10000/120/47

0/120/47 AQ/7 - Medical Policy - 3RD Cover
December 2, 1944 - April 6th, 1945

340

Subject : Medical Arrangements.

Land Forces Sub Comm.A.C.
(M.M.I.A.)
R O M E
A/7

6 April 45.

Commanding General,
Rome Area Allied Command.

334

Ref : your AG 720, dated 26th March 45 5920

Further to this HQ letter A/7, dated 28th of March (copy to you) , the Ministry of War has now advised this HQ that all Italian Troops in this Area have completed protective small-pox vaccination.

S P Archer Capt

S.P. ARCHER, Capt.
for Major General,
M.M.I.A.

SPA/fo

A7

339

Subject: Adm Comd – Italian Hosps.

M.M.I.A. L.O.,
C/o British Increment,
Rear H.Q. Fifth Army,
C.M.F.

Phone: Lightning Rear 350.

5LO/8/A.

6th. April, 45.

To: 231 Division.

Copy to: Land Forces Sub Com. A.C. (M.M.I.A.) ROME.
G(SD) Brit.
'Q' Branch.
'A' "
Med "

A

1 B

5919

I am instructed by British Increment (Q Branch) H.Q. Fifth Army, to inform you that 470, 522, 576 and 866 Italian Field Hospitals -- located at Q 826905 – are under your administrative command in matters affecting units and personnel in their role as an integral part of the Italian Army.

Please ensure that these four units are aware of this fact and of it's full significance.

Authority: Brit. Incr. Q 207 of 1st April, 45.

a/n newton

Capt.
MMIA LO,
British Increment,
Fifth Army.

Seen
WHH 10/4

AMN/cb

A7 338

HEADQUARTERS FIFTH ARMY
APO 464 US ARMY

RCV/jad
4 April 1945

Seen by Col 6/3. → Col. Kerr is very interested in this matter

SUBJECT: Italian Military Hospital - Lucca.

TO: The Director of Labor, Lucca and Dott. Mario Bonaccini.

Reference your letter of 28 March 1945.

1. When the directive for the establishment of the Italian Military Hospital at Lucca was issued it was not provided that it should be operated by civilian personnel. It was necessary however that civilian personnel be employed temporarily with the understanding that they were to be replaced by military personnel as soon as available. This personnel are now in this area and should perform the duties assigned to them.

2. All civilian personnel must be discharged at once with the exception of a few char-women which Territorial HQ #7 is authorized to employ but they are not authorized to draw Italian Military Rations for these persons. If military rations are issued or consumed by civilians improperly it will be necessary to ask that the officer responsible reimburse my government for such rations. 538.18

3. Land Forces Sub Commission A.C. (AMGIA), my headquarters, has orders to issue Italian Military Rations only to "bonafide members of the Italian Armed Forces * * and actually performing the duty to which assigned by competent orders".

4. No doubt the "hospital can function with the present staff" as you suggest but that is not the question involved. Unless these civilians are eliminated, it will be necessary for me to ask my headquarters to close this hospital as a military institution.

R.C. VAN KIRK,
Major, Infantry
Sr. (AMGIA) L.O.,
5th Army

Copies to: Lt Col Nygaard, G-5 Fifth Army
AMGIA
Territorial HQ #7

Col. Kerr. for info. W.P.

A

COPY 1

COPY

UFFICIO PROVINCIALE DEL LAVORO
LUCCA

March 28, 1945

Al Sig. Ten Col A.F. LANE
Capo Divisione del Lavoro
V Armata

We wish to bring to your notice the following.

1. The Military Hospital of Livorno was reconstituted in Lucca on the 18/11/44 with civilian personnel, engaged on the spot. There are 73 civilians employed, of whom 43 for use in the infirmary and other menial work and 30 in the various offices. A large number of this staff were in Lucca at the time of its Liberation owing to various war causes such as, destruction of their homes in occupied zones etc., and among the female staff there are war widows or married women separated from their husbands owing to the Germans taking them away to the North. We enclose a list of the personnel who are in these particular conditions. 5917

2. We are aware that there is an order in course whereby all civilian personnel will be dismissed in the next few days and will be substituted by a military staff which will be transferred to Lucca from other provinces.

3. Considering that the Hospital can function with the present actual staff, as the Director of the Hospital has verbally assured us, we request the following:

   a. The suspending of the order until their is a greater renewal of economical activity in this Zone in order that these unemployed may find a new job.

   b. Or, at least, excluding from dismissal those who are in serious financial and family conditions (as listed in the enclosed).

/s/ M. Bonacchi
/t/ THE DIRECTOR
(Dott. Mario Bonacchi)

337

TRANSLATION.

Ref. 4/105, I.S.
31/3/45.

From; M.of W. DGSM
To; ~~XXXXXX~~ MMIA.
Subject; Vaccination Inti Smallpox.

Ref. ~~Letter~~ Signal M/I379-29 Inst. from this Sub Commission, we assure you that all Italian troops have completed ~~immunitary~~ protective anti small pox vaccination.

5916

(N.Maugeri)

GD..

URGENTE RISERVATO

MINISTERO DELLA GVERRA
Direzione Generale di Sanità Militare

IN

Divisione 2^ Sez. 1^

Prot. N°4/1057 /IS Allegati

Risposta al f. del

Div. Sez. N°

OGGETTO: vaccinazione antivaiolosa.=

Roma, li 31 marzo 1945

Al LA LAND FORCES SUB COMMISSION
A.C. (M.M.I.A.)
= R O M A =

Small Pox Vaccination

Med
31/3

e, per conoscenza:

AL GABINETTO = UFFICIO COORDINAMENTO = S E D E =
ALLO S.M.R.E. = UFFICIO C.A. = S E D E =

^^^^^^^^^

Riferimento foglio n° M/1379 del 29 corrente mese, di codesta Sub Commission, si assicura che tutte le truppe Italiane hanno ultimato le pratiche immunitarie di vaccinazione antivaiolosa.=

p. IL DIRETTORE GENERALE a.p.s.
IL COLONNELLO MEDICO
(N.Maugeri)

5915

Pass to Capt Archer.
Do you want to reply to R.A.A.C.
through staff channels.
Your A/7 of 28 March refers.
334

Subject. Personnel from Hospitals, etc.

336

A7

Liaison Office.
Land Forces Sub Comm.A.C.
(MMIA) c/o H.Q. 54 Area.
LO/1/AQ
29 Mar 45.

NA JAG 2/4

Territorial H.Q. BARI.

1. In order to clarify the proceedure to be adopted in returning Military personnel to the Army, who have been in Hospitals, Convalescent Home, prison or otherwise absent from duty for a period of over thirty days, the following extract from MMIA Administrative Instruction No 18 is quoted below.

Personnel Undergoing Imprisonment or Detention.

(a) Italian Army personnel sentenced to imprisonment or detention, or confined awaiting trial, are, for periods under 30 days, confined in unit cells, and are retained on the strength of the unit.

(b) Italian Army Personnel who are absent from their unit awaiting trial for over 30 days, or who are sentenced to detention for over 30 days, will be struck off the authorised strength of the Italian Army, and will be confined in Civil prisons. On release from the Civil Prison, if they remain eligible for service in the Army, such personnel will be sent to a replacement Centre for reassignment. Such personnel will not be reincorporated in the old unit unless assigned thereto through replacement center. During the period of confinement in Civil Prisons, such personnel will not be rationed from Army sources.

(c) Effective Army personnel will not be employed in the operation of Civil Prisons, camps or detention centres for the confinement of personnel for periods in excess of 30 days.

Hospitalization.

(a) Personnel under-going treatment in hospitals or convalescent camps will be carried by their units as "sick in hospital" for periods up to 30 days inclusive.

3914

(b) Personnel remaining in hospital or Convalescent camps over 30 days will be transferred to the rolls and carried on the strength of the replacement centre. Separate instructions will be issued to cover Combat Groups.

(c) Personnel remaining in hospital or Convalescent camps over 60 days will be struck off the authorised ceiling of the Italian

over 30 days, will be struck off the authorised strength of the Italian Army, and will be confined in Civil prisons. On release from the Civil Prison, if they remain eligible for service in the Army, such personnel will be sent to a replacement Centre for reassignment. Such personnel will not be reincorporated in the old unit unless assigned thereto by through replacement center. During the period of confinement in Civil Prisons, such personnel will not be rationed from Army sources.

(c) Effective Army personnel will not be employed in the operation of Civil Prisons, camps or detention centres for the confinement of personnel for periods in excess of 30 days.

Hospitalization.

(a) Personnel under-going treatment in hospitals or convalescent camps will be carried by their units as "sick in hospital" for periods up to 30 days inclusive.

(b) Personnel remaining in hospital or Convalescent camps over 30 days will be transferred to the rolls and carried on the strength of the replacement centre. Separate instructions will be issued to cover Combat Groups.

(c) Personnel remaining in hospital or Convalescent camps over 60 days will be struck off the authorised ceiling of the Italian Army, and will be transferred to Civil Hospitals operated by the Italian Goverment, thereafter being issued no rations from Army stocks.

(d) The Italian Goverment will be responsible for organising and operating Civilian Hospitals and Convalescent Camps to care for personnel who require hospitalization in excess of 60 days.

(e) Personnel who have been struck off the authorised strength of the Army as result being in hospital over 60 days will be recalled to duty with the Army, if physically qualified, upon discharge from Civil Hospital. Recall will be effective through the normal recall channels and reassignment will be through the replacement centre.

(f) The figure of 60 days may be reduced by orders of MMIA if it is found by experiencedthat an excessive number of sick is being carried on the rolls of the replacement centre.

2. It will be noted that only personnel "physically qualified" will be returned to the Italian Army.

/././.

3. The following are the replacement centres to which personnel will be sent from gaols hospitals etc, in the area under Comd Territorial HQ, BARI.

804 Base Reinforcement Depot	for	BRITIS.
ASTRONI Camp	for	USITIS.
FROSINONE Camp	for	ITI-ITIS.

4. Territorial HQ will in all cases notify the Italian Comd of the camp, before personnel are despatched to any camp, and each individual man will carry, a certificate to present to Italian Comd of the Camp, showing :-

(a) that he is eligible and physically qualified for reassignment in the Italian Army.
(b) His former unit and category i.e. BRITI etc.

JGB/jmr

J.G.Bird Major.
for Major General,
M.M.I.A.

Copy to:- H.Q. M.M.I.A. ←
H.Q. 230 Division

Subject : Medical Arrangements.

Land Forces Sub Comm.A.C.
(M.M.I.A.)
R O M E
A/7 28 March 45.

Ministry of War

The attached copy letter from Rome Area Allied Command is forwarded to you for immediate compliance with the instructions contained in para 2 thereof.

S.P. ARCHER, Capt.
for Major General,
M.M.I.A.

Copy to : R.A.A.C. your A.G. 720, of 26th of March refers. — 334
Med. M.M.I.A.

5534132

SPA/fc

See Folio 340

Incl.

334

7-G A/7

ROME AREA ALLIED COMMAND
APO 794, US Army

AG 720

IEC/rw
26 March 1945

Subject: Vaccination of Italian Military Personnel.

To : Commanding General, Military Mission to the Italian Army, APO 394, US Army.

1. Several cases of Smallpox have been recently discovered among Italian troops in the Rome Area.

2. In order to minimize the increasing amount of cases, all Italian troops assigned and/or attached to this command will be vaccinated for Smallpox.

3. This information is forwarded to your headquarters with the suggestion that vaccination might be carried out on all Italian troops in this area, thus eliminating the possibilities of a Smallpox epedemic among military personnel.

For the Commanding General:

I. E. Cheek

I. E. CHEEK
Captain AGD
Adjutant General

5911

See Folio 335 337 340

M/7/1338

333

Subject: Italian Military Personnel Admitted to Allied Hospitals

A/1

Land Forces Sub Comm.
A.C. (MMIA)
RGHE
M/11/1235
24 March 45

DDMS 15 Army Group

1. Attached is a translation of a letter received from Medical Directorate, Ministry of War and represents certain difficulties which have arisen due to the increased hospitalisation of Italian casualties in BRITISH hospitals.

2. It is suggested that an extra copy of the casualty form AF W 3034 in respect of Italian casualties should be forwarded by British medical units to the Gruppo (for combat troops) or Admin. Div. (for US-ITI or BR-ITI service troops) concerned.

3. For record purposes a copy of AF W 3034 and the original AF W 3148 and I 1220 should continue to be sent to this office for onward transmission to Ministry of War.

4. The hospital cover for all categories of Italian troops in 8th Army area is approximately 3½ and with the arrival of 470, 522 and 576 Evacuation Hospitals a similar cover will be provided for all categories of Italian troops in 5th Army area (this includes ITI-ITI hospital accommodation in Florence and Lucca but does not include the "divisional" medical units of the Gruppi).

5. As the hospital cover provided by Italian units is now fairly adequate the necessity, as a general rule, no longer exists for hospitalisation in British units and as far as is practical it is considered that Italian casualties should be evacuated through Italian medical units. Assistance

have arisen due to the increased hospitalisation of Italian casualties in BRITISH hospitals.

2. It is suggested that an extra copy of the casualty form AF W 3034 in respect of Italian casualties should be forwarded by British medical units to the Gruppo (for combat troops) or Admin. Div. (for US-ITI or BR-ITI service troops) concerned.

3. For record purposes a copy of AF W 3034 and the original AF W 3118 and I 1220 should continue to be sent to this office for onward transmission to Ministry of War.

4. The hospital cover for all categories of Italian troops in 8th Army area is approximately 3½ and with the arrival of 470, 522 and 576 Evacuation Hospitals a similar cover will be provided for all categories of Italian troops in 5th Army area (this includes ITI-ITI hospital accommodation in Florence and Lucca but does not include the "divisional" medical units of the Gruppi).

5. As the hospital cover provided by Italian units is now fairly adequate the necessity, as a general rule, no longer exists for hospitalisation in British units and as far as is practical it is considered that Italian casualties should be evacuated through Italian medical units. Assistance from Allied ambulance cars would be necessary.

6. The suggestion in para 4 is made without any knowledge of local conditions and is put forward for your consideration as a partial remedy to the difficulties stated in Ministry of War letter. 5910

P.A.

J.C. Heggie

Major,
D.A.D. M.S.
Land Forces Sub Comm. AC. (MMIA)

/RBG

Copy to: DMS AFHQ
Ministry of War, Direzione Gen. di Sanita Mil. (ref your 1/1198/San of 16 March 45.)
Internal - 'A'

copy translation

MINISTERO DELLA GUERRA
Direzione Generale di Sanita Militare

Ref: 1/1198/San

16 March 45.

To: Land Forces Sub Comm. AC(MMIA).

Subject: Italian Military Personnel admitted to Allied Military Hospitals

1. Many sick or wounded soldiers from Combat Groups or Italian Divisions in the rear of operational Allied Armies, are being admitted to Allied Military Hospitals.

