterinary Branch is to be found at Appendix "E".

5. MEDICAL SUPPLY BRANCH:

(A) Up until 7th of November the Medical Supply Branch has shipped into Italy, medical supplies to the value of $.335,000 dollars. The estimated weight of these supplies is 3000 long tons.

(B) The association for the distribution of medical supplies mentioned in last month's report did not begin to operate on October 15th as was hoped, but has begun its activities on November 1st. The name of the organization is Ente Nazionale Distribuzione Medicinali degli Alleati, shortened ENDIMEA.

(C) The Army Sub-Commission has assumed responsibility for all medical stores in the Military Institute at Florence. It is hoped, however, that raw materials from this Institute may be released to enable civilian pharmaceutical plants in Florence to go into full production.

under control. No cases of human anthrax have been recorded.

(C) The incidence of rabies has decreased and as a result of newspaper articles the public is now aware of the desirability of muzzling dogs and using leashes. The impounding of stray dogs continues.

(D) Swine Erysipelas is to be found in the central provinces of the mainland. Approximately 80,000 animals have been immunised against this complaint.

(E) The incidence of bovine tuberculosis amongst dairy cattle is high and recommendations are being made to the Italian authorities regarding the pasteurization of milk. This also applies to goat's milk which, in infected goats, carries the germs of undulant fever.

(F) A conference was held with the Director General of the Sanita' Publica concerning the status of the Italian Provincial Veterinary Officers and it was emphasized that to carry out his duties the veterinarian must have the full support and backing of the Prefect. The Director General was in complete agreement with these views and stated that the Prefect was always expected to give full support to the prefectural officials.

(G) The report of the Veterinary Branch is to be found at Appendix "D".

5. MEDICAL SUPPLY BRANCH:

(A) Up until 7th of November the Medical Supply Branch has imported into Italy, medical supplies to the value of $5,335,000 dollars. The estimated weight of these supplies is 3000 long tons.

(B) The association for the distribution of medical supplies mentioned in last month's report did not begin to operate on October 15th as was hoped, but has begun its activities on November 1st. The name of the organization is Ente Nazionale Distribuzione Medicinali degli Alleati, shortened ENDIMA.

(C) The Army Sub-Commission has assumed responsibility for all medical stores in the Military Institute at Florence. It is hoped, however, that raw materials from this Institute may be released to enable civilian pharmaceutical plants in Florence to go into full production.

(D) The arrival of further shipments of medical supplies at Naples and in Leghorn has enabled all outstanding requisitions to be filled. The Depot at Florence is also being kept fully stocked from the Central Medical Depot, Naples.

(E) Recommendations have been made that the Clothing Section of the Medical Supply Branch should be transferred to the Transportation Sub-Commission. One shipment of ARC clothing has arrived at Leghorn from Naples.

(F) Appendix "F" contains the report of the Medical Supply Branch.

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6. WELFARE BRANCH:

(A) Conferences were held with the Italian Government during October for the purpose of stimulating interest in welfare projects for Pesticone and of providing funds for these projects and also for the provision of a grant of extra funds for the CRRC. The results of these conferences were satisfactory.

(B) Executive Memorandum No.58 is in process of being revised.

(C) The initial stimulus for the investigation of conditions in the devastated areas of Region V came from this Sub-Commission. On 12th October a meeting of representatives of the Italian Government, the American and Italian Red Cross and of this Sub-Commission was held in the Director's office. In consequence of this meeting, H.E. Chevrai, Undersecretary for the Interior, decided to call a fuller and more representative meeting of all interested agencies in the Ministry of Interior, and from this the existing Commission to cover all devastated areas came into being.

(D) The report of the Welfare Branch is to be found at Appendix "G".

SUMMARY

1. PERSONNEL: - Nil.

2. POLITICAL: - Nil.

3. PUBLIC HEALTH.

(A) Only 15 cases of typhoid have been reported in Benevento up to the 20th of October as compared with 50 for the whole of September.

(B) Smallpox continues in Naples and adjacent areas. The epidemic is of a such a mild nature that it is largely disregarded and many cases concealed by the local populace, thus increasing the difficulties of control measures.

(C) A grossly exaggerated account of VD amongst young girls in Naples has appeared in the Italian press.

(D) Infant mortality figures for Rome have fallen to 85.9 for October.

(E) The total tuberculosis death rate for Rome has also fallen. The October figure is 323.

(F) Plans are being prepared for the 1945 Anti-Malarial Campaign.

(G) Two cases of endemic, i.e., not Imase-borne, typhus have occurred in Naples province.

4. VETERINARY:

agencies in the Aversa to cover all devastated areas came into being.

(D) The report of the Welfare Branch is to be found at Appendix "G".

SUMMARY

1. PERSONNEL: - Nil.

2. POLITICAL: - Nil.

3. PUBLIC HEALTH:

(A) Only 15 cases of typhoid have been reported in Benevento up to the 20th of October as compared with 50 for the whole of September.

(B) Smallpox continues in Naples and adjacent areas. The epidemic is of a such a mild nature that it is largely disregarded and many cases concealed by the local populace, thus increasing the difficulties of control measures.

(C) A grossly exaggerated account of VD amongst young girls in Naples has appeared in the Italian press.

(D) Infant mortality figures for Rome have fallen to 89.9 for October.

(E) The total tuberculosis death rate for Rome has also fallen. The October figure is 323.

(F) Plans are being prepared for the 1945 Anti-Malarial Campaign.

(G) Two cases of endemic, i.e., not louse-borne, typhus have occurred in Naples Province.

4. VETERINARY:

(A) Italian laboratories are producing all requirements for animal diseases with the exception of hog cholera.

(B) The incidence of rabies is decreasing.

(C) The incidence of bovine tuberculosis is high among dairy cattle. Recommendations concerning the pasteurization and boiling of milk have been made.

5. MEDICAL SUPPLY:

(A) Medical supplies to the value of 5,335,000 dollars and the approximate weight of 3000 long tons have been imported into Italy up until 7th November.

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(B) The National Wholesale Druggist Association, formed for the distribution of medical supplies, began to operate on November 1st.

(C) The Army Sub-Commission has assumed responsibility for the medical stores in the Military Institute, Florence.

6. WELFARE:

(A) Satisfactory conferences with the Italian Government regarding the allocation of funds for welfare projects have been held.

(B) Executive Memorandum No.50 is being revised.

(C) As the result of a meeting held in the office of the Director, and attended by H.E. Gonnyari, Undersecretary of the Interior, the establishment of the Commission to deal with devastated areas resulted.

G. S Parkinson
Brig

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

APPENDICES:

Appendix "A" - Smallpox & Typhoid Report, Penecrete - Major Robert L.Cherry.
Appendix "B" - August Report - Inspector of Labour, Naples.
Appendix "C" - Report on Cases of VD - Major Robert L. Cherry.
Appendix "D" - Report on VD in 5th Area and PBS, Major Robert L. Cherry.
Appendix "E" - Monthly Report Veterinary Branch, Major Rowland W. Richmond.
Appendix "F" - Monthly Report, Medical Supply Branch, Colonel M.E. Griffin.
Appendix "G" - Monthly Report, Welfare Branch, Capt. Edward E. Silveira.

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G. S. Parkinson
Brig

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

APPENDICES:

Appendix "A" - Smallpox & Typhoid Report, Benevento - Major Robert L.Cherry.
Appendix "B" - August Report - Inspector of Health, Naples.
Appendix "C" - Report on Cases of VD - Major Robert L. Cherry.
Appendix "D" - Report on VD in POW Area and PRS, Major Robert L. Cherry.
Appendix "E" - Monthly Report Veterinary Branch, Major Rowland W. Buchmore.
Appendix "F" - Monthly Report, Medical Supply Branch, Colonel M.E. Griffin.
Appendix "G" - Monthly Report, Welfare Branch, Capt. Edward E. Silveira.

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HEADQUARTERS ALLIED COMMISSION APPENDIX "A"
APO 394
Public Health Sub-Commission

AC/3090/PH

2 November 1944

SUBJECT: - Smallpox and Typhoid in Benevento.
(Interim Report).

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

SMALLPOX (Benevento)

Pursuant to orders the writer spent the period 25 Oct thru 31 Oct in Naples and Benevento. After conferences with Lt. Col. Miles, Public Health Officer for Southern Region, on October was spent in Benevento, accompanied by Lt. Johnson from Lt.Col. Miles' office. Here the isolation hospital, where the majority of cases of smallpox are isolated, was visited and a conference was held with Dr. Tocco, the Medico Provinciale.

At this time there were 92 cases of smallpox in the hospital at Benevento and an additional 37 from Benevento were being cared for in the hospital at Montesarchio. Plans were drawn for enlarging the hospital at Benvento to care for additional cases. There had been 4 deaths. The spot map of cases was not made, nor was to be made but the Medico Provinciale stated that vaccinations were proceeding. It was of interest to note that of the 92 patients in the hospital, only 10 had been recently vaccinated, all during the incubative period of the disease. Of the remainder, either they had never been vaccinated against smallpox, or the vaccinations had been performed many years previously.

The Benevento provincials stated that they were using Insalina vaccine from both Siena and Roma. It is the writer's opinion that the doctors we talked to at the hospital was using the Siena vaccine was "fair", that from Roma, "no good".

To date, a total of 20,000 people in Benevento has been vaccinated against smallpox since the 3rd. It is estimated. Much credit for which is due Maj. Glucksman and his team of vaccinators and medical assistants.

Two things militate against eradication of this disease, namely, the fact that it is a mild form with a low mortality rate and people do not become alarmed, and secondly, the inertia of the local civilian public health officials in combatting communicable diseases.

TYPHOID (Benevento)

Pursuant to orders the writer spent the period 26 Oct thru 31 Oct in Naples and Benevento. After conferences with Lt. Col. Miles, Public Health Officer for Southern Region, 28 October was spent in Benevento, accompanied by Lt. Simpson from Lt.Col. Miles' office. Here the isolation hospital, where the majority of cases of smallpox are isolated, was visited and a conference was held with Dr. Tocco, the Medico Provinciale.

At that time there were 92 cases of smallpox in the hospital at Benevento and an additional 27 from Benevento were being cared for in the hospital at Montesarchio. Plans were drawn for enlarging the hospital at Benevento to care for additional cases. There had been 4 deaths. The spot map of cases was not being kept up to date but the Medico Provinciale stated that vaccinations were continuing. It was of interest to note that of the 92 patients in the hospital, only 10 had been recently vaccinated, all during the incubative period of the disease. Of the remainder, either they had never been vaccinated against smallpox, or the vaccinations had been performed many years previously.

The Medico provinciale stated they they were using Italian vaccine from both Siena and Roma. The consensus of opinion among the doctors he talked to at the hospital was that the Siena vaccine was "fine", that from Roma, "no good".

In all, a total of 20,048 people in Benevento had been vaccinated against smallpox since the epidemic started, much credit for which is due Maj. Glademan and his team of volunteer medical student assistants.

Two things militate against eradication of this disease, namely, the fact that it is a mild form with a low mortality rate and people do not become alarmed, and secondly, the inertia of the local civilian public health officials in combatting communicable diseases.

TYPHOID (Benevento)

Conference with Dr. Tocco disclosed that the typhoid epidemic was subsiding, there being at the present time only 27 cases in the civil hospital in Benevento. A total of only 1102 typhoid inoculations had been performed. The Medico Provinciale stated that further inoculations were continuing. One repair crew was seen at work.

Before leaving Benevento, a conference was held with Lt. Col. H Lamb, Chief Medical Officer of the C.M.I.O. at Benevento. He stated that a new product had been installed, from whom he hoped to have better cooperation. The City of Benevento has been placed off limits to troops.

Appendix "A", attached, shows the undated monthly smallpox and typhoid experience in Benevento to date this year.

ROBERT L. CHERRY, Major, 2456
Communicable Disease Officer.

RLC/ac

Incl. as above

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APPENDIX "A"

GENEVA, O.

APPENDIX "A"
Sheet 2

1944	Small pox cases	Typhoid *	
		Cases	Deaths
January		0	0
February		0	0
March		23	0
April		49	5
May		5	0
June	4	10	0
July	20	42	6
August	3	210	22
September	42	90	12
October (thru 26th)	124	15	5
TOTAL	193	449	53

* There have been 53 deaths from typhoid in Geneva this year as compared with 17 deaths from typhoid over the entire 5 year period 1939-43 incl.

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TRANSLATION

INSPECTOR OF LABOUR
NAPLES

MONTHLY ECONOMIC REPORT - MONTH OF AUGUST 1944.

INTRODUCTION

The end of the war which is at last close at hand and could happen unexpectedly, even before one might reasonably hope, should bring facts to the attention of the Government and also to the mass of the people so that every effort should be made, without party disunity, to solve the grave social and economic problems which, tend to become increasingly serious and also other problems which inevitably arise in difficult times.

That which requires of active action either to bring about a profound and lasting effect on the social-economic system or to diminish the ignominious spectacle offered to those who should of necessity be of help to us is the moral restoration of the population which, confronted by suffering and hunger seems to have lost all sense of shame and human dignity.

It has recently been stated in the press that in a single hospital in Naples there are 4,000 young girls between the ages of 16 and 25 suffering from ignoble diseases, some already mothers and others soon to become mothers. In addition, other tens of thousands of such beings are scattered throughout the city and surrounding districts offering their diseased bodies, and every caller has become a tenant or a product in which the offer of submission has pushed the population to a depth of moral misery which cannot be ignored.

The following picture is constructed from statistics supplied by the Superintendent of Studies and from these it appears that 75% of young girls have deserted themselves from the elementary schools and 25% of children from secondary schools. Taking into consideration the various difficulties and events which have disorganised family life there still remains a high percentage of assisted who allow themselves to be abandoned in the streets, give themselves either to prostitution, thieving, swindling and to accursed clandestine occupations, while adults crowd into clinics, prisons, asylums and poor houses.

With this moral background, no social or economic problem can be considered with even the slightest probability of solution and no possibility of being heard by a community of civilised people.

APPENDIX "C"

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AG/3023/Ph

2 November 1944

SUBJECT: Report on Cases of V.D. in Female Age Group 10 - 14 years, being treated in Naples Hospitals.

TO : Director, Public Health Sub-Commission.

The report stated that 1000 girls between the ages of 10 and 14 years were being treated for Venereal Diseases in Naples Hospitals was investigated. A Conference was held with Dr. Fusco, Acting Medico Provinciale and Prof. A. de Amicis, Director of Pace Hospital in Naples. It is in Pace Hospital that all V.D. cases that are hospitalised are cared for. Some few cases might find their way into other hospitals, but practically everything along the line of V.D. that is treated in other hospitals would represent sequelae, for example surgery incident to chronic g.c. in the female, and would not affect the age group under investigation since V.D. in this group usually presents early symptomatology.

To begin with, Pace Hospital has a bed capacity of 400 beds, so the report of 1000 cases being treated in any age group there is without basis. Prof. Dott. A. de Amicis was asked for certain statistics which he prepared and which are submitted herewith. Here is shown:

1. The number of cases of V.D. being currently treated in Pace Hospital.

2. The number now being treated in ambulatorii throughout the city.

3. The number of females between 10 and 14 yrs. of age being treated in ambulatorii and in Pace Hospital, plus the same data for the month of Sept. 44. There is also shown a breakdown of case diagnoses.

With regard to the age group under investigation, it is significant to note that:

a. At present there is 1 female patient between 10 and 14 yrs. of age under treatment in Pace Hospital for Venereal Disease and none in ambulatorii.

b. During the month of Sept. 1944, 7 in this age group were treated in Pace Hospital and [illegible] in ambulatorii.

c. Records for every month in the year were not checked, but in Jan. 1944 there were none in this age group, in February there was 1 and in March there was 1. Prof. de Amicis stated that the number has been negligible all along.

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The report stated that 4000 girls between the ages of 10 and 14 years were being treated for Venereal Diseases in Naples Hospitals was investigated. A Conference was held with Dr. Fusco, Acting Medico Provinciale and Prof. A. de Amicis, Director of Pace Hospital in Naples. It is in Pace Hospital that all V.D. cases that are hospitalized are cared for. Some few cases might find their way into other hospitals, but practically everything along the line of V.D. that is treated in other hospitals would represent sequelae, for example surgery incident to chronic G.C. in the female, and would not affect the age group under investigation since V.D. in this group usually presents early symptomatology.

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a. At present there is 1 female patient between 10 and 14 yrs. of age under treatment in Pace Hospital for Venereal Disease and none in ambulatorii.

b. During the month of Sept. 1944, 7 in this age group were treated in Pace Hospital and [illegible] in ambulatorii.

c. Records for every month in the year were not checked, but in Jan. 1944 there were none in this age group, in February there was 1 and in March there was 1. Prof. de Amicis stated that the number has been negligible all along.

A visit of inspection was made to Pace Hospital in company with Prof. de Amicis on Sunday, 29 Oct. At this time the hospital was very clean.

The figures gathered from Prof. de Amicis were given to Lt. Col. Niles for his record.

ROBERT L. CRIMM,
Major, M.C.,
Communicable Disease Officer.

PH/RLC/cjd.

2454

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1454

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Female - 278

2. Number of sick now being treated in ambulatori

Male - 505
Female - 652

3. Number of female sick of between 10 and 14 years of age who are

(a) being treated in ambulatori - none
(b) in hospitals - one (1) between 13-14 years of age.)

Statistical summary for the month of September.

1. No. of Venereal sick under treatment in hospitals:

Female - 724
Male - 21

2. No. of sick treated in ambulatori

Female - 652
Male - 505

3. No. of female sick of between 10 and 14 years of age

a. treated in ambulatori - none
b. treated in hospitals - 7
(and 8 from 15 to 18 years)

Women hospitalized during the month of September 44.

Total No.724 (unmarried - 462
married - 262)

Age of the women - From 10 to 14 years of age - 7
" 14 to 16 years of age - 62
" 19 to 20 " " " - 85
" 21 to 30 " " " - 383
" 31 to 40 " " " - 120
" 41 to 50 " " " - 28
" 51 to 55 " " " - 1

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

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

HEADQUARTERS ALLIED COMMISSION APPENDIX "D"
AFO 394
Public Health Sub-Commission

AC/394/1/PH 2 November 1944

SUBJECT: - VD in 5th Army and P.O.W.

TO : - Director, Public Health Sub-Commission.

Last week in Naples a conference was held with Maj. Thompson, Asst. to Lt. Col. Hill in Southern Region, Maj Saunders, 5th Army, and Col. Reese 5th Area, regarding the incidence of V.D. among troops in this Area. Maj. Saunders stated that during a month 50,000 of their military population was of a floating nature, rates per 1,000 were difficult to determine. There occur 10 to 20 cases per week among troops (United Kingdom etc.) in this area, of which 50-60% are G.C. and about 10 syphilis. In Rome this will give an incidence of about 1 case per 1000 per month. There has been no appreciable difference in this rate over a period of months. We found other medical views in the 5th Area regarding quick cures by penicillin and the consequent increase in cases due to troops reading their glowing accounts. We feel that continuous education of the troops is very important. We especially impressed by the Unit 2 United States Public Health Service Film, "Sex Hygiene" which is now showing in Naples and which we feel is a valuable aid. We are definitely opposed to the policy of not reporting cases of V.D. after the granting of pass. We feel that the real cause for the drop in the rate is the fear of the unknown and the lack of publicity. We feel that the removal of diagnosed women to hospitals for treatment may be entirely devoid of value. We are definitely opposed to brothels. The week ending Nov. 11 shows that 1/3 of all cases were acquired in Naples.

Attached is a table showing the no. of cases of VD among British troops in this Area for September showing location where contracted. It is of interest to note that 30 cases were contracted in Naples, 729 in Rome.

At P.O.W., Major Mc Neill stated that his provisional rates were as follows:

492	for officers (per 1000 per year)
280	" colored " " " "
197	combined " " " "

When the colored troops are combined, he feels that the rate is probably also the same as that for United Kingdom troops. These rates represent a gradual decline and not an earlier increase. He feels that the prime remedy is apprehension, education, treatment and confinement of diagnosed prostitutes and that made the responsibility of civilian health authorities has left many loopholes for evasion and has taken much of the teeth out of the law. We feel that although we are unable to publicize about the glowing results of quick cures

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

Sq Area, regarding the incidence of V.D. among troops in this Area. Mr. Saunders stated that because about 30,000 of these military population was of a fluctuant nature, rates per 1,000 were difficult to determine. There occur about 40 cases per week among troops (United Kingdom only) in this area, of which 5=60 are s.c. and about 15 syphilis. He thinks this will give an incidence of about 1 case per 1000 per month. There has been no appreciable difference in this rate over a period of months. He feels that publicity given in the Day press regarding quick cures by penicillin has not contributed an increase in cases due to troops reading these glowing accounts. He feels that continuous education of the troops is very important, is especially impressed by the United States Public Health Service Film, "Sex Hygiene" which he has shown to a parade ground and states that he has seen the V.D. rate drop immediately after the showing of this film and knows of no other reason for which to contribute this drop. He feels that the removal of diseased women to hospitals for treatment has been totally been of value. He is definitely opposed to brothels. The week ending Sept. 11 showed that 1/3 of all cases were acquired in Naples.

Attached is a table showing the no. of cases of VD among British troops in all Italy for September showing location where contracted. It is of interest to note that 30 cases were contracted in Naples, 725 in Rome.

A. P.M.S., Major ... Neill stated that his provisional rates were as follows:

.92 For whites (per 1000 per year)
280 " colored " " " "
197 combined " " " "

When the colored troops are excluded, he feels that the rate is probably about the same as that for United Kingdom troops. These rates represent a gradual decline and no further increase. He feels that the policy whereby the apprehension, diagnosis, treatment and confinement of diseased prostitutes has been made the responsibility of civilian health authorities has left many loopholes for evasion and has taken some of the teeth out of the law. He feels that widespread and unwise by publicity about the glowing results of quick cures by such drugs as penicillin might really minimize the consequence of venereal disease in the mind of the soldiers.

ROBERT L. CHERRY, Major,
Communicable Disease Officer

RLC/ac

Encl.

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APPENDIX #31
Sheet 2

LOCATION OF SOURCES OF INFECTION OF CASES OF V.D.

OCCURRING AMONG BRITISH TROOPS IN ITALY - SEPT 1944

Town or Area	Total Infected	Town or Area	Total Infected
Amalfi	8	Ercole	11
Arienzo	4	Jesi	7
Arezzo	10	Lauro	5
Atglona	73	Molfetta	10
Aquila	6	Monopoli	7
Bagnoli	5	Naples	305
Bari	10	Nola	14
Barletta	6	Pomaroli	5
Brindisi	29	Perugia	26
Benevento	22	Portici	7
Battipaglia	46	Pompei	11
Caserta	11	Pescara	15
Capua	15	Rome	420
Cancello	6	Santa Maria	5
Castellamare	27	Salerno	120
Carmiano	3	Torre del Greco	15
Cava	5	Taranto	31
Elboli	15	Terni	13
Egypt	29	Teramo	6
Florence	45	Torre Annunziata	56

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Ancona	10	Lecce	5
Alghero	99	Molfetta	10
Aquila	6	Monopoli	7
Augusta	5	Napoli	308
Bari	10	Nola	14
Barletta	6	Pozzuoli	5
Brindisi	29	Perugia	26
Benevento	22	Portici	7
Battipaglia	46	Pompei	11
Caserta	11	Pescara	15
Capua	15	Roma	728
Cancello	6	Santa Maria	5
Castellamare	27	Salerno	120
Catania	5	Torre del Greco	15
Cava	5	Taranto	51
Elboli	15	Terni	13
Egypt	29	Trani	6
Florence	45	Torre Annunziata	56
Foligno	3	Vasto	8
Frosinone	13		

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HEADQUARTERS ALLIED COMMISSION APPENDIX "E"
APO 394
Public Health Sub-Commission

AC/[illegible]/PH 1 November, 1944.

SUBJECT: - Report of Veterinary Activities for period 1 to 31 October, 1944.

TO : - Director, Public Health Sub-Commission, HQ. Allied Commission.

1. The work performed by the Veterinary Branch continues to be centered around the control of infectious animal diseases. Most effort continues to be expended on the production and distribution of veterinary biologics for prevention and treatment purposes. All veterinary biologics needed with the exception of those for swine cholera are produced locally in Italian veterinary laboratories by Italian personnel. These laboratories continue to receive all assistance which this branch can possibly give them. Meat inspection has required the attention of several Italian veterinarians during the period as the slaughtering of livestock is now partially being done in public abattoirs. Too much slaughtering without supervision continues to occur. The Italian Veterinary Division has instructed provincial veterinarians in Liberated Italy to encourage through every possible means the slaughtering of livestock in the public slaughters.

2. Sporadic outbreaks of Anthrax have occurred in the Provinces of Terni, Benevento, Catanzaro, and Rome during the past month. Vaccination of animals in and around infected zones is now taking place. All outbreaks are reported to be well under control at this time. Compulsory vaccination has been instigated in parts of several provinces as a preventive measure. Anthrax vaccine and anti-serum for all provinces of the mainland is supplied by the laboratory in Portici (Naples) and the Veterinary Laboratory, Institute of Public Health, Rome. The laboratory at the veterinary school in Perugia is being reactivated and will be producing several biologicals including those for anthrax in the very near future.

3. The incidence of rabies in animals has declined but cases have been reported during the month. Two excellent newspaper articles regarding the control of Rabies in Rome have produced excellent results. Informing the public of the rabies danger has resulted in the muzzling of many dogs and the wholesale use of the leash. Stray dogs are continually being impounded. 100 stray dogs were impounded in Naples province alone during October. The threat of Rabies continues to be present as is indicated by the fact that on five occasions during the month our American Military Veterinary Laboratory made positive diagnosis [illegible]

2. The work performed by the Veterinary Branch continues to be centered around the control of infectious animal diseases. Most effort continues to be expended on the production and distribution of veterinary biologics for prevention and treatment purposes. All veterinary biologics needed with the exception of those for swine cholera are produced locally in Italian veterinary laboratories by Italian personnel. These laboratories continue to receive all assistance which this Branch can possibly give them. Meat inspection has required the attention of several Italian veterinarians during the period as the slaughtering of livestock is now partially being done in public abattoirs. Too much slaughtering without supervision continues to occur. The Italian Veterinary Division has instructed provincial veterinarians in Liberated Italy to encourage through every possible means the slaughtering of livestock in the public abattoirs.

