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HEADQUARTERS FOURTH ARMORED DIVISION
OFFICE OF THE SURGEON
APO # 254, U. S. ARMY

27 April 1944.

SUBJECT: Annual Report of Medical Department Activities of the 4th Armored Division for 1943.

TO : The Surgeon General, United States Army, Washington, D. C.

In compliance with AR 40-1005, 19 November 1942 and Letter AG 319.1 (15 September 1942) MC-M War Department, 22 September 1942, "Annual Reports, Medical Department Activities", the following report is submitted.

1. History.

a. The 4th Armored Division was encamped in the Mojave Desert of Southern California, under the control of the Desert Training Center when the year 1943 began. Acclimatization to the high temperature and low humidity was surprisingly rapid. Training progressed from small unit problems to reinforced battalion exercises to combat command and finally division problems. In this manner the division prepared itself for the large scale desert maneuvers which began in February. The division concluded the maneuver with four (4) fatalities. From March to June the division was encamped at Camp Ibis, California and moved from there in the month of June to Camp Bowie, Texas. The change to garrison life was welcomed by all. For the first time in eleven months the facilities of a station hospital were in our immediate vicinity. While at Camp Bowie the division took it's ITP tests, physical fitness tests, took part in combat command and reinforced battalion problems, and readied itself for overseas combat duty. When the division moved out in December to an undisclosed port it was in a state of perfect readiness and its morale was at the highest possible level.

b. In 1943 the division still continued to lose trained Medical Department officers and enlisted men but now they were lost to alerted units rather than as cadre personnel. These losses were felt but the high degree of training and cooperation attained by medical department personnel brought the division through the strain. Additional work was placed on the thinly spread service when the division began preparation for overseas movement. No serious difficulties arose and the fine cooperation of the hospitals servicing the division made it possible to leave with an excellent medical record.

2. Organization and Function.

a. Organization. The medical service of the 4th Armored Division is as follows:

1. The Division Surgeon's Office as given in the Table of Organization Armored Divisions "Light", September 1943, consists of, one Lt Colonel, MC, the Division Surgeon; one Major, MC, the Division Medical Inspector and Venereal Disease Control Officer; one Major, MC, the Division Neuro-psychiatrist; one Major, DC, the Division Dental Surgeon; and one Captain, MAC, the Office Executive. These officers comprise the staff of the Division Surgeon. Enlisted personnel consist of a Chief Clerk, a Master Sergeant; a record clerk, a Technician 3rd Grade; a record clerk, a Technician 4th Grade; a typist, a Technician 4th Grade; and a stenographer, a Technician 5th Grade.

2. The 46th Medical Battalion, Armored with a strength of 33

R E S T R I C T E D

HEADQUARTERS FOURTH ARMORED DIVISION
OFFICE OF THE SURGEON
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MEMORANDUM:

TO : All Units and Separate Organizations, APO 254.

MEDICAL POLICIES WITHIN 4TH ARMORED DIVISION

I. PURPOSE: The following principles will be followed generally in the evacuation of casualties. It is in no way intended to be a dogmatic statement of policy. There is no routine evacuation procedure in combat.

II. MOVEMENTS:

a. Approach March.

1. Medical detachments will normally march in the echelon "A" trains of their respective organizations in company with the fuel, lube, and maintenance vehicles. They will at all times render close support to parent organization.

2. Medical companies supporting combat commands will normally march with the combat command trains under march control of the combat command trains commander. If they must march separately, they will arrange for protection of their column through the combat command trains commander.

b. March Casualties (during approach march).

1. Casualties will be carried along until all available space, which includes empty or towed disabled vehicles, has been exhausted. When no available space remains, casualties will be deposited, with an aid man, along the axis of evacuation. Ambulances from the supporting medical company will evacuate these casualties.

III. EVACUATION:

a. General.

1. Evacuation of march casualties as given in II b.

2. Battalion Aid Stations will be located in vicinity of battalion command post.

3. Whenever practical, ambulance of medical company will evacuate Battalion Aid Stations.

b. Within Units.

1. Reconaissance Squadron.

a. One (1) medical half track and two (2) aid men with each leading reconnaissance troop. One (1) medical half track will remain in reserve, medical officers and remaining equipment will remain near squadron headquarters (forward echelon). Evacuation from leading troops will funnel through squadron aid station.

b. Detached reconnaissance troops to combat command. One medical half track with two aid men assigned whenever practical. Combat command surgeon responsible for evacuation.

2. Tank Battalion.

a. A medical officer, in a ¼-T Trk, will follow within visual distance the tanks engaging the enemy. He will give emergency medical treatment as indicated. Litter cases will be evacuated by ¼-T Trk to the medical half tracks which will be kept in defiladed positions on each side of the line running through the center of the area over which the tanks are moving.

b. Litter bearers when indicated will haul patients directly to medical half track.

c. Mobile Aid Station will be set up as routine at rally point.

3. Infantry Battalion.

a. Aid men will follow each company into action. They will give emergency treatment as indicated and mark casualties for pick-up by the litter bearers who follow each company as it advances. Litter haul will be as short as practicable to medical vehicle in defiladed position.

4. Field Artillery Battalion.

a. One aid man will be assigned to each firing battery, and will render emergency medical treatment as casualties occur. Evacuation from gun positions to battalion aid station will be by medical half track or ¼-T Trk.

