

10373

Declassified E.O. 12356 Section 3.3/NND No. 785020

ACC

10000/120/3233

A/029/200

MAR. - DEC. 194

Declassified E.O. 12356 Section 3.3/NND No. 785020

10000/120/3233

A/029/200

Policy - Medical

3177

MAR. - DEC. 1945

10375

Declassified E.O. 12356 Section 3.3/NND No. 785020

(9)

Subject:- Italian Disabled Soldiers.

Land Forces Sub-Commission A.C.
(M.M.I.A.) R O M E

A 029

27 Dec. 45

To :- Chief Commissioner A.C.

(CA)

With reference to your letter dated 7 Dec. 45 and attached correspondence on the subject of taking care of Italian disabled soldiers.

The matter has been discussed with the Ministry of War and it has been agreed that it is not possible to find the 2,000 to 3,000 men required for this duty out of the present small Italian Army ceiling.

The solution which has been suggested is that the War Ministry ask the Italian Government to get the Italian Red Cross to make themselves responsible for this service.

3195

R.B.
Major-General,
M.M.I.A.

ANG/go:

0375

Declassified E.O. 12356 Section 3.3/NND No. 785020

HEADQUARTERS ALLIED COMMISSION

Office of the Chief Commissioner

APO 394

(BA)

7 December 1945.

MEMORANDUM TO: Director, Land Forces Sub-Commission.

With reference to the attached, will you let me know your decision in this matter before you take final action. If there is any way we can comply with the wishes of the Italian Government in this respect, I should like to do so.

EW Stone

ELLERY W. STONE
Rear Admiral, USNR
Chief Commissioner

Spoke LOMBARDI 20 Dec

It was agreed:

1. That it was desirable from every pt of view that the ³¹⁹⁴ Army should be rid of this obligation (this in confidence);
2. That it was impossible to fund the 2-3000 men required out of the present Army ^{to the Govt} ceiling;
3. That the Ministry would suggest that Italian Red Cross be made responsible for this service. ^{Chairman was.}

Translation

The President of the Council of Ministers

48359/32399.3./1.1.8.3

Land Forces S/C³⁵

G.

(96)

Rome, 27 November, 1945

My dear Admiral,

as you well know, disabled and blind soldiers were formerly given by the War Department, soldiers that practically always belonged to the Sanitary Corps, as escort.

However, the Allied Sub-Commission in charge of such matters, considering that such a service is not part of the special tasks of the Armed Forces, withdrew the acknowledgement of their status granted to the soldiers entrusted with such service, who therefore don't get the pay fixed for the Armed Forces.

Understanding the absolute necessity of granting proper assistance to this category of disabled soldiers, the Italian Government tried to entrust this task to civilian elements, but, unfortunately, it met with great difficulties.

In fact, the relatives of the disabled soldiers, when it is possible to ask for their service, are generally unfit for assistance, particularly in cases when the disabled soldiers cannot do anything for themselves without help.

On the other hand, it is still more difficult to find adequate foreign elements, and we have well founded doubts as to whether such people would conscientiously carry out the mission to be entrusted to them.

Because of the obstacles which I mentioned, I beg you to consider with your usual comprehension, the possibility of asking the sub-Commission concerned to reconsider the decision that has been taken.

I feel sure you will grant my request, and I remain, my dear Admiral,

Sincerely yours,

s. Ferruccio Parri

3193

Admiral Ellery W. Stone
Chief Commissioner
Allied Commission
Rome

RECEIVED
594
1/12/45

EC DIST. 30 Nov.

ACTION:- LAND FORCES S/C(2)

INFO:- EX COMM.

∴ CHIEF COMM.

e/c

01/150

48359/32399.3/1.1.83



Roma, 27 NOV. 1945

(9c)

*Al Presidente
del Consiglio dei Ministri*

Caro Ammiraglio,

come Le è noto, ai grandi invalidi ed ai ciechi di guerra sono stati assegnati per il passato, dal Ministero della Guerra, in qualità di accompagnatori, dei militari, appartenenti, quasi sempre al Corpo sanitario.

Senonché, la competente Sottocommissione Alleata, nella convinzione che tale servizio di assistenza non rientri nelle specifiche mansioni delle Forze Armate, ha ritirato ai militari, preposti a tale assistenza, la concessione del riconoscimento del loro status e, di conseguenza, la corresponsione del trattamento stabilito per le Forze Armate.

Il Governo italiano, compreso della assoluta necessità di concedere un'adeguata assistenza a tale categoria di minorati, ha tentato di affidarne il compito ad elementi civili, ma, purtroppo, ha incontrato le più gravi difficoltà.

Infatti, i congiunti degli invalidi, nei casi in cui può farsi ricorso alla loro prestazione, si addestrano in genere inadatti all'assistenza, specialmente se la mutilazione non

3102 ./.

All'Ammiraglio Elery W. STONE
Commissario Capo della Commissione Alleata

ROMA

Declassified E.O. 12356 Section 3.3/NND No. 785020

consente ai minorati di adempiere da soli alle loro più intime esigenze.

D'altra parte, si riscontrano le maggiori difficoltà nella ricerca di elementi estranei idonei e, del resto, sono da affacciarsi i più fondati dubbi sullo scrupoloso adempimento, da parte di tali persone, della missione che loro si vorrebbe affidare.