2. Some of these casualties are later evacuated to other Allied medical units without notification thereof to the units to which such personnel belong.

3. On other occasions Italian military personnel in need of protracted care are evacuated from Allied hospitals to Italian Territorial hospitals without notification thereof to the respective parent organisations.

This procedure has led to difficulties of an administrative and disciplinary nature, since Italian Commands are not able to trace their men from the time they are evacuated, because of sickness or wounds, from the battle lines.

Accordingly, may we request you to issue instructions to the Directors of Allied medical units accommodating Italian military personnel, to notify as soon as possible, in writing, the Command of the unit to which the soldier belongs, both at the time he is hospitalised and at the time he is discharged because of recovery or because of evacuation to other medical units.

5909

p. IL DIRETTORE GENERALE e.p.s.
IL COLONNELLO MEDICO
(N. Maugeri)

352

Subject: Hygiene - Italian Units

Land Forces Sub Comm. A.C.
(M. M. I. A.)
R O M E
A/7

24 Mar 46.

MINISTRY OF WAR

1. I am directed to inform you that the Allied Authorities in the forward areas are very dissatisfied with the unhygienic and insanitary conditions of buildings, camps and areas occupied by units of the Italian Army.

2. This matter has repeatidly been brought to your notice and some improvement has been effected in some instances.

3. You are again reminded of the importance of this question in regard not only to the health of the troops, but also to the relationship between troops of various nations concerned.

4. Please ensure that energetic action is taken by commanding officers concerned and by officers in charge of all training depots and reinforcement centres in rear, to train all ranks adequately in this elementary military duty.

W. Pidley Lt Colonel
Major General,
M. M. I. A.

WP/wk

5908

Les Folios 329/1 - 326 - 325/1
- 321

SECRET 331

Subject : Medical arrangements - Italian reinforcements.

Land Forces Sub Comm.A.C.
(M.M.I.A.)
R O M E
A/7

17 March 45.

HQ. I District.

329

Ref : Your I D/29/5/A, dated 12th of March 45.

The statements made in the enclosure to your above quoted letter have been examined by the Medical Branch of this HQ. and it is considered that in view of the fact that three additional medical officers have been attached to Italian Reinforcement Camps (pending AFHQ approval for increase in War Establishment) the situation will rapidly improve and the medical arrangements should progress satisfactorily.

W.P.Dudley. Colonel
For Major General,
M.M.I.A.

5307

Copy to : M.M.I.A. L.O.
HQ. I District.

SPA/fc

329

RESTRICTED

330

Subject : Markings of German Civilian Hospitals.

Land Forces Sub Comm.A.C.
(M.M.I.A.)
R O M E
A/7 ——
13 March 45.

Ministry of War.

I. Information has been received that German Civilian Hospitals will be marked with a RED SQUARE on a WHITE CIRCLE, for protection against attacks by land or air.

2. Please pass on this information in order to insure that all troops give the same protection to this distinctive sign as is accorded to the Red Cross Emblem.

S P Archer Capt. 5906

S.P. ARCHER, Capt.
for Major General,
M.M.I.A.

SPA/fc

See folio 3281

2535 KAND FORCES 51, 529/1

SUBJECT:- Hygiene - Italian Units

Q17

AILLIED FORCE HEADQUARTERS

CR/354/1/G-1(Br)

12 Mar 45

Land Forces Sub-Commission, AC

321

Further to this HQ letter CR/354/1/G-1(Br) of 28 Jan 45.

1. Attached for your information and necessary action is copy of Rear HQ Eighth Army letter No R 24060A dated 4 Mar 45.

2. Will you please ensure that this matter is taken up urgently with the Italian Ministry of War.

Translation

14 MAR 1945

(B.A. BURKE, Lt-Col, AAG)
for Major-General, DAG
G-1 (Br)

Copy to:- Main HQ Eighth Army
DMT } with copy of HQ Eighth
Surgeon DMS } Army letter under ref.

5905

Sez Folio 332

COPY/

SUBJECT:- Hygiene - Italian Units

CONFIDENTIAL

Rear HQ Eighth Army, CMF,
R 24060 A,

4 Mar 45.

AFHQ G-1(Br)

Copy to:- Med Rear HQ Eighth Army, CMF
MMIALO Rear HQ Eighth Army

1. The general state of hygiene in the Italian Units now under command is unsatisfactory. The most elementary knowledge is lacking. Rooms are used as latrines and refuse is allowed to be about around billets. No efforts are made to leave billets clean when units move out.

2. Accordingly action has been taken at this Headquarters to ensure that full instruction is given to all Italian units on hygiene matters. This Headquarters letter R 4401/4 M of 20 Feb 45 a copy of which was sent to your DMS refers.

3. It is represented that all Units and reinforcements destined for forward areas should receive elementary instruction in matters of hygiene during their training at the base and that this measure be put into operation without delay.

5904

(Sgd)...????? Lt. Col.
for Lieut-General,
G.O.C., EIGHTH ARMY.

GHW.

SUBJECT:- Italian Reinforcements.

SECRET.

1D/29/5/A.

12 Mar 45.

329

A 17 14/3

HQ I[illegible]orces Sub-Commission AC (MMIA).

1. With reference the attached copy of a report on the subject of the medical condition of Italian reinforcements.

2. Would you please consider the practicability of stricter medical control with a view to preventing unfit personnel being posted for duty. It is appreciated that the letter in question does not justify a general complaint against the Depot and it is forwarded solely to illustrate the particular case.

3. It is thought that this request for stricter control is justified even in the isolated case mentioned.

Major General,
Commanding,
No 1 District.

CMF.

Copy to:- DDL
MMIA, LO

5503

See Folio 331

COPY

SECRET & CONFIDENTIAL

255 Ital. Pnr. Coy.
255IP/2/19.
6 MAR 45.

SUBJECT:- Reinforcements.

OC., 87 Gp PC. CMF.

1. I respectfully wish to submit the following report on the reinforcements picked up on 5 MAR 45 from TORRETTE TRANSIT CAMP.

2. Included in these reinforcements was one group of 14 men officially described as the Fourth Coy. (Quarto Compania) of the depot in ORVIETO. In this group were contained:

(a). 5 men who are recognised by the Italian Military Hospital in ROME as fit only for sedentary duties. These men are absolutely useless to the Coy.

(b). 1 (one) man suffering from Syphilis who it seems impossible under Italian Army Regulations to remove from the Coy. (I consider this man a danger to the remainder of the unit).

(c). Two men who reported sick the day after arrival and were recognised as suffering from certain organic defects. One of these men is a chronic malaria case, who is being sent tomorrow to ANCONA MILITARY HOSPITAL by order of the Italian M.O. Under Italian Army Regulations it will be impossible to get rid of these two men.

(d). Two men suffering from Hernia who are unfit for duty.

(e). Two men suffering from scabies who are a danger to the rest of the Coy.

3. From the appearance and statements of these men at TORRETTE TRANSIT CAMP it became obvious to both OC. 255 Ital. Pnr. Coy and Coy's L.O. that this particular lot of men was absolutely useless. An attempt was made to accept only men who were reasonably fit for duty but in face of the hostile attitude shown by the draft conducting officers (Italian) and the L.O. of 259 Ital. Pnr. Coy (under whose supervision the Transit Camp is run) this was not persisted in. 2 of 2

4. In view of these facts permission is requested please to return the [illegible] to the Transit Camp at TORRETTE to avoid this Coy being

described as the Fourth Coy. (Quarto Compania) of the depot in CRVIETO. In this group were contained:

(a). 5 men who are recognised by the Italian Military Hospital in ROME as fit only for sedentary duties. These men are absolutely useless to the Coy.

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4. In view of these facts permission is requested please to return the entire Fourth Coy to the Transit Camp at TORRETTE to avoid this Coy being encumbered with men entirely unfit for duties.

(sgd). W.E. MOSS.
Capt.
LO. 255 Ital. Pnr. Coy.

COPY/HRM.

1984

ABK:sl 5 28 11

RESTRICTED

ALLIED FORCE HEADQUARTERS
APO 512

LAND FORCES s/c

AG 385/119 -O

4 March 1945

A/T.

SUBJECT: Hospital Markings of German Civilian Hospitals

TO: All Concerned

1. Information has been received that German civilian hospitals will be marked with a RED SQUARE on a WHITE CIRCLE, for protection against attacks by land and air.

2. All troops under your command will be instructed to accord the same protection to this distinctive sign as is accorded to the Red Cross emblem.

BY COMMAND OF FIELD MARSHAL ALEXANDER:

C. V. CHRISTENBERRY
Colonel, AGD
Adjutant General

DISTRIBUTION:

"B"

Staff Capt.

"A" Do you wish to inform M. of W. WAAF 12/3

"MED" 5301 WAAF 12/3

RESTRICTED

Lec Folio 330

328

A/7

Subject: Ambulance Car Sections (Italian vehicles)

Land Forces Sub Comm.
A.C. (MMIA)
ROME
M/3A/765
25 Feb 45

Ministry of War,
Direzione Generale di Sanita Militare

1. Several requests for assignment of ambulance cars to individual units have recently been received from S.M.R.E. Such applications are unnecessary and below is given an outline of the proposed organisation and operation of Ambulance Car units.

2. It is estimated that about 100 Italian ambulance cars are or can be put into roadworthy condition. All ambulance vehicles will be organised into Ambulance Car Sections and, for the present allocated to Territorial Commands as follows:-

Terr. H.Q.	Ambulance Car Section Number	W.E. STRENGTH					
		Personnel		Vehicles			
		Offrs.	O.Rs.	M/C	Amb Cars	Light Trucks	
Florence	1182	1	30	2	20	1	5539
Rome	61	1	30	2	20	1	
Bari	84	1	30	2	20	1	
Naples	85	1	30	2	20	1	
Sardinia	36	1	12	1	8	-	5500
Sicily	37	1	17	1	12	1	

3. Ambulance Car Sections are S.M.R.E. troops temporarily allotted to Territorial Commands. Operationally they are under command of the Territorial Medical Directorate. For administration, maintenance and repair these units are under

below is given an outline of the proposed organisation and operation of Ambulance Car units.

2. It is estimated that about 100 Italian ambulance cars are or can be put into roadworthy condition. All ambulance vehicles will be organised into Ambulance Car Sections and, for the present allocated to Territorial Commands as follows:-

Terr. H.Q.	Ambulance Car Section Number	W.E. STRENGTH					
		Personnel		Vehicles			
		Offrs.	O.Rs.	M/C	Amb. Cars	Light Trucks	
Florence	1182	1	30	2	20	1	6[illegible]9
Rome	61	1	30	2	20	1	
Bari	84	1	30	2	20		
Naples	85	1	30	2	20	1	
Sardinia	36	1	12	1	8	-	5500
Sicily	37	1	17	1	12	1	

3. Ambulance Car Sections are S.M.R.E. troops temporarily allotted to Territorial Commands. Operationally they are under command of the Territorial Medical Directorate. For administration, maintenance and repair these units are under command of Territorial Transport Directorate.

4. Territorial Medical Directors are responsible for arranging the allocation of ambulance cars in a manner best suited to cover all medical committments in their area except the Combat Groups who are equipped with their own medical transport. Where a medical unit moves from one Territorial Command to another, ambulance cars will not accompany it but will return to their parent unit. Except in an emergency, 10% vehicles should remain unallotted to permit maintenance and repairs being carried out.

5. Under orders from Ministry of War Territorial H.Q. Florence will for the present maintain a detachment of 1182 Ambulance Car Section in Ancona.

6. As vehicles are repaired or received from Sardinia priority will be given to bring 1182 and 61 Ambulance Car Section up to W.E. strength in vehicles.

7. Please inform Territorial Medical Directorates of these arrangements.

W. G. Higgie
Major,
D.A.D.M.S.
Land Forces Sub Comm. AC.(MMIA)

/RBG

Copy to: 'G', A/Q, S/T, REME.
MMIA L.Os. concerned - for info

AND FORCES (326)

SUBJECT:- Hygiene - Italian Troops.

ALLIED FORCE HEADQUARTERS

CR/354/1/G-1(BR)

15 Feb 45.

Land Forces Sub Commission (AC).

325/1 17 1/2

Reference your AQ/7 dated 12 Feb 45, and further to our CR/354/1/G1(BR) dated 28 Jan 45. 321

The attached report, reference 1D/417C/M, dated 19 Dec 44 on the FRIULI Group, from HQ No. 1 District is forwarded for action by you in accordance with para 2 of your above quoted letter.

R S Wardlaw Major

Major-General, DAG.
G-1(BR).

5839

FIELD HEADQUARTERS
17 FEB 1945
A. G.

Sec Folio 332

SUBJECT:- FRIULI GROUP

HQ NO 1 District
Tel: Ext 46
1D/417C/M
19 Dec 44

14C

DA & QMG
NO. 1 District

Copy to:- 50 BLU
DMS 15 ARMY GP
ADMS 55 AREA
G 1 District MMIA LO 1 District

Reference this HQ 1D/417C/M of 14 Dec 44. The FRIULI GROUP was visited and inspected by ADH No 1 DISTRICT on 15 - 18 DEC. The following report is submitted:

Units visited were:
HQ 87 Inf Regt 1,2,3 Bns of 87 Inf Regt, including all Coys of each Bn.
HQ 88 Inf Regt. 1 Coy of Engr Bn. 1,2 & 3 Bns of 288 Regt.
82 and 96-0 Field Hospitals. 26 Medical Section.
RHQ 35 Arty Regt and 5 Group of 35 Arty Regt.

ACCOMMODATION

The great majority of troops have been billeted in the small farm houses and out-buildings which are typical of the CHIANTI country. The buildings are scattered throughout the hills and the policy has been adopted of basing troops on a company strength in these small buildings. The result is gross overcrowding. Men are crammed into small badly lit and unventilated rooms, hay lofts, steadings, olive presses and wine cellars and no attention has been paid to any standard of spacing. It is doubtful whether even in the Italian Army such conditions of overcrowding would be allowed. It is estimated that on British Military standards, over-crowding to an extent of 80% is occuring.

The danger from droplet spread diseases is great and should a case of droplet infection occur, there is little doubt that spread would be rapid and almost uncontrollable under existing conditions.

COOKING

Cooking is done on a coy basis. No attempts have been made to provide reasonable cookhouses all cooking being done over crudely constructed trench fires. As the rations issued are such that elaborate preparation is unnecessary (all foodstuffs being boiled or fried, no baking or roasting carried out) this does not materially matter; the lack of cleanliness of the surroundings however, is appalling. Heaps of refuse, empty tins, horse manure and straw etc., are in evidence and no attempt at clearance appears to have been made. There are no washing up facilities, cooking utensils are swilled out and the dirty water thrown anywhere, usually on to the cookhouse floor.