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3. The incidence of rabies in animals has declined but cases have been reported during the month. Two excellent newspaper articles regarding the control of Rabies in Rome have produced excellent results. Informing the public of the rabies danger has resulted in the muzzling of many dogs and the wholesale use of the lasso. Stray dogs are continually being impounded. 100 stray dogs were impounded in Naples Province alone during October. The threat of Rabies continues to be present as is indicated by the fact that on five occasions during the month the American Military Veterinary Laboratory made positive diagnosis following histopathological examinations of five heads.

4. Swine Erysipelas continues to be prevalent in practically all central provinces on the mainland. Sizable quantities of anti-serum and vaccine have been distributed from Rome and Naples to aid in the control of the disease. The estimated number of swine immunized has now reached 80,000, several thousand of which were treated after actually acquiring the infection. The disease appears to be most prevalent in Rome, Ascoli-Piceno, Pesaro and Ridti Provinces. It is most unusual that no cases of human Erysipelas have been reported officially or unofficially to this Branch.

5. The incidence of bovine tuberculosis among dairy cattle of central Italy appears to be extremely high. All veterinarians with whom the problem has been discussed admit an incidence of from 70 to 90 percent. Of 23 dairy cattle tuberculin tested recently 10 reacted positively. The most logical solution to the problem undoubtedly is to employ the pasteurization of milk on a much wider scale.

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ANNEX "F"

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/30072/PH 1 November 1944

SUBJECT: - Monthly Report Medical Supply Branch October 1944.

TO : - Director, Public Health Sub-Commission, HQ, Allied Commission.

1. Due to inclement weather and inability of the Italian Government effectively to relieve us of certain responsibilities in connection with the supply of civil ESCIBA (Ente Nazionale Distribuzione Medicinali degli Alleati) as regards operating expenses and unforeseen losses due to breakage, theft, or acts of God, it was not possible to start operation of this organization on 15 October 1944, as originally planned. A directive was published on 20 October 1944 which revised the Regions and areas and a map of the new distribution agency, which will now begin operations on 1 November 1944. The Italian Government has accepted full responsibility for the operation of this newly created organization. Copy of this directive attached.

2. As a result of conference with representative of Army Sub-Commission it has been decided that medical property in the Istituto Chimico Farmaceutico Militare at Firenze (Florence) will be the responsibility of the Army Sub-Commission. Discussions are still in progress with the view to having the unfinished materials at this plant made available to the civilian pharmaceutical plants in Florence in order that these plants may resume as near as possible full operation. Whether the products are used for civilian or military (Italian) use is of no moment. Through a representative of this office in Florence, arrangements have been made to obtain water and electric power for the unmanned pharmaceutical plants in the Florence area.

3. Further shipments of medical supplies from the United States have been received at Naples and Leghorn, which has enabled the Central Medical Depot to complete shipments during the month to all parts of the Southern Region, to Sardinia, Corsica and Milan Region, Taranto Region, Marche Region and to A.M.G. and C.A.R. Army. All outstanding requisitions for all Regions were completed during the month.

4. A shipment of supplies was received at the Florence ACC Medical [illegible] requirements of the two northern Provinces, including

1. Due to unforeseen delays in the mobility of the Italian Government to assume its share of certain responsibilities in connection with the newly created ENDIMA (Ente Nazionale Distribuzione Medicinali degli Alleati) as regards operating expenses and unforeseen losses due to breakage, theft, or acts of God, it was not possible to start operation of this organization on 15 October 1944, as originally planned. A directive was published on 20 October 1944 which notified all Regions and Army and Base Area of this new distributing agency, which will now become operational from 1 November 1944. The Italian Government has accepted full responsibility for the operation of this newly created organization. Copy of this directive attached.

2. As a result of conference with representative of Army Sub-Commission it has been decided that all medical property in the Istituto Chimico Farmaceutico Militare at Firenze (Florence) will be the responsibility of the Army Sub-Commission. Discussions are still in progress with the view to moving the unfinished materials at this plant to available civilian pharmaceutical plants in Florence in order that these plants may resume as near as possible full operation. Whether the products are made for civilian or military (Italian) use is of no moment. Through a representative of this office in Florence, arrangements have been made to obtain water and electric power for the Militarized pharmaceutical plants in the Florence area.

3. Further shipments of medical supplies from the United States have been received at Naples and Leghorn, which has enabled the Central Medical Depot to complete shipments during the month to all parts of the Southern Region, to Sardinia, Corsica and Adriatic Region, Tuscan Region, Marche Region and to AAB 5 and 8 Army. All outstanding requisitions for all Regions were completed during the month.

4. A shipment of supplies has arrived at the Florence ACC Medical Depot, to take care of the requirements of the more northern Provinces, including 5 and 8 Army, AAB. In addition to shipments received from Leghorn, additional supplies are now being assembled at the Central Medical Depot for shipment to the Florence depot.

5. One shipment of AAB clothing has arrived at the clothing warehouse at Leghorn, from Naples. Early reports indicate considerable pilferage of this shipment between Naples and Leghorn. This same condition has been noted in the shipments of medical supplies by water transport. Arrangements are being completed to transfer remaining AAB clothing now at Palermo to Leghorn. There is no change in status of material at Naples warehouse. Letter has been written, after concurrence with Transportation Sub-Commission, recommending transfer of Clothing Section of Central Supply Branch to the Transportation Sub-Commission. The problems of this Clothing Section, are now primarily transport problems.

6. During the month representatives of this Branch visited Regions IV, V, VII, Southern Region, and 5th and 8th Army AAB areas in connection with medical supply problems. Informal discussions were had with G-1, AFHQ and Surgeon's Office, MTOUSA regarding permanent assignment of enlisted personnel which have been on a temporary duty status for the past eight months.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Civil Affairs Section

Sheet 1

ACC/3072/-/Ex

20 October 1944

SUBJECT: - Medical Supplies.

TO : - See distribution below.

1. In order that the Italian Government may assume responsibility for the distribution of medical supplies throughout Liberated Italy, there has been formed by the Italian Government a distribution agency under the control of the Italian Government. This organization will be known as EMDIMA, the full name being, Ente Nazionale Distribuzione Medicinali Sugli Alleati.

2. In conjunction with my representatives, HQ, ACC, a system of payment has been worked out, so that R/Cmrs will not be required to handle payments, since supplies now on hand have been disposed of. All payments will take place centrally.

3. Under this new organization, a new set of prices for imported Allied supplies will be published by ENDIMA, under rules and regulations laid down by the Italian Government. Prefects of Provinces are being notified about this new organization by the Italian Government. Institutions which formerly received supplies free, or at a wholesale price will apply to the Medico Provinciale of the Province concerned, who will make the necessary provisions for payments.

4. With the formation of ENDIMA, many of the provisions of Executive Memorandum Number 34 become inoperative. It is not possible at this time to re-write this Memorandum, but the principle changes will be inserted in this letter, and at a later date this Memorandum will be rewritten.

5. ENDIMA will act as the sole distributing agency for medical supplies furnished by the Allies, for the civilian population in Liberated Italy. In those parts of AMG territory which the SCAO of 5 and 8 Army may indicate, this same organization will be responsible for distribution. In those Provinces in which the SCAO of 5 and 8 Army do not desire this organization to function, the provisions of Executive Memorandum Number 34 remain in force.

6. In order that ENDIMA may function properly it is necessary that Regional Commissioners carry out the following:

a. Close all Regional Medical warehouses within ten (10) days.
b. Sell all supplies now on hand to recognized outlets and send [illegible] for all supplies by October 31, 1944, as required

of the Italian Government. The organization will be known as EDDLEA, the full name being, Zone Peninsula Distribution Medical Supply Allied.

2. In conjunction with representatives, AMG, ACC, a system of payment has been worked out, so that Regions will not be required to handle payments, once supplies now on hand have been disposed of. All payments will take place centrally.

3. Under this new organization, a new set of prices for imported Allied supplies will be published by EDDLEA, under rules and regulations laid down by the Italian Government. Payment of proceeds are being retained under this new organization, by the Italian Government. Institutions which formerly received supplies free, or at a wholesale price will apply to the Medical Provincials of the Provinces concerned, who will make the necessary provisions for payments.

4. With the formation of EDDLEA, many of the provisions of Executive Memorandum Number 34 become inoperative. It is not possible at this time to re-write this Memorandum, but the principle changes will be indicated in this letter, and at a later date this Memorandum will be rewritten.

5. EDDLEA will act as the sole distribution agency for medical supplies furnished by the Allies, for the civilian population in Liberated Italy. In such parts of AMG territory which the SCAO of 5 and 8 Army may indicate, this same organization will be responsible for distribution. In those Provinces in which the SCAO of 5 and 8 Army do not desire this organization to function, the provisions of Executive Memorandum Number 34 remain in force.

6. In order that EDDLEA may function properly it is necessary that Regional Commissioners carry out the following:

a. Close all Regional Medical warehouses within ten (10) days.

b. Sell all supplies now on hand to recognized outlets and send in a complete final statement for all supplies by October 31, 1944, as required by paragraph IV J, Executive Memorandum Number 34, which will be the final report of stocks and sales required from their Region.

c. Assist EDDLEA representatives by advising them as to the dealers that have been set up at Provincial level, and assist the representatives in obtaining the necessary transport permits for distribution of medical supplies within their Region.

d. Advise all Medical Provincials to submit requisitions to EDDLEA representatives, or direct to Lt. ACC, Public Health Sub-Commission once each month, starting with October, for the month of November, such requisitions (indents) to be submitted not later than 31 October. For Provinces which are to be taken care of by AMG 5 and 8 Army, no change in present procedure is required.

e. After 31 October 1944, Regions will not transact business with reference to medical supplies involving a financial transaction by the Regions.

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7. H.Q., A.C.C. and R.Army, establishments, as at the date of receipt of this letter, will be distributed as indicated in Executive Memorandum No. 34. Stocks received subsequent to that date, will be subject to an Issue Voucher from the A.C.C. Medical Depot, and will show that these supplies are being issued to an area where the organized local government unit exists". These Issue Vouchers will be priced, and the Receiving Officer will sign one copy of each voucher forwarding same to the Central Medical Depot, Depot No. [illegible], No fee or charge will be made for the supplies. The actual receipt of these issues, required by para. IV C, Executive Memorandum No. 34, will be prepared as at the present.

8. Civilian supplies of a finished nature, that is completely manufactured and packaged, will not be issued, but will remain in warehouses for sale to the public. Assistance should be given the owners of medical supplies to see that these supplies are distributed within the Region. No civilian medical supplies should be allowed to leave the Region in which located, without the approval of the Regional Commissioner. This is done in order to protect the supplies within the Region, because supplies may not be moved to other Regions. In the case of manufacturing plants, especially the biological manufacturers, it is expected that permits will be granted for shipment of required materials to other Provinces.

9. In the case of non-medical medical supplies, these will be frozen, and the A.C.C. advised of the location, and the inventory of same. Industry Sub-Committee, H.Q. A.C.C. is the agency which is primarily responsible in this type of commodity.

10. Regional Commissioners and A.C.C. S and S Army may still requisition required civilian medical supplies, when in their opinion such action is necessary to protect the health of the civilian population, or to ensure proper distribution within their areas.

11. Except as indicated above, the provisions of Executive Memorandum Number 34 is to remain in effect until such Memorandum can be rewritten.

BY COMMAND OF CONSOLIDATED STORE

(signed: G. H. Upjohn)

G. H. UPJOHN, Brigadier
V.P. C.M. Soc
Dep C o S

Distribution:

Regional Commissioners:
Southern Region, Regions Guelph (I), London-Sarnia (IV), Niagara-Peninsula (V), Hamilton (VI), Toronto (VIII), Dundas (III), Algonquin, Stormont, Lanark (II),

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APPENDIX "G"

HEADQUARTERS ALLIED COMMISSION
APO 394
Public Health Sub-Commission

AC/SCPH/2H

3 November 1944

SUBJECT: - Report of Welfare Branch
October 1944.

TO : - Director, Public Health Sub-Commission.

1. Two additional welfare officers reported to the Public Health Sub-Commission and were assigned: one to Tuscany Region and one to Lazio-Umbria Region. Two ATS officers reported to this Sub-Commission, and were assigned to Abruzzi-Marche Region. Assignment was made to Puglie Region because of the lack of a specialist welfare officer there. The remaining assignments were made to Lazio and Abruzzi-Molise Regions because of the large devastated areas in these places.

2. An emergency arose in Frosinone Province for lack of funds to pay relief. The matter was brought to the attention of the Undersecretary for the Ministry of Interior. A meeting was held at which were present the Undersecretary, the Prefetto, Regional Welfare Officer Lazio Region, the Chief of the Welfare Branch, and various others. Additional funds were made available for Frosinone and other provinces in Lazio Region.

3. A complaint was received from the Opera Nazionale Maternita' ed Infanzia that the allowance of L. 150,000,000 made to it by the Italian Government for this fiscal year was inadequate. Investigation revealed that the agency, in submitting its request for funds, had offered little supporting data. The matter was brought to the attention of the Undersecretary for the Ministry of Interior, who directed the O.N.M.I. to submit its budget on a realistic basis, according to the number of persons in each category to be assisted and the actual daily cost of assistance. This budget has been resubmitted for a yearly total of about L. 600,000,000 for the 90 provinces then under Italian Government supervision.

4. A revision of Executive Memorandum No. 30 is in progress, designed to make more specific the directive in regard to relief, and to make optimal the accomplishment of provincial welfare departments by Regional Commissioners.

5. One field trip was made to [illegible] area. A report is being prepared.

6. Agreement has been obtained, with the aid of the Commerce Sub-Commission, for the Italian National Agency for War Wounded to find necessary supplies for the manufacture of artificial limbs and to make [illegible]

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2. Two additional welfare officers reported to the Public Health Sub-Commission and were assigned: one to Toscana Region and one to Lazio-Umbria Region. The AFS officers reported to this Sub-Commission, and were assigned to Abruzzi-Marche Region. Assignment was made to Toscana Region because of the lack of a specialist welfare officer there. The remaining assignments were made to Lazio and Abruzzi-Molise Regions because of the large devastated areas in these places.

3. An emergency arose in Frosinone Province for lack of funds to pay relief. The matter was brought to the attention of the Undersecretary for the Ministry of Interior. A meeting was held at which were present the Undersecretary, the Professo, Regional Welfare Officer Lazio Region, the Chief of the Welfare Branch, and various others. Additional funds were made available for Frosinone and other provinces in Lazio Region.

4. A complaint was received from the Opera Nazionale Maternita' ed Infanzia that the allowance of L. 150,000,000 made to it by the Italian Government for this fiscal year was insufficient. Investigation revealed that the agency, in submitting its request for funds, had offered little supporting data. The matter was brought to the attention of the Undersecretary for the Ministry of Interior, who directed the O.N.M.I. to submit its budget on a realistic basis, according to the number of persons in each category to be assisted and the actual daily cost of each ration. Such budget has been resubmitted for a yearly total of about L. 600,000,000 for the 90 provinces then under Italian Government supervision.

5. A revision of Executive Memorandum No. 30 is in progress, designed to make more specific the directives in regard to relief, and to make optimal the establishing of provincial welfare departments by Regional Commissioners.

6. One field trip was made to AMG 5th Army Area. A report is being prepared.

7. Agreement has been obtained, with the aid of the Commerce Sub-Commission, for the Italian National Agency for War Wounded to find necessary materials for the construction of artificial limbs and to apply to AFLRS for the unblocking of these materials when they are found to be blocked.

EDWARD E. MILLER.
Civil Affairs Rep.,
Chief, Welfare Section.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

PH/CHE/jm

ASC/3015/PH

8 October 1944

SUBJECT: - Report of Public Health Sub-Commission
For Month of September 1944.

THRU : - VI CA Section.

17 OCT Recd

TO : - Chief of Staff.

1. PERSONNEL:

(a) The Sub-Commission has sustained a great loss with the departure of one of its most distinguished officers, Colonel Paul F. Russell (A), from this theater. The work of the Malaria Control Branch under the direction of Colonel Russell has been one of the outstanding features of the Sub-Commission's work this winter and the results obtained have been beyond praise.

(b) With the approach of winter and the consequent diminution of malaria risks, various members of the Malaria Control Branch have been relieved from their duties and assigned to forward regions. The nucleus of a malaria unit, however, remains under the direction of Lt. Kuhn of the Rockefeller Foundation and is absorbed into the Public Health Branch of the Sub-Commission. The unit will continue planning bets for the Po Valley, should this area come under Allied control within a short space of time, and also for general problems in 1945.

(c) As was mentioned in para (b) the Headquarters Staff is considerably depleted both by the departure of Colonel Russell and by the assignment of Major Thomas P. Anderson (A) to Venezia Region, Captain Manlio A. Manzelli (A) to the Venezia Region and Captain Vincent F. Tuzio (A) to Lombardia Region.

(d) Major Everett E. Carrier (A) has been relieved of his assignment to Piemonte Region and has been assigned to Liguria Region. This leaves Piemonte Region now officially with one medical officer, one sanitary officer and one welfare officer.

2. POLITICAL:

(a) The Public Health Division of the Ministry of Interior has completely re-organized its Central Staff and the new table of organization has been submitted to the Director of this Sub-Commission by the Director General of the Sanita' Publica. On paper, the re-organization appears extremely satisfactory and it is hoped that it will function in practice as smoothly as is anticipated.

(b) A pool of doctors is available in Rome from which individuals may be selected to act as Medici Provinciali in forward areas should these officials be required. A salary scale of 8,000 lire a month has been agreed upon with the Ministry and the Chief Sub-Commission. These appointments are merely of a temporary nature and the doctors appointed will either be confirmed or [illegible]

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1. PERSONNEL:

(a) The Sub-Commission has sustained a great loss with the departure of one of its most distinguished officers, Colonel Paul F. Russell (A), from this theatre. The work of the Malaria Control Branch under the direction of Colonel Russell has been one of the outstanding features of the Sub-Commission's work this winter and the results obtained have been beyond praise.

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(c) As was mentioned in para (b) the Headquarters Staff is considerably depleted both by the departure of Colonel Russell and by the assignment of Major Thomas P. Anderson (A) to Venezia Region, Captain Mario A. Manselli (A) to the Venezia Region and Captain Vincent F. Tizio (A) to Lombardia Region.

(d) Major Everett E. Carrier (A) has been relieved of his assignment to Southern Region and has been assigned to Liguria Region. This leaves Southern Region now officially with one medical officer, one sanitary officer and one welfare officer.

2. POLITICAL:

(a) The Public Health Division of the Ministry of Interior has completely re-organized its General Staff and the new table of organization has been submitted to the Director of this Sub-Commission by the Director General of the Sanita' Publica. On paper, the re-organization appears extremely satisfactory and it is hoped that it will function in practice as smoothly as is anticipated.

(b) A pool of doctors is available in Rome from which individuals may be selected to act as Medici Provinciali in forward areas should these officials be required. A salary scale of 8,000 lire a month has been agreed upon with the Ministry and the Finance Sub-Commission. These appointments are merely on a temporary basis and the doctors appointed will either be confirmed or substituted by regular officials at normal rates of pay by the Ministry of Interior when these areas come under the direct control of the Italian Government. With regard to this matter it is pointed out that AMG 5th and 8th Armies and Regional Commissioners might with advantage appoint competent officials considered as Medici Provinciali if such officials are available locally. The officials considered have experience in local government which in some cases is lacking amongst the doctors of the pool. If such officials are locally appointed and their names submitted to this Sub-Commission, the Ministry of Interior will ratify their temporary appointment and approve the same salary scale.

(c) The Ministry of Interior is issuing a directive to the High Commissioner for Sicily re-affirming the text of R.D. Law No.91 of the 19th March 1944. By doing this the Ministry wishes to effect a closer liaison than exists at present between the Central Authorities and the Italian Provincial Public Health Officers.

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those most effectively engaged in combatting this epidemic. All reports that have been received refer to the energy and indifference both of the local doctors and of the population. This matter has been reported to the Director General of the Health Service and a medical Inspector from the Ministry is being sent to investigate the matter. As Lt. Simpson recently pointed out, this is entirely a matter for the Italian Health authorities and if the health of the Italian nation is to improve, more efficient training of Public Health officers, stricter enforcement of rules of sanitation and a fuller education of the public in health matters is required.

(iv) Major Cherry also visited Sardinia to investigate typhoid on that island. He found the incidence no greater than usual except for the town of Orune in the province of Nuoro. Here it was again obvious that local arrangements had been far from satisfactory, but the action taken by Professor Brotzu and Lt. Colonel Dohse should be effective in checking the present epidemic. Major Cherry's report on Sardinia is to be found in Appendix "C".

(E) Smallpox:

(i) The epidemic in Naples Province is subsiding. 178 cases have been reported from the whole province for the month. These figures include a fresh outbreak in the small town of Pertinlia of 11,000 inhabitants where vaccinations are proceeding apace. 413,270 vaccinations have been performed in Naples Province during the month.

(ii) Benevento in addition to this typhoid epidemic has had its case of smallpox.

(G) Malaria:

(i) Before his departure Colonel Russell published a scholarly and exhaustive account of what has been achieved from the 1st of January until the 31st of September of this year. It is gratifying to note that this report received widespread publicity both in the Allied and Italian press, and a copy of the report is to be found at Appendix "D".

(ii) Dr. Kuss prepared a report on the activities of the Demonstration Unit in the Lido Ostia area in the town of Pinedino and on the Island of Isola Sacra. Much important work has been done in this area. The Ostia lagoon has been completely drained and the resultant figures, when published, will be of the greatest possible interest.

(iii) Dr. Riehl has reported on his work during the months of June, July and August. This work has been devoted to an investigation of the uses of DDT in the control of adult anopheles and flies. His report, which is of great scientific value, deals with the various percentages of DDT in kerosene for spraying houses and stables where resting mosquitoes are to be found. He showed in addition that DDT in kerosene was a more effective method of killing adult mosquitoes than DDT in pyrethrum and obtained similar results in the control of flies.

(iv) Furthermore, he has given an interesting account of spraying malarial breeding areas from the air with DDT in oil. A copy of Dr. Riehl's report is to be found in Appendix "E".

(D) Typhus:

The demonstration programme as outlined in last month's report has now taken definite shape. The first series of demonstrations for teams from provinces around Naples will be held in Naples on October 15th, while the touring unit will give its first demonstration in Bari on the 20th of October and its last in Palermo on the 2nd of November. After the completion of this tour, arrangements will be made for demonstrations to be held in Rome for teams from the more central and more northerly provinces.

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(B) Hospitals:

An unsatisfactory state of affairs still exists in Sardinia by which the Italian Ministry of War maintains empty beds in civilian hospitals, thus depriving civilian patients of admittance. It is felt that this is a matter which should be settled between the Ministry of War and the Ministry of Interior, and recommendations to that effect have been made to the Director General of the Sanita' Publica.

(F) Tuberculosis:

(i) The subject of tuberculosis in Italy may well be ushered in by a quotation from "Statistic dell'Amministrazione Sanitaria del Regno, Pubblicazione Periodica della Direzione Generale della Sanita' pubblica 1938". This is an official statistical publication authorized by the Ministry of Interior. In the section devoted to tuberculosis the initial paragraph reads - "Morbidity - We do not possess accurate figures for the purpose of assessing, even approximately, the incidence of this serious disease, well designated the parasite of human life, in the absence of obligatory notification of all cases". This statement is borne out by the Health authorities who state that it is only in communities such as schools, universities, military organizations and such places where a number of persons lead a communal life that notification of tuberculosis is compulsory.

(ii) From this it follows that an accurate assessment of the incidence of tuberculosis in Italy is impossible and that any figures quoted on the matter are purely guesswork, one person's guess being as good as another's.

(iii) To make any pronouncement on tuberculosis in Italy the only reliable figures available are those of the death rate. As it is impossible to obtain figures for the whole of Italy up to the present time, a comparative table of the death rate from all forms of tuberculosis, both pulmonary and non-pulmonary for Rome for the years 1918, 1938, 1943 and 1944 (first 8 months) is set out below:

These figures have been obtained from the Rome Public Health Authority.

Estimated Population	639,770	1,133,000	1,196,383	1,197,799
Years	1918	1938	1943	1944
January	1	140	219	269
February	6	127	247	282
March	8	158	251	273
April	6	137	253	299
May	11	150	283	331
June	5	138	250	314

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These figures have been obtained from the Rome Public Health Authority.

Estimated Population	639,770	1,300,000	1,496,363	1,497,772
Years	1918	1938	1943	1944
January	Not Known by Months	140	219	269
February		127	247	282
March		158	251	273
April		137	253	299
May		150	283	331
June		138	259	314
July		148	292	312
August		129	251	340
September		122	203	
October		123	230	
November		124	238	
December		127	217	
TOTAL	1909	1583	2934	2420
Death per 10,000	29.20	12.17	19.63	24.23

Assuming that this average rate continues to the end of the year.

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(iv) It is obvious that the tuberculosis death rate in Italy is on the upward trend. That, as is the case with infant mortality, applies to most countries in war time. It is probable that the adjectives "alarming" and "terrifying" could with accuracy be applied to Greece and Poland rather than to Italy. All that can be said with certainty at the moment is that the mortality rate from Tuberculosis in Rome was much higher in 1918 than it was in 1943 and will probably be found to be higher than the rate for 1944.

(G) Infant Mortality:

(i) Much publicity has recently been given to infant mortality figures and it is felt that the time has come for the publication of comparative statistics in order that over enthusiastic conclusions may be corrected.