In considerazione degli ostacoli, di cui Le ho fatto cenno, La prego vivamente di voler considerare, con la sperimentata Sua comprensione, la possibilità di invitare la competente Sottocommissione a riesaminare la determinazione adottata.

Nella convinzione che la mia preghiera trovi favorevole accogliimento, La prego di gradire, caro Ammiraglio, i miei più cordiali saluti

Franco Rani

0380

Declassified E.O. 12356 Section 3.3/NND No. 785020

(Handwritten circled mark)

12/14/30 A

ITALIA

CGI; GMP

29

M 3598

UNCLASSIFIED

FOR MED (.) NOTIFICATION RECEIVED DASHI FROM
THIRDS BUREAU OF 6 DEC OF ITALIAN SOLDIER HOSPITAL
IN JUGOSLAVIA IN PLAGOWA MILITARY HOSPITAL.

*No action
TAP
15/12*

(Handwritten circled mark)

3191

EMPCSTAR

LA C-2 ADP

TRANSLATION

FROM: Ministry of War

TO: M.M.I.A.

REF: 587/NS

DATE: 2.11.45

SUBJECT: Allied Military personnel admitted to Italian hospitals.

In compliance with the instructions given in letter N.A.Q./21/1, dated 3.1.45, we would inform you that no Allied Military are shown to have been admitted to Italian hospitals.

Sgd. FADDA

O. Danin Cpl.

000
b

029

In compliance with the instructions given in letter
N.A.Q./21/1, dated 3.1.45, we would inform you that no Allied
Military are shown to have been admitted to Italian hospitals.

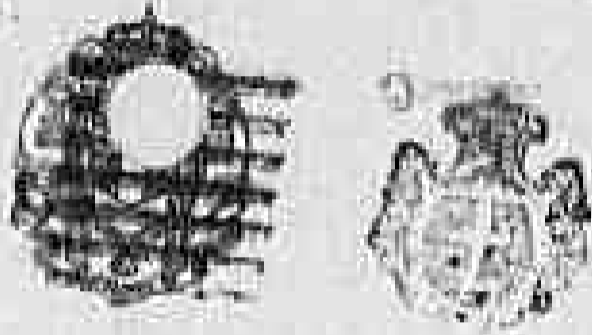
O. Danin Cpl.

Sgd. FADDA

U+U+U

Declassified E.O. 12356 Section 3.3/NND No. 785020

Declassified E.O. 12356 Section 3.3/NND No. 785020



Ministero della Guerra

DIREZIONE GENERALE DI SANITA' MILITARE
Nucleo Statistica

Divisione II
Prot. N. 587/NS *Allegati*

Traslate pl. 44
Roma 2 Novembre 1945

21
ALLA LAN FORCES SUB.
COMMISSION (M.M.I.A.)
ROMA

Respuesta al N. 1
Dir. *N*

OGGETTO Personale militare alleato ricoverato
negli ospedali italiani.

e, per conoscenza:

ALLO STATO MAGGIORE R.E. (Ufficio C.A.)
SEDE

In ottemperanza al disposto con foglio
N.A.Q./2I/I del 3/I/1945, si comunica che duran-
te il periodo 9/IO- 24/IO c.a. nessun militare
alleato risulta essere stato ricoverato in ospe-
dali Italiani.

TRANSLATION	
Time	1100
Date	6/11
Time	1430
Date	6/11

PEL MINISTRO

S. Falda

[Signature]

3180

0384

Declassified E.O. 12356 Section 3.3/NND No. 785020

Subject: Italian Army Medical Sitrep

(5)

A 029

SECRET

Land Forces Sub Comm.
A.C. (MIA)
RCMB
M/12B/2078

12 May 45

DMS AFHQ (2 copies)

Herewith Italian Army Medical Sitrep No. 29
for period 10 - 24 April 45, for information.

SPH 2/5

/RBG

L. C. Heggie

Lieut-Col.
A.D.M.S.
AC. (MIA)

Land Forces Sub Comm. AC. (MIA)

Copies to: DMS 15 Army Group
Surgeon P.B.S.
DMS 1 District
DMS 2 District
DMS 3 District
Public Health Sub Comm. AC.

Int: 'A' _____
'Q'

3183

SECRET

ITALIAN ARMY MEDICAL STAFF No. 29 (for period 10 April -
24 April 45.)

1. MOVEMENTS 960 and 82 Field Hospitals have been transferred from ~~St~~ Ferli to operational area.
333 and 84 Field Hospitals have been transferred from Ravenna to operational area.
244 and 332 Field hospitals have been transferred from Frassineto to operational area.
516 Field Hospital has been transferred from Borgo S. Lorenzo to operational area.
517 Field Hospital has been transferred from Palazuolo to operational area.
248 Field Hospital has been transferred from Deutocane to Radda in Chianti.
501 Field Hospital has been transferred from Mirabella to Radda in Chianti.
520 Evacuation Hospital has been transferred from Paolina to Radda in Chianti.
331 Evacuation Hospital has been transferred from San Nazario to Radda in Chianti.
866 Evacuation Hospital has been transferred from Borgo S. Lorenzo to Caffaggiolo.
470 and 576 Evacuation Hospitals have been transferred from Florence to Caffaggiolo.