RATION STORES were filthy and usually consisted of a room in which at least 2 or 3 men slept. Containers for rations were in most cases suitable

10.78

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RATION STORES were filthy and usually consisted of a room in which at least 2 or 3 men slept. Containers for rations were in most cases suitable.

DINING ROOMS are not provided, food is consumed in the sleeping quarters. No arrangements for washing mess utensils, as laid down in GRO 336/44 exist.

RATION SCALES The adequacy of the ration scale was carefully investigated. Although several men complained that the amount received was inadequate, the majority appeared satisfied. There was no evidence of malnutrition or loss of weight. The chief complaint was lack of salt. A previous scale of 50 gms had been issued, this is now reduced to about 16 gms and the lack of salt is felt acutely. The rations at present being issued do not contain an adequate vitamin content. Vit C tablets are to be issued shortly on alternative days to all operational troops and so the danger of avitaminosis will be obviated.

WATER SUPPLIES Although most units had water carts, these were not being used for their proper purpose, except when no local well or stream was nearby. Sterilisation of Unit supplies is not being carried out in accordance with AAI RO 278/44 and any available well or stream is used indiscriminately. Water carts inspected showed evidence of neglect and misuse, pumps siezed up and filters damaged or absent. It was stated that as Horrocks Boxes were not available, sterilisation could not be carried out. A method of sterilisation in which the use of the Horrocks Box is unnecessary was explained. This method should have been known to the Divisional personnel who attended a course at CMTC School of Hygiene.

ABLUTION and BATHING ARRANGEMENTS No arrangements have been made for personal ablutions, men wash themselves as and how they can in the nearest stream or fountain. In spite of repeated advice from 50 BLU, no arrangements had been made on a unit basis to provide showers, except in one Coy and 82 Fd Hosp, where improvised showers had been installed. A M.B.U. of 6 roses has been supplied by 55 AREA, and were in the process of cleaning up 87 Inf Regt on 17 DEC. Two Bath Units are held by the Hygiene Sec of 26 Med Sec, each said to be capable of bathing 60 - 70 men per hour. These have not yet been used. Laundry is carried out by the local civilian populace, soap being supplied by the troops.

LATRINE and URINAL ACCOMMODATION and REFUSE DISPOSAL No urinals or refuse disposal arrangements were apparent in most units. Some attempts were made to bury kitchen refuse, but it was obvious that such burial had been carried out 2 - 3 minutes before the inspecting Officer arrived on the scene. Latrines consisted of open pits 2 - 3 feet deep, the sides and surrounding ground being grossly fouled. Only one Coy and 26 Med Sec had attempted to provide properly covered latrines. These were in as bad a state of neglect as the remainder. No drying rooms or tents have been improvised, and men simply hang their wet clothes in their billets whenever possible.

CLOTHING and EQUIPMENT have been issued according to scale. Two pairs of boots and three pairs of socks were said to have been issued, but few men could produce more than two pairs of socks and 1 pair of boots, the remainder were stated to have been at the laundry or were being repaired. No housewives have been issued and repairs of socks cannot be carried out except by the good graces of the local populace. Two blankets have been issued, one thin Italian and one W.D. Many men have acquired a third. Italian ground sheets of the camouflaged water proof cape variety have been issued.

LIGHTING Very few billets had electric lighting. Hurricane lamps have been issued to companies and were seen in company stores, few of these had been issued to the men's billets on the pretext that the issue of paraffin was insufficient. Some of the billets were so dark and badly lit that even during the day it was impossible to see without the aid of artificial light.

WELFARE ARRANGEMENTS were non-existent except in Bn HQ where a room was being set aside ostensibly for the whole Bn. It will be of little use to the outlying coys however who are in some cases many miles removed. No playing cards, games, books or papers have been supplied. One small draught board was produced from behind a sack in a ration store, and proudly displayed as a Company's Welfare facilities.

HYGIENE and ANTI MALARIAL GROUP of 26 MEDICAL SECTION

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HYGIENE and ANTI MALARIAL GROUP of 26 MEDICAL SECTION

This Unit, when inspected, showed little difference from other units, in the standards of Military Hygiene. The Officers and ORs have been trained at the CMTC School of Hygiene, but no inspections of Units or Hygiene demonstrations had been carried out. No advice to the Divisional Commander on matters of preventive medicine had been given and most of the G 1098 equipment was still crated and unused. Whether this is due to ignorance of the functions of a Hygiene Section or inertia on the part of the Unit Commander is not known. 2 Bicycles and a No 3 Disinfestor have not yet been supplied.

When questioned on the theory and practice of powder disinfestation, little knowledge was displayed, although a drawing of the CMTC Dust Gun was produced. No dust guns are held and no provision for equipping this Unit from District resources has been made.

GENERAL

While it is realised that Italian Military standards differ from those of British Authorities, it must be recorded that the conditions found in the FRIULI GROUP were so bad as to be almost unbelievable. There appeared to be a complete lack of initiative and interest in all the Italian Officers encountered, from Regimental Commanders, down to the Company Commanders. The health, comfort , and Welfare of the Troops seem to be of no importance. There is a complete inability to improvise, and to get things done in the face of minor difficulties appears/

/ appears to be impossible. This applies also to the Medical personnel and units in the GROUP. The Medical Representative on Div HQ who accompanied the ADH had no knowledge of where the Units were, and had obviously never previously visited them. Cases were found in both Field Hospitals who were seriously ill, and had been for several days, yet no attempts had been made to evacuate them. Although it is known that conditions likely to cause trench foot may be met shortly, no attempt has been made to obtain an Italian Preparation which is used to prevent that condition. The lack of knowledge of the principles of field hygiene in this Formation is abysmal, and as far as could be ascertained the wish to learn and practise was entirely lacking. It is considered that if present conditions are allowed to continue, and this Formation takes over a front line operational role under existing winter conditions, with its present apathy, and state of training with regard to elementary hygiene principles, the division will lose an altogether unreasonably high proportion of its effective strength through outbreaks of preventable disease.

In order to obviate this it is recommended that the following be carried out with as little delay as possible:

(1) The Medical Representative on DIV HQ, Capt ANGELO should be replaced by a Medical Officer who has the energy, knowledge, and personality to " put over" hygiene, with all Medical Officers, Combattant Officers, NCOs and men. This applies particularly to Bn Commanders and Unit Medical Officers. This is no easy matter in any Formation; in the FRIULI GROUP a man of exceptional drive and ability is required.

(2) A British Hygiene Officer should be temporarily attached to 50 BLU to supervise the organisation and training of the hygiene of this Division.

(3) The Hygiene and Anti-malarial group must start intensive one or two-day Hygiene Courses for combattant Officers immediately. Models of improvised Hygiene Field appliances should be made for courses and taken round the Units and demonstrated on the spot. Members of the Hygiene Group should be detached to Regiments and Bns for supervision and advice on unit hygiene matters.

(4) An organized Divisional Bath Centre should be formed with the two mobile bath sets held by the Hygiene Group. 3896

(5) The gross overcrowding should be relieved. Extra accommodation should be obtained for 50%. If this is impossible impracticable tentage should be used. This would also serve as a good hardening up process for front line conditions.

(6) The provision of improvised drying rooms should be stressed and insisted upon.

(7) Needles and wool should be provided for repair of socks.

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(6) The provision of improvised drying rooms should be stressed and insisted upon.

(7) Needles and wool should be provided for repair of socks.

(8) A reasonable standard of cleanliness in unit lines, and around the cookhouse should be maintained.

(9) Latrines should be constructed, used and maintained properly. Non-compliance with this and the foulling of the surrounding areas should be dealt with by severe disciplinary action.

(10) RATIONS An increase in the salt ration should be made. It is recommended that the issue of salt be increased to 1 ounce per man per day. It is felt that at present the ration is adequate in quantity and quality; but if these troops are to be subjected to severe winter conditions and carry out an active operational role, the calory value of 3290 is considered to be inadequate. To enable a man to carry out severe exercise and remain fit, under the conditions of extreme cold and wetness which is at present being experienced by forward troops, it is considered that an increase of at least 300 calories should be made. This could be done by increasing the issue of olive oil by 1 ounce and macaroni by ½ ounce. It is recommended that if these troops are eventually employed in an operational role under winter conditions, that this increase in their ration scale be made.

(11) Dust Guns 25 Dust Guns for powder disinfestation should be obtained for the Hygiene and Anti-malarial Group of 26 Medical Section.

(Signed) E LEE RITCHIE LtCol
for Brigadier
DDMS.

(3257/1

Subject: Hygiene - Italian Tps.

Land Forces Sub Comm. A.C.
(M. M. I. A.) R O M E
AG/7

12 Feb 1945

To: A.F.H.Q.

321

Reference CR/354/1/G-1 (Br) of 28 Jan 45.

1. The urgent necessity of improving the hygiene discipline is continually impressed on the Italian Ministry of War by MMIA and on Italian Units and Formations by the Allied Comds under whom the Italian Units operate.

2. In order that concrete cases can be put before the Minister and thus add more weight to the campaign, it is requested that such reports as you mention may be forwarded to MMIA for definite and concrete action.

3. Improvement will only be made through disciplinary action against the Comd Officers concerned either by the Allied Comd direct with the Italian Div Comd or if necessary by MMIA with the Minister.

F.J.N/le

F. J. NOAKES, Col.,
for Major General,
M. M. I. A.

5895

Copy to:
Medical, MMIA

Sec. folio 326
332

(325)

AQ/7

HQ ROME AREA ALLIED COMMAND
APO No 794 US ARMY.

Ref: 48A65.

5 Feb 45.

SUBJECT:- Formation of New Units - Italian Army.

BLU, RTC, ICF.

323

Reference MMIA's AQ/7 dated 2 Feb 45, addressed to this HQ, copy to you.

Will you please take necessary action on this HQ's 48A66 dated 28 Jan 45.

A.L.LOUDEN,
Major,
for Brigadier,
Commander British Troops, ROME.

BVW/gg.

Copies to:

Land Forces Sub-Commission AC (MMIA);
ADOS RAAC (copy MMIA letter attached).

5894

324

MEDA 031755A

AFHQ

E 457 RESTRICTED

FOR G4 BRIT (.) REF YOUR CR/1546/G4 (SD) OF 17 JAN (.) FIRST (.) BASE (NON MEDICAL) OFFICER REQUIRED PRIMARILY FOR SUPERVISION OF CAMP HYGIENE (.) SECOND (.) CONSIDER APPOINTMENT NECESSARY DURING EARLY STAGES (.) THIRD (.) CONSIDER COULD BE MORE DISPENSED WITH WHEN PROPER HYGIENE FACILITIES INSTALLED AND HYGIENE DISCIPLINE INSTILLED

IMPORTANT 5893

G (SD/51)

A/4

323

Subject: Formation of New Units - Italian Army

Land Forces Sub Comm.
A.C. (MMIA)
RMB
AO/7
2 Feb 43

Commanding General,
Rome Area Allied Command (2 copies)

Reference your 43 A 66 of 28 Jan 45 to Medical Section, MMIA.

1. 83 Italian Field Hospital is located at Cesano, the Reinforcement and Training Centre, Italian Combat Force. (R.T.C., I.C.F.)
A British Liaison Unit (B.L.U.) is attached.

2. Supervision, equipping and submission of progress reports are a matter of local administration between RAAC and BLU, RTC ICF.

3. For information, the unit is already in existence, present strength being 5 officers, 60 other ranks. Present capacity 50 beds. Proposed expansion up to 200 beds. Present site is too small and another site will be available on or about 9th Feb. 45.

4. Medical Supplies
Both expendible and non-expendible medical supplies are from Italian resources at the Medical Depot, Rome.

5. G. 1098 Equipment from British sources is authorised in Special Equipment List No. 186. It is nevertheless intended that as much as possible of this type of equipment (e.g. beds, blankets, sheets, mattresses) will be from existing Italian resources and the Italian Ministry of War has been instructed accordingly. DMOS, BLU, RTC ICF will indent for any equipment which is not available from Italian resources. 5892

6. Transport will be required from British sources.

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F.J. HOARE, Col.
DA & QMG for Major General,
M.M.I.A.

FJH/RBE

Copy to: MAC - RTC, ICF.

Internal - 'G'
Spec. Sect.
Q(AE)
Med.

See folio 325

file

(322

Subject: Hospital Diet Items

Land Forces Sub Comm.
A.C. (MMIA)
ROME
AC/7
30 Jan 45

Air Force Sub Commission, AC. (2)

Reference your AFSC/R/601/SQ of 26 Jan 45.

1. Authority is given for the following Italian Air Force Medical units to draw special hospital diet items.

(a)	Medical Centre Cagliari	Beds Equipped	100
(b)	Medical Centre Terlizzi (Bari)	" "	96

2. Scale of supply for one month per 100 beds occupied (Calculated on the daily average for previous month).

MILK	143 lbs
RICE	270 lbs
SEMOLINA	70 lbs
MARGARINE	255 lbs
MEAT EXTRACT	12 lbs

5891

3. Ministry of War, Direzione Sanita and Direzione Commissariato will instruct the appropriate military authorities at Cagliari and Bari to issue to these units their proportionate share of allotments made to the areas concerned.

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for F. J. Nanuk COS
Major General,
Land Forces Sub Comm. AC.(MMIA)

/RBG

Copies to: Ministry of War (2)
Q Maint.
ST
Med.

Land 321
9117

SUBJECT: Hygiene - Italian Troops.

ALLIED FORCE HEADQUARTERS

CR/354/1/G.1(Br)

19 Jan 45

AG/7

Not Medical
A/G

Land Forces Sub-Commission, AC.

1. The following extract from the Monthly Hygiene Report of 19 Fd Hygiene Section for December 1944 has been received at this Headquarters :

" Grave concern is felt at the insanitary state of the increasing number of Italian Units in the Army Area. Their lack of equipment can sometimes be remedied, their lack of sanitary discipline is a more serious matter, in that, where they show themselves indifferent, or even hostile, powers of compulsion are inadequate. The Italian officer attaches little importance to cleanliness and none to sanitation. There is, therefore, no disciplinary backing to recommendations for improvement.

Of four Italian Units inspected this month, the sanitary state of all was bad, without one redeeming feature.

It is felt that stronger pressure be brought to bear on the Italian Higher Command, otherwise, their troops will constitute an increasing source of danger to the health of our troops. "

58930

2. It is realised that individual hygiene standards are not normally of a high order in the Italian Army, but if excessive sickness rates are to be avoided a considerable improvement in existing standards must take place at once.

3. The British Medical authorities are prepared to give the maximum assistance in this matter. Frequent inspections of Combat Groups have been made by Hygiene Officers, and NCOs from Field Sanitary Sections have been attached in order to conduct courses of instruction and give advice in hygiene matters.. These measures can achieve very little however, without the full co-operation of the Italian personnel themselves.