5. Engineer Battalion.

a. River crossing (Section IV).

b. Detached companies.

1. Two aid men are assigned to detached company. They evacuate to nearest medical installation. Senior surgeon of unit from which company is assigned is responsible for evacuation.

6. Division Headquarters.

a. Forward Echelon. (Plus).

1. Medical service is given by medical detachment of Division Headquarters; evacuation direct to nearest clearing platoon.

7. Trains.

a. Medical service given by reserve medical company.

8. Maintenance Battalion.

a. Detached companies to combat command.

1. Two aid men assigned to detached company. Combat command surgeon is responsible for evacuation.

9. Administrative center.

a. Medical service will be arranged by Division Surgeon.

IV. BRIDGING OPERATIONS:

a. Initial responsibility for movement of casualties from the far shore to the near shore, incurred in the seizure of a bridgehead, or in the construction of a bridge, will fall to the Engineer Battalion Surgeon. This responsibility ends when the first combat troops and their attached medical elements cross the stream. Responsibility then falls to the combat command surgeon.

b. Medical personnel from the units engaged in the fight for the bridgehead will accompany their organizations to the far shore. They will carry sufficient morphine, sulfa drugs, splints, and plasma to treat emergencies. Upon disembarking they will treat and move casualties to the collecting post, (far shore), where they can be loaded on boats and returned to the near shore. They will be given additional treatment at the near shore aid station under the control of the Engineer Battalion Surgeon. The Combat Command Surgeon will direct evacuation from this shore aid station to the clearing station.

c. The aid station on the near shore will continue operating until an aid station can be established on the far shore. Collecting Post on the far shore continues operating until a Clearing Station can be established at that point.

V. RETROGRADE MOVEMENTS:

a. During retrograde movements, new lines will usually be designated to fall back on. The Combat Command Surgeon and the medical company commander will jointly select a new site for the clearing station. One section of the clearing station will fall back to the new site and begin operation. The other section at the old site will then join it.

b. The ambulance shuttle system will remain intact as long as possible.

c. Litter bearers (from collecting platoon of the medical company) will reinforce medical detachments when indicated.

d. If casualties cannot be evacuated, medical personnel will be left to care for them. The decision to abandon wounded is a command decision.

VI. DUTIES OF COMBAT COMMAND SURGEON:

a. Responsibilities to combat commander.

1. Keep combat commander informed on casualty density areas, type of casualties and status of medical supply of each battalion medical section.

2. Advise combat commander on matters relating to care and evacuation of casualties.

b. Responsibilities to Battalion Surgeons.

1. Maintain constant contact with battalion surgeons. (Whenever practical Battalion Surgeons will contact combat command surgeon as phase lines are reached).

2. Will coordinate the evacuation of casualties from aid stations to clearing platoon.

c. Relationship with Combat Command Dental Surgeon.

1. Combat Command Dental Surgeons will act as liaison officer for Combat Command Surgeons. He will remain at Combat Command Headquarters and will take care of dental emergencies. Cases selected for him will be of a type not necessitating evacuation outside the combat command.

d. Relationship with supporting medical company.

1. Combat Command Surgeon will receive a daily casualty report from supporting medidal compeny and submit same to Combat Commander.

2. Combat Command Surgeon will keep medical company commander informed of the tactical situation.

3. Medical company will remain as close to the front as practical to insure speedy evacuation.

VII. COMMUNICATIONS: (DIVISION SOP) - REPORTS.

a. Communications will be as follows:

1. When secrecy is not essential, by all available means.
2. When secrecy is essential, by messenger, liaison officer, or wire.
3. When radio is silenced, all stations will listen.

b. Radio messages containing vital information will be encoded. Messages to be sent in clear will be so marked by the originating officer.

c. Assigned and attached units will report into the nets of the command concerned.

d. Command Post locations will be reported to next higher headquarters as soon as established. A guide to direct messengers to new location will be left at an old Command Post, (and Aid Station), location for a reasonable time. Double guides, with knowledge of location of Command Post and elements of unit, will be placed on nearest main traveled route when a unit is in bivouac.

e. All units to include detached companies will maintain a mounted messenger at next higher tactical headquarters.

