0000/120/1988

M 6 Medical - General - Allied Forces File

1st Cover

opened Aug. 1, 1944 - closed June 13, 1946

Aug. 1944 - June 1946

Subject: Hygiene and Sanitation.

LAND FORCES SUB COMM,
AC, (MMIA) ROME.
Reference: M/6/186.
13th June 1946.

Officer Commanding
No. 12 British Liaison Unit,
ROME.

(For the information of Capt Trevelyan)

With reference to this office letter No. M/6/187.

Herewith a copy of the reply to this office letter No.M/6/186 forwarded by ADMS, RAAC to DDMS 3 District.

A copy of this office letter No. M/6/186 is enclosed for your information.

4286

Major,
RAMC,
DADMS, MMIA.

/ROM

Subject:- Hygiene and Sanitation.

MED.

3 District
Tel. 10691
430/1 M

11 June 46

D.A.D.M.S. Land Forces Sub Commission
A C (MMIA) ROME (2)

ADMS Naples Area
R.A.A.C.
OC 62 Field Hygiene Section.

Reference your M/6/186 dated 1 June 46.

A number of models are on exhibition at 62 Field Hygiene Section 13 Via Generale Parisi Naples (Tel 20553).

Representatives of the Italian Army will be shown these models on production of the duplicate copy of this letter as authority.

(A.M.GILES) Lt.Col.,
for Brigadier,
D.D.M.S.

4285

151

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

Seen

D.A.D.M.S. _____

S/Capt _____

File Ref M/6/596

Date Received 12 Jun 1946

Subject: Hygiene and Sanitation.

LAND FORCES SUB COMM,
AC, (MMIA) ROME.
Reference: M/6/187.
11th June 1946.

Officer Commanding
No.12 British Liaison Unit,
ROME.

(For information of Capt Trevelyan)

Herewith copy of reply received to this office letter No. M/6/186, dated 1st June 1946, and addressed to DADH, RAAC.

1. If times and dates are notified to me I will make the necessary arrangements with Officer Commanding 76 M.C.U.

2. Copies of "Army Manual of Hygiene and Sanitation" and "Manual of Milityary Hygiene" will be indented for if you consider that they will be of any use.

3. Any information received from DDMS 3 District will be notified to you in due course.

Harvey
Major,
RAMC,
D/DMS, MMIA.

/gcw

COPY.

(ii)

ROME AREA ALLIED COMMAND
OFFICE OF THE SURGEON.
A.P.O.794 U.S.ARMY.

SUBJECT: Hygiene and Malaria Appliances. Reference: Med(Br)358.

Land Forces Sub Commission
A C (MMIA) ROME.

D.D.M.S. 3 District. (With copy of letter quoted)

RAMC,
DADMS, MMIA.

/gcw

COPY. (ii)

ROME AREA ALLIED COMMAND
OFFICE OF THE SURGEON.
A.P.O.794 U.S.ARMY.

SUBJECT: Hygiene and Malaria Appliances. Reference: Med(Br)358.

Land Forces Sub Commission
A C (MMIA) ROME.

D.D.M.S. 3 District. (With copy of letter quoted)

Copy to: O.C. 76 A.M.C.U.

Reference MMIA Letter M/6/186 dated 1 June 1946. 4284

1. It is regretted that no hygiene appliances or models are available in ROME.

2. As far as is known, only very few of such models are available even at Field Sygiene Section in NAPLES area, but your enquiry has been passed on to DDMS 3 District.

3. Anti - Malarial appliances can be viewed at any time by application to O.C. 76 A.M.C.U. att 100 (Br) General Hospital (Tel ROME 478542/3/4)

4. It is suggested that copies of "Army manual of Hygiene and Sanitation" and "Manual of Military Hygiene" might be useful, giving illustrations of field equipment; These could be obtained without difficulty.

S. MACKENZIE.
Lieut Colonel
SURGEON (ADMS)

5 June 1946.

SM/el

ROME AREA ALLIED COMMAND
OFFICE OF THE SURGEON.
A.P.O.794 U.S.ARMY.

Med

SUBJECT. Hygiene and Malaria Appliances. Reference: Med(Br)358

Land Forces Sub Commission
A C (MMIA) ROME.

D.D.M.S. 3 District. (with copy of letter quoted)

Copy to: O.C. 76 A.M.C.U.

Reference MMIA letter M/6/186 dated 1 June 1946

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S. MACKENZIE.
Lieut Colonel
SURGEON(AMMA)

5 June 1946
SM/el

Medical Branch
and Forces Sub Commission
A. C (MMIA)
Seen

D.DMS

S/Capt

File No. 283 M/6/186

Date Received 11 JUN 1946

Medical Branch
Land Forces Sub-Commission
A. C. (MMIA)

Seen
C. DMS
S/Capt

TRANSLATION

File Ref. M/6/568
From: M.of W. 4 JUN 1946
To : Rome Area

Ref: 1192/M.L.
Date: 18/5/46

Subject: Points brought up in the 7 BLU monthly report.

Further to our letter n° 1148/ML dated 23/4/46, we forward for information a copy of letter n° 2078/ML, dated 6/5/46 from the Health Dir. of the Florence Military Territorial HQ. -

This states that:

1 - Medical supply personnel after having attended a special training course at Cesano received further pratical training from a regular army medical W.O. sent to the 7° C.A.R. for this purpose by the Health Dir.

2 - The percentage of the 7° CAR actual strength, further reduced following inspection carried out at the Corps, is as follows:

a) - unfit for service 0,60 %

b) - posted to light duties 1,75%

c) - sent on convalescent leave 0,55%

These figures whilst conferming the thoroughness and care with which the service has been carried out at the 7° CAR and the Military Hospital observation wards, do not show the work carried out by M.Os at districts at all, due to the following reasons:

1) The percentage of personnel sent for observation by districts has been about 1/3 of the personnel visited with an elimination of only 77,55% of them, showing the over-rating of the illnesses and physical defects exempted ~~of the conscript draft~~ by district M Os included to a greater selection of the conscript draft.

2) Whilst the figure of 0,60% of unfit for service is the average

b) - posted to light duties I,75%

c) - sent on convalescent leave 0,55%

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2) Whilst the figure of 0,60% of unfit for service is the average of the errors, possible even by well known doctors, the figure (1,75%) ~~xxx~~ of those posted to light duties and the (0,55%) one of those sent on convalescent leave may be considered in the range of individual rating variations, also noted in the opposite sense, i.e. in the percentage (1,60%) of those sent for observation by the 7° CAR and considered suitable.

4282

From the above this Directorate ~~expresses~~ the opinion that, in accordance with known facts, Florence territorial area M.Os, even during difficulties arising from firstly adapting their peace and wartime medical-legal mentality , they have carried out useful, careful and scrupulous work in the selection of the draft fit for service, following the detailed instructions given in advance by the writer.

Any way, should your Mission receive any other figures contrasting with the above explanations, this Directorate will carry out further investigations

DAK

sgd. Fadda

ES.

Ministero della Guerra
DIREZIONE GENERALE DI SANITÀ MILITARE

Roma, 18 Maggio 1946

Alla LAND FORCES SUB-COMMISSION
A.C. (M.M.I.A.) - D.A.D.M.S.
R O M A

Divisione 2ª Sez. 2ª
Prot. N° 1192/ML Allegati

Risposta al Foglio del 12/4/46
Div. Sez. N° M/6/181

OGGETTO = Osservazioni rilevate nel rapporto mensile del 7 BLU =

e, per conoscenza:

MED.

AL GABINETTO — SEDE
ALLO STATO MAGGIORE — SEDE
ALL' UFFICIO COORDINAMENTO — SEDE

^^^^^^^^^^^^^^^^^^^^^^

A seguito del foglio N. 1148/ML. della scrivente, in data 23/4/1946, si trasmette per conoscenza in copia foglio N° 2078/ML., in data 6/5/1946, della Direzione di sanità del comando militare territoriale di Firenze. -

Da esso risulta:

1) - che il personale sanitario di assistenza dopo aver frequentato il corso speciale di addestramento di Cesano ricevette ulteriori istruzioni pratiche da un maresciallo di sanità in c.c. inviato appositamente al 7° C.A.R. dalla Direzione di sanità -

2) - che la percentuale della forza effettiva del 7° C.A.R. eliminata ulteriormente in seguito alla visita presso il corpo è stata:

a) - riformato 0,60 %

b) - assegnati ...

A seguito del foglio N. 1148/ML. della scrivente, in data 23/4/1946, si trasmette per conoscenza in copia foglio N° 2078/ML., in data 6/5/1946, della Direzione di sanità del comando militare territoriale di Firenze. -

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2) - che la percentuale della forza effettiva del 7° C.A.R. eliminata ulteriormente in seguito alla visita presso il corpo è stata:

a) - riformato	0,60 %
b) - assegnato ai servizi sedentari	1,75 %
c) - inviato in licenza di convalescenza	0,55 %

Tali cifre, mentre confermano la precisione e lo scrupolo con cui il servizio è stato svolto presso il 4° e 7° C.A.R. ed il reparto osservazione dell'ospedale militare, non infirmano affatto l'opera svolta dagli ufficiali medici presso i distretti per i seguenti motivi :

1) - la percentuale degli inviati in osservazione dai distretti è stata di circa un terzo dei visitati con una eliminazione soltanto del 77,55 % di essa, espressione della supervalutazione delle infermità e delle imperfezioni fisi-

./-/.

che esimenti da parte degli ufficiali medici di distretto tendenti alla selezione massima del contingente chiamato alle armi -

2) - mentre la cifra del 0,60 % dei riformati rientra nella media degli errori, possibili anche da parte di medici illustri, la cifra (1,75%) degli assegnati ai servizi sedentari e quella (0,55%) degli inviati in licenza di convalescenza possono essere considerate nella gamma delle variazioni individuali di valutazione, constatate anche nel senso opposto, cioè nella percentuale (1,60%) degli inviati in osservazione dal 7° C.A.R. e giudicati idonei. -

Da quanto sopra questa Direzione esprime il parere che, in base agli elementi di fatto noti, gli ufficiali medici della circoscrizione territoriale di Firenze, pur nelle difficoltà derivanti dal primo adattamento della loro mentalità medico-legale di guerra a quella di pace, hanno svolto opera attiva, accurata e scrupolosa nella selezione del contingente incorporabile, seguendo le norme dettagliate predisposte dalla scrivente. -

Comunque, qualora a codesta Commissione risultassero altri dati in contrasto con le suddette conclusioni, questa Direzione potrà esperire ulteriori indagini. -

IL DIRETTORE GENERALE
(S. Ferrada)

do le norme dettagliate predisposte dalla scrivente. -

Comunque, qualora a codesta Commissione risultassero altri dati in contrasto con le suddette conclusioni, questa Direzione potrà esperire ulteriori indagini. -

IL DIRETTORE GENERALE
(S. Vida)

1220
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41
1100
4/r

COMANDO MILITARE TERRITORIALE DI FIRENZE (VII)
- Direzione di Sanità -

N. 2078/M.L. di prot. Firenze, 6 maggio 1946

OGGETTO: Rilievi circa le visite sanitarie presso i Distretti alle reclute della classe 1924 (2° e 3° quadrimestre).

AL MINISTERO DELLA GUERRA
Direzione Generale di Sanità Militare - Div. 2ª - Sez. IIª
ROMA

e, per conoscenza:

AL COMANDO MILITARE TERRITORIALE
S.M. - Ufficio Ord. e Mob.
(Rif. f.n. 2652/Ord. del 26-4-1946) SEDE

Riferimento foglio n. 1148/M.L. del 23 aprile 1946, di codesto superiore Ministero

In relazione a quanto disposto da codesto Ministero circa le osservazioni contenute nel rapporto mensile del 7° B.L.U. in merito all'andamento delle visite d'idoneità presso i Distretti di questo territorio ed allo svolgimento del servizio sanitario presso il 7° C.A.R., si rappresenta quanto appresso:

1°) - Questa Direzione, fin dal 28 dicembre 1945, non appena pervenuta la circolare 915/M.L. del 15/12/1945, diede precise disposizioni agli Ospedali militari dipendenti per l'attuazione pratica delle nuove norme transitorie relative alla valutazione del minimo di robustezza, occorrente per l'idoneità al servizio militare incondizionato. - Il concetto informatore del carattere strettamente sperimentale delle nuove norme, fu sin d'allora illustrato a tutti i dipendenti ufficiali medici, con particolare riguardo per quelli in servizio attivo e presumibilmente da comandare per le future visite ai Distretti.

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2°) - In data 16 febbraio 1946, e cioè un mese prima dell'inizio della visita nei Distretti, con foglio n. 754/IP/J, inviato pure per conoscenza a codesta Direzione Generale, in ottemperanza a quanto disposto dalla circolare n. 15 della Direzione Generale Leva Sottufficiali e Truppe del 19/1/1946, furono impartiti ai dipendenti Ospedali militari le disposizioni tecniche di dettaglio circa l'indirizzo nuovo e del tutto sperimentale da dare alle visite che avrebbero dovuto iniziarsi il 15 marzo presso i Distretti. Con lo stesso foglio si dispose che presso ogni Distretto, oltre all'ufficiale medico normalmente in servizio, fossero comandati un ufficiale medivo superiore

./.

ed uno inferiore, entrambi del servizio attivo. Si dispose pure che presso ognuno degli Ospedali militari fosse svolto a cura dei Direttori, un breve corso per illustrare l'importanza delle indagini antropometriche richieste, in rapporto anche al valore teorico e pratico dei più comuni indici di valutazione della robustezza individuale. Allo scopo, poi, di poter avere una documentazione precisa della valutazione dei valori antropometrici paranormali minimi per l'idoneità al servizio militare, furono predisposte presso ogni Distretto apposite schede individuali da compilare indistintamente per ogni recluta;

3°) -Tre giorni prima dell'inizio dell'arrivo delle reclute, si presentarono ad ogni Distretto gli Ufficiali medici designati come sopra detto, tutti già perfettamente al corrente del compito da svolgere e scelti dalla scrivente e dalle Direzioni degli Ospedali militari, tra quelli che, per esperienza e valore professionale, davano sicuro affidamento di svolgere con cura e con certezza di risultato proficuo il lavoro loro affidato e già minutamente predisposto con dettagliato piano organico;

4°) -Appena avuto inizio l'attivo delle reclute, presso tutti i Distretti della circoscrizione, furono compiute ispezioni da parte di questa Direzione, che confermarono la precisione, lo scrupolo e la disciplina con cui il servizio procedeva, oltre a mettere in risalto le doti di capacità professionale di tutti gli Ufficiali comandati e la collaborazione consapevole dei Comandanti dei Distretti;

5°) -Presso tutti i Distretti della circoscrizione sono state complessivamente visitate n. 5873 reclute, delle quali:

- n. 2901 idonei con valori normali = 49,40 %
- n. 963 idonei con valori paranorm. = 16,38 %
- n. 1774 inviate in osservazione = 30,20 %
- n. 81 inviate in licenza di conv. = 1,38 %
- n. 154 sottoposte a rassegna = 2,64 %.

Da tali dati risulta come l'invio del 30,20 % in osservazione costituisca, da solo, la prova evidente della meticolosa accuratezza con la quale, presso ogni Distretto, è stata compiuta la selezione ai fini di evitare, per quanto possibile, che giungessero al C.A.R.