2 & 3. HOSPITAL AND CONVALESCENT ACCOMMODATION

(a) Comando Militare - DARI

<u>Hospital</u>	<u>Beds Equipped</u>	<u>Beds Occupied</u>
Bari Ospedale Principale	500	372
Bari "Balilla"	404	182
Bari "Del Prete"	285	124
Bari "Centro Ortopedico"	180	147
Bitonto	268	123
Bisceglie	299	171
Lecco "Trizio"	1020	702
Foggia	190	64
	<hr/>	<hr/>
	3146	1945

(b) Comando Militare - NAPLES

Napoli Ospedale Principale	1200	1050
Maddaloni	788	479
Pagani	625	233
Belle Arti Napoli	580	489
Napoli S.M.O.M.	328	263
Aversa	205	136
Gen Dorot Ischia	75	29
Formoli	80	49
231 Camp Hospital	50	-
Osp. Primo, Catanzaro	307	180
Infam. Pres. Reggio Calabria	150	73
		<hr/>
		3187

334 Evacuation Hospital has been transferred from San Nazario to Radda in Chianti.
 866 Evacuation Hospital has been transferred from Borgo S. Lorenzo to Caffaggiola.
 470 and 576 Evacuation Hospitals have been transferred from Florence to Cafaggiola.

2 & 3. HOSPITAL AND CONVALESCENT ACCOMMODATION

(a) Comando Militare - BARI

<u>Hospital</u>	<u>Beds Available</u>	<u>Beds Occupied</u>
Bari Ospedale Principale	500	372
Bari "Balilla"	404	182
Bari "Del Frets"	285	124
Bari "Centro Ortopedico"	180	147
Bitonio	268	123
Bisceglie	299	171
Lecco "Triviso"	1020	702
Foggia	190	64
	<hr/> 3146	<hr/> 1945

(b) Comando Militare - NAPLES

Napoli Ospedale Principale	1200	1050
Madisoni	788	479
Pagani	625	233
Belle Arti Napoli	580	489
Napoli S.M. O.M.	328	263
Aversa	205	136
Con Depot Ischia	75	29
Pozzuoli	80	49
231 Camp Hospital	50	-
Osp. Princ. Catanzaro	307	180
Infern. Pres. Reggio Calabria	150	73
	<hr/> 4328	<hr/> 2981

3187

(c) Comando Militare - ROME

Rome "Virgilio"	821	874
Rome "Baldi"	300	282
Rome "Corredini"	388	365
Perugia	400	342
Chieti	300	160
Arpino	200	111
83 Camp Hospital	200	60
Osp. Princ. Aglieri	250	215
Osp. Mil. Sassari	150	151
	<hr/> 3909	<hr/> 2490

2 & 7 (cont'd) (d) Comando Militare - SICILY

<u>Hospital</u>	<u>Beds Equipped</u>	<u>Beds Occupied</u>
Osp. Princ. Palermo	650	527
Osp. Mil. Messina	225	142
	<u>875</u>	<u>669</u>

(e) Comando Militare - FLORENCE

Osp. Princ. Florence	452	476
Osp. Mil. Lucca	400	324
Osp. Mil. Livorno	500	367
Monte Oliveto Florence	225	158
"Villa Natalia" Florence	110	105
Con Depot Calci	200	-
Osp. G.R.L. Florence	350	329
Osp. G.R.L. Antignano	100	93
470 Evacuation Hospital	200	-
522 "	-	-
576 "	200	88
866 "	200	86
904 "	140	90
	<u>3077</u>	<u>2114</u>

(f) Comando Militare - BOLOGNA

Osp. Mil. Arcona	275	160
230 Evacuation Hospital	150	58
232 "	200	68
291 "	175	29
292 "	200	139
429 "	150	94
519 "	200	102
	<u>1348</u>	<u>650</u>

GRAND TOTAL = Beds Equipped 15,843 Occupied 10,649

4. HOSPITAL SHIPS Nil.

5. HOSPITAL ADMISSIONS (for period 10 April - 24 April)

<u>Date</u>	<u>Battle Casualties</u>	<u>Sick</u>
10.4.45	21	635
11.4.45	87	751
12.4.45	96	517
13.4.45	34	582
14.4.45	54	654
15.4.45	42	445
16.4.45	29	533

3180

0385

Declassified E.O. 12356 Section 3.3/NND No. 785020

100
200
88
86
90
<u>2114</u>

275
150
200
173
200
150
200
<u>1348</u>

Occupied 10,649

(f) Comando Militare - BOLAGNA

230	Evacuacion Hospital
232	"
291	"
292	"
429	"
519	"

GRAND TOTAL = Beds Equipped 15,813

4. HOSPITAL SHIPS MIL.

5. HOSPITAL ADMISSIONS (for period 10 April - 24 April)

Date	Battle Casualties	Sick
10.4.45	21	633
11.4.45	87	751
12.4.45	96	517
13.4.45	24	582
14.4.45	54	654
15.4.45	42	445
16.4.45	29	533
17.4.45	42	635
18.4.45	35	694
19.4.45	79	748
20.4.45	21	615
21.4.45	63	618
22.4.45	38	450
23.4.45	60	507
24.4.45	27	508
	<u>728</u>	<u>8890</u>

Deaths - 24

3180

Declassified E.O. 12356 Section 3.3/NND No. 785020

- 003 -
6. EVACUATIONS. Nil.
 7. MEDICAL STORES. The Military Chemical Pharmaceutical Institute of Florence has been evacuated for the most part by Allied units which were occupying part of it.
The production of vials has been started again.
 8. M.A.C. The recovery of some ambulances in the Bologna area has been reported.
 9. HYGIENE. A case of small pox on the person of a soldier who came from Afragola has been reported at Pesaro. The necessary prophylactic measures have been taken.
 10. GENERAL. The Arpino Military Hospital is increasing its ⁽³⁵⁰⁾ 300 bed space capacity with the opening of the Castello Section.
We hereby suggest that the Italian Military Medical Organisation be partly used for the P.O.W. who have come from Germany.