(ii) Before going further, it must be understood that the term "infant mortality" has a very definite meaning. The infant mortality rate for any one year, month or any other given period =

$$\frac{\text{Number of deaths of infants under one year of age} \times 1000}{\text{Number of registered live births}}$$

(iii) According to this formula, and working on figures supplied by the Rome Public Health authorities, a series of comparable figures has been prepared for Rome for each month of the years 1918, 1938, 1943 and 1944 (first 8 months). These figures are as follows:

Infant Mortality in Rome

	1918	1938	1943	1944
January	83.0	79.7	107.8	80.7
February	119.5	67.0	80.3	92.7
March	95.8	84.8	66.5	92.7
April	80.7	69.3	63.3	109.2
May	86.1	78.9	86.0	153.9
June	104.9	93.3	122.1	189.2
July	204.9	116.6	93.1	221.3
August	161.4	85.9	125.1	118.7
September	123.3	58.8	94.9	
October	265.8	71.1	101.8	
November	211.8	58.2	92.6	
December	169.8	75.7	88.0	

(iv) The infant mortality rate for the first eight months of each of these years is as follows:

	1918	1938	1943	1944
1st 8 Months	119.1	84.6	92.6	133.4

(v) From the above tables various deductions may be made of which the more important are as follows:

a. A marked discrepancy is discoverable between the figures quoted in the "New York Times" and the figures given above. For example, the "Times" states that the Rome rates for June and July 1943 and 1944 are:

any one year, month or any other given period =

$$\frac{\text{Number of deaths of infants under one year of age} \times 1000}{\text{Number of registered live births}}$$

(iii) According to this formula, and working on figures supplied by the Rome Public Health authorities, a series of comparable figures has been prepared for Rome for each month of the years 1918, 1938, 1943 and 1944 (first 8 months). Those figures are as follows:

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April	80.7	69.3	63.3	109.2
May	86.1	78.9	86.0	153.9
June	104.9	93.3	122.1	189.2
July	204.9	116.6	93.1	221.3
August	161.4	85.9	125.1	148.7
September	123.3	56.0	96.9	
October	285.8	71.1	101.8	
November	214.8	58.2	92.6	
December	102.8	78.7	88.0	

(iv) The infant mortality rate for the first eight months of each of these years is as follows:

	1918	1938	1943	1944
1st 8 Months	119.1	84.6	92.6	133.4

(v) From the above tables various deductions may be made of which the more important are as follows:

a. A marked discrepancy is discoverable between the figures quoted in the "New York Times" and the figures given above. For example, the "Times" states that the Rome rates for June and July 1943 and 1944 are:

	1943	1944
June	287	393
July	269	438

The "Times" however, is quoting the total deaths without taking into account the total number of live births. (It should be noted that the July 1943 figure should read 219 instead of 269. When the total number of live births is taken into consideration a very different set of figures results, i.e.

	1943	1944
June	122.1	189.2
July	93.1	221.3

b. The 1943 and 1944 figures are admittedly high, but the history of all wars shows that an inevitable result is an increase in the infant and other mortality rates.

c. If one compares 1944 with 1918 figures one finds over the first eight months, an increase of 14.3 per thousand in 1944 over 1918. If, however, it is borne in mind that in 1918 only a comparatively small portion of northern Italy was invaded, while in 1943-44 Rome became a haven and refuge for many whose homes and countrysides had been ravaged by actual war, the increase does not assume alarming proportions.

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d. In 1944 it is gratifying to note the big drop in the August figures compared with that of July, i.e. 144.7 against 221.3. It is thought that this drop may be attributable to the quantities of tinned milk imported by the Allies and distributed free for infant consumption. It is to be hoped that this decrease may be maintained proportionately over the remaining months of the year, but with the approach of winter, with its accompanying factors of cold and wet, and consequent increase in respiratory diseases, it is possible that this may not be the case.

e. In conclusion, it may be said that in the sphere of infant mortality statistics, a very careful survey of comparative figures together with the various factors which contribute towards those figures must be carefully weighed before anything other than a well considered opinion can be expressed.

h. VETERINARY BRANCH:

(a) Foot and Mouth Disease continues to spread but, on the other hand, vaccine production continues to increase. 387 cattle have been received from Foggia as well as a number from Ascoli Piceno for the purpose of vaccine production. 44,000 doses of vaccine have been distributed in the Provinces of Rome, Naples, Foggia, Perugia and Frosinone, and there is sufficient vaccine in the Rome area to immunize all milk producing cattle. The restoration of electricity to the laboratory and the increase of equipment has helped to increase the output of vaccine.

(b) Hog Cholera still exists in many provinces but on a small scale, and the incidence is expected to decrease with the onset of winter. Ample supplies of vaccine have been available and have checked the spread of the disease. 90,000 doses have been distributed to date.

(c) Swine Erysipelas has increased recently in Rieti Province. Adequate supplies of anti-serums and vaccines are available.

(d) During the month 1,990 litres of Hog Cholera anti-serum and 15,000 ccs. of virus were received and handed over to the veterinarian of the Yugoslav Medical Commission for use in Yugoslavia.

(e) The Veterinary Branch report is to be found at Appendix "F".

5. MEDICAL SUPPLY BRANCH:

(a) Approximately 600 tons of medical supplies were received in the Naples warehouse on the 25th and 28th of September. As this represents the first shipment to cover the period 1st of July to the 31st of December, shortages have of necessity occurred in various areas, but it is hoped that in a very short space of time all requisitions will be filled satisfactorily.

(b) A stock of supplies and a factory found at Ancona were inspected by Major George H. Wilhelmi. An inventory of the stock is being made by Section V preparatory to undertaking local distribution.

(c) The Instituto Chimico Farmaceutico Militare at Firenze has been re-

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4. VETERINARY BRANCH:

(a) Foot and Mouth Disease continues to spread but, on the other hand, vaccine production continues to increase. 347 cattle have been received from Perugia as well as a number from Ascoli Piceno for the purpose of vaccine production. 11,000 doses of vaccine have been distributed in the Province of Rome, Naples, Foggia, Perugia and Frosinone, and there is sufficient vaccine in the Rome area to immunize all milk producing cattle. The restoration of electricity to the laboratory and the increase of equipment has helped to increase the output of vaccine.

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(e) The Veterinary Branch report is to be found at Appendix "B".

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(b) A stock of supplies and a factory found at Ancona were inspected by Major George H. Wilhelmi. An inventory of the stock is being made by Region V preparatory to undertaking local distribution.

(c) The Instituto Chimico Farmaceutico Militare at Firenze has been requisitioned for the Medical Supply Branch and Captain Francis W. Bushard put in charge. The equipment of this building has been damaged but the storage space is in good condition. Quantities of both raw and finished material have been found and an inventory is being made of all these goods. The Ministry of War has been approached with the request that both raw and finished goods may be made available to the Public Health Department of the Ministry of Interior for use of the civilian population.

(d) It is gratifying to be able to report at last the formation of a National Wholesale Druggist Association to act for the Italian Government for the distribution of medical supplies in the provinces of liberated Italy. This association has the sanction of the Interior and Finance Ministries of the Italian Government and its method of operation was decided upon by these bodies in consultation with members of the Public Health and Finance Sub-Commissions of ACC. The organization is to come into being on the 1st of October and it is hoped that it will be in operation by the 15th of October.

(e) Appendix "C" contains the complete report of the Medical Supply Branch.

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6. WELFARE BRANCH:

(a) The Ministry of Interior has issued instructions concerning the appointment of Provincial and Communal Commissioners for the Opera Nazionale Maternita' ed Infanzia. This measure is a temporary one as the Italian Government has not yet decided on what form the ONMI will eventually take.

(b) The ONMI is at the moment suffering from financial crisis. One hundred and fifty million Lire have been granted for its operation during the year 1944-1945. In order, however, to maintain the activities of the organization at a level comparable with that of 1942, it is stated that four times this amount of money is required.

(c) Difficulty again is experienced in obtaining actual sums for the relief of destitute and helpless persons. The income of institutions which afford such relief has either decreased or remained constant, while the cost of living has increased. The institutions must, therefore, obtain money to balance their deficits and this money should be provided by the Ministry through the Prefetti. In practice, however, such funds are very difficult to obtain. When these facts are explained to the Ministry of Interior, the reply given is that the Ministry of Finance will not allocate additional funds and that money is of no avail if the goods are not obtainable. It appears, therefore, that the position of the institutions is becoming progressively more parlous.

(d) A copy of the Welfare Branch report is to be found at Appendix "H".

SUMMARY

1. PERSONNEL:

(a) The departure of Colonel Paul F. Russell, head of the Malaria Control Branch, to another theater is reported.

(b) The Headquarters Staff of the Sub-Commission has been further reduced.

2. POLITICAL:

(a) The Public Health Division of the Ministry of Interior has completely re-organized its Central Staff.

(b) A pool of doctors is available in Rome from which individuals may be selected to go to forward areas as Medici Provinciali. A salary scale for these officials has been fixed.

3. PUBLIC HEALTH:

(a) The typhoid epidemic in Benevento is subsiding. A small outbreak of typhoid in Sardinia is being energetically dealt with.

(b) Smallpox in Naples Province continues to decrease. 113,270 vaccinations have been performed during the month. 45 cases of smallpox have occurred in Benevento.

(c) The malaria control programme in Italy in 1944 has effectively kept this disease in check throughout the liberated provinces in spite of a high epidemic potential, disorganized public health service and a serious lack of transport and supplies.

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SUMMARY

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(c) The malaria control programme in Italy in 1944 has effectively kept this disease in check throughout the liberated provinces in spite of a high epidemic potential, disorganized public health service and a serious lack of transport and supplies.

(d) Definite dates during October and early November have been fixed for the tour of the Typhus Demonstration Unit.

(e) The Italian Government has been requested to clarify the position regarding medical supplies for soldiers hospitalized for more than 30 days.

(f) The tuberculosis mortality figures for Rome have increased between 1938 and 1943. It is anticipated that the 1944 figures will be found greater than those of 1943 but will nonetheless be not as large as the figures of 1918.

(g) For the first eight months of 1944 the infant mortality rate for Rome was 133.4 as compared with 92.6 for a similar period in 1943. It is gratifying to note, however, that the August rate dropped to 148.7 from 221.3 in July.

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4. VETERINARY:

(a) Foot and Mouth disease tends to spread, but the output of vaccine is showing a satisfactory increase.

(b) Hog Cholera is expected to decrease with the onset of winter. 19,000 doses of vaccine have been distributed to date.

(c) Large quantities of Hog Cholera anti-serum and virus have been handed over to the Yugoslav Medical Commission for use in Yugoslavia.

5. MEDICAL SUPPLY:

(a) 600 tons of medical supplies were received at the end of September and all requisitions should shortly be filled satisfactorily.

(b) A National Wholesale Druggist Association has been formed to act for the Italian Government for the distribution of medical supplies to the provinces of liberated Italy.

6. WELFARE:

(a) The Opera Nazionale Maternita' ed Infanzia is experiencing difficulty in maintaining its activities due to lack of funds.

(b) Many institutions which afford relief to destitute and helpless persons are hard hit because their incomes have decreased or remained constant while the cost of living has increased. They find great difficulty in obtaining money to balance their deficits.

C. S. DARLINGTON, Brigadier
Director,
Public Health Sub-Commission.

APPENDICES:

Appendix "A" - Typhoid Epidemic, Benevento. - Lt. William M. Sampson.
Appendix "B" - Typhoid and Smallpox, Benevento - Major Robert L. Cherry.
Appendix "C" - Typhoid in Sardinia - Major Robert L. Cherry.
Appendix "D" - Memo on Malaria Control - Colonel Maul E. Russell.
Appendix "E" - Report of Malaria Demonstration Unit - Dr. Louis A. Riehl.
Appendix "F" - Monthly Report of Veterinary Branch - Major Rowland W. Rushmore.
Appendix "G" - Monthly Report of Medical Supply Branch - Col. Martin E. Griffin.
Appendix "H" - Monthly Report of Welfare Branch - Capt. Edward F. Silveira.

Cof S Distribution

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(b) A National Wholesale Druggist Association has been formed to act for the Italian Government for the distribution of medical supplies to the provinces of liberated Italy.

c. WELFARE:

(a) The Opera Nazionale Maternita' ed Infanzia is experiencing difficulty in maintaining its activities due to lack of funds.

(b) Many institutions which afford relief to destitute and helpless persons are hard hit because their incomes have decreased or remained constant while the cost of living has increased. They find great difficulty in obtaining money to balance their deficits.

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

APPENDICES:

Appendix "A" - Typhoid Epidemic, Benevento, - Lt. William W. Sampson.
Appendix "B" - Typhoid and Smallpox, Benevento - Major Robert L. Cherry.
Appendix "C" - Typhoid in Sardinia - Major Robert L. Cherry.
Appendix "D" - Memo on Malaria Control - Colonel Paul F. Russell.
Appendix "E" - Report of Malaria Demonstration Unit - Dr. Louis A. Riehl.
Appendix "F" - Monthly Report of Veterinary Branch - Major Rowland W. Rushmore.
Appendix "G" - Monthly Report of Medical Supply Branch - Col. Martin E. Griffin.
Appendix "H" - Monthly Report of Welfare Branch - Capt. Edward E. Silveira.

Cof S Distribution
1 copy file CSO, Cof S A/cc
1 Capt Morden
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HEADQUARTERS - SOUTHERN REGION
ALLIED CONTROL COMMISSION
Office of the Health Officer
APO 394

22nd September, 1944.

SUBJECT: TYPHOID EPIDEMIC AT BENEVENTO.

TO : Chief, Public Health Sub-Commission.

1. As directed by verbal order of the Chief of the Public Health Sub-Commission, Headquarters, Allied Control Commission, APO 394, U.S. Army, under the authority of para 7, S.O. 221, Hq ACC, dated 9 Sept. 44, an investigation has been made of the typhoid epidemic at Benevento. The data and conclusions resulting from this survey are given below.

2. General aspects.

a. Prevalence of Disease.

(1) Typhoid: Generally scattered throughout the town. The greatest number of cases come from the eastern part of the town, where there is little damage and where much of the population is now crowded. The total number of typhoid cases to date is 392, with 37 deaths.

(2) Small-pox: This disease also occurs and has been found to be scattered in distribution. The total number of cases to date is 27, with no deaths.

b. Sanitary Conditions.

(1) Sanitary Conditions: Throughout the town these have been and continue to be bad. The practice of depositing human feces in almost any spot, as well as refuse and garbage, is very slowly ceasing, due to measures indicated below. Flies and human feces are to be found everywhere. It is to be noted that many women, and not a few children, walk barefooted or with only sandal-covered feet through these areas.

(2) Public Facilities: Five latrines which have been lacking or needed repairs, have been constructed or repaired. Six incinerators have been built to take care of refuse from the streets. The system of collecting and of disposing the refuse was changed to a more efficient type. The repairing of damage and water lines is progressing slowly. The repairing and setting up a Small-pox isolation hospital, to give more space in the other hospitals for typhoid cases, is progressing satisfactorily. The repairing and setting up of the two other hospitals is progressing slowly.

c. Attitude of the Medical profession.

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c. Attitude of the Medical profession.

(1) Attitude in general: The attitude of the civilian doctors, including the provincial medical officers, is one which has not entertained active or whole-hearted cooperation between themselves or with the Armed Forces.

(2) Other Actions: Civilian doctors do not report cases of typhoid or small-pox, unless forced to do so by some incident, such as the death of a patient. The apparent reason for this is the fear of loosing patients to public hospitals. Cases of infectious diseases are usually reported by the town doctors and not the family doctors.

(3) Attitude of Official Medical Officers: Provincial medical officer is co-operative up to a degree, but is very slow in getting things done; he seems to spend most of his time on paper work. He had not seen the inside of the civilian hospital until taken there by the Benevento Health Committee during a preliminary survey of the city. Little or no work is done by the rest of the men connected with health work, with the exception of the Assistant to the City medical officer (IANUZZI), who has been doing good work in the "Campo Sportivo" and in preparing the small-pox hospital for use.

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d. Help given by Allied Forces in the Vicinity.

(1) By the C.M.F.C.: Much assistance has been given by Lt. Col. F. G. Holman, RAMC, S.M.O. (S.A.S., C.M.F.C., CMF) in pointing out to local authorities what measures should be taken to combat conditions conducive to the spread of typhoid fever and other infectious diseases, and in helping to procure supplies to carry on the various types of medical care and also for repairs. The Engineer of the C.M.F.C. Unit has given aid in the construction of incinerators and latrines.

(2) By the 106 S.A. General Hospital: Valuable help continues to be given by Major J. Gluckman, SAMC, Pathologist (106 South African Combined General Hospital, U.D.S., CMF), in making stool cultures for typhoid bacilli, in preparing questionnaires for case work, and in giving advice to the civilian population for corrective measures in preventing the spread of typhoid fever.

2. Specific data.

a. Sanitary Conditions.

(1) Refuse and garbage: Three intermediate dumps for street refuse were established within the town; a large dump was set up two miles outside the town. Two unsatisfactory dumps were abolished and five small dumps established on the edge of the town. Three trucks and 29 hand carts are used to haul the refuse. Two hundred 44 gallon drums to be used for the refuse were distributed throughout the town. About 50 laborers are used to clean up refuse, most of the streets are now fairly clean. It was pointed out by town authorities that each house-holder was responsible for the area around his own home. Action could be taken for neglecting to keep premises clean and for the dumping of refuse in the streets. Fifty to 60 persecutions for dumping refuse in the streets have taken place. Fines of 50 to 100 lire were imposed, but did not serve as deterrents, the amount was then increased to the maximum of 500 lire. Farmers haul the refuse from the dumps to use it on the farms; this arrangement is not too satisfactory, as they haul it away sporadically and lose most of it along the roads. Enough brick to construct six refuse incinerators was released by A.C.C.; these are now in operation.

(2) Feces. The practice of defecating in streets behind-out buildings, parks, and empty lots is universal. People have been seen to defecate just outside public latrines. Pure cultures of the typhoid bacillis have been obtained from feces on the streets. Posters prohibiting defecating in public areas have recently been posted. The Mayor wrote ordering the Carabinieri and Questuri to stop individuals defecating in the streets. The President of the Benevento Health Committee has written to the Archbishop asking that the priests read a notice each Sunday for a month, concerning defecating in public places, typhoid and sanitation in general. This was agreed to.

(3) Latrines. One public latrine has been repaired; four others have been constructed and are in use. These are fairly well situated. In addition to the above, a latrine for men (10 seats and urinal) and one for women and children (10 seats plus five for children) have been constructed to

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typhoid fever.

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(3) Latrines. One public latrine has been repaired; four others have been constructed and are in use. These are fairly well situated. In addition to the above, a latrine for men (10 seats and urinal) and one for women and children (10 seats plus five for children) have been constructed to serve the huts near the "Campo Sportivo". The smell of human feces was still strong there, but no fresh stools were observed. The barracks inside the walled area are without latrines, fresh stools were observed along the stone walls. Eighteen cases of typhoid fever were reported from here. Observations indicate that the public latrines in the town are not always used after night fall. The basic reasons for the non-use of latrines seem to be lack of discipline and education.

(4) Sewers. In all parts of the town there is bomb damage to sewers. The greatest number of breaks occurs in the northern section near the river. For the repair of these sewers, 130,000 bricks had been released by A.C.C. To date, 300 meters of line remain to be repaired; it is thought that this work can be finished by December. This, however, does not include the sewer on the Viale di Rotori and permission to work on this line has not been granted, in spite of several requests to the Regional ACC Engineers. The need for this sewer is great, as it serves much of the city. The city engineer says that sewage from broken lines does not come into contact with the water lines at any point; observations indicate that this is true. Sewer holes are treated with lime. Approximately 127 laborers were used on sewage line repairs.

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(6) Food and milk. Many of the civilians stated that they did not eat vegetables. In spite of this characteristic denial, it was urged that the population wash all fruits and vegetables before eating them. According to the authorities, all persons handling foods are examined medically and inoculated for typhoid; they were vague on the details. Milk sellers are compelled by law to register. It was urged that all milk be boiled before use. Three suspected milk sellers (Serico, Sal , Galosardo), and one ice-cream seller (Pastore) have been examined by Maj. Gluckman, who will examine them again. Serico was forbidden by town decree to sell milk. There is no particular indication that food or milk has any relation to the typhoid cases, with the exception of the milk handled by Serico, who may be a carrier. Many typhoid cases received their milk from him. It was forbidden to sell ice-cream under the town decree of 7 Aug. 44. This decree is said to be vigorously enforced. Civilians will not tell where they get their milk, as most of it is purchased on the black market.

b. Typhoid Cases.

(1) Number of Cases: From 25 Apr. to 21 Sept. 44. 392 cases of typhoid fever have been reported, with37 deaths (includes one doctor). It is the opinion not only of the military, but civilian authority as well, that at least the same number of cases have not been reported. About half of the reported cases remain at home. It is the opinion of Maj. Gluckman that a para-typhoid epidemic is also in progress.

(2) Notification: A notification form and a questionnaire are used to keep abreast of the number of cases of typhoid. Such cases have been mainly traced through the questionnaire, as the General practitioners seem reluctant to report them. The doctors are compelled by law to report cases, but there is laxity in this, as well as action taken by the proper authorities in regard to this lapse. As was mentioned in connection with the water tests, nothing could be discovered from the cases or the people in the homes of the cases. The percentage of cases between the ages of 13 and 18 years was larger than is usual, and there was more female than male cases. These two data are regarded as significant.

(3) Trend of the Disease: The number of reported cases has been dropping since 1 Sept. This may be due to the efforts to clean up the town; it may be due also to the lessening number of flies since the onset of cooler days. Because of the laxity of case reporting, not much reliance can be placed on this.

(4) Inoculations: It has been stressed to the town officials that only 100% inoculation would be of benefit in stopping the disease. In spite of this only 1,100 inoculations by injection and 10,000 by mouth had been given by 17 Sept. Oral inoculation was not effective, as about one-quarter of the cases of typhoid had been inoculated in this way. The town doctors do not believe in this method, but the people prefer it. The Allied Military Units in this area (9.M.G.O., 106 S.A. General Hospital) have had their Italian employees vaccinated for both small-pox and typhoid fever.

(5) Examination of Stools: Two cultures of typhoid bacillus have been recovered from stools taken off the streets; twenty seven stool specimens were collected. Three cultures were recovered from 44 hospital cases.

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(b) Administration:

hospitals.

(5) Sanitary measures: Sanitary measures in all the hospitals had not been good. Flies swarmed through at the isolation wards. No effort was made to utilize solvere window glass for windows with no panes. Some of the windows have been screened by Lumsden. Flies are now being sprayed by sprayers loaned by Maj. Gluckman. These sprayers should be replaced after the present loan is up. There is no soap in any of the hospitals. There is little disinfectant; what there is is not used correctly nor to advantage. The sterilizing unit at the civilian hospital has not been used correctly.

(6) Discharge of patients: According to the Mayor, all persons discharged from the hospitals are examined two or three times to ensure that they are not carriers. Military medical personnel, however, point out that patients were being discharged from the hospitals while still acting as carriers. There is no follow-up of discharged cases.

(7) Food for Patients: It is claimed that it is not possible to get proper food for patients.

d. Miscellaneous.

(1) Convento Health Committee: A committee, composed, at the present time, of the Senior Medical Officer, C.M.T.C.(Lt.Col.Holman), the Pathologist, 196 S.A. General Hospital (Maj. Gluckman), the Town Major (Capt. Gillard), the Garrison Engineer (Capt. Yates), Lt. Harding, and the Mayor, Provincial Medical Officer, Vice Sanitary Officer, and a few other city officials, has been in operation for some time. It was at the meetings of this committee that many of the health problems were presented and discussed.

(2) Questionnaires: Questionnaires devised by Majors Cherry and Gluckman are used by Filipino medical students to tabulate the cases of typhoid fever, as regards number, location, source of milk and food, and so on.

3. CONCLUSIONS.

a. From the facts contained in paragraphs 1b and 2b it is apparent that the disease is spread by direct contact with human feces - the fact of the people coming in direct contact with the fecal matter, and contact from hands to food or mouth easily follows. This is borne out by the scattered distribution of cases as well as by the fact that 10 cases of typhoid fever in the area around the "Camp Sportivo" where the disease declined after installation of latrines. Flies probably play a secondary role in the spread of the disease. Data does not point to sewage a factor in the spread.

b. The lack of co-operation from the civilian doctors in reporting cases is not a negligible factor in the spread of the disease, so too is the reluctance of the Provincial Medical Officer in trying to make use of means at hand to handle the cases; this applies equally well to other local officials.

c. It is felt that the problem is one which falls squarely into the hands of the national authorities to explain their non th roughly

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for public health work, to educate the people in health matters, and to enforce laws concerned with infectious diseases. A good start has been made in this direction in this town.

4. RECOMMENDATIONS.

a. It is recommended that assistance in the form of advice as to procedure in health matters and help in procuring medical, sanitary, and building supplies be given as long as practicable.

W. W. SAMPSON,
1st Lt., Sn C.

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M. W. SAMESON,
1st, Lt., Sn C.

HEADQUARTERS
A LIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX B
Sheet 1.

AOC/30lc/7/PH

27 September 1944

SUBJECT : Typhoid and Smallpox in Benevento.

TO : Director, Public Health Sub-Commission, A.C.C.

Pursuant to conferences with Lt. Col. Miles, Naples, the writer proceeded to Benevento on 22 September where conferences were held with Maj. Jno. Gluckman, 109 S.A. General Hospital, with Lt. Sampson, Sanitary Corps, and with the Medico Provinciale.

From 1 July thru 21 Sept. there have been reported 297 typhoid cases with 37 typhoid deaths. Including the earlier outbreak in April, there has been a total of 393 cases. 941 inoculations against typhoid have been completed over all this period, whereas the Medical Students have done over 17,282 smallpox vaccinations since starting recently. For example on 20 and 21 September, 1254 smallpox vaccinations were done by the students in the homes and 5 people inoculated for typhoid during this 2 day period by the civilian health officials. This reflects their general interest and cooperation in tackling their typhoid problem.

Attached are lists showing numbers of cases of typhoid reported chronologically from July 1, and numbers of cases of smallpox reported since 26 August.