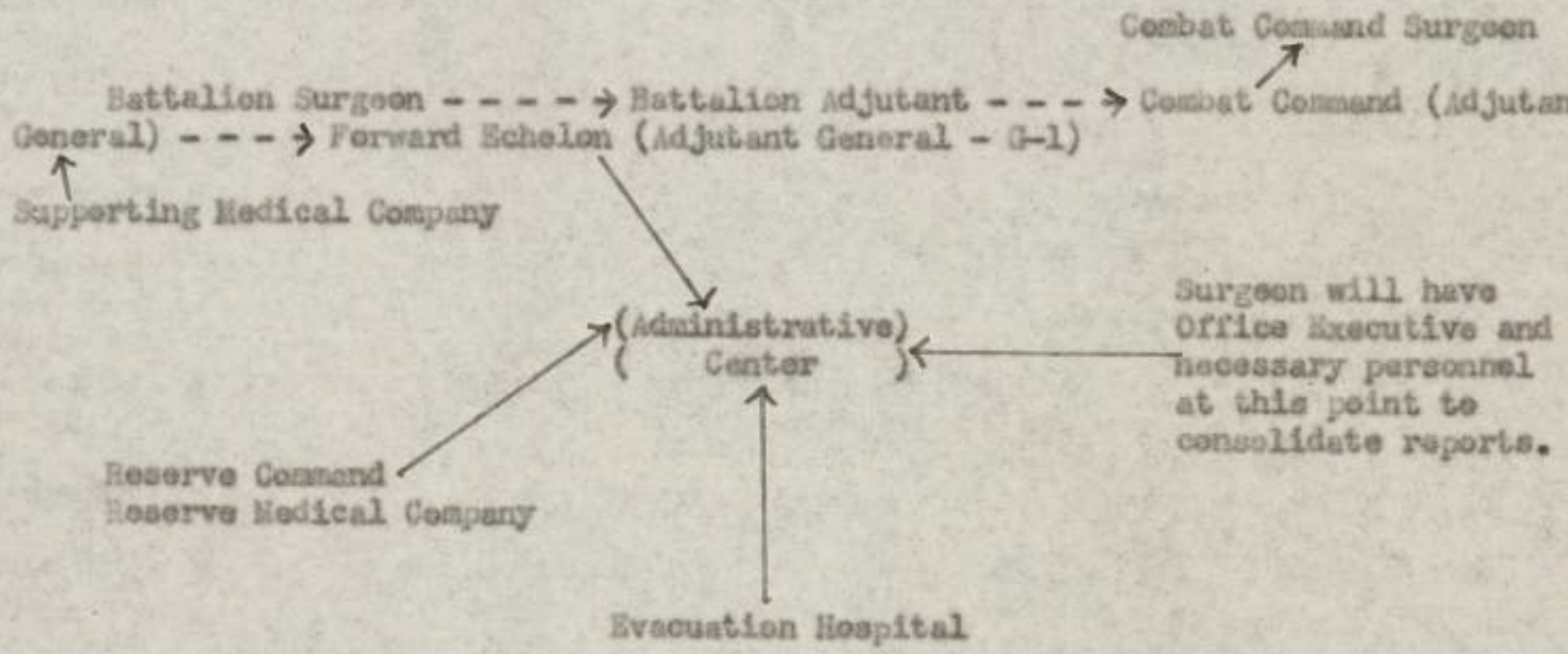
f.1.Liaison will be maintained laterally between units, and from lower to higher echelons.

2. All units to include detached companies will furnish liaison officer or agents to next higher headquarters.

g. With the establishment of the Administrative Center reports will be submitted in the following manner:

Battalion Surgeon (Submits daily medical reports to)- - → Battalion Adjutant, (who brings reports, including his morning report to)- - → Combat Command Headquarters. (Adjutant General will have officer at this point). Reports are then brought to Forward Echelon. (Adjutant General and G-1 representative at this point)- - - → Administrative Center.

Reports are addressed to Surgeon, Administrative Center, through Combat Command Adjutant General.




VIII. SUPPLY:

a. As given in Medical Battalion S. O. P.

IX. MEDICAL BATTALION S. O. P.:

The following are extracts taken from the 46th Medical Battalion S.O.P.:

a. General Considerations: As a general rule one Medical Company will support each Combat Command during combat and the third will remain in reserve with Trains, 4th Armored Division to be used as the Battalion Commander sees fit in reinforcing either of the supporting medical companies as combat develops and necessity demands.

b. Headquarters Section: This section (minus Personnel Section) will normally move forward in conjunction with the supporting medical company nearest Headquarters, 4th Armored Division, Forward Echelon and will set up and operate the Battalion Command Post.

c. Division Medical Supply:

1. Battalion Sections and medical companies will be supplied to capacity prior to engagement. Expended material will be replaced daily based on requisition by the Battalion Medical Sections and by the medical companies. Requisitions for supply replacements will accompany daily casualty reports from the Battalion Sections and will be turned in to the medical company in support of respective sections. Emergency medical supplies may be obtained directly from the supporting medical company.

2. Medical Companies attached directly to task forces. When a Medical Company is attached directly to a task force for its medical support the tactical control of the company will shift to the task force commander and will remain there until that company is released, at which time its control will revert to the Medical Battalion Commander. While attached to a task force all classes of supply, including medical supply for the battalion sections included in the task force, will be requisitioned through and drawn from the Task Force Supply Officer, who has as his source the Divisional Supply Agency concerned. Upon release of the Medical Company its supply reverts to normal channels.

3. Medical Supply During Rest Phases. During prolonged periods of rest or reorganization, Medical Supply will be on normal garrison basis. Each battalion section concerned will draw expendable medical supplies directly from the Division Medical Supply Dump. Non-expendable replacements will be drawn through normal supply channels.

d. Medical Company. The medical company will normally be under medical battalion control as set forth in S.O.P. of the Division. Contact, by direct liaison, will be maintained with Battalion Headquarters, with the Combat Command Surgeon and with the Headquarters of the Combat Command which it is supporting. Movements of its headquarters platoon and clearing platoon will normally be made on authority of either the medical battalion commander or the Commanding General through the Chief of Staff or through G-4. However, in emergency the company commander is empowered to move his installations at his discretion but will report such movements to the Battalion Commander as soon as possible.

