

REPORT TO THE WAR DEPARTMENT

HISTORY OF CIVIL AFFAIRS IN ITALY

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District No. 3

1970-1971 CENSUS OF POPULATION

DATA FOR CANADA AND PROVINCES

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CENSUS
DATA
FOR
PROVINCES

7 December 1945

BIOGRAPHICAL MATERIAL

The undersigned, Surgeon John A. Lewis, Jr., a regular commissioned officer of the United States Public Health Service was assigned on 15 May 1943 to the War Department by the Surgeon General of the United States Public Health Service at the request of the Secretary of War in January 1943 for the assignment of several officers to serve with military government and civil affairs in foreign countries.

His first assignment was to the School of Military Government, Charlottesville, Virginia for a three month period from late May until late August. He sailed from Hampton Roads aboard the S. S. Mayo Brothers early in September, arriving at Bizerte early in October. After a brief period of several weeks spent in a replacement depot he was assigned to the Civil Affairs Planning and Training School at Tizi Ousou. Several weeks were spent at the School before his arrival with the Headquarters of the Allied Control Commission in Palermo late in November 1943.

Early in December he was assigned to the Naples office of the Headquarters, Allied Control Commission. For several weeks in December he served on the staff of the Regional Public Health Officer of Region III, which at that time was a part of AMG, 5th Army. After this assignment he returned to his duties as Venereal Disease Control Officer to the Allied Commission until early in June 1944, when he was assigned as Provincial Public Health Officer, Region VIII, AMG, which later became Region VIII, AC. In this assignment, his first duties were as Provincial Public Health Officer, Grosseto Province.

Early in September of 1944 he moved his headquarters to Siena, where he functioned as Public Health Officer of both Siena and Grossetto Provinces. In January of 1945 an agreement was reached with AMG, 8th Army whereby he assumed responsibility for Arezzo Province as well. He continued as Provincial Public Health Officer of Grosseto, Siena and Arezzo Provinces until these Provinces were released to the Italian Government control in May of 1945. At that time he was transferred to Naples as Senior Public Health Officer, Naples Commune, from which duties he was relieved to return to the United States 30 June, 1945.

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1. Tizi Ouzou. This was the Military Government and Civil Affairs Training School high up in the mountains at a French town of the same name about 60 miles east of Algiers. It was a holding camp as well. The holding camp gave it a restive atmosphere; every officer was wondering when he would get away and begin to really do something. Most of the officers had had a previous training course at Charlottesville, Custer or Harvard and elsewhere; they were eager to get into the middle of things going on. It was impossible for them to be sent along as observers; it didn't seem reasonable to add to the transportation and supply problems of combat units. Every effort was made by the school staff to occupy the time of the officers. There was an extensive recreation and exercise program as well as further last minute plans. Mountain climbing, hiking, military map reading from the tops of mountains identifying crests, vales and streams, calisthenics and then forming into platoons, companies and battalions calling the roll were repeated over and over again. In addition, Italian classes were organized. Into the rudimentary group went all of the men who had studied Japanese, Malayan, French or German at Charlottesville. They were taught how to say good afternoon, good evening, where is water, are there Germans here? etc. The middle group were those who had some background in the language, the advanced group were polishing up, they already understood Italian fairly well. A forum was held several times a week in which there was an opportunity to learn something about the fundamentals of currency control (from the Allied point of view), agriculture, public utilities

and how to control the black market. In the afternoon the Director of the Public Health Subcommission held conferences to review plans of the various sections. It happened just as Tolstoy said it would in War and Peace: plans were made but what actually developed was far from what actually took place later.

2. Palermo. When the HQ. of the Allied Control Commission arrived in Palermo, late in November 1943, Region I, AMG was already functioning with a complete staff under the directives of what was called the AMG "Bible" prepared by the staff headquarters of AMG. The planning of the Public Health Sub-Commission of the ACC did not take into consideration the existence of an AMG "Bible". If the existence of the "Bible" was known to the Sub-Commission, it was not known to all of the planning staff; no copies were seen. The officers of Region I wondered what the relation of HQ, ACC was to them and the officers of HQ wondered the same thing. There was the general impression that the ACC had come up too soon; before AMG was ready to turn over to them the administration of Civil Affairs. In fact it was not until 11 February 1944 at 0001 hours that Sicily was officially "restored to the jurisdiction of the Italian Government".¹

(Reference 1. An abstract from "Reports from Italy, January - June 1944", original filed in Medical Intelligence, PMS, SGO, Confidential A 214 - To all concerned, from HQ Allied Forces - the report continues, "At the same time Military Government was terminated in all parts of the restored territory in which it had been functioning previously".)

The fact that ACC did not have jurisdiction in Palermo made the position of the venereal disease control officer of ACC that of an observer "tolerated" as far as AMG was considered. During the observing phase the military and civilian situation with regards to venereal disease control was studied, and some opinions formed which were later useful in formulating a more definite policy to recommend to the Director of the Public Health Sub-Commission. Early in December 1943, the following information was obtained and recorded in a notebook, 7th Army VD Rates - Rates per thousand per annum, April 20.83, May 16.31, June 9.15, July 11.71, August 20.61, September 69.84, October 83.63. Prophylaxis given, August 2162, September 35,000, October 55,000. The notes have these remarks "Houses of prostitution opened September 4. There were six houses, five houses for white and one for colored; now have only four, three for white and one, colored." These houses of prostitution were for the troops and were operated by the 7th Army. The information was provided by the Medical Inspector with much reluctance, as the subject was considered delicate. All of the houses were visited by the Venereal Disease Control Officer of the ACC as a "medical officer" from AMG. There was an MP at each house with specific instructions to keep out all unauthorized officers; the MP was provided with a written order that only the Medical Inspector and his assistants could be admitted. Several of the houses were more popular than the others. In these, the crowd of soldiers during the rush-hour even extended to the outside in a line waiting for the seven or eight girls inside. MPs did what they could to keep down loitering around the front of the houses, but this was impossible, the

(Reference 2. Personal notes in notebook, information obtained from Medical Inspector, 7th Army early in December 1943.)

houses attracted the curious like honey does flies. It was a grim sight to walk down one of these alleys, narrow and dirty, with fresh and old piles of horse manure and the smell of urine to the door of one of the U. S. Army official houses of prostitution, and see the crowds standing around, going in and coming out. An effort was made by the military staff to keep these places as clean as possible, but with the dark floors and walls and the small amount of light, the stifling clouds of smoke, and the crowded halls, the rush of the girls from one room to another, it was difficult. There was a "pro" station located in one of the small washrooms and a system operating that gave a "pro" to each of the men before he left. During the rush hours there was such a large number of men that it was difficult to imagine effective "pros" given under such circumstances. The price charged at the house was one dollar, half of which went to the prostitute, and half to the civilian management. The girls were expected to work 12 hours per day, but they could work longer if they wanted to; few did. After work the girls went home although in some instances they lived within the brothel. It was said that some operated "free-lance" after hours, but it is not known whether this is true. One of the difficulties encountered in the administration of the house was providing prostitutes. It was much more profitable for a prostitute to operate "on her own" than to sign up with one of the houses. The houses of prostitution for Italian civilians were permitted to stay open but they did not flourish. One Madame complained bitterly to AMG that she had gone to a great deal of expense to improve her property in the hopes that the Allies would select her house for the troops, and that since her house had not been accepted, she was not able to meet expenses on civilian trade alone. The medical officers at Hq of the

Surgeon's Office IBS and 7th Army were aware of the increasing venereal disease and that the houses had contributed little to keeping the rates down. They pointed out, however, that it was unusual for a soldier to give information that definitely incriminated one of the houses of prostitution as the source of infection. There was no conclusive reason to believe that "the G-I houses" were the direct sources of the cases causing an increased rate. On the other hand, it was inconsistent for venereal disease control officers to reduce the number of exposures, by advocating continence, as long as the Army officially operated houses of prostitution. While the venereal disease control officer of the ACC was in Palermo, he protested vigorously to the Office of the Surgeon of both the 7th Army and IBS about the operation of houses of prostitution for the troops. The protest was ineffectual, however. It was "hush-hush", but rumor was that the Palermo VD Control policy was made by the commander.

The economic condition in Palermo and the presence of large numbers of troops idle with insufficient recreational facilities undoubtedly were important factors contributing to promiscuity. Late in 1943 and early in 1944 there was a tremendous number of troops in and around Palermo back from the front or waiting to move on. They came into Palermo and started buying almost everything in sight. Prices of clothing and various necessities for the Italians went sky high. An attempt to control prices by price fixing was made by AMG which probably helped some. The Italian transportation system was broken down so that Palermo had the greatest difficulty in getting wheat in from the country. There was from the first, a shortage of bread and pasta. Pasta, really various preparations of dough as spaghetti, raviola, tagliatelli, etc. was considered an essential by the Italians. Oil and fats were in great shortage; there wasn't any

Sugar, Coffee, or soap, except as it came from the Allies. All of these things formed a background in which the Italians in Palermo found themselves. The soldiers were idle with pockets full of money. The lowest paid soldier earned more money than the Prefect, (4,500 Lira) or the Medico Provinciale (3,900 Lira). The Italian is by nature, friendly and sociable, the Sicilian more so. There was little evidence of malice of the Americans for the Italians, or of the Italians for the Americans, as might possibly be imagined between two countries at war. The women of Italy were lonesome for their men who had been away from their homes for over two years; the American soldiers were lonesome for female companionship. Furthermore, the soldiers had many things that the Italians wanted such as soap, food, coffee, sugar, money. The net result was a great fraternization encouraged by our official propaganda designed to make the Italians feel that we were comrades in arms against a mutual enemy, the Germans. It is not surprising, therefore, that there was a great intermingling with a tremendous increase in promiscuity. The social forces including the economic situation, emotional attitudes, lonesomeness and craving for individual appreciation found on a large scale when an Army is in a foreign country had more to do with promiscuity and therefore with venereal disease, than is generally believed. These forces are much stronger than are the methods to control them. In Palermo, no really serious effort was made to reduce the number of exposures until after the houses of prostitution were closed 26 Jan. 44. (Ref. No. 2). Prophylaxis and education emphasizing continence undoubtedly prevented many infections, but there is no reason to think that the educational measures had more than a slight effect on promiscuity while the great human forces were at work in Palermo.

There was a dermoceltic hospital in Palermo as there is in the larger Italian cities and towns. In Palermo, however, there was a shortage of hospital beds because of damage to the hospital from bombing, and also because of many civilian injuries. Furthermore, the larger and better hospitals were occupied by our own military hospitals.

The result was that the few patients that could not be sent home from hospitals were crowded into the remaining hospitals. Some of the cases,

largely civilian injuries and acute infections, were crowded into the dermoceltic hospitals. The prostitutes found infected with venereal diseases were either placed in the dermoceltic hospital or crowded into

the already packed prisons. Often they were released by the Italian authorities to make room for what was to them more urgent cases, or on the excuse that there was insufficient facilities for their care. There

was a shortage of venereal disease drugs in Palermo prior to the occupation; at the time of the occupation their supplies were almost completely exhausted. Early shipments of medical supplies by AMG had little or no drugs for venereal disease treatment. The emergency supplies dis-

tributed by AMG from Army sources were largely of the nature of surgical materials to take care of wounded civilians. The treatment of venereal diseases must have been a flourishing business for Palermo physicians before the war judging by the large number of signs on the street advertising physicians as venereal disease specialists.

3. Naples. About the middle of December 1943, the ACC HQ moved from Palermo to Naples, which at that time was under the jurisdiction of HQ 5th Army, AMG. The Director of the Public Health Sub-Commission, with some of his staff moved to Salerno to be near the new Italian Government. The Deputy Commissioner, the Venereal Disease Control Officer,

the Malaria Control Division, the Typhus Control Unit and the Medical Supply all remained in Naples as the forward echelon of the Allied Control Commission. The Venereal Disease Control officer remained in Naples in order to be near the various headquarters of other large units. When the ACC moved to Naples, it, too, was a center for large numbers of troops waiting to go into action, or having just returned from action in addition to the large number of base troops concerned with supply, operation of administrative units and the port facilities. Large numbers of troops, British, American and French were stationed in Naples. In addition, the American and British Navy headquarters was located at Naples. The same condition existed in Naples as had previously been noted in Palermo.

Various military units in Naples were operating "G-I" houses of prostitution. There was a serious inflation with shortages of the basic necessities of life for the Italians. In addition, there was fraternization of the Allied troops with the Italian civilians on a grand scale. In spite of the hardships undergone by the Neopolitan, caused by the military occupation, they were cordial and their welcome was enthusiastic and sincere.

All of the important headquarters in Naples were visited by the Venereal Disease Control Officer of the ACC soon after he arrived in Naples. He learned that venereal disease rates were high and that because of the general concern, there was a good opportunity for coordinated action.

The Venereal Disease Control Officer of PBS was able to obtain an order from the Commanding General of PBS putting all houses of prostitution in Naples off limits to American soldiers, effective 31 December, 1943; the Commander of the British 55th Area issued a similar order simultaneously at the request of his ADH. The French refused to take similar action and continued to operate houses of prostitution for their troops

during their entire stay in Naples. Through arrangements made by the Venereal Disease Control Officer of ACC with the Signal Corps, photographs were made of several of the houses of prostitution and various activities of the civilian venereal disease control program in Naples.