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4279

- Arezzo 28,37 %; Lucca 35,50 %; Pistoia 19,21 %;
- Firenze 26,06 %; Apuania 24,42 %; Siena 24,54. -
- Grosseto 25,21%; Pisa 52,00 ;

L'invio in osservazione è stato perciò di circa un terzo dei visitati e tale elevata proporzione è da riferire allo spirito cui si

sono informati gli ufficiali medici visitatori di raggiungere una selezione rigorosa fino dall'inizio della vita militare delle giovani reclute. Degli inviati in osservazione, è stato riconosciuto abbisognevole di provvedimenti medico-legali il 77,55 %; mentre il 22,45 % è stato riconosciuto idoneo al servizio militare incondizionato.

Si riportano, in proposito, le cifre relative ai risultati dei sottonotati Distretti:

- Distretto di Arezzo 75,61 %; Distretto di Pistoia 86,80 %
- Distretto di Firenze 76,91 %; Distretto di Siena 69,80 %
  Distretto di Grosseto 80,75 %

Nota bene: Non sono ancora riepilogati i dati di Lucca, Pisa ed Apuania.

6°) - Dal 7° C.A.R. sono state inviate in osservazione n. 180 reclute, cioè il 4,5 % del contingente arrivato; di tali reclute n. 140 erano state giudicate idonee presso i Distretti del territorio dipendente (3,5 %); n. 40 (1 %) provenivano da Distretti di altri territorii.

Le 140 reclute, provenienti dai Distretti del territorio ed inviate in osservazione dal 7° C.A.R. sono state così giudicate:

- Idonee	n. 48	=	34,20 %;
- Ai servizi sedentari	n. 58	=	41,40 %;
- Riformate	n. 19	=	13,60 %;
- Inviate in licenza di conval.	n. 15	=	10,80 %;
	n. 140		

Le 40 reclute già dichiarate idonee da Distretti appartenenti ad altri territorii, sono state così giudicate:

- Idonee	n. 16	=	40 %
- Ai servizi sedentari	" 12	=	30 %
- Riformate	" 5	=	12,5 %
- Inviate in licenza di convales.	" 7	=	17,5 %
	n. 40		

ti di altri territorii.

Le 140 reclute, provenienti dai Distretti del territorio ed inviate in osservazione dal 7° C.A.R. sono state così giudicate:

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- Ai servizi sedentari	n. 58	=	41,40 %;
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	n. 140		

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- Ai servizi sedentari	" 12	=	30 %
- R i f o r m a t e	" 5	=	12,5 %
- Inviate in licenza di convales.	" 7	=	17,5 %
	n. 40		

4278

In complesso, perciò, l'esito generale dell'osservazione è stato il seguente:

- Idonei	64=35,5 % degli inviati	e 1'1,60 %	del conting. totale
- S.S.	70=38,8 % " "	1'1,75 %	" " "
- Riform.	24=13,5 % " "	0,60	" " "
- Lic.conv.	22=12,2 %" "	0,55	" " "
	180	4,5	

Dai dati sopraesposti si rileva che appena lo 0,60 % è stato eliminato definitivamente in sede di osservazione e che lo 0,55 % è stato inviato in licenza di convalescenza e, cioè, non eliminato definitivamente. Il fatto che, pure in sede di osservazione, è stato dichiarato idoneo ai servizi sedentari l'1,75 % degli inviati dal C.A.R., dimostra il rigoroso criterio selettivo adottato, presso gli Ospedali militari, in armonia alle disposizioni di codesto Ministero.

Le cifre stesse, oltre a confermare, come, sia presso i Distretti che presso gli Ospedali militari siano state attuate tali direttive, mettono in risalto l'esiguità del numero delle reclute inviate in osservazione dal 7° C.A.R. cioè appena il 3,5 % di quelli già visitati nel territorio della Toscana. Ciò, d'altra parte, vale pure a dimostrare come gli stessi ufficiali medici destinati al servizio del C.A.R. abbiano, alla loro volta, completata l'opera di selezione dei Distretti, che per quanto scrupolosa e rigorosa, non poteva, per evidenti motivi, portare, come teoricamente era richiesto, all'idoneità totalitaria degli incorporati.

7°) - L'osservazione contenuta sul rapporto mensile del 7° B.L.U. si riferisce ad una visita fatta al 7° C.A.R. dalle Autorità Alleate nella seconda quindicina di marzo, ossia nei primissimi giorni dell'afflusso delle reclute, ed è da presumere, che, per spiegabili equivoci derivanti dalla sovrabbondanza di lavoro presso l'Infermeria del C.A.R. (controllo sanitario individuale, e vaccinazioni)le informazioni fornite da qualche ufficiale medico del C.A.R. stesso, non siano state precise. Ciò, perchè anche a questa Direzione pervenne dal superiore comando in data 20 marzo (fono 2045/Ord.) la segnalazione che sulle prime 300 reclute avviate al C.A.R. ben 30 (cioè il 10 %) erano state avviate dal C.A.R. stesso in osservazione e fu a seguito di tale segnalazione che la scrivente intensificò i giri d'ispezione presso i Distretti e richiamò i vari ufficiali medici all'osservanza delle norme riferite.

Però, all'osame preciso dei dati degli invii in osservazione fino a tutto il 24 marzo, resultò che su circa 400 reclute fino allora arrivate al C.A.R. solo per 14 (3,5 %) era stato disposto l'invio in osservazione.

7°) - L'osservazione contenuta sul rapporto mensile del 7° B.L.U. si riferisce ad una visita fatta al 7° C.A.R. dalle Autorità Alleate nella seconda quindicina di marzo, ossia nei primissimi giorni dell'afflusso delle reclute, ed è da presumere, che, per spiegabili equivoci derivanti dalla sovrabbondanza di lavoro presso l'Infermeria del C.A.R. (controllo sanitario individuale, e vaccinazioni)le informazioni fornite da qualche ufficiale medico del C.A.R. stesso, non siano state precise. Ciò, perchè anche a questa Direzione pervenne dal superiore comando in data 20 marzo (fono 2045/Ord.) la segnalazione che sulle prime 300 reclute avviate al C.A.R. ben 30 (cioè il 10 %) erano state avviate dal C.A.R. stesso in osservazione e fu a seguito di tale segnalazione che la scrivente intensificò i giri d'ispezione presso i Distretti e richiamò i vari ufficiali medici all'osservanza delle norme riferite.

Però, all'osame preciso dei dati degli invii in osservazione fino a tutto il 24 marzo, resultò che su circa 400 reclute fino allora arrivate al C.A.R. solo per 14 (3,5 %) era stato disposto l'invio in osservazione.

Pertanto fino alla detta data (posteriore alla visita ispettiva dalle Autorità Alleate) la percentuale degli invii in osservazione era solo del 3,5 %, quindi ben lontana dalla percentuale del 10 % segnalata.

Da rilevare inoltre che di tali 14 inviati, per nessuna recluta era stato adottato il provvedimento di eliminazione definitiva e che per 4 era stato confermato il giudizio d'idoneità incondizionata, e per 10 era stata disposta la assegnazione ai S.S.

3°) - Per quanto concerne il rilievo sul personale sanitario assegnato al C.A.R., si fa notare che lo stesso personale è stato scelto accuratamente in base alle norme di codesto Ministero ed ha frequentato lo speciale corso d'igiene alla Scuola di Manziana. Il Capitano medico dirigente del servizio sanitario del C.A.R., appena ultimato il corso, ottenne una licenza premio per la Sardegna, direttamente dalla Scuola di Manziana e, pertanto, non potè, effettivamente, partecipare all'organizzazione del servizio, nè si trovò presente all'arrivo delle reclute. Questa Direzione, peraltro, provvide tempestivamente con l'assegnazione di altro ufficiale medico inferiore e di un ufficiale medico superiore, rimasti presso il C.A.R. fino al ritorno in sede del Dirigente titolare.

Per quanto riguarda il personale sanitario di assistenza fu pure tratta fra quelli che avevano frequentato il corso speciale di addestramento di Cesano ed anzi è da precisare che il personale stesso fu scelto proprio personalmente dal Dirigente interinale del servizio sanitario del C.A.R.. Poichè, anche alla scrivente, dopo i primi giorni di attività del C.A.R. risultò che effettivamente tale personale, per quanto avesse frequentato detto corso, non era ancora all'altezza del compito, fu disposto l'invio a Siena di un maresciallo di sanità in C.Q. praticissimo del servizio, allo scopo di completare l'addestramento del personale e collaborare nel completamento di tutta l'organizzazione.

Da quanto rappresentato, la scrivente può dare assicurazione a codesta Direzione Generale, che tutta l'organizzazione del servizio sanitario del 7° C.A.R. è stata disposta ed attuata secondo le norme ricevute. L'opera svolta dai dipendenti ufficiali medici superiori, comandati presso i Distretti del territorio, si è dimostrata pienamente rispondente alle direttive loro date. Ognuno di essi ha disimpegnato il proprio compito con piena capacità professionale, massimo impegno e comprensione del valore sperimentale dell'applicazione delle nuove norme di reclutamento.

IL COLONNELLO MEDICO

alla scrivente, dopo i primi giorni di attività del C.A.R. risultò che effettivamente tale personale, per quanto avesse frequentato detto corso, non era ancora all'altezza del compito, fu disposto l'invio a Siena di un maresciallo di sanità in C.A. praticissimo del servizio, allo scopo di completare l'addestramento del personale e collaborare nel completamento di tutta l'organizzazione.

Da quanto rappresentato, la scrivente può dare assicurazione a codesta Direzione Generale, che tutta l'organizzazione del servizio sanitario del 7° C.A.R. è stata disposta ed attuata secondo le norme ricevute. L'opera svolta dai dipendenti ufficiali medici superiori, comandati presso i Distretti del territorio, si è dimostrata pienamente rispondente alle direttive loro date. Ognuno di essi ha disimpegnato il proprio compito con piena capacità professionale, massimo impegno e comprensione del valore sperimentale dell'applicazione delle nuove norme di reclutamento.

IL COLONNELLO MEDICO DIRETTORE
- Filippo Grifi -

P. C. C.
IL COL.MED. CAPO DIVISIONE
(P. Santoli)

Subject: Hygiene and Sanitation.

Land Forces Sub Commission,
AC, (MMIA) RCME.
Reference: M/6/136.
1st June 1946.

DADMI,
R.A.A.C.

The Italian War Ministry have a Welfare and Administration School at Rieti. The training carried out at this school includes a course in "Hygiene and Sanitation" for Regimental Officers and Regimental Nursing Orderlies.

They have requested that the instructor for this course be allowed to view British Models of hygiene, sanitation and anti-malarial appliances.

Could arrangements be made please, for the instructor to view the models of the local Hygiene Section at a time and date convenient to you.

Major,
D.A.D.M.S.,
M.M.I.A.

/gcw

TRANSLATION

FROM : M. of W.
TO : M.M.I.A. (for info.)
TO ; Mil. Terr. Command of Palermo.

REF: 1/2680/San
DATE: 1515/46

SUBJECT : Inspection carried out by the Commander of JI BLU Palermo to the Military Territorial Hospital.

Reference M/6/184 dated May 7th 1946.

We enclose, for your concern, a copy of the report made by Maj. S.E. SNEEZUM, regarding the inspection he carried out at the a/m Mil. Hospital, begging that you kindly provide for eliminating the inconveniences noticed by the a/m report, kindly reporting to us and M.M.I.A. (for info) the provisions taken by you.

4274

Sgd. MANFREDI

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

Seen

DADMS

S/Capt

File Ref M/6/510

Date Received 21 MAY 1946

Ministero della Guerra
DIREZIONE GENERALE DI SANITA' MILITARE

Roma 15-5 1946

Divisione I^a Sez I^a
Prot. N. 1/2680/San Allegati

COMANDO MILITARE TERRITORIALE -- S.N. - Sezione Servizi -
PALERMO

Risposta al f. del
Div. Sez. N.

OGGETTO Ispezione del Comandante dell'11 B.L.U. all'Ospedale Militare Territoriale di Palermo.-

MED

e, per conoscenza:

ALLA LAND FORCES SUB COMMISSION A.C. (MMIA)
ROMA

(rif. M/5/184 = 7 maggio 1946).

Si trasmette, per competenza, copia della relazione fatta dal Maggiore S.E. SNEEZUM relativa alla visita ispettiva eseguita presso l'Ospedale Militare in oggetto con preghiera di volersi compiacere disporre perchè siano eliminati gli inconvenienti citati nella relazione stessa, informando la scrivente e per conoscenza la M.M.I.A. dei provvedimenti adottati.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen
L. - D.A.S.
S/Capt
File Ref M/5/610.
Date Received 20 MAY 1946

pel MINISTRO
A. Manfredi

Generale Revisore

42273

Subject: Observations from a Visit of O.C. 11 B.L.U. to Medical Installations in PALERMO AREA.

Land Forces Sub Commission,
A.C., (U.M.T.A.)., ROME.
Reference: M/G/184.
7th May 1946.

Ministry of War,
Direzione Generale di
Sanita Militare.

The attached copy of a report received from No. 11 British Liaison Unit, is forwarded for your information.

May I have your remarks on paragraphs "1 - (c), (d), (e), and (f) please.

Major,
D.A.D.M.S.,
M.M.I.A.

4272

/gcw

GOVT.

Subject: Military Hospitals - Inspection.

11 British Liaision Unit
Tel. 18572 PALERMO
M/1

1st May 1946.

To : Land Forces Sub Commission,
A.C., (MMIA)
ROME

11 Principle Terr Hospital (PALERMO)

1. From a visit made by Major S.E. SWEZEY on 30.Apr.46. to the abovenamed military hospital the following observations were made :

(a) The hospital was very clean, tidy, and efficient.

(b) There is at present a shortage of specialist O.R. personnel, but 160 men are expected to arrive within a few days for training at the hospital from G.A.R's, on the mainland.

(c) The present supplies of coal amounting to between 4 and 6 tons per month are reported to be inadequate. Consequences are -

(i) The hospital laundry is on many occasions unable to function.

(ii) The same applies to the disinfestation sterilisation machinery and baths.

(iii) The one time reputed spotless kitchen, converted by a proud Italian Sister is now blackened by the charcoal fumes emitted by the enforced use of wood fuel.

There is evidently no Army ration of coal, and it is purchased locally. This coal is also often of poor quality. The same problem is said to exist at the other hospital at MESSINA.

Could an investigation be made whereby the Ministry of War will ensure an adequate supply of coal for hospital units.

The particular hospital in question state that their monthly requirement is 25 tons.

(d) Only about 50% of beds were supplied with mosquito nets. More are evidently unobtainable.

(e) Patients were comfortable and well looked after, but seemed rather in low moral, probably due to boredom. It was suggested to the Director that handicrafts should be organised for bed patients by daily visits from Red Cross personnel and/or by the employment of civilian welfare societies.

(iii) The one time reputed spotless kitchen, converted by a proud Italian Sister is now blackened by the charcoal fumes emitted by the enforced use of wood fuel.

There is evidently no Army ration of coal, and it is purchased locally. This coal is also often of poor quality. The same problem is said to exist at the other hospital at MESSINA.

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This suggestion was at first received rather disdainfully with a reply that such an arrangement would not appeal to the mentality of the Italian soldier.

(f) There was no remedial class in the form of handicrafts for surgical patients who had damaged or lost limbs. System is that of employing merely remedial exercise.

(g) An extremely good theatre has been constructed in the hospital for the benefit of up-patients.