At a previous visit the Medico Provinciale had complained bitterly over not being provided with an ambulance to transport smallpox patients to Cotugno Hospital in Naples. I advised him to secure a place locally to isolate and care for these patients as I felt sure, with their lackadaisical methods of control, there would be more cases. His answer was that no place was available. On being unable to wish these patients off on another province, isolation facilities were secured locally at an isolation hospital in which refugees had been housed, but of which no mention was made. The place is equipped for this purpose and was formerly used for it, and all that was necessary was to remove the few refugees and clean it up. Maj. Gluckman has succeeded, through one of the assistant sanitary officers there (non-medical) in having it screened. This person is very cooperative and has even spot mapped the locations of smallpox cases. However, on the date I visited there the Provincial Sanitario had not even given Major Gluckman the field records on a single smallpox case within the past week although forms had been provided for this purpose by Col. Miles at my request.

Maj. Gluckman and his group of volunteer medical students deserve great credit from this Sub-Commission for their efforts in getting accomplished

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From 1 July thru 21 Sept. there have been reported 287 typhoid cases with 37 typhoid deaths. Including the earlier outbreak in April, there has been a total of 393 cases. 941 inoculations against typhoid have been completed over all this period, whereas the Medical Students have done over 17,282 smallpox vaccinations since starting recently. For example on 20 and 21 September, 1254 smallpox vaccinations were done by the students in the homes and 5 people inoculated for typhoid during this 2 day period by the civilian health officials. This reflects their general interest and cooperation in tackling their typhoid problem.

Attached are lists showing numbers of cases of typhoid reported chronologically from July 1, and numbers of cases of smallpox reported since 20 August.

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Maj. Gluckman and his group of volunteer medical students deserve great credit from this Sub-commission for their efforts in getting accomplished those things which should have been done routinely by any public health official worthy of the name.

One other thing impressed me enormously. Mr. Alberti notified each of the employees in his plant that they were to be immediately vaccinated against smallpox and inoculated against typhoid fever or not report for work. The result was 100% successful and each employee was given an extra days' pay. This, I think, is a nice example of industrial health in its infancy in a rural community and is deserving of mention to the Inspector General of Public Health in Italy who should commend this employer on his wise action.

RLC/mmc/ss

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

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NUMERO DEI CASI DI TIFO DENUNCIATI DAL COMUNE DI
BENEVENTO
(dal 1° luglio a tuttoggi)

Date di denuncia	No dei casi denunciati	No dei casi ospedalizzati	No dei casi guariti	No dei decessi
1/7/1944	-	-	-	-
2/7/1944	-	-	-	-
3/7/1944	-	-	-	1
4/7/1944	1	1	-	-
5/7/1944	1	1	-	-
6/7/1944	-	-	-	-
7/7/1944	-	-	-	-
8/7/1944	1	1	-	-
9/7/1944	-	-	-	-
10/7/1944	-	-	-	-
11/7/1944	-	-	-	-
12/7/1944	-	-	-	-
13/7/1944	1	1	-	-
14/7/1944	-	-	-	-
15/7/1944	-	-	-	-
16/7/1944	1	1	-	-
17/7/1944	-	-	-	-
18/7/1944	-	-	-	-
19/7/1944	-	-	-	-
20/7/1944	1	1	-	-
21/7/1944	2	2	-	-
22/7/1944	1	1	-	-
23/7/1944	2	2	-	-
24/7/1944	3	3	-	-
25/7/1944	2	2	-	-
26/7/1944	5	5	2	-
27/7/1944	2	2	-	-
28/7/1944	1	1	-	-
29/7/1944	2	2	-	-
30/7/1944	2	2	-	-
31/7/1944	1	1	-	-
1/8/1944	2	2	-	-
2/8/1944	1	1	-	-
3/8/1944	[illegible]	[illegible]	[illegible]	[illegible]

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APPENDIX D
Sheet 3.

Data di denuncia	No dei casi denunciati	No dei casi ospedalizzati	No dei casi guariti	No dei decessi
22/8/1944	14	3	1	-
23/8/1944	0	0	0	-
24/8/1944	2	1	2	-
25/8/1944	3	2	0	-
26/8/1944	4	3	2	-
27/8/1944	6	3	0	-
28/8/1944	4	3	0	-
29/8/1944	0	2	0	-
30/8/1944	0	2	1	1
31/8/1944	21	1	3	2
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1/9/1944	5	1	0	-
2/9/1944	16	4	2	2
3/9/1944	-	1	0	-
4/9/1944	11	1	6	1
5/9/1944	2	2	2	-
6/9/1944	3	1	0	-
7/9/1944	-	-	-	-
8/9/1944	2	1	2	1
9/9/1944	1	-	-	-
10/9/1944	2	1	1	-
11/9/1944	4	1	0	-
12/9/1944	3	1	1	-
13/9/1944	2	1	0	-
14/9/1944	2	1	1	-
15/9/1944	-	-	-	-
16/9/1944	-	-	-	-
17/9/1944	-	1	4	-
18/9/1944	0	-	-	-
19/9/1944	0	-	-	-
20/9/1944	0	-	-	-
21/9/1944	2	1	0	-

NUMERO DEI CASI DI VAIOLO VERIFICATISI NEL COMUNE DI BENEVENTO
(dal 20 Agosto al 21 Settembre 1944)

Data di denuncia	No dei casi denunciati	No dei casi Ospedalizzati	No dei casi guariti	No dei decessi

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

NUMERO DEI CASI DI VAIOLO VERIFICATISI NEL COMUNE DI BENEVENTO
(dal 20 Agosto al 21 Settembre 1944)

Data di denuncia	No dei casi denunciati	No dei casi Ospedalizzati	No dei casi guariti	No dei decessi
20/8/1944	-	-	-	-
21/8/1944	-	-	-	-
22/8/1944	-	-	-	-
23/8/1944	-	-	-	-
24/8/1944	-	-	-	-
25/8/1944	-	-	-	-
26/8/1944	-	-	-	-
27/8/1944	-	-	-	-
28/8/1944	2	2	-	-
29/8/1944	-	-	-	-
30/8/1944	-			
31/8/1944	-	-	-	-

1/9/1944
2/9/1944
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21/9/1944

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ALLEGATO
Sheet 4.

Data di denuncia	No dei casi denunciati	No dei casi ospedalizzati	No dei casi guariti	No dei decessi
1/9/1944	-	-	-	-
2/9/1944	1	2	-	-
3/9/1944	-	-	-	-
4/9/1944	-	-	-	-
5/9/1944	-	-	-	-
6/9/1944	-	-	-	-
7/9/1944	-	-	-	-
8/9/1944	1	-	-	-
9/9/1944	2	-	-	-
10/9/1944	1	-	-	-
11/9/1944	1	-	-	-
12/9/1944	1	-	-	-
13/9/1944	1	3	-	-
14/9/1944	1	-	-	-
15/9/1944	1	-	-	-
16/9/1944	1	1	-	-
17/9/1944	1	-	-	-
18/9/1944	-	-	-	-
19/9/1944	-	-	-	-
20/9/1944	4	4	-	-
21/9/1944	2	2	-	-

N. delle vaccinazioni antivaiuoloso :

giorno 20 - n. 578
giorno 21 - n. 475

N. delle vaccinazioni antitifiche - via ipodermica :

giorno 20 - n. --
giorno 21 - n. 5

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "C" SHEET I

ACC/3010/7/PH

27 September 1944

SUBJECT : Typhoid in Sardinia.

TO : Director, Public Health Sub-Commission.

Pursuant to orders the writer left Rome 13 September enroute to Sardinia and spent 14 September in conference at Naples with Lt.Col. Miles and Lt. Chieffo regarding the smallpox and typhoid situation at Benevento.

In Sardinia, Col. Pennycuick being absent from Cagliari, I reported to Lt. Col. Dobos, the Regional Public Health Officer. Here it was learned that typhoid was nowhere above normal incidence except at Orani, where an outbreak of epidemic proportions existed.

The following day, 16 September I accompanied Lt. Col. Dobos on a 3 day automobile trip to Carbonia, Sassari, Porto Torres, Nuoro and Orani.

At Carbonia, in addition to visiting the malaria laboratory, we visited the Director of the Ospedale Civile. Here it was ascertained that during the spring and summer they had had about 35 cases of typhoid, which he considered "normal". There were no field records on these cases of an epidemiological nature, they had not been hospitalized, there had been no laboratory work (either for diagnosis or release of cases), and there had been no immunizations done, all of which is an indication of negligence on the part of local civilian public health officials.

At Portotorres we visited the local malaria laboratory.

At Nuoro, we conferred with the local Medico Provinciale, and, accompanied by him, proceeded to Orani, where we estimated about 30 cases of typhoid had occurred during the preceding 2 months. None of these had been reported to him until about 30 cases existed. The reason the acting officials Sanitario in Orani gave for not reporting these cases was that he did not recognize them as typhoid since he had "never seen a case before" - this from a practitioner of medicine about 60 years old in a country where typhoid is endemic. We did not have an opportunity to interview this Dr. Chessa in Orani, for he was conspicuous by his absence. From our conferences with Dr. Guerra, the mayor and other city officials. At the Municipio a list of all known cases with their occurrence chronologically was obtained and this was left in Cagliari with Lt. Col. Dobos, along with certain other data which he is to send to this office.

Immediately on being advised of the situation in Orani, Lt. Col. Dobos conferred with Prof. Proteu, in charge of Sanitation in Sardinia, who

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Sardinia and spent in September in consultation [illegible]
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At Portotorres we visited the local malaria laboratory.

At Nuoro, we conferred with the local Medico Provinciale, and, accompanied by Him, proceeded to Orani, where he estimated about 80 cases of typhoid had occurred during the preceeding 2 months. None of these had been reported to Him until about 30 cases existed. The reason the acting Ufficiale Sanitario in Orani gave for not reporting these cases was that he did not recognize them as typhoid since he had "never seen a case before" - this from a practitioner of medicine about 60 years old in a country where typhoid is endemic. We did not have an opportunity to interview this Dr. Ghessa in Orani, for he was conspicuous by his absence from our conferences with Dr. Guerra, the mayor and other city officials. At the Municipio a list of all known cases with their occurrence chronologically was obtained and this was left in Cagliari with Lt. Col. Dobos, along with certain other data which he is to send to this office.

Immediately on being advised of the situation in Orani, Lt. Col. Dobos conferred with Prof. Protzu, in charge of Sanitation in Sardinia, who immediately dispatched assistance to the area, in the person of Dr. Marone, the former Ufficiale Sanitario of Orani, plus additional workers in sanitation from Nuoro. Much credit is due Prof. Protzu for his prompt and energetic action in this epidemic.

Orani has a population of some 5000. Sanitation is primitive, there being no sewage or household latrine facilities and defecation on the streets is common. The water supply for the city is derived from springs about 3 kilometers away and flows by gravity to a reservoir at the edge of the city. No chlorination is practiced ordinarily. A battalion of Italian Infantry from Gromono has recently been bivouaced adjacent to the town and, although the battalion had 2 medical officers, Tenente Milani and Sottotenente Rosetti, the latrines for the troops were dug within 15 meters of the water storage for the

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city. Before the troops left, one officer and one soldier had been diagnosed typhoid. Samples of water from this reservoir and from city mains had disclosed B. Coli, but so had samples from the spring source and from two pipes therefrom which by-pass the reservoir and serve the city directly. The case against the water supply can not be proven, therefore, but with 80 cases and 13 deaths from typhoid, most of the cases occurring within a couple of weeks (see Lt. Col. Debes' figures), it certainly must be suspected as a contributor. Sanitation is no better or no worse probably than in years previous here, and city records only show about 5 cases in the past 5 years, indicating the explosive nature of this outbreak.

As usual, no field records, save name and address and age, were kept of patients and under such circumstances, attempting to determine sources of infection and transmission is largely guess-work in epidemiology. This, everywhere with typhoid, typhus and smallpox is sadly neglected in Italy save where we have devised forms and insisted on their use. Appended hereto is a sample of the form used in the Benevento outbreak for the consideration of Lt. Col. Debes.

Only 20 of the patients had been hospitalized at Nuoro, due to the fact that hospital facilities were not available. This situation is caused by the fact that the Italian Army has insisted on maintaining its agreement with the civil hospital there for use of 120 of the existing 150 beds, although there are many vacant beds in Sardinian military hospitals now and there is really no longer occasion for using this civilian hospital for this purpose. This policy in the present instance, is a definite threat to civilian life and health for bed space is sorely needed for these typhoid cases. Sanitary facilities do not exist for their proper care in Orani.

Prof. Brotzu has had Dr. Morena, the doctor he dispatched, commence immunizations and about 1/3 of the City's population has been given their first typhoid inoculation. They were planning on 8 day interval between doses but it was recommended that this be reduced to 5 days. In addition, a closed structure has been erected around the spring source, the spring has been chlorinated, as has the reservoir and distribution system and samples negative for B. Coli had been secured at all points 48 hours later. Notifications to boil water and milk and thoroughly wash all raw fruit and vegetables have been issued. Use of human excreta for fertilizing vegetable gardens has been temporarily forbidden and the Sanitary Inspector from Nuoro is being used to see that human excreta from all cases is being properly handled and disinfected. Again, Prof. Brotzu is to be complimented, with Lt. Col. Debes, on the handling of this outbreak.

Recommendations:

1. Proper epidemiological field records on these and all future cases of typhoid by Italian civil health authorities at the time the case is reported.

2. Hospitalization of cases at Nuoro Hospital.

3. Better and more laboratory work on cases; especially should cases

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Recommendations:

1. proper epidemiological field records on these and all future cases of typhoid by Italian civil health authorities at the time the case is reported.

2. Hospitalization of cases at Nuoro Hospital.

3. Better and more laboratory work on cases; especially should cases be released only on repeated negative stool cultures.

4. Improvement in standards of sanitation.

5. Typhoid immunizations.

In the instance of the above outbreak, the officials sanitario and the two (2) Medical Officers who permitted the location of the latrines in proximity to the city water supply, are culpable; the former is guilty of gross negligence or incompetence, or both, in the discharge of his duties and the latter two are guilty of gross carelessness.

Robt. L. Cherry

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

RLC/mic/ee.

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(3) TYPHOID CASES IN ORANI

Day of Month	July		August		September		Notes
	Onset of cases	Cases Reported	Onset of cases	Cases Reported	Onset of cases	Cases Reported	
1					2		
2					4	1	
3					3		
4			1	2	1	1	
5					1		
6					2	7	
*7					1	10	
8					1	2	
9					2		
10			1		[illegible]	1	
11					[illegible]	2	
12					5	3	
13					0		
14					6	12	
15			2		2	6	
16					6		
17						15	
18			1			3	
19				1			
20			2				
21							
22				1			
23		2	1	1			
24							
25			1				
26			1				
27			1				
28							
29							
30				1			
31			1				

*Date telegram received by Lt.Col. Dobos at which time Prof. Brotzu sent assistance.

(1) In 9 instances no date of onset available.

(2) With 13 deaths, there is probably about a 50 or 60 percent knowledge of actual cases that have occurred, especially since local Doctor says there have been many recent "non-specific" cases of a diarrheal nature.

(3) Orani's typhoid experience:

1938-43 Inc.	Cases
1938	2
1939	1
1940	0
1941	0
1942	No record
1943	No record

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1691

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many records. Indicate if
specific cases of
a. Accidental return.
(b) Cranial injuries
experience:

| | | |

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APPENDIX "D"

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

1 October 1944

MEMORANDUM ON MALARIA AND ITS CONTROL IN LIBERATED ITALY, 1 JANUARY - 30 SEPTEMBER, 1944.

PAUL F. RUSSELL, COLONEL M.C.
MALARIOLOGIST, A.C.C.

1. INTRODUCTION:

Official data on malaria incidence and control in Italy during 1944 will not be available for many months and accurate civil statistics probably never can be compiled because of the disruption of war. But it seems logical to gather together in this interim report some of the facts and figures which are at hand, with notes on historical background and epidemiology.

2. HISTORICAL NOTES:

For centuries malaria has thrived on the chaos inherent in war. Unaware of master races, co-prosperity spheres, or the four freedoms, making no distinction between despoiler and liberator or between soldier and civilian, malaria parasites, allied with Anopheles mosquitoes, have carried on an aerial invasive warfare which in the present world conflict has immobilized thousands of soldiers and has greatly heightened the incidence of fever among civilians in many countries.

Of all the theaters of war none has been so intimately or for so many centuries concerned in the written history of malaria as the Italian. For example, Cicero referred to "the old Fever Temple on the Palatine" where the cult of the Fever Goddess had long existed. Virgil noted that settlement of land around Rome was prevented by "the summer fever". In the same areas this fever seriously disrupted Caesar's campaigns in the Roman Civil Wars. Again, when the Gauls were besieging Rome, malaria so plagued their forces that they retreated in disorder. In the XIIth Century this disease is said to have disorganized the army of Frederick Barbarossa, who was attempting to capture Rome. His defeat was commemorated by Godfrey of Viterbo who wrote;

" Those from whom Rome was unable to defend herself,
Were dispersed by the air,
At whose breath the German youth fell".

At that time, and until the latter part of the XIXth Century, malaria was thought to be caused by bad air [illegible]

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At that time, and until the latter part of the XIXth Century malaria was thought to be caused by bad air arising from marshes. The Italian words mal and aria meaning "bad air" were first used to describe the cause of the so-called Roman or intermittent fevers. Gradually, the words came to be used to name the disease itself. Finally, in 1740, Horace Walpole, writing home from South Italy, put these two Italian words together and was first to use as an English expression the name "malaria".

In 1590, Sixtus V died of malaria following an inspection of the Pontine Marshes which he was attempting to drain. A month later, Urban VII also died of the same disease, probably contracted in the Vatican. Here, too, at the Conclave in 1623, eight cardinals and thirty secretaries caught malaria and died of it. Many others at the Conclave had the disease.

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Quoting Hackett, "The efforts of Caesar and Augustus, of Sixtus V and Pius VI, of Napoleon himself, and of all the engineers from the Risorgimento to the Great War, failed utterly to dislodge malaria from this little region lying about a city which was, in many ways, the center of the world; and what is more remarkable, there is no evidence that Roman authority, technical skill, or financial resources in the slightest degree influenced the imperturbable rhythm of malarial comings and goings".

By the latter part of the Middle Ages, the "Roman Airs" had an evil reputation throughout all Christendom. As Peter Damian wrote:

> "Rome, voracious of men, breaks down the strongest human nature,
> Rome, hotbed of fevers, is an ample giver of the fruits of death".

In 1712, following the arrival of cinchona bark in Italy, Torti observed that malaria fever could be separated from others by its response to specific treatment. By 1890 the Italians Marchiafava, Celli and Golgi had uncovered many of the secrets of the malaria parasite which had been discovered by Laveran, in Constantine, in 1880. Then, in 1898, Bignami, Bastianelli and Grassi in Rome, were first to prove completely that the human malaria parasite is transmitted by Anopheles mosquitoes. Ross, in India, in 1897 had discovered the parasite in a mosquito and, by demonstrating the cycle of avian malaria in 1898, had clearly pointed the way.

So, at the beginning of the XXth Century, the road had been opened to better malaria control and treatment. This resulted in Italy in a decline in malaria mortality from 710 per million population in 1887 to 57 per million in 1914.

Then came the first World War, and, as invariably happens, malaria made what it could of an opportunity to exploit a disorganized economy. Malaria mortality rates per million in Italy rose to 195 in 1915, 137 in 1916, 297 in 1917, and 324 in 1918. Rates had not been so high since 1901. Following the war, rates fell gradually to 68 by 1926.

In 1924 the Rockefeller Foundation, in collaboration with the Italian Health Department, established a Malaria Experiment Station in Rome and began a demonstration and practical application of scientific principles of malaria control, including and emphasizing an attack on the mosquito vector. As a result, malaria morbidity rates per million dropped from 104 in 1924 to 14 in 1939.

A large factor in the reduction of malaria in Italy since 1887 has been a tremendous amount of intelligent land reclamation. The so-called Bonifiche schemes have included not only drainage, but treatment of malaria cases at special dispensaries, screening of houses, use of paris green as a larvicide, and introduction of Gambusia fishes into canals. All five fundamental lines of attack on malaria have been followed, viz:

a. Treatment of malaria carriers

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a Treatment of malaria carriers
b Protection from adult mosquitoes
c Destruction of mosquito larvae
d Permanent elimination of breeding places
e Use of naturalistic measures of control.

One of the tragedies of the war has been the systematic destruction by the German Army of the great land reclamation projects or so-called bonificho of Italy. Not only has this smashing of pumps, blocking and mining canals, and deliberate reverse diversion of sea and river water greatly increased the breeding of Anopheles malaria mosquitoes. It has also driven from their homes thousands of peasants, has flooded thousands of acres of farm land and has set back disastrously the economy of entire provinces. The areas of farm land in

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South Italy flooded by the Germans is estimated at 37,000 hectares or 93,000 acres. This figure includes only the areas South of Rome. It is probable, from the air photos, that the Po delta in the north east has been similarly sabotaged.

This flooding has in no case retarded the movement of Allied troops more than a few hours. However inept the Germans may be in practical psychology they are seldom stupid in the technical details of warfare. The public health and agricultural aspects of sabotaging Italian bonifiche must have been obvious to German engineers and medical entomologists who are known to have prowled about the areas in 1943 just prior to the flooding.

This wanton destruction did not hamper Allied transport but it dealt a terrible blow to Italian peasants and it increased the malaria potential enormously. It is no exaggeration to say that in some areas, as in the Agro Romano, the appearance of the countryside when the Germans were driven back, was that of 1890 before the earliest advances in land reclamation had been made.

Fortunately, Italian engineering has been sound. Prompt action, stimulated by ACC, as noted below, has and will result in considerable salvage. But complete recovery must await pumps not now available in Italy. It will then take some years for the land to sweeten again.

While flooded bonifiche have constituted an important factor in the greatly increased malaria potential in Italy in 1944, there have been several other reasons why this disease presented a serious hazard to Allied Forces. Breeding places for malaria mosquitoes have been created where canals or rivers have been blocked by the debris of wrecked bridges, by hastily built causeways without culverts, or by destruction of embankments. Bomb and shell craters are numerous in some areas. Moreover, at a time of greater need for mosquito control under these conditions there has been a disruption of the normal control organization and a dearth of all essential supplies and equipment for civilian use.

The civil population has been more exposed to infection by destruction of window and door screens, demolition of homes, mass evacuation, and by flight into open country to escape combat danger. This increased exposure has been coincidental with greatly reduced medical personnel, dispensary facilities, and anti-malarial drugs. Refugees and Italian soldiers, many of them malaria carriers, have returned to certain areas where they have constituted foci of infection.

Finally, in some areas livestock has been depleted so that Anopheles which normally feed on animal blood may have attacked man.

In other words, all the epidemiological factors which go to create malaria among a population have been intensified in 1944. Here in Italy was a situation which if not properly handled might well have resulted in widespread epidemic malaria with many deaths and with disastrous loss of fighting strength within the Allied forces.

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In other words, all the epidemiological factors which go to create malaria among a population have been intensified in 1944. Here in Italy was a situation which if not properly handled might well have resulted in widespread epidemic malaria with many deaths and with disastrous loss of fighting strength within the Allied Forces. Fortunately, neither unhappy result has occurred.

3. CHRONOLOGY:

It is useful to keep in mind the following dates in connection with the malaria control program of ACC.

September, 1943 - Salerno landings on the 9th. At this time many of the canals of the Salerno and Paestum bonifiche were blocked by bomb, shell, and tank action. There was evidence that many of the canals had been neglected for several years.

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October, 1943 - Naples occupied on the 1st. Volturno River crossed on the 13th. The Licola, Volturno, and Sessa bonifiche were subotaged during September and early October by destruction of pumps and canal banks, blocking of canals, and diversion of water into low areas.

In the Foggia area there was some damage incidental to fighting but the chief difficulty was that the canals had been neglected for several years.

November, 1943 - During November while fighting was static the systematic destruction of the Pontine Marsh reclamation projects was carried out. Canals were blocked, water diverted into low areas. pumps were mined but not blown until May 1944. They were kept out of operation, however, so that the winter rains produced very extensive flooding.

January, 1944 - Anzio beachhead established on the 22nd. Extensive mosquito control measures carried out by the Army in the beachhead area from time of occupation until June.

May, 1944 - Minturno push started on 11th. Cassino captured on 18th, Anzio beachhead broke through at Cisterna on 25th. The Germans blew up the pontine pumps before leaving the area.

June, 1944 - Rome captured on the 4th. The Agro Romano pumps were blown in late May or early June as the Germans left. But the Agro Romano area had been allowed to flood from early in the year. In Maccarese, water from the Tiber had been diverted into low areas.

July, 1944 - pumping resumed in some areas of the Agro Romano. Extensive canal clearance started in Pontine and Agro Romano areas.

September, 1944 - Pisa captured on the 2nd. Reports received that Po delta area has been extensively flooded by sabotage of canals and pumps, similar to the Pontine destruction.

4. EPIDEMIOLOGY OF MALARIA IN ITALY:

a. General Distribution: No large region in Italy is normally free from malaria but, as always, this mosquito-borne infection is unevenly distributed geographically, seasonally, and from year to year. Malaria throughout the theater is generally found below 2000 feet altitude and in rural rather than urban conditions. Such cities as Naples, Rome, and Palermo, are not malarious, although the disease may approach the municipal limits and occasionally penetrate them. Rural towns on the plains of South Italy are apt to be foci of the disease. As a rule the clinical incidence of malaria begins to increase slightly in April due, it is believed, mostly to relapsing

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b. Malaria Mosquitoes: Although there are several Anopheles in Sicily, only one is an important carrier of malaria. This one is named Anopheles labranchiae labranchiae Falleroni, 1926. It is one of several morphologically similar species which comprise the so-called maculipennis complex. These species can be differentiated by characteristic egg patterns, but not by larval or adult anatomical features.