Those photographs are enclosed herewith as Appendix A of this report.

The negatives were given to General Erskine Edgar Hume, G-5, of 5th Army AMG. Photographs A-1, A-2 and A-3, are of "G-I" houses of prostitution made on 31 December, the date that "off-limits" became effective. The

"off-limits" signs were not put up until much later due to difficulty in having the signs made; the British, however, promptly painted "out of bounds" on the buildings themselves. Photograph A-4 is a room in a bomb-

ed out building used by a clandestine prostitute found by the Venereal Disease Control Officer through an Italian "pimp". A-5 - A-22 are va-

rious photographs made at the Questura Clinic where examinations were made prior to admission of the patient to the Pace Hospital. A-23 is

of an Italian physician making an examination in the examining room of an Italian house of prostitution. A-24 - 27 were made at the Pace

Hospital, where suspects were detained for diagnosis and treatment. In

every city and large town in Italy the problem was the same; promiscuity and high venereal disease rates. Repeated conferences were held by the

Venereal Disease Control Officer of the AC with medical and provost marshal officers of the headquarters of both British and American troops

throughout occupied Italy in an effort to decide on a definite policy directed towards reducing exposures by the suppression of clandestine prostitution. In January of 1944, the Director of the Public Health Sub-

Commission agreed that the Allied Commission should take the initiative and coordinate a cooperative program with all headquarters of troops in

Italy. The Director of the Legal Sub-Commission agreed to publish the laws on venereal disease as it applied to the control of prostitution and working through Italian government channels to obtain better enforcement of Italian law directed against clandestine prostitution. The program as it pertained to the AC consisted in (1) a repression of clandestine prostitution, and (2) the provision of medical diagnosis and treatment, for clandestine prostitutes suspected of infection. In addition, it was understood that the Venereal Disease Control Officer would request the various headquarters throughout Italy to put all houses of prostitution off-limits to their troops, and to request that they enforce the order using military police. In order to carry out the first part of the program, repression of clandestine prostitution, police action was required and this meant the close cooperation between Military Police, Italian police and AMG Public Safety Officers. It was not possible for the Italian police to do the job alone; very often it would be necessary for an Italian police to arrest a prostitute in the company of an American or British Soldier. Unless there was an Allied Military Police along to protect the Italian police, a fight would be started between the soldier and the Italian policeman; this happened on several occasions. For this reason, early in the program it was realized that vice squads should be started consisting of Allied soldiers and Italian police. An Allied Military Policeman would accompany an Italian policeman and be present at the time of each arrest. Early in January, 1944, the Venereal Disease Control Officer of PBS, the Surgeon of the Metropolitan Area, the ADH of the 55th area of Naples for the British, and the Surgeon of IBS, arranged with their Provost Marshal to create vice squads. Later on vice squads were formed in other Italian cities. The vice squads con-

sisted of an officer and of several enlisted men. There were seven enlisted men on the vice squad in Palermo in February of 1944. (Reference 2.). Italian police, or Caribimeri were assigned to work with the vice squad men. The actual arrests were made by the Italian police usually but sometimes by the Military Police and then the girl was turned over to the Italian police. The arrest, charges, and results of examination were all recorded at the Questura (the police station) and made available to the AMG Public Safety Officer. The Public Safety Officers of AMG were repeatedly urged by the Venereal Disease Control Officer of the Allied Commission to keep the number of arrests high in order to discourage clandestine prostitution. In turn, the Public Safety Officers applied pressure on the Italian Police Officials, who in turn ordered the Italian Police to increase their activities in combatting clandestine prostitution. In addition, the Ministry of Interior was induced by the Allied Commission to send to the Prefects, a decree calling for more vigorous enforcement of Italian laws with regard to clandestine prostitution. The net results of these activities were that a great many women were arrested in the larger cities of Italy on suspicion of clandestine prostitution with Allied troops. Very often the grounds for arrest were flimsy. Nevertheless, it had the effect of making Italian women more cautious in their advances to Allied soldiers and reluctant to be seen talking or walking with them. If an Italian woman and soldier were seen to enter a civilian house together, they would be followed by the

(Reference 3. A report from the Director of the Public Health Sub-Commission to the Chief of Staff Allied Commission through Administrative Section, ACC-301-PH, dated 5 April 44, subject: Public Health and Welfare Sub-Commission Report month of March 1944, on file Civil Public Health Division, "Reports from Italy, January to June 1944").

Military Police and Italian policemen. The MP would enter the house and if the circumstances seemed suspicious of clandestine prostitution, the woman would be arrested. Italian women would often be arrested because they were seen talking to a soldier on the streets. The Italian women thus arrested were largely of the poor and uneducated class of people. Many had been in and out of jail on various charges previously and were known to the police. Indeed, it seemed that the Italian police were arresting large numbers of women for no reason at all other than to make it appear that they were cooperating actively with AMG in the program to repress clandestine prostitution. The Italian police had no difficulty in producing large numbers of poor, ignorant women who would engage in clandestine prostitution or anything else if they could get a can of "C" rations or some money. Naturally it was difficult to obtain conviction for clandestine prostitution when there was no evidence that a crime had been committed. It is certain that many injustices were done and many women subjected to indignities that would not be tolerated in this country. This was constantly in mind and vice squads were constantly admonished to arrest only those women who conducted themselves in a way that would lead to suspicion. One technique was for the members of the vice squad to circulate in crowds of soldiers without the MP arm band. Following intensive activity to repress clandestine prostitution it appeared that some headway was being made. Both Italian and Military Police reported that there was a decline in clandestine prostitution.

(Reference 4. A monthly report from the Venereal Disease Control Officer HG ACC, to Director Public Health Sub-Commission, ACC-302-PH, dated 30 May 44, Subject: Venereal Disease Control Report for May 1944 on file Civil Public Health Division, Surgeon General's Office "Reports from Italy, January to June 1944".)

In Naples in the period 1 January - 30 May 1944, approximately 4,000 women had passed through the Italian venereal disease hospital; a considerably greater number than this had been arrested in the same period and released despite an effort to send all women to the hospital for diagnosis even though the Italian physician reported no evidence of infection at the time of the out-patient examination. It was felt that the examination made by the Italian physicians was far from satisfactory.

Early in January, 1944 the Director of the Hospital, Prof. di Amicis, protested the removal of the dermatological patients from this hospital to increase its capacity for prostitutes, on the grounds that dermatological patients were traditionally the responsibility of the Pace Hospital.

This change was made, however, by direct order to the directors after his non-compliance with the "suggestion". The Pace Hospital at that time was not performing serological tests for syphilis because of the lack of antigens and complements. Through arrangements with the 15th General Laboratory a small quantity was obtained; this was a short item of troops medical supplies as well. A cable was sent to AFHQ requesting a supply of antigens; the DMS responded immediately by sending several 50 cc bottles of Kahn antigen which was sufficient to last several months. Arrangements were made for the Pace Hospital technicians to spend several days at the 15th General Hospital in order to check the technique. There were numerous difficulties; the technician was a physician who did not want to give much time to the institutional work because his practice had suddenly

(Reference 5. Report from Venereal Disease Control Officer, HQ ACC to Director Public Health Sub-Commission, Brigadier D. F. Parkinson, dated 31 January 1944, Subject: "Report of Venereal Disease Control Activities for January 1944, filed in Venereal Disease Control File, ACC-302-3 PH of Public Health Sub-Commission, ACC copy in Civil Public Health Division, SGO, of "Reports from Italy, January - June 1944").

become lucrative. He made appointments to go to the military laboratory for instruction in our technique and then did not appear. The director of the Pace Hospital who was not sympathetic with Allied interference with his hospital was unable to suggest another technician. After many weeks of persistence another technician was finally found and serological tests were started, but the results did not appear to be encouraging. Considering the difficulty of American laboratories with sensitivity and specificity, it probably would have been better for the 15th General Laboratory to do all of the specimens. This was broached but not pushed; the laboratory had its own problems with personnel and supplies, especially Kahn antigen. There were continual problems of material and supplies, glassware, distilled water, excuses and stalling. When the programs started the Hospital was not doing dark field tests for early lesions of syphilis. This was started but the impression received was that it was not of any value until long afterwards when a British medical officer was detailed to the hospital. (Sometime after the Allied Commission Venereal Disease Control Officer had been relieved of his duties). The practice of the Italian physicians was to make a speculum examination of the cervix and milk the urethra. If pus could be milked from the urethra a clinical diagnosis of gonorrhea was made. The examining physician professed to be able to distinguish gonorrhreal cervicitis from "non-specific" cervicitis; he made smears on those which, in his opinion, were not "diagnostic". The criteria for distinguishing were not clear. It was largely a matter of endo-cervicitis for gonorrhrea and the other types were something else; he conveyed the impression that an "expert" could tell by experience. On those cases which were not certain a methylene blue stain was made; the examining physician

was always careful to put his impression down when a smear was made so that the laboratory technician, another physician, would have the benefit of the clinical observation; it was remarkable how often the Professor was right !!! Italian physicians at the Pace Hospital were obsequious, but the insincerity was obvious; they were sensitive about their professional competence and the value of their clinical judgment. They did what they were ordered to do as long as they were under direct observation. As soon as they were not being watched they returned to their former practices and pretended that they had not understood. Prof. di Amicis, the Director of the hospital had a lucrative practice in Dermatology and Venereal Disease. He was a real tyrant as far as the younger doctors were concerned; they feared his power after the Allies would have gone. He was a dignified man with much force and poise. It was said that he enjoyed considerable prestige under the previous regime and that in medical feuds he had always bested all opposition. He was very ineffective as far as administration of the Hospital was concerned, not because he did not have ability, but because he spent so little time attending to the affairs of the hospital. He usually arrived at 9 or 9:30 A.M. and left at 11:30 A.M. He insisted on seeing every single case personally. Characteristically of Italian medical professors, he had all of his assistants around him for every examination. He timed inspections so that he could finish at 10:45 sharp, leaving him just time enough to write his clinical diagnosis personally, and sign his name illegibly. From 11:00 A.M. to 11:30 A.M. he consulted with the Mother Superior about hospital affairs and signed reports in the Administrative Office. It was advisable to relieve the professor of his administrative responsibilities and appoint an experienced hospital administrator, but the

Regional Public Health Officer, a full grade British Colonel, (Col. Creighton) would not agree to this plan. He was in favor of playing along with Prof.

di Amicis to preserve harmony in medical circles as the professor was well thought of by the Provincial medical officials who were the same under the previous regime. The professor seemed to know that he had the protection of the Regional Public Health Officer, so that the proper course seemed to be to work with him persistently and insistently to accomplish the major objectives of the program. It was by no means certain that if another Director was appointed that he would be any better or that he would not come immediately under Prof. di Amicis' influence. Later on in 1944, (after

the VDCO was reassigned) the British of 55th Area brought charges that Prof. di Amicis had accepted bribes for declaring prostitutes not infected; he was immediately suspended from his position on these charges and not reinstated, although trial found him not guilty on some technical grounds.

(The prostitutes were his private patients). Although found not guilty by the Allied Court, the DCMs of 55th Area insisted that he be not reinstated; instead - one of the medical officers from the 55th Area was assigned specifically to this hospital to supervise the diagnosis and treatment; in addition they supplied the drugs, keeping them under close control to prevent their theft and selling them on the Black Market.

The Problem of obtaining sufficient drugs for the venereal disease hospital was at all times critical; first, because there were none or very little in the early shipments; later because of delay in the system of distribution which in the early stages was complicated by transportation, storage and hospital payment problems. In addition to these problems there was the problem of payment for the drugs by the patients.

In the past, the hospitals were supplied venereal disease drugs free of charge by the Ministry of Interior; the funds came from the fees paid by

prostitutes and houses of prostitution. The venereal disease hospitals during the time of occupation had no funds to purchase these drugs and the small amount they were advanced by the Provincial Finance Officers was required to purchase food and to pay current salaries and it was not enough for that; the prostitutes arrested very seldom had any funds that could be collected, and what they had they used to pay attendants for special privileges such as to mail letters and to purchase supplementary food outside from the Black Market. Occasionally they were able to pay for the drugs, but they could not be depended upon for that. Promises were made at the Ministry of Interior that a solution would be offered to the Public Health Sub-Commission for approval but it was never forthcoming. In actual fact every problem was handled on an individual basis; sometimes the drugs were supplied by nearby medical officers in their desire to get treatment under way; and other times, Finance Officers were prevailed upon to supplement Hospital budgets on an emergency basis. There was undoubtedly a great deal of stealing by doctors and others of medical supplies left at the hospitals and used for private cases or sold on the Black Market.

Many times the Mother Superior of the hospitals would say that things often disappeared and that doctors were responsible. In general, however, the Mothers Superior of the hospitals did a good job of preserving hospital supplies; in some instances though, they would hold back supplies to conserve them and say that they had not understood that they should be used currently.