IL DIRETTORE GENERALE
E. Caldarola

3185

0390

Declassified E.O. 12356 Section 3.3/NND No. 785020

Subject: Technical Medical Publications

029 A

Land Forces Sub Comd.
A.C. (MILA)

ROME

M/8/188.

27 April 45

Ministry of War,
Direzione Generale di Sanita Militare

3

Reference your 673/S.G. of 17 April 45.

1. Your suggestion to restart the publication of an Italian Army Medical Journal containing purely technical medical matter is approved.
2. Permission to publish extracts from British Army Medical Department Bulletins has also been approved by AMO. Copies of British publications from 1943 to date are enclosed for your use if required.

DA

/188

M.H.

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

Land Forces Sub Comd. AC. (MILA)

Copy to: 'A' —

3184

Declassified E.O. 12356 Section 3.3/NND No. 785020

Subject: Technical Medical Publications

A 029

(3)

Land Forces Sub Comm.
A.C. (MIA)
RCMB
M/8/1777
21 April 45

WP

DMS AFHQ

Reference attached translation of Ministry of War letter 67/S.G. of 17 April 45.

1. This journal contains purely technical medical matter and 'A' Branch MIA have no objection in principle to its publication.
2. Your approval of the request in para 5 to publish data from Allied sources is desired. If agreed, may two copies of the British "Army Medical Department Bulletin" be forwarded to this office.
3. A copy of the Giornale di Medicina Militare for June 1943 is enclosed.

See 103

W. C. Haggie

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

/RBG

Copy to: 'A' ✓

3183

copy translation

MINISTRY OF WAR
General Medical Directorate

Ref: 673/S.G.

17 April 45.

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

Subject:- ARMY Medical Publications

1. The Army Medical Journal ceased to be published in June 1943. A resumption of its publication is under consideration and it is believed that this can be accomplished in 2 - 4 months.
2. A substantial amount of material has already been collected for the first few numbers of the "Journal".
3. A news bulletin for territorial and field medical units was published during the war of 1915 - 18. It was later replaced in substance by the Army Medical Journal (reviews, therapeutical novelties etc.)
4. It is, nevertheless, believed to be strongly advisable to resume the publication of a bulletin of an essentially informative and practical nature, as a supplement of the Army Medical Journal, to be distributed to all the technical personnel of the Medical Service.
5. It would be very gratifying and certainly very profitable to be able to draw upon the information published in the Bulletins of the Medical Corps of the Allied Armies, when preparing our "Bulletin". Such (Allied) publications might be sifted for information to be used for the Italian Bulletin selecting the articles best suited for our medical officers mentioning, of course, the source. All this, to be sure, would be subject to prior authorisation by the Allied authorities concerned.
6. This Directorate is this day contacting the Cabinet in order to obtain authorisation to resume publication of the Journal. Copies of same will be transmitted to you regularly as soon as published. We are, meanwhile, enclosing the last number of the Army Medical Journal - No. 6 of June 1943.

IL DIRETTORE GENERALE

F. Calderola.

2. A substantial amount of material has already been collected for the first few numbers of the "Journal".
3. A news bulletin for territorial and field medical units was published during the war of 1915 - 18. It was later replaced in substance by the Army Medical Journal (reviews, therapeutical novelties etc.)
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IL DIRETTORE GENERALE

F. Caldarola.

3182

0354

Declassified E.O. 12356 Section 3.3/NND No. 785020

(2)

CUTTING SIGNAL

FROM : MMIA	DATE	TIME
TO : FREEDOM	13 MAR	B

FIFTH ARMY BR INCREMENT		
HEAR EIGHTH ARMY		
DISTONE		
DISTWO		
DISTTHREE		
54 AREA		
802 BRD ORVIETO		
PENSOUTH		

REF : Q/OS/162

RESTRICTED

REFER MMIA LETTER Q/OS/11/1 DATED 30 MAR (*) FREEDOM
 SIGNAL F 59143 OF 12 APR DIRECTS THAT ORD(BR) WILL DELIVER
 BUSHNETS DIRECT TO ADM DIVS AND ORVIETO AS PARA 2 OF
 Q/OS/11/1 AND THAT BUSHNETS WILL NOT BE MADE AVAILABLE
 AT NAPLES (*) ADDRESSES PLEASE PASS MMIA LO (*) FOR
 FREEDOM Q/AE (*) REQUEST BALANCE THIRTEEN THOUSAND NETS
 NOT YET ALLOTTED IN PARA TWO MY LETTER BE MADE AVAILABLE
 IN NAPLES (*) ALL INFORMED

PRECEDENCE: IMPORTANT

AUTHENTICATED:

R. [Signature]

tvS.

copy to: A
MED.