4. Will you please take this matter up with the Italian War Ministry

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4. Will you please take this matter up with the Italian War Ministry and ensure that adequate steps are taken to improve hygiene discipline among Officers and Other Ranks.

for Major General,
D.A.G.
G.1(Br).

COPY TO: HQ 15 Army Group (Your 3074/9/A(0) of 9 Jan 45 refers)
G-3 (Org) Foreign
Surgeon DMS (Your M.6234 of 22 Jan 45 refers)

Lee folio 326/19 326/329/1
332

31 JAN 1944

0 0 320

AG 7
1/2

HEADQUARTERS
PENINSULAR BASE SECTION
A.P.O. 782

AG 601 EMED January 28, 1945

SUBJECT: Hospital Accomodation, Italian Army.

TO : Land Forces Sub Comm., A.C. (MMIA) Rome.

1. Reference to attached letter of 23 January 1945, from Land Forces Sub Comm., A.C. (MMIA)

2. A building at the Seminario Arcivescovile di S. Caterina, Piazza S. Caterina, Pisa, was recommended to you as a site for an Italian Military Hospital, (Category ITI-ITI).

3. This building cannot be requisitioned by PBS authorities for other than PBS troops or US-ITI troops controlled by PBS.

4. Suggest that this hospital site be requisitioned by the Italian Army.

For the Commanding Officer:

O. M. HADSELL
Captain, AGD
Asst Adj Gen

1 Incl:
Ltr Land Forces Sub Comm,
A.C. (MMIA) Rome, dtd 23
Jan 45

5889

Refused Informed War. Ministry D.G. di San. Mil, with copy to Surgeon P.B.S. Word 4/2/45.

HEADQUARTERS
PENINSULAR BASE SECTION
A.P.O. 782

AG 602 IPMED

January 28, 1945

SUBJECT: Hospital Accomodation, Italian Army.

TO : Land Forces Sub Comm., A.C. (MMIA) Rome.

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For the Commanding Officer:

O. M. MADSEN
Captain, AGD
Asst Adj Gen

1 Incl:
Ltr Land Forces Sub Comm,
A.C. (MMIA) Rome, dtd 23
Jan 45

5888

Subject: Hospital Accommodation - Italian Army

Land Forces Sub Comm.
A.C. (MMLA)
ROME
AG/7
23 Jan 45

G.O.C.
P.B.S., APO 782.

1. Reference attached memo of 20 Jan 45 from the Surgeon's office, P.B.S., to H.Q., M.M.I.A.

2. The offer of the building at the Seminario Arcivescovile di S. Caterina, Piazza S. Caterina, Pisa, as a site for an Italian Military Hospital (400 beds - Category ITI-III) is accepted on behalf of the Italian Army Medical Services.

3. Request this site be requisitioned for this purpose.

CLAYTON P. KERR,
for Major General,
M.M.I.A.

/RIG

Copy to: MMLA L.O. 5th Army
MMLA L.O. 5th Army (Br Incr)

5887

Encl #1

HEADQUARTERS PENINSULAR BASE SECTION
OFFICE OF THE SURGEON
APO 782

January 20, 1945.

SUBJECT: Possible site for Hospital (Italian)

TO : Land Forces Sub Commission (AMIA) Rome.
ATTENTION: L.C. Heggie, Major, DAMS

1. A possible site for the hospitalization of Italian Military personnel has been found at the Seminario Arcivescovile di S. Caterina, Piazza S. Caterina, Pisa.

2. It is now occupied by the Municipio of Pisa, but will be available for occupancy by the end of this month.

3. With some small changes, we believe that this building can house 400 patients.

4. Recommend that this building be taken over by the Italian Military Authorities for a hospital site.

For the Surgeon:

HAROLD N. CLEMENTS
Major, MAC
Executive Officer

5886

Doc #12.

COPY

319

Subject: Hospital Accommodation - Italian Army

Land Forces Sub Comm.
A.C. (MMIA)
ROME
AQ/7

23 Jan 45

G.O.C.
P.B.S., APO 782

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(sgd)
CLAYTON P. KERR,
for Major General,
M.M.I.A.

/RBG

Copy to: MMIA L.O. 5th Army
MMIA L.O. 5th Army (Br Incr)

5885

318

Subject:- Absorption of Hospitals into Italian Army Medical Services.

Land Forces Sub Comm. A.C.
(M.M.I.A.)
R O M E
AQ/7

26 Jan 45.

H.Q. 15 Army Group.
C.M.F.

Ref conversation Capts Stoney - Archer.

2592-1 pocket

Herewith copy of this H.Q. letter AQ/7 dated 6 Oct/44 which should be amended in accordance with AQ/7 of 16 Jan/45, which has already been received by you.

316

S.P. Archer Capt

S.P. ARCHER, Capt.
for Major General,
M.M.I.A.

5884

SPA/ab

316

AG/7 313

TRANSLATION

FROM Ministry of War — Ref 1/189/San

TO MMIA — Date 16 Jan 1945

SUBJECT: Reinformcements - Medical Service

Ref letter SD/12 of the 15 Jan 45 of MMIA

1. The instructions concerning the reduction of the number of patients in military medical establishments, issued by MMIA with letter AQ/2 of the 13 June 1944, and completed by verbal clarifications by Col KERR during the conference of the 28 June, were fully carried out by this GHQ, as per our circ. 1/2383 of the 9 July, which was forwarded to MMIA for info.

2. In July 1944, having transferred the seat of the Ministry form LECCE to ROME, we asked, on the 31 of that month, the Presidency of the Italian Red Cross and the Sovereign Military Order of Malta to see how fur they could assume the management of the hosptials on civilian rations. This was made necessary because :-

(a) the civilian hospitals in the liberated areas were absolutely insufficient to handle a task of such importance and seriousness, due to the war-destruction of the most important civilian establishments, and while the serious task of medical and hospital assistance to civilian refugees was pressing, just as it is pressing today:-

(b) the M. I.R.C, and the S.M.O.M. are at present not prepared to handle the burden of the management of the hosptials at once, due to the serious lack of personnel and materials.

(c) because, whatever system the Allies intend to use in order to solve this delicate problem, the Italian government cannot afford to lose through channels which cannot be controlled, the mass of the men repatriated from POW camps, from the Balkans and from other territories as and when they are liberated, since the government has a duty to perform in respect of these men from a moral, welfare and pensions point of view, as stipulated by the laws at present in force

3. Many have been the difficulties encountered in order to carry out the numerous negotiations which have led to the agreement of the following program for the collaboration between the M of W and the a/m civilian welfare agencies:-

5503

(a) a project of Decree for the institutions of two "temporary" rolls for managing and welfare personnel to be drawn from voluntary enlistment in the I.R.C. and the S.M.O.M.;

(b) a project of Decree to lower from 40 to 31 years the minimum age for the enlistment of men eligible for military service as welfare personnel in the "normal" roll of the I.C.R. and the S.M.O.M.

(c) a plan for an agreement on the management of the establishment

task of medical and hospital assistance to civilian refugees was pressing, just as it is pressing today:-

(b) the M. I.R.C, and the S.M.O.M. are at present not prepared to handle the burden of the management of the hosptials at once, due to the serious lack of personnel and materials.

(c) because, whatever system the Allies intend to use in order to solve this delicate problem, the Italian government cannot afford to lose through channels which cannot be controlled, the mass of the men repatriated from POW camps, from the Balkans and from other territories as and when they are liberated, since the government has a duty to perform in respect of these men from a moral, welfare and pensions point of view, as stipulated by the laws at present in force

3. Many have been the difficulties encountered in order to carry out the numerous negotiations which have led to the agreement of the following program for the collaboration between the M of W and the a/m civilian welfare agencies:-

5303

(a) a project of Decree for the institutions of two "temporary" rolls for managing and welfare personnel to be drawn from voluntary enlistment in the I.R.C. and the S.M.O.M.;

(b) a project of Decree to lower from 40 to 31 years the minimum age for the enlistment of men eligible for military service as welfare personnel in the "normal" roll of the I.C.R. and the S.M.O.M.

(c) a plan for an agreement on the management of the establishment in question b, the I.R.C. and the S.M.O.M.

4. At the moment the situation is as follows:-

(a) the interministerial committee for economic military negotiations will forward at once to the Min of the Treasury, for definite approval, the a/m plan of agreement, and will request that, pending ratification of the agreements, the regulations therein liad down be at once carried out provisionally, so that the associations can immediately take over the management of the establishments in question.

(b) as soon as the Min of Treasury, who have already been informed that it is an urgent matter, send their consent, this office will issue to all agencies concerned the executive regulations, already prepared, to have the associations begin to take over the management of the establishments.

MMIA has been informed, of all the work accomplished to attain this end, from time to time, through the LO of this GHQ, Med Lt Dr VANZETTI.

From the above information, the following is evident:-

A/copy
Info

SD/2
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Med
C

(1) the essential basis for the transfer is the temporary release of the medical establishments to the IRC and SMOM, with a proportionate number of Army personnel, who would be included in the a/m temporary enlistment rolls;

(2) the program is to be carried out soon, and I would say immediately;

(3) your order as per letter SD/12 of the 15 inst, if applied as directed, would annul all the preparatory work done so far and would greatly disturb and even altogether paralyze the welfare and administrative activity of the hospitals, which would mean that in the end the patients would be abandoned to themselves;

(4) the moral and political consequences would doubtless be very serious.

Already as a consequence of the diet derived from the civilian rationing supplemented with all the improvements which the present situation of the country allow,but still lower than the reconstructive needs of the sick, discontent has set in among the patients which has caused mass protest-demonstrations on their part and unfavorable comments, sometimes exaggerated, from the press.

There are today about 6000 patients on civilian rations, it is to be feardd that a justified discontent of theirs, caused by an arbitrary application of the Allied directives, would have notable repercussions in the country.

In view of all the above, I feel confident that you will take into consideration the work accomplished by this Ministry, and will postpon the application of what was requested for a more suitable date, doing it gradually, in accordance with the situation as explained and with the possibilities of the a/m Associations.

For the issue of orders we await your definite decisions.

/s/ F. CALDAROLA

5882

In view of all the above, I feel confident that you will take into consideration the work accomplished by this Ministry, and will postpon the application of what was requested for a more suitable date, doing it gradually, in accordance with the situation as explained and with the possibilities of the a/m Associations.

For the issue of orders we await your definite decisions.

/s/ F. CALDAROLA

5882

Subject: Absorption of Hospitals into Italian Army Medical Services.

Land Forces Sub Comm. A.C.
(M. M. I. A.) R O M E
AQ/7

/6 Jan 45.

MINISTRY OF WAR

25-9 2nd Packet

Reference this HQ letter AQ/7 of 6 Oct 44.

Please amend para 3 to read, quote: "These units will remain under command Delegation T au l ng as they are in the Army Area. They will thereafter revert to command of Italian GHQ", unquote.

F. J. MOAKES, Col.
for Major General,
M. M. I. A.

FJM/wk

Copies to: AFHQ
HQ 15 Army Group
CG, Fifth Army
HQ AC for Public Health Sub Comm.
MMIA LO Fifth Army (Maj Van Kirk)
MMIA LO Rear Eighth Army
MMIA LO No. 1 District
MMIA "G"
MMIA ST
MMIA MED

5081

See folio 218

(314

AQ/7

RESTRICTED

SUBJECT :- Medical Arrangements - SICILY

Land Forces Sub Comm
A.C. (MMIA) ROME
File No SD/12

1 Jan 45

TO :- MINISTRY OF WAR

1. Authority has been given by AFHQ for protected personnel as per the attached list (10 Officers and 61 ORs) to be released and employed within the ceiling of Italian Army Units in SICILY.

2. The personnel named on the attached list Appx 'A' are at present in SYRACUSE.

3. It will be noted that the list includes 7 Naval Personnel, who should report to the Naval Medical Unit at AUGUSTA.

4. Should there be any personnel surplus to requirements to complete Medical ceiling for SICILY, they will be posted as reinforcements for Units on the Mainland.

DKS

Maj-Gen
M.M.I.A.

5080

Copy to :- AFHQ (ref your CR/3025/G1(Br) of 15 Dec 44)
HQ 3 DISTRICT (2)
NAVAL S.C. A.C. (2)
MMIA LO SICILY (3)
MEDICAL MMIA
AQ/7

RESTRICTED

APPX 'A'
List to
SD/12 dated
7 Jan 45

NOMINAL ROLL

Number	Rank	Name	Christian Name	
ME/47249	Capitano	BONANNO	Alfio	Officers
T/23455	"	AZZOLINA	Gesualdo	
T/21968	Tenente	MARESCA	Giuseppe	
T/214890	"	SAGRAMORA	Pietro	
ME/474211	"	TINE'	Paolo	
ME/474818	"	GAZZANO	Carlo	
T/21446	"	VENTRA	Antonio	
ME/472934	S. Tenente	D'AMORE	Giovanni	
ME/384508	Soldato	ALBERTINI	Lino	
ME/436457	"	ANGELINI	Carlo	
T/70378	"	ANZIVINO	Antonio	
T219411	"	BERTOLONE	Giovanni	
T/21371	"	BIACQUADIO	Pasquale	
T/399512	"	BLASICH	Giuseppe	
T/215840	"	BONISCONTRO	Pietro	
T/220153	"	BRESSAN	Ernesto	
T222496	"	BRIGNOLI	Ettore	
T/216595	"	BRIGNOLI	Giuseppe	
T/219963	"	BUTTARELLI	Elio	
T/220573	"	CAPPUGI	Alfonso	
T/215037	"	CHIAPPA	Francesco	
T/211242	Caporale	CICCHINI	Emilio	
T/220230	Soldato	COSTANTINI	Guerriero	
T/220027	"	D'ANGELO	Duilio	
T/223494	Marinaio	DELL'AVERSANO	Antonio	- Marine
ME/436678	Soldato	DENTI	Rino	
ME/437454	"	DI BONAVENTURA	Orazio	
T/216462	Capor/Magg.	DI CAPRIO	Antonio	
T/70379	Soldato	DI NUCUOLO	Salvatore	
T/222389	"	FARINA	Giovanni	
T/21432	"	FECI	Candido	
ME/474250	"	FLOREANGIC	Natale	
T/219720	"	FLORIS	Giuseppe	
T/21403	"	GASPARRO	Gerardo	
T/220582	"	GENTILI	Luigi	
ME/436680	"	GOZZI	Gino	
ME/474233	"	GUERCI	Giuseppe	