S.E. [redacted], Major,
D.A.A., & Q.M.G.

SEH/SI
GHP

/GCW

Subject: Military Hospitals. Inspection

Med

11 British Liaison Unit
Tel. 18372 PALERMO
M/1

(May 46.

To : Land Forces Sub Com.A.C.
(M.M.I.A.)
ROME

RECEIVED 7 MAY 1946
6458

11 Principal Terr. Hospital (PALERMO)

1. From a visit made by Major S.E. SNEEZUM on 30.Apr.46. to the above named military hospital the following observations were made:

a) The hospital was very clean, tidy and efficient.

b) There is at present a shortage of specialist O.R. personnel, but 160 men are expected to arrive within a few days for training at the hospital from C.A.R.'s, on the mainland.

c) The present supplies of coal amounting to between 4 and 6 tons per month are reported to be quite inadequate. Consequences are:-
(i) The hospital laundry is on many occasions unable to function.
(ii) The same applies to the disinfestation sterilisation machinery and baths.
(iii) The one time reputed spoltess kitchen, coverted by a proud Italian Sister is now blackened by the charcoal fumes emitted by the enforced use of wood fuel.

There is evidently no Army ration of coal, and it is purchased locally. This coal is also often of poor quality.
The same problem is said to exist at the other hospital at MESSINA.

Could an investigation be made whereby the Ministry of War will ensure on adequate supply of coal for hospital units.

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It was suggested to the Director that handicrafts should be organised for bed patients by daily visits from Red Cross personnel and/or by the employment of civilian welfare societies.

This suggestion was at first received rather disdainfully with a reply that such an arrangement would not appeal to the mentality of the Italian soldier.

f) There was no remedial class in the form of handicrafts for surgical patients who had damaged or lost limbs. System is that of employing merely remedial exercise.

g) An extremely good theatre has been constructed in the

hospital for the benefit of up-patients.

S.E. SNEEZUM,
Major,
D.A.A. & Q.M.G.

SES/SI
C.M.F.

Medical Branch
and Forces Sub Commission
A C (AMIA)
Sean
DMS
S/Capt
File Ref M/61462
Date Received 7 MAY 1946

Subject:- Notes on visit to Medical Establishment, FLORENCE TERR COMMAND.

Land Forces Sub Commission,
A.C., (M.M.I.A.), ROME.
Reference: M/6/185.
6th April 1946.

Ministry of War,
Direzione Gene al di
Sanita Militare.

Herewith copy of a report by the D.A.D.M.S., together with his remarks, in respect of his recent visit to 7 Terr Command.

Major,
D.A.D.M.S.,
M.M.I.A.

Copy to:- Officer Commanding
7 British Liaison Unit,
FLORENCE.

4268

/BCW

NOTES ON VISITS MADE OVERLAND. (MEDICAL ESTABLISHMENTS).

ADRIANCE.

25th April 1946.

I visited the Instituto Chemico Farmaceutico but it was not in full working order as it was a General Holiday.

The Commanding Officer showed me the storerooms and it appeared that some medical stores were in sufficient quantity but others were in very short supply. He mentioned that in some cases he had less than three months supply and had not been informed from whence replenishments were to come. I told him to send a complete list to the War Ministry - a copy to 7 British Liaison Unit for onward transmission to MMA. The list will include bandages, stains for microscopic work and X-Ray films.

170 truck loads of machinery and crude drugs received from MEDIO, a further 130 are expected. It is reported that ARAR have requisitioned all bandages found at MERANO - the Italian Army is in great need of this item.

MEDIO occupy five storerooms of this institute. These rooms are urgently required by the Army as machinery received from MEDIO will have to be assembled therein otherwise the institute will never get into production.

Whatever the items it be they will have to be obtai sources. AMG state that n from Allied sources.

Suggest ARAR be appro to releasing some of the bun

The War Ministry sho efforts to obtain these bull

26th April 1946.

Interview with DDMS, 7 Terr Command. He was quite satisfied with the hospital situation in the Command. His complaints and suggestions were:

1. He had no transport and when he applied to Terr Command HQ for a car from the "pool" he was told that none were available. Under these circumstances neither he, or the Hygiene Officer have been able to make any routine

/visits/2

NOTES OF PLACES VISITED. (MEDICAL ESTABLISHMENTS).

GREECE.

Mitute Chemico Pharm-
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and X-Ray films.

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an Army is in great need

re storerooms of this
e urgently required by the
from MEAFO will have to be
the Institute will never get

Whatever the items in short supply may be they will have to be obtained from Italian sources. AMIO state that none are available from Allied sources.

Suggest AFHQ be approached with a view to releasing some of the bandages to the Army.

The War Ministry should increase its efforts to obtain these buildings.

S, 7 Tour Command. He was quite situation in the Command. His

t and when he applied to Terr
s "pool" he was told that none
e circumstances neither he, or
n able to make any routine

/visits/2

visits or inspections.

2. One general suggestion be made was that "Military Hospitals on Civil Stations" be done away with and patients transferred to Military Hospitals.

REMARKS.

In view of the approaching
essential that - atleast - the Hygiene
facilities do visit units to ensure th
precautions are being taken, and also
arrangements. Suggest HQ Terr Comm
Distretto Generale di Sanita Militare
a vehicle available.

The difficulty with this s
by transferring the patients the Ambu
140,000 military rations would most l
I do not think it practicabl
patients to Military Hospitals. Sugg
"civil" hospitals be closed down and
to other "civil" hospitals that have
number of cases requiring treatment
will gradually diminish.

3. He was worried over an outbreak of measles at the C.A.R. at SIENA and also complained of overcrowding there. The overcrowding was confirm-ed by 7 ELU. I accompanied Major Hamilton on a visit to the CAR on the 27th April - see report below.

4. He is anxious to have the Military Hospital LEGHORN de-requisitioned - it is in being used as a Transit Camp by the U.S.Army - so that the Military Hospital LUCCA can be transferred to LEGHORN.

I will try to find out the de-requisitioning will take place.

MEDICAL SCHOOL, FLORENCE.

This comes under the direct control of the War Ministry, (I&S). The War Establishment of instructors, etc., has not yet been fixed and no courses of instruction arranged. The building is in very good condition - only a few windows are missing.

The School is ready to take Officer Cadets but these are not expected until the next lot of students graduate from the Universities - which I believe is in July or August. The following equipment necessary for training was taken away by the Germans and has not yet been replaced, although particulars have been forwarded

/to the/3

(2)

REMARKS.

In view of the approaching malaria season it is essential that - atlcast - the Hygiene officer be given facilities to visit units to ensure that anti - malaria precautions are being taken, and also to inspect sanitary arrangements. Suggest HQ Terr Command be approached by the Direzione Generale di Sanita Militare with a view to making a vehicle available.

The difficulty with this suggestion is rations; by transferring the patients the Authorised ceiling of 140,000 military rations would most likely be exceeded.

I do not think it practicable to transfer all patients to Military Hospitals. Suggest that certain of the "civil" hospitals be closed down and patients transferred to other "civil" hospitals that have empty beds as the number of cases requiring treatment in "civil" hospitals will gradually diminish.

I will try to find out the likely date that de-requisitioning will take place.

/to the/3

to the War Ministry.

Complete X-Ray Apparatus.
Certain Dental Instruments.

There is no accomodation available for Officer Cadet Students, and NCO's undergoing specialist training. The Official Medical School Barracks - San Giorgio - is occupied by the HQ Company of POLCOMD GROUP, approximately 200 men. It is not possible to accomodate students in the school itself, an attempt to arrange this failed as to make accomodation for 100 only, (300 are expected), it would cost at least 2 million lires for sanitation arrangements only.

Another suggestion that does not meet with the approval of anyone is to billet the Officer Cadets in the same barracks as the POLCOMD - San Giorgio Barracks - the view of all concerned is that the Medical Corps should be given these barracks. I visited the San Giorgio barracks and found that quite a lot of it was in poor "shape" and that it would cost quite a large sum of money to get it back to it's proper state.

The stores required shou
soon as possible.

The War Ministry should
for the return of these barracks.
are not successful they should fin
accomodation in FLORENCE.

27th April 1946.

I accompanied Major Hamilton on a visit to 7 CAR at SIENA.

The Medical officer stated that up to date he had had eleven cases of measles. Owing to the overcrowding he was afraid that the disease would spread despite any prophylactic measures he might take. I went to one of the barrack rooms to satisfy myself that the overcrowding was as reported. I found that there had been no exaggeration. Twelve double tier beds were in a "bay" measuring 25'x15'x12'.(apprax'). the window could not be opened properly owing to the beds being close to it. There were ten of these "bays" in the barrack room which meant 240 men.

I consider the barracks ar
the number of troops as they were
The danger of overcrowding
infectious disease gets a hold it i
very serious proportions and there

Is it not possible to find
accomodation?

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Hamilton on a visit

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olve double tier beds
x15'x12'.(approx'). the
perly owing to the beds
ten of these "bays" in
40 men.

The stores required should be issued as soon as possible.

The War Ministry should continue its efforts for the return of these barracks. If their efforts are not successful they should find other suitable accomodation in FRANCE.

I consider the barracks are housing twice the number of troops as they were built for.

The danger of overcrowding is that once an infectious disease gets a hold it is likely to reach very serious proportions and thereby hold up training.

Is it not possible to find additional accomodation?

/4

(4)

This overcrowding meant that the sanitary and ablutions arrangements were totally inadequate, as they consisted of six latrines and two urinals; 30 taps - no washbowls - Water only available during certain hours of the day.

The Barrack Room I visited is reported to be typical of all the barracks.

It is understood that the overcrowding problem will be eased when the personnel selected for specialist training are sent to the various technical schools, only to recur again when the next call-up takes place.

I also visited the kitchen, dining hall, and ration stores. All these buildings require "fly-proofing".

The only complaint about rations was regarding the bread - the sample I tasted was very "doughy" in the centre.

There were no complaints regarding medical stores - the Medical Officer stated that the DDMS, FLORENCE Terr Command had promised him all help in this respect.

The Medical Officer, wh
few days before my visit, has al
report for transmission to 7 Terr

Flyproofing should be ca
immediately.

Major,
D.A.D.M.S.,
M.M.I.A.

4th May 1946.
/[illegible]

…eant that the
…ements were totally
… of six latrines and two
…ls - Water only available
… day.

The Medical Officer, who joined the CAR a few days before my visit, has already prepared a report for transmission to 7 Terr Command HQ.

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…hat the overcrowding
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Flyproofing should be carried out immediately.

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…laints regarding medical
… stated that the DDMS,
…romised him all help in

[signature]

Major,
D.A.D.M.S.,
M.M.I.A.

Subject: Observations from Report of 7 B.I.U.

Land Forces Sub Commission,
A.C., (M.M.I.A.)., ROME.
Reference: M/6/182.
6th May 1946.

Officer Commanding
7 B.I.U., FLORENCE.

The observations contained in your report for March 1946 were taken up with the War Ministry.

Extracts from their reply are quoted hereunder -

1. Premises Occupied by MEDIBA.

Arrangements have been made whereby no more stores are received into those premises by MEDIBA.
Issues for the whole of Italy will in future be made from FLORENCE and by so doing it is hoped to have the stores vacated in a month or so.

2. Medical Orderlies at C.A.R.'s.

These men have recently been trained and lack practical experience. It is the duty of the Medical Officers to complete and perfect the training of these men.

3. Medical Inspections at the Districts.

Complete instructions regarding medical inspections of recruits were forwarded to all Medical Officers. These Medical Officers were specially selected for duty at the Military Districts. The Medical Director of 7 Territorial Command has been asked for specific cases so that the responsibility may be placed on the Medical Officer concerned.

Major,
D.A.D.M.S.,
M.M.I.A.

/BCW

TRANSLATION

FROM: Ministry of War. REF: 1148/ML

TO: M.M.I.A. DATE: 23 Apr 46.

SUBJECT: Observations from the monthly report of 7 B.L.U.

Reference your M/6/181 of 12 Apr 46, we would inform you:

1) - Premises of the Military Chemical Pharmaceutical Institute at Florence occupied by the Endimea.

The Endimea is occupying part of the premises of the Florence Institute because it replaced the A.C. in the management of the Allied medicines which are intended for the civilian population and have been stored in the said Institute since the beginning of 1945.

In expectation of the dispatch to Florence of the stores from Merano and the depot of Magliana, negotiations have been going on since July 1945 in order to obtain the clearing of the premises, but in view of the enormous quantity of stores and transport difficulties this has been absolutely impossible.

Recently, however, at a meeting held on the matter between representatives of the Ministry of War, the Ministry of the Treasury, and the Endimea, it was laid down:

- that the agreements already commenced at Florence between the Military Territorial Command and the Endimea representatives (agreements which have already lead to the clearing of four sheds) will be continued on such a way as to ensure the receipt and custody of all stores arriving at the Institute;
- that the Endimea will bring no further goods into the Florence stores;
- that the Public Health and Endimea Directorates will, for the forthcoming distributions, draw mainly on the Florence depot in order that it can be cleared as soon as possible.

This Directorate-General therefore hopes that the clearance may be completely effected within a few months, however it would be pleased of any kind interest on the part of your Mission which may urge speed on the part of the Endimea.

We would assure you that none of the medical stores arriving at Florence will be left out in the open.

4 ~ 32

2) - Military Other Rank Personnel on duty at the C.A.R. M.I.Room.
The a/m personnel are trained at the Services and Welfare School at Rieti, where the second course, of four weeks duration, for medical orderlies and male nurses was held during March last. Four men, having successfully completed the said course, have been posted to 7 C.A.R., as shown in letter 40010/1 of 3.3.46 from the Directorate-General for Conscription F.C.O.s and Other Ranks.
Prior to that, in Jan last the first training course for medical orderlies and male nurses was held at the Cesano School and was attended by seven other ranks from each Military Territorial Command.

It is obvious that it is the duty of the medical officers to complete and perfect the training of the a/m personnel at the unit to which they are posted so that they may usefully carry out all the duties entrusted to them.

Medical Inspections at the Districts.

From the enclosed circulars 5/312/M.L.,915/M.L., and 1049/M.L., dated 1 Feb 45, 15 Dec 45 and 4 Mar 46 respectively, it will be seen that this Directorate-General has given instructions to the effect that physical selection at the Districts must be both accurate and rigorous with the object of incorporating only the truly healthy and physically suitable part of the draft being called up.

The medical officers carrying out such duties, selected from among those of long and sound experience, in addition to being supplied with lists A & B of defects and infirmities regarding physical aptitude for military service, will from time to time be instructed personally by the Medical Director and by the hospital directors, as is also shown in attached letter 734/IP/1 dated 16 Jun 46 from the Medical Directorate of the Florence Military Territorial Command.

However, this Directorate-General has approached the Medical Directorate of the Florence Military Territorial Command in order that urgent enquiries may be carried out on the matter in order to ascertain the eventual responsibility of and the names of the military districts at which the medical examinations do not appear to have been carried out with the ~~view~~ due, and particularly, urged, method and accuracy.

4201

sgd. FADDA

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

Roma, 23-4-1946

Ministero della Guerra
DIREZIONE GENERALE DI SANITA' MILITARE

DADMS
Seen
File Ref M/6/406.
Date Received 25 APR 1946

Al LA LAND FORCES SUB COMMISSION
A.C. (M.M.I.A.) - D.A.D.M.S. -
ROMA

MED

Divisione II^a Sez. II^a
Prot. N.° 1148/M Allegati

Risposta al Foglio del
Div. Sez. N.° 4

OGGETTO Osservazioni rilevate nel rapporto mensile del 7 BLU.