Collecting Platoon of Medical Company: The collecting platoon will maintain a main ambulance station and such ambulance shuttle stations as are necessary. The forward shuttle station will be, if cover and defilade permit, within visual signal distance of the Combat Command Collecting Point and/or Battalion Medical Section. The Platoon Headquarters will be at the main ambulance station, normally from 1½ to 2 miles behind the Battalion Sections being evacuated.

Clearing Platoon of Medical Company: Except where conditions do not warrant so, this will normally operate as a complete unit for greatest efficiency. It will normally be located on the axis of evacuation, outside the range of enemy medium artillery fire. Distance will be from 3 to 10 miles behind the front elements with longer distances only under unusual circumstances as might be encountered during retrograde movements.

Company Headquarters Platoon is the center of administration, supply, and maintenance for the company and will also handle medical supply of the supported Battalion Sections. It will be located with the Clearing Platoon and its movements concurrent with that platoon.

e. Communications: All communication will be by messenger when time and tactical considerations permit. Radio will be used as an adjunct only. When radio is used in the Medical Battalion, the Battalion Commander will be net control, unless otherwise specified. All transmissions will be in accord with Division S.O.P.

H. ADAMS
Major, Med Corps
Division Surgeon

Officers, 2 Warrant Officers and 382 Enlisted men.

3. Medical detachments; 2 Combat Commands, and 13 Battalion detachments with a present personnel of 27 Officers and 236 Enlisted men.

b. Function and Medical Service.

1. The Division Surgeon is a staff officer of the division special staff and advisor to the Commanding General on medical matters. His office is in the rear echelon of division headquarters and his officers are part of Division Headquarters while the enlisted personnel are attached to Trains Headquarters Company. This office is an office of record, correction, study and transmittal for all medical department reports. Every effort is made to assist subordinate medical units in an advisory capacity, to insure dissemination of information and to exercise supervision of technical training. The Surgeon is assisted by the Medical Inspector who checks frequently on all sanitary installations and makes recommendation on health measures. In his secondary function as venereal control officer he supervises the venereal control program, correlates vensreal disease treatment and works with civil and military police to suppress sources of infection. The Division Neuropsychiatrist came to the Surgeon's Office with the reorganization of the division. He has been active in the elimination of unfit and undesirable personnel. In conjunction with G-1 he has interviewed all replacements coming to the division thereby keeping division personnel up to standard. Also through the medium of conferences he familiarizes the line officers with the early recognition of the many types of combat neuroses. He has proven to be of definite value. The Veterinarian who inspected all foods of animal origin, fresh fruits and vegetables was lost through the reorganization of the division. The office executive supervises the administrative functions of the office. He also helps with routine inspections, advises the surgeon on all matters administrative and maintains the necessary relations with hospital and higher headquarters administrative staffs.

2. The Division Surgeon, during maneuvers and eventually in combat, operates between the forward and rear echelon of division headquarters and medical battalion headquarters. This continuous movement permits him firsthand knowledge of the medical situation and he can distribute his medical support effectively. Commanders of divisional units have been very cooperative and they with the other staff sections have assisted in medical recommendations.

3. 46th Medical Battalion, Armored. This organization is charged with second echelon medical service and evacuation. In the field, one company is habitually in support of each combat command, and one held in reserve. Mobile aid stations and collecting points are evacuated according to procedure outlined in attached memoranda. It is entirely a mobile unit and has functioned very effectively on all field problems. In camp, they maintain a number of beds for limited care of patients whose illness will be of short duration, in order to reduce time lost in hospitalization.

4. Medical Detachments. Theirs is the most difficult and responsible job in the medical service and on their performance rests the success of the medical effort. They administer the first medical treatment of casualties and prepare them for evacuation. Attached memoranda indicate in outline their method of operation.

3. <u>Military and Civilian Personnel</u>.

a. During the first nine months of 1943 we lost a total of 23 Medical Officers, 6 Dental Officers and 8 Medical Administrative Officers. The greater part of this loss occurred during our brief stay at Camp Bowie. When the division was finally alerted in November we were short 12 Medical Officers.

b. The following table will indicate our losses in Medical Corps, Dental Corps and Medical Administrative Officers:

| | MC | DC | MAC | TOTAL |
|---|---|---|---|---|
| ACF Replacement Depot | 4 | 1 | 1 | 6 |
| 88th Infantry Division | 2 | 0 | 1 | 3 |
| 50th Medical Battalion | 2 | 0 | 0 | 2 |
| 111th Evacuation Hospital | 0 | 0 | 2 | 2 |
| 25th Medical Depot | 0 | 0 | 2 | 2 |
| 6th Medical Supply Replacement Depot | 0 | 0 | 1 | 1 |
| Parachute School, Airborne | 1 | 0 | 0 | 1 |
| 90th General Hospital | 0 | 1 | 0 | 1 |
| 3rd Convalescent Hospital | 1 | 0 | 0 | 1 |
| Medical Officers Replacement Pool | 1 | 0 | 0 | 1 |
| 49th Quartermaster Truck Regiment | 1 | 0 | 0 | 1 |
| 469th Quartermaster Regiment | 1 | 0 | 0 | 1 |
| Brookes General Hospital Med Repl Depot | 2 | 0 | 0 | 2 |
| 8th Ordnance Battalion | 0 | 1 | 0 | 1 |
| 8th Armored Division | 1 | 0 | 0 | 1 |
| 4th Supply Battalion | 1 | 1 | 0 | 2 |
| 97th Infantry Division | 1 | 0 | 0 | 1 |
| 706th Tank Battalion | 1 | 0 | 0 | 1 |
| Medical Detachment, 8th Corps | 0 | 1 | 0 | 1 |
| 364th Infantry Regiment | 0 | 1 | 0 | 1 |
| 206th AAA Battalion | 1 | 0 | 0 | 1 |
| 110th Evacuation Hospital | 0 | 0 | 1 | 1 |
| 1146th Engineer Combat Group | 1 | 0 | 0 | 1 |
| 6th Medical Laboratory | 1 | 0 | 0 | 1 |
| Headquarters, XIX Corps | 1 | 0 | 0 | 1 |
| TOTALS | 23 | 6 | 8 | 37 |