5879

T/215840	"	BONISCONTRO	Pietro	
T/220153	"	BRESSAN	Ernesto	
T/222496	"	BRIGNOLI	Ettore	
T/216595	"	BRIGNOLI	Giuseppe	
T/219963	"	BUTTARELLI	Elio	
T/220573	"	CAPPUGI	Alfonso	
T/215037	"	CHIAPPA	Francesco	
T/211242	Caporale	CICCHINI	Emilio	
T/220230	Soldato	COSTANTINI	Guerriero	
T/220027	"	D'ANGELO	Duilio	
T/223494	Marinaio	DELL'AVERSANO	Antonio	- Marine
ME/436678	Soldato	DENTI	Rino	
ME/437454	"	DI BONAVENTURA	Orazio	
T/216462	Capor/Magg.	DI CAPRIO	Antonio	
T/70379	Soldato	DI NUCUOLO	Salvatore	
T/222389	"	FARINA	Giovanni	
T/21432	"	FECI	Candido	
ME/474250	"	FLOREANGIC	Natale	
T/219720	"	FLORIS	Giuseppe	
T/21403	"	GASPARRO	Gerardo	
T/220582	"	GENTILI	Luigi	
ME/436680	"	GOZZI	Gino	
ME/474233	"	GUERCI	Giuseppe	
ME/474251	"	IELLOVAZ	Carlo	
T/21408	Capor/Magg.	LISE	Gildo	
T/223638	"	LOMBARDI	Antonio	
T/368030	Soldato	MACOLINO	Luciano	
T/215527	Capor/Magg.	MALCHIODI	Ugo	
T/21942	Soldato	MARRONE	Antonio	
T/215517	Capor/Magg.	MATTIUZZI	Franco	
T/219404	Soldato	MELILLI	Elio	
ME/436804	"	MORIGONI	Antonio	
T/220862	Sergente	MORONI	Silvio	
T/223492	Marinaio	MURZI	Bruno	- Marine
T/21982	Soldato	OLIVINI	Giacomo	
ME/474252	"	PACOVICH	Emanuele	
T/21987	"	PAMPALONI	Alfredo	
T/215837	"	PESAVENTO	Andrea	
T/21997	"	PEVERI	Giorgio	
T/220273	"	POLISTRI	Giulio	
ME/437320	"	POSIO	Anselmo	
ME/474254	"	RACCOLINI	Egidio	
T/220878	Capor/Magg.	RIVI	Attilio	
T/221177	Soldato	SALVADORI	Carlo	
T/21417	Marinaio	SANTAMBROGIO	Oreste	- Marine
T/223493	Soldato	SATTI	Rinaldo	
T/70349	"	SARACENO	Rocco	
T/218330	Capor/Magg.	SELMO	Leopoldo	
ME/471037	Soldato	SEMINATI	Angelo	

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Number	Rank	Name	Christian Name		
[illegible]21971	Sergente/Magg.	SGARBI	Gaetano		
[illegible]/474219	Soldato	SOMMARIVA	Giuseppe		
ME/436679	Sergente	TANCREDI	Antonio		
T/217399	Soldato	TECCHIA	Flavio		
T/223464	Marinaio	TERDOSLAVICH	Giuseppe	-	Marine
ME/436674	Caporale	TORELLI	Antonio		
ME/437730	Capor/Magg.	TROVAMAL..	[illegible]mberto		
ME/399564	Soldato	TROVO'	Giuseppe		
T/221371	Marinaio	VELLETRI	Giuseppe	-	Marine
T/223465	2 Capo R.Marina	VENTRE	Giovanni	-	Marine
T/215016	Soldato	ZAMBAITI	Luigi		
T/223462	Serg.R.Marina	ZAPPATA	Settimio	-	Marine
ME/473682	Soldato	ZOLA	Aldo		
T/214206	Ten.Med	D'ARRIGO	Salvatore	}	Officers
ME/474209	Cap.Med	SCONZO	Giulio	}	

0 (313

Subject: Organisation - Italian Army Medical Services

AG/7

SECRET

Land Forces Sub Comm.
A.C. (MIA)
NAME
5/1/72
6 Jan 43

Surgeon D.M.S.
A.F.H.Q. (2 copies)

Reference your M 1082 of 26 Dec 42 to C.1 (B) AFHQ copy to MIA.

1. For information, attached at Appendix 'A' is a summary of the existing organisation of the Italian Army Medical Services.

2. Since the Appendix was typed, the Territorial H.Qs., of Sardinia and Calabria have been abolished and replaced by a District Command. These two Districts now come under the administration of the Territorial H.Qs., of Rome and Naples respectively.

/RHC

Major,
D.A.D.M.S.
Land Forces Sub Comm. AC. (MIA)

Copy to: A/G

5877

ANNEXURE 'A'

SECRET

Organisation - Italian Army Medical Services

A summary of the medical organisation of the Italian Army is given below.

1. The Medical Service is organised in two main groups:-

A. Territorial (Base) medical units under direct control of Ministry of War through the various district commands.

B. Field medical units under control of C.S.M.A.

2. Territorial Medical Units. These consist of:-

(a) Territorial or Base Hospitals. There are at present a total of 15,000 beds equipped which are distributed as follows:-

	Terr. Hs. at	Base Equipment
(i) Rome, Lazio & Umbria	Rome	3000
(ii) Apulia & Lucania	Bari	4900
(iii) Campania	Naples	3900
(iv) Calabria (w.e.f. 1/1/45 incl. in Campania)	Catanzaro	770
(v) Tuscany	Florence	1170
(vi) Sicily	Palermo	670
(vii) Sardinia (w.e.f. 1/1/45 incl. in Abruzzi, Lazio e Umbria)	Cagliari	1090

All these hospitals are completely stable as many fixtures are "built in".

(b) Base Medical Depot Stores. In each of the above areas there is either (or will be) a Depot Medical Store or the pharmacia of the principal hospital is enlarged to act as such. In addition there are Medical Depots which contain mobilization and ordnance equipment of medical units. There is a Central Depot at Turento which receives and distributes medical supplies as U.S. and U.K.

(c) Hygiene Units. Attached to the principal hospital in each district is a Hygiene Section which varies in strength from 1 officer 30 other ranks to 1 officer 8 other ranks according to the size and needs of the area concerned.

(d) Reinforcements. At Rome, Bari, Naples and Florence there are small M.U.s which administer the Nuclei di Riserva (reinforcements). The combined total holding of medical reinforcements is 600.

(e) Other Organisations. Small Tuberculosis (M.U. Rome with 20-30 beds) are established as required. There are a few specialist laboratories and research departments usually attached to the principal hospitals.

5876

(iii)	Campania	Naples	3000
(iv)	Calabria (w.e.f. 1/1/45 incl. in Campania)	Catanzaro	770
(v)	Tuscany	Florence	1470
(vi)	Sicily	Palermo	870
(vii)	Sardinia (w.e.f. 1/1/45 incl. in Abruzzi, Lazio & Umbria)	Cagliari	1090

All these hospitals are completely static as many fixtures are "built in".

(b) Base Medical Depot Stores. In each of the above areas there is either one Base Depot Medical Store or the Pharmacia of the principal hospital is enlarged to act as such. In addition there are Medical Depots which contain mobilisation and ordnance equipment of medical units. There is a Central Depot at Taranto which receives and distributes medical supplies ex U.K. and NAF.

(c) Hygiene Units. Attached to the principal hospital in each district is a Hygiene Section which varies in strength from 1 officer 30 other ranks to 1 officer 85 other ranks according to the size and needs of the area concerned.

(d) Reinforcements. At Rome, Bari, Naples and Florence there are small H.Qs. which administer the Nucleo di Riserva (reinforcements). The combined total holding of medical reinforcements is 600. 5876

(e) Other Organisations. Small Infirmaries (M.I. Rooms with 20-30 beds) are established as required. There are a few specialist laboratories and research departments usually attached to the principal hospitals.

(f) Administration. The General Medical Directorate at Ministry of War administer these formations through a Medical Directorate located in the areas as in sub-para (a) above.

The total permitted ceiling for Territorial Formations is 8000. The actual strength at present is 6,200.

3. Field Formations. These are mostly attached to units serving under British and American formations and the W.E. strength has in some cases been altered to meet existing requirements.

(a) High Italian Combat Force

Unit	W.E. Strength	Remarks
5 Medical Sects. (divisional)	ea 14 Off 237 ORs	
10 Field Hosps. (divisional)	" 6 Off 44 ORs	capacity 70 patients
10 Field Hosps. (non-divisional)	" 7 Off 10 Sisters, 58 ORs	" 200 "
5 Field Surgical Units	" 3 Off 23 ORs	carries small X-ray Set
3 Mobile X-ray Units	" 1 Off 6 ORs	
2 Mobile Dental Units	" 1 Off 3 ORs	unable to make dentures
2 Adv. Depot Medical Stores	" 1 Off 8 ORs	

(b) High NB-ITI Service Units

Unit	W.E. Strength	Remarks
1 Medical Section	" 4 Off 296 ORs	
6 Field Hospitals	" 7 Off 10 Sisters, 58 ORs	AFHQ approval for 10 sisters with Service medical units awaited.

3. (a) With H-QQ Service Units	W.E. Strength		
1 Medical Section	on	14 Off	237 Ors
4 Field Hospitals	"	7 Off	58 Ors
6 Infirmaries (Medical Dispensaries)	"	8 Off	42 Ors
(b) With Italian Units			
3 Medical Sections	"	7 Off	68 Ors
3 Field Hospitals	"	7 Off	58 Ors
1 Field Surgical Unit		3 Off	23 Ors
(c) With AMG 5th Army			
1 Field Hospital		7 Off	58 Ors
Total W.E. Strength		412 Off	160 Nurses 4134 Ors

(d) There are approximately 250 medical officers with battalions and other units. This gives an overall W.E. strength of 5,000 all ranks. Most units with field formations are fairly complete to strength except for Red Cross Nurses.

4. Ambulance Cars and Ambulance Car Sections.

(a) The Ambulance Car Sections are under command of the Italian transport department, but are operationally employed by the Medical Service.

(b) The Italian Combat Force has had to be equipped entirely with British ambulance cars (15 per Division) and one M.A.C. (75 cars) for the auxiliary units.

(c) There are about 125 Italian ambulance cars of which about 90 are now functioning. Of this number 20 are in Sardinia awaiting shipment to the mainland.

5. Hygiene Services. In the Territorial areas this is carried out by the Hygiene Section of the area concerned. Lack of transport facilities make this work difficult. In the Combat Force the Medical Sections include a hygiene and anti-malarial platoon of 2 officers and 22 other ranks. There are no other Field Hygiene Sections in existence. All Field Medical Units have a disinfester on the W.E. strength. 5875

6. Mobile Lab Units. While not strictly medical units, 4 Autologne are being shipped from Sardinia for use of the Combat Force. There are also a number of portable bath materials at present being shipped from Sardinia.

7. Blood Transfusion. The present system of blood transfusion is by the direct method using a Duba apparatus. Donors are obtained from medical personnel in the unit who

(c) There are approximately [illegible] in the area. This gives an overall U.K. strength of 5,000 all ranks. Field formations are fairly complete to strength except for Red Cross Nurses.

4. Ambulance Cars and Ambulance Car Sections.

(a) The Ambulance Car Sections are under command of the Italian transport department, but are operationally employed by the Medical Service.

(b) The Italian Combat Force has had to be equipped entirely with British ambulance cars (18 per Division) and one F.A.C. (75 cars) for the auxiliary units.

(c) There are about 120 Italian ambulance cars of which about 80 are now functioning. Of this number 20 are in Sardinia awaiting shipment to the mainland.

5. Hygiene Sections. In the Territorial areas this is carried out by the Hygiene Section of the area concerned. Lack of transport facilities make this work difficult. In the Combat Force the Medical Sections include a hygiene and anti-malarial platoon of 3 officers and 22 other ranks. There are no other Field Hygiene Sections in existence. All Field Medical Units have a disinfector on the U.K. strength.

5875

6. Mobile Bath Units. While not strictly medical units, 4 autobaths are being shipped from Sardinia for use of the Combat Force. There are also a number of portable bath materials at present being shipped from Sardinia.

7. Blood Transfusion. The present system of blood transfusion is by the direct method using a Jubo apparatus. Donors are obtained from medical personnel in the unit who have been previously blood-grouped. All Field Medical Units carry this apparatus. Plasma and serum are non-existent in the Italian Army.

8. Dental Services. The Dental Service in the Italian Army is not well organised and Ministry of War have informed MMIA that it could not possibly contemplate the provision of dentures on such scale as exists in the Allied Armies. The main reason for this statement is the expense incurred.

Mobile Dental Units carry out extractions, fillings etc., but do not provide dentures. Dentures are provided at the Territorial hospitals on an extremely limited scale.

9. Total Strength. (excluding M.A.C. and Bath Units)

Total U.K. strength is 13,000 (approx.)

Actual strength is 11,000 (approx.)

(312

Subject: Medical Supplies - Italian Armed Forces

AG/7

Land Forces Sub Comm.
A.C. (MAI)
ROME
M/4/31
6 Jan 45

Director,
Public Health Sub Comm. A.C.

1. Prior to the Armistice on 6 Sept. 1943, it was the custom for representatives of the Medical Directorates of the Italian Army and Navy to purchase medical supplies from civil firms. This was additional to the supplies manufactured from raw products in purely military institutions (e.g. the Pharmaceutical Institute of Florence).

Since 6th Sept. 43., Ministry of War have occasionally made purchases from civil firms of items which were still available from local resources.

2. (a) Sometime prior to 15 Dec 44., the Medical Directorate of the Italian Military Command of Apulia and Lucania endeavoured to purchase 1000 Plaster of Paris bandages from the civil firm ANGELINI, Francesco at Bari. It was stated that these supplies were frozen by the local authorities.

(b) Sometime prior to 21 Dec 44., the Ministry of Navy endeavoured to purchase the following items of medical supplies from the civil firm of ANGELINI, Francesco at Ancona:-

Althea root	Kg	16	Poligala root	Kg	20
Ammon chloride	"	5	Ung. zinc oxide	"	100
Bismuth subnitrate	"	5	Vaseline white	"	200
Bismuth tribromo-phenate	"	5	Zinc oxide	"	25
Caffeine	"	1	Tabs. pyramidon	No	20,000
Codeine hydrochloride	"	5	Camphor in oil	fials	10,000
Guaicol carbonate	"	5			

Ministry of Navy were informed that these items were frozen by order of Allied authorities. 5874

These two cases are cited as examples for which it is felt some policy or directive is required.

from civil firms of items which were still available from local resources.

2. (a) Sometime prior to 15 Dec 44., the Medical Directorate of the Italian Military Command of Apulia and Lucania endeavoured to purchase 1000 Plaster of Paris bandages from the civil firm ARGENTI, Francesco at Bari. It was stated that these supplies were frozen by the local authorities.