As far as could be determined there was no standard treatment for syphilis in Italy such as was known in the United States. Arsenicals, bismuth, and mercury drugs were used in much the same way as they were used in the United States. The treatment courses often began with bismuth injections even in early syphilis; when the beginning doses were arsenical

the initial doses were always very small, gradually working up to a full dose by the sixth injection. The arsenical used was a sulfarsphenamine for intramuscular use; neocarsphenamine was less popular and often in small doses intramuscularly. Only in medical centers was it seen given intravenously. Mapharsen was unheard of except by a few well read specialists in medical schools. Bismuth was popular and looked upon as a drug competitive to the arsenicals rather than complementary; the soluble bismuth preparations were very popular; bismuth subsalicylate was used to a lesser extent. Mercury for intramuscular injection was used more frequently than in this country. Treatments schedules for syphilis varied considerably in different localities and even in the same locality. Each physician gave what treatment he personally thought best and in order to gain distinction one of the prerequisites seemed to be that it should be different from that given by any one else. It seemed that a physician uses the treatment of the professor to whom he is an assistant until he becomes a professor himself; then he must devise something original. That is undoubtedly an exaggeration; however, there was a large degree of empiricism in the treatment of syphilis.

The treatment for female gonorrhea was douches, local applications of caustic and oral sulfanilimides when they could be obtained. Cultures for gonorrhea were not made anywhere in southern Italy although most laboratories said they could do them if provided with the culture media.

Methylene blue was uniformly used for smears except where Gram's stain was supplied and our persistent supervision insisted on its use.

Venereal diseases were reported from the out-patient clinics and the dermaceltic hospitals; few physicians reported them. The reporting was so incomplete that no effort was made to analyze the figures. The impression gained about prevalence was that syphilis and gonorrhea were both

more prevalent in Sicily and Naples than in Sardinia, Calabria or further north. The impression is based on observing hundreds of examinations made in various parts of the country.

Early impressions made on the Italian venereal disease control program in Palermo were later confirmed in other cities of the mainland. The Italian venereal disease control program appeared to be mainly the administration of the houses of prostitution. Local services offered were inspection of the houses of prostitution, the operation of clinics, and of the supply of venereal disease drugs free of charge to all clinics, hospitals and physicians, and the operation of hospitals or of wards in general hospitals for the diagnosis and treatment of prostitutes infected with venereal diseases. Both prostitutes and the houses of prostitution paid fees for registration; these funds were sent to the Ministry of Interior, which used the funds to purchase drugs, pay the salaries of supervisory personnel and made available a fund for payment to the hospitals on the basis of the number of patient days spent in the hospital. There was on the staff of the Medical Provinciale in each Province an Italian physician called an Inspector of Venereal Diseases. He was a full-time physician and had on his staff a variable number of part-time inspectors. The duties of the Provincial Inspector of Venereal Diseases were to inspect the houses of prostitution at unannounced times and to supervise his assistants who made physical examinations on prostitutes twice weekly at the designated houses of prostitution, and also operated the out-patient clinics. The out-patient clinics were primarily for examination of registered prostitutes who did not operate in the houses and also for the treatment of these prostitutes when they were found infected but not hospitalized. In addition, treatment was provided free of charge for anyone who cared to come to the out-patient clinic at the discretion of the doctor in charge

of the clinic. He refused to treat those that he thought were able to afford treatment from a private physician. The housing and physical condition of the clinics was very poor even as compared to our own in the United States. The clinics were generally located in cheap rental property; the rooms were small and crowded, with very inadequate waiting rooms; lighting was poor, in every examining room there was a large glass jar on a stand for irrigation with potassium permanganate that invariably would be dirty; instruments in the medicine cabinets would invariably be dirty and stained. The impression was that cleanliness was slipshod and indifferent. There was no system of patient interviews to obtain contacts, nor was any attempt made to educate patients in the prevention of the spread of their infection to others, or in the value of continued treatment. No effort was made to control venereal disease on a community basis. The concept of the Italians apparently was to offer venereal disease treatment in the clinics for those who could not afford to pay for it themselves as an individual service, not as a community service.

The treatment of venereal diseases was the most profitable of all the specialities of medicine in Italy. One could not but be impressed with the large numbers of signs advertising Specialist in Venereal Diseases. When the AC moved into Naples about the middle of December, it was noted that some of the Italian venereal disease specialists were advertising venereal disease treatments to troops. It was learned that many American soldiers were reporting to Italian physicians for treatment of their venereal diseases instead of reporting their infection to their unit commanders. A determined effort was made by AMG to stop this practice. The Medico Provinciale was told by the Regional Public Health Officer that it was strictly prohibited for any physician to offer or to

give treatment for venereal disease to either an American or British soldier. A threat was made by the Regional Public Health Officer to suspend the license to practice of any Italian physician who did not comply with the order. In addition, Military Police were instructed by the Venereal Disease Control Officer of PBS to remove these signs wherever found. It was believed that this action was relatively successful in breaking up the practice of physicians treating Allied soldiers infected with venereal diseases.

In January and February of 1944 visits were made to all of the larger towns in Italy, Sicily and Sardinia occupied at that time to coordinate activities of AMG-ACC, Italian Health Organization and Troop Activities. These took the Venereal Disease Control Officer to Palermo, Catania, Syracuse, Messina, Trapani, Lecce, Brindisi, Cagliari, Sassari, Caserta, and the towns neighboring to Naples as well as Salerno. In all of these places emphasis was placed in getting hospital beds for venereal disease patients, creation by the Military Police of vice squads for the repression of clandestine prostitution, enforcement of the "off limits" policy of houses of prostitution, and of parts of cities where contacts were most frequent. A study of contact information made by the Venereal Disease Control Officer of PBS indicated that certain areas of Naples were more responsible than others for exposures of clandestine prostitutes. These areas included the Toledo area immediately

(Reference No. 6. Letter from Regional Public Health Officer to Medico Provinciale Dr. Beneduce, not available at present, but may be found in the files of Region III, Public Health Section, signed by Regional Public Health Officer for Region III).

behind the Toledo Hotel, and the large area near the port. The Toledo area was the worst; it was a heavily congested area with narrow filthy streets inhabited by people of the lowest income and of the lowest education. These areas were placed "off limits" to American Troops early in February. The British did not immediately cooperate because they had placed their prophylactic stations in these areas so as to be near the areas where most of their soldiers were being exposed to venereal diseases.

On the east coast of Italy the British were very much upset about the liquor question. They felt that liquor was responsible for the large number of contacts of their soldiers. They asked for and received the co-operation of AMG in prohibiting the sale of vino and other liquors to the troops. This was useful as much of the liquor sold was adulterated and some cases of optical neuritis had been reported by the 12th Air Force Service Command.

The following is an approximation of the number of beds established for venereal disease suspects: Palermo 150, Naples 400, Salerno 75, Castellamari 50, Torre Annunziata 50, Messina 150, Taranto 75, Brindisi 50, Bari 100, Poggia 50, Catania 150, Syracuse 50, Caserta 100, Tagliari 50, Sassari 50, Trapani 30, Lecce 150, Noce Inferiore 100.

When the houses of prostitution were put "off limits", 31 December, 1943, there was an immediate fall in the number of prophylaxis given, but at the same time that the houses of prostitution were put "off limits", Naples itself was put "off limits" to visiting troops, because of the

(Reference No. 7. Personal observation of the Venereal Disease Control Officer of the HQ ACC).

typhus epidemic figures. Prophylaxis given by PBS in Naples December 1943; 49,052; January 1944, 14, 787. (Ref. No. 2). As a result of numerous conferences with the various headquarters, 7th Army, IBS, Sardinia Garrison, PBS, Metropolitan Area, 15th Air Force, 12th Air Force Service Command, British Districts 1, 2 and 3, and their areas and sub areas, it was agreed, that the agreed upon policy should be reduced to writing in the form of a directive and circulated to all concerned and that this policy should contain specific instructions for the Italian physicians as regards diagnosis and treatment. After discussion of the points with various sections of the Allied Commission it was decided to produce a directive addressed to the Regional Commissioners of the Allied Commission relating to this subject. The result was the directive which forms Appendix B of this report.

Prior to the issuance of this directive the Director of the Public Health Sub-Commission arranged a conference with Doctor Vezzoso, the Chief physician of the Italian Government and his advisors and the Public Health Sub-Commission on the subject of venereal disease control. The program of the Public Health Sub-Commission was explained by the Venereal Disease Control Officer and emphasis was placed on the fact that the Allies considered the venereal disease problem of its troops serious enough to warrant more effective measures for its control by the closest cooperation of all military and civilian authorities was suggested (really ordered!). The outlines of policy was discussed, which called for more strict enforcement of existing laws and the expansion of the hospitalization program. Directives on subjects went out from the Italian Government to the various Provinces explaining that the Allies had requested that more effective

(Reference No. 8. From HQ ACC to all Regions, and SCAO's 5 and 8 Armies, ref-234-15-CA, dated 9 March 1944, Subject: Hospital facilities for women suspected to be sources of venereal disease among the Military personnel. Signed by Norman Fiske, Colonel, CCavalry, Deputy Executive Commissioner).

action be taken and called for strict enforcement of laws against clandestine prostitution and for the hospitalization of infected prostitutes.

These directives made negotiation with Italian Provincial Officials much simpler. Venereal disease rates showed a decline in the early months of 1944.

a. 15th Air Force - Bari, Poggia and Lecce area

<u>Month</u>	<u>White</u>	<u>Colored</u>	<u>Combined</u>
Jan.	102	378	117
Feb.	73	494	93
Mar.	61	279	71
April	48	276	57

b. PBS - Naples area

Nov.	133	675	296
Dec.	158	466	230
Jan.	142	343	186
Feb.	144	358	191
Mar.	98	392	157
Apr.	81	354	138

c. Sardinia Garrison

Jan.	71	839
Feb.	93	245
Mar.	73	340
April	76	164

(Reference No. 9: A report from Venereal Disease Control Officer, HQ, ACC to Director, Public Health Sub-Commission, dated 30 May 1944, and subject: Venereal Disease Control Report for month of May 1944, on file Civil Public Health Division, SGO, "Reports from Italy, January to June 1944".)

In March of 1944 it was decided to recommend to the Italian Government that a Venereal Disease Control Officer at the Italian Government level be appointed to work in cooperation with the Venereal Disease Control Officer of the Allied Commission to assist him in formulating policy as it related to civilians, and to direct the activities of the hospitals and clinics. It was the thought that as more and more of the responsibility for government was passed from Allied officials to the Italian officials, it would be desirable to have someone at the national level to continue the program that had been started; to supervise the various venereal disease hospitals; and, to provide the necessary supplies for which demands were continually being made. As a result of this request, Doctor del Plato of Naples was appointed to cooperate with the Venereal Disease Control Officer of the Allied Commission. He had no title and was never told by the Italian Government what his salary would be. The Italian Government had never before had a Division of Venereal Disease, nor did they feel that they had sufficient authority to create such a position.

Doctor del Plato was a very well qualified venereal disease specialist. He had been for many years one of the venereal disease inspectors in the City of Naples, and had taught venereal disease at the University. He was interested in helping as much as he could, provided it did not interfere too much with his private practice. He had no intentions of accepting a position full-time. As the Italian Government would not provide him with transportation and the Allied Commission would not provide transport for him, he could not be used to send on missions of inspection to the various venereal disease hospitals in occupied Italy. Communications in Italy were so poor that requests for assistance arising in the local level and transmitted to the Italian Government did not come to his

attention in time for him to do anything about them. He was not useful as a consultant on the administrative problems of establishing the venereal disease hospitals because he was not familiar with current local conditions which had changed very much during the occupation and could not negotiate with local military officials. Therefore, while Doctor del Plato was theoretically in charge of venereal disease control for the Italian Government, he was not in a position to take any action or to accumulate information which could form the basis for future action. He was not used to interpret to the Italian Government the desires of the Allied Commission because he did not have the background and understanding to do this effectively.

During the months of March and April the venereal disease hospitals began to function much more effectively as more food and drugs were obtained through the local organization of the Allied Control Commission. Each of the Regional Public Health Officers were fairly familiar with the program for repression of clandestine prostitution and hospitalization of clandestine prostitutes suspected of infection. They were visited periodically by the Venereal Disease Control Officer of HQ, ACC to discuss their problems and to spur them on to greater activity.

In May of 1944 Region VIII for Toscana Region was activated and because of the shortage of medical officers could be supplied with only one medical officer for the entire region. It was the desire of the Director of the Public Health Sub-Commission to assign as many as possible of the specialist medical officers at the HQ of the ACC to the new Regions being activated because of the rapid advance of our troops. For this reason the position of Venereal Disease Control Officer to the HQ of ACC was terminated in May 1944, and the Venereal Disease Control

Officer assigned as Provincial Public Health Officer to Toscana Region (Region VIII AC). The Director of the Public Health Sub-Commission stated that it was his intention to carry out the policies that had already been formed, namely: (1) repression of clandestine prostitution, and (2) hospitalization for clandestine prostitutes suspected of infection with venereal diseases. In the opinion of the Director of the Public Health Sub-Commission all specialists could be used to better advantage in the field, after policy was settled, where medical officers were requested by newly formed teams of Military Government officials suddenly required by the rapidly advancing line of our troops to the North. It was planned that the Director of the Public Health Sub-Commission and his assistants would absorb the duties of the Venereal Disease Control Officer. As a result of this decision, the Venereal Disease Control Office was closed and the file turned over to the Administrative Officer of the Public Health Sub-Commission. The Venereal Disease Control Officer was content with this assignment to obtain first-hand knowledge in the field of the various problems of Military Government.