c. 1. Officers. A loss of 37 Medical Department Officers was experienced during the year. The greatest loss occurred when the Division Surgeon, Colonel Carl W. Rumpf left to become surgeon of the XIX Corps. He was most responsible for introducing most of our present medical policies. The excellent spirit of cooperation and understanding between the division staff and surgeon's office, and between line officers and medical officers in general has been one of his greatest accomplishments. It has been most difficult for the succeeding division surgeon to attempt to emulate the results achieved by this officer. The Medical Inspector, Lt Colonel Harold E. O'Neil was also lost when he was transferred to the 8th Armored Division as its division surgeon. We felt the loss of these 37 officers more acutely than the previous years loss of 77 because these officers had been fully trained in our division and knew their jobs. There were no officers that offered problems in reclassification or undesirability. All our medical department officers are Reserve or AUS officers and they have proven themselves adaptable, capable and efficient in all respects in the field and in garrison.

2. Enlisted men. There were only small losses in medical department soldiers. A few left for OCS, some were dropped during our intensive program of reclassification and the remainder we lost by transfer to the combat arms. Replacements were received from replacement depots and our own divisional units. In keeping with their policy of cooperation we received from our units men who were mentally stable, intelligent and possessed of physical stamina. The movement for overseas found the division with the fine type of medical soldier it needs.

4. Training.

a. General.

1. The Division Surgeon is charged with the technical supervision of

the training of all troops in the division in military sanitation, first aid and personal hygiene. In conjunction with G-3 he plans training programs for the medical units and conducts frequent inspections of training to insure proficiency.

2. It has been our policy during this year to have all medical detachment commanders and the medical battalion submit a weekly training program. Frequent inspections from our office helped to raise the standards of classes in general. Unit commanders cooperated by sending lecturers from combat personnel to medical detachments. These informal lectures familiarized medical department personnel with combat terminology, combat problems and their responsibility to combat troops. All division personnel were given instruction in first aid through the medium of a "County Fair" type of instruction. Every medical unit was used in this demonstration and alternated in the many phases covered. The division commander was highly satisfied with its conduct and the results. An examination on first aid was given to all enlisted men by X Corps during the second week of August. Only two companies failed to receive a passing grade. On a repeat examination these two companies received a satisfactory grade. This proved our "County Fair" to be a success. We propose to continue training all combat personnel in this division the basic principles of first aid. Instruction in the evacuation of wounded from tanks and other combat vehicles was repeated several times during the year. Use of the vehicular first aid kit was also emphasized and proved the worth of the instruction when occasions arose for its use. Instruction in military sanitation was carried through in the division by the actual construction and use in the field of sanitary installations. The results of practical use and instruction are much more satisfactory than those of pure theory and blackboard instruction. Monthly instruction in personal hygiene was given to all enlisted personnel by the use of films and informal conferences that were open to all questions.

b. Training of Medical Department Officers.

New officers upon reporting to the division were assigned first to the medical battalion whenever possible. This was done for the purpose of giving the new officers an opportunity for acclimating themselves and gaining a prior knowledge of the medical service of an armored division. In the medical battalion these officers were taught the medical policies of this division by men who had had experience in medical detachments and the companies of the battalion itself. By the use of this system we then could draw on these men as capable replacements for any losses in detachment officers. To further train all medical detachment officers they were requested to attend all courses of instruction given by the battalion. In this way an insight was gained as to the tactics, employment and uses of those combat elements. By attendance at these conferences medical officers learned how best they could serve their own units. The program inaugurated in 1942 of holding semi-weekly meetings of all medical, dental and medical administrative officers was carried on. At these meetings new procedures in administration, casualty evacuation and medicine were discussed. Any problems that had been met were also brought up and were solved by discussion and comment. Medical officers alternated in reading papers prepared by themselves on military medicine and surgery, anesthesia, tropical medicine, medical supply etc. By this means all officers were acquainted with the latest material and trends in all fields of endeavor. Upon the completion of each field problem a meeting was held and the evacuation procedure was evaluated, criticized and if necessary changes made with a view to future use. These meetings have done much to unify and harmonize the entire medical service. All our medical department officers completed the day and night infiltration courses, the debarkation and embarkation net course and familiarization and qualification firing of small arms. Twenty-two (22) officers attended the Medical Field Service School at Carlisle Barracks, Pennsylvania and one officer attended the Medical Inspectors Course at the same institution. Two medical officers attended the Chemical Warfare School at Edgewood Arsenal, Maryland. We were also fortunate in having one officer attend the course in Surgery of Traumatic Orthopedics and

one in Tropical Medicine at the Army Medical Center. During the course of the year we also had the opportunity of meeting with medical officers returned from combat areas. Many facts were learned from their interesting experiences. We were also visited by Colonel A. L. Corby, Armored Command Surgeon; Colonel F. S. Gillespie and Major Mc Gill of the British Medical Service.

c. Training of medical enlisted man.