TRANSLATION

e, per conoscenza:
AL GABINETTO
ALLO STATO MAGGIORE R.E.
ALL'UFFICIO COORDINAMENTO

IN 0900 SEDE
26/4 SEDE

~~~~~~~~~~~~~~~~

Con riferimento al foglio M/6/181, in data 12-4-1946, si comunica:

1°) Locali dell'Istituto Chimico Farmaceutico Militare di Firenze occupati dall'Endimea.

L'Endimea occupa parte dei locali dell'Istituto di Firenze in quanto essa è a suo tempo subentrata alla A.C. nella gestione dei medicinali alleati, destinati alla popolazione civile e immagazzinati nell'Istituto stesso fin dal principio del 1945.

In previsione dell'avviamento a Firenze dei materiali si Merano e del Deposito della Magliana, fin dal luglio 1945 sono state intraprese pratiche per ottenere lo sgombero dei locali, ma data l'enorme mole del materiale e la difficoltà del trasporto, la cosa non è stata assolutamente possibile.

Recentemente, però, in una riunione appositamente tenuta tra i rappresentanti del Ministero della Guerra, del Ministero del Tesoro e dell'Endimea, è rimasto stabilito:

- che saranno proseguiti gli accordi già iniziati a Firenze
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Recentemente, però, in una riunione appositamente tenuta tra i rappresentanti del Ministero della Guerra, del Ministero del Tesoro e dell'Endimea, è rimasto stabilito:

- che saranno proseguiti gli accordi già iniziati a Firenze fra il Comando Militare Territoriale ed il rappresentante dell'Endimea (accordi che hanno già portato allo sgombero di 4 capannoni) in maniera da assicurare il ricovero e la custodia di tutti i materiali in arrivo allo Istituto;
- che nessuna altra merce sarà introdotta nei magazzini di Firenze da parte dell'Endimea;
- che la Direzione dello Sanità Pubblica e l'Endimea, nelle prossime distribuzioni, attingeranno essenzialmente al Deposito di Firenze, in maniera che esso possa essere sgomberato nel più breve tempo possibile.

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Ministero della Guerra
DIREZIONE GENERALE DI SANITA' MILITARE

Roma, ...

Al ...

Divisione ... Sez. ...
Prot. N.° ... Allegati ...

Risposta al Foglio del ...
Div. ... Sez. ... N.° ...

OGGETTO ...

Questa Direzione Generale spera quindi che lo sgombero abbia ad essere completato in capo ad alcuni mesi, tuttavia gradirà ogni cortese interessamento di codesta Missione, atto a sollecitare l'Endimea stessa.

Si assicura che nessun materiale sanitario in arrivo a Firenze verrà lasciato all'aperto.

2°) - <u>Personale militare di truppa in servizio presso le infermerie dei C.A.R.</u>

Esso viene addestrato presso la scuola servizi ed assistenza in Rieti, dove nel mese di marzo u.s. è stato tenuto il 2° corso per aiutanti di sanità ed infermieri, della durata di 4 settimane. Di essi quattro militari, dopo aver ultimato il corso stesso con esito favorevole, sono stati assegnati al 7° C.A.R., come risulta dal foglio n. 40010/1, in data 30-3-1946 della Direzione Generale Leva Sottufficiali e Truppa.

Precedentemente, nel gennaio c.a., era stato tenuto il 1° Corso di addestramento per aiutanti di sanità ed infermieri presso la scuola di Cesano e ad esso avevano partecipato sette militari di truppa per ogni Comando Militare Territoriale.

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E' ovvio che è compito degli ufficiali medici di completare e perfezionare l'addestramento del suddetto personale presso il corpo di assegnazione in modo che esso possa utilmente disimpe= gnare tutte le mansioni affidategli.

<u>Visite mediche presso i distretti.</u> 4259

Dalle allegate circolari n. 5/312/M.L., 915/M.L. e 1049/M.L.,ri= spettivamente in data 1-2-1945, 15-12-1945 e 4-3-1946, si rileva che sono state date disposizioni da questa direzione generale affinchè la selezione fisica presso i distretti fosse accurata e rigorosa al= lo scopo di incorporare solo la parte veramente sana e fisicamente prestante del contigente chiamato alle armi.

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Ministero della Guerra
DIREZIONE GENERALE DI SANITÀ MILITARE

Roma,

Al

Divisione Sez.
Prot. N.° Allegati

Risposta al Foglio del
Div. Sez. N.°

OGGETTO

Gli ufficiali medici comandati a tale servizio, scelti tra quelli di lunga e sicura esperienza, oltre ad essere forniti dell'elenco A e B delle imperfezioni e delle infermità riguardanti l'attitudine fisica al servizio militare, vengono di volta in volta istruiti personalmente dal Direttore di Sanità e dai Direttori di Ospedale, come risulta pure dall'allegato foglio n. 734/IP/I in data 16-2-1946 della Direzione di Sanità del Comando Militare Territoriale di Firenze.

Comunque, questa Direzione Generale ha interessato la Direzione di sanità del Comando Militare Territoriale di Firenze perchè siano esperite d'urgenza indagini in merito, in modo da accertare le eventuali responsabilità ed i nominativi dei distretti militari presso i quali le visite mediche risultassero non eseguite con il metodismo e l'accuratezza dovuti e particolarmente raccomandati.

pel MINISTRO
F. Fadda

co A e B delle imperfezioni e delle infermità riguardanti l'attitu=
dine fisica al servizio militare, vengono di tolta in volta istrui=
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pel MINISTRO
F. Fadda

4258

ES.
= COPIA =

MINISTERO DELLA GUERRA
Direzione Generale di Sanità Militare
Divisione 2ª - Sez. 2ª
****

Prot. N° 915/ML. Roma, 15 Dicembre 1945

A TUTTI I COMANDI MILITARI TERRITORIALI — LORO SEDI
A TUTTE LE DIREZIONI DI SANITA' DEI COMANDI MILITARI TERRITORIALI — LORO SEDI
A TUTTI I DISTRETTI — LORO SEDI

OGGETTO: = Idoneità fisica al servizio militare in rapporto agli articoli 1 e 2 dell'Elenco A infermità =

Con riferimento alla lettera circolare N° 889/ML. del 28 novembre u.s., in attesa che, sulla base degli studi svolti, siano fissati, a modifica dell'attuale elenco infermità A e B, i nuovi dati antropometrici indicanti l'indice di robustezza minima dell'organismo, occorrente per l'idoneità al servizio militare incondizionato, si trasmette l'allegata tabella, i cui dati, interessanti gli articoli 1 e 2 del predetto elenco, dovranno essere portati a conoscenza di tutti gli ufficiali medici incaricati delle operazioni di chiamata alle armi. -

Le nuove norme, in attesa delle disposizioni legislative in merito, devono per ora essere applicate solo a titolo di esperimento e dovranno essere documentati ed illustrati alla scrivente i casi in cui esse praticamente contrastino con gli indici di robustezza fissati dai vari autori. -

Il perito sanitario, all'atto della visita, riporterà sempre nell'esame obbiettivo i dati antropometrici di cui all'unita tabella ed esprimerà il giudizio medico-legale relativo allo sviluppo somatico funzionale del soggetto, attenendosi a quanto stabilito dagli art. 1 e 2 Elenco A inf., attualmente in vigore, tenendo presente, però, che per i soggetti giudicati idonei in base a tali

Oggetto: Idoneità fisica al servizio militare in rapporto agli articoli 1 e 2 dell'Elenco A infermità =

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"idoneo al servizio incondizionato: resta nella posizione di congedo illimitato provvisorio per rispondere alla chiamata in

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epoca da determinarsi per deficienza del ..... (peso, perimetro toracico, statura) a senso delle circolari ministeriali N. 915 in data 15/12/1945 della Direzione Generale Sanità Militare e N.....in data..... della Direzione Generale Leva Sottufficiali e Truppa (citare quella con la quale è indetta la chiamata alle armi)".-

Ciò vale naturalmente quando l'individuo non presenti infermità o imperfezioni che comportino l'applicazione di altri articoli dell'elenco, nel qual caso la procedura consueta resta invariata. -

Data l'importanza dell'argomento, che in occasione della chiamata alle armi del 2° e 3° quadrimestre classe 1924 dovrà essere sottoposto ad uno studio accurato ed al vaglio critico della pratica attuazione ai fini di portare alla tabella allegata tutte quelle utili modificazioni che armonizzino con i nuovi concetti informativi sulle operazioni di reclutamento del nuovo esercito italiano, le Direzioni di Sanità in indirizzo sono pregate di comandare alle visite per la suddetta chiamata alle armi quegli ufficiali medici,che per esperienza e valore professionale diano sicuro affidamento di svolgere con cura e con certezza di risultato proficuo il compito che verrà loro affidato, previa illustrazione di esso e con un piano organico di lavoro. -

Ad operazioni ultimate le predette Direzioni faranno conoscere il risultato degli studi svolti e trasmetteranno a questo Ministero i dati statistici numerici relativi ai militari giudicati idonei ma da far rimanere nella posizione di congedo illimitato provvisorio per rispondere a chiamata in epoca da determinarsi, distinti in categorie a seconda del dato antropometrico risultato deficiente rispetto ai valori paranormali minimi fissati nell'allegata tabella. -

PEL MINISTRO
F/to S.Fadda

ta tutte quelle utili modificazioni che armonizzino con i nuovi concetti informativi sulle operazioni di reclutamento del nuovo esercito italiano, le Direzioni di Sanità in indirizzo sono pregate di comandare alle visite per la suddetta chiamata alle armi quegli ufficiali medici, che per esperienza e valore professionale diano sicuro affidamento di svolgere con cura e con certezza di risultato proficuo il compito che verrà loro affidato, previa illustrazione di esso e con un piano organico di lavoro. -

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PEL MINISTRO
F/to S.Fadda

4256

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COPIA =

VALORI ANTROPOMETRICI PARANORMALI MINIMI
PER LA IDONEITA' AL SERVIZIO MILITARE
INCONDIZIONATO =

Statura in cm.	154-159	160-164	165-169	170-174	175-179	180 in sù
Perimetro toracico paranormale minimo in cm.	81	83	84,5	86	87	88,5
Peso paranormale minimo in Kg.	54 - 56	56 - 58	58	61,5	65,5	70

Statura in cm.	154-159	160-164	165-169	170-174	175-179	180 in sù
Perimetro toracico paranormale minimo in cm.	81	83	84,5	86	87	88,5
Peso paranormale minimo in Kg.	54 - 56	56 - 58	58	61,5	65,5	70

E3.

MINISTERO DELLA GUERRA
Direzione Generale di Sanità Militare
Divisione 2ª - Sez. 2ª
******

Prot. Nº 1049/ML.

Roma, 4 Marzo 1946

A TUTTI I COMANDI MILITARI TERRITORIALI — LORO SEDI
A TUTTE LE DIREZIONI DI SANITA' DEI COMANDI MILITARI TERRITORIALI — LORO SEDI
A TUTTI I DISTRETTI — LORO SEDI

OGGETTO: = Idoneità fisica al servizio militare =

Con il N. III della circolare Nº 13 G.M. 1946, relativa alla chiamata alle armi dei militari della classe 1924 (2º e 3º quadrimestre), si è disposto che tutti i militari interessati alla citata chiamata dovranno essere sottoposti a rigorosa selezione fisica ai fini di incorporare solo la parte veramente sana e fisicamente prestante del suddetto contingente. -

Nel mentre si richiama a tutti gli ufficiali medici la importanza militare e sociale delle norme emanate con la circolare Nº 915/ML. del 15 dicembre 1945, si precisa:

= La selezione fisica in base agli articoli 1 e 2 dell'elenco A delle imperfezioni ed infermità ed alle norme della citata circolare sarà svolta in sede di distretto, senza l'invio in osservazione in ospedale militare.-

= L'invio in licenza di convalescenza dei militari riconosciuti temporaneamente inabili al servizio, dovrà essere disposto, di massima, in seguito a giudizio di osservazione o di rassegna del direttore dell'ospedale. -

Solo in casi particolari (lievi forme morbose non abbisognevoli di cure ospedaliere e di presunta breve durata) l'ufficiale medico potrà proporre al comandante del distretto una licenza di convalescenza che, in ogni caso, non dovrà superare i 15 giorni. -

veramente sana e fisicamente prestante del soldato combattente. -

Nel mentre si richiama a tutti gli ufficiali medici la importanza militare e sociale delle norme emanate con la circolare N° 915/ML. del 15 dicembre 1945, si precisa:

= La selezione fisica in base agli articoli 1 e 2 dell'elenco A delle imperfezioni ed infermità ed alle norme della citata circolare sarà svolta in sede di distretto, senza l'invio in osservazione in ospedale militare.-

= L'invio in licenza di convalescenza dei militari riconosciuti temporaneamente inabili al servizio, dovrà essere disposto, di massima, in seguito a giudizio di osservazione o di rassegna del direttore dell'ospedale. -

Solo in casi particolari (lievi forme morbose non abbisognevoli di cure ospedaliere e di presunta breve durata) l'ufficiale medico potrà proporre al comandante del distretto una licenza di convalescenza che, in ogni caso, non dovrà superare i 14 giorni. -

= L'opera selettiva rigorosa dovrà essere svolta anche più accuratamente in sede di osservazione presso gli ospedali militari, tenendo presenti gli intendimenti di questo Ministero e che sono in corso studi tendenti ad annullare i concetti restrittivi di eliminazione contenuti nel vigente elenco A e B delle imperfezioni ed infermità riguardanti l'attitudine fisica al servizio militare. -

PEL MINISTRO
F/to S. Fadda

P. C. C.
IL COL.MED.CAPO DIVISIONE
(P. Santoli)

C O P I A

Roma, lì 1° Febbraio 1945

MINISTERO DELLA GUERRA
DIREZIONE GENERALE DI SANITA' MILITARE
Divisione II^ Sez. II^

Prot. N° 5/312/M.L.

ALLA DIREZIONE DI SANITA' DEL
COMANDO TERRITORIALE DI
R O M A

O G G E T T O : Visite mediche presso i Distretti Militari.-

ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITORIALE DI NAPOLI
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI CATANZARO
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI PALERMO
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI BARI
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI CAGLIARI
ALLA DIREZIONE DI SANITA' MILITARE FIRENZE

^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^

Invito i direttori di sanità dei Comandi Territoriali a valutare equamente la grande importanza della chiamata alle armi nell'attuale momento e la inderogabile necessità che le operazioni relative si svolgano regolarmente.

Sorvolo su quanto già categoricamente stabilito dagli articoli 551 e 552 del regolamento per l'esecuzione del T.U. delle leggi sul reclutamento del R.E. e dalle norme del regolamento sul servizio sanitario militare territoriale.

In considerazione che le visite presso le commissioni mobili di leva, a volte, è sommaria, superficiale e, quindi, insufficiente e che, nei casi di richiamo alle armi, i militari vengono esaminati dopo lungo periodo di assenza dalle file dell'Esercito, è indispensabile che la visita medica presso i distretti militari sia metodica, diligente e scrupol

ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR.DI PALERMO
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI BARI
ALLA DIREZIONE DI SANITA' DEL COMANDO TERRITOR. DI CAGLIARI
ALLA DIREZIONE DI SANITA' MILITARE FIRENZE

^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^ ^

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Sorvolo su quanto già categoricamente stabilito dagli articoli 551 e 552 del regolamento per l'esecuzione del T.U. delle leggi sul reclutamento del R.E. e dalle enorme del regolamento sul servizio sanitario militare territoriale.