(b) Sometime prior to 21 Dec 44., the Ministry of Navy endeavoured to purchase the following items of medical supplies from the civil firm of ANGELINI, Francesco at Ancona:-

Althea root	Kgs	15	Poligala root	Kg	20
Ammon chloride	"	5	Ung. zinc oxide	"	100
Bismuth subnitrate	"	5	Vaseline white	"	200
Bismuth tribromo-phenate	"	5	Zinc oxide	"	25
Caffeine	"	1	Tabs. pyramidon	No	20,000
Codeine hydrochloride	"	5	Camphor in oil	fials	10,000
Guaicol carbonate	"	5			

Ministry of Navy were informed that these items were frozen by order of the Allied authorities. 5874

These two cases are cited as examples for which it is felt some policy or directive is required.

3. It is considered that the Italian Armed Forces should be allowed to continue to purchase in the civil market,

(a) items which are still in fairly abundant supply to meet the needs of both civil and military populations,

(b) items which are manufactured locally in sufficient quantity to meet all needs, e.g. alcohol derivatives, olive oil, T.A.B. Fe. vaccine, calf lymph etc.

4. Can you furnish this office with a list of items available for purchase by the Armed Forces? No doubt this list will be revised periodically with the recovery of the drug industry in Italy.

W.A. Heggie
Major,
D.A.D.M.S.
Land Forces Sub Comm. AC.(MMIA)

/MSG

Copy to: DMS AFHQ.

Internal - A/Q

AQ 0 311

Subject:- Casualties - British Personnel in Italian Hospitals.

Land Forces Sub Comm. A. C.
(M. M. I. A.)
R O M A
AQ/21/1

3 Jen 45.

MINISTRY OF WAR

- 286 and Enclosed.

1. This H.Q. letters AQ/21 dated 31 March 44 and AQ/7 deted 10 November 44 are now cancelled.

2. You will now please issue orders to all Italian medical and other units that information concerning casualties to Allied personnel who are admitted to Italian hospitals will be submitted in bi-monthly reports through you to this H.Q.

3. The bi-monthly reports will show the position as at the 3rd and 24th of each month.

4. The following information will be given in respect of each casualty.

a) Regimental No, name and initials.
b) Unit.
c) Date of admission.
d) Diagnosis.
e) Date of discharge.
f) If transferred to another hospital - new location.
g) In the case of death-place of burial and Allied Authority to whom personal effects have been despatched.

5. Cases graded as seriously or dangerously ill, or resulting in death will be reported by signal to the nearest Allied Command.

6. The above will be considered as a matter of utmost importance.

5033

CLAYTON P. KERR, Col.
for Major General,
M.M.I.A.

Copy to:- GHQ 2nd Echelon CMF
(ref. your G2E/35005/CAS dated
24 Dec.)
- DADMS - MMJA

EPB/ab

30

Subject: Pharmaceutical & Chemical Institute - Florence

Land Forces Sub Comm.
A.C. (MMIA)
Instr
A/7
2 Jan 45

MINISTRY OF WAR

Reference your G/3162/1729 of 2 Nov. 44., and other correspondence on this subject.

1. The premises of the Pharmaceutical Institute are partly occupied by units of 5th Army. The Institute is situated in an operational zone. Under these circumstances the entire premises cannot be placed at the disposal of the Italian Army Medical Services.

2. A reply is awaited to MMIA letter M/4/2455 of 5 Dec 44., concerning the disposal of raw materials.

Major General,
Land Forces Sub Comm. AC. (MMIA)

/MMG

5872

Copy to: MMIA L.O. 5th Army
MMIA L.O. 5th Army (Br Inor)

Internal - Medical.

1. The premises of the Dermatological Institute are partly occupied by units of 5th Army. The Institute is situated in an operational zone. Under these circumstances the entire premises cannot be placed at the disposal of the Italian Army Medical Services.

2. A reply is awaited to MMIA letter M/4/2455 of 5 Dec 44., concerning the disposal of raw materials.

Major General,
Land Forces Hyd Comm. AC. (MMIA)

/RBG

5872

Copy to: MMIA L.O. 5th Army
MMIA L.O. 5th Army (Br Incr)

Internal - Medical.

Co-ordinated Col Ken - ADMS. (1)

308/1

Subject: Accountancy - medical supplies - Italian Armed Forces

AG/7

Land Forces Sub Comm.
A.C. (MMIA)
RMG
M/13/2597
19 Dec 44

DMS AFHQ

Reference para 11 of MMIA Administrative Instruction No 12 of 12 Oct 44., published to implement the policy as set out in AFHQ letters AG 400/105 D-O dated 22 Sept 44 and AG 400/031 GDS-O dated 6 Oct 44.

1. Accounting procedure for bulk medical supplies issued to the Italian Armed Forces is working normally, (i.e. all stores passing through the Central Depot at Taranto).

2. Reference para 11(h) and Appendix D of the above instruction No Acceptance Notes for emergency Retail issues from British Depots or units have so far been received at this office.

It is felt that many such issues have probably been made and the original Acceptance Note (A.F. I 1209 for British supplies) sent to Financial Advisor as was previously the custom.

It is for your consideration whether any change in this procedure is necessary and original I 1209 s forwarded to HQ MMIA for subsequent presentation to Chief Accountant A.C. as per MMIA instructions which were issued to cover both American and British emergency issues.

5871

W. C. Heggie
Major,
D. A. D. M. S.
Land Forces Sub Comm. AC. (MMIA)

/RMG

Copy (internal) to: DA & QMG
Accountant

307

1800

MMLA 16 A

FIFTH ARMY
AFHQ; MTOUSA; PBS;
FIFTH ARMY FOR BR INCR FOR MMLA LO

AQ 2398 SECRET

304

REF YOUR 9688 (.) SUBJECT SUPPLY AND ADMINISTRATION 525 AND 865 FIELD HOSPITALS (.) FIRST (.) THESE ARE US-ITI INSOFAR AS STAFF PERSONNEL ARE CONCERNED (.) ARE IN US CEILING (.) ARE US RESPONSIBILITY FOR CLOTHING AND RATIONS (.) SECOND (.) MEDICAL SUPPLIES INCLUDING HOSPITAL DIET ITEMS ARE UNITED KINGDOM RESPONSIBILITY SAME AS FOR ALL ITALIAN HOSPITALS REPEAT HOSPITALS (.) ALL MEDICAL SUPPLIES ARE DRAWN THROUGH ITALIAN CHANNELS AND ARE AVAILABLE AT ITALIAN ARMY MEDICAL DEPOT AT HOSPITAL SAN GALLO IN FLORENCE (.) HOSPITAL DIET ITEMS ARE DRAWN FROM NEAREST BRITISH DID (.) MMLA LO WITH BR INCREMENT FIFTH ARMY WILL ARRANGE THIS AS FOR OTHER ITALIAN HOSPITALS IN AREA (.) THIRD (.) ITALIAN ARMY TRANSPORT IN 210 DIVISION IS AVAILABLE FOR TRANSPORTING ALL SUPPLIES USED BY 210 DIVISION AND SHOULD BE DIRECTED TO DO SO

See folio 309

58.0

Copy MFD
ST

Subject: Italian Army Base Medical Installations

305

Land Forces Sub Comm.
A.C. (MMIA)
RCAM
A/Q 7
15 Dec 44

500

Amendments to AQ/7 of 2 Dec 44.

	Beds Equ'p'd	Location	W.E. All Ranks
1. Medical Units - Tuscany			
add Ospedale Militare "Villa Natalie"	108	Florence	60
amend Reinforcement (Nucleo di Riserva)to read:-	-	Florence	140
amend total beds for Tuscany to 1658			
2. Medical Units - Sardinia			
delete entire paragraph and substitute:-			
Sardinia			
Direzione di Sanita	-	Cagliari	15
Osp. Milit. Principale	400	Cagliari	292 +
Osp. Milit. Iglesias	350	Iglesias	120
Osp. Milit. di Sassari	250	Sassari	93
	1000		520

+ Includes staffs of Medical Depots, Hygiene Section and HQ 13 Medical Coy.

5869

F-J. Noakes

F.J. NOAKES, Col.

2. Medical Units - Sardinia

delete entire paragraph and substitute:-

Sardinia

Direzione di Sanita	-	Cagliari	15
Osp. Milit. Principale	400	Cagliari	292 +
Osp. Milit. Iglesias	350	Iglesias	120
Osp. Milit. di Sassari	250	Sassari	93
	1000		520

+ Includes staffs of Medical Depots, Hygiene Section and HQ 13 Medical Coy.

5869

F.J. Noakes.

F.J. NOAKES, Col.
DA & QMG
MMIA

FJN/rbg

Distribution:- Ministry of War
MMIA LO Sardinia
5th Army
5th Army (Br Incr)
Internal G
ST
Med (2)

INCOMING SIGNAL

304

FROM: 5 ARMY DATE TIME: 150901

TO: MMIA (INFO) REF: 9688

SECRET

PART ONE.

SITUATION ON ADMINISTRATION AND SUPPLY OF 525 AND 865 FIELD HOSPITALS IS STILL NOT UNDERSTOOD.

301/1 (5 ARMY TO AFHQ, MTOUSA FOR ACTION TO MMIA, CO, PBS FOR INFO)

AFHQ CABLE FX65266 DATED 081900A STATES UNITS ARE US-ITI WHICH CONFIRMS MMIA SD1881, DATED 5 DECEMBER. ON THIS BASIS 5 ARMY ASKED AUTHORITY TO FURNISH MEDICAL SUPLIES FROM US SOURCES AS UNITS ARE ACTUALLY REGIMENTAL AID STATIONS AND NOT "HOSPITALS" - SEE OUR CABLE 4600 DATED 081038A. MTOUSA REPLY CABLE FX67274 DATED 121017A NOW STATES UNITS ARE ITI-ITI AND SUPPLY IS RESPONSIBILITY OF UK THRU MMIA. IN VIEW OF THE VITAL AND INDISPENSABLE NATURE OF THESE INSTALLATIONS, REQUEST REAFFIRMATION OF STATUS AND RESPONSIBILITY FOR SUPPLY OF MEDICAL ITEMS.

U.T. of other info.

PART TWO.

THE "HOSPITALS" HAVE NO TRANSPORTATION AVAILABLE FOR THE PURPOSE OF PICKING UP MEDICAL STORES FROM MMIA OR ITALIAN ARMY DEPOTS AND SUPPORT BY THE ITALIAN ARMY OR MMIA OF ITI-ITI UNITS IN ARMY AREA HAS NOT BEEN SUFFICIENTLY PROMPT UNLESS 5 ARMY TRANSPORTATION IS USED TO PICK UP SUPPLIES. IF MEDICAL ITEMS ARE TO BE SUPPLIED BY UK THRU MMIA, THEN IT IS FELT FIFTH ARMY MUST ISSUE AS AN OPERATIONAL NECESSITY ALL DEFICIENCIES THAT MMIA CANNOT DELIVER OR PUT WITHIN REASONABLE SUPPORT OF THE "HOSPITALS". THESE INSTALLATIONS MUST BE KEPT FULLY OPERATIONAL OR ITALIAN CASUALITIES WILL HAVE TO BE HANDLED IN US MEDICAL INSTALLATIONS.

See Folio 307

16 Dec. San Gallo

303

Subject:- Italian Army Base Medical Installations.

LIAISON OFFICER
LAND FORCES SUB COMM. A.C.,
(M.M.I.A.)
NAPLES
STN/13a

AQ/7

6 December 1944.

Comando Militare Campania.

Copy to:- Direzione Commiscariato, Campania.
Direzione Sanita, Campania.
Land Forces Sub Comm. A.C., (M.M.I.A.).

1. Transmitted herewith an extract copy of authorized Italian General and other Base Medical formations in HQ, MMIA letter, AQ/7, 2 Dec 44 for your information and guidance.

2. List of installations of Campania only have been reproduced.

300

GEORGE D. SMITH JR,
Major Infantry
Senior Liaison Officer.

KRW/bc

9 Dec

5868

Subject: Medical Supplies for US-ITI

Land Forces
Sub Commission, AC (MMIA)
Rome
AG/7
10 December 1944

To : AFHQ for G-4 (with Incl 1 & 2)

Copy to: CG NTOUSA (with Incl 2)
CG COMZONE NTOUSA (with Incl 2)
PBS (with Incl 2)
PLYMOUTH (with Incl 2)
MMIA LO NAPLES

1. Attached as Incl 1 is a copy of S/T covering medical supplies issued to Italian Command Sit by 93rd Medical Composite Bn, US Army, dated 20 November 1944.

2. Attached as Incl 2 is a statement showing 15 items, value $4869.80, which are among the items issued on Incl 1.

3. Our AG/7 of 10 October 1944, addressed the same as this letter, made available to US-ITI certain medical supplies from Italian depots, and suggested that requisition be submitted by COMZONE NTOUSA. The requisition submitted was [illegible]-2899.

4. It will be noted that all of the 15 items mentioned on Incl 2 were available for issue from Italian sources. Therefore there was no need to issue the items from US stocks on 20 November.

5. The issue of these items from US stocks results in an additional charge against the Italian Government of $4869.80, which is not justified in view of the fact that the items are already available in Italian stocks. Also, issue from US stocks is not justified in US interests in such a case, as Italian stocks should be used whenever available.

6. MMIA will make available to US-ITI all available items from Italian sources on requisition.

CLAYTON F. KERR, Colonel
for Major General
Land Forces
Sub Commission, AC (MMIA)

CFK/lak

Reference the attached Acceptance Note received in respect of medical supplies issued from American Depots to PIR Division.

On this list 15 items are in plentiful supply in Italian Medical Depots.

All 15 items were shown as ~~available~~ 266 from Italian sources on enclosure No. 1 to AG/7 of 19 Oct 44 to AFHQ for G-4, copies to CG Natousa, CG Comzone Natousa, Peninsse and MMIA LO Naples.

The items in question are:-

	TOTAL COST
Acid boric	5.00
Ammon chlor.	.50
Apomorphine hydrochlor	3.75
Emetine hydrochlor.	16.50
Plasmoquin	25.00
Quinine sulph. tabs.	142.50
Caffeine et sodi bens.	1.50
Calcii carb. praecip.	.35
Methylene Blue	5.10
Potass. Chlor.	.84
Potass. permang.	4.55
Zinc. oxide von.	1.71
Bandages all kinds except Plaster of Paris	192.50
Dressings, field, large and small	32.50
Pads, cotton	.50
	432.20

5066

301/1

COPY

MAIA 05 1200 A

5 ARMY

CC MTOUSA? HQ AAI CO PBS

SD 1881

Ref your 4538 of 2 December para 2 (.)

525 and 845 Field Hospitals are repeat
are US-ITI and are under US-ITI ceiling

5865

A9/7 301

Subject: Hospitalisation - Italian armed forces

Land Forces Sub Comm.
A.C. (I.L.)
RO E
/22/2451
5 Dec 44

.....

Further to para 17, Land Forces Sub Commission AC. (I.L.) Administrative Instruction No. 18 of 1 Dec 44 to Ministry of War.