Labranchiae is found in its aquatic stages chiefly in small indentations and pools of rivers, streams, canals, and irrigation channels,

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~~not often above an~~ altitude of 2000 feet. It is also known in ponds, marshes and shallow agricultural wells, or water points. It will tolerate brackish water with salt content up to about 1.5 percent. This mosquito in some situations will travel from a breeding place as far distant as two miles, in numbers sufficient to propagate malaria. Labranchiae adults habitually rest in houses, huts, animal sheds, and outbuildings in the day-time, feeding almost exclusively after sunset and having a strong preference for human blood.

Labranchiae is also the chief anopheline in Sardinia where its habits resemble those in Sicily.

In Italy itself there are several malaria vectors. South of Naples, both east and west, the chief vector is Anopheles sacharovi, Favr. 1903, assisted in the southeast by Anopheles superpictus Grassi, 1899. North of Naples, in the west, labranchiae is the carrier, while sacharovi extends up the east coast, with labranchiae assisting. In the Delta Region of the River Po, sacharovi is assisted by Anopheles labranchiae atroparvus van Thiel, 1927, another member of the maculipennis complex and closely similar to labranchiae labranchiae.

Anopheles sacharovi was sometimes known called elutus. In its aquatic stages it is often found associated with labranchiae. But sacharovi will tolerate a greater degree of salinity, with content up to 2.2 percent. Hence it is apt to be more prevalent closer to the sea. Both labranchiae and sacharovi will breed in either still or slowly moving water, both feed by preference on man, both habitually rest in the daytime in man-made structures. Sacharovi is somewhat nomadic, flying a two-miles radius more often and in greater numbers, and more effectively withstanding hot-dry and cold-wet seasons. Both species undergo a semi-hibernation and it is believed that occasionally either one may cause a winter infection. Both species begin to breed in April and have greatest prevalence in May and June. Larvae become scarce by the end of September and the density of adults is soon markedly reduced.

Superpictus is usually found in small streams in hill or mountain country. Shallow residual pools, sometimes beneath the stream-bed stones and thus hidden from casual view, are typical breeding places. This species, like sacharovi is a strong flier, feeds on man, and rests in man-made structures. It does not tolerate brackish water. Atroparvus is similar to labranchiae in its habits, but possibly a little more tolerant to salinity and somewhat less particular as to its blood meals, feeding on animals almost as readily as on man.

There are other species of the maculipennis complex in Italy. For example, Anopheles maculipennis maculipennis Meigen, 1818, Anopheles messeae Falleroni, 1926 and Anopheles melanoon melanoon Hackett, 1934, are found in the marshes, rice fields, and inland lakes. But ordinarily these three anophelines do not feed on man and hence are not vectors. Whether the animal population has been sufficiently reduced in some areas so that these species will feed frequently enough on man to become war-time carriers of malaria is a question which must be kept in mind.

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c. Malaria parasites: The following statements represent a consensus of opinion:

a) P. vivax, P. falciparum, and P. malariae all occur in Italy.

b) P. vivax in the overall picture is most common and P. malariae least prevalent.

c) In some areas P. falciparum is more common than P. vivax and there are a few small foci of predominant P. malariae malaria.

d) There is usually a seasonal swing, with P. vivax most prominent in spring and early summer, while P. falciparum takes the lead in late summer and autumn.

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e) Mixed infections predominate.

f) The majority of relapses are due to P. vivax.

g) Some strains of P. falciparum in Italy are more virulent than average.

i. Malaria cycle: Under usual summer conditions malaria mosquitoes in Italy will develop through egg, larva, and pupa stages in 10 - 12 days. Adult females will feed the second or third night after emergence. If a mosquito ingests suitable gametocytes these will undergo development and become infective sporozoites in about 12 days. Of course, temperature and species as well as other factors will modify these periods. When an individual is infected with sporozoites, he will usually develop clinical malaria in about 14 days, depending on species of plasmodia. The minimum incubation period for vivax is 8 days and the maximum for malariae may exceed a month. Under suppressive medication the onset of symptoms may be postponed until some weeks or even months after the drug has been withheld.

These figures are averages, but it is apparent that the first new infections each season will appear clinically not sooner than 5 to 6 weeks after the vector mosquito begins actively to oviposit. As the weather becomes warmer, the cycle becomes shorter, but probably in this theater it is rarely less than 30 days. With each cycle the numbers of gametocyte carriers increase and a seasonal epidemic takes shape. It is important to remember these time relationships and to realize, for example, that the mosquito breeding observed in [redacted] may be reflected clinically in malaria the next month.

5. ACC MALARIA CONTROL ORGANIZATION:

a. Headquarters:

On 7 August 1943, a malaria control officer (Lt. M.A. Manzelli, Sn C) was appointed by the public health Division of AMG, for work in Sicily. This officer was transferred to Italy on 10 October 1943. In both Sicily and South Italy considerable assistance was given in the distribution of anti-malarial drugs and in re-establishing civilian dispensaries and malaria control agencies. It was possible to initiate a certain amount of larva control with Paris green in Sicily but the season was over in South Italy before AMG civilian control could be started.

The Allied Control Commission was activated on 10 November 1943 and the Malaria Control Officer AMG was transferred to the Public Health Sub-Commission A.C.C. during the winter months this officer made surveys and assisted in setting up programs and budgets for the 1944 season in Matera, Potenza, Salerno, Sardinia, Naples, Benevento, and Avellino.

On 14 March, 1944 Col. Paul F. Russell, M.C. was assigned by AFHQ to ACC as Chief Malariologist with the Public Health Sub-Commission and on 16 April, 1944 a Malaria Control Branch was established within this Sub-Commission, at APO 14, Naples until 16 June when the Branch was moved to Rome.

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As of 1 September 1944 the Malaria Control Branch, Public Health Sub-commission was organized as follows:

CHIEF: Paul F. Russell, Colonel M.C.

Civilian Control Unit

Malaria Engineer	-	T.P. Anderson, Major, SN C.
Medical Officer	-	V.F. Tuzio, Capt. M.C.
Entomologist	-	M.A. Manzelli, Capt. SN C.
Entomologist	-	J.A. Wehrle, 1st Lt. CAC
Consultant	-	Doctor A. Cormaletti (Inst. Hygiene, Rome)
Consultant	-	Doctor F. De Muro (Policlinic, Rome).

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Valuable advisory help has been given freely by Prof. A. Missiroli, head of the Malaria Laboratory of the Institute of Hygiene in Rome.

Demonstration Unit

Director	-	Dr. F.W. Soper	(The Rockefeller Foundation)
Chief Malariologist	-	Dr. H.A. Kuhn	" " "
Entomologist	-	Dr. L.A. Riehl	" " "
Malaria Engineer	-	Mr. F.W. Knipe	" " "
Executive Officer	-	R.W. Hendley, 1st Lt. Inf.	
Chief Inspector	-	Dr. Guido Cagnini	
Medical Officer	-	Dr. G. Capdat	
Medical Officer	-	Dr. L. Aloj	
Medical Officer	-	Dr. F. Longo	
Medical Officer	-	Dr. A. Rubino	

Also 1 interpreter, 6 clerks, 1 draughtsman, 4 drivers, 2 field inspectors and 2 laborers. The Institute of Hygiene in Rome generously furnished laboratory and office space for the Demonstration Unit.

The functions of the Civilian Control Unit have been to assist the regional and AMG health officers in developing an effective civilian malaria control program primarily to provide the best possible extra-tonement protection of the Allied Forces from malaria and secondarily to prevent malaria among the civilians of Italy, Sicily, and Sardinia.

The functions of the Demonstration Unit, as established by arrangement between AFHQ and ACC, have been to develop practical methods of using the new insecticide, DDT, against anopheline larvae and adults.

The Malaria Control Branch has cooperated and been fully coordinated with the Surgeon, MATOUSA, the DMS and ADH, and the Consultant Malariologist, all of AFHQ. Also with the Malariologist, MATOUSA, the DMS and ADH, AAI, the Surgeon SOS, the Malariologists of the Armies, AAF, RAF, Base Sections, Areas and Districts. One of the outstanding features of malaria control in Italy in 1944 has been the very high degree of co-operation between the many and varied Allied Force Malaria Officers and Units and the ACC Malaria Control Officers.

b. Regional:

Each Regional Public Health Officer ACC has been concerned with malaria control and all have been successful in re-establishing and stimulating civilian control agencies. There have been full time ACC Malaria Control Officers, in addition to sanitary officers, in Regions I, III, IV, V, and VIII for varying periods during the season. Lt. Col. Herbert Spencer, San C. has served as Malaria Officer in Regions I, IV, and V. Major S.O. Hill San C. has been the Malaria Officer in Region III. Capt. M.F. Hill, San C. served as Malaria Officer in Regions I and VIII.

c. Civil:

Medical Officer - Dr. A. R.

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c. Civil:

Each Province in Italy in peace time has had a Health Officer (Medico provinciale) appointed by the Minister of the Interior and approved by the Prefect. In provinces where malaria is a problem there has usually been a Malaria Control Committee (Comitato Provinciale Antimalarico) to plan and direct the provincial control program, including the operation of malaria dispensaries. This Committee, generally headed by the provincial health officer, has included the provincial public works engineer (Genio Civile) the provincial malariologist, and frequently the provincial inspector of state railways.

Malarious provinces have generally had malaria dispensaries, and local control stations with budgets and plans for canal maintenance, use of Paris green larvicide, distribution of prophylactic and therapeutic antir-

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antimalarial drugs, a certain amount of spleen and parasite survey work, with some courses of instruction for anti-malaria workers.

In Sicily, the provincial medical officer and Malariologist function directly, without provincial committees.

Regional Public Health Officers, ACC have devoted a great deal of attention to the problem of rehabilitating and restaffing the malaria control organization which had disintegrated in many provinces. By 1st September each malarious province in liberated Italy had a reasonably good control organization in operation.

6. ALLIED MILITARY MALARIA CONTROL:

The malaria control program of the Allied forces in Italy in 1944 has been extensive and very successful. Not only has it kept military rates low but it has also benefited many civilian communities.

Active, continuous, and full co-operation has been maintained between the malaria officers of ACC and those of such military echelons as AFHQ, AAI, AAF, RAF, USN, 5th and 8th Armies, SOS, PBS, IBS, RAAC, Districts and Areas, CEF, and the Italian cobelligerant Army.

7. BUDGETS.

A considerable amount of money has been allotted to malaria control and land reclamation in South Italy in 1944. Complete or accurate figures are not available but the following table gives a fair approximation of the total sums provided by the Ministry of the Interior and the individual provinces.

REGIONS	Lire allotted primarily for		TOTALS
	Malaria Control	Land Reclamation	
I	34,357,000	-	34,357,000
II	4,343,206	-	4,343,206
III	13,832,228	-	13,832,228
IV	4,283,591	51,850,000	56,133,591
V	519,000	41,857,987	43,376,987
VI	12,132,389	-	12,132,389
VII	3,539,372	-	3,539,372
VIII	226,251	2,380,000	2,606,281
Rome	5,177,283	17,100,000	22,277,283
Lire totals	78,395,350	113,187,987	191,583,337
Dollar totals	783,954	1,131,880	1,915,834

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REGIONS	Lire allotted primarily for		TOTALS
	Malaria Control	Land Reclamation	
I	34,357,000	-	34,357,000
II	4,943,206	-	4,943,206
III	13,832,228	-	13,832,228
IV	4,283,591	51,850,000	56,133,591
V	513,000	41,857,987	43,370,987
VI	12,132,389	-	12,132,389
VII	3,530,372	-	3,530,372
VIII	226,281	2,380,000	2,606,281
Rome	5,177,283	17,100,000	22,277,283
Lire Totals	78,335,350	113,187,987	191,083,337
Dollar Totals	783,954	1,131,880	1,915,834
Pound Totals	195,988	282,975	478,963

Note: (Areas north of Grosseto Province not included).

The bulk of these monies have been and are being spent under the supervision of Public Health or Public Utility officers of ACC, Headquarters or Regional.

8. SUPPLIES:

a. Antimalarial Drugs:

In order that no civilian in liberated Italy suffering from malaria in 1944 should remain untreated for lack of specific remedies, the

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Medical Supply Branch in cooperation with the Malaria General Branch, ACC, before the onset of the malaria season, made available from the USA some 11,000,000 tablets of atabrine (0.1 gram) and 125,000 ampules of quinine (for intravenous use in comatose cases). This supply has been augmented by captured drugs and a moderate amount of quinine and Italchina remaining to local authorities from 1943, so that there is an abundant reserve. Prompt distribution of adequate supplies has been made by ACC to every provincial capital in Allied hands.

b. Larvicidal Oil:

At the beginning of the 1944 season Paris Green was not available through ACC for civilian use. It was essential that all AFHQ stocks of this item be held for the Allied Forces in view of the very high malaria potential which existed. Therefore, arrangements were made before the onset of the anopheline breeding season for the distribution of anti-mosquito oil through the agency of the Comitato Italiano Petroli. The following allotments were made available from 1 April,

Region I	10,000	gals monthly
" II	8,652	" "
" III	25,704	" "
" V	10,000	" "
" VII	5,964	" "
TOTAL	60,320	gals monthly.

Region VI had reserve stocks of paris green remaining from 1943 and also acquired some oil from other sources. Other regions had not been occupied.

Although Italians for the most part have been accustomed to using Paris green rather than oil for malaria control, the oil allotted was immediately put to good use. For spreading the oil, some 700 knapsack sprayers were distributed from ACC stocks.

c. Paris Green:

By the first of June it was possible, through the recommendation of the DMS and ADH AAI, to obtain from AAI British stocks, 10 tons of Paris green for use by civilian agencies in the vicinity of military installations. Again in July and in August the same amount was made available so that all together 30 tons of paris green have been distributed by the Malaria Control Branch to the several regions. (I, II, III, IV, V, VI, VII, VIII, IX and Rome). This supply made available by AAI, has been of immense help to civilian agencies who were equipped, by past experience and with apparatus, from previous seasons, to mix and spread the Paris green in an effective manner.

There were 15 tons of Paris green held in Rome by the Institute of Hygiene for 1944 distribution. An additional 10 tons of captured German Paris green was found in Rome, making a total of 55 tons available for civilian use in 1944.

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d. Miscellaneous:

Other material distributed through the Malaria Control Branch included 400 sets of repaired uniforms and 3000 pairs of repaired Army shoes (obtained from Economic and Supply Branch, Region III, ACC) for regional malaria control laborers; 1000 picks and 1000 shovels (from AAI) for use in canal clearance; 560 insecticide spray guns (purchased locally).

By arrangement with CIP a small stock of Italian grown pyrethrum flowers was processed into a kerosene-pyrethrum spray for use against adult mosquitoes. More than 30,000 litres had been distributed [illegible] by the end of September. Organized spraying programs were being carried

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out in a few towns in Regions IV and VIII, under the AMGOT.

In cooperation with the Industry Sub-Commission ACC, the Malaria Control Branch made arrangements for the manufacture of 10,000 spray guns of an improved pattern, developed by the Demonstration Unit.

It is a fair statement that in spite of very great difficulties inherent in malaria control in a country devasted and ravaged by a total war there have been distributed anti-malaria supplies adequate to carry out a comprehensive and successful civilian malaria control program in that part of Italy in Allied hands at the onset of the 1944 season.

9. LABOR:

The following table gives average numbers of laborers employed by civilian agencies for malaria control in the various regions. Probably an equal number of civilians have been employed for the same purpose by military units.

	Malaria laborers 1944		
Regions	Number	Regions	Number
I	2680	VI	587
II	455	VII	330
III	1275	VIII	195
IV	982	Rome	644
V	719	TOTAL	7,775

There have been many and serious difficulties in regard to food and transport for malaria laborers. In some areas Army units have furnished free transportation for malaria laborers working on projects of special benefit to their installations.

The daily wages of laborers have averaged 75 lire for which they have given generally six hours work. Many laborers have also had their own farms and it was considered important to permit them to produce as much food as possible.

10. WORK ACCOMPLISHED:

a. General:

It is impossible to give more than rough estimates of the malaria control work done by civilian agencies. But the following table is probably a fair statement of the totals for a few items up to 1 September.

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10. WORK ACCOMPLISHED:

a. General:

It is impossible to give more than rough estimates of the malaria control work done by civilian agencies. But the following table is probably a fair statement of the totals for a few items up to 1 September, 1944.

Canals cleaned, cleared or relug	2,000,000	meters
Flooded land drained	20,000	hectares
Pumps repaired or replaced	15	units
Paris green applied	20	tons
Oil applied	200,000	gals
Atabrine distributed	5,000,000	tablets
Money appropriated	191,583,337	lire

b. Rome Region:

The following table for the Rome Region is a good example of the type of work done by civilian malaria control agencies and is a more accurate report than is available from other regions. (Total areas of Rome Region 180,000 hectares).

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Rome Region Malaria Control

22 June to 1 September 1944

Funds allotted	22,277,283	lire (only partly spent by 1 Sept.)
Laborers (max)	644	
Man hours	159,654	
Canals cleared	96,650	linear meters
Flooded land drained	4,850	hectares
Bridge fabric cleared	22,126	sq meters
Paris green applied	1,435	kg.
Oil applied	1,496	sq meters
Civilian apartments or rural sprayed with DDT	5,563	
" " sprayed weekly with pyrethrum	200	
Pumps repaired	7	
Pumps operated	1,329	hours
Craters filled	650	
Atabrine distributed	299,363	tablets

This Rome Region program was under the immediate supervision of Maj. Anderson of the Malaria Control Branch, ACC at the request of and in cooperation with the AFHQ. The use of insecticides was supervised by Dr. Kuns of the Demonstration Unit.

c. Littoria province:

Although, due to the extensive flooding, there was considerable malaria in Littoria Province, the disease has not been unchecked. In fact, only one local case of malaria was reported from this province in August. The following table summarizes some aspects of the control program instituted by civilian agencies with help from ACC.

Laborers employed for malaria control

Consiglio Provinciale Antimalarico	314	
Consorzio di Bonifica di Littoria	400	
Consorzio di Bonifica di Pontinia	212	
TOTAL	926	
Dispensaries opened for treatment of malaria	14	
Malaria Staff of Medical Provincials (malariologist, inspectors and nurses)	32	
Paris green spread by airplane (U.S. Army Pilots)	2	tons
Paris green 1 per cent dust applied by civilians	64,077	liters
Canal clearing projects completed	25	
Money allotted to canal clearance	43,000,000	lire
Antimalarials received by the Province:		
quinine sulfate	13.6	kg.
quinine bichloride	1.6	kg.
Atabrine tablets	1,805,270	
Plasmoquine tablets	25,790	

Pumps repaired	7	
Pumps operated	1,829	hours
Craters filled	650	
Atabrine distributed	299,963	tablets

This Rome Region program was under the immediate supervision of Maj. Anderson of the Malaria Control Branch, ACC at the request of and in cooperation with the RPHO. The use of insecticides was supervised by Dr. Kumm of the Demonstration Unit.

c. Litteria province:

Although, due to the extensive flooding, there has been considerable malaria in Littoria Province, the disease has not been unopposed. In fact, only one death from malaria was reported from this province in August. The following table summarizes some aspects of the control program instituted by civilian agencies with help from ACC.

Laborers employed for malaria control

Comitato Provinciale Antimalarico		316
Comitato di Bonifica di Littoria		400
Comitato di Bonifica di Pontinia		213
	TOTAL	929
Dispensaries opened for treatment of malaria		14
Malaria staff of Medico Provinciale (Malariologist, inspectors and nurses)		32
Paris green spread by airplane (U.S. Army plane)	2	tons
Paris green 1 per cent dust applied by civilians	64,077	liters
Canal clearing projects completed	25	
Money allotted to canal clearance	43,000,000	lire
Antimalarials received by the Province:		
Quinine sulfate	18.6	kg.
Quinine bichloride	1.8	kg.
Atabrine tablets	1,805,270	
Plasmochine tablets	25,790	

11. BULLETINS:

Several technical bulletins have been prepared and issued by the Malaria Control Branch ACC as follows:

T.B. No. 1 - A Note on the Epidemiology of Malaria in Italy (English)

T.B. No. 2 - Larvicidal Oiling (English and Italian)

T.B. No. 3 - Hand-Killing Adult Mosquitoes (English and Italian)

T.B. No. 4 - Note on the Treatment of Malaria with Atabrine/Mepacrine (English and Italian)

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T.B. No. 5 - Anopheles Control by Field Mixing and Hand-casting Barrio Cream (English and Italian)

T.B. No. 6 - Phlebotomus Fever (English).

DDT Bull. No. 1 - Airplane Spreading of DDT

DDT Bull. No. 2 - Use of DDT as a Spray (Dust and Liquid)in Dwellings.

12. DEMONSTRATION UNIT:

A separate report will be prepared for the Demonstration Unit. It may be noted here that the special program of this unit set up at the request of AFHQ, has been:

a. Development of airplane spraying with DDT in diesel oil and fuel oil.

b. Development of methods of spraying dwellings to attack adult mosquitoes and flies.

c. Development of special spraying apparatus for the effective application of DDT in oil.

d. Evaluation of hand-casting and knapsack dusting with DDT powder for larvicidal purposes.

All that may be said here is that the Allied Forces have been able to make practical use of several of the methods suggested by the Demonstration Unit.

13. RESULTS:

This is an interim report in which it is not possible to present final results as measured by malaria incidence figures. These will not be available for many months, and then only in part, because of the confusion of war. But it is possible at this date to make some general statements to supplement data on work accomplished, as shown above.

In broad outline, it is an outstanding fact that the Allied malaria control program in Italy in 1944 has effectively kept this disease in check throughout the liberated provinces and the armed forces in spite of a very high malaria epidemic potential, a disorganized public health service, and a serious lack of transport and supplies, in a country defeated and disrupted in a total war.

The following meager statistics are all that are available:

Region I - Population 4,000,075 Malaria cases reported in 1944 up to 31 August ----------2171

Region II - Population 3,180,284 Malaria cases reported in 1944

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b. Development of methods of spraying dwellings to attack adult mosquitoes and flies.

c. Development of special spraying apparatus for the effective application of DDT in oil.

d. Evaluation of hand-casting and knapsack dusting with DDT powder for larvicidding purposes.

All that may be said more is that the Allied Forces have been able to make practical use of several of the methods suggested by the Demonstration Unit.

13. RESULTS:

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In broad outline, it is an outstanding fact that the Allied malaria control program in Italy in 1944 has effectively kept this disease in check throughout the liberated provinces and the armed forces in spite of a very high malaria epidemic potential, a disorganized public health service, and a serious lack of transport and supplies, in a country defeated and disrupted in a total war.

The following meager statistics are all that are available:

Region I - Population 4,000,073 Malaria cases reported in 1944 up to 31 August ----------2171

Region II - Population 3,160,284 Malaria cases reported in 1944 up to 31 August ---------- 493

Region IV, Litteria Province (Population 245,000) Malaria cases reported in 1944 up to 31 August ----- 20,749

Only 1 malaria death reported.

Region VI - Cases reported in Sardinia (Population 1,034,306):

Jan - July, inclusive - 1943 - 4065
1944 - 1852.

The reports of the RPHOs have been searched and they are notable for the brevity of references to malaria. Obviously, the presence

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of devastating epidemic would have been reported. So too, the Italian press has rarely referred to malaria during July and August, the peak of the season. The few references noted have been to the Pontine marsh area. The 1944 malaria season has been so quiet that it has not aroused comment. To those who have had experience of serious epidemics of malaria this fact is very significant.

In other words, although the usual seasonal rise in the incidence of malaria has taken place in the usual places at the usual time, yet the greatly increased malaria epidemic potential has been so checked that there have been no fulminant outbreaks behind the lines. Civilian reconstruction and rehabilitation activities have not been deterred and the war effort has not been delayed by malaria. Indeed, already there has been lay comment to the effect that Italy has not proved to be a very malarious place, after all. To those few specialists who know the disease and its local possibilities, this is high praise for the effectiveness of the control program.

It is a fact, that in spite of the chaos of total war, in spite of everything the Germans could do to intensify the malaria potential, malaria in its classical form in Italy during the 1944 season has been so well controlled by military and civilian agencies that it has not been a deterring factor either in or behind the combat area.

DEFINITION OF ACC REGIONS IN ITALY

Region	Population	Area
I	4,000,078	Sicily
II	3,150,334	Potenza, Matera, Teramo, Lecce, Brindisi, Bari provinces
III	3,698,695	Salerno, Avellino, Napoli, Benevento Provinces
IV	1,810,420	Littoria, Frosinone, Roma, Rieti, Viterbo, Terni, Perugia Provinces.
V	2,878,702	Foggia, Campobasso, Chieti, Aquila, Pescara, Teramo, Ascoli, Macerata, Ancona, Pesaro Provinces.
VI	1,034,206	Sardinia
VII	1,777,651	Reggio Calabria, Catanzaro, Cosenza Provinces.
	2,681,460	

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It is a fact, that in spite of the chaos of total war, in spite of everything the Germans could do to intensify the malaria potential, malaria in its classical home in Italy during the 1944 season has been so well controlled by military and civilian agencies that it has not been a deterring factor either in or behind the combat area.