In considerazione che le visite presso le commissioni mobili di leva, a volte, è sommaria, superficiale e, quindi, insufficiente e che, nei casi di richiamo alle armi, i militari vengono esaminati dopo lungo periodo di assenza dalle file dell'Esercito, è indispensabile che la visita medica presso i distretti militari sia metodica, diligente e scrupolosa.

Ne consegue la necessità di destinare ai distretti militari, in occasione delle operazioni di leva o di richiamo alle armi, ufficiali medici di lunga e sicura esperienza e di assoluta garanzia morale e tecnica.

4253

E' da preferire, perciò che tale compito sia affidato, possibilmente, agli ufficiali medici in s.p., anche se superiori e sia pure con lieve, temporanea sofferenza degli altri eventuali servizi sanitari.

./././.

si sanitari.

Non mi soffermo sul metodismo da seguire in tali visite scrupolosamente, dovendo ciò essere oggetto di particolari istruzioni, che i direttori di sanità, di volta in volta, opportunamente daranno agli ufficiali medici, prima di avviarli ai distretti per l'espletamento del delicato compito ad essi affidato.-

Assicurare.-

p. IL MINISTRO
F/to F.Caldarola

COMANDO MILITARE TERRITORIALE DI FIRENZE (VII)
- Direzione di Sanità -

N. 734/IP/J. di prot. Firenze, 16 febbraio 1946

OGGETTO: Visite mediche presso i Distretti in occasione della chiamata alle armi dei nati nel 2° e 3° quadrimestre del 1924.

ALLA DIREZIONE OSPEDALE MILITARE PRINCIPALE DI FIRENZE
ALLA DIREZIONE OSPEDALE MILITARE DI LIVORNO IN LUCCA
e, per conoscenza:
AL MINISTERO DELLA GUERRA - Direzione Generale di Sanità Militare - Div. 2^ - Sez. 2^ (Rif. f. n. 915/M.L. del 15/12/1945) ROMA
AL COMANDO MILITARE TERRITORIALE - S.M. - Uff. Ord.Mob.Add. - SEDE
AL COMANDO MILITARE TERRITORIALE - Ufficio Servizi - SEDE
AI COMANDI DEI DISTRETTI MILITARI DELLA CIRCOSCRIZIONE TERRITORIALE LORO SEDI
AL COMANDO DEL 7° CENTRO ADDESTRAMENTO RECLUTE SIENA

$$$$^^^^^^^^^^^^

Riferimento circolare n. 13 della Direzione Generale Leva Sottufficiali e Truppa in data 19 gennaio 1946 (Giorn.Mil.Uff. disp. 2^ c.a.-)

In base alle recenti disposizioni emanate dal Ministero della Guerra, saranno escluso dalla chiamata alle armi del contigente in oggetto gli individui:

- di bassa statura (fino a quella di m. 1;54 compresa);
- non in possesso della incondizionata idoneità fisica, cioè assegnati a servizi sedentari, perchè limitatamente idonei.-

Tutte le altre reclute dovrannon invece,esser sottoposte, presso i rispettivi Distretti, a rigorosa selezione fisica, allo scopo di evitare incorporazioni di giovani nei riguardi dei quali dovrebbero altrimenti essere successivamente adottati, presso il Centro di Addestramento, provvedimenti medico-legali.- Pertanto, tale visita di conferma dovrà esser condotta con la massima accuratezza, non solo allo scopo di giudicare della idoneità fisica incondizionata al servizio militare, ma anche per valutare la prestanza fisica degli individui incorporati.Infatti, al comma "d" del paragrafo 5° della circolare qui si fa riferi

Riferimento circolare n. 13 della Direzione Generale Leva Sottufficiali e Truppa in data 19 gennaio 1946 (Giorn.Mil.Uff. disp. 2^ c.a.-)

In base alle recenti disposizioni emanate dal Ministero della Guerra, saranno escluso dalla chiamata alle armi del contigente in oggetto gli individui:

- di bassa statura (fino a quella di m. 1;54 compresa);
- non in possesso della incondizionata idoneità fisica, cioè assegnati a servizi sedentari, perchè limitatamente idonei.-

Tutte le altre reclute dovrannon invece,esser sottoposte, presso i rispettivi Distretti, a rigorosa selezione fisica, allo scopo di evitare incorporazioni di giovani nei riguardi dei quali dovrebbero altrimenti essere successivamente adottati, presso il Centro di Addestramento, provvedimenti medico-legali.- Pertanto, tale visita di conferma dovrà esser condotta con la massima accuratezza, non solo allo scopo di giudicare della idoneità fisica incondizionata al servizio militare, ma anche per valutare la prestanza fisica degli individui incorporati.Infatti, al comma "d" del paragrafo 5° della circolare cui si fa riferimento, è precisato che: "qualora, nonostante le dispense ed i rinvii per benemerenze di guerra, situazioni di famiglia, motivi di studio, si verificherà esuberanza nel contigente presentatosi alla visita, rispetto alla quota stabilita, potrà esser disposto il rinvio ad altra chiamata delle reclute di statura compresa fra m. 1,54 e m. 1,56, o comunque di sviluppo fisico meno armonico e perfetto (anche in relazione al peso).-

Ciò, tranne per quanto riguarda i giovani che nella vita civile esercitano taluni mestieri (specilizzati, vedi paragrafo 6° circolare in riferimento).-

In tale opera selettiva, che dovrà, perciò, portare all'incorpora=mento della parte veramente più sana e fisicamente più prestante del contigente chiamato a visita, si richiede tutto l'impegno personale degli Ufficiali medici, che saranno appositamente designati da que=sta Direzione.-

Tale compito, in questa delicata fase di ricostruzione della Pa-tria, deve essere inteso da ognuno col più alto senso di responsabi=lità e con piena consapevolezza, non solo per l'importanza morale ed attuale che esso presenta, ma, altresì, ai fini dell'efficienza fisi=ca xxxxxx che dovrà caratterizzare il nuovo esercito.-

Perchè la detta selezione, della prossima visita di conferma, pos=sa avvenire con l'accuratezza richiesta, con ordine, e conveniente rapidità, presso ogni Distretto, oltre all'Ufficiale medico normal=mente incaricato del servizio, saranno comandati un ufficiale medico superiore ed uno inferiore.-

Per le reclute che non saranno confermate idonee ad incondizionato servizio, potrà esser preso il provvedimento di:

- invio in osservazione o proposta per la rassegna, a norma degli elenchi A e B delle imperfezioni ed infermità, riguardanti l'atti=tudine fisica al servizio militare;

- invio in licenza di convalescanza.-

Gli elenchi A e B delle imperfezioni ed infermità costituiscono, come è noto, un insieme di norme direttive che debbono servire di guida ai periti medici per ottenere unicità di indirizzo e di crite=rii, la loro interpretazione ed applicazione pratica, in ogni caso in esame, saranno facilitate dalla esperienza e dal corredo di cogni=zioni medico-legali di cui i periti debbono esser forniti.-

Per quanto riguarda gli articoli 1 e 2 di detto elenco (fondamenta-li nel giudizio di idoneità), il Ministero della Guerra, Direzione Generale Sanità Militare, con circ. n. 915/M.L. del 15/12/1945 (tra=smessa dalla scrivente a codeste Direzioni con attergato n. 1319/M.L. del 28/12/1945), inviò a tutti i Distretti Militari la seguente <u>tabel=la dei valori antropometrici paranormali minimi per la idoneità al ser=vizio militare incondizionato:</u>

=.

superiore ed uno inferiore.-

Per le reclute che non saranno confermate idonee ad incondizionato servizio, potrà esser preso il provvedimento di:

- invio in osservazione o proposta per la rassegna, a norma degli elenchi A e B delle imperfezioni ed infermità, riguardanti l'attitudine fisica al servizio militare;
- invio in licenza di convalescenza.-

Gli elenchi A e B delle imperfezioni ed infermità costituiscono, come è noto, un insieme di norme direttive che debbono servire di guida ai periti medici per ottenere unicità di indirizzo e di criterii, la loro interpretazione ed applicazione pratica, in ogni caso in esame, saranno facilitate dalla esperienza e dal corredo di cognizioni medico-legali di cui i periti debbono esser forniti.-

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Statura in cm.	154-159	160-164	165-169	170-174	175-179	180 in su
Perimetro toracico paranorm. minimo in cm;	81	83	84,5	86	87	88,5
Peso paranorm. minimo in Kg.	54-56	56-58	58	61,5	65,5	70

In attesa che possano esser fissati, sulla base delle prossime osservazioni, nuovi dati antropometrici indicanti l'indice di robustezza minimo dell'organismo per l'idoneità al servizio militare incondizionato, gli Ufficiali medici preposti alle visite di conferma presso i Distretti nell'applicazione degli articoli 1 e 2 dell'elenco A, dovranno attenersi ai dati di tale tabella. L'applicazione di tali dati riveste, pertanto, un valore essenzialmente sperimentale e, perciò, i periti medici dovranno cercare di considerare la questione con la massima attenzione, al fine di documentare e, possibilmente illustrare quei casi nei quali, a loro parere, le nuove norme anzidette contrastino, praticamente, con gli indici di robustezza più comuni fissati dai vari autori.

Perciò il perito medico, all'atto della visita, riporterà sempre nell'esame obiettivo i dati antropometrici di ogni individuo (in relazione alla tabella sopracitata) ed esprimerà il suo giudizio medico-legale relativo allo sviluppo somatico funzionale del soggetto, attenendosi a quanto stabilito dagli articoli 1 e 2 dell'elenco A, attualmente in vigore; però terrà presente che, per i soggetti giudicati idonei in base a tali articoli ma che non raggiungono tuttavia i valori minimi paranormali di cui alla nuova tabella, il provvedimento dovrà essere adottato con la seguente formula:

""idoneo al servizio incondizionato; resta nella posizione di congedo illimitato provvisorio, per rispondere a chiamata in epoca da destinarsi, per deficienza del .....(peso, perimetro toracico, statura), ai sensi della circolare ministeriale 915/M.I. in data 15/12/1945 della Direzione Generale di Sanità Militare e n. 19 del 19/1/1946 della Direzione Generale Leva Sottufficiali e Truppa"".-

Ciò vale, naturalmente, per quei casi nei quali l'individuo non presenta infermità o imperfezioni che comportino l'applicazione di altri articoli dell'elenco, nel qual caso la procedura consueta resta invariata.-

Le Direzioni degli Ospedali militari cui la presente è diretta sono pregate d'illustrare, in riunioni appositamente indette entro il corrente mese, ai dipendenti ufficiali medici e particolarmente a quelli comandati per il servizio in oggetto, l'importanza delle indagini antropometriche richieste dal superiore Ministero, in rapporto anche al valore teorico e pratico dei principali indici preposti dai vari autori per la valutazione del grado di robustezza individuale (indici del Pignet, quoziente di Pende, formula del Bouchard, indice ponderale Livi, ecc).-

Solo con l'osservazione accurata ed il vaglio critico dei periti medici chiamati a tale prima applicazione, sarà, successivamente,

./.

possibile apportare alla tabella sopra riportata, le innovazioni più idonee, in armonia con i concetti informativi sulle operazioni di reclutamento del nuovo Esercito italiano.-

Perciò, sarà particolare compito degli Ufficiali medici superiori designati per il servizio in oggetto presso i Distretti, di procedere, personalmente, ai detti rilievi antropometrici, segnando i dati del peso della statura e del perimetro toracico in apposita scheda individuale che i comandi dei Distretti sono pregati di fare approntare d'urgenza (sia squadrata a mano, sia a stampa), secondo il modello allegato, nel numero di copie sufficienti per il contigente previsto.-

Gli stessi ufficiali medici superiori, a servizio ultimato, presenteranno non più tardi del giorno 10 aprile p.v. alla Direzione dello Ospedale Militare dalla quale sono stati comandati, una relazione circa il risultato di questa prima applicazione dei valori antropometrici paranormali minimi, corredata da altrettante schede quante sono state le reclute complessivamente visitate e dal parere personale e degli altri periti medici, circa il valore pratico della tabella applicata, in rapporto anche ad eventuali contrasti con i principali indici di robustezza proposti dai vari autori.-

Le Direzioni degli Ospedali militari sono pregate di raccogliere tali relazioni e trasmetterle alla scrivente, unitamente a tutte le schede e con le annotazioni e considerazioni d'indole pratica e scientifica che riterranno opportune.-

Le schede dovranno esser raggruppate per Distretto, e, per ogni Distretto, distinte in tre gruppi;

- militari incorporati;
- non incorportati;
- inviati in licenza di convalescenza.-

Pregasi dare assicurazione, comunicando i giorni fissati per le illustrazioni antripometriche e per le direttive pratiche agli ufficiali dipendenti.-

I Comandi dei Distretti Militari sono pregati di dare assicurazio=

e degli altri periti medici, circa il valore pratico della tabella applicata, in rapporto anche ad eventuali contrasti con i principali indici di robustezza proposti dai vari autori.-

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- non incorportati;
- inviati in licenza di convalescenza.-

Pregasi dare assicurazione, comunicando i giorni fissati per le illustrazioni antripometriche e per le direttive pratiche agli uffi=ciali dipendenti.-

I Comandi dei Distretti Militari sono pregati di dare assicurazio=ne di aver provveduto all'approntamento delle schede antropometriche individuali secondo il modello allegato e nel numero delle copie pre=viste dal fabbisogno; inoltre, sono pregati di segnalare con cortese urgenza se sono in possesso dell'elenco A e B delle imperfezioni ed infermità riguardante l'attitudine fisica al servizio militare, appro vato con R.D. 26/9/1930 n. 1401 e modificato con R.D. 1° marzo 1937 n. 303 (circ. 222 G.M. 1937).-

IL COLONNELLO MEDICO DIRETTORE
F.to Filippo GRIFI

P.C.C.
Capo Divisione
(P. Santoli)

Subject: Observations from Monthly Report of 7 B.L.U.

Land Forces Sub Commission,
(A.C.)., M.M.I.A., ROME.
Reference: M/6/181.
12th April 1946.

Ministry of War,
Direzione General di
Sanita Militare.

In the Monthly Report from 7 B.L.U., the following observations appear.

1. "4 large buildings at the Institute are at present occupied by ENDIMA. These buildings are now urgently required by the Italian Military Authority at the Rifredi Instituto for the purpose of installing the machinery and stores arriving from MERANO of which there are 400 rail trucks expected."

It is requested that you make further representations to ENDIMA to have these buildings cleared otherwise the Instituto will be prevented from functioning to its full capacity for an indefinite period. It is also pointed out that stores are now being stacked outside buildings, under these conditions they will soon deteriorate and become useless.

2. "M.O's. at 7 C.A.R. have complained that not only is their posted staff insufficiently trained to deal with the considerable work of examining incoming recruits but also that a large number of recruits are below the medical standard required and have to be detained in hospital or rejected. It is indicated that Medical Inspections of recruits on call-up by Military Districts are not thorough enough."

Is it possiblefor fully trained personnel to be posted to all C.A.R's., it would increase efficiency and allow for smoother working within the C.A.R.?