1. All Italian personnel held in the roles of the present Italian Army may, if necessary, remain in hospital for a total period of 60 days from the date when first evacuated from unit lines. Personnel who have been in hospital or convalescent camp for a period of 60 days will either;

(a) be demobilised, discharged from the hospital or convalescent camp and hereafter be issued no Army rations,

or (b) be transferred to civil hospitals, dropped from the strength state of the Army and issued no Army rations until they return to full duty with the Army,

or (c) be returned to full duty with the Army.

2. The only exception to the above rule will be made in the case of seriously ill patients to whom movement is impossible or likely to prejudice their medical condition. In all such cases application for retention in a military hospital will be made on AMGOT form M 22.

3. Specimen copies of AMGOT form M 22 (in English) are attached. Ministry of War will arrange to print and distribute necessary copies (in Italian, to all Italian military hospitals. Two copies in respect of each application will be forwarded to AMGOT. 5864

4. On the last day of each month, all Os.C. military hospitals will render nominal rolls of all patients in hospital over 60 days on that date. Ministry of War will consolidate these returns and forward one copy to DADMS AMGOT. This cancels the "over 60-day" return at present rendered.

5. This instruction cancels all previous orders on this subject.

of the Army and issued no Army rations until they return to full duty with the Army,

or (c) be returned to full duty with the Army.

2. The only exception to the above rule will be made in the case of seriously ill patients to whom movement is impossible or likely to prejudice their medical condition. In all such cases application for retention in a military hospital will be made on MMLA Form M 22.

3. Specimen copies of MMLA Form M 22 (in English) are attached. Ministry of War will arrange to print and distribute necessary copies (in Italian) to all Italian military hospitals. Two copies in respect of each application will be forwarded to MMLA.

5864

4. On the last day of each month, all Os.C. military hospitals will render nominal rolls of all patients in hospital over 60 days on that date. Ministry of War will consolidate these returns and forward one copy to DADMS MMLA. This cancels the "over 30-day" return at present rendered.

5. This instruction cancels all previous orders on this subject.

H.L.C. Heggie

Major,
D.A.D.L.S.
Land Forces Sub Comm. AC. (MMLA)

/RBC

Distribution: Ministry of War, Direzione Gen. di Sanita Mil.
All MMLA L. Cs.
G
A/G
S/T

A.M.F. Form H 22

APPLICATION TO REMAIN IN AN ALLIED MILITARY HOSPITAL OVER 60 DAYS

(to be used only in the case of seriously ill patients)

PART I. Name ..... Personal Number .....

Age ..... Unit .....

Residence .....

Date Evacuated to hospital .....

Estimated future period required in hospital ..... days.

Diagnosis	For AMF use only
Reason for retention over 60 days	For MFA use only

I recommend approval of this application.

Date .....

..... Officer Commanding 5863

..... Military Hospital

PART II. I recommend approval of this application.

Reason for retention over 60 days	For M.L.A. use only.

I recommend approval of this application.

Date .....

.....
Officer Commanding
.....
Military Hospital

PART II. I recommend approval of this application.

Date .....

.....
Director of Medical Services
Territorial Military Command
of .....

PART III. ⓐ APPROVAL TO REMAIN IN HOSPITAL FOR A FURTHER ..... DAYS IS GIVEN.

ⓑ THIS APPLICATION IS NOT APPROVED.

Date .....

Major General,
Land Forces Sub Comm. A.G.(M.L.)

ⓒ delete sentence not applicable.

5863

Roma, 2 dicembre 1944 300/1

Ministero della Guerra
DIREZIONE GENERALE DI SANITÀ MILITARE

Al LAND FORCES SUB COMMISSION A.C. (MMIA)
= ROMA =

Divisione 2^ Sez. I^
Prot. N. 4/3617/IS. Allegati

Risposta al f. del AQ/7/27/11/44
Rif. fol. 11/12/2386 del 30/11/44

OGGETTO Vaccinazioni e rivaccinazioni antitifo-paratifica, antitetanica, antivaiolosa, antidermotifica.=

Vac and Re Vac

AQ 17/12

e, per conoscenza:
AL GABINETTO = UFFICIO C.A. = SEDE =

^^^^^^^^^

Si trasmette, per doverosa informazione, copia della circolare n° 4/3567/IS. del 2 c.m. di questa Direzione Generale, relativa alle vaccinazioni e rivaccinazioni antitifo-paratifiche, antitetaniche, antivaiolose, antidermotifiche.=

IL DIRETTORE GENERALE
(F. Caldarola)

See folio 306

5862

f.e.

COPIA PER _____

MINISTERO DELLA GUERRA
Direzione Generale di Sanità Militare
Divisione 2ª - Sezione 1ª

N. 4/3567/I.S. di prot. Roma, 2 dicembre 1944

OGGETTO: - Vaccinazioni e rivaccinazioni antitifo-paratifica, antitetanica, antivaiolosa, antidermotifica.

AI COMANDI, ENTI, DIREZIONI DI SANITA' REGIONALI ED UFFICI DI SANITA'

T U T T I

In ottemperanza alle precise norme stabilite dal Comando Forze Alleate e per considerazioni d'indole epidemiologica, si dispone che sia subito proceduto alla più rigorosa revisione dello stato vaccinale di tutti i militari, ufficiali compresi, per le febbri tifoidi e paratifoidi, il vaiolo ed il dermotifo.

5861

Tutte le Direzioni di Sanità dei Comandi Militari regionali e tutti gli uffici di Sanità Divisionali si atterranno scrupolosamente alle sottonotate norme:

1°) - VACCINAZIONE E RIVACCINAZIONE ANTITIFO-PARATIFICA-ANTITETANICA: - Dovranno [illegible] i militari che risultassero eventualmen

AI COMANDI, ENTI, DIREZIONI DI SANITA' REGIONALI ED UFFICI
DI SANITA'

T U T T I

In ottemperanza alle precise norme stabilite dal Comando Forze Alleate e per considerazioni d'indole epidemiologica, si dispone che sia subito proceduto alla più rigorosa revisione dello stato vaccinale di tutti i militari, ufficiali compresi, per le febbri tifoidi e paratifoidi, il vaiolo ed il dermotifo.

5861

Tutte le Direzioni di Sanità dei Comandi Militari regionali e tutti gli uffici di Sanità Divisionali si atterranno scrupolosamente alle sottonotate norme:

1°) - VACCINAZIONE E RIVACCINAZIONE ANTITIFO-PARATIFICA-ANTITETANICA: -

Per tutti indistintamente i militari che risultassero eventualmente mai vaccinati (o vaccinati) da oltre un anno contro il tifo e paratifo, dovrà essere subito effettuata la vaccinazione, mediante tre iniezioni di vaccino preventivo T.A.B.Te. praticate a distanza di 15 giorni l'una dall'altra: la 1^ di un cc., la 2^ di due cc., la terza di due cc.

Per tutti i militari che hanno subito il detto trattamento da sei mesi, dovrà essere subito effettuata la rivaccinazione, mediante due iniezioni di vaccino T.A.B.Te. distanziate di 15 giorni:
la 1^ di 1 cc., la seconda di due cc.

Potranno essere esentati da tale trattamento solo gli ufficiali, sottufficiali e militari di truppa di età superiore ai 45 anni.-

./.

Le iniezioni saranno praticate secondo le norme tecniche regolamentari (vedi istruzioni per l'igiene dei militari del R.E., ed. 1940 § 235) e, per ogni militare, dovranno essere annotate, in apposito registro, le reazioni locali e generali osservate, in modo da poterle successivamente riepilogare nello specchio trimestrale da trasmettere a questa Direzione Generale.

In particolare, si ricorda la necessità di richiamare l'attenzione di tutti i dipendenti dirigenti il servizio sanitario dei reparti sulle norme di asepsi e di tecnica da seguire nella esecuzione delle iniezioni vaccinali e cioè:

- sterilizzazione delle siringhe e degli aghi con l'ebollizione (ago individuale);
- disinfezione della cute con tintura di jodio;
- scuotere energicamente la fiala, per circa un minuto, prima di aspirare il vaccino, allo scopo di distribuire uniformemente la massa microbica;
- aspirato il liquido, spingere fuori dalla siringa le bolle d'aria eventualmente penetrate;
- praticare l'iniezione nel tessuto cellulare sottocutaneo della parte più alta della regione pettorale, in prossimità della regione sottoclaveare, avendo cura di assicurarsi, dopo l'infissione dell'ago, che esso sia ben mobile sotto i tegumenti, per evitare di iniettare il vaccino sia entro il derma, sia nello spessore dei muscoli. - Ritirare l'ago, cambiando il punto di infissione, qualora si vedesse fuori

5860

rezione Generale.

In particolare, si ricorda la necessità di richiamare l'attenzione di tutti i dipendenti dirigenti il servizio sanitario dei reparti sulle norme di asepsi e di tecnica da seguire nella esecuzione delle iniezioni vaccinali e cioè:

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- scuotere energicamente la fiala, per circa un minuto, prima di aspirare il vaccino, allo scopo di distribuire uniformemente la massa microbica;
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- praticare l'iniezione nel tessuto cellulare sottocutaneo della parte più alta della regione pettorale, in prossimità della regione sottoclaveare, avendo cura di assicurarsi, dopo l'infissione dell'ago, che esso sia ben mobile sotto i tegumenti, per evitare di iniettare il vaccino sia entro il derma, sia nello spessore dei muscoli. - Ritirare l'ago, cambiando il punto di infissione, qualora si vedesse fuori uscire del sangue;
- iniettare il liquido, lentamente e non praticare alcun massaggio dopo l'iniezione, applicando sulla parte, per qualche minuto, un batuffolo di cotone;
- tenere a riposo per 48 ore i militari vaccinati;
- esonerare temporaneamente dalla vaccinazione i militari che si trovino in particolari condizioni fisiche, da vagliare scrupolosamente caso per caso.

./.

2°) - VACCINAZIONE E RIVACCINAZIONE ANTIVAIOLOSA:

Tutti i militari, ufficiali compresi, che risultassero mai vaccinati contro il vaiolo o vaccinati da oltre un anno o rivaccinati anche recentemente, ma con esito negativo, dovranno essere subito sottoposti alla rivaccinazione che sarà fatta, possibilmente, coincidere con la prima iniezione di vaccino T.A.B.Te.

Qualora tali dati non risultassero in modo preciso e sicuro dalle annotazioni sui libretti personali dei militari, sarà proceduto lo stesso alla vaccinazione.

E' assolutamente necessario, per le note condizioni epidemiologiche del vaiolo tra la popolazione civile, che nessuno sfugga per alcun motivo alla immunizzazione antivaiolosa. I pochi casi di vaiolo, finora verificatisi in militari, riguardano:

- individui che non erano stati rivaccinati da oltre un anno, per trascuratezza degli organi responsabili o perchè in servizio isolato e, quindi, facilmente non controllabili;
- individui che, pur essendo stati rivaccinati entro l'anno, non avevano presentato attecchimento positivo dell'innesto vaccinico e per i quali non era stato provveduto, come regolamentare e come disposto dalla scrivente, a ripetere la vaccinazione una seconda ed anche una terza volta, cambiando, possibilmente, la provenienza del vaccino.

Incomberanno sugli organi direttivi ed esecutivi le responsabilità che dovessero emergere per il mancato trattamento immunitario

Qualora tali dati non risultassero in modo preciso e sicuro dalle annotazioni sui libretti personali dei militari, sarà proceduto lo stesso alla vaccinazione.

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- individui che, pur essendo stati rivaccinati entro l'anno, non avevano presentato attecchimento positivo dell'innesto vaccinico e per i quali non era stato provveduto, come regolamentare e come disposto dalla scrivente, a ripetere la vaccinazione una seconda ed anche una terza volta, cambiando, possibilmente, la provenienza del vaccino.

Incomberanno sugli organi direttivi ed esecutivi le responsabilità che dovessero emergere per il mancato trattamento immunitario o per la mancata ripetizione dell'innesto vaccinico (seconda e terza volta, a distanza di otto giorni dall'esito negativo).

Per le norme tecniche da seguire, si ricorda che dovrà essere scrupolosamente applicato quanto è prescritto dai §§ 205 e seguenti delle istruzioni per l'igiene dei militari del R.Esercito; pertanto:

- nel giorno della inoculazione i militari saranno tenuti a riposo;
- nei giorni seguenti fino allo sviluppo delle pustole, essi potranno attendere a qualche esercizio o servizio, senza essere, però, impiegati in lavori faticosi;

./.

- nel giorno precedente alla vaccinazione i militari dovranno fare un bagno di pulizia;

- la regione prescelta per la vaccinazione è quella esterna del braccio sinistro (destro i mancini) in un punto corrispondente all'incirca all'inserzione inferiore del deltoide;

- la pelle sulla quale dovrà praticarsi l'innesto, dovrà essere sgrassata con alcool, etere o benzina, avendo cura di lasciarla asciugare bene, prima di procedere alle scarificazioni (tenere presente che i militari da vaccinare si devono presentare a dorso completamente nudo e non con la manica della camicia rimboccata, per evitare la possibile facile asportazione della linfa o altri inconvenienti, nel rimbocco della manica stessa, prima che l'inoculazione sia procciugata;

- non impiegare mai nella preparazione del punto d'innesto, gli antisettici nè sublimato, nè tintura di jodio, nè acido fenico, ecc.;

- dovranno essere usati vaccinostili individuali, precedentemente sterilizzati mediante l'ebollizione, (evitare, possibilmente, la sterilizzazione alla fiamma) provvedendoli in numero sufficiente per poter continuare a sterilizzarli subito dopo usati, senza dovere interrompere le operazioni. Non disponendo di vaccinostili, si possono benissimo usare pennini nuovi, accuratamente bolliti per 5 minuti in acqua semplice;

- è indifferente, dal punto di vista dell'attecchimento, deporre prima la linfa vaccinica sulla cute e poi praticare l'incisione o viceversa; in pratica, però, il primo procedimento è preferibile, perchè evita la necessità di una doppia sterilizzazione del vaccinostilo, e, in caso di dimenticanza, la possibilità di inquinare la linfa vaccinica;

- le incisioni devono essere fatte in numero di due o tre, con scalfiture di due o tre millimetri di lunghezza, distanziate fra loro di almeno un paio di cm. ed evitando gemizio di sangue;

- nelle rivaccinazioni gli innesti devono essere fatti nell'altro braccio, oppure a non meno di 3 cm. di distanza dalle cicatrici della precedente vaccinazione;

- non impiegare mai nella preparazione del punto d'innesto, gli antisettici nè sublimato, nè tintura di jodio, nè acido fenico, ecc.;

- dovranno essere usati vaccinostili individuali, precedentemente sterilizzati mediante l'ebollizione, (evitare, possibilmente, la sterilizzazione alla fiamma) provvedendoli in numero sufficiente per poter continuare a sterilizzarli subito dopo usati, senza dovere interrompere le operazioni. Non disponendo di vaccinostili, si possono benissimo usare pennini nuovi, accuratamente bolliti per 5 minuti in acqua semplice;

- è indifferente, dal punto di vista dell'attecchimento, deporre prima la linfa vaccinica sulla cute e poi praticare l'incisione o viceversa; in pratica, però, il primo procedimento è preferibile, perchè evita la necessità di una doppia sterilizzazione del vaccinostilo, e, in caso di dimenticanza, la possibilità di inquinare la linfa vaccinica;

- le incisioni devono essere fatte in numero di due o tre, con scalfiture di due o tre millimetri di lunghezza, distanziate fra loro di almeno un paio di cm. ed evitando gemizio di sangue;

- nelle rivaccinazioni gli innesti devono essere fatti nell'altro braccio, oppure a non meno di 3 cm. di distanza dalle cicatrici della precedente vaccinazione;

- lasciare asciugare bene il punto inoculato, prima di far rivestire i vaccinati;

- i vaccinati a datare dal 5° giorno della vaccinazione dovranno essere giornalmente presentati all'ufficiale medico, fino a quando non si sia accertato l'esito dell'innesto. Quelli in cui le pustole cominciano a svilupparsi debbono essere tenuti a riposo, escludendoli da ogni servizio e visitati, giornalmente, per seguire lo sviluppo della eruzione in tutte le sue fasi;

- negli individui vaccinati la prima volta, si considera soddisfacente l'esito della vaccinazione quando, 8 giorni dopo l'innesto, siano ap=

./.

parse e giunte a naturazione almeno una o due pustole, a seconda del numero delle scarificazioni;

- negli individui rivaccinati, si possono considerare positivamente attecchite anche le pustole abortive, le vescichette e i noduli che si presentino come disseccati il giorno del controllo;

- in caso di esito negativo, la vaccinazione deve ripetersi una seconda ed anche una terza volta possibilmente con vaccino di altra provenienza;

- le vaccinazioni e rivaccinazioni, ed i loro esiti devono essere trascritti su apposito quaderno nominativo, da impiantarsi presso l'infermeria di corpo o reparto, e sul libretto personale di ogni militare (come per le altre vaccinazioni).