3. Grosseto. When Region VIII left Naples it proceeded north and set up headquarters at Orvieto. The situation was that AMG 5th Army was in charge of the Provinces which later would be turned over to the Allied Commission. When the Provinces could be turned over would depend upon the progress of military operations. AMG 5th Army was equipped with a small staff as it was intended that its operations would be of an emergency nature. The Senior Civil Affairs Officer of this Army was Brig. Gen. Hume, his Senior Public Health Officer was Lt. Col. Parr. Lt. Col. Parr, a British Officer, was the only medical officer assigned

to AMG 5th Army. His staff included 5 or 6 American Red Cross workers in charge of an American Red Cross Field Director. He also had an American officer to serve as a Welfare Officer. It was the intention of the Regional Commissioner of Region VIII to dispatch officers from Orvieto and assign them temporarily to AMG, 5th Army to assist in their work and also to be in position to carry on after AMG 5th Army moved further north; it was also anticipated that this plan would provide continuity in policy when the territory passed from AMG administration to that of the Allied Commission.

After a delay of about one week in Orvieto, agreement was reached between the Regional Commissioner of Region VIII and the SCAO of the 5th Army to assign a nucleus of officers to Grosseto Province. This team of officers under the direction of Lt. Col. Hamilton, (Br.) assigned as Provincial Commissioner, proceeded to Grosseto and established headquarters. The Civil Affairs team of AMG 5th Army had already been in Grosseto and advanced further north immediately behind the troops; they had established order, made arrangements for cleaning of the streets, and given emergency medical aid to civilians. When the Provincial Team of Region VIII arrived in Grosseto, the town was almost deserted. The normal population of Grosseto is about 30,000, but at that time there were not more than 1,000 civilians in the city. Prior to the invasion at Salerno Italian authorities had given orders to evacuate Grosseto, as an invasion had been anticipated by them near the city on the sandy beaches of the Tyrrhenian. In preparation for this, the beaches and fields were heavily mined, the people moved out of the city into the neighboring small towns and hills, and the civilian hospital had been evacuated to a town in the hills about 40 miles to the north, named Santa Maria. The City has been both shelled and bombed. There was no

water because of damage to the main aqueduct, in several points north of Grosseto, said to have been caused by the Germans during their retreat; others said that the French Moroccan troops would break aqueducts in order to obtain water, and then leave the break without repair. There was no electricity in the City because of damage to the great generators at Terni and to the wiring system.

During the preparation for an anticipated invasion by the Allies near Grosseto, the greater part of the civilian hospital at Grosseto had been moved to Santa Maria; a small nucleus was left in Grosseto. Shortly after the military occupation civilians casualties began to arrive at the Grosseto Hospital. They were brought in by military personnel who found them lying injured in the fields beside the roads, or by military ambulances from first aid posts where the wounded had been brought by their relatives or friends. There appeared to be as many civilian casualties as there had been military. Civilians suffered severely from mines, strafing from planes and bombing. As there was no civilian organization to cope with this problem the collection and transportation of wounded civilians to civilian hospitals was taken over by local military organizations and military ambulances. It was important to military operations that civilian hospitals be made to function as soon as possible to relieve military organizations of the duties of caring for the sick and wounded. The care of the sick and wounded was undoubtedly the most important activity of the Public Health Division of the 5th Army, AMG. To do this work, Lt. Col. Parr assigned the American Red Cross workers and supervised them in their activities. The emergency medical kits were made up by AMG 5th Army and distributed by the Red Cross Workers to the various hospitals. The kits contained antiseptics, bandages, cotton, alcohol, plaster of Paris dressings, morphine, splints, tincture of green soap, and other articles useful

in the emergency care of wounded civilians. These kits turned out to be life savers for the hospitals which had long since exhausted their supplies and were unable to obtain others. Another problem of the hospitals soon after the occupation, and continuing until long afterward, was that of food; as there was little or no Italian transportation, the hospitals were unable to obtain food from their normal sources. The rations they were able to get from the local Ration Boards (Alimentazione) was so small as to constitute almost a starvation ration. To meet this problem arrangements were made by the American Red Cross Workers with the Quartermaster Department of the Army to obtain supplementary food for the hospitals. Better staff work at the highest level could have made special arrangements for hospitals. A peculiar argument advanced by some British officers was that hospitals required less food, not more than the general population. Some British Medical Officers argued the point about low or high caloric diets for typhoid patients. The American Red Cross work was often criticized as "too generous" by British officers; some objected vigorously. Many American Officers also let philosophy stand in the way of facilitating problems of food and housing. This was especially noticed among finance officers who often balked at grants to local relief and welfare organization. Large cans of meat, lard, peanut butter, milk and some vegetables were given to almost every hospital by the American Red Cross Workers. The Mothers Superior of various hospitals guarded these supplies carefully and used them sparingly as there was no assurance that further supplies would be forthcoming. As the fighting troops passed through Grosseto, the Italian civilians began to return first in trickles, and then in ever increasing numbers; with them came some of the doctors, their families, and the hospital personnel. As more and more civilian casualties began to be crowded into the civilian hospital, it became

obvious that arrangements would have to be made to expand the hospital.

The hospital at Santa Maria could not be moved at once to Grosseto, be-

cause the countryside about Santa Maria had been the scene of bloody

fighting by the French Corps and that hospital too was filled with wound-

ed civilians. On close questioning of various Italian officials, it was

learned that within the Province at Arcidoso, there was an Italian in-

stitution which formerly had been used as a camp for Fascist Youth, con-

taining many beds and other materials. This was investigated and report-

ed by the American Red Cross representative. It was very difficult to ob-

tain transport to remove these things to Grosseto. HQ AMG 5th Army, which

by now had moved on further north felt that the problem was a local one

for the local staff to solve; their main interest was further north behind

the fighting troops. The few Italian trucks that had been salvaged were

in operation bringing in food for the ever increasing population, and

food was as necessary for the population as was medical care of the wound-

ed. A truck was finally obtained, however, and several trips were made

hauling down beds, mattresses, cooking utensils, plates, blankets, cloth-

ing and other articles that would be useful in the hospital. Shortly

after the fighting had stopped in Grosseto Province, the SCAO (Gen. Hume)

and his staff had located the Medico Provinciale and his public health

nurse in one of the smaller towns to the east of Grosseto. He had di-

rected this official to return with his records and establish headquarters

in the Prefettura at Grosseto. One of the first official acts of the Pro-

vincial Public Health Officer was to assist in moving the Medico Provinci-

ale and his records from this town to Grosseto. The Medico Provinciale

was then put in charge of all medical affairs in the Province. He was

ordered to reestablish his organization and to keep the Provincial Public

Health Officer advised as to Public Health conditions within the Province, and to make recommendations to the Provincial Public Health Officer. This official could have been much more useful with reliable transport. It was several months before he was able to obtain a small car on a provisional basis. When the Prefettura car, provided several months later, was not being shared by the Director of Welfare, it was generally out of operation because of bad tires. In order to reestablish the hospitals on a functioning basis as soon as possible, the Provincial Public Health Officer visited some of these hospitals together with the Medico Provinciale. He was able to see and talk with the Italian physicians and to approve of their decisions or to make suggestions in the operation of the hospitals. In some instances, emergency repairs were needed, which were facilitated by his interceding with the local Italian officials. He also inquired into the community water supply and when these did not meet his satisfaction reported the fact to the local representative of the office of the Genio Civile, which was effective because the Medico Provinciale carried the authority of the Prefect as well as that of the Military Government.

In each Commune there is an Ufficiale Sanatorio. A procedure for the reporting of communicable diseases was established by directing the Ufficiale Sanatorio to collect reports from the local physicians and carry them to the local AMG office, which was then directed to forward them to Grosseto. In the event of an epidemic the Ufficiale Sanatorio was directed to send a courier to Grosseto, and at the same time report it to the local Civil Affairs officer who would send a signal to AMG HQ. In this way the HQ would be informed of outbreaks of communicable disease in the community. The diseases prevalent in Grosseto Province at the time of Military Occupation was typhoid fever or para-typhoid and diphtheria. It

was never clear whether the so-called "tifo abdominalis" was typhoid fever or a combination of typhoid and para-typhoid fever.

Nearly all of the cases were mild. There was headache, and fever for about ten days or two weeks. Mortality was very low, not more than 2 or 3 percent. However, in some instances there was intestinal hemorrhage, and in a few others, intestinal perforation, suggesting that at least some of the cases were actually typhoid fever. Typhoid fever had been prevalent in Grosseto Province despite intensive vaccination for many years. This is because the people in the rural areas depend for their water supply upon shallow wells which are continually contaminated from surface pollution. Even in normal times outbreaks occur throughout the Province of fevers exactly like those which were occurring immediately after the occupation and the Italian physicians called "tifo" which had no relation to typhus. The Italian word for typhoid fever is "tifo" and for paratyphoid fever is "paratifo."

In the Spring of 1944 there was an outbreak of typhoid-paratyphoid in the mining community of Gavaranno. This town was built on two levels; both residential, the lower, more intensively industrial, and the higher on a steep cliff, about 1,000 feet higher, exclusively residential. There was no typhoid-paratyphoid in the lower level; about 200 - 300 assorted cases existed above. The only possible explanation was water. It was provided at the lower level and piped above. For two weeks this pipe had been out of action due to aerial bombardment. During this interval some of the population went below with bottles and buckets to get their water; the majority of the sick cases admitted drinking from the shallow wells above that they had not used for years.

The Public Utilities Officer of Region 8 worked zealously with the Genio Civile to find the breaks in the water supply and have them repaired. Although there were seven or eight breaks in aqueduct along its thirty mile length from the City of Grosseto to the origin of the water in the spring of the hills, Mont Amiata, repairs had progressed to a point where water appeared within the city in four or five days after Region VIII arrived. It continued to improve for several weeks thereafter until finally the clear, cold mountain water was arriving in normal quantities. Although the water supply was restored to its normal flow, in normal times the pressure was low; as the 24th General Hospital, now located at the large tuberculosis sanitarium, was consuming a considerable quantity of water, there were hours during the day when water would not be available to the population. To remedy this situation, arrangements were made by the provincial team with the commanding officer of the hospital so that the hospital would fill its reserve tanks during the night and draw as little on the city supply as possible during the day. This arrangement improved the water supply to the city. In order to combat epidemics of typhoid fever, Ufficiali Sanitario were ordered to hospitalize all persons with fever during outbreaks and to advise the population by posters and the parish priest that the source of their disease was from the water of the shallow wells and that they should boil the drinking water and that used to wash fresh vegetables. Posters were printed and circulated throughout the province for all of the commune. In addition, Ufficiali Sanitario were ordered to proceed with their vaccination programs until the entire population in their communes had been vaccinated for typhoid fever. The medico provinciale and the doctors of Grosseto had considerable faith in an oral typhoid, a vaccine which they called "Bilivaccino" taken by mouth 5 times daily for about a week.

Very little immunization for typhoid fever was done by needle. The people were accustomed to taking their vaccine by mouth, and to doctors to giving it this way; the local doctors disputed hotly that oral vaccine was inferior to inoculated vaccine; it was doubted that very many of the doctors were equipped with syringes and needles to give inoculated vaccine. Each outbreak of typhoid fever reported within the province was promptly investigated by the Medico Provinciale or the provincial public health officer; strenuous efforts were made to hospitalize every case of typhoid fever.

Officiali Sanitario carried on intensive propaganda about the boiling of water and personal cleanliness in handling food; the public health nurse was sent from the provincial office to the commune to assist in immunization of the population, hospitalization of the cases and search for new cases in the homes and the immediate vicinity of patients. Reports relating to the outbreaks in typhoid fever in Grosseto Province will be found in the records of Grosseto Province, AMG for the Public Health Section of Region VIII, AC. The crowding of the hospitals, first, with civilian casualties and later with cases of typhoid fever added seriously to the problems of feeding in the hospitals.