As regards the Medical Examination of Recruits by Military Districts. It is suggested that a detailed list of instructions be issued to all District Medical Officers regarding the Medical Examination of Recruits. The state of affairs mentioned by 7 C.A.R. was also noticed when visiting hospitals in ROME - there was a large number of recruits in civilian clothes who had been sent to hospital for "observation" and inspection by specialists.

File.

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FILE.

A/Major
4/2/43
Major,
D.A.D.M.S.,
M.M.I.A.

GCW

SUBJECT: Clerks D.A.M.C.

Medical Directorate,
G.H.Q. G.M.P.
M 2504/3
28th March 1946

D.A.G.
GHQ 2nd Echelon

Reference Land Forces Sub Commission AG, M.M.I.A letter M/6/179 dated 25th March 1946 addressed this Directorate copy to you.

It is urgently requested that the necessary reinforcements be posted to Land Forces Sub Commission M.M.I.A as they become available.

Brigadier, Asst.
for Major General, D.M.S.

JTB/AGH

Copy to: Medical,
Land Forces Sub Commission,
A.C. M.M.I.A.

Subject: W.E. - M.M.I.A.

Land Forces Sub Commission,
A.C., M.M.I.A.
ROME.
M/6/172. 25th March 1946.

DMS,
GHQ, CMF.

With reference to this HQ letter No. Camp 21/5 dated 31st Jan 1946 addressed to G2S copy to you and letter No. G2S/36278/Pts/2 dated 9 Feb 1946 in reply thereto.

Will you please note that the individuals referred to in the above quoted letters proceeded on release on 20th March 1946. At present this branch is working with one trainee clerk on temporary loan from another branch of this HQ.

May the posting of reliefs for the abovementioned clerks R.A.M.C. be treated as very urgent please.

Major,
D.A.D.M.S.,
M.M.I.A..

4246

CGW

Copy to:- GHQ, G2S, CMF.

Subject: M.E. - M.M.I.A.

Land Forces Sub Comm.
A.C. (MMIA)
RAMF
W/6/178
21 Feb 46

DMS
GHQ. MMF.

With reference to your M.1030/3 dated 1st Feb 46.

1. Issue Vouchers can be costed and cleared by this office and passed to the F.A. (Br).

2. A large quantity of stores are still due to arrive from various Commands and advice notes are still being received. There is no indication that these issues will be finished or decreased by mid-March. Should all the "increment" be taken away, the responsibility for checking the stores would rest solely with the Italians and their word taken for discrepancies. The discrepencies are likely to increase under this system as, apart from anything else, the Italians do not always know the Italian equivalent of British drugs.

3. If the present system of costing and accounting has to be continued, the practice of allowing Italians to take over stores without supervision or checking will be very unsatisfactory. It will mean that we have absolutely no check on quantities handed over and that our financial loss is likely to exceed the saving in the pay of the personnel involved.

4. Will you please confirm that you are prepared to accept this situation which appears to be contrary to the procedure requested in A.F.H.Q. AG 386.3 S(AA)-0 of 2 Oct. 45., para 6c.

Harvey.

Major,
D.A.D.M.S.
M.M.I.A.

4245

/RBG

Medical Directorate,
G.H.Q. C.M.F.
M.1030/3.
1st. February 1946.

Subject : W.E. - M.M.I.A.

To : A.D.M.S., M.M.I.A.

Medical

Reference your M/6/103 dated 30 January 1946.

1. The continuation of the appointments of O.M. and 2 O.Rs. until mid-March only will be supported by this Directorate.

2. After this date, all issue vouchers should be costed by the consignee and then cleared and passed by your office to the F.A. (Br) and then cleared and passed by your office to the F.A. (Br)

3. Please say if this can be arranged.

GPK/TT.

Major General, D.M.S.

Medical Branch
Land Forces Sub Commission
A.C.S. (W&IA)
Seen

L. Elias
Lt/Capt
File Ref M/6/103.
Date Received 3 Feb. 1946

Medical

Subject:- Appointments - Officers.

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.
M. 2006 (11).
13 Feb 46.

DADMS MMIA (2).

Approval is given to the following :

Capt. (QM) L.J. HARVEY (231112), RAMC, 92 (Br) General Hospital to be DADMS HQ MMIA and granted the acting rank of Major, to fill an existing vacancy.

Date of assumption will be reported to GHQ 2nd Echelon on AF W3010A by Medical HQ MMIA, quoting this letter as authority.

Medical Branch
Land Forces Sub Commission
A.C. (MMIA)
Seen

for Major-General, D.M.S.

DWM/KJA. File -/ M/1/162
Date Received 18 Feb. 46.

Copy to:- 'A' 9, GHQ CMF.
DDMS 3 District.
OC 92 (Br) General Hospital.
DAG GHQ 2nd Echelon.
Gazette Section, GHQ 2nd Echelon.

1607 [stamp] 13 FEB 1946

Tel No: VALJEAN 56

02E/36279/Rfts/2

By APS

9 Feb 46

Land Forces Sub Comm AC
Mil Mission Italian Army

Medical

SUBJECT:- Reinforcements - Clerks - RAMC

Reference your Camp 21/5 dated 31 Jan 46.

1. The deficiency of personnel detailed in the above quoted letter has been noted at this HQ and replacements will be despatched as soon as they become available.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)
Seen

DADMS
S/Capt
File Ref M/6/150
Date Received 13 Feb.

CMF

Brigadier,
DAG,
GHQ 2nd Echelon.

Copy to:- DMS GHQ CMF
DAQMG MMIA
ADMS MMIA ✓

Phoned GHQ Med 13 march who said they would hasten O2E.

4242

MM(A)

30 1630 A

GHQ CMF 13 CORPS

M 406 UNCLASSIFIED

FOR MEDICAL (.) LT.COL JAGGER MPA 13 CORPS
05 FEB (.) GHQ LETTER M 2001 (seven) OF
22 JAN REFERS

IMPORTANT

LT.COL ADMS

File
M/6

4241

Subject: W.E. - M.M.I.A.

Land Forces Sub Comm.
A.C. (MMIA)
RCMP
M/6/103
30 Jan 46

DMS
GHQ. CMF.

Further to this office letters M/4/3479 of 24 Nov 45 and M/6/3587 of 13 Dec 45 sent under covering letter M/6/3628 of 21 Dec 45.

Increment to WE CW/1111/2 of this HQ authorises 1 Captain (QM), 1 Sgt Dispenser and 1 Cpl Clerk RAMC. This staff are employed in the Italian Medical Stores Depot MAGLIANA receiving, checking, handing over to the Italian military authorities, and pricing captured Italian medical stores despatched from Depots in CMF, MMF and East Africa Command.

Since the regular monthly indents of medical stores on GHQ CMF were discontinued on the 15 Nov 45, and since the stores being received in the MAGLIANA Depot from the sources given above are not of very considerable value to the Italian War Ministry, the usefulness of this Depot to them has now considerably diminished.

In the meanwhile some 200 tons of medical stores invoiced from these sources remain to be cleared and fresh additions to this list are being added each week. One such invoice has been outstanding six months.

The position therefore regarding the British staff at this Depot is one of great activity as a fresh consignment of stores comes in to be cleared, followed by idleness whilst awaiting the next delivery. Meanwhile every effort is being made by the Italians to clear the Depot by mid-March and transfer its activities to the I.C.F.K. buildings in FLORENCE, where the Italian Army's own Pharmaceutical Plant and Medical Stores Depot is to be re-set up, it is hoped with materials from MURANO.

Under existing

military authorities, and pricing captured Italian medical stores despatched from Depots in CMF, MMF and East Africa Command.

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Under existing conditions therefore unless an entirely new method of dealing with these consignments of stores - whether at MAGLIANA or FLORENCE, is put into effect, indications are that the work for the above British staff at this Depot will drag on indefinitely. 4-40

Alternatively, if notification to all concerned were given that no further consignments of captured stores could be accepted in this Theatre, the British staff of this Depot could be disbanded immediately the last invoice on hand had been cleared.

In view of the above factors, and the knowledge that the comments of this office will be required when the above WF comes up for review on 12 March 46, your policy and instructions regarding the future of this matter will be appreciated.

Lieut-Col.
A.D.M.S.
M.M.I.A.

/BSG
Comm to [illegible] 4/0

Subject:- Appointments : Officers.

MEDICAL DIRECTORATE.
G.H.Q. C.M.F.
M. 2001 (vii).
22 Jan 46.

Medical

A.D.M.S. M.M.I.A.

T/Lt.Col. D.B.JAGGER (99110) R.A.M.C.

A.D.M.S. M.M.I.A.

(1.) The above named officer has been selected for appointment as Officer Commanding, 137 Field Ambulance.

(2.) This appointment is subject to the approval of the Deputy Military Secretary, G.H.Q. C.M.F.

(3.) It is requested that instructions be issued for movement to take place as soon as the handover of his duties is completed, and that his expected date of arrival be notified to this Directorate and D.D.M.S. 13 Corps.

Major-General, D.M.S.

RR/RAW.

Medical Branch
Land Forces Sub Commissio
A C (MIA)

Copy to:- D.D.M.S. 13 corps.
Deputy Military Secretary, G.H.Q. C.M.F.

4239

Seen
DMS
S/Capt
File Ref M/4/94
Date Received 26 Jan 46.

Despatch plaster
A, [illegible]

Subject : Postings - Officers

Land Forces Sub Comm.
A.C. (MAIA)
ROME
M/3/60
16 Jan 46.

M.O. MAIA (2)

The appended copies of G.H.Q. C.M.F. letter M.2001(111) of 15 Jan 46. are forwarded for your information.

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (MAIA)

COPY

Subject :- Postings - Officers RAMC

MEDICAL DIRECTORATE
G.H.Q. C.M.F.
M.2001 (111)
15 Jan 46.

DDMS 3 District.

1. W/Capt. (QM) T.J. HARVEY (231112) RAMC, 92 (Br) General Hospital has been selected for appointment as DADMS MAIA, when the present appointment

COPY

Subject :- Postings - Officers RAMC

MEDICAL DIRECTORATE
G.H.Q. C.M.F.
M.2001 (4112)
15 Jan 46.

DDMS 4 District.

1. W/Capt. (QC) L.J. HARVEY (231112) RAMC, 92 (Br) General Hospital has been selected for, appointment as DADMS MMIA, when the present appointment of ADMS is downgraded.

2. T/Capt. (QC) A.W.J. COOPER (279495) RAMC, M(i-) 1st attached GHQ CMF is at present employed checking the equipment of 50(Br) General Hospital for return to stores. 4238

3. Instructions have been issued for T/Capt. (QC) R.P. GILLARD (253434) RAMC, 64 (Br) General Hospital to report to 50 (Br) General Hospital as soon as possible, reporting his arrival there to DADMS RAAC.

It is requested that serial 2 above be instructed to report, on relief by serial 3, to 92 (Br) General Hospital as QC, and that serial 1, on relief by serial 2, be instructed to report to ADMS MMIA.

(Signed) [redacted]
for Major-General, D.M.S.

RP/KJA.

Subject:- Postings - Officers RAMC.

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.
M. 2001 (111).
15 Jan 46.

DDMS 3 District.

MEDICAL.

1. W/Capt. (QM) L.J. HARVEY (231112) RAMC, 92 (Br) General Hospital has been selected for appointment as DADMS MMIA, when the present appointment of ADMS is downgraded.

2. T/Capt. (QM) A.W.J. COOPER (279495) RAMC, X(iv) List attached CHQ CMF is at present employed checking the equipment of 50 (Br) General Hospital for return to stores.

3. Instructions have been issued for W/Capt. (QM) E.T. GILLARD (234434) RAMC, 64 (Br) General Hospital to report to 50 (Br) General Hospital as soon as possible, reporting his arrival there to DADMS RAMC.

It is requested that serial 2 above be instructed to report, on relief by serial 3, to 92 (Br) General Hospital as QM, and that serial 1, on relief by serial 2, be instructed to report to ADMS MMIA.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

Seen
ADMS Seen 16/1
S/Capt
File Ref M.6.57.
Date Received 16 Jan. 46.

RB Ridge.
Major

for Major-General, D.M.S.
4237

RR/KJA.

Copy to:- ADMS MMIA.

Medical Branch
Land Forces Sub Commission
A. C. (MMIA)

ADMS Seen
S/Capt
File Ref M/6/3654.
Date Received 31 Dec' 45.

CONFIDENTIAL.

SUBJECT :- Appointments - Officers

GENERAL HEADQUARTERS.

CENTRAL MEDITERRANEAN FORCES.

874/[illegible]/MB1.

10 Dec.45.

Land Forces Sub Commission (MMIA).

1. Approval is given for the following officers listed below to be posted from their present appointments on 33 Military Mission (WE/CM/244/3) to appointments as stated on MMIA (WE/CM/241/5) retaining acting or temporary rank where applicable unless otherwise stated wef 15 Nov 45 to fill new appointments on conversion of War Establishment.

Rank.	Name.	Number.	Arm/Regt.	Appointment to be held on MMIA WE/CM/241/5.
Maj-Gen.	L. BROWNING.	3253	R.A.	Commander.
T/Capt.	E.A.G. BALFOUR.	149133	S.G.	P.A. to Comd.
A/Lt. Col.	W.L. MEDLAM.	42286	Kings.	GSO I (Trg).
T/Major.	R.P. CHRISTIE.	143425	Cameron.	GSO II (Trg).
T/Lt. Col.	A.R.C. SOUTHBY.	50234	R.B.	GSO I (SD).
T/Capt.	R.G.A. GROVES-RAINES.	212256	Int Corp.	GSO II(I) (and granted the acting rank of Major).
T/Maj.	C.F. BAUMANN.	253995	Int Corp.	GSO II (L).
T/Col.	W.C. PIDSLEY.	27396	A.M.C.	Colonel A/A.
T/Lt. Col.	A.W. GIL[illegible]			

Maj-Gen.	L. BROWNING.	3253	A.A. Commander.
T/Capt.	E.A.G. BALFOUR.	149133	S.G. P.A. to Comd.
A/Lt. Col.	W.L. NEDLAM.	42286	Kings. GSO I (Trg).
T/Major.	R.P. CHRISTIE.	143425	Camerons. GSO II (Trg).
T/Lt. Col.	A.R.C. SOUTHY.	50234	R.D. GSO I (SD).
T/Capt.	R.G.A. GROVES-RAINES.	212256	Int Corps. GSO III(I) (and granted the acting rank of Major).
[illegible]	C.F. BAUMANN.	253995	Int Corps. GSO III (L).
T/Col.	W.C. PIDSLEY.	27306	A.D.S.O. Colonial A/T.
T/Lt. Col.	A.H. GILLMORE.	35609	Worcs. A.A.G.
A/Major.	J.A.C. PEARCE.	169791	R.A.O. D.A.Q.
T/Major.	J.A. DOBBS.	78119	R.A. D.A.Q.
T/J. Cond.	L.N. RENSHAW.	2[illegible]1125	M.T. [illegible] Capt. 'A'.
T/Lt. Col.	R.A. CURTIES.	52947	R.A. A.D.C.
T/Major.	A.A. NEWTON.	140052	Cheshire. D.A.Q.M.G.
A/Major.	B.G. SELL.	212312	R. Sigs. SO A Sigs. (major).
A/Lt Col	H.H.M. WILCOX	42317	RASC ADST
T/Major	R.C. COPLESTON	66056	RE SOME(Major)

4236

/Contd.....

Rank	Name	Number	Arm/Regt	Appointment to be held on LMIA (WE/CH/241/5)
~~T/Lt Col~~	~~O.B. FISHER~~	~~99119~~	~~RASC~~	~~ADOS~~
T/Major	W.H. AIREY	168034	RAOC	ADOS(and granted the acting rank of Lt Col).

2. Approval is given to the following :-

(a) Capt (T/Major) T.P. LUCKOOK (52654.) Sen II, GSO II (Trg) 53 MDU to be GSO II (Trg) LMIA (WE/CH/241/5) retaining the temporary rank of Major wef 15 Nov 45 to fill a new appointment.

3. These casualties will be reported to GHQ 2nd Echelon on AT W3010A by LMIA, WITHOUT DELAY.

4. Extracts will be taken from this authority and handed to the officers concerned by LMIA.

P. WRIGHTSON, Lt Col.,
A.A.G.,
for Colonel,
Deputy Military Secretary.

OAS/LS

Copies to:- RE, GHQ CMF.
CSO, GHQ CMF.
Ord, GHQ CMF.
REME, GHQ CMF.
Medical, GHQ CMF.
A.S, GHQ CMF.
A.9, GHQ CMF.
GHQ 2nd Echelon.
Gazette Section.

concerned by MMIA.

P. WRIGHTSON, Lt Col.,
A.A.G.,
for Colonel,
Deputy Military Secretary.

OAS/MS

Copies to:- RE, GHQ CMF.
CSO, GHQ CMF.
Ord, GHQ CMF.
RAMC, GHQ CMF.
Medical, GHQ CMF.
A.8, GHQ CMF.
A.9, GHQ CMF.
GHQ 2nd Echelon.
Gazette Section.

/F.C.

4235

Subject: U.S. - [illegible]

Land Forces Sub Comm.
A.C. ([illegible])
RGMZ
M/6/3628
21 Dec 45

DaS
Chiq. Chf.

The attached copy of this office M/6/3587 of 13 Dec 45 is forwarded for information.

H.A. Stephens,
Capt. R.A.M.C.
For A.D.M.S.
Land Forces Sub Comm. AC. ([illegible])

/RGG

Subject: Domestic Transport

Medical Branch
M.M.I.A.
M/6/3599
14 Dec 45

Capt. FRAGNELL
M.T.O. MMIA.

Reference subject of transport for personnel to and from the Central Medical Stores Depot MAGLIANA.