3°) - VACCINAZIONE E RIVACCINAZIONE ANTIDERMOTIFICA:

Analogamente a quanto è stato già effettuato per i Gruppi di Combattimento e a quanto normalmente si pratica fra le truppe Alleate, tutti i militari, ufficiali compresi, comunque impiegati, dovranno essere sottoposti alla vaccinazione antidermotifica. Tale trattamento sarà praticato a non meno di 20 giorni di distanza dalle altre inoculazioni immunitarie.

La vaccinazione consiste in tre iniezioni di 1 cm/3 ciascuna, da praticarsi sul tessuto sottocutaneo della regione sottoclaviolare, distanziate 7 giorni l'una dall'altra. Si deve aver cura che il vaccino non sia iniettato endovena.

In generale la reazione provocata dal vaccino è assai lieve e, per

- le vaccinazioni e rivaccinazioni, ed i loro esiti devono essere trascritti su apposito quaderno nominativo, da impiantarsi presso l'infermeria di corpo o reparto, e sul libretto personale di ogni militare (come per le altre vaccinazioni).

2°) - <u>VACCINAZIONE E RIVACCINAZIONE ANTIDEMOTIFICA:</u>

- Analogamente a quanto è stato già effettuato per i Gruppi di Combattimento e a quanto normalmente si pratica fra le truppe Alleate, tutti i militari, ufficiali compresi, comunque impiegati, dovranno essere sottoposti alla vaccinazione antidemotifica. Tale trattamento sarà praticato a non meno di 20 giorni di distanza dalle altre inoculazioni immunitarie.

5507

La vaccinazione consiste in tre iniezioni di 1 cm/3 ciascuna, da praticarsi sul tessuto sottocutaneo della regione sottoclaviculare, distanziate 7 giorni l'una dall'altra. Si deve aver cura che il vaccino non sia iniettato endovena.

In generale la reazione provocata dal vaccino è assai lieve e, per ciò, di massima, ai vaccinati non deve essere concesso alcun periodo di esenzione di servizio.

Per gli ufficiali e militari eventualmente già sottoposti a tale trattamento immunitario da oltre sei mesi, dovrà essere effettuata la cosidetta "<u>iniezione di richiamo</u>" o stimolante, di un cm/3, sempre per via sottocutanea e con le note norme di asepsi.

Il vaccino anti T.A.B.Te. dovrà essere acquistato, a cura delle Direzioni di Sanità regionali, presso l'Istituto Vaccinogeno Toscano "SCLAVO" di Siena o presso l'Istituto Sieroterapico Nazionale di Napoli.

Il vaccino antivaioloso sarà acquistato, a cura delle stesse Direzioni, presso gli anzidetti Istituti o presso l'Istituto Superiore di Sanità Pubblica (Roma), o, per la Sicilia o la Sardegna, presso la Stazione Zooprofilattica Siciliana di Palermo. Di ogni acquisto dovrà esserne fatta comunicazione, per conoscenza, a questa Direzione Generale.

Il fabbisogno di vaccino antidermotifico dovrà essere richiesto a questa Direzione Generale, che provvederà alle assegnazioni.

Le Direzioni di Sanità regionali e tutti indistintamente gli uffici di Sanità Divisionali sono pregati di dare assicurazione per la pronta ottemperanza di quanto sopra disposto ed, a trattamento ultimato, trasmetteranno alla scrivente apposita relazione.

5806

IL DIRETTORE GENERALE
(F.Caldarola)

300

Subject: Italian Army Base Medical Installations

Land Forces Sub Comm.
A.C. (MMA)
ROME
AG/7
1 Dec 44

1. Herewith lists of Italian General Hospitals and other Base Medical formations. Authorised W.E. (L.O.) for all ranks including sisters and C.R.I. nurses and total number of beds equipped is given, all ITI-ITI.
(a) The staff of the principal hospital of each district includes Hygiene Section, Depot Medical Stores and the HQ staff of the Medical Company.
(b) The Nuclei di Riserva (reinforcements) may vary considerably but will not exceed the figures as shown.
(c) Ambulance Car Sections (A.C.S.) are not shown as they are NOT held in the strength of the Medical Corps but may be attached to medical units for rations.
(d) Amendments will be notified as they occur.

2. RATIONS.
(a) Ration demands for the medical staff will not exceed the authorised W.E.
(b) Ration demands for patients are based on beds occupied and will normally not exceed beds authorised. Exceptions may occur but should always be checked by the L.O.

5855

3. HOSPITAL DIET ITEMS.
These are obtained in the same manner as normal rations whether from an Italian or British Food Depot.
Three copies of Form MMA 81/8 are submitted and endorsed "H.D." in top right hand corner.
Scale of Issue. Amounts available for one month calculated on the average daily number of beds occupied being 100.

MILK	143	lbs
RICE	270	lbs
SEMOLINA or Equivalent	70	lbs

(b) The Nuclei di Riserva (reinforcements) may vary considerably but will not exceed the figures as shown.

(c) Ambulance Car Sections (A.C.S.) are not shown as they are NOT held in the strength of the Medical Corps but may be attached to medical units for rations.

(d) Amendments will be notified as they occur.

2. RATIONS.

(a) Ration demands for the medical staff will not exceed the authorised W.E.

(b) Ration demands for patients are based on beds occupied and will normally not exceed beds equipped. Exceptions may occur but should always be checked by AMLA L.O. 5855

3. HOSPITAL DIET ITEMS.

These are obtained in the same manner as normal rations whether from an Italian or British Food Depot.

Three copies of form AFLA 64/3 are submitted and endorsed "H.D." in top right hand corner.

Scale of Issue. Amounts available for one month calculated on the average daily number of beds occupied being 100.

MILK	143	lbs
MEAT	270	lbs
SEMOLINA or Equivalent	70	lbs
BUTTER or Margarine	255	lbs
MALT EXTRACT	12	lbs

4. Field Hospitals (not shown on attached list) are also entitled to hospital diet items.

Medical Sections, M.I. Rooms and Regimental Medical Officers are not entitled to draw hospital diet items.

5. This cancels AMLA letter A/7 of 12 October 1944.

F.J. NOAKES, Col.
DA & QMG
AMLA

FJN/rog

Distribution:- G
SA
Med
All AMLA L.Os. (2 copies)

See folio 302. +302 +308

DETAILED WAR ESTABLISHMENT FOR ITALIAN ADMIN. MEDICAL UNITS

UNIT	Beds Equ'p'd	Location	W.E. All Ranks	Strength All Ranks.
LAZIO, UMBRIA & ABRUZZI				
Ministero Guerra Dir.Gen.San.Mil.	-	Rome	55	
Ispettore Sanita Militare	-	"	12	
Collegio Medico-Legale	-	"	18	
Commissione Med. Sup. Pens. Guerra	-	"	12	
Laboratorio di Biologia Applicata	-	"	6	
Laboratorio di microbiologia	-	"	6	
" di bromotologia e chim. applic.	-	"	6	
Direzione Sanita Regionale	-	"	22	
Osp. Milit. Princ. "Virgilio"	700	"	548	+
Osp. Milit. "Baldi"	300	"	110	
Osp. Milit. "Corradini"	600	"	172	
Osp. Milit. di Arpino	300	Arpino	170	
Osp. Milit. di Anzio	320	Anzio	100	
Inferm. Pres. di Civitavecchia	80	Civitavecchia	33	
Osp. Milit. di Chieti	250	Chieti	100	
Osp. Milit. di Perugia	500	Perugia	150	
Reinforcements (Nucleo di Riserva)	-	Rome	300	
	3350		1800	

+ Includes staff of Medical Depot, Hygiene Sect. and HQ of Medical Coy.

5004

CAMPANIA				
Ispettore di Sanita	-	Napoli	12	
Direzione di Sanita	-	"	25	
Osp. Milit. Principale	820	"	595	+
Osp. Milit. di Caserta	790	Maddaloni	237	
Osp. Milit. di Pagani	620	Pagani	205	
Osp. Milit. di Aversa	205	Aversa	78	
Osp. Milit. di Pozzuoli	80	Pozzuoli	38	
Osp. Milit. Belle Arti	700	Napoli	210	

Osp. Milit. di Anzio	320	Anzio	100
Inferm. Pres. di Civitavecchia	80	Civitavecchia	33
Osp. Milit. di Chieti	250	Chieti	100
Osp. Milit. di Perugia	500	Perugia	150
Reinforcements (Nucleo di Riserva)	-	Rome	300

+ Includes staff of Medical Depot, Hygiene Sect. and HQ of Medical Coy.

5004

	3330		1800

CAMPANIA

Ispettore di Sanita	-	Napoli	12
Direzione di Sanita	-	"	25
Osp. Milit. Principale	820	"	595 +
Osp. Milit. di Caserta	790	Maddaloni	237
Osp. Milit. di Pagani	620	Pagani	205
Osp. Milit. di Aversa	205	Aversa	78
Osp. Milit. di Pozzuoli	80	Pozzuoli	38
Osp. Milit. Belle Arti	700	Napoli	210
Osp. S.M.O.M. Napoli "Princ. Piemonte"	320	"	100
Convalesc. Milit. di Ischia	75	Ischia	30
Reinforcements (Nucleo di Riserva)	-	Napoli	150

+ Includes staffs of Medical Depot, Hygiene Sect. and HQ of Medical Coy.

	3610		1680

CALABRIA

Direzione di Sanita	-	Catanzaro	18
Osp. Milit. Principale	250	"	120
Osp. Milit. "Razza"	370	"	134
Inferm. Pres.	150	Regg. Calab.	58
	770		330

UNIT	Beds Equip'd	Location	W.E. All Rnks	Strength All Rnks.
PUGLIA & LUCANIA				
Ispettore di Sanita	-	Bari	12	
Direzione di Sanita	-	"	25	
Osp. Milit. Principale	600	"	432 +	
Osp. Milit. "Balilla"	497	"	173	
Osp. Milit. "Del Prete"	289	"	110	
Osp. Milit. Bitonto	268	Bitonto	100	
Osp. Milit. Barletta	268	Barletta	100	
Osp. Milit. Bisceglie	299	Bisceglie	110	
Osp. Milit. Canosa	182	Canosa	73	
Osp. Milit. Gioia del Colle	425	G del Colle	149	
Osp. Milit. Molfetta	275	Molfetta	100	
Osp. Milit. "Trizio"	1029	Lecce	330	
Osp. Milit. Foggia	190	Foggia	78	
Osp. Milit. Lucera	54	Lucera	23	
Convalesc. Mil. di Noci	300	Noci	63	
Centro Ortopedico Milit.	180	Bari	73	
Depot. Cent. Materiale Sanita	-	Taranto	31	
Osp. Milit. Palo del Colle	328	P del Colle	118	
Reinforcements (Nucleo di Riserva)	-	Bari	100	
	5175		2200	
SARDINIA				
Direzione di Sanita	-	Cagliari	17	
Osp. Milit. Principale	110	"	54	
Osp. Milit. Iglesias	440	Iglesias	147	
Osp. Milit. di Sassari	650	Sassari	262	
	1200		520	
SICILY				

+ Includes Medical Depot, Hygiene Sect. and HQ Medical Coy.

5015

Osp. Milit. Nocera	54	Nocera	23
Convalesc. Mil. di Nocì	300	Nocì	63
Centro Ortopedico Milit.	180	Bari	73
Depot. Cent. Materiale Sanita	-	Taranto	31
Osp. Milit. Palo del Colle	328	P del Colle	118
Reinforcements (Nucleo di Riserva)	-	Bari	100

5000

+ Includes Medical Depot, Hygiene Sect. and HQ Medical Coy.

	5175		2200

SARDINIA

Direzione di Sanita	-	Cagliari	17
Osp. Milit. Principale	110	"	54
Osp. Milit. Iglesias	440	Iglesias	147
Osp. Milit. di Sassari	650	Sassari	262
	1200		520

SICILY

Direzione di Sanita	-	Palermo	16
Osp. Milit. Principale	650	"	297
Osp. Milit. Messina	225	Messina	87
	875		400

TOSCANA

Direzione di Sanita	-	Florence	23
Scuola di Applic. di San. Milit.	-	Florence	50
Istituto Chim.-Pharm. Milit.	-	Florence	26
Osp. Milit. Principale	500	Florence	366 +
Osp. Milit. Monte Oliveto	200	Florence	85
Osp. Milit. di Livorno in Lucca	400	Lucca	150
Osp. Milit. C.R.I. Ardenza	150	Livorno	60
Reinforcements (Nucleo di Riserva)	-	Florence	200
Osp. Milit. di Ancona	300	Ancona	110

+ Includes staffs of Medical Depots, Hygiene Sect. and HQ Medical Coy.

	1550		1070

1539