A mild form of diphtheria was reported by physicians throughout the Province of Grosseto during the winter months of 1944 and early in 1945. An unusually large percentage of these cases were in adults. The normal Italian custom was to carry on an immunization program within the province using a subcutaneous injection of toxin-antitoxin. The vaccine was given in two injections with an interval of three weeks. Private physicians gave the vaccine to their own patients. Clinics of the Materia ed Infanzia gave the vaccine to the poor children and the public health nurse went into schools to vaccinate those who had not been

vaccinated. This program had been interrupted by the war. During the military occupation there was a shortage of diphtheria vaccine and it was not until the early months of 1945 that diphtheria vaccine became available from the Serological Institute "Sclavo" at Siena. Some diphtheria antitoxin remained in the pharmacies but the Italian physicians preferred to use American antitoxin when they could find it. It was not always available in the medical supply. The Ufficiali Sanitario was directed through the Medico Provinciale to order the hospitalization of all cases of diphtheria and to immunize all the contacts. The diphtheria reported was of a very mild type; diagnosis was based solely on a membrane; some patients had little or no fever. It was rare to be attributed to diphtheria. The most heavily damaged town in Grosseto Province was Orbitello. This town was so heavily bombed that there was hardly a building left which had escaped damage. The city water supply and sewage system had been damaged in scores of places. Streets were impassable because of rubble. Hundreds of families returned to eke out a miserable existence in remnants of former homes. The first task for the Italians was to re-establish the water supply and clean the rubble from the streets. A water point was established in the center of the city by the military forces who also required a considerable supply of water. They attached pumps to the main to fill their tanks which they then chlorinated. The Italians were permitted to fill bottles and jugs from the taps at the bottom of the tanks. However, this was insufficient, so that many of the local civilians used old wells which had been abandoned many years previously and which, undoubtedly were polluted because they were shallow and unprotected. The result was an outbreak of typhoid-paratyphoid fever within the city and

immediately around the periphery of the city. The local hospital had been heavily bombed. A temporary arrangement was made using the old, small chronic hospital; the invalid and chronic patients were sent home and the structure filled with typhoid patients. In the meantime repairs were started on the bomb damaged civil hospital, while at the same time available space there was occupied by civilian casualties. The local surgeon functioned both as Ufficiali Sanitario and as director of the local hospital. He worked with tireless enthusiasm to provide an emergency medical staff for the sick and the wounded. The Genio Civile worked constantly with his men repairing the breaks in the water system until these were repaired. They would have been repaired much sooner had it not been so difficult to get the necessary materials, such as piping and concrete. As in the other towns of Grosseto Province, the medical supplies left by AMG of the Fifth Army were of an emergency nature and were soon exhausted. There were no replacements for several months. The nurses at the hospital washed and sterilized bandages that had been used once and used them over and over again until they fell to pieces. Catgut and antiseptics were obtained from local medical organizations by the public health officer on an emergency basis from time to time. When the medical supplies for Region VIII finally arrived in Piombino, they had not been completely broken down into CAD units, thus, there was one case with nothing but stearine tablets, another case had only bottles of sulfanilamide powder, another, bottles of chloroform anesthesia of which many were broken. With the approval of the Regional Public Health Officer, the Provincial Public Health Officer arranged for our local transport to obtain these cases and bring them to Grosseto Province. They were taken to the local wholesaler who agreed to purchase them at the prices set by AMG. The boxes were all

opened and lists made of the materials contained therein. Many of the items listed on the inventory were missing and there were other items contained within boxes that were not listed on the inventory. It was necessary to prepare a new inventory. The wholesaler was then required to deposit in the bank the funds for the payment of the drugs. The funds were deposited to the account of AMG and bank receipts given to the Finance Officer. The wholesaler broke down the lots into smaller units. The Medicos Provinciale decided upon how much material was to be given to each hospital. In this first delivery of drugs and supplies the pharmacists were included because of the urgent need of the hospitals.

The various hospitals were notified when their allotments were complete. They were then obliged to make arrangements with the wholesaler to pay for the drugs. Ordinarily they also made arrangement for the drugs to be shipped to the commune at the same time that the communal food trucks came.

In this way a trickle of medical supplies began to reach the communes through the hospitals. Later on, after Florence was occupied and Region VIII established headquarters there, a medical warehouse was procured for Region VIII in Florence and Region VIII military trucks would bring the medical supplies to the Provinces to the same wholesaler who under the direction of the Medico provinciale and the provincial public health officer, distributed the supplies to the hospitals and to pharmacies.

Hospitals were given priority and certain items were exclusively for the hospitals. The pharmacies were divided by the medico provinciale into three classes: Class 1, Class 2, and Class 3, depending upon the size and volume of their business. Lists were prepared of the quantities of medicine and supplies that were to go to each of the classes of pharmacies. The

The wholesaler was always obliged to pay in advance for his supplies. It was always required that the hospitals and pharmacies make some arrangements with him for payment of their supplies before he would release the supplies. As the hospitals were usually in desperate straits financially, it was sometimes difficult for them to find the funds to pay the wholesaler and the supplies were occasionally delayed for this reason. The wholesaler was accused by local pharmacists of holding back on drugs and supplies for his own pharmacy. A close check by the Provincial Public Health Officer and the Medico Provinciale, however, showed that the hospitals received the supplies in the same qualities allotted to them and that the charges made were false. There is an organization of interest in Italy called Opera Nazionale della Maternita ed Infanzia which is responsible for the care of pregnant women and children. This organization has combined health and welfare functions. It is under the supervision of a provincial committee and secretary, who in turn are responsible to the national organization in Rome. The Medico Provinciale does not ordinarily have jurisdiction over the organization within his province. His function is purely that of a consultant to its medical director. OMNI has asili and clinics. The asili "nests" are for the care of young children while their mothers are at work or otherwise occupied. The children are given supervised play and a meal. Each asili has a part-time physician on its staff who advises as to formulas for the children. The OMNI is equipped with numerous physicians on part-time basis as well as public health nurses on full-time basis who provide medical examination, advice as to treatment and supervise the feeding of the children. The clinics called dispensaries or dispensarii are for the pre-natal examination of pregnant mothers, advice as to their diet and general

hygienic regime and also their post-natal care. Complicated cases were sent to the hospital at state expense. There were also dispensaries in the same establishment for infants and young children. Advice was given to the mothers as to the diets of the children and the formulas for the infants. A record was kept of their weight and progress. The OMNI was considered one of the most popular activities of the Fascist party in Italy. Its entire staff were members of the party and it was responsible to the secretary of the Fascists party in Rome for its administration through the control directorate at Rome. In addition to the asili and the dispensarii, an OMNI also operated Orphanotrophi and Befotrophi. The Orphanotrophi and the Befotrophi were for orphans. The former for legitimate orphans and the latter for illegitimate. The policy was adopted in Headquarters of the Allied Control Commission to appoint in each province a director of welfare who would then be in charge of all of the institutions, such as orphan asylums and Maternita ed Infanzia as well as the organization called Ente Comunale Assistenza which provided funds as a "dole" to the poor and incapacitated or unemployed. The main problems of institutions was in the obtaining of food and supplies and money. The problems of the asili for infants was different from those of the institutions for older children. These institutions all obtained their food locally from the alimentazione. When there was difficulty in obtaining their quota they reported this to the director of welfare who investigated their complaint and attempted to arrive at a solution without interference of AMG. When the assistance of the public health and welfare officer was needed, he brought his problem and assistance was given through liaison with the AMG Provincial Supply Officer. There was another welfare organization of

interest which should be mentioned and that is the Figli Degli Italiani Estraniere (Sons of Estranged Italians). These boys, age from about 4 to 19 were the sons of Italians who were stationed by the government in foreign countries and in Italian colonies, principally in North Africa. They were given uniforms by the Italian Government and housed in institutions as dormitories. Because of the difficult communications with the Ministry of Interior in Rome, it was necessary that their administration be grouped under the provincial welfare director as was the affairs of other institutions.

In normal times Grosseto Province is one of the malaria districts of considerable proportions in Italy. Much work has been done in Grosseto Province in the construction of canals and ditches to drain the swamp-lands. Near the mouth of the Ombrone River, the Italians had placed large pumps, which were used to help evacuate the water from the canals and ditch system. The Germans before leaving Grosseto Province exploded mines, which caused considerable damage to the pumps and were successful in keeping them out of action during the malaria season of 1933-1944.

Grosseto Province had two programs which they called the Piccola Bonifica (little good work) and the Grande Bonifica (big good work). The Piccola Bonifica is the medical phase of malaria control and the Grande Bonifica is the engineering phase. The administration of the Piccola Bonifica is under the Medico Provinciale. This program consists of out-patient clinics, where the peasants may come and be given quinine to be taken as a prophylactic; the quinine is furnished free of charge. In addition, the public health nurses assigned to the out-patient clinics visit in the homes to find cases of malaria and have them come to the

clinics for examination and treatment by the physicians. This program was completely upset by the war and there was not sufficient transportation for the personnel engaged in the program, nor was there any quinine. The Italians had been used to using atabrine, but preferred the quinine. Large quantities of atabrine were received in the medical supplies for Grosseto Province and these were sold to the wholesaler, who in turn sold them to the Medico Provinciale at the expense of the Province, who then distributed them to the out-patient clinics for distribution to the population in the malarious areas free of charge. The Medico Provinciale looked upon atabrine as a reserve drug; he found that the peasants in their private homes had large stocks of quinine, which they had conserved from years previously. Furthermore, anticipating a shortage of quinine, these people who had been subject to malaria over many years, prudently accumulated a reserve. A great deal more time and interest was given to the Grande Bonifica by AMG. Captain Milton Hill, a sanitary engineer from the Regional Public Health Office was very useful in helping to get this program started.

There are two Grande Bonificas in Grosseto Province. One is the program conducted by the National Government, called the Consorzio Bonifica and the Other is the program conducted by the Genio Civile of the Province (the Chief Engineer) called the Consorzio Malaria. The Consorzio of the National Government has one zone in the area where malaria is considered to be the greatest problem and represents the contribution of the National Government to the local community in helping to meet its special malaria problems. The program of the Genio Civile was to take care of the Province outside of the area of the Consorzio. In addition to these agencies, there was the Malaria Control Committee for the Province which consisted of members appointed by the Prefect of the Province to plan the program for the coming

year and to coordinate the National Provincial engineer and medical phases of the program.

The Provincial Malaria Committee could not be assembled. Its members had been dispersed and there were no other persons well enough informed to give the necessary guidance to the various agencies. Under these circumstances in August of 1944 the Provincial Public Health Officer, together with the Medico Provinciale, the Genio Civile, and the Genio of the Consorzio Bonifica led and inspired by Captain Milton Hill served as the Malaria Control Committee. Both the Genio Civile and the Genio Consorzio Bonifica drew up their plans, together with the number of men and equipment that would be needed to carry on the work of draining the marshes, cleaning the ditches, and removing obstructions in the streams to facilitate drainage. Coordination with the military organizations nearby was obtained by delineating definite zones for working and jurisdictions. During military operations the Fifth Army had captured large stocks of Paris green. Some of this was made available to the malaria section of the Public health Sub-Commission for use in the Malaria Control Program. A large quantity of the Paris green was assigned to Grosseto Province and was used in the Malaria Control Program late in 1943. In the meetings the Malaria Control Committee, the program was planned so that the activities had priority near troop concentrations and, secondly, accordingly to the densities of the populations.

Funds for the program were advanced by the AMG Finance Officer to the Prefect. Most of the original supervisors and laborers of the program in former years were on hand at their stations awaiting orders to begin. As soon as the Genio Civile was provided with the necessary funds he gave orders to his men, as did the Genio of the Consorzio Bonifica and the work that had

been carried on in previous years was started once again. In addition to the civilian program, the military authorities had a program of their own which consisted of drainage near camps and spraying of houses with a mixture of DDT and kerosene. The work of the military and civilian authorities was carefully coordinated by conferences with the malaricologists and military organization and the civilian authorities. The result was a harmonious program which worked satisfactorily for the Province.

Late in July, Siena was liberated and as AMG Fifth Army pushed on further north leaving the province in the hands of provincial teams from AMG, a medical officer was needed to assist in the establishment of a normal public health organization within the province. As affairs in Grosseto were in hand early in September, the provincial public health officer moved his headquarters from Grosseto to Siena.

When the Region VIII Provincial Public Health Officer arrived in Siena late in August or early in September, 1944, the French Corps was just moving out. The City of Siena, itself, had hardly been touched by the war. It had not been bombed or shelled. There was not a single building or house in Siena that had been damaged by the war. The railroad station and numerous houses outside of the city walls had been extensively damaged by bombing. This little artistic city is one of the most charming in Italy. Siena su tre colli in fiore (Siena upon 3 hills in flower) describes in part the feelings of the Italian poet for this city. The water supply to the city was coming in very small tickles owing to repeated damages to the aqueducts along its fifty mile course to mountains in the vicinity of Mt. Amiata. It was said that the French Moroccan troops had damaged this aqueduct in

order to obtain water for themselves and had never repaired the damage that they made. It is more probable, however, that the Germans did the damage or that the damage had been done by shell fire or air bombardment. Over a month was required to find and repair all of the breaks. The piping of water from Mt. Amiata to Siena is not very satisfactory. The piping was of an old style and very thin and even in normal times frequently broke. It was so often that the Genio Civile maintained a staff of inspectors whose primary function was to walk along the pipe line and watch for breaks. Even after all of the repairs had been made the aqueduct would frequently break and the city would be without water for one or two days until repairs could be made. Before leaving Siena the Germans had placed large mines in the principal reservoir outside of the city which when they exploded so damaged these reservoirs that they could not be used to maintain a reserve of supply. Consequently, during hours of high use of water the pressure was very low. The workers were placed on these reservoirs early after the military government reached Siena and after several months of work the repairs were made so that the reservoirs could be used. General supervision of this work was provided by ANG but technical guidance was obtained from the British Engineers located nearby. The shortage of electricity was due to the destruction of generators by mines at the great electrical cent "Terni". The circuit, however, was soon established from Rome to Florence so that some electricity could be received in Siena. In order to conserve the power, it was rationed to different sections of the City. One night one section would have luce (light) and another evening another section would have light. The absence of light in the hospitals at night was a serious inconvenience as candles were soon exhausted. Soon after the occupation of Siena by the military government and before the arrival of the provincial public health officer, one of the professors at the University Medical School, Professor Satta, proposed

that he organize a survey of the province in order to determine the public health needs. As he was professor of hygiene of the University in Siena, his offer was accepted. He organized a team of thirty students, most of whom were medical students; some were legal students. The thirty students were divided into teams and sent into ten zones of the province. They were each provided with a questionnaire for each commune and for the large frazioni (large township). The questionnaire covered the following: Health Department Services, Infectious Diseases, Hospital Facilities, Conditions of Pharmacy, Infant Health, Condition of Water, Condition of houses, removal of corpses abandoned upon the field of battle. In addition to the questionnaire on public health conditions there was also a questionnaire on social conditions in the Province of Siena. This questionnaire covered the condition of their homes, food conditions, agricultural production, survey of animals, transportation conditions including roads, available trucks, the status of public assistance to the poor and care of the needy, clothing conditions and the state of public services.