It would be very much more satisfactory if a truck as before could be permanently at the disposal of the Depot staff (Capt. Stephens), this to permit collections of packages from M.T.O. and provide transportation for Capt. Stephens at times other than those quoted below.

If transport only is to be provided, it will be required as follows:-

Time Req'd	Location	Length of Time Req'd	
0815 hrs	Albergo Urbe	three quarters of an hour	Daily except Saturday afternoons, Sundays and holidays.
1215 hrs (1200 hours on Saturdays)	Central Med Depot MAGLIANA	half an hour	
1345 hrs	Albergo Urbe	up to two hours	
1730 hrs	Central Med Depot MAGLIANA	half an hour	

Capt Stephens Gone

/RMG

Lt-Col.
A.D.M.S.

Subject: W.E. - M.M.I.A.

Medical Branch
M.M.I.A.
M/6/3587
13 Dec 45

G(SD)

Copy to 'A'

Reference your SD/101 of 13 Dec, the following comments are forwarded.

1. WEs CM/241/5 (MMIA), CM/1112/2 ('A' Type BLU) and CM/1130/1 ('B' Type BLU) - NIL.

2. WE CM/1111/2 (Increment to MMIA) with special regard to British staff for the Central Medical Stores Depot at MAZILLA.

Although information has been written for, GHQ CMF are alone aware of the quantity of captured medical stores still likely to be shipped from the Middle East for hand over to the Italian Government.

At the present moment some 100 tons of such stores are on invoice, but have not yet been received.

If the present meticulous checking, pricing and hand-over system is to be continued, - and discrepancies from Middle East consignments have been considerable, the staff required to carry out this work is:-

1 Captain (non-Med)	R.A.M.C.	
1 Sgt Dispenser	R.A.M.C.	(stores checking)
1 Cpl Clerk	R.A.M.C.	(technical clerical duties)

That gives an increase of 1 Sgt Dispenser RAMC on WE CM/1111/2 but is in fact a decrease in three Sgts RAMC who are held surplus to WE on special OBE authority.

Finally, one vehicle and driver must be allocated to this team for the transportation of personnel to and from the Depot (6 miles).

4232

/HJG

Lt-Col.
A.D.M.S.

Inter-Office Memo

From:- MEDICAL 1/6/3550

To :- 'A' 6 Dec 45

The attached copy of GHQ CBF letter M.2001 of 30 Nov 45 is forwarded in confirmation of previous conversation

/ALF.

Lieut-Col.
A.D.M.S.

Copy:- Camp Commandant MMA.

Medical.

Subject:- Attachments - Officers RAMC.

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.
M. 2001.
30 Nov 45.

ADMS MMIA.

T/Capt. A.W.J. COOPER (279495) RAMC - X(4) List attached MMIA.

The above named officer will be attached to this Directorate for temporary duty to supervise the checking and disposal of stores from disbanding medical units.

L.H. Thomas Capt.
for Major-General, D.M.S.

LHM/KJA.

M/6/3547

4231

To AAG ＋ Cdr [illegible]
for info & return to this office please

Subject:- Postings - Other Ranks R.A.M.C.

MEDICAL DIRECTORATE,
G.H.Q. C.M.F.
M. 2501/17.
19 Nov. 45.

To:- D.A.G.,
G.H.Q., 2nd. Echelon.
(Reinforcements Section).

Medical

7399424	Sjt. ELLIOTT A.B.	-	R.A.M.C.
7397676	Sjt. McLEOD F.D.	-	R.A.M.C.
7380273	Sjt. RUSH T.	-	R.A.M.C.
5932606	Sjt. CUSTERSON K.	-	R.A.M.C.

1. The above named N.C.Os. were held on the strength of Military Mission to the Italian Army within War Establishment CM/241/3.

2. It is understood that the MMIA War Establishment CM/241/3 has been amended w.e.f. 15 Oct 1945 to CM/241/5 with an Increment on War Establishment CM/1111/2.

There are no vacancies on the new War Establishments for these N.C.Os.

3. MMIA have notified that the services of the above named N.C.Os. are still required and it is requested therefore that authority be given for the above named N.C.Os. to be posted to X (iv) List and attached to MMIA.

[signature]
Major-General, D.M.S.

LFW/AEC

Copy to:- ADMS. M.M.I.A.

4230

M/6/3466

Subject: E.E. - 33 Military Mission

Land Forces Sub Comm.
A.C. (MMIA)
RGME
W/C/3245
15 Nov 45

G(SO) MMIA

Copy to: AQ MMIA

From a perusal of W.Es CM/24.1/3 of 23 March 45, and CM/24.1/5 with increment CM/1111/2 of 24 Sept 45 for 33 Military Mission, it is noted that;

1. the H.Q. staff has been cut by one Staff Capt. non-medical RAMC and one Clerk RAEC.

2. the depot staff located at Magliana has been reduced from 1 Capt. RAMC non-medical, and four Sgts RAMC (two dispensers, two H.Cs.) to 1 Capt. RAMC non-medical and one Cpl Clerk RAMC.

Assuming implementation of the new W.E. and increment in the near future, the staff reduction in (1) above is agreed, but in view of the work to be completed and the financial interests involved at the Magliana depot, no decrease in staff as proposed in para (2) above can be recommended.

It is requested therefore that an amendment to this W.E. and its increment be put up to higher authority for approval so that the present staff at the depot can be maintained.

33 Military Mission, it is noted that;

1. the H.Q. staff has been cut by one Staff Capt. non-medical RAMC and one Clerk RAMC.

2. the depot staff located at Magliana has been reduced from 1 Capt. RAMC non-medical, and four Sgts RAMC (two dispensers, two H.Cs.) to 1 Capt. RAMC non-medical and one Cpl Clerk RAMC.

Assuming implementation of the new W.E. and increment in the near future, the staff reduction in (1) above is agreed, but in view of the work to be completed and the financial interests involved at the Magliana depot, no decrease in staff as proposed in para (2) above can be recommended.

It is requested therefore that an amendment to this W.E. and its increment be put up to higher authority for approval so that the present staff at the depot can be maintained.

It is desired to point out that the Medical Directorate GHQ emphatically support this recommendation and desire that the amendment when proposed should show the Capt. non-medical RAMC as a S/Capt. non-medical RAMC.

The full reasons for this proposal are as follows:-

1. The depot at Magliana is the central CMF site where 4229 British medical stores from CMF and MMF are checked against invoices for hand over to the Italian War Ministry to meet essential requirements of their Army.

2. In spite of the change in policy regarding supplies to the Italian War Ministry, no diminuition in work for the personnel fully employed there is envisaged for, at the least, another three months, owing to:

.../2

owing to:

(a) the present amount of stock held to be checked and handed over,

(b) the large quantity (1300 cases) of stores en route but not yet arrived from the Middle East, with the possibility of much more still to come,

(c) likelihood of further stores from CMF resources becoming essential to Italian Army during interim period and which must pass through the depot,

(d) the considerable discrepancies which have come to light between the invoices and actual stores received at Naples,

(e) the considerable financial interests involved in the checking and costing of all stores handed over,

(f) the complete inadequacy of one British officer and clerk to compete with the work involved and the financial interests at stake.

On the old establishment, a 15-cwt vehicle and civilian driver are authorised for the transportation of this staff some 7 miles to and from the depot each day. If this vehicle is not authorised on the new establishment, it is requested that the amendment proposed should include the vehicle and driver which are essential for this purpose.

clerk to compete with the work involved and the financial interests at stake.

On the old establishment, a 15-cwt vehicle and civilian driver are authorised for the transportation of this staff some 7 miles to and from the depot each day. If this vehicle is not authorised on the new establishment, it is requested that the amendment proposed should include the vehicle and driver which are essential for this purpose.

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC. (MMIA)

/RBG

4228

Subject: Staff Duties

CONFIDENTIAL

Land Forces Sub Comm.
A.C. (MMIA)
ROME
W/G/3441
15 Nov 45

A.C.M.G.
MMIA.

It is wished to notify the following incident for such further action as you may wish to take.

On W.F. CW/241/3 of 23 March 45 for 33 Military Mission, a complement of the following staff is authorised for the Medical Depot at Magliana:

1 Captain	RAMC	non-medical
2 Sgts	RAMC	dispenser
2 Sgts	RAMC	M.O.

The Medical Depot at Magliana has been receiving regular truck loads of medical stores from CMF and MMF to meet essential requirements of the Italian Army. The British staff at this depot have had whole time employment in checking these stores before hand over to the Italians, and several discrepancies of magnitude have come to light against the invoices received. The recent change in policy with regards to supply of the Italian Army has not, and will not immediately lessen the work to be done by this staff, as several indents invoiced from MMF remain to be checked and further supplies from depots in CMF may still become essential to tide over the interim period.

1 Captain RAMC non-medical
2 Sgts RAMC dispenser
2 Sgts RAMC N.C.

The Medical Depot at Magliano has been receiving regular truck loads of medical stores from CBT and MBF to meet essential requirements of the Italian Army. The British staff at this depot have had whole time employment in checking these stores before hand over to the Italians, and several discrepancies of magnitude have come to light against the invoices received. The recent change in policy with regards to supply of the Italian Army has not, and will not immediately lessen the work to be done by this staff, as several indents invoiced from MBF remain to be checked and further supplies from depots in CBT may still become essential to tide over the interim period.

From a chance remark of the Chief Clerk of this H.Q., it was learned recently that a new W.E. for the Mission had been approved and was about to be implemented. This W.E. (GB/24.1/3 of 24 Sept 45 with Increment GB/1111/2 of 24 Sept 45) on implementation replaces the four Sgts RAMC at the depot by 1 Cpl Clerk RAMC - a staff wholly inadequate to cope with the present outstanding work.

On the assumption that this cut in staff had been instituted by the Medical Directorate GHQ, the Staff Capt. Med. of this Branch was sent to the Medical Directorate to discuss with them the embarrassment and possible costs to the British Government this diminuition in staff would entail. Also to enquire how, with this token staff, it was considered the work should be cleared satisfactorily from the depot in future. 4227

From this visit to GHQ it was learned that the cut in staff in fact did not originate in the Medical Directorate GHQ and in fact would be emphatically opposed by them. It can only be assumed therefore, that the origination of this cut was proposed and recommended to the W.E. Committee by this H.Q. without, so far as can be traced, any knowledge, or even reference, to this Branch.

..../2

If such is the case, it can only be hoped that such procedure was quite accidental and a regrettable oversight, as otherwise, the essential feelings of confidence in a good team spirit can not be fostered to the best interests of efficiency.

It is not yet known whether the vehicle which has previously been authorised for the transportation of the personnel a distance of some 7 miles to and from the depot has also been deleted from the new W.E., but an assurance of its retention will be made with the request for the necessary amendment of personnel to the new establishment now being forwarded to G(SD).

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC.(SW.PA)

/RDG

14

/RNG

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC.(IMIA)

4226

Subject: ITAP - Officers

Land Forces Sub Comm.
A.C. (AMIA)
ROLR
M/G/3427
13 Nov 45

HQS
GHQ. CMF.

178567 Capt. H.A. Stephens, RAEC.

It is notified for your information that the above named officer returned from ITAP on 11 November 45.

Lieut-Col.
A.D.M.S.
Land Forces Sub Comm. AC.(AMIA)

/RBC

Subject: Appointments - Officers RAMC

CONFIDENTIAL

Land Forces Sub Comm.
A.C. (MMIA)
RMSE
M/S/989
10 March 45

DMS AFHQ

Reference your M 2001 (iv) of 23 Feb 45.

1. A copy of Minute 1856 of Meeting No 171 of War Establishments Committee AFHQ has not yet been received by MMIA. It is however believed that the appointments of a Staff Capt. RAMC and a Capt. (non-medical) RAMC were approved as proposed.

2. Lt(QM) A.W.J. Cooper and Lt(QM) H.A. Stephens have been with MMIA for 10 and 8 months respectively and have carried out their duties efficiently and satisfactorily during this period. The nature of their work requires rather longer than usual to pick up the threads. For both these reasons it is recommended that no change in the present personnel be made and that:-

Lt(QM) A.W.J. Cooper (No 279495) be appointed as Staff Capt. RAMC., and
Lt(QM) H.A. Stephens (No 176567) be appointed as Capt. (non-medical) RAMC.

3. (a) Duties of Staff Capt. RAMC.

(i) Preparation of indents for medical supplies ex U.K. for Italian Army, Navy and Air Force.
(ii) Recording of Italian stocks existing in Italy, returned ex M.E.F. or acquired in advance northwards, in order to keep to a minimum the demands on U.K.
(iii) Supervision of Italian redistribution to principal Depots.
(iv) Preparation of shipping tickets for Chief Accountant, A.C.
(v) Liaison between AFHQ and Italian Ministry of War on medical supplies.
(vi) [illegible]

efficiently and satisfactorily during this period. The nature of their work requires rather longer than usual to pick up the threads. For both these reasons it is recommended that no change in the present personnel be made and that:-

Lt(QM) A.W.J. Cooper (No 279495) be appointed as Staff Capt. RAMC., and
Lt(QM) H.A. Stephens (No 476567) be appointed as Capt. (non-medical) RAMC.

3. (a) Duties of Staff Capt. RAMC.

(i) Preparation of indents for medical supplies ex U.K. for Italian Army, Navy and Air Force.
(ii) Recording of Italian stocks existing in Italy, returned ex M.R.F. or acquired in advance northwards, in order to keep to a minimum the demands on U.K.
(iii) Supervision of Italian redistribution to principal Depots.
(iv) Preparation of shipping tickets for Chief Accountant, A.C.
(v) Liaison between AMG and Italian Ministry of War on medical supplies.
(vi) Deputise for DADMS in his absence.

4224

(b) Duties of Capt.(non-medical) RAMC.

(i) Reception and physical checking, for accountancy purposes, of all supplies received ex U.K. and M.E.F.
(ii) General supervision of Italian Central Depot of Medical Stores and redistribution of supplies to Main Depots.
(iii) General liaison duties as necessary.

W.L.H.

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

/EEG

Copy to: 'A'

ALLIED FORCE HEADQUARTERS

OFFICE OF THE SURGEON

Reference M. 2001 (iv).

Subject:- Appointments - Officers RAMC.

To:- D.A.D.M.S.,
33 Military Mission.

Reference Minute 1856 of Meeting No. 171 of War Establishments Committee, A.F.H.Q.

It is requested that this Directorate be informed :

(i) Whether the officers at present filling the quartermasters' vacancies are recommended for appointment to the vacancies within the amended W.E.