3101

RESTRICTED

REFER MMIA LETTER Q/OS/11/1 DATED 30 MAR (*) FREEDOM
SIGNAL F 59143 OF 12 APR DIRECTS THAT ORD(BR) WILL DELIVER
BUSHNETS DIRECT TO ADM DIVS AND ORVIETO AS PARA 2 OF
Q/OS/11/1 AND THAT BUSHNETS WILL NOT BE MADE AVAILABLE
AT NAPLES (*) ADDRESSES PLEASE PASS MMIA LO (*) FOR
FREEDOM Q/AE (*) REQUEST BALANCE THIRTEEN THOUSAND NETS
NOT YET ALLOTTED IN PARA TWO ~~HT~~ LETTER BE MADE AVAILABLE
IN NAPLES (*) ALL INFORMED

PRECEDENCE: IMPORTANT

AUTHENTICATED:

R. [Signature]

0101

tvS.

copy to: A
MED.

0398

Declassified E.O. 12356 Section 3.3/NND No. 785020

Subject: Malaria

A 029

(1)

Land Forces Sub Com.
A.C. (MIA)
ROME
14/24/1596
9 April 45

DIS AFHQ (10)
CG HQMIA for Surgeon (10)
DISG 15 Army Group (20)

1. Enclosed are translations of two letters written, one by Ministry of War to all Italian Commands, the other by the Medical Directorate, Ministry of War to all Italian Medical Directorates on the subject of malaria.

It is thought that the information may be useful to Allied medical services in dealing with malarial problems which may arise with Italian formations.

2. Further copies are available if required.

JPA

A.C.H.

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

Land Forces Sub Com. AC. (MIA)

/BGG

3180

Copy to: 'A' _____

translation

Appendix 'A'

MINISTRY OF WAR
General Medical Directorate

Ref: L/552/I.S.
Div. 2a - Sect. 1a.

P.M. 3800, 22 Feb. 45.

To:-- ALL TERRITORIAL MILITARY COMMANDS
DELEGAZIONE IV OF S.M.R.E.
ALL COMBAT GROUPS AND DIVISIONS

P.M. 179

and for information to:--

MINISTRY OF INTERIOR, PUBLIC HEALTH DIRECT.
MINISTRY OF NAVY, GENERAL MEDICAL DIRECTORATE
MINISTRY OF AIR, MEDICAL DIRECTORATE
STATO MAGGIORE GENERALE
STATO MAGGIORE R.E. - UFFICIO SERVIZI
HIGH COMMISSIONER FOR SICILY
HIGH COMMISSIONER FOR SARDINIA
LAND FORCES SUB COMM. AG. (MILA)

ROME
ROME
ROME
P.M. 3800
P.M. 3800
PALERMO
CAGLIARI
ROME

Subject:-- Anti-Malaria Campaign - Hygienic - Preventive Discipline Small Scale Sanitation.

With the onset of the malarial period it is necessary for all units, and especially those in malarial areas to initiate as soon as possible, the preventive measures best adapted to oppose and fight the spreading of the disease. The abandonment and destruction almost everywhere, of the large scale anti-malarial works, completed or being completed, the defacing of the soil owing to the war, which is frequent in the liberated areas of Italy, the lack of, or inefficient work to improve the ground by the "small local anti-malarial measures" the posting of large units and civilians from one place to another, the carelessness in the upkeep of the mechanical means of defence, have largely contributed to the re-forming of many numbers of malarial focal points (previously decreasing) and the increase of others, this being ascertained by the high percentage of cases of primary malaria in the last three years.

Consideration of such facts and experience gained during the last campaign, confirm the necessity of the decisive and direct intervention by all the Commands, intended to help and complete the work carried out by the medical units, not only for the safety of personal health, but for the physical efficiency of the troops, but, also to limit as much as possible, the creation of new malarial focal areas in our land.

So as to obtain the best results from the whole of the means employed in the anti-malarial campaign, it is necessary that a constant and a strict hygienic and preventive discipline will be enforced and thus the co-operation and determined participation by all officers; so that the problem is not only faced in all its aspects, but also with tenacity and firmness and with the full understanding of the necessity to carry it out.

The utility of the training courses, taking place during the pre-epidemic period by some Territorial Medical Directorates for officers of the ^{services} is well shown by the results obtained in the most heavily stricken areas. The officers who have attended have been active in spreading propaganda amongst the troops, of the necessity of the continuous observation

STATO MAGGIORE P.E. - UFFICIO SERVIZI
HIGH COMMISSIONER FOR SICILY
HIGH COMMISSIONER FOR SARDINIA
LAND FORCES SUB COM. AG. (MIL.)

1.11.3400
P.M. 3800
PALERMO
CAGLIARI
ROME

Subject: - Anti-Malaria Campaign - Hygienic - Preventive Discipline Small Scale Sanitation.

With the onset of the malarial period it is necessary for all units, and especially those in malarial areas to initiate as soon as possible, the preventive measures best adapted to oppose and fight the spreading of the disease.

The abandonment and destruction almost everywhere, of the large scale anti-malarial works, completed or being completed, the defacing of the soil owing to the war, which is frequent in the liberated areas of Italy, the lack of, or inefficient work to improve the ground by the "small local anti-malarial measures" the posting of large units and civilians from one place to another, the carelessness in the upkeep of the mechanical means of defence, have largely contributed to the re-forming of many numbers of malarial focal points (previously decreasing) and the increase of others, this being ascertained by the high percentage of cases of primary malaria in the last three years.

Consideration of such facts and experience gained during the last campaign, confirm the necessity of the decisive and direct intervention by all the Commands, intended to help and complete the work carried out by the medical units, not only for the safety of personal health, but for the physical efficiency of the troops, but, also to limit as much as possible, the creation of new malarial focal areas in our land.