1. It has been the aim of this division to turn out a medical soldier that is efficient, possessed of physical stamina, a high degree of initiative and resourcefulness. He has been trained to know that upon him rest the lives of wounded men and that he must work in the field with limited facilities and handicaps. We believe we have developed such a soldier and point with pride to the fact that soldiers from our medical battalion led the division scores in physical fitness tests and ITP tests. All mediums of instruction have been used to present to him the problems he may and will encounter in battle and field service. He has been taught that simplicity and speed are the keynotes in using his thorough knowledge of first aid. Besides the use of films, film strips, training directives and manuals we have given him the opportunity of hearing returned veterans of combat and permitting him to ask questions of these veterans. When we were in the desert dog surgery was a means of acquainting him with things surgical. Upon our movement to Camp Bowie, we requested and received permission for our medical soldiers to work and study in the station hospital. Here he became further acquainted with medicine, surgery and anatomy. Everything possible was done to familiarize him with the various wounds and illnesses he may encounter. We felt deeply grateful to the hospital for the experiences they allowed our men to gain. Selected men totaling 32, were sent to army schools for training as medical, surgical, dental, laboratory and pharmacy technicians. As in the previous year subjects of basic importance were emphasized and consisted of:

Treatment of shock, hemorrhage, fractures and burns.
Administration of plasma.
Preparation of the Emergency Medical Tag.
Medical terminology and spelling.
Evacuation from tanks and vehicles.
Chemical casualties.
Knowledge of contents and use of all chests and kits.
Vehicles maintenance.
Operation in black-out.
Organization and function of all medical units.
Navigation and map reading.
Firing of all small arms.
Infiltration courses.
Debarkation and Embarkation.
Thorough knowledge of evacuation procedure.
Use of expedient ambulances.
Preparation of medical department reports.

2. Constant checks were made to see that the attained standard of proficiency was maintained in the handling of actual and simulated casualties in the field. During all field exercises whether separate battalion, combat command or division exercises, medical units took part and simulated casualties were tagged and evacuated as part of every problem. We have been permitted by the division command to participate in all operations and have appreciated all these opportunities for training.

d. Training aids.

Lectures, charts and drawings were used in conjunction with the following films and others shown to the division as a whole: 8-154, 8-33, 8-150,

8-304, 8-26, 8-155, 5-12, 8-235, 8-35, 8-7, 8-15, 8-17, 8-18, 11-225, 11-235. Selected men from medical units were sent to a motion picture operators school in order to make ourselves more independent.

5. Equipment, Supplies and Transportation.

Our equipment was maintained in the finest shape possible and showed that it could be used in any operation during extreme cold or heat. There were no flaws in its manufacture and when used properly gave a maximum of efficient service. The surgical trucks and their equipment proved their worth in desert operations and when we moved to Camp Bowie they were pressed into use as temporary dispensaries. Medical and Dental supplies were inadequate during desert operations but upon movement to a permanent station the situation was rectified and all our requisitions were filled. However, at no time did the shortage of supplies seriously hamper efficient and complete medical service.

6. Conservation of Material and Manpower.

Emphasis was constantly placed on the maintenance and preservation of material and equipment. Proper measures were insured by frequent inspection of medical installations. A complete program of education in preventive medicine, safety measures and prophylaxis was instituted with the aid of unit commanders. This program did aid toward the conservation of material and manpower.

7. Problems and their solution.

a. One of the major problems in any unit is the elimination of the unfit, physically and mentally, prior to combat duty. Our division was well on its way to success in the reclassification field in 1943 due to the program inaugurated early in 1942. The publication of War Department Circular # 161, 14 July 1943 helped materially. For cases under Section II, the unit surgeon had the enlisted man admitted to the station hospital, with him went all consultation reports and the case history. It was then requested that the soldier be discharged from the service under Section II, AR 615-360 (CDD) by the Hospital Board. For Section X cases the unit surgeon wrote a brief history of the physical findings of the case attached all consultation reports and sent it to the unit commander. There remarks were added and the report signed by the commanding officer. He then sent it to the Commanding General for approval, signature and discharge authority. The G-1 of the division then drafted the final papers and the man was discharged. A waiver signed by the soldier relieved the government of all responsibility for any physical or mental defects that existed prior to the mans induction.

b. The inability to promote worthy dental officers was one of the problems encountered by the Division Dental Surgeon. The problem was solved with the publication of War Department Circular # 122, 18 May 1943. Immediate action was then taken to promote all dental and medical officers that came under the conditions stipulated in this circular.

c. Acclimatization of troops to high temperatures. During the two months of 1943 no fifficulties were encountered with extremely hot weather. With the advent of March the temperature rose and measures were instituted to protect the troops. The measures taken constituted a supervised program of furnishing troops with salt, regulation of drill hours, a regular system of heat adaptation, and a careful supervision of wearing apparel and head covering. Upon moving to Texas the troops were well acclimatized and no difficulties arose. Cases of heat prostration and fatigue were rare and proved our program had been satisfactory.

d. Evacuation of casualties. Much time, effort and study has been devoted to this problem. Our active role in all fixed work of the combat units has given us many important lessons. Our solution is shown in attached memoranda (Medical Policies).