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Region	Population	Area
I	4,000,078	Sicily
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III	3,698,695	Salerno, Avellino, Napoli, Benevento Provinces
IV	1,810,426	Littoria, Frosinone, Roma, Rieti, Viterbo, Terni, Perugia Provinces.
V	2,878,762	Foggia, Campobasso, Chieti, Aquila, Pescara, Teramo, Ascoli, Macerata, Ancona, Pesaro provinces.
VI	1,034,206	Sardinia
VII	1,777,651	Reggio Calabria, Catanzaro, Cosenza Provinces.
VIII	2,374,499	Grosseto, Siena, Livorno, Pisa, Firenze, Arezzo, Lucca, Pistoia, Massa Provinces.
IX	3,338,058	Emilia Compartment
X	4,973,049	Liguria and Piemonte Compartments
XI	3,836,342	Lombardia Compartment
XII	5,234,092	Venezia Trid., Veneto, and Venezia Giulia and Zara Compartments
Rome	1,562,580	Rome Governatorato

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ABBREVIATIONS USED

AAF	U.S. Army Air Forces component of NATOUSA.
AAI	Allied Armies in Italy. This is the next lower echelon under AFHQ and has both U.S. and British components.
ACC	Allied Control Commission in Italy.
ADH	Assistant Director of Hygiene.
ADV	Advance.
AFHQ	Allied Forces Headquarters - Mediterranean Theater.
AMG	Allied Military Government - a separate organization prior to 10 November 1943, but thereafter a division of ACC.
CEF	French Expeditionary Corps, component of AAI ("Corps Expeditionnaire Francais").
CIP	Combat Italian Petroli,
DDT	Dichloro-diphenyl-trichloroethane, a new insecticide.
DMS	Director Medical Services.
HQ	Headquarters.
IBS	Island (Sicily) Base Section, U.S. Army component of SOS.
MC	Medical Corps, U.S. Army.
NATOUSA	North African Theater of Operations, U.S. Army. This is the entire U.S. Army component in the Mediterranean Theater.
PBS	Peninsular Base Section, U.S. Army component of SOS.
RAAC	Royal Army Allied Command, a component of AAI.
RAF	Royal Air Forces, component of AFHQ.
RPHO	Regional Public Health Officer, ACC.
SOS	U.S. Army Service Forces, a component of NATOUSA ("Services of Supply")
SN. C.	Sanitary Corps, U.S. Army.

AFHQ	Allied Forces Headquarters - Mediterranean Theater.
AMG	Allied Military Government - a separate organization prior to 10 November 1943, but thereafter a division of ACC.
CEF	French Expeditionary Corps, component of AAI ("Corps Expeditionaire Francais").
CIP	Comitato Italiano Petroli.
DDT	Dichloro-diphenyl-trichlorethane, a new insecticide.
DMS	Director Medical Services.
HQ	Headquarters.
IBS	Ireland (Sicily) Base Section, U.S. Army component of SOS.
MC	Medical Corps, U.S. Army.
NATOUSA	North African Theater of Operations, U.S. Army. This is the entire U.S. Army component in the Mediterranean Theater.
PBS	Peninsular Base Section, U.S. Army component of SOS.
RAAC	Rome Area Allied Command, a component of AAI.
RAF	Royal Air Forces, component of AFHQ.
RPHO	Regional Public Health Officer, ACC.
SOS	U.S. Army Service Forces, a component of NATOUSA ("Services of Supply")
San. C.	Sanitary Corps, U.S. Army.
USN	U.S. Navy, component of AFHQ.
Districts and Areas	Service components of the British Army under AAI.

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PROGRESS REPORT OF THE WORK OF THE MALARIA CONTROL DEMONSTRATION UNIT IN THE NATCHEZ AREA DURING THE MONTHS OF JUNE, JULY AND AUGUST, 1942

OUTLINE

I. DURATION OF TOXICITY TO MOSQUITOES OF A SINGLE APPLICATION OF DDT TO INSIDE SURFACES OF HUMAN AND ANIMAL QUARTERS.

A. Introduction.

B. Malaria Index.

C. Determination of Race of Anopheles maculipennis present.

1) Determinations of June.

2) Determinations of August.

D. Method of Application of DDT.

1) Spray:

a) Date
b) Brief description of equipment and method

2) Dust:

a) Date
b) Brief description of equipment and method.

E. Procedure.

1) Daily release of 100 adult females in mosquito proof test rooms.

a) Method:

(i) Capture of adults
(ii) Means of release
(iii) Hours of counts

b) Observations on knockdown time and interval of death

2) Survey stations for adult mosquitoes.

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B. Malaria Index.

C. Determination of Kind of Anopheles maculipennis present.

1) Determinations of June.

2) Determinations of August.

D. Method of Application of DDT.

1) Spray:

a) Date
b) Brief Description of equipment and method

2) Dust:

a) Date
b) Brief description of equipment and method.

E. Procedure.

1) Daily release of 100 adult females in mosquito proof test rooms.

a) Method:

(i) Capture of adults
(ii) Hours of release
(iii) Hours of counts

b) Observations on knockdown time and interval of death

2) Survey stations for adult mosquitoes.

a) Location:

a' within sections
b' around periphery

(i) Bedrooms
(ii) Stables
(iii) Pigsties

b) Method

(i) Counts
(ii) Hours of Counts
(iii) Number of people surveying

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3) Survey station for larvae.

a) Location
b) Method
(i) Counts
c) Discussion of larval records.

F. Discussion.

G. Summary and Conclusions.

H. Results.

Table 1. Record of various species of Anopheles caught in stables in Castelvolturno area on August 4, 1944.

Table 2. Interval in days and percent kill of adult anopheline mosquitoes by DDT residue from spray or dust, and effect of ventilation on persistance of treatment. In each test room 100 adult anopheline mosquitoes released each day.

Table 3. Number of adult anophelines caught on 5 square meters in bedrooms treated with DDT in kerosene spray, DDT in pyrophyllite powder and in untreated bedrooms, in the Castelvolturno area, Italy.

Table 4. Average number of adult anophelines caught on 4 square meters of stables treated with DDT in kerosene spray, DDT in pyrophyllite powder and of untreated stables, in the Castelvolturno area, Italy.

Table 5. Average number of adult anophelines caught on one square meter in pigsties treated with DDT in kerosene spray, DDT in pyrophyllite powder and in untreated pigsties, in the Castelvolturno area, Italy.

Figure 1. Number of adult anophelines caught daily after treatment on 4 square meters of stables treated with DDT in kerosene spray and DDT in pyrophyllite powder, in the Castelvolturno area, Italy.

II. CONTROL OF FLIES OBTAINED WITH A SINGLE APPLICATION OF DDT TO INSIDE SURFACES OF HUMAN AND ANIMAL QUARTERS.

A. Introduction.

B. Method of Survey.

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Table 2. Interval [illegible] mosquitoes by DDT residue from spray or dust, and effect of ventilation on persistance of treatment. In each test room 100 adult anophelins mosquitoes released each day.

Table 3. Number of adult anophelines caught on 5 square meters in bedrooms treated with DDT in kerosene spray, DDT in pyrophyllite powder and in untreated bedrooms, in the Castelvolturno area, Italy.

Table 4. Average number of adult anophelines caught on 4 square meters of stables treated with DDT in kerosene spray, DDT in pyrophyllite powder and of untreated stables, in the Castelvolturno area, Italy.

Table 5. Average number of adult anophelines caught on one square meter in ñ§ttics treated with DDT in kerosene spray, DDT in pyrophyllite powder and in untreated ñ§ttics, in the Castelvolturno area, Italy.

Figure 1. Number of adult anophelines caught daily after treatment on 4 square meters of stables treated with DDT in kerosene spray and DDT in pyrophyllite powder, in the Castelvolturno area, Italy.

II. CONTROL OF FLIES OBTAINED WITH A SINGLE APPLICATION OF DDT TO INSIDE SURFACES OF HUMAN AND ANIMAL QUARTERS.

A. Introduction.

B. Method of Survey.

1) Location of survey stations
   a) Use of:
      (i) kitchens
      (ii) stables

2) Method of Count
   a) Use of 24 hour interval with sticky fly tape.
   b) Surveys made at weekly intervals.

C. Results.

Table 6. Average number of adult flies caught in 24 hours on 100 square inches of sticky fly tape in kitchens and stables treated with DDT in kerosene spray, DDT in pyrophyllite powder and in untreated kitchens and stables, in the Castelvolturno area, Italy.

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APPENDIX "B" - Part #3

I. DURATION OF TOXICITY TO MOSQUITOES OF A SINGLE APPLICATION OF DDT TO INSIDE SURFACES OF HUMAN AND ANIMAL QUARTERS.

A. Introduction.

In the report of the Malaria Control Demonstration Unit for May 1944 some description of the experimental area at Castelvolturno and the houses is given. It seems desirable to present some additional information at this time.

The experiment was carried out in the bonification zone of the Lower Volturno south of the river. This area is a valley lying between the course of the river Volturno, bounding it on the north, the Naples-Rome railway bounding it on the east, the region of Lago di Patria on the south and the Mediterranean on the west.

At the end of the month of September last year, the German troops in retreat destroyed the 3 pumping stations of the area by mines, and thus during the winter the region around the Lagno and particularly a zone some 6 miles long and 1½ miles wide to the south of the river was flooded to a height of approximately a meter and a half above the ground level, flooding also a considerable part of the houses. During the years before the present war, work had been in progress for the colonization of the zone, with the construction of canals, farm houses, etc.

A river, the Regio Lagno which has water all the year round, runs through the zone from east to west and divides the experimental area into a northern third and a southern portion approximately twice as large. There are also bonification canals parallel to the river. Some of them enter the river near its mouth and the others below the level of the river connect to a pumping station which lifted the water directly into the river. This pumping station was destroyed but has not yet been reconditioned.

A short canal from the pumping station at the edge of the Regio Lagno and two large canals running from west to east across the flooded area communicate with a second pumping station located about ½ a mile south of the Regio Lagno at the western edge of the flooded low area. A large main canal running south from the second pumping station along the entire western edge of the flooded area provides an interconnection to a third pumping station at the northern edge of Lago di Patria. Water pumped into Lago di Patria flowed into the sea. The pumping station at Lago di Patria has not yet been reconditioned.

The second pumping station lifted the water into a canal sufficiently above the Regio Lagno to cause a flow into the river and then to the sea. Drainage of the canals entering this pumping station would reduce the water level of most of the flooded area. Efforts were made by A.C.C. to recondition the pumps, and the pumping station was put in operation about June 1, 1944.

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railway bounding it on the east, the region [illegible] south and the Mediterranean on the west.

At the end of the month of September last year, the German troops in retreat destroyed the 3 pumping stations of the area by mines, and thus during the winter the region around the Lagno and particularly a zone some 3 miles long and 1½ miles wide to the south of the river was flooded to a height of approximately a meter and a half above the ground level, flooding also a considerable part of the houses. During the years before the present war, work had been in progress for the colonization of the zone, with the construction of roads, farm houses, etc.

A river, the Regio Lagno which has water all the year round, runs through the zone from east to west and divides the experimental area into a northern third and a southern portion approximately twice as large. There are six bonification canals parallel to the river. Some of them enter the river near its mouth and the others below the level of the river connect to a pumping station which lifted the water directly into the river. This pumping station was destroyed but has not yet been reconditioned.

A short canal from the pumping station at the edge of the Regio Lagno and two large canals running from west to east across the flooded area communicate with a second pumping station located about ½ a mile south of the Regio Lagno at the western edge of the flooded low area. A large main canal running south from the second pumping station along the entire western edge of the flooded area provides an interconnection to a third pumping station at the northern edge of Lago di Patria. Water pumped into Lago di Patria flowed into the sea. The pumping station at Lago di Patria has not yet been reconditioned.

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Operation of the reconditioned pumping station during the summer months and through August has reduced the width of the flood area to the previously mentioned large canal running parallel to the sea at the western edge of the area. The large and some of the small contributory drainage canals of the area have remained full of water. Maintenance such as clearing vegetation, etc., has been in progress only on the main large canals and this has reduced anopheline breeding to a minimum in these. Even though the flooded area was being steadily reduced there were sufficient sites available for anopheline breeding well into the month of August.

B. Malaria Index.

In the past and prior to the drainage program instituted by the pre-war Italian government, the area was known to be highly malarious. The

incidence of the disease had been markedly reduced by the bonification work and accompanying anti-larval measures used on canals and rivers, and by the use of quinine and atebrine prophylaxis.

Changes in population occurred with the war. Certain families left the area and others moved in. Some of those coming into the area originated from highly malarious regions and others from vicinities free of malaria.

With probable gametocyte carriers present and the increased opportunity for mosquito reduction offered by the flooding, the area between the Volturno River and Lago di Patria became in the spring of 1944 a potentially important malarious area.

As it is stated in the report for May, the index of malaria was determined before anti-adult measures were begun. All children up to and including those 12 years old were contacted. Palpation of the spleen, according to Schüffner's method, and parasite index by thin and thick blood smears was taken for each child. Results of the index are as follows:

Section A: Spleen index 36% - Parasite index 17.1%.

" B: " " 46% - " " 26.1%.

" C: " " 35% - " " 8.3%

" D: " " 78% - " " 35.7%

" E: " " 60% - " " 12.5%

" F " " 21% - " " 18.1%

P. vivax 99.1%; P.Malariae 0.9%; other species ------

A second malaria index conducted the same as the first, using spleen palpation and blood smears, and done by the same doctors was made during the month of August. Examination of the slides has not yet been completed and results will be given in a later report.

C. Determination of Race of Anopheles maculipennis present.

1) Determinations of June. Early in June, 200 bloodfed adult Anopheles female mosquitoes were collected from several locations in the experimental area of Castelvolturno. Determination of species and race was based on examination of eggs laid by the females on pieces of damp white blotting paper. Separation was made according to chorionic patterns proposed by Hackett and Missiroli (1). Results of the determination showed that of the mosquitoes collected all were Anopheles labranchiae.

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Section A: Spleen index 38% - Parasite index 17.1%.
" B: " " 46% - " " 26.1%.
" C: " " 33% - " " 8.3%
" D: " " 72% - " " 35.7%
" E: " " 60% - " " 12.5%
" F " " 21% - " " 18.4%

P. vivax 99.1%; P.Malariae 0.9%; other species -----

A second malaria index conducted the same as the first, using spleen palpation and blood smears, and done by the same doctors was made during the month of August. Examination of the slides has not yet been completed and results will be given in a later report.

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2) Determinations of August. On August 4, 1944 a survey was made of adult anophelines present in Castelvolturno area. The determination of species was made according to the method mentioned above and used in the June survey. Results of the survey are given in Table 1.

D. Method of Application of DDT.

1) Spray. Sections B and D were treated with 5% DDT in kerosene applied as a spray by means of a hand-operated knapsack sprayer having a Bordeaux type nozzle. Spraying of all houses in these sections was completed in the period May 17 to May 20. The dosage of approximately 60 milligrams of DDT concentrate was applied per square foot of sprayed surface.

(1)- See note on Sh. # 13

D. Discussion.

E. Summary and Conclusions.

III. AIRPLANE SPRAYING.

A. Procedure. (Licola area near Naples).

1) Figure 2.(1) A-20 airplane spraying March Pond A with a solution of 5% DDT in Navy Fuel Oil from an M-10 Smoke Tank mounted on the wing.

2) Use of Navy Fuel Oil as base for DDT.

3) Study of larval build-up after termination of DDT treatment.

4) Larvae surveys in marsh receiving weekly application of Paris Green.

B. Results.

Table 7. Weekly Summary Sheet - Larvae and Pupae. Pond A. Bonifica Varcaturo, Naples. Airplane application of 5% DDT in Oil.

Table 8. Weekly Summary Sheet - Larvae and Pupae. Pond H. Bonifica Varcaturo, Naples. Airplane application of 25% Paris Green in Lime.

C. Discussion.

IV. PERSONNEL.

(1) See Note on Sheet "I".

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3) Study of larval build-up after termination of DDT treatment.

4) Larvae surveys in marsh receiving weekly application of Paris Green.

B. Results.

Table 7. Weekly Summary Sheet - Larvae and Pupae. Pond A. Bonifica Varcaturo, Naples. Airplane application of 5% DDT in Oil.

Table 8. Weekly Summary Sheet - Larvae and Pupae. Pond H. Bonifica Varcaturo, Naples. Airplane application of 25% Paris Green in Lime.

C. Discussion.

IV. PERSONNEL.

(1) See Note on Sheet 17.

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2) Dust. Sections E and F were treated with 10% DDT powder during the period May 22 to May 24. The powder was applied to wall surfaces by means of a small plunger type hand dust gun, the Hudson Admiral. A dosage of approximately 20 milligrams of DDT concentrate was applied per square foot of powdered surface.

For further details of methods and procedure used in treating the houses, refer to the report of the Malaria Control Demonstration Unit for the month of May 1944.

During the latter part of June, results obtained in sections E and F indicated that effective control of adult mosquitoes was no longer being obtained in houses treated with 10% DDT powder. It was decided to re-treat these houses with 10% DDT powder during the first week of July.

The powder used was mixed under field conditions. Pyrophyllite, the base used in powder manufactured in the United States, was not available in Italy. However, a supply of talc, processed for use as face powder, was available and this was used as a base for the powder. The percentages of DDT and base were calculated on a weight/weight basis. The proper amounts of DDT concentrate and talc were placed in a steel drum of approximately the same size as a 55-gallon oil drum and having a tight lid held in place by a circular clamp. Two sections of iron pipe 2 inches in diameter and slightly shorter than the length of the barrel were placed in the barrel to serve as grinding surfaces for the ingredients. The barrel was then placed on its side on a concrete platform and rolled by hand. After some 12 hours of turning, particle size of the DDT concentrate was still much too large. The sections of iron pipe were taken out of the barrel and smooth hard stones, approximately the size of a man's fist, were substituted as grinding surfaces. A sufficient number of these to fill the barrel approximately half-way were placed inside. About 100 pounds of the powder mixture was then placed in the barrel. The barrel was closed and rolled as had been done previously. Powder was removed after 2-hour intervals of grinding. Mixing was continued with other batches until approximately 500 pounds of powder had been mixed. The mix was then screened through triple layers of cheese cloth, and any large particles of DDT concentrate remaining were crushed by hand and stirred into the mixture until as uniform a mix as possible under these conditions was obtained.

The quality of mix obtained was not equal to that of powder prepared commercially in the United States. During the application some of the DDT concentrate did not adhere to wall surfaces but fell to the floor because particles of DDT were still too large.

E. Procedure.

1. Daily release of 100 adult females in mosquito proof test rooms.

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being retained in houses treated with 10% DDT powder. It was decided to re-treat these houses with 10% DDT powder during the first week of July.

The powder used was mixed under field conditions. Pyrophyllite, the base used in powder manufactured in the United States, was not available in Italy. However, a supply of talc, processed for use as face powder, was available and this was used as a base for the powder. The percentages of DDT and base were calculated on a weight/weight basis. The proper amounts of DDT concentrate and talc were placed in a steel drum of approximately the same size as a 55-gallon oil drum and having a tight lid held in place by a circular clamp. Two sections of iron pipe 2 inches in diameter and slightly shorter than the length of the barrel were placed in the barrel to serve as grinding surfaces for the ingredients. The barrel was then placed on its side on a concrete platform and rolled by hand. After some 12 hours of turning, particle size of the DDT concentrate was still much too large. The sections of iron pipe were taken out of the barrel and smooth hard stones, approximately the size of a man's fist, were substituted as grinding surfaces. A sufficient number of these to fill the barrel approximately half-way were placed inside. About 100 pounds of the powder mixture was then placed in the barrel. The barrel was closed and rolled as had been done previously. Powder was removed after 2-hour intervals of grinding. Mixing was continued with other batches until approximately 300 pounds of powder had been mixed. The mix was then screened through triple layers of cheese cloth, and any large particles of DDT concentrate remaining were crushed by hand and stirred into the mixture until as uniform a mix as possible under these conditions was obtained.

The quality of mix obtained was not equal to that of powder prepared commercially in the United States. During the application some of the DDT concentrate did not adhere to wall surfaces but fell to the floor because particles of DDT were still too large.

E. Procedure.

1. Daily release of 100 adult females in mosquito proof test rooms.

As mentioned in the report for May, 1944, several treated bedrooms and stables for use in the study of persistence of DDT toxicity were randomly selected after treatment of the area had been completed. Windows of the bedrooms used in this study were equipped with glass sections which could be opened, and mosquito proofed with screening exterior to the glass. In certain of the rooms the windows and doors remained closed at all times, but in others ventilation was obtained by leaving the glass windows open.

One hundred adult female anophaline mosquitoes were released in each test bedroom each day. The mosquitoes were caught from nearby untreated stables and released in the bedrooms between the hours of 1300 and 1400. The following morning, approximately between the hours of 0900 and 1000, counts were made of the mosquitoes dead and alive. When the counting had been completed, all mosquitoes remaining alive were collected and removed from the room. Results of these studies are presented in Table 2.

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After the study had been under way for several weeks there seemed to be a difference in the results found between closed versus ventilated rooms. Additional rooms were chosen for use as ventilated rooms and the use of an untreated room was incorporated in the study.

Limited observations on the mode of action of DDT on adult mosquitoes were made early in June. A room treated with DDT-kerosene spray was used. At 10.20 hours, two hundred adult mosquitoes were released in the room. When first introduced, the mosquitoes sought the darker parts of the room such as corners and ceiling and rested on these surfaces. After 25 minutes the mosquitoes appeared to be restless and made short flights around the room, resting only momentarily on surfaces where they alighted. After 60 minutes a few of the mosquitoes were no longer able to fly but fell to the floor. They continued to move their wings but were not able to co-ordinate their movements sufficiently to make progress either crawling or flying. At 11.40 hours, some of the mosquitoes on the floor were immobile, but would make faint movements when touched. At 1200 hrs most of the mosquitoes had fallen to the floor; only a few remained on the ceiling or in dark corners. Many of those on the floor were dead and others in various stages of intoxication. At 1500 hours, 4 hours and 40 minutes after the mosquitoes were introduced into the room, all of them had fallen to the floor. At 1600 hours only a few of the mosquitoes were able to make faint movements when disturbed; the others were dead.

The stables were open most of the time. It was soon found that daily release of mosquitoes in the stables was unnecessary; the entrance remained open and animals, and in some cases men sleeping in the stables, provided attraction. Natural mosquito infestation was sufficient for comparative counts between treatments.

Comparison of the efficacy of DDT applied as a spray versus that applied as a powder in the stables was made by counting daily all mosquitoes both male and female which could be found in an area of approximately 1 square meter in each of the four corners of the ceiling. The counting area was well defined by the beams and cross beams forming the roof supports. Results are presented in figure(1)

2. Survey stations for adult mosquitoes.

In addition to the daily release of 100 adult anopheline mosquitoes in treated bedrooms and daily counts of mosquitoes present in treated stables, survey stations for adult mosquitoes were chosen randomly in each section. Since the sizes of the sections vary, the number of counting stations within sections is not constant, but an attempt was made to choose counting stations representative of the area both as to number and location. Counting stations are visited once each week. At each counting station the surveyor visits a second floor bedroom, the stable and the nigstye. In the bedrooms, counts were made of all adult mosquitoes present on the section of the ceiling between the first cross beam

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to be attracted to their movements sufficiently to make progress either crawling or flying. At 11.10 hours, some of the mosquitoes on the floor were tractable, but would make faint movements when touched. At 1200 hrs most of the mosquitoes had fallen to the floor; only a few remained on the ceiling or in dark corners. Many of those on the floor were dead and others in various stages of intoxication. At 1500 hours, 4 hours and 40 minutes after the mosquitoes were introduced into the room, all of them had fallen to the floor. At 1600 hours only a few of the mosquitoes were able to make faint movements when disturbed; the others were dead.

The stables were open most of the time. It was soon found that daily release of mosquitoes in the stables was unnecessary; the entrance remained open and animals, and in certain cases men sleeping in the stables, provided attraction. Natural mosquito infestation was sufficient for comparative counts between treatments.

Comparison of the efficacy of DDT applied as a spray versus that applied as a powder in the stables was made by counting daily all mosquitoes both male and female which could be found in an area of approximately 1 square meter in each of the four corners of the ceiling. The counting area was well defined by the beams and cross beams forming the roof supports. Results are presented in Figure(1).

2. Survey stations for adult mosquitoes.

In addition to the daily release of 100 adult anopheline mosquitoes in treated bedrooms and daily counts of mosquitoes present in treated stables, survey stations for adult mosquitoes were chosen randomly in each section. Since the areas of the sections vary, the number of counting stations within sections is not constant, but an attempt was made to choose counting stations representative of the area both as to number and location. Counting stations are visited once each week. At each counting station the surveyor visits a second floor bedroom, the stable and the pigstye. In the bedrooms, counts were made of all adult mosquitoes present on the section of the ceiling between the first cross beam and the outer wall; this strip is approximately 1 meter wide and 5 meters long. In the stables, counts were made of all mosquitoes present on an area of 1 square meter at each of the four corners of the ceiling. In the pigsties the square meter of the ceiling farthest from the entrance was used for counting.

In the latter part of May surveys for adult and larval mosquitoes seemed to indicate a difference in infestation in the various sections. It was decided at that time to establish survey stations in the untreated houses of the periphery of the experimental area. The northern part of section A borders the Volturno river. The nearest untreated houses in this district lay on the other side of the river. The houses and the general topography are essentially the same on both sides of the river. Three survey stations were located in the district immediately south of the Volturno. The eastern boundary of section D is formed by a railroad somewhat elevated above the farmland on each side. Two houses immediately adjacent to the railroad

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on the eastern side were chosen as survey stations. Two survey stations were located at the southeastern corner of the experimental area and of the treated houses of section F. These survey stations were immediately adjacent to the flooded portion north of Lago di Patria where conditions for mosquito breeding were very favourable. A single survey station was located on the western border of this flooded area and between it and the treated houses of section E. Two survey stations were chosen in the area northwest of the Regio Lagno river which divides the northern and southern sections of the experimental area. Counts in the survey stations around the periphery of the experimental area were begun in the first week in June and have been continued at weekly intervals thereafter.

A team made up of a doctor and a clerical assistant was assigned to each of the two districts of the experimental area. The district north of the Regio Lagno comprised sections A and B and peripheral catching stations northwest of the Regio Lagno, north of the Volturno river and west of section B. The district south of the Regio Lagno was made up of sections C, D, E and F and the peripheral catching stations on the southeast and southwest corners of the experimental area. Each team was responsible for the daily release and counts of mosquitoes in the treated test bedrooms and stables and weekly visits to the survey stations for adults and larvae within its district.

Results of mosquitoes found in survey stations for adults are presented in Tables 3, 4 and 5.

3. Survey stations for larvae.

In the program drawn up at the beginning of the experiment it was planned to make larval surveys in each section to determine whether reduction of adult density by house treatment would affect larval density. Due to the drainage of the area occurring after the pumping station was returned to operation, conditions of water and mosquito breeding were under constant change; therefore larval surveys are difficult to evaluate and do not carry the same significance that they might have had if water conditions had remained constant.