So as to obtain the best results from the whole of the means employed in the anti-malarial campaign, it is necessary that a constant and a strict hygienic and preventive discipline will be enforced and thus the co-operation and determined participation by all officers; so that the problem is not only faced in all its aspects, but also with tenacity and firmness and with the full understanding of the necessity to carry it out.

The utility of the training courses, taking place during the pre-epidemic period by some Territorial Medical Directorates for officers of the services, is well shown by the results obtained in the most heavily stricken areas. The officers who have attended have been active in spreading propaganda amongst the troops, of the necessity of the continuous observation and scrupulously actualisation to carry out the various preventive measures.

We therefore affirm that, the Directorates will hold short anti-malarial courses of a purely practical and demonstrative character, for officers and N.C.Os. of the services on the application of anti-malarial control measures.

The Medical Directorate General have started to collect the data needed for censuses of troops having malaria, either primary or recurrent, which have been shown as relapses during the last four years, with the intention to make them undergo during the month of April (pre-epidemic phase) their improved anti-malarial treatment. In order to carry this out the first particular instructions have been issued according to the availability of chemical means.

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Sheet 2

Appendix 'A' (cont'd)

Besides the above mentioned treatment and the successive preventive measures to be taken by troops in malarial areas as regard to which rules and regulations (will also be issued), we impress on everybody the necessity to carry out local unit measures of clearance of ground and rivers which constitute a fundamental means in the anti-malarial campaign and for which we require the maximum collaboration from all the Commands.

It is necessary:-

1. To ascertain by ground reconnaissance (by Hygiene Officer) in each of the localities where troops are billeted, the malarial areas and the grade of endemic malaria, making topo-malarial charts of malarious areas (a copy of which is to be sent to the Military Medical General Directorate), and the necessary contacts will be made with the local civilian authorities.
2. To formulate in relation to the above mentioned investigations on a concrete plan in which the following measures will be studied.
 - a) Ground amelioration and drainage.
 - b) Checking and re-organisation by all the available means, the prophylaxis (collective and individual).
 - c) Returns to this Ministry (Directorate General Medical Services) showing the requirements for the anti-malarial campaign (anti-larvae - anti-mosquitoes - chemical prophylaxis therapy).
 - d) Instruction of unit squads to be employed on ground amelioration. These squads organically formed in each unit and well chosen will have to be put through a rapid and practical training period by the Regional Medical Directorate, who will employ for this purpose the qualified medical officer having a good knowledge of the malaria problem. The small scale ground amelioration, if carried out correctly, and accurately, in the pre-epidemic period will obtain good results. It is well to bear in mind that any collection of water, clear or not, static or running, when there is vegetation or other means of obstructing the current will provide a breeding ground for mosquitoes.

The small pools, the swamps, the brooks, the vegetation on the edges of the streams, and of the large or small vegetation canals, are all breeding places for the Anopheles larvae. Lakes, rice-fields, drains, drinking troughs, water tanks, artificial and natural irrigation basins etc., can all be potent breeding areas.

The malaria squads will be trained therefore in the following work:-

- a) Filling depression of grounds.
- b) Drainage of static water.
- c) Control, clearing and supervision of all collections of water within a radius of three Kilometres around buildings or camps.
- d) Laying of Malariaol and Paris Green and other anti-larvae material.
- e) Use wherever possible of larvae-eating fishes, control and maintenance of mechanical means for malaria control campaign.

It is certain that, for the approaching malaria campaign, the Medical Directorates will not lack moral and practical collaboration from all the Commands and only thus will it be possible to obtain a good preventive discipline with favourable results.

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translation

MINISTRY OF WAR
General Medical Directorate

Ref: 4/523/L.S.

21 March 45.

To:-- ALL TERRITORIAL MEDICAL DIRECTORATES
 DELEGAZIONE (T) OF S.M.R.E. MEDICAL DIRECT.
 ALL COMBAT GROUPS AND DIVISIONS MEDICAL OFFICES
 and for information to:--
 CABINET - UFFICIO COORDINAMENTO
 MINISTRY OF INTERIOR, DIRECTOR OF PUBLIC HEALTH
 MINISTRY OF NAVY GENERAL MEDICAL DIRECTORATE
 MINISTRY OF AIR MEDICAL DIRECTORATE
 STATO MAGGIORE GENERALE
 STATO MAGGIORE REGIO ESERCITO UFFICIO C.
 STATO MAGGIORE REGIO ESERCITO MEDICAL OFFICE
 TERRITORIAL COMMANDS
 ALL COMBAT GROUPS AND DIVISIONS COMMANDS
 HIGH COMMISSIONER FOR SARDINIA
 HIGH COMMISSIONER FOR SICILY
 LAND FORCES SUB COM. AC. (MIL.)

FM 3800

SEDE
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 ROMA
 ROMA
 FM 3800
 FM 3800
 FM 3800

CAGLIARI
 PALERMO
 ROMA

Subject:-- Anti-Malaria Campaign for 1945

By means of the printed circular No. 4/552/L.S. of February 22nd 1945, this Ministry, in view of the nearness of the malarial epidemic season, has called the attention of all Commands to the necessity of enacting promptly the most effective preventive measures - especially in the case of units stationed in areas of endemic malaria - in order to retard and fight the spread of the infection.

Assurances received so far from the various Regional Medical Directorates promise an early start of local soil drainage work and extermination of larvae and constitute proof of active co-operation between the Commands and Medical authorities for proper compliance with all necessary preventive measures.