8. Housing, Water Supply, Bathing Facilities and Laundry.

For the first six months of the year the division was in the Mojave Desert of California and field conditions prevailed entirely. During the actual maneuvers chlorinated water was supplied by engineer units, field bathing facilities were provided by the Desert Training Center, only necessary laundry was done and that by the individual soldier. There was no problem in housing as sufficient tentage was carried by all personnel. At the close of the maneuvers we moved into a tent camp at Camp Ibis, California. Here our own engineer battalion constructed bath houses and other sanitary facilities of excellent efficiency. They were also charged with the supply and chlorination of water and no problems were encountered here. Housing was satisfactory but the laundry situation left much to be desired. Quartermaster laundries were not available and the laundry had to be taken to civilian laundries in Los Angeles causing losses and delays. When the division moved to Camp Bowie it was housed in hutments of satisfactory construction and all other facilities were adequate in quantity and quality.

9. Food and Messing; Sewage and Waste Disposal.

We must divide our year again here into the field and garrison periods. While in the desert B or C rations were used according to their availability and the situation. Our mess personnel was proficient in the preparation of both type of rations and the food was both palatable and satisfactory. Fresh fruits and vegetables were supplied at frequent intervals and did much to bolster the canned ration. The medical department kept kitchens, mess halls and storage facilities under constant supervision. A vigorous and continuous campaign was instituted against flies with the satisfying result of having no serious outbreaks of fly-borne diseases. The careful washing of mess kits was insisted upon and the protection and storage of perishable food was carefully watched. Kitchen wastes were effectively disposed of by burial and the use of soakage pits. Nothing was permitted to stand in the way of compliance with sanitary directives safeguarding the health of the troops. Latrines were of the fixed quartermaster box type in Camp Ibis and we found that if we poured 50 gallons of water into each latrine daily we had a satisfactory type of simulated septic tank. Straddle trench latrines were also used and waste oil was used effectively in keeping down flies and dust in both types. The absence of any epidemics of intestinal infections repaid us amply for our constant supervision and work. Upon our movement to Camp Bowie we reverted to the standards of garrison messing and waste disposal. We encountered no problems here.

10. Insect Control.

The fly was our chief enemy in the desert. A continuous program for his eradication and control is necessary. An effective method of controling his living and breeding was the oiling of latrines and kitchens with waste oil. In garrison screening was constantly inspected and division personnel was trained and instructed in insect control through the medium of lectures and films. The free use of traps, sprays and swatters have been employed routinely and effectively. At Camp Bowie we also had to deal with rats, cockroaches and ants. In conjunction with the Post Sanitary Inspector we set traps and poison bait for the rodents and insects. The results were excellent.

11. Venereal Disease Control.

Under the supervision of the Division Venereal Control Officer, every effort is made to impress upon the enlisted man his part in the venereal control program. Regular instructions on the part of the unit commander, chaplain and medical officer is given. The excellent training films are repeatedly shown. Prophylactic kits have been available in every unit post exchange and in some units are given gratis from company funds. Prophylactic stations are established in all nearby communities and a list is made available to all units. Each battalion dispensary

maintains a prophylactic station which is open 24 hours each day. Trained personnel are at these stations. Cooperation with civilian agencies has been good.

12. Maneuver Experience.

The first half of 1943 was spent in the desert of Southern California. We first participated in reinforced battalion, combat command and division exercises. Some adjustments in our evacuation procedure were made. We then participated in four large corps problems which continued for four weeks. Much valuable information and experience in desert operation was gained during these exercises. Casualties were tagged and evacuated in all problems. The medical service did measure up to our expectations.

13. Welfare, Social Service and Recreation.

The special service section of the division is charged with furnishing athletic equipment, entertainment, moving pictures, recreational convoys and other welfare projects for the enlisted men. Working in conjunction with the Red Cross and the Chaplains Corps, their needs are well cared for. In California they have been fortunate in obtaining big name Hollywood entertainers who have done an excellent work in relieving the monotony of desert life. The civilian attitude toward soldiers both in California and Texas has been most gracious. Every effort must be made to afford amusement and recreation for the men in desert training because distances to cities are so great and when not actively engaged in field work, there is a tendency for the drabness and the blowing sand to dip morale in those whose adjustment is only average.

14. Medical, Dental and Veterinary Service.

a. Medical.

In the field medical detachments evacuated patients requiring hospitalization to the medical battalion. The medical battalion then evacuated to regular hospital installations with the use of battalion ambulances. Every effort was made to allow medical detachments to make their own decisions and solve their own problems. In garrison individual detachments continued to serve their units but still used the medical battalion as a center for further diagnosis and evacuation to the station hospital. We were well satisfied with the medical service both in the field and garrison.

b. Dental.