(ii) As to the nature of the duties the Staff Captain RAMC and Captain (non-medical) RAMC will be expected to perform.

J. GILLAN, RAMC, S/Capt (1),
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

23 Feb 45
JC/KJA.

M/6/829

ROME AREA ALLIED COMMAND
OFFICE OF THE SURGEON.
A.P.O.794 U.S.ARMY.

SUBJECT : Records of Service Reference : Med(Br)506

Os.C., All Medical Units
DADH 201 Sub Area
S.M.Os
R.M.Os
M.Os i/c.
D.A.D.M.S., M.M.I.A.
M.O. BLU., Reinforcement Training Centre, I.C.F.

Copy to : D.D.M.S., 2 District.
Commandant, 159 Transit Camp.

1. The attached documents are forwarded.

2. Every Officer R.A.M.C., will complete Appendix "A" to D.M.S., A.F.H.Q. M.A.I. Serial No.5 of 1944, in duplicate. The Special Proforma will not be duplicated.

3. All proformae will be returned, duly completed, to this Office by Friday 2 Mar 45, without fail. The information will be given as accurately as possible and in the case of Col. B6 of the Special Proforma, the actual date of embarkation or disembarkation will be given. This is important for the assessment and verification of PYTHON eligibility.

4. Os.C. Hospitals and Convalescent Depots will ensure that R.A.M.C. Officer patients also complete the special proforma. Appendix "A" is not required for these Officers unless they belong to Units in Rome Area Allied Command or 201 Sub Area.

5. Commandant, 159 Transit Camp is requested to ensure that all Officers R.A.M.C. in transit complete the enclosed proforma, of which four copies are forwarded. Further supplies will be made available if necessary.

6. Sufficient copies of War Office letter 100/Med/1837 (AMD 1) dated 8 Dec 44 are forwarded for distribution to all Medical Officers.

For the SURGEON:

W.MACLEOD,
Major R.A.M.C.,
D.A.D.M.S.

17 Feb 45
WM/jrb.

COPY

Kensington 8151

The War Office,
London, S. W. 1.

Encl. 100/Med/1837(A.G.1) RESTRICTED.

8th December 1944

Director of Medical Services,
Allied Force Headquarters.

1. On his return from a visit to Allied Armies in Italy, D.D.G.A.M.S.(Ops) reported that he had been questioned on many points affecting the future of medical officers.

The main questions can be summarised as follows:-

(i) Release conditions.
(ii) Gratuities
(iii) Opportunities for post-war training prior to return to civil life.
(iv) Release of doctors from E.M.S. Hospitals to replace Service doctors who have served for some years in the Army.

2. The present position regarding these questions is as follows:-

(i) Release Regulations have not yet been published pending decision on certain points.

The broad principles governing release have, however, been discussed in Parliament and have been publicised in the press and, to the Army, through A.B.C.A.

These principles apply to medical officers in common with other serving personnel, and every officer will accordingly fall within one of the Age and Service groups in the chart which has been published in A.B.C.A. and elsewhere.

The position in respect of medical officers on cessation of hostilities in Europe will, however, differ from the position governing personnel of many other Corps. In any case, the regulations, as drafted, ensure that no medical officer can be released without War Office authority. Cessation of European hostilities will not reduce the Army's requirements of medical officers, at any rate for some time. Transference of the main theatre of operations from Europe to the East means that the formations transferred will require greater medical provision than is at present afforded. Greater provision is necessary to cover the increased sick rates, and reliance cannot be made, to the extent at present prevailing, on the Emergency Medical Service in this country.

It has therefore been strongly represented that the extent to which medical officers can be released in Class "A" (the Age and Service Group) will depend

The broad principles governing release have, however, been discussed in Parliament and have been publicised in the press and, to the Army, through A.B.C.A.

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It has therefore been strongly represented that the extent to which medical officers can be released in Class "A" (the Age and Service Group) will depend very much on a continued intake of young practitioners and on a replacement of specialists by an equivalent intake, (though specialists of junior status will be accepted), from civil life. Release in Class "B" is already subject to equivalent replacement. 22

These representations are at present under discussion at a high level.

(ii) Gratuities. This question affects all three fighting services and final decision on the amount of the gratuity has not yet been reached.

(iii) Opportunities for Post-War Training prior to Return to Civil Life.

This commitment has been discussed at length at the Ministry of Health with the Deans of Faculties and with representatives of the British Medical Association.

Agreement has been reached that such training will be made available either during release leave or at a later date, according to the wish of the doctors released.

/Courses

Courses are under consideration for the following classes of medical officers to be released:-

(a) Those who joined the Service from six month's hospital appointment immediately after qualification.

(b) Those who joined the Service from general practice.

(c) Those who wish to proceed to higher qualifications in a special subject.

The scope of the courses and the financial assistance which can be afforded have been discussed, and agreement on many points has been achieved.

(iv) Release of Doctors from E.M.S. Hospitals to replace Service Doctors.

The necessity for this, from the Army point of view, has been strongly represented in connection with the Release Scheme - see Sub-Section 2(i) above.

The question is under discussion at a high level.

3. The above are such answers as can at present be given to the questions raised. They are all under discussion and the departments concerned are fully aware of their importance and of the necessity of reaching an early solution.

As the questions are still under discussion, no authoritative statement can be made on what the solution will be, but this outline of the broad principles of discussion should enable you to answer questions at least partially and to assure officers concerned that their interests are being given every possible consideration.

(Sgd) J.M. MACFIE

for Director-General,
Army Medical Services.

- -

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for Director-General,
Army Medical Services.

The above copy of 100/Med/1837(MD.1) dated 8th December 1944 is forwarded for the information of all Medical Officers.

The Director General of Army Medical Services also stated at a conference held recently in Middle East that efforts were being made to ensure that teaching appointments should be made during the war on a temporary basis, for reconsideration on the termination of hostilities, in order that all Service Medical Officers should not be deprived of the opportunity to obtain such appointments.

6 Feb 45.
RAH/EJT.

R.A. Hopple

R.A. Hopple, Brigadier, D.D.M.S.,
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

COPY

Kensington 8151

The War Office,
London, S. W. 1.

Encl. 100/Med/1837(AD.1) RESTRICTED.

8th December 1944

Director of Medical Services,
Allied Force Headquarters.

1. On his return from a visit to Allied Armies in Italy, D.D.G.A.M.S.(Ops) reported that he had been questioned on many points affecting the future of medical officers.

The main questions can be summarised as follows:-

(i) Release conditions.
(ii) Gratuities
(iii) Opportunities for post-war training prior to return to civil life.
(iv) Release of doctors from E.M.S. Hospitals to replace Service doctors who have served for some years in the Army.

2. The present position regarding these questions is as follows:-

(i) Release Regulations have not yet been published pending decision on certain points.

The broad principles governing release have, however, been discussed in Parliament and have been publicised in the press and, to the Army, through A.B.C.A.

These principles apply to medical officers in common with other serving personnel, and every officer will accordingly fall within one of the Age and Service groups in the chart which has been published in A.B.C.A. and elsewhere.

The position in respect of medical officers on cessation of hostilities in Europe will, however, differ from the position governing personnel of many other Corps. In any case, the regulations, as drafted, ensure that no medical officer can be released without War Office authority. Cessation of European hostilities will not reduce the Army's requirements of medical officers, at any rate for some time. Transference of the main theatre of operations from Europe to the East means that the formations transferred will require greater medical provision than is at present afforded. Greater provision is necessary to cover the increased sick rates, and reliance cannot be made, to the extent at present prevailing, on the Emergency Medical Service in this country.

It has therefore been strongly represented that the extent to which medical

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It has therefore been strongly represented that the extent to which medical officers can be released in Class "A" (the Age and Service Group) will depend very much on a continued intake of young practitioners and on a replacement of specialists by an equivalent intake, (though specialists of junior status will be accepted), from civil life. Release in Class "B" is already subject to equivalent replacement.

These representations are at present under discussion at a high level. 4) 21

(ii) Gratuities. This question affects all three fighting services and final decision on the amount of the gratuity has not yet been reached.

(iii) Opportunities for Post-War Training prior to Return to Civil Life.

This commitment has been discussed at length at the Ministry of Health with the Deans of Faculties and with representatives of the British Medical Association.

Agreement has been reached that such training will be made available either during release leave or at a later date, according to the wish of the doctors released.

/Courses

Courses are under consideration for the following classes of medical officers to be released:-

(a) Those who joined the Service from six month's hospital appointment immediately after qualification.

(b) Those who joined the Service from general practice.

(c) Those who wish to proceed to higher qualifications in a special subject.

The scope of the courses and the financial assistance which can be afforded have been discussed, and agreement on many points has been achieved.

(iv) Release of Doctors from E.M.S. Hospitals to replace Service Doctors.

The necessity for this, from the Army point of view, has been strongly represented in connection with the Release Scheme - see Sub-Section 2(i) above.

The question is under discussion at a high level.

3. The above are such answers as can at present be given to the questions raised. They are all under discussion and the departments concerned are fully aware of their importance and of the necessity of reaching an early solution.

As the questions are still under discussion, no authoritative statement can be made on what the solution will be, but this outline of the broad principles of discussion should enable you to answer questions at least partially and to assure officers concerned that their interests are being given every possible consideration.

(Sgd) J.M. MACFIE

for Director-General,
Army Medical Services.

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6 Feb 45.
RAH/EHB.

R.A. Hepple, Brigadier, D.D.M.S.,
for Major-General,
Surgeon, D.M.S., A.F.H.Q.

Subject :- Decorations & Awards.

Medical Liaison Officer
M.M.I.A.
C/O. H.Q. 52 Area
30/Sept/44
Ref; IMS/5/44

D.A.D.M.S.
M.M.I.A.
ROME.

52.

No. 178567. Lieut. H.A. Stephens.

Ref your office letter No. M/6/1894 dated 28.9.44.

Will you kindly arrange for the Medal belonging to the above named Officer to be forwarded to the following address:-

Mr. W.J. Stephens
Starvehall Farm
Pittville
Cheltenham
Glos

A/p have advised O.2.E. SDA 4/10.

H. A. Stephens.
Lieut. R.A.M.C.
Medical Liaison Officer

HAS/

Reply. O2E.
Ref your — M/6/1932
kindly arrange for the medal
(2) copies in question to the fwd Ao.

Subject: Decorations & Awards

51

Military Mission
Italian Army,
R[illegible]
M/6/1894.
28 Sept 44

Lieut H.A. Stevens, RAMC.
Medical I.O. MMIA
c/o AFWS 52 Area

Kindly inform this office of an address in U.K. to which your Long Service & Good Conduct Medal may be sent for safe custody.

This information is required for onward transmission to A.H.Q.

Failing any other address, it is suggested that Glyn Mills would probably look after it for you.

/EEG

Major,
D.A.D.M.S.
M.M.I.A.

4220

SUBJECT: Long Service and Good Conduct Medal - F/178567 Lt (QM) HA STEVENS.

ALLIED FORCE HEADQUARTERS.

CR/6161/G1(Br).

21 Sep 44.

50

33 MMIA,
CMF.

Will you kindly ascertain if the above named officer can nominate a resident in the UK to whom the Long Service and Good Conduct Medal can be forwarded by registered post for safe custody.

TL

for Major General,
DAG., G-1(Br).

M.C.	med
File	
Despatched	5 8 44

Ref - 2/3.
3 Aug 44.

36

Subject: Postings - Ofs.

O.C. 1 C.C.S.
O.C. 5 C.C.S.

The attached copy of D.M.S., A.A.I. message M.696 dated 2 Aug 44, is forwarded for necessary action.

[signature]
Brigadier,
D.D.M.S. 5 Corps.

Copy to :- D.M.S., A.A.I.
Army Sub Commission. ACC (MMIA)

~~M.C. Cattle~~ M/6 4218
FILE.
5/8/44.

COPY

Subject: Postings - CDs.

2 Aug 44.

From: D.M.S., A.A.I.

To: (1) 5 Corps

Info: (2) Army Sub Commission ACC (BMIA) Rfts C.M.F.

M.696. For Med . (.) Post Sgt Dispensers surplus to new W E 1 & 5 CCSs to 35 Military Mission for permanent duty (.) To report to DADMS BMIA HQ Army Sub Commission ACC ROME for instructions (.)

421

EKS CMMIA Ou12 (33) Mar 1915

A/Q to see.

DMB AAI 031510B

(1) 1 DISTRICT

(2) DADMS MMIA

30/3

MIA A FILE REF Med

Date Rec'd 4 8 44

M.735

FOR MED (.) REQUEST POST WITHIN 24 HRS 2 SGTS NURSING ORDERLIES FROM SURPLUS TO WB 5 GEN HOSP TO 33 MILITARY MISSION FOR IMMINENT DUTY (.) SGTS WITH MEDICAL STORE EXPERIENCE IF AT ALL POSSIBLE (.) TO REPORT DADMS MMIA HQ ARMY SUB COMMISSION ACC MORE FOR INSTRUCTIONS

Major, DADMS.

(1) IMPORTANT
([redacted]) NORMAL

THI

4216

Wash. 4/8/44

11/6/1589

AG to see Swell
ACC QVR2
1037/32

DMS AAI

M.M.I.A.	Med
FILE REF.	1
Date Recd	2/8/44

020900B

(1) 5 CORPS.

(2) ARMY SUB COMMISSION ACC (MMIA)
(3) RFTS CMF

ARMY

34 2124

M.696

FOR MED (.) POST SGT DISPENSERS SURPLUS TO NEW WE 1 AND 5 CCS TO 33 MILITARY MISSION FOR PERMANENT DUTY (.) TO REPORT TO DADMS MMIA HQ ARMY SUB COMMISSION ACC ROME FOR INSTRUCTIONS

HEADQUARTERS
7 AUG 1944
A. C. C.

NORMAL

Major - D.A.D.M.S.

Dist
ARMY SC

4215

Letter M/Mpso transferred

to file M/m.