During the pre-epidemic phase which may be regarded as ending on April 30th each Medical Directorate will not only provide technical training for the squads organised at each unit for soil, drainage work and intensify all land reclamation activities, but will also prepare malarial maps of the respective areas and establish the necessary contacts with civilian medical authorities to ensure that the work of controlling malaria will be conducted with unity of purpose and in active collaboration with the authorities concerned.

In pursuance of the above mentioned circular we wish to point out that, similar to the instructions issued last year, soldier with a previous malarial history will not receive the pre-epidemic course of treatment during April. Present quinine stocks would preclude it; instead, every medical office will give special attention to last year's primary cases of malaria and to chronic sufferers in order to be able to forestall any relapse in due time so as to assure, in every case, the most complete and scientific medical treatment.

Of great help in achieving this will be the census of malarial cases ordered by this Directorate and already performed almost everywhere. Bearing in mind that every case of malaria which is thoroughly cured is a centre of infection less, one should ensure that the treatment be always effective and thorough, and that it be always carefully followed.

PM 3800
PM 3800

STATO MAGGIORE REGIO ESERCITO MEDICAL OFFICE
TERRITORIAL COMMANDS
ALL COMBAT GROUPS AND DIVISIONS COMMANDS
HIGH COMMISSIONER FOR SARDINIA
HIGH COMMISSIONER FOR SICILY
LAND FORCES SUB COMM. AC. (M.L.A.)

CAGLIARI
PALERMO
ROME

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Of great help in achieving this will be the census of malarial cases ordered by this Directorate and already performed almost everywhere. Bearing in mind that every case of malaria which is thoroughly cured is a centre of infection less, one should ensure that the treatment be always effective and thorough, and that it be always carefully followed up. Cases of malaria insufficiently treated are one of the principal causes of continuous recurrence and of the ever-increasing number of gametocyte carriers; experience has shown that the more timely the diagnosis and treatment, the smaller the chances of death. Regional Medical Directorates and medical offices of Divisions and Combat Groups will issue definite instructions in this sense both to unit medical officers and to those of medical establishments and field medical units.

In order that the malarial problem may also this year find a really practical and realistic solution, it will be necessary to move the largest possible number of units from the more seriously infested malarial areas by the first half of May at the latest - contingent upon operational and other military requirements - and to transfer them to mountain areas or, at any rate, to areas less infested by malarial mosquitoes.

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Declassified E.O. 12356 Section 3.3/NND No. 785020

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With the aid of reports received concerning stocks on hand and requirements of various items used in the control of malaria, this Directorate will order the transfer of some supplies among the various Regional Medical Directorates so as to fill the requirements of units more directly exposed to malarial infection and make possible - in all endemic areas - a timely start of the anti-malarial campaign.

Units which must remain in malarial areas because of operational requirements will adopt the following measures:-

A. Extermination of Anopheles.

1. Extermination of larvae: constitutes the best practical means of fighting malaria and will be started at once and continued until October. It will include a radius of not less than 3 Kms around the billets. It will be carried out by special squads properly organised with every unit and supervised by medical officers. Such squads will perform the following reclamation work: filling of depressions in the ground so as to eliminate even the smallest sources of malaria; drainage of stagnant waters and channeling of same into running streams; management, decontamination and checking of all collections of water; periodical weeding and cleaning as well as emptying and cleaning every 8 - 10 days of all pools, watering troughs, etc; treating stagnant waters with petroleum products or spraying them with Paris Green. As for the former, there will be used Diesel oil or spent Diesel oil or lubricating oil thrown off by combustion engines, and it should be borne in mind that since these are high-density materials it will be necessary to dilute them with Kerosene or emulsify them with an adequate amount of water. The treatment with petroleum products will be administered summarily, and there will be used watering cans with thin, spraying roses and spray pumps used for spraying vines with copper sulphate. There may also be used small canvas bags filled with sawdust or weed shavings soaked in Diesel oil, which, when immersed in water, give it off slowly. 30 cubic cms. of Kerosene or Diesel Oil will suffice for each square metre of water surface and the cleared of larvae. All of authorities are furnishing kerosene, a larvicide liquid to be sprayed into ponds undiluted, by means of ordinary sprays. It is used at the rate of 1 litre for each 15 square metres of water surface and the operation is repeated each week. The attention of all soldiers will be called to its toxicity in order that it may not be confused with other drugs.

The spraying of Paris Green will be done only by well-trained personnel under the supervision of the medical officer. There will be used a thoroughly uniform mixture to be obtained by mixing for a considerable period of time in a closed container one part of green and 100 parts of road dust, well screened and dry. One kilo of such mixture is sufficient to destroy the larvae on a water surface of 100 square metres. The spraying will be done with a duster or even by hand. If possible, the personnel in charge will wear decontaminators' overalls, will operate windward and will take care to wash their hands when the work is completed. Containers used for this purpose will be marked "poison". If diluted as above, the Paris Green may be used also on watering troughs. It will suffice to spray Paris Green every 15 days in April and May and every 8 days during the following months. In the case of treatment with petroleum products these periods may be extended by 4 or 5 days.