The following is a translation from the report of Professor Satta¹⁰.

The allied troops reached Siena the 3rd of July, 1944. The war had already destroyed in the southern part of the Province, not only many houses, but also the lines of communication, interrupted the most important bridges of the streets, dispersed a great number of means of transportation (trucks).

Otherwise one waits to hear the results from the north. It has been impossible to have any news from the various communes in the Province, in some of which the news of the war forces one to suppose there has been extensive

(Reference 10. A report from Professor Ernesto Satta, dated 20 October 1944, entitled "Per L'Assistenza e la Ricostruzione in Provincia di Siena | Richiesta Sanitaria e Sociale Dopo il Passaggio Della Guerra Con Una Nota Sulla Casa Rurale Dal Lato Igienico". This publication forms appendix C of this report.)

destruction. There is grave pre-occupation here in Siena because of the sanitary situation, augmented by the fear of dangerous infections by contact of the population with troops from various parts of the world, among which, there are possibly some carriers of the Vibrio of cholera.

Siena itself, has fortunately been saved from the destruction of its houses, but it has not found itself in favorable sanitary conditions, partly because for more than a week the population was crowded into air raid shelters lacking water and electric current, standing in fear of the violence and unknown dangers that might come from any quarter.

As soon as the war action had stopped, it was urgent to draw a balance of that which had been destroyed, but above all, of how much remained. Under such conditions it was estimated to be of great use, both our interest and that of the allies to make a survey in Siena and also in the Province, both in the field of Public Health and in social affairs. This duty I have assigned to our most mature students and our ateneo, who have undertaken the assignment and carried it to conclusion enthusiastically, collecting in the record the information sought by means of a questionnaire which I elaborated for this purpose. The sanitary survey has been developed by the students of medicine, the social by the students of the other faculties. It was easy to make the survey in the Capital City of the Province, but to extend it to the communes of the Province needed means adequate to a particular organization".

This service was of tremendous value to AMG in Siena. For instance it was learned: that 6,000 refugees were located in San Gimignano, a commune of population 11,280 and that in Poggibonsi approximately 1,000 homes had been destroyed, 315 made inhabitable and that there were 925 families without roofs. Also that in Monteriggioni, Radda In Chianti,

Radicogini, San Gimignano and San Giovanni d' Asso the aqueducts were not functioning. The information on infectious diseases indicated that in Montilcino where a typhoid para-typhoid epidemic was raging, there were 101 cases and that at Torrita di Siena there were 70 cases of typhoid para-typhoid fever. Furthermore, four or five thousand cases of dysentery were reported from Gaiole in Chianti and that over 2,000 persons in Radda in Chianti were infected with scabies. The surveys of these students were valuable and used constantly as a basis for the distribution of special foods for refugees, clothing of the American Red Cross, as well as a basis for action to correct damaged water supply, and to provide assistance to hospitals.

Copies of these reports were also made available to the Medico Provinciale. When the Provincial Public Health Officer reported to Siena he was for the first time able to have reliable transport. From September until about February of 1945 he divided his time between Siena and Grosseto Provinces. After February of 1945 it was divided between Siena, Grosseto and Arezzo.

The activities of the Provincial Public Health Officer in Siena Province fell under two general headings, as they do in each of the other Provinces: public health activities and welfare activities. First and most important was the assistance to the Medico Provinciale in re-organizing and the resumption of function of his Public Health organization. This was given a high priority so as to multiply the channels through which action could be taken. In order to do this the Medico Provinciale was accompanied by the Provincial Public Health Officer to nearly all of the communes where the Ufficiali Sanitarii were visited and reports had as to the public health conditions within the communes. At this time arrangements were made for the

transmission of reports to the Central Office through AMG channels. Furthermore, the Medico Provinciale had an opportunity to see who was missing from his organization and who had been appointed by the local Sindaci to fill and also to make recommendations for new appointments where vacancies vacancies/in the position had not been filled. The emergency problems of hospitals were of course given the highest priority for early action; their needs for the appointment of personnel, or assistance in the provision of food and medical supplies and assistance in the transportation of patients to and from the hospitals were high on the list of priorities. Where hospital repairs were needed, appropriate recommendations were given to the Sindaci or the Prefect. Assistance was given by AMG in the release of critical material for the repair of hospitals when in the opinion of the Public Health Officer, such action was deemed justifiable. During the period of military occupation there were two outbreaks of typhoid-paratyphoid in Siena Province; one was at Montalcino with 200 - 300 cases and the other at Torrita di Siena with about 100 cases. Both outbreaks were investigated by the Provincial Public Health Officer, accompanied by the Medico Provinciale and Professor Satta. The epidemic at Montalcino was caused by a break in the aqueduct, so that the city was without water for about two weeks. In this interval the people collected water from a stream into which emptied sewage from a number of the houses. Professor Satta claimed that in his laboratory investigation he was, for the first time in his life, able to isolate the typhoid bacillus directly from a community water supply. In this case he claimed to have isolated the typhoid bacillus from the water of the stream from which people drank who had succumbed to the infection. Signs were placed over the stream warning of the danger of infection and the gate from which many people obtained the water was locked. In addition, as

many of the cases as possible were hospitalized (about 90%) and the entire community was vaccinated by the oral method (Belevaccino). The aqueduct was repaired after several weeks of trouble obtaining necessary supplies.

There were several fatalities in the Montalcino epidemic among the aged and at least one case of intestinal perforation. However, the total mortality did not exceed 5 per cent.

At Torrita di Siena there was no common water supply for the people who developed typhoid fever; in this town as well the aqueduct had been broken and the people had resorted to drinking from shallow wells which are polluted from surface water. Here, again, the cases were hospitalized and warnings posted about drinking water from surface wells without first boiling. The condition of water supplies were of great importance and much time given to their investigation by the Provincial Public Health Officer and the Medico Provinciale. In each case it was necessary to call the condition of the water supplies to the attention of the Public Utilities Officer and insist on the importance of their early repair until the repairs were made. Another important function of the Public Health Officer in Siena as it was in Grosseto was the distribution of the medical supplies. In Siena there were two important wholesalers appointed by the Medical Provinciales for the distribution of drugs. Half of the provincial medical supplies were sold to one and the other half sold to the other. Each was given a list of the dispensaries and hospitals to which he was to distribute drugs and the quantity that was to be distributed to each. This was based upon an inventory which was sent with the drugs. The plan for distribution was made by the Medico Provinciale and sent to the wholesalers after approval.

of the Provincial Public Health Officer. There was never a sufficiency of rubber gloves and surgical dressings for the hospitals; otherwise, the quantity of drugs was in general satisfactory. Another important function of the Provincial Public Health Officer was liaison with the medical officers of a military organization nearby, on the one hand, and with the Italian officials on the other, to obtain action desired by the military organizations. Complaints relating to garbage disposal, sewer outlets, leaking toilets, street cleaning, and the like, were referred to AMG Public Health Officer, who in turn referred them to the Italian officials and insisted on action. With complaints thus centralized in one agency, it was easier for action to be obtained.

The welfare activities of AMG Siena Province included assistance to the institutions and the refugees, OMNI, ECA, distribution of American Red Cross clothing, and special projects for the refugees and needy poor.

Such problems were referred to the Provincial Welfare Officer without or without recommendations. Shortly after the Provincial Public Health Officer arrived in Siena, Lieutenant Colonel Palmerani, an Italian Army Officer was appointed Director of the Welfare Department under the Prefect.

He was asked to study the situation of the institution, the refugees and the needy poor and to make recommendations to AMG. He worked closely with the institutions, aiding them in obtaining their food rations and allotment of funds from the Prefect. He was also Chairman of the Committee which directed the distribution of clothing shipped from the United States for distribution to the Italian public by the American Red Cross. During this distribution there were rumors that he had appropriated some of the clothing for himself. The Provincial Public Health Officer requested the Provincial Commissioner to ask for an investigation. The Provincial

Commissioner directed that a raid be made at his house, which was done and disclosed several articles of American Red Cross Clothing. A raid also made at the home of his assistant disclosed other articles of American Red Cross clothing. Both of these officials were immediately arrested. A trial was held at which one of the members of the committee for the distribution of Red Cross Clothing admitted that she had given the clothing articles to Colonel Palmerani and his assistant, on the grounds that they themselves were needy and were too proud to make a formal request. Neither of these officials was convicted of stealing, but it was felt that since they had appropriated clothing without making a record as required by the regulations, they could not be trusted to be in charge of so important a program. Following the fiasco with Colonel Palmerani, another Italian Army Officer was appointed as Director of the Welfare Department who attended to his duties enthusiastically and effectively. Miss Mary Laughlin of the ARC organized committees of prominent Italian women in each of the communes, who distributed without charge, the American Red Cross clothing to lists of needy people prepared by this committee. On each local committee there was represented the local priest, the Sindaco (mayor) and the Ente Comunale Assistenza, the organization responsible for the care of the needy poor. This policy was adopted by HQS of A.R.C. In several of the communes there were clashes of this committee with the local communist party, or with organizations of partisans seeking special treatment for their own groups. In some instances, the distribution of the clothing was delayed by these interferences; but in every commune, the clothing was eventually distributed according to the list as determined by the local Sindaco, the local priest, the ECA, and the committee of

Women appointed by the Central Provincial Commission, which in turn was appointed by the American Red Cross representative. Through the untiring work of Miss Laughlin the troops in the vicinity of Siena were asked to save up their candy rations for the Christmas and Easter parties.

On Christmas day, a party was organized and held in Siena for 500 refugee children, as well as the Figli Degli Italiani Estraniere. This party was held in the City Hall at Siena. GI's provided an orchestra, ice cream and hot chocolate were served and the children were all given toys which had been purchased with funds raised by subscriptions from private Italians through the efforts of the committee appointed by Miss Laughlin. The motion picture film "The Great Dictator" in English, with sub-titles in Italian was obtained from the Special Service and a showing held in Siena; tickets were sold for charity purposes. The funds thus obtained were used to purchase wooden shoes and wool, which was then spun into thread and used to make sweaters. These wooden shoes and sweaters, together with the candy that had been collected from the troops were distributed throughout the Province to the refugees. Work for the most part on these projects was done by Italian officials and committees with the help and encouragement of AMI.