However, survey stations for larvae were established in each district and in the zone around the periphery of the experimental area. These stations were visited at weekly intervals. Twenty dips were made at each station. The larvae found in each dip were segregated into respective instars and any pupae found were listed. Records were kept of both anopheline and culicine larvae found. Due to the above-mentioned difficulties, no attempt is made here to summarize the results of larval surveys. However, it can be stated that larval incidence was not reduced to zero at any time in any of the treated sections.

F. Discussion.

When the experimental area was first surveyed in late April, it

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A team made up [illegible] each of the two districts of the experimental area. Each of the two districts of the experimental area comprised sections A and B and peripheral catching stations northwest of the Regio Lagno, north of the Volturno river and east of section B. The district south of the Regio Lagno was made up of sections C, D, E and F and the peripheral catching stations on the southeast and southwest corners of the experimental area. Each team was responsible for the daily release and counts of mosquitoes in the treated test bedrooms and stables and weekly visits to the survey stations for adults and larvae within its district.

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4. Discussion.

When the experimental area was first surveyed in late April, it seemed to offer relatively uniform conditions for anopheline breeding and somewhat equal mosquito density throughout. Some gravity drainage was taking place at that time but prospects that this would affect general water conditions in the area seemed slight. However, due to certain military necessity, mosquito control was intensified with clearing and opening of canals in areas A and B. As a result of this, gravity flow of water into the Regio Lagno was improved and much of the water available for mosquito breeding in these sections eliminated. With the operation of the pumping station, the marsh south of the Regio Lagno steadily diminished in width and produced drainage of canals with the result that water conditions for mosquito breeding in section D were greatly reduced. Large canals which could have served for mosquito breeding were cleared of vegetation at regular intervals, thereby reducing mosquito breeding in these to the minimum. While it is feasible that mosquitoes could have flown to any point within the area, sections bordering the marsh showed a much higher density during the months of June, July and August than those more distant.

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In considering the results shown in Tables 3, 4 and 5 the reader should bear in mind the differences in the various sections of potential mosquito density. It is unfortunate that such differences existed, but experiments conducted under present conditions cannot always be as carefully controlled for a single purpose as the experimenter might like.

Sections A, B, the peripheral zone north of the Volturno river and east of section A are quite comparable with regard to mosquito breeding and distance from local breeding localities. Section B is within flight range of the large marsh offering favorable conditions for mosquito breeding, but more removed than sections E and F. It might be possible to compare mosquito densities in area B with those in the peripheral district northeast of the River Lagno. Sections C, E, F and the peripheral zones on the southeast and southwest border of the marsh are all comparable in potential adult mosquito density.

Results of the adult mosquito survey conducted in June show that A. labranchiae was the predominant species. However, observations in surveying for larvae indicated that larvae of A.labranchiae would be found only where certain species of Ceratophyllum, Potamogeton and other fine-leaved moss-like plants were barely covered or hardly emergent from the water surface. Where lemna or algae covered the water surface, few if any larvae of A.labranchiae would be found. The latter condition was the general case in canals and even some of the large canals. With the change of predominance from A.labranchiae to A.sacharovi as shown in the adult survey conducted in August, anopheline larvae could be found in the smaller canals throughout the area. However, weather conditions were much warmer in late July and August, and past work in Italy has indicated a low point in the peak of adult mosquito incidence approximately at this time of the year.

As is shown in Table 2, 100% kills were obtained for 105 consecutive days in the closed test bedroom sprayed with DDT in kerosene. The kill in the ventilated sprayed test room fluctuated around 90% during the same period. This result agrees with observations in survey stations for adults where the huts are ventilated and mosquitoes have access to them during their flight activity. Mosquito counts in sprayed stables as shown by the solid lines in Figure 1, , agree favourably with counts of adults in the survey stations as presented in Table 4.

Reduction of adult mosquitoes by powder treatment of the inside surfaces of human and animal quarters does not appear to be as satisfactory as that obtained where DDT-kerosene spray was used. In the closed test room treated with powder, complete kill of mosquitoes released daily was obtained for 42 consecutive days with a sharp fall in percent kill occurring thereafter. In the ventilated dusted room, complete kills of mosquitoes were obtained for only a few days. After 17 days the percent kill varied from 60 to 75%. This compared to the death rate of 40% after 24 hours in an untreated room and 50% after 48 hours, shows less effective-

Results of the adult mosquito survey conducted in June show that A. labranchiae was the predominant species. However, observations in surveying for larvae indicated that larvae of A.labranchiae would be found only where certain species of Ceratophyllum, Potamogeton and other fine-leaved moss-like plants were barely covered or hardly emergent from the water surface. Where lemna or algae covered the water surface, few if any larvae of A.labranchiae would be found. The latter condition was the general case in contributory and even some of the large canals. With the change of predominance from A.labranchiae to A.sacharovi as shown in the adult survey conducted in August, anopheline larvae could be found in the smaller canals throughout the area. However, weather conditions were much warmer in late July and August, and past work in Italy has indicated a low point in the peak of adult mosquito incidence approximately at this time of the year.

As is shown in Table 2, 100% kills were obtained for 105 consecutive days in the closed test bedroom sprayed with DDT in kerosene. The kill in the ventilated sprayed test room fluctuated around 90% during the same period. This result agrees with observations in survey stations for adults where the rooms are ventilated and mosquitoes have access to them during their flight activity. Mosquito counts in sprayed stables as shown by the solid lines in Figure 1, . agree favourably with counts of adults in the survey stations as presented in Table 4.

Reduction of adult mosquitoes by powder treatment of the inside surfaces of human and animal quarters does not seem to be as satisfactory as that obtained where DDT-kerosene spray was used. In the closed test room treated with powder, complete kill of mosquitoes released daily was obtained for 42 consecutive days with a sharp fall in percent kill occurring thereafter. In the ventilated dusted room, complete kills of mosquitoes were obtained for only a few days. After 17 days the percent kill varied from 60 to 75%. This compared to the death rate of 40% after 24 hours in an untreated room and 50% after 48 hours, shows less effectiveness than was being obtained in sprayed rooms. It is true that higher kills were shown in powdered rooms after a 48 hour exposure, while some of the mosquitoes released in untreated rooms lived as long as 6 days.

The comparison of control obtained with spray versus powder is best shown in Figure 1(') . With the exception of one day, counts of adults in the sprayed stables were less than 20, while counts in powdered stables averaged around 300.

The single high count of mosquitoes in sprayed stables shown in Figure 1(') occurred on May 30. In the afternoon of May 29 a rather stiff wind blew from the sea across the marsh towards the test stable. The wind continued during the night and the day of May 30. Counts of the mosquitoes present in the stable were made in the morning of May 30. It is conceivable that mosquitoes emerging during the day of May 29 were carried from the marsh to the vicinity of the treated stable in larger numbers than would have occurred from normal flight activities. That the

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mosquitoes did not remain in the stable is shown by the count of 1 on May 31 and 2 on June 1.

In planning the experiment it had been decided to attempt an evaluation of malaria control in sections treated with spray versus those treated with powder. Late in June it was evident that slight control of adult mosquitoes was being obtained in powdered sections. At that time it was decided to retreat these sections, and this was done with the powder mixture described earlier in the report. While there was a reduction of mosquito counts after the second powder treatment, as shown in Figure 1 (*) and borne out in Tables 3, 4 and 5, mosquitoes were still more numerous in quarters treated with powder than in those having had only a single application of spray. Some of the reduction in adult mosquitoes occurring after the second powder treatment might be attributable to the warm weather beginning at this time and the known low adult longevity during this period of the year.

Results available at this time indicate however that sections treated with powder have shown a considerably lower density of adult mosquitoes than comparable untreated sections. Since results of the malaria index conducted in August are not yet available, no statement can be made here regarding the efficacy of the powder treatment in malaria control.

G. Summary and Conclusions.

An index of malaria by palpation of spleens and examination of blood smears of children up to and including those 12 years of age was made between May 3 and May 13, and repeated during the period August 7 to August 19, 1944.

During the interval May 15 to May 24, 68 houses in sections B and D were sprayed with 5% DDT in kerosene, applying DDT at the rate of 50 milligrams per square foot of sprayed surface. 63 houses in sections E and F were treated with 10% DDT powder applying DDT at the rate of 20 milligrams per square foot. Section A comprised of 51 houses on the northwest corner of the experimental area, and 12 houses in section C about the middle point on the western side of the area, were left untreated. Sections E and F receiving powder were re-treated during the first week of July.

Surveys of the species of Anophelines present in the area were conducted the first weeks of June and August.

Observations on the persistence of toxicity of DDT were conducted in bedrooms treated with DDT in kerosene spray or pyrophyllite powder. 100 adult mosquitoes were released in each room each day. The same number of mosquitoes was released in an untreated room and counted daily to determine length of life. Further introduction of mosquitoes into the untreated room was made at frequent intervals, and dipped and tumbled conditions were maintained.

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attable to the warm weather beginning at this time and the known low adult density during this period of the year.

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G. Summary and Conclusions.

An index of malaria by palpation of spleens and examination of blood smears of children up to and including those 12 years of age was made between May 7 and May 13, and repeated during the period August 7 to August 19, 1944.

During the interval May 15 to May 24, 38 houses in sections B and D were sprayed with 5% DDT in kerosene, applying DDT at the rate of 60 milligrams per square foot of sprayed surface. 63 houses in sections E and F were treated with 10% DDT powder applying DDT at the rate of 20 milligrams per square foot. Section A consisted of 51 houses on the northwest corner of the experimental area, and 12 houses in section C about the middle point on the western side of the area, were left untreated. Sections E and F receiving powder were re-treated during the first week of July.

Surveys of the species of Anopheles present in the area were conducted the first weeks of June and August.

Observations on the persistence of toxicity of DDT were conducted in bedrooms treated with DDT in kerosene spray or pyrophyllite powder. 100 adult mosquitoes were released in each room each day. The same number of mosquitoes was released in an untreated room and counted daily to determine length of life. Further introduction of mosquitoes into the untreated room was made at frequent intervals, and closed and ventilated conditions were used alternately.

Daily counts were made of mosquitoes present in stables treated with spray and in those treated with powder. Survey stations for adults and larvae were established in each section of the experimental area and in 5 localities around the periphery.

1) For 105 consecutive days after treatment with 60 milligrams of DDT per square foot of sprayed surface, the kill of 100 adult anophelines released daily:

(a) was complete each day in the room remaining closed

(b) fluctuated around the 90% level in the room with the windows open.

2) Effective control of adult mosquitoes entering human and animal quarters was obtained for a period of 80 days after treatment with 5% DDT

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in kerosene at the rate of 50 milligrams DDT per square foot of surface sprayed.

3) Treatment with 5% DDT in kerosene spray at the rate of 60 milligrams DDT per square foot of surface sprayed gave more effective control of adult anophelines in human and animal quarters than treatment with 10% DDT powder in which only 20 milligrams of DDT per square foot adhered to treated surfaces.

II. CONTROL OF FLIES OBTAINED WITH A SINGLE APPLICATION OF DDT TO INSIDE SURFACES OF HUMAN AND ANIMAL QUARTERS.

A. Introduction.

In the last week of June, some 36 days after treatment, it was decided to take records of the number of flies present in the various sections. It was convenient to use the same stations as those being used for adult mosquitoes. Kitchens and stables were chosen as sites in which to make fly counts.

B. Method of Survey.

After some consideration, sticky fly tapes were chosen as traps for the flies. The tapes used were 31 inches long, 1½ inches wide, impregnated on both sides and had a total surface area of approximately 108 square inches. Tapes were placed in the kitchen and in the stable of the survey station in the morning, left overnight, and counts of all flies trapped on the tape made 24 hours later. The tape was then removed and destroyed. Counts were made at each station at weekly intervals.

C. Results.

Results are presented in Table 6.

D. Discussion.

In considering the results presented in Table 6, the writer feels that conditions for fly breeding and density are comparable in the untreated section A to those of the sprayed sections B and D and the powdered section F. Comparison can be made between untreated section C and powdered section E.

The writer is not able at this time to offer a good explanation of the differences in fly density in the untreated sections A and C. Casual inspection indicated ample opportunity for the breeding of Musca domestica

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A. Introduction.

In the last week of June, some 30 days after treatment, it was decided to take records of the number of flies present in the various sections. It was convenient to use the same stations as those being used for adult mosquitoes. Kitchens and stables were chosen as sites in which to make fly counts.

B. Method of Survey.

After some consideration, sticky fly tapes were chosen as traps for the flies. The tapes used were 31 inches long, 1½ inches wide, impregnated on both sides and had a total surface area of approximately 108 square inches. Tapes were placed in the kitchen and in the stable of the survey station in the morning, left overnight, and counts of all flies trapped on the tape made 24 hours later. The tape was then removed and destroyed. Counts were made at each station at weekly intervals.

C. Results.

Results are presented in Table 6.

D. Discussion.

In considering the results presented in Table 6, the writer feels that conditions for fly breeding and density are comparable in the untreated section A to those of the sprayed sections B and D and the powdered section F. Comparison can be made between untreated section C and powdered section E.

The writer is not able at this time to offer a good explanation of the differences in fly density in the untreated sections A and C. Casual inspection indicated ample opportunity for the breeding of Musca domestica in both localities. Further investigation of this matter is under way and will be reported at a later date.

E. Summary and Conclusions.

Survey stations were duly established for counts of adult mosquitoes in the various sections of the experimental area were utilized for counts of fly density beginning June 26, 1944. A sticky fly tape having an impregnated surface area of approximately 108 square inches was placed in the kitchen and stable at each station. After 24 hours all flies trapped on the tape were counted. Counts were repeated at weekly intervals.

1) While elimination of flies was not obtained, considerable reduction of fly density is evident in sections where inside surfaces of human and animal quarters were treated with DDT either in kerosene spray or pyrophyllite powder.

2) More effective control of flies was obtained in sections treated with 5% DDT in kerosene than in those treated with 10% DDT in powder.

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III. AIRPLANE SPRAYING.

A. Procedure.

A photograph of an A-20 airplane (') spraying Marsh Pond A in the Nicola area near Naples with a solution of 5% DDT in Navy fuel oil from an M-10 Smoke Tank mounted on the wing is shown in Figure 2.

Application of oil solutions of DDT by airplane were continued at Marsh Pond A in the Nicola area near Naples. Results of this work summarized in the report for May, seemed to indicate no residual action from a single treatment, and the question arose concerning evaporation of a light oil such as No.2 Diesel oil and whether the use of a heavier oil would cause a more persistent oil film and might thereby produce longer persistence of toxicity from a single application. Accordingly, it was decided to substitute Navy fuel oil as a base for DDT. Navy fuel oil is a very heavy, only slightly refined petroleum oil. The first application of 5% DDT in Navy fuel oil was made on July 14. Surveys made on the fourth and sixth day after treatment seemed to indicate that no greater persistence had been obtained than with No.2 Diesel oil, and weekly applications of DDT in Navy fuel oil were continued until August 11. At this time military necessity for mosquito control in this area was relieved, and treatment of Marsh Pond A was discontinued.

Some survey observations in other treated ponds had seemed to indicate that after several applications of DDT in oil, larvae were not able to complete their larval cycle beyond the second instar. Upon termination of treatments in Marsh Pond A, surveys were made at regular intervals to follow larval build up if it occurred.

A large flooded area, approximately a mile south of Marsh Pond A, had received an application of 5% DDT in No.2 Diesel oil on July 2 and a second application of 5% DDT in Diesel oil on July 10. On July 10, this area was treated with Paris Green applied at the rate of one pound per acre by airplane. Treatments with Paris Green have continued at weekly intervals since that date. It was decided to establish a survey area for larvae in the flooded area receiving Paris Green treatment and to compare larval avoidance there with that found in Marsh Pond A. Surveys were made in both areas on the same days and conditions of water and mosquito breeding are somewhat comparable.

B. Results.

Results of larval surveys in Marsh Pond A treated with DDT in oil and Marsh Pond H treated with Paris Green, are summarized in Tables 7 and 8.

C. Discussion.

It had been hoped that treatment of the Marsh Pond H with Paris Green

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oil is a very heavy, only slightly refined petroleum oil. The first application of 5% DDT in Navy fuel oil was made on July 14. Surveys made on the fourth and sixth day after treatment seemed to indicate that no greater persistence had been obtained than with No.2 Diesel oil, and weekly applications of DDT in Navy fuel oil were continued until August 11. At this time military necessity for mosquito control in this area was relieved, and treatment of Marsh Pond A was discontinued.

Some survey observations in other treated ponds had seemed to indicate that after several applications of DDT in oil, larvae were not able to complete their larval cycle beyond the second instar. Upon termination of treatments in Marsh Pond A, surveys were made at regular intervals to follow larval build up if it occurred.

A large flooded area, approximately a mile south of Marsh Pond A, had received an application of 5% DDT in No.2 Diesel oil on July 2 and a second application of 5% DDT in Diesel oil on July 10. On July 16, this area was treated with Paris Green applied at the rate of one pound per acre by airplane. Treatments with Paris Green have continued at weekly intervals since that date. It was decided to establish a survey area for larvae in the flooded area receiving Paris Green treatments and to compare larval incidence there with that found in Marsh Pond A. Surveys were made in both areas on the same days and conditions of water and mosquito breeding are somewhat comparable.

B. Results.

Results of larval surveys in Marsh Pond A treated with DDT in oil and Marsh Pond H treated with Paris Green, are summarized in Tables 7 and 8.

C. Discussion.

It had been hoped that treatment of the Marsh Pond H with Paris Green would be stopped at about the same time as DDT in oil treatment of Marsh Pond A and that larval build-up in these could be compared. However, the decision was made that military needs warranted continued treatment of Marsh Pond H. It is interesting to observe in Table 7 that no fourth instar anopheline larvae have been found in Marsh Pond A during the 20-day interval after the last treatment on August 11. The mosquito control program conducted in this general area has made it difficult to find a comparable marsh which could be left untreated. Figures therefore on larval density in untreated ponds are not available, and one wonders what factors outside of DDT application might have interfered with completion of the larval cycle in Marsh Pond A.

IV PERSONNEL.

The Malaria Control Demonstration Unit was fortunate to have Major R. H. Young and Capt. R. A. Elliot on detached service from the 12th General Hospital. Major Young reported for duty on April 8 and Capt. Elliot

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on May 2. They were both recalled and returned to their hospital on June 12, 1944.

Sgt. Aaron Horshkowitz detached from the 23rd Malaria Control Unit to the Malaria Control Branch Demonstration Unit, A.C.C. was assigned to the 157th Medical Composite Platoon F.A., effective August 1, 1944. The commanding officer of this platoon agreed to Lt Sgt Horshkowitz remain on detached service with the Malaria Control Demonstration Unit until October 1, 1944 and will grant an extension of time if necessary and convenient.

Dr. Giuseppe Chipolet was transferred on June 1, 1944 from Typhus Control Service to Malaria Control Demonstration Unit.

Visentini, Eligio and Visentini, Ivo were hired on July 1, 1944 as clerks and assigned to duty in the Castelvolturno area.

Corsi, Ottorio and Verdi, Amedeo, both clerks in Castelvolturno, quit on June 15, and Aroisiotti, Giuseppe and Rosi, Maggino, also clerks in Castelvolturno, quit on July 31, 1944.

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Vaccarella, Filippo and Vicentini, Ivo were hired on July 1, 1944 as clerks and assigned to duty in the Castelvolturno area.

Corsi, Ottavio and Verdi, Amedeo, both clerks in Castelvolturno, quit on June 15, and Ancioletti, Giuseppe and Rosi, Maggino, also clerks in Castelvolturno, quit on July 31, 1944.

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(1) Hackett, L. W. and Missiroli, A., The varieties of Anopheles maculipennis and their relation to the distribution of malaria in Europe, Rivista di Malariologia XIV (Sec.1, No.1) pp. 1-67 (1935).

(') Owing to the impossibility of reproducing Figure No. 2, it is regretted that it is, of necessity, omitted from this report.

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TABLE 1. PERCENT OF VARIOUS SPECIES OF ANOPHELES CAUGHT IN SPAGLES IN CASTELVOLTURNO AREA ON AUGUST 4, 1944.

Section	Number of catching stations	Species found	Number of each species found	Percent of each species found	Area totals for each species	Area percents for each species
A	1	A.sacharovi	20	71.5		
		A.labranchiae	5	17.8		
		A.maculipennis	2	7.1		
		A.messeae	1	3.6		
			28			
B	1	A.sacharovi	35	94.6		
		A.labranchiae	1	2.7		
		A.maculipennis	1	2.7		
			37			
C	3	A.sacharovi	12	80.-		
		A.maculipennis	2	13.3		
		A.messeae	1	6.7		
			15			
D	1	A.sacharovi	40	95.2		
		A.maculipennis	2	4.8		
			42			
E	6	A.sacharovi	1	85.7		

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Section	Number of catching stations	Species found	Number of each species found	Percent of each species found	Area totals for each species	Area percents for each species
A	1	A.sacharovi	20	71.5		
		A.labranchiae	5	17.8		
		A.melanoon	2	7.1		
		A.messeae	1	3.6		
			28			
B	1	A.sacharovi	35	94.6		
		A.labranchiae	1	2.7		
		A.melanoon	1	2.7		
			37			
C	3	A.sacharovi	12	80.-		
		A.melanoon	2	13.3		
		A.messeae	1	6.7		
			15			
D	1	A.sacharovi	40	95.2		
		A.melanoon	2	4.8		
			42			
E	2	A.sacharovi	18	85.7		
		A.labranchiae	3	14.3		
			21			
F	1	A.sacharovi	16	48.5		
		A.labranchiae	2	6.1		
		A.melanoon	12	36.4		
		A.messeae	3	9.		
			33			
		A.sacharovi			141	80.1
		A.labranchiae			11	6.3
		A.melanoon			19	10.8
		A.messeae			5	2.8
					176	

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Declassified E.O. 12356 Section 3-3/NND No. 785017

TABLE 2. INTERVAL IN D 'S AND PERCENT KILL OF ADULT ANOPHELINE MOSQUITOES BY DDT RESIDUE FROM SPRAY OR DUST, AND EFFECT OF VENTILATION ON PERSISTENCE OF TREATMENT. IN EACH TEST ROOM 100 ADULT ANOPHELINE MOSQUITOES RELEASED EACH DAY.

Treatment	DDT conc. per sq.ft. wall	Room Closed: Days after treatment	% Kill 24 hrs.	% Kill 48 hrs.	Room Ventilated: Days after treatment	% Kill 24 hrs.	% Kill 48 hrs.
Spray: 5% DDT in kerosene	60 mg.	105	100		24	60	
					105	90	
Powder: 10% DDT in pyrophyllite	20 mg.	12	100		17		60
		43	88		20	60	
		44	64				
		46	82				
Powder: 10% DDT in pyrophyllite	20 mg.				18	75	85
Powder: 10% DDT in pyrophyllite. room ventilated 17 days then closed	20 mg.	Days after closure: 1		80			
		3	60				
		12	83				
		24	66	97			
		26	70				
Without treatment	none		40	50		40	50

TREATMENT IN ROOM TEST ROOM 430 ADULT ANOPHELES MOSQUITOES RELEASED EACH DAY

Treatment	DDT conc. per sq. ft. wall	Room Closed			Room Ventilated		
		Days after treatment	% Kill 24 hrs.	% Kill 48 hrs.	Days after treatment	% Kill 24 hrs.	% Kill 48 hrs.
Spray: 5% DDT in Kerosene	60 mg.	105	100		24	60	
					105	90	
Powder: 10% DDT in pyrophyllite	20 mg.	42	100		17		60
		43	68		20	60	
		44	64				
		56	32				
Powder: 10% DDT in pyrophyllite	20 mg.				18	75	85
Powder: 10% DDT in pyrophyllite. Room ventilated 17 days then closed	20 mg.	Days after closure					
		1		60			
		3	60				
		12	86				
		24	68	97			
		26	39				
Without treatment	none		10	50		40	50

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TABLE 2. NUMBER OF ADULT ANOPHELINES CAUGHT ON 5 SQUARE METERS IN BEDROOMS TREATED WITH DDT IN KEROSENE SPRAY, DDT IN PYROPHYLLITE POWDER AND IN UNTREATED BEDROOMS, IN THE CASTELVOLTURNO AREA, ITALY.

Month	Week	Untreated and Periphery				5% DDT in Kerosene		10% DDT dust		Untreated & Periphery		
		Sect.	North	North East	North West	Sect. B.	Sect. D.	Sect. E.	Sect. F.	Sect. C.	South	South East.
5	1-7	.1										
	8-14	0				.1	6.2	12.3	13.5	16.		
	15-21	.3				.3	7.	9.6	24.3	21.		
	22-28	.1				0.0 Treated	.3 Treated	0. Treated	1.6 Treated	21.6		
5-6	29-4	2.1				.5	.3	0.	1.2	11.6		
6	5-11	2.				.4	.7	5.	11.0	14.3		
	12-18	4.1	3.7	4.5	16.	3.1	.7	6.	10.4	16.6	84.3	
	19-25	3.3	4.3	1.5	16.	1.1	1.3	2.3	23.6	8	53.7	
6-7	26-2	2.1	2.7	1.	31.	1.6	0	7.3	8.6	7.7	38.7	1000
7	3-9	2.1	2.7	1.5	59.	1.6	1.7	.3	12.	6.	55.	1000
	10-16	1.4	1.3	3.	16.5	1.3	3.	0. Treated	10.4 Treated	5.	55.7	350
	17-24	1.3	2.	2.	13.	1.2	6.3	4.	2.7	4.3	51.5	1000
	25-31	.9	1.3	0.	12.	1.4	4.	8.	5.2	5.3	41.3	300

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TABLE 4. AVERAGE NUMBER OF ADULT ANOPHELINES CAUGHT ON 4 SQUARE METERS OF STABLES TREATED WITH DDT IN KEROSENE SPRAY, DDT IN PYROPHYLLITE POWDER, AND OF UNTREATED STABLES, IN THE CASTELVOLTURNO AREA, ITALY.