2. Protection against and control of Mosquitoes: consists of mechanical prevention (individual and collective) and in the destruction of mosquitoes. As for collective prevention it will be necessary to check all openings in camp buildings and to supply inevitable shortages of wire screen with the aid of available means. Individual measures consist of the use of mosquito nets and the

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management, decontamination and checking of all collections of water, peri-pond weeding and cleaning as well as emptying and cleaning every 8 - 10 days of all pools, watering troughs, etc; treating stagnant waters with petroleum products or spraying them with Paris Green. As for the former, there will be used Diesel oil or spent Diesel oil or lubricating oil thrown off by combustion engines, and it should be borne in mind that since these are high-density materials it will be necessary to dilute them with Kerosene or emulsify them with an adequate amount of water. The treatment with petroleum products will be administered after the surface of the water to be disinfested has been weeded - even if only summarily, and there will be used watering cans with thin, spraying roses and spray pumps used for spraying vines with copper sulphate. There may also be used small canvas bags filled with sawdust or wood shavings soaked in Diesel oil, which, when immersed in water, give it off slowly. 30 cubic cms. of Kerosene or Diesel Oil will suffice for each square metre of water surface to be cleared of larvae. Allied authorities are furnishing larvicide, a larvicidal liquid to be sprayed into ponds undiluted, by means of ordinary sprays. It is used at the rate of 1 litre for each 15 square metres of water surface and the operation is repeated each week. The attention of all soldiers will be called to its toxicity in order that it may not be confused with other drugs.

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2. Protection against and control of Mosquitoes: consists of mechanical prevention (individual and collective) and in the destruction of mosquitoes. As for collective prevention it will be necessary to check all openings in camp buildings and to supply inevitable shortages of wire screen with the aid of available means, individual prevention will have to be limited to soldiers whose services are essential for night duty. In addition to using liquid insecticides and anti-mosquito liquid during the day, the destruction of mosquitoes may be brought about by fumigations, by burning slightly damp straw inside the billets.

B. Medicinal Prophylaxis.

You are notified for guidance purposes that the date on which medical prophylaxis is to start is May 1st; however definite instructions will be given in the matter. The same will be carried out as directed and with regularity, bearing in mind that enormous difficulties are encountered in obtaining supplies and that experience shows that failures are due to carelessness in carrying out instructions. There will be used acridinic preparations (mepacrine, Itcolhina, Chemoichina, atebriane etc.) at the rate of 1 tablet a day per man, to be issued with the first meal and each man will be checked off the roll as not to leave

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Sheet 3

B. Medicinal Prophylaxis (cont'd)

anyone out. Men leaving malarial areas when undergoing treatment will continue to receive the same treatment at their new station for another 4 weeks.

C. Diagnosis.

All medical officers must realize the necessity of taking blood samples in each case, for further examination at the nearest medical unit. Such examination must be made with the highest degree of timeliness, since a medical report showing an excessively high number of parasites may lead to the suspicion that a pernicious form is involved, especially in the case of individuals who never before suffered an attack of malaria. In the event that the haemoscopic examination even if repeated, should show a negative result and the clinical symptoms left no doubt about diagnosing the disease as malaria, the report (to be prepared in each case) should read "indefinite form, clinical examination positive, microscopic examination negative". A like annotation will be made on the individual record of malarial cases.

D. Report.

Must contain all informative data required for a retrospective study of the symptoms diagnosed and must be prepared by the medical unit where the patient is first hospitalised.

E. Treatment of Malarial Cases.

Both in the case of men who have not yet been immunized and those who are in the course of being immunized, the initial treatment will be administered as follows:--

- for three days, 2 grams of quinine per day (in cases of pernicious malaria, the diagnosis of which must, in each case, be implemented by a haemoscopic examination, the dose may be increased up to a maximum of 3 grams per day):
- for 5 days, 30 cts of italcina or chemiochina or neperoline etc.;
- for 3 days, no drugs will be administered;
- for 3 days, 2 cts of gametar or plasmochina per day or, in the absence of such products, 6 cts of cortana.

As a rule, quinine will be administered by mouth; only in cases of definite and proven gastric intolerance will it be administered intramuscularly. In serious and suspicious forms of perniciousness there will always be administered an injection of 1 gramme of bitydrochloride of quinine before the patient is sent to the hospital, making certain that a blood sample is obtained before the injection.

Should quinine preparations be unavailable, a different procedure outlined hereunder, will be followed:--

- for 3 days, 50 cts per day of italcina, or chemiochina or stoberine etc.,
- for 2 days, 30 cts per day of the same products
- for 3 days, no drugs will be administered
- for 3 days, 2 cts of gametar or plasmochina or 6 cts of cortana.

At the end of each of these cycles of treatment, patients will be rested for 7 days and no drugs will be administered; thereafter, men who are returned to units in malarial areas will be subjected to immunisation during the remainder of the epidemic season, whereas those who at the end of the treatment do not return to malarial areas will be subjected to immunisation for one month.

Every relapse will be treated as an initial attack, and the complete cycle of treatment will be repeated.

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- for 2 days, 30 ctrs per day of the same products
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Every release will be treated as an initial attack, and the complete cycle of treatment will be repeated.

Considerable difficulties will no doubt have to be faced under present circumstances in carrying on the fight against malaria. Heavy demands will be placed upon the initiative and zeal of all medical officers and Commanders, especially to ensure the success of local soil and reclamation work and to conduct intelligent and effective propaganda among troops.

We are confident that, as in the past, the medical services will have the benefit of the wholehearted co-operation of all Commanders and officers.

Please confirm that the above instructions will be carried out.

FOR THE MINISTER

F. Calderola

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