The housing, provision of food and care of the refugees proved to be a formidable problem for the Province. Refugees evacuated from the front were brought down by the Refugee and Displaced sub-Commission to camps in Arezzo Province. When these camps became filled, the R. & D. Sub-Commission requested that a designated number of the refugees be placed in various communes of Siena Province to provide room in the camp for additional refugees from the north. A study was made of the Province by the Provincial Public Health Officer and the number of refugees that could be sent to each commune

was supplied to the refugee camps. This was an arbitrary decision based on population, destruction and reports of refugees in the province as well as food, transport, and economic conditions. Competent and vigorous local administrative personnel was also a big factor. In the space of three or four weeks, the camps sent approximately 3,500 refugees for placement in the Province. Accomodations was found for them by the various Sindaci in school buildings and other institutions. Most of the refugees that came to Siena from the refugee camps in Arezzo Province were from the Bologna area. They were sent by the refugee camps to the various communes in Siena Province in groups of 50 to 100. Although the various communes had each been notified in advance of the approximate number of refugees which they were expected to receive, very few were prepared for them when they actually arrived. Each commune protested vigorously to the Prefect that they were unable to carry the burden of additional refugees. This was understandable, because at the time there were already approximately 25,000 refugees from the north within the Province. When one considers the extensive damage from shell fire and bombing in some of the smaller towns, it is easy to understand that any number of refugees led to excessive crowding. The newly arrived Bologna refugees for the most part, were settled in school buildings of the commune. The local committee appointed by the Provincial Committee for Public Health and Welfare, established group kitchens and made what collections they could among the local population to provide additional clothing, blankets, mattresses and beds. The most immediate and pressing problem was food. At the outset of the refugee settlement program, the refugee camps in Arezzo sent with the refugees a supply that would last about four days: canned meats and vegetables. When

these supplies were exhausted, the refugees were really in a desperate state for food. There was very little to be obtained locally. As the refugees were not residents, under the law they were not entitled to prolonged assistance from the local Ente Comunale Assistenza. Even those who had some money were unable to find food to buy. Under these circumstances, arrangements were finally made with the food sub-commission to permit the release of food assigned to the province for the refugees settled in the communes on the same basis as was provided for the refugees in the organized refugee camps. For this purpose, each settlement of refugees in the commune was considered an organized camp which, indeed, they were. Even this arrangement was not sufficient, because the food which came into the province for general distribution, very seldom contained the items that were provided at the refugee camp. The refugees, however, were able to eke out a tolerable existence with the aid that came from the Province, together with aid from the local committees and what they could do themselves. A very considerable proportion of the American Red Cross clothing was distributed to the refugees. Through this aid all of the children and very many of the adults of the refugee group from Bologna were provided with warm clothing. The clothing consisted of both children and adult's clothing; dresses, trousers, men's and woman's suits, sweaters, overalls for children, overcoats for both men and women and a limited number of pairs of shoes. The item most often asked for and which was not abundant was shoes. In addition to this, wooden shoes called "zoccoli" and wool yarn, both of which were purchased by funds raised by the Provincial Public Health and Welfare Committee were distributed to the various refugee

the same time camps. About the refugees appeared in Siena province, it was learned that the Fifth Army was making available some of the Italian blankets found at the factories at Prata. Arrangements were made with the Finance Division to provide the Prefect with funds to purchase these blankets. Clearance was then obtained from the Fifth Army, permitting the Prefect to purchase them; the Prefect was then directed to form a commission and transport was provided for them to go to Prata and purchase the blankets. The same arrangements were made for both Grosseto and Arezzo Provinces. The Blankets were then distributed to the various Sindaci (Mayors) of the Province on the basis of the number of refugees in their communes. The Sindaci then distributed the blankets to the refugees on a loan basis. The blankets came at a very useful time, because of the shortage of fuel, warm clothing and the conditions under which the refugees were housed. In some places it was possible to obtain beds from abandoned institutions, convents and the like, but in most communities the best that could be done was to find straw for the people to sleep on. The condition under which the people lived were not always satisfactory. The greatest problem was sanitation, lice and scabies. DDT powder was not released by the Public Health Sub-Commission as the policy with regard to DDT powder was that a small quantity was to be conserved by each Medico Provinciale to be used in the event of an outbreak of actual cases of typhus fever; this policy was adopted because of the small quantity of DDT powder available for use by the Public Health Sub-Commission in the outbreak of an epidemic. In making up the list of distribution of drugs, the Medico Provinciales took into consideration the communes in which refugees had been left. These communes received a special allocation of medical supplies for the refugees, including sulphur ointment. In addition, from

time to time, the Provincial Supply Officer was persuaded to grant a supplementary soap ration for the refugees.

The City of Siena, itself, had over 3,000 refugees according to a survey made by the Sindaco. About 700 of these were crowded into 3 of the 5 public school buildings. The remainder of the refugee population were dispersed throughout the city. To meet the continuing pressure for housing for refugees within Siena, the Sindaco was ordered to make a census of available housing. Houses were all registered, together with a number of rooms and the number of occupants per room. A provincial committee was established by the Sindaco to assign the refugees to private homes. The housing situation in Siena was further aggravated by the requisitioning of many rooms and apartments by military personnel. Prominent Italians intervened, with occasional success, to have their homes excluded or to have military personnel billeted to avoid the decrees. Italian officials were always cooperative with prominent families in these little matters. Cots, mattresses and blankets were set up in the schools and shelter was provided for all. Privacy was impossible. The ECA made an allowance of 8 lira per day to the poor and needy. To this group they provided meals and charged a fee of about 5 lira per day. The food for the meals was the same from a local alimentazione. The quantity was insufficient for the number of people fed. The lack of a definite policy on the feeding of refugees from higher authority made it extremely difficult at times to obtain the necessary food from the various supply officers.

The Siena hospital (Ospedale Santa Maria di Siena) is one of the better hospitals seen in Italy. It has the distinction of being one of the oldest hospitals. The claim is made that it is the oldest hospital still existing

in the original building built for that purpose. (About 1400). In spite of the great age of the building, it is in excellent condition and considered an art treasure in itself. The hospital contains about 700 beds; is a part of the University Medical School and is operated efficiently by a capable hospital administrator. There were very few problems that arose with its administration. Its requirements for wood, coal, and soda used in the laundry, medical supplies, food, etc. were all referred to the Medico Provinciale who first approved the reasonableness of the request. The requests were then sent to the Provincial Public Health Officer who interpreted to the supply officer the necessity for the supplies requested. When these supplies were available, the requests were approved by the supply officer and returned to the hospital through the Medico Provinciale. The hospital was then able to take the approved request to the Italian Agency controlling the article required and receive the supplies requested on payment of the fixed price. Its location in the City of Siena was a decided help in obtaining supplies. This hospital also operated a large farm several miles outside the city limits of Siena, so that when the food provided by the Alimentazione was insufficient it was supplemented by food obtained on the farm. It was noticed that very often hospitals and institutions operated such farms. The greatest inconvenience experienced in connection with the hospital was the great shortage of bandages, catgut and rubber gloves for surgical operations.

In addition, to the Ospedale Santa Maria di Siena, there was the large institution for the insane called Manicomio di San Nicola. This great institution of about two thousand beds was almost a little city in itself. It has a large farm outside to raise its food and

inside were equipment to make clothing, a flour mill, bakery, carpentry shop and various other facilities utilizing the services of patients that made the institution almost independent of the outside. Its greatest problem was the payment of the personnel and other expenses for its operation. In normal times, it collects funds from the various provinces which send patients there for treatment. Since the beginning of the war distant provinces had not sent funds and the provinces of the north were shut off by war and were unable to send funds. The sums of money involved were very large. The Finance Officer felt that it was too great a project for him to undertake so the matter was referred to the Finance Sub-Commission of the Allied Commission where no action was taken. The Director of the Manicomium went to Rome and talked with the Ministry of Interior with the intention of obtaining a loan to be paid back by the various provinces after the war. This project was unsuccessful. The Ministry of Interior refused, stating that a decision from the Allied Commission was necessary. At the time the provincial public health officer left Siena in May 1945, the Manicomium was still trying to collect its bills through the Prefect of Siena Province from the various provinces to the south that had already been liberated.

No effort was made to establish routine inspection of food handling establishments in Siena. These were all placed "Off Limit" by the military forces to their troops. The Italians were unaccustomed and untrained in making such examinations. The inspection of food handling establishments seemed to depend upon complaints from influential citizens.

A great source of contention was the requisition of the public bath by the British for their troops. Few Italians except great lords

and Ladies in central and southern Italy have bath tubs; the great majority of the poorer homes don't even have running water. For bathing, these people use a central bath house operated by a private corporation on permission of the State. Price was about 10 lire (10¢ but less in normal times). After many joint conferences, inspections, delegations, etc. the British relented and allowed two days per week for the public and four days per week for the soldiers. There were continual problems about who left the bath the dirtier, but everything was eventually taken care of.

Late in December or early in January of 1945 the Provincial Public Health Officer of Region VIII was directed to assume the additional responsibility for public health activities of AMG in Arezzo Province. At that time Arezzo Province was being covered by AMG Eighth Army, which had insufficient personnel to attend to more than emergency needs immediately after the occupation by combat troops. Arezzo was an important railhead for the Eighth Army, and as such, had large installations of British troops for ammunition depots, base operations, supply, transport and military hospitals. Nearly all of the troops in this area were British. It was necessary for someone from AMG to interpret to the Italian officials, the complaints from and, the desires of the British medical authorities located in the area. In order to do this work, an American Red Cross representative was assigned to Arezzo Province on a full-time basis, Miss Isabel Auld. The Provincial Public Health Officer was then arranged to visit Arezzo Province once weekly and on telephone call for matters of urgent consideration. About the time of the assignment of the Provincial Public Health Officer to Arezzo Province, the Medico Provinciale at Arezzo had requested that he be retired and his request was approved by the Provincial Commissioner, Lt. Col. Quin-Smith, a

British Officer. The Medico Provinciale was about seventy-five years old and unable to carry out the arduous duties required during time of war. His retirement came after his absence from duty for about one month, during which time he was ill at home. At the request of the Public Health Sub-Commission, the Ministry of Interior was supplied with a qualified Medico Provinciale who carried on the work in that Province until the Provincial Public Health Officer left in May of 1945. Communications in Arezzo Province were poor, because it was mountainous, and the roads, not very good to begin with, were damaged by the heavy transports carrying supplies to and from the front lines over the few roads left intact.

One of the first conditions in Arezzo Province to come to the attention of the Provincial Public Health Officer was the condition of a small town called Pieve San Stephano. This town was in the center of the Gothic line and had been heavily damaged by the Germans, before their departure to the north. A mine was said to have been left in every single building within the town. In addition, the Germans caused the evacuation of all of the civilians from the town to their rear area. During the advance through the Gothic line by the British Eighth Army, the Germans then forced the civilians through the front line between themselves and the British, to allow themselves to have more time to retreat. These poor bedeviled Italians made their way south as best they could across mined fields and down the highways. Many of them were injured by shell fragments, mines and strafing from the planes. Those who got through were picked up by British trucks and carried south to clear the highways. An attempt was made by the personnel assigned by the Refugee and Displaced Persons Sub-Commission to the Eighth Army, to place these people in refugee camps, but they insisted on returning

to their home town, although this town had been almost completely demolished. It appears to be characteristic of the Italian that no matter how completely demolished his home is, he always wants to return to the original home site and salvage what is left, beginning life anew. When the Provincial Public Health Officer arrived with the Red Cross representative and the Medico Provinciale at Pieve San Stephano, the former secretary of the Commune was functioning as Mayor. He had appointed a group of Italian men as his Directive Committee and they had begun to work, clearing away debris and arranging temporary shelter for the several hundred people who had returned. Among the group was the local doctor, who was fully occupied attending to the wounded and the sick. Those requiring hospitalization had been sent further south on carts and trucks to the civilian hospitals in Arezzo. The immediate requirements of this group was for food and blankets. Emergency food was immediately sent up to take care of their needs for ten days. In addition, several hundred blankets were "borrowed" from the stockpile in Siena acquired for Siena refugees. Funds were provided by the Finance Officer so that salaries of city employees could be paid and purchases of needed supplies made by the commune wherever it found any. When a return visit was made to Pieve several days later, a considerable improvement had been noted. Temporary shelters had been erected all over the town. Even pieces of standing wall had been utilized as fragments on which to build temporary shelters. The local doctor had supervised the construction of a temporary infirmary where febrile cases were treated. The Medico Provinciale sent to Pieve his Public Health Nurse with Bilivaccino to immunize the population against typhoid fever.

A few weeks later American Red Cross clothing was distributed and the clothing needs met. In January of 1945 the Orno River over-flowed its banks in the town of San Giovanni Valdarno. The water, which was about

four feet in most of the town for forty-eight hours, polluted all of the surface wells. The aqueduct for the town, which ordinarily supplied the water, had been so extensively damaged that its repair was impossible. The town had been neglectful about cleaning out the cesspools, so that they were filled and over-flowing. The water from the flood washed the material from the cesspools into the shallow wells. In normal times, the people of San Giovanni Valdarno did not use their shallow wells for drinking water purposes. However, when the aqueduct was broken, practically everyone used the water from the shallow wells and few took the trouble to boil the water. There were a few cases of typhoid-paratyphoid fever, but no serious outbreak until sometime in February of 1945, approximately one month after the flood, when an explosive outbreak occurred. Approximately 200 cases of typhoid-paratyphoid fever occurred. The fatality rate was low, three or four percent, and these were among the aged. The clinical course of the disease was in most instances milder than one would expect with typhoid fever. The fever generally lasted for about two weeks and there was associated with it - headaches. Rose spots were an unusual observation, but in several cases they were seen by the Italian physician. Laboratory identification of the infection was impossible, as the Italians did not have the facilities and the British pleaded that they were too busy at the Arezzo military hospital. Fortunately, the Ufficiale Sanitario was a competent person. When the Medico Provinciale and the Provincial Public Health Officer arrived three or four days after the outbreak had started, he had already identified the cause of the epidemic and had caused posters to be placed in the commune for everyone to boil the drinking water and was trying to get as many of the infected people into the hospital as possible. The Medico Provinciale when he returned from San Giovanni Valdarno, sent his Public Health nurse to assist in sending the cases to the hospital

and in vaccinating the population with their oral vaccine (Billivaccino). In addition large barrels were set up in the city for drinking water purposes. The water was chlorinated with chlorine powder obtained from Fifth Army sources. One of the two sanitary engineers, Major Hayral, came down from the Regional Public Health Office and assisted in establishing the water points, gave instructions for the chlorination of the water and ordered the commune to dig a large pit outside of the city limits for the evacuation of the cesspools. In the hospitals, the Italians used an inoculation of typhoid vaccine in the treatment of typhoid fever. They stoutly maintained that the use of the vaccine had been responsible for the low mortality rate. This was doubted, as the cases of typhoid-paratyphoid fever seen in outbreaks within Italy usually had a low mortality. The measures taken to control the epidemic were apparently successful. There were three peak weeks, but after the third the number of new cases occurring were small. These continued for several months later.