Month	Week	Untreated and Periphery				5% DDT in Kerosene		10% DDT Dust		Untreated & Periphery		
		Sect. A.	North	North East	North West	Sect. B.	Sect. D.	Sect. E.	Sect. F.	Sect. C.	South	South East
5	1-7	2.3										
	8-14	16.				12.5	55.5	256.6	151.	17.5		
	15-21	9.1				23.2	18.3	175.0	206.6	36.		
	22-28	19.4				Treated .4	Treated 0.	Treated 4.6	Treated 179.	282.5		
5-6	29-4	11.1				3.5	7.3	12.	18.5	65.3		
6	5-11	59.				4.7	8.3	13.	27.8	32.7		
	12-18	59.	28.7	36.5	105.	12.7	16.	32.6	30.	92.3	686.	
	19-25	14.3	16.	105.5	450.	5.9	6.	17.7	92.6	168.7	450.	
6-7	26-2	14.	4.3	3.5	1087.5	8.6	1.3	19.	45.8	349.3	490.7	1000

TABLE 4. AVERAGE NUMBER OF ADULT ANOPHELINES CAUGHT ON 4 SQUARE METERS OF STABLES TREATED WITH DDT IN KEROSENE SPRAY, DDT IN PYROPHYLLITE POWDER AND OF UNTREATED STABLES, IN THE CASTELVOLTURNO AREA, IT.LY.

Month	Week	Untreated and Periphery				5% DDT in Kerosene		10% DDT Dust		Untreated & Periphery	
		Sect. A.	North	North East	North West	Sect. B.	Sect. D.	Sect. E.	Sect. F.	Sect. C.	South	South West
5	1-7	2.8										
	8-14	16.				12.5	35.5	256.6	151.	17.5		
	15-21	9.1				23.2	18.5	175.0	286.6	36.		
	22-28	19.4				Treated .4	Treated 0.	Treated 4.6	Treated 179.	282.5		
5-6	29-4	9.1				3.5	7.5	12.	12.5	63.5		
6	5-11	59.				4.7	8.3	13.	27.8	53.7		
	12-18	59.	25.7	36.5	105.	12.7	6.	32.6	30.4	92.3	600.	
	19-25	14.3	10.	105.5	450.	5.9	6.	17.7	92.6	188.7	450.	
6-7	26-2	14.	4.3	5.5	1087.5	8.6	1.3	19.	45.8	349.3	490.7	1000
7	3-9	17.1	7.7	15.	614.	1.1	5.	24.7	321.4	65.3	666.7	1000
	10-16	9.4	6.3	9.5	585.	4.9	15.	Treated 9.3	Treated 214.	158.	490.7	675
	17-24	12.9	5.3	13.5	575.	4.1	11.	67.3	65.	378.7	687.5	1000
	25-31	12.	6.3	56.	151.	5.7	18.	64.	112.	205.7	459.7	450

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TABLE 5. AVERAGE NUMBER OF ADULT ANOPHELINES CAUGHT ON ONE SQUARE METER IN PIGSTIES TREATED WITH DDT IN KEROSENE SPRAY, DDT IN PYROPHILLITE POWDER AND IN UNTREATED PIGSTIES, IN THE CASTELVOLTURNO AREA, ITALY.

Month	Week	Untreated and Periphery				5% DDT in Kerosene		10% DDT Dust		Untreated & Periphery		
		Sect. A.	North	North East	North West	Sect. B.	Sect. D.	Sect. E.	Sect. F.	Sect. C.	South	South East
5	1-7											
	8-14											
	15-21											
	22-28					Treated	Treated 0.	Treated 0.	Treated 0.			
5-6	29-4	167.0				42.5	3.	2.	12.5	328.6		
6	5-11	18.4				29.5	1.7	7.	21.8	203.3		
	12-18	42.3	19.0	26.5	24.5	23.6	3.3	15.3	15.6	326.0	0.	
	19-25	60.9	110.7	58.	766.	37.6	4.7	9.3	25.2	349.7	53.	
6-7	26-2	25.8	20.	16.	582.	29.5	3.6	13.3	42.6	699.0	160	1000
7	3-9	23.1	15.3	12.5	505.5	16.4	1.3	23.	26.4	189.7	50.	1000
	10-16	23.1	16.7	25.	417.5	16.4	6.3	Treated 10.3	Treated 3.	409.7	45.	500
	17-24	21.1	12.	20.	537.	11.3	15.	74.5	34.2	437.0	130.	1000
	25-31	13.7	5.	24.	35.5	21.6	8.	83.	31.5	134.3	212.	----

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TABLE 6. AVERAGE NUMBER OF ADULT FLIES CAUGHT IN 24 HOURS ON 100 SQUARE INCHES OF STICKY FLY TAPE IN KITCHENS AND STABLES TREATED WITH DDT IN KEROSENE SPRAY, DDT IN PYROPHILLITE POWDER AND IN UNTREATED KITCHENS AND STABLES, IN THE CASTELVOLTURNO AREA, ITALY.

Month	Week	KITCHENS						STABLES					
		Untreated		5% DDT spray		10% DDT dust		Untreated		5% DDT spray		10% DDT dust	
		Sect. A	Sect. C	Sect. B	Sect. D	Sect. E	Sect. F	Sect. A	Sect. C	Sect. B	Sect. D	Sect. E	Sect. F
5	15-21			Treated	Treated	Treated	Treated			Treated	Treated	Treated	Treated
	36 days												
6-7	26-2	306	115	144	175	259	217	268	17	52	46	127	103
7	3-9	795	238	91	70	67	177	231	39	39	37	26	77
	10-16	609	139	62	64	Treated 74	Treated 225	256	15	40	26	Treated 42	Treated 166
	17-24	652	57	95	74	20	175	173	26	31	41	15	87
	25-31	722	85	117	99	25	117	213	30	33	25	14	34
8	1-7	319	86	148	34	44	37	115	21	42	21	21	29

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Month	Week	Untreated		5% DDT spray		10% DDT dust		Untreated		5% DDT spray		10% DDT dust	
		Sect. A	Sect. C	Sect. B	Sect. D	Sect. E	Sect. F	Sect. A	Sect. C	Sect. B	Sect. D	Sect. E	Sect. F
5	15-21			Treated	Treated	Treated	Treated			Treated	Treated	Treated	Treated
	36 days												
6-7	26-2	306	115	144	175	259	267	263	17	52	46	127	123
7	3-9	755	250	91	70	67	177	231	33	39	37	26	77
						Treated	Treated					Treated	Treated
	10-16	609	138	62	64	74	225	256	15	10	26	42	166
	17-24	852	57	95	74	26	176	175	26	31	41	15	87
	25-31	722	95	117	39	29	117	213	30	33	25	14	34
8	1-7	318	36	148	34	44	37	115	21	42	21	21	29

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TABLE 7

Appendix "E" - Sheet 19

MALARIA CONTROL BRANCH A.C.C. DEMONSTRATION UNIT

WEEKLY SUMMARY SHEET - LARVAE AND PUPAE

Bonifica Verde

March ....Pond A....Location Puro, Pandan....Period covered July 4 to July 11 1945

Type of treatment applied to this area Airplane application of 5% solution of DDT in petroleum oils at rate of 2 quarts per acre by Air Force Tank.

Name of inspector ..F. Rubano....Observations Results for week of July 4 to July 9 doubtful due to additional application of oil by some outside agency.

Date	Treatment applied	Date after treatment	No. of areas sampled	No. of dips made	Number of anopheline larvae & pupae				
					Larval instars				Pupae
					I	II	III	IV	
6/30/45	5% DDT in No. 2 Diesel Oil								
7/3/45		1	1	50	1	0	0	0	0
7/4/45		1	1	50	1	0	0	0	1
7/10/45		2	1	50	3	0	0	0	0
7/11/45		3	1	50	10	1	0	0	1
7/12/45	5% DDT in Navy Fuel Oil								
7/17/45		1	1	50	0	0	0	0	0

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TABLE 7 (contd) Appendix "BB" - Sheet 89

MALARIA CONTROL BRANCH A.C.C. DEMONSTRATION UNIT
WEEKLY SHEET - LARVAE AND PUPAE

Marsh Pond A. Location Bonifica Varcepuro, Nettuno Period covered August 1 to August 31,44

Type of treatment applied to the area Aeroplane application of a 5% solution of DDT in petroleum oils at rate of 3 quarts per acre by M-10 Tank

Name of insp. over D.F. Rubino Observations

Date	Treatment applied	Days after treatment	No. of areas sampled	No. dips made	Number of anopheline larvae & pupae: Larval Instars I	II	III	IV	pupae
7/28/44									
8/1/44	5% DDT in Navy Fuel Oil	4	1	30	17	12	4	0	0
8/7/44		6	1	30	22	10	1	0	0
8/14/44	5% DDT in Navy Fuel Oil	1	1	30	33	9	1	1	0
8/18/44		4	1	30	18	7	2	0	0
8/21/44		6	1	30	28	8	2	1	0
8/24/44	5% DDT in Navy Fuel Oil	1	1	30	35	7	0	0	0
8/28/44		4	1	30	24	4	0	0	0
8/31/44		7	1	30	23	3	0	0	0
9/4/44		3	1	30	12	4	1	0	0

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Dept. of Ag. Farm Labor & Power

Date effective 6/1/44

Duties- Sec. 4(b) Larval Inspectors 2nd-

Basis 42hrs 6days

1 44 42 44

| | | |

TABLE 3. Appendix "2" - Sheet 21

MALARIA CONTROL BRANCH A.C.C. DEMONSTRATION UNIT
WEEKLY SHEET - LARVAE AND PUPAE

Marsh Pond D. Location Sorilina vorca- Period covered August 1 to Aug. 31, 1944
ture Swales
Type of treatment applied to the area Oil mixture of Paris green in lime applied by
airplane at rate of 4 pounds per acre
Name of Inspector D. Rubino Observations This pond an part of a large
marsh 2 miles long and about 1/4 mile wide.

Date	Treatment applied	Days after treatment	No. of areas sampled	No. of dips made	Number of mosquito larvae & pupae				
					Larval Instars				Pupae
					I	II	III	IV	
8/1/44	1 lb. Paris Green per acre								
8/3/44		2	1	30	41	6	2	2	0
8/5/44	1 lb. Paris Green per acre	6 hrs.	1	30	19	6			
8/10/44		2	1	30	32	4	1	0	0
8/12/44		4	1	30	18	10	2	1	0
8/15/44	1 lb. Paris Green per acre	6 hrs.	1	30	3	0	0	0	0
8/17/44		2	1	30	12	2	0	0	0
8/19/44		4	1	30	7	0	0	0	0

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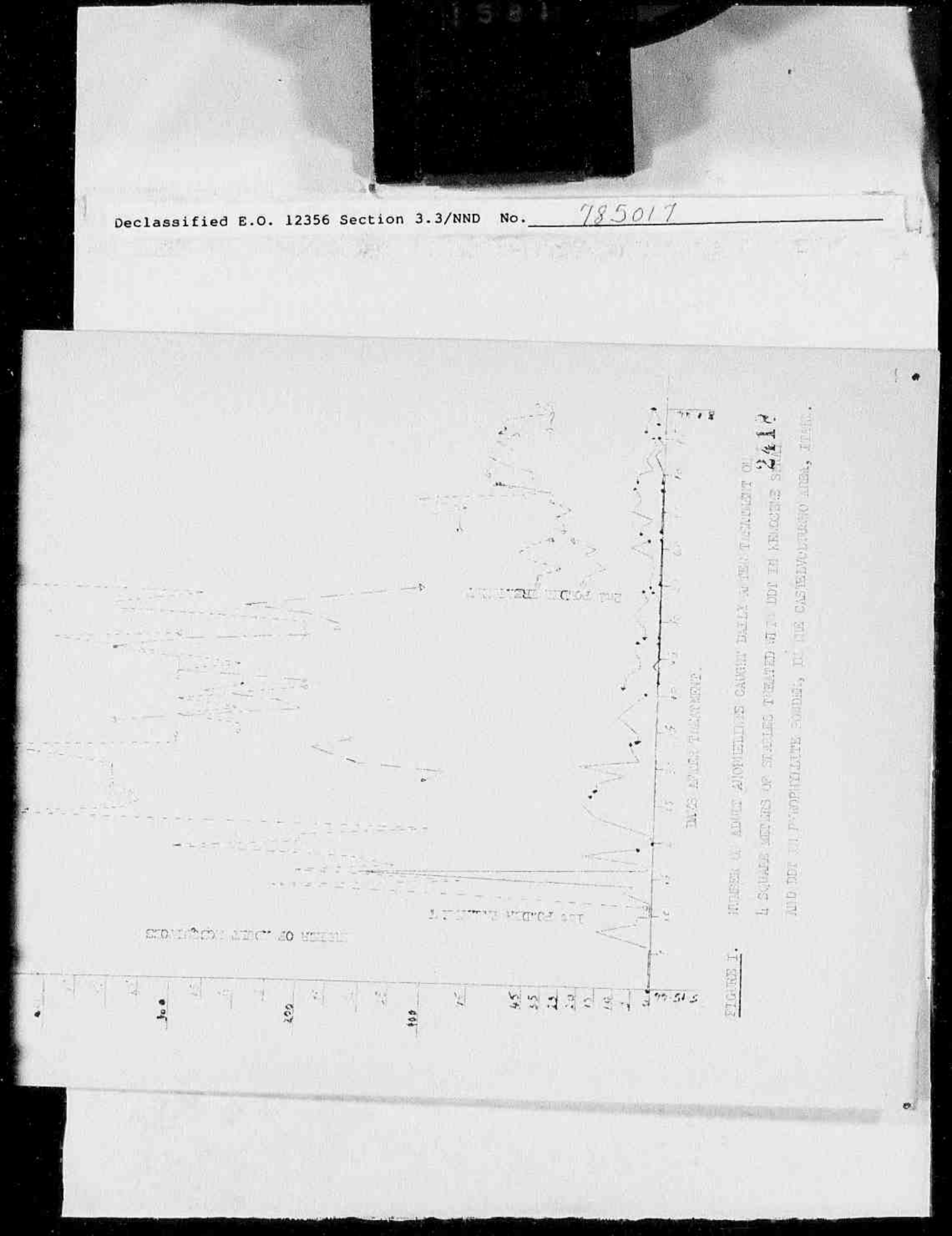


FIGURE 1. MAPS OF AREA AROUND CAMBRIA, CALIFORNIA, SHOWING LOCATIONS OF SEVEN GENERAL SITES AND FOUR SPECIFIC SITES OF SAMPLE COLLECTION.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

APPENDIX "F"

30 September, 1944.

ACC/3002/PH.

SUBJECT: Report of Veterinary Activities for period 1 to 30 September, 1944.

TO : Director, Public Health Sub-Commission, HQ, A.C.C.

1. Foot and mouth disease continues to spread causing serious economic losses. The average 2 percent mortality rate in cattle, sheep, swine and goats is not really a serious economic factor except in dairy and working cattle, and breeding stock because the meat from infected carcasses is used to full advantage by the civilians. It is a pleasure to report that vaccine production has progressed very satisfactorily during the month. The responsible officials in Perugia have supported the program enthusiastically since learning first hand of its importance. Lt.Molyneaux though only a temporary acting Agricultural Officer in Perugia has personally supervised the purchase, assembly, and loading of cattle in Perugia for shipment to Rome. A total of 374 cattle have been received from Perugia. The officials in Ascoli-Piceno have also been very cooperative in allowing the movement of cattle to Rome for vaccine production. A total of 14,800 doses of vaccine have actually been distributed in the provinces of Rome, Naples, Foggia, Perugia, and Frosinone. Sufficient vaccine has been distributed in the Rome area to immunize all milk producing cattle. Though a very few herds became infected prior to vaccination the vast majority of the milk supply to Rome has been assured for the remainder of this season. Considerable material for additional vaccine production is now available and electricity has been restored to the laboratory all of which helps to facilitate production of additional vaccine. Work will continue on this problem with a view to preventing the really serious economic losses of milk to populated areas of central Italy now and northern Italy later. The recent report from the Stazione Zooprofilattica di Perugia that the disease exists there was made in error. Upon investigation the disease could not be found.

2. The Provincial Veterinarian, Foggia reports that impounding of dogs there has progressed very well. A total of 131 stray dogs have been impounded to date. No human rabies has been reported in Rome during the month though stray dogs have been impounded. The incidence of rabies will undoubtedly decline during the winter months but the control measures should not be

TO : Director, Public Health Sub-Commission,
HQ, A.C.C.

1. Foot and mouth disease continues to spread causing serious economic losses. The average 2 percent mortality rate in cattle, sheep, swine and goats is not really a serious economic factor except in dairy and working cattle, and breeding stock because the meat from infected carcasses is used to full advantage by the civilians. It is a pleasure to report that vaccine production has progressed very satisfactorily during the month. The responsible officials in Perugia have supported the program enthusiastically since learning first hand of its importance. Lt.Molyneaux though only a temporary acting Agricultural Officer in Perugia has personally supervised the purchase, assembly, and loading of cattle in Perugia for shipment to Rome. A total of 374 cattle have been received from Perugia. The officials in Ascoli-Piceno have also been very cooperative in allowing the movement of cattle to Rome for vaccine production. A total of 14,800 doses of vaccine have actually been distributed in the provinces of Rome, Naples, Foggia, Perugia, and Frosinone. Sufficient vaccine has been distributed in the Rome area to immunize all milk producing cattle. Though a very few herds became infected prior to vaccination the vast majority of the milk supply to Rome has been assured for the remainder of this season. Considerable material for additional vaccine production is now available and electricity has been restored to the laboratory all of which helps to facilitate production of additional vaccine, work will continue on this problem with a view to preventing the really serious economic losses of milk to populated areas of central Italy now and northern Italy later. The recent report from the Stazione Zooprofilattica di Perugia that the disease exists there was made in error. Upon investigation the disease could not be found.

2. The Provincial Veterinarian, Foggia reports that impounding of dogs there has progressed very well. A total of 131 stray dogs have been impounded to date. No human rabies has been reported in Rome during the month though stray dogs have been impounded. The incidence of rabies will undoubtedly decline during the winter months but the control measures should not be relaxed.

3. The incidence of hog cholera is expected to decline with cool weather. The disease continues to exist on a small scale in many provinces. The supply of vaccine is most abundant and has afforded excellent immunity in every instance where it has been utilized in accordance with the directives. 90,000 doses of vaccine have been distributed to date.

4. Swine erysipelas has temporarily reached epidemic proportions in Rieti Province during the past few days. The disease continues to occur sporadically in numerous provinces. Antiserum and vaccine are available for treatment and prevention of swine erysipelas.

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5. Anthrax has been reported in Foggia Province in a small area. Due to the lack of transportation for veterinarians there the widespread existance of hog cholera, and lack of initiative on the part of the provincial veterinarian, only a part of the livestock in the infected area had previously been immunized against anthrax. Vaccination of animals is proceeding in and around the infected area.

6. Four more horses with open glanders have been destroyed in Foggia Province. This disease presents a very serious problem and drastic control measures including the destruction of all animals upon positive reaction to the intradermic mallein test must be employed before it will be eradicated. However, it appears as though this disease is not as highly contagious in Italy as it is generally believed to be in the United States.

7. The veterinary supplies received during the period include 1990 liters hog cholera antiserum and 50,000 c.c. of virus, for use in Yugoslavia. Doctor Jesic, Yugoslavian veterinarian with the Medical Mission, was contacted and has taken the supplies for use there. Supplies amounting to 3,000,000 lire were requisitioned for use by Italian veterinarians.

8. Piroplasmosis is quite prevalent in cattle and horses in the Rome area. 5000 doses of pirevan for use in the treatment of piroplasmosis was requisitioned on 2[illegible] August but only 500 doses have been made available and that in Sardinia. A second request was made on 29 September for a supply of this drug. Tripoflavine fairly good for such treatment may be available from captured supplies within the next few days.

9. The Italian veterinary personnel serving temporarily in the Ministry of the Interior is now adequate to carry on the functions of that division. Doctors Ducce and Mancini were added to that staff during the period. An outline of the daily incoming and outgoing correspondence in that division, is now furnished this branch for information. A meeting is held daily to discuss current problems. Dr. Menichetti has been ordered to Naples so as to become acquainted with the provincial veterinary service in anticipation of his being appointed provincial veterinarian there in the near future. Additional replacements will be sent to other provinces in the near future for the same purpose.

ROWLAND W. RUSHMORE,
Major, Vet. Corps,
Chief, Veterinarian Branch.

RWR/mtc.

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HEADQUARTERS
ALLIED CONTROL COMMISSION
A.C.O 394
Public Health Sub-Commission

APPENDIX "G"

ACC/3072/PH

30 September 1944.

MONTHLY REPORT MEDICAL SUPPLY BRANCH - SEPTEMBER

1. After three months without receipts of supplies from the USA approximately 600 tons were off loaded at Naples during the period 25 September to 28 September. This represents the first shipment on the replenishment requisition for the period 1 July to 31 December, 1944. Shortages have occurred in many of the Liberated Provinces of Italy and as far north as Rome due to this delay in receipt of supplies. Because of the great bulk of supplies received it will require a few days to prepare a proper inventory after which requisitions from all provinces will be filled as rapidly as possible.

2. Representatives of this Branch visited Regions IV, V, VIII and Southern Region to assist with supply problems. 5th and 8th Army AMG were visited and supply problems discussed. A stock of supplies and a factory at Ancona were inspected by Major Wilhelmi. The finished medical items are being inventoried by Region V preparatory to making local distribution. The pharmaceutical factory, requisitioned by 8th Army was also inspected by a representative of the Chemical Branch, Industry Sub-Commission and in view of facilities found at Florence and the status of requisition of building it was decided not to press for the return of this plant to its owner.

3. The Istituto Chimico Farmaceutico Militare at Firenze (Florence) has been requisitioned for Medical Supply Branch, ACC, and Capt. Bushard put in charge of the buildings and materials. This Institute was badly damaged as to machinery by the Germans but the storage buildings are in good shape. Quantities of unfinished or raw materials were found, some of it damaged and these are being repacked and inventory made. Finished medical material was also found and this is being inspected and inventory made. Letter has been written to Minister of War requesting that this material be made available to the Public Health Department, Ministry of Interior for the fabrication of medical items for the civilian population of Italy, with the finished items made available for the same purpose.

4. A meeting was held by the SPHO 5 Army, SPHO Florence and the manufacturers of pharmaceuticals of Florence which was attended by the undersigned. An organization was formed of these manufacturers to control production and allocation of raw materials. This same group agreed to maintain wholesale prices at the lowest possible level in order to protect the buying power of the lire.

5. The village of San Jacopo north of Pisa was visited and a store of supposed medical supplies inspected. This supply or cache was walled up in an Old Peoples Home and was found to consist of hospital linen, blankets and sweaters. It was suggested that SPHO 5 Army take charge of this material for distribution to hospitals in this area.

6. As a result of three months work and conferences with the Italian Government a successful meeting was held on 29 September which resulted in the official formation of a National Wholesale Druggist Association to act for the Italian Government in the distribution of medical supplies in the Provinces of Liberated Italy. This meeting was attended by representatives of Treasury, Interior and

2. Representatives of this Branch visited Regions IV, V, VII and Southern Region to assist with supply problems. 5th and 8th Army AMG were visited and supply problems discussed. A stock of supplies and a factory at Ancona were inspected by Major Wilhelm. The finished medical items are being inventoried by Region V preparatory to making local distribution. The pharmaceutical factory, requisitioned by Ordnance was also inspected by a representative of the Chemical Branch, Industry Sub-Commission and in view of facilities found at Florence and the status of requisition of building it was decided not to press for the return of this plant to its owner.

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7. The undersigned visited G-5, AFHQ, and Medical Section NATOUSA to determine status of proposed MTO Civilian Medical Depot but due to absence of Lt. Col. Redke and Lt. Col. Levis no definite decision had been made. The necessity for an early decision with protection of EM now on T/D with the 2675 Regt. was stressed.

8. The Clothing Warehouse has been comparatively inactive this month. A warehouse has been located at Livorno and Naples, supplies will be shipped to Livorno in October.

M. E. GRIFFIN, Colonel, M.C.,
Chief, Medical Supply Branch.

PH/MEG/mtc.

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APPENDIX "H"

HEADQUARTERS
ALLIED CONTROL COMMISSION
APO 394
Public Health Sub-Commission

ACC/3078/PH. 3 October, 1944.

SUBJECT: - Sept Report - Welfare Branch.

TO: - Director, Public Health Sub-Commission.

1. The Ministry of Interior has issued instructions regarding the appointment of provincial and comunal commissioners for the Opera Nazionale Maternita' ed Infanzia (O.N.M.I.). These Commissioners assume the function of the President and the Executive Committee of the Provincial Federation and of the Comunal Committees. The measure is temporary, pending action by the Italian Government on the form which O.N.M.I. eventually will take.

2. A financial emergency arose in the O.N.M.I. during late August and early September. Many provincial federations telegraphed to the Central Headquarters of the organization that they had no money to continue to operate, and unless some was received, they would have to close. Finally, a sum was made available, but it did nothing more than to meet the current crisis. The whole question of the budget for this organization remains unsolved.

3. According to O.N.M.I. Authorities, L. 150,000,000 has been granted for the fiscal year, 1944-1945. In order to raise the activities of this organization to their 1942 level, at current prices, in excess of 4 times that amount should be granted. At the present time, a new request is being prepared by the organization, setting forth in detail the various services to be rendered and the amounts necessary on the basis of unit costs and number of persons to be served.

4. The Italian Government, as a general policy, appears reluctant to expend adequate sums for the relief of destitute and helpless persons. The chief complaint arising from those who desire to place needy children in institutions is that Prefettos often evade their obligation in this regard, stating that funds are lacking. The same situation arises in respect to subventions to institutions for the care of children. The situation of these may be summarized as follows: normally they are supposed to be supported largely by the income from their patrimonies, but this has decreased, or at most remained constant, while living costs have increased tremendously. Various governmental bodies provided income for them, paying daily rates for the care of children, but recently the
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