During the year 1943 from January to June the division being on desert maneuvers all dental work was done from # 60 chests. The dental work continued at a minimum due to shortages of supplies. During this period essential dental materials were critical and only enough supplies were received to complete emergency work. There was very little progress made on Class II cases. The facilities for completion of prosthetic work were very unsatisfactory. In spite of the efforts to take full advantage of all agencies in this area doing prosthetic work, the number of cases of this type gradually increased. In addition many cases that were completed had to be remade. The training of the dental officers in field exercises was stressed during this period and in all cases it increased their scope of training and usefulness to the medical department. The Division Dental Surgeon left with the advance detachment going to Camp Bowie. On the arrival of the division at Camp Bowie an intensive dental program was ready to put into effect. The main factors in this program were:

1. A complete survey of the entire division. This was made with mouth mirror and explorer.

2. The following classifications were used: 1P prosthetics needed; 1P2

prosthetics needed after filling; 1P3 prosthetics needed after extraction; I extractions and infections; II fillings; III elective prosthetics (mainly used for replacement of anterior teeth as a morale factor); IV satisfactory.

3. Accurate rosters were made and efforts were made to keep an accurate running classification of every man in the division.

4. Unit commanders were contacted and informed of the excellent facilities available and impressed with the need for dental treatment. Their understanding and cooperation was in most cases excellent.

5. All dental officers were placed on Special Duty at the dental clinic in addition to 18 enlisted men who had training as dental assistants and laboratory technicians. Due to the large number of patients being called into the dental clinic it was found that there were many broken appointments. Responsibility could not be placed definitely because of the appointments being given to the men, so the following procedures were instigated.

Plan at Dental Clinic # 1.

1. For the original appointment for enlisted men a roster of Class I and II patients was given to the adjutant.

2. He was asked to send a set number of men in Class I list at prescribed dates and hours to the dental clinic.

3. He was given other prescribed dates and hours for Class II patients.

4. No re-appointment slips were given the patients.

5. All re-appointments were picked up from all departments and sent through message center to the adjutants and it was their responsibility to have the men at the clinic at the appointed time.

Plan at Dental Clinic # 1A.

1. Adjutants were furnished with a roster of Class I and Class II patients.

2. No re-appointments were given by the clinic.

3. The battalions served by this clinic were given a daily quota to fill at a prescribed time.

4. A list of all men remianing in Class I or II was furnished daily to each battalion served by this clinic and re-appointments were made to fill the daily quota.

In addition in a division memorandum a statement was published in effect that dental treatment was to be given preference wherever possible over training. The second plan was by far the most effective because it gave completely the choice of men available to the companies and coordination of work to allow a minimum interference with training. Our broken appointments dropped to one half percent of total appointments. The cooperation from the units was perfect and they were definitely aware of the dental problem. September 13 the division was reorganized and a complete new set of rosters and classifications were made and some men were resurveyed and classified. The new Table of Organization called for only 10 dental officers instead of the previous TO of 15. When the division was alerted a complete check was made and additional efforts were made to complete all necessary dental work. Only nine men were disqualified in the division for lack of dental work. Over 90% of all the dental work in the division was completed on the movement date to the staging area. With the cutting of dental personnel to the present Table of Organization there remained with the division an excellent dental staff. It is their efforts that enabled the dental condition of the division to be held at a high standard. Individually and

collectively the policy has always been quality and not quantity. The policy has shown itself to be most effective over a period. Upon reaching the staging area no dental cases were rejected and the dental surgeon of the area clinic claimed the division to be in the best dental condition of any unit to be staged at that camp.

As the year closed on the activities we sailed to a new theater of operations. During our long stay in the field it was found that in many cases the #60 Chest was inadequate to do some of the routine work. However, the dental officers improvised many things that increased the efficiency and service. Operating lamps were improvised from headlamps and trouble lights. Various medicaments were compounded from available medical supplies and made applicable to the treatment of mouth infections and post operative treatments. Many supplies and minor pieces of equipment when not available for issue or not items of issue were purchased by individual officers. This by the expenditure of their own money made an effort to keep the dental service effective. We were also handicapped by not having the MD # 61 and 62 Chest as part of our T/E. During our period out of garrison these would have enabled us to keep the prosthetics in a much better state of repair. Replacement and repair of broken equipment was impossible. To offset this condition a working agreement was made with our Ordnance Maintenance battalion. We found that in most cases they could repair or make a replacement for most of this equipment and their cooperation was a great aid.

c. Veterinary.

1. During our stay in California the inspection of food supplies and fresh fruits and vegetables was conducted by our Division Veterinarian at a truckhead. The sanitary condition of trucks, storage places and methods of handling supplies were investigated and necessary corrections recommended. A inspection of supplies were frequently made by following one or more units daily from the central distribution point to its own area where the unit "breakdown" was made and the supplies stored in underground cellars, ice boxes and storage tents.

2. In Camp Bowie the veterinarian worked in conjunction with the post Veterinarian and in the Post Warehouse. With the reorganization of the division his job was eliminated.

15. Other Subjects.

1943 has been an active year of preparation for the coming test. Definite accomplishments have been realized and policies have been standardized. Proficiency and knowledge have constantly improved. We begin this new year with confidence that the medical service of this division will stand up under the stress of fire and turn in a creditable job.

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