In January, news reached Arezzo that in the Comune of Cortona there had been an epidemic of about fifty cases of typhoid-paratyphoid fever. When this Comune was visited together with the Medico Provinciale as soon as the information was received, it was learned that the epidemic had been terminated for approximately one month. Here, again, the initial facts were the same. The aqueduct had been broken in several points and during the interval, when the aqueduct was broken, the people drank from the shallow wells which were highly polluted. As soon as the aqueduct was put back into function again and people could get the pure spring water from the mountains, there was no longer any difficulty. The procedure used for the distribution of medical supplies was followed in Arezzo Province, just as in Siena and Grosseto. In fact, a directive was sent to all three Provinces, simultaneously, for the instruction

of the Medico Provinciale. In Arezzo one wholesaler was selected to distribute the supplies. The Medico Provinciale made up the list of supplies that were to go to each hospital and to each pharmacy. These supplies were then made ready by the wholesaler and the hospital and pharmacy notified to send for and collect the supplies. The hospital or pharmacy paid on receipt of the supplies from the wholesaler. They would usually send an agent to Arezzo, who would receive the supplies and arrange for their transportation on one of the food trucks which came weekly to each commune. The medical supplies received were badly needed and in quantities insufficient to meet the total demand. It was also noted that the greatest actual need not met by the supplies were in bandages, antiseptics, rubber gloves, and morphine. The Italian physicians apparently used considerably more cardiac stimulants than we are accustomed to using. They repeatedly requested caffeine sodium benzoate and other such drugs used as heart stimulants.

A Director of Welfare was appointed in Arezzo Province by Regional Headquarters. The Director of Welfare was responsible to the Prefect in the Italian organization and responsible to the Provincial Public Health and Welfare Officer in the Allied Military Government. He had about the same responsibilities and duties as the corresponding official in the Provinces of Siena and Grosseto. That is, he was responsible for the institutions and for the operation of the Ente Comunale Assistens in the various communes. In addition, he served as chairman of the Provincial Committee concerned with the distribution of American Red Cross Clothing.

In Arezzo Province, bad roads and almost complete lack of communication with local communes made administration more difficult. For this reason, a great many officers, approximately 20, were assigned to

various parts of the Province as Civil Affairs officers at the Communal level.

Each of these officers reported in the Hq. once weekly to report and to receive instructions. During the late fall and the winter of 1943, AMG 8th Army established a provisional hospital at the site of the Maternita ed Infanzia to accommodate the large number of typhoid and paratyphoid cases which had occurred in the Fraktioni of the Comune of Arezzo. The staff of the hospital was provided by a mobile Italian Army hospital unit. Their supplies and their foods came from the 8th Army sources supplied through channels to the Italian Mobile Armit Unit. When the number of typhoid cases had diminished until the hospital was only half full, one section was set aside as a venereal disease hospital. Conferences were held with the British Area Medical authorities and Provost Marshall and a local venereal disease control program started. Clandestine prostitution was repressed by combined action of Italian Military Police and British Military Police; prostitutes were brought to the hospital established for diagnosis and treatment. Drugs and supplies were at first supplied by the local British Military Hospital. As soon as AMG supplies began to be distributed, they were provided also from this source. A complete description of the program at Arezzo, together with the number of patients found infected will be found in the files of the Provincial Public Health Officer of Siena which contains the public health files for the three Provinces of Siena, Arezzo and Grossetto.

From time to time it was necessary to hospitalize late cases of tuberculosis which were a menace to their families, since the British hospital occupied the Italian Tuberculosis Sanitorium. A temporary provision was made for them at the Maternita ed Infanzia Hospital; a special ward was set aside for tuberculosis patients.

A very important civilian medical installation at Siena was the

Instituto Siero-Terapico. Fortunately this institution was spared the damages of war, so that as soon as the Province was occupied by the military authorities, it was able to resume production of many serums and vaccines. In order to resume production, it needed various supplies which the Provincial Public Health Officer assisted in procuring. One of the supplies needed was glass to make the vials and tubes. Another was soda ash, and of course animals. At the request of the Institute, the Public Health Sub-Commission arranged for the purchase of the American Remount Depot of the 5th Army of many mules. The mules were inoculated and used to produce immune sera. In addition, it was also necessary for the Public Health Officer to intercede with the Public Safety Officer in procuring the necessary passes and permits for the personnel and vehicles of this Institute traveling from one point to another procuring supplies or distributing the vaccines and sera which they produced. During the spring of 1945 there was an epidemic of hog cholera among the hogs. In this epidemic there was over 1,000 fatalities. The consulting veterinarian of the ACC, Major Rushmore, later Lt. Col. Rushmore, was able to procure virus from the United States to produce a vaccine. With the approval and assistance of the AMG Siena, the Provincial veterinarian was able to inoculate several hogs which was later sacrificed. The production of sufficient vaccine was started to vaccinate all of the hogs of the Communes in which hog cholera was present. To obtain the hogs, the Provincial Public Health Officer interceded with the Provincial Supply Officer who ordered that the hogs be surrendered for this purpose. The consulting veterinarian of the ACC reported that the vaccine was highly successful and that it had undoubtedly saved thousands of hogs in the Province of Siena at a time when meat was very scarce. In May 1945,

the ACC according to its agreement with the Italian Government turned over the responsibility for the administration of the Provinces of Siena, Grosseto and Arezzo to the Ministry of Interior. In accordance with this change of policy there was no longer a necessity to maintain officers at the Provincial level. In consequence thereof the Provincial Public Health and Welfare Officer was relieved of his duties sometime early in May and transferred to Naples as Senior Public Health Officer of the City of Naples.

Naples at that time had had a succession of Senior Public Health Officers. The immediate predecessor was Colonel McDonald, a fullgrade British Colonel, who, after serving approximately one month returned to England. Naples had been through two epidemics; the typhus late in 1943 and early in 1944 and smallpox which began on the completion of the typhus epidemic and continued on for over a year. When the Senior Public Health Officer arrived in Naples, the smallpox epidemic was about over. A large number of vaccinations in the city had been done; more than the total number of the population. In many cases vaccinations had been made three or four times on the same person. The first vaccines were ineffective; part of the suspicion was directed to the vaccine itself and part to the technique of the doctors, as many were found to be using antiseptics, such as bichloride of mercury prior to the vaccination. Early in 1945 the Ufficiale Sanitario (the city health officer) had appointed Doctor Carboni, a young Neapolitan physician, in charge of the program of vaccination. Doctor Carboni was successful in getting a large number of young doctors and also medical students, to form teams to canvas the city, going from house to house and vaccinating the entire population in a very systematic way. Unfortunately, various batches of the vaccine proved to be ineffective. Attempts had been made to obtain sufficient

vaccine from Allied sources, but this was not forthcoming because sufficient supplies were not available. The vaccine which was obtained during 1945 from the Instituto Sieroterapica at Siena was much better. In addition, Doctor Carboni established a diagnostic service, so that as soon as a case of smallpox was reported, one of his physicians would go immediately and confirm the diagnosis. If the diagnosis was confirmed the case was immediately sent to the contagious hospital and all the contacts vaccinated within the house, unless the previous vaccination had been successful. Reports and figures on the smallpox epidemic in Naples may be obtained from the public health reports of Naples Commune. One of the difficulties of the program was in obtaining ambulance service to carry patients to the hospitals. The civilian ambulances were constantly having difficulties in obtaining gasoline and tires. The Public Health Officer often interceded so that they might get gasoline, but the providing of tires proved to be impossible. When the Public Health Officer arrived in Naples, one of his first official actions was to place Doctor Carboni also in charge of the smallpox control program outside of Naples in the Province, because of Naples commune AMG had liaison responsibilities for all of southern Italy, including Naples Province, outside of the City and the interest of the troops demanded that effective control measures be taken outside of the City as well as inside of the City. These measures were with the full cooperation of the Medico Provinciale, who was responsible for the work outside of the City, as well as inside. In order to assist in this work, the American Friends Society, which was then resting in Naples with three or four ambulances after a period of duty at the front with the Eighth Army consented to loan one of their military ambulances to the Medico Provinciale in order to bring in cases of smallpox from the outlying towns around Naples. Arrangements were made to that the

local health officers could send word to the Medico Provinciale as soon as cases were reported within their communes; the Medico Provinciale was then able to send out the American Friends ambulance, which was able to make trips that the City ambulances could not do because of the condition of their tires. In the month of June, a problem came up in connection with bathing in the Bay of Naples. Many of the bath houses along the Bay of Naples came to AMG to get permits to re-open their bathing establishments.

Inasmuch as the main lines from the sewers along the Bay of Naples emptied directly into the water in huge quantities, it was felt that the granting of these permits would be hazardous to the population. For this reason they were refused. In addition, the Sindaco was asked to post police along the seashore to prevent the civilians bathing in the water. The police action was effective, but not popular. The Italians felt that the order was unnecessary because for many years previously they had bathed in this water. However, it is likely that the practice was responsible for many cases of typhoid-paratyphoid fever. Furthermore, the sewage question had been aggravated during the occupation of the Allies as many of the main sewer lines had been broken by aerial bombardment. When houses were reconstructed, they often attached their sewer lines to the street drainage system which emptied directly into the bay. It was felt that this augmented the overflow system considerably. The sewer system of Naples was studied by the Public Utilities engineer, but it was decided that the job of modernising this system was too great for the Italians to undertake during the occupation. This is one program that must be high on the list of priorities for post war reconstruction in Italy.

In the year that had passed since the Senior Public Health Officer

had been in Naples, there had been considerable improvement in the cleanliness of the streets. This was largely due to the activities of a new director appointed during the administration of Lt. Col. Poletti, a Doctor Marinelli, an Italian engineer, as Director of the Urbana Mondizia (City garbage collection). This Doctor established a large organization with hundreds of City carts and thousands of City sweepers. In addition, he organized five or six large dumps. The program he worked out was in cooperation with the PBS; officers of the engineering section of PBS had given valuable assistance and consultation. The dumps selected by Doctor Marinelli were large sunken areas which he filled with the garbage. The plan was to dump one cartload of garbage, followed by another cartload of rubble from demolished buildings. The effect was to have a stratified layer of garbage followed by rubble, etc. The program thus disposed of both garbage and rubble at the same time. Since there was no raw garbage lying around, the fly as well as the rat problem was considerably lessened. At the time that the Public Health Officer was inspecting one of these dumps, he was able to provide for the transfer of one of these completed dumps as a parking ground to the PBS. An area of land that had been completely useless was thus converted into a smooth area that could be used for the processing of thousands of vehicles to be shipped from Naples to other theaters of the war.

Before the Public Health Officer was transferred to Naples, the Third District of the British Base Section had assigned a medical officer to the PAGE Hospital to oversee its operation and the treatment of the patients for venereal diseases. Diagnostic and treatment procedures were immediately improved. In addition, the British provided some penicillin for the treatment of early syphilis during the latter part of June, 1945. Both the British and the American medical officers considered the program at the PAGE Hospital a distinct aid in the control of venereal disease among the troops.

It was while serving as Senior Public Health Officer for AMG in the Naples Commune and for ACC for the whole of Southern Italy that orders were received transferring him to the United States. He left Naples on the 30th of June, 1945, proceeded by way of Casablanca and arrived in the United States on the 4th of July, 1945.

The experience has been one of those rare episodes in the life of a professional man that opens a vista and with a shining light exposes some of the problems men have with each other and with their environment.

Service Record (Army)
(From 201 file) Acronym Form 66-1

13. Date of Entry 15 May 1943

14. Rat Lt 3 July 1937
Capt 3 July 1940
Maj 1 Sept 1943

15. Record of Service:

VD Control Ops PH SC HQ Acc 18 Oct 43 31 Dec 43 E

Venerologist HQ Acc 1 Jan 44 30 June 44 E

Asst Pub Hlth Jf Co H 2675 Rgt Alcom 1 July 44 31 Dec 44 E

Prov. Pub Hlth Jf Cott 2675 Rgt Alcom 1 Jan 45 18 May 45 E

Sr Pub Hlth Jf AMG Naples, Alcom 19 May 45 25 Jun 45 Dep.

16. Sp. Service Schools

15 May 1943 - 21 Aug 43 Military Govt
Charlottesville Va.

31. Remarks:

Atzd Battle Star Italian Campaign Ltr AG 200,
6/263 P-O, Hq Natousa, 20 Mar 44 24 ME Med WD

Cir 1/43. Award Italy 6 Dec 1943 atzd 2 Stars for Italian
Campaign (Naples, Foggia and Rome-Cevo phases)
per Ltr AG 200 6/040 P-O, Hq MTousA dtd 10 Nov 44

Atzd Bronze Service Star for (North Apennines) Campaign
per Ltr file: AG 200 6/040 P, subj: Battle Participation
Awards (Italian Campaign), Hq MTousA, 65-1#9189219

May 1945 Departed US 13 Sept '43 Arr N. Africa

8 Oct '43