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TO

ANNUAL REPORT OF MEDICAL DEPARTMENT ACTIVITIES FOR 1944.

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SYNOPSIS OF DIVISION HISTORY

1. The 4th Armored Division was activated at Pine Camp, New York on 15 April 1941. While at Pine Camp, the division was organized and participated in maneuvers and exercises, from small unit training to division problems. These exercises and maneuvers were carried out through the winter of 1941-42 and into the summer of 1942, in preparation for large scale maneuvers. In late September 1942, the division entrained for the 2nd Army Maneuvers in Tennessee where extensive field operations were carried on until November 13, 1942 when the division moved to Southern California for Desert Maneuvers. Here the division was acclimatized and a new type of training was inaugurated, preparatory to participation in the Desert Maneuvers of February 1943. Upon completion of the February Maneuvers the Division continued with its training until June 1943 when it left for Camp Bowie, Texas. At Camp Bowie, the division conducted further training and prepared for movement overseas. In December 1943 the division moved to Camp Lyles Standish, Massachusetts and from there embarked and sailed to England.

2. Upon its arrival in England in early January 1944, the division immediately began an intensive program of training and preparation for combat. New equipment and supplies were received and duly tested. Some losses were sustained in division personnel and their reinforcements were trained in accordance with the division's specifications. In July, the division moved from England to France and landed on Omaha Beach in the vicinity of St. Martin, Normandy, France. The division participated in the Periers-Coutances Breakthrough, fought in the Brittany Peninsula, and through Northern France to the Moselle River. After crossing the Moselle, the division fought in the Saar Region and in late December moved from this sector to Belgium, where it played a MAJOR ROLE IN THE REEF OF BREKED BATTONE

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VI. FUNCTION OF THE MEDICAL BATTALION.

VII. MEDICAL SUPPLY

I. ARRIVAL IN ENGLAND AND PREPARATION FOR COMBAT (1 JANUARY - 10 JULY 1944).

The advance party of the Division Medical Service, consisting of the Division Surgeon, Medical Inspector, and the Division Medical Supply Officer, arrived in England on 20 December 1943. This party, with four enlisted men, proceeded immediately to the Division Area and made preparations for the arrival of the remainder of the division. Appropriate measures were taken to insure that all camp sites, billets, and dispensaries were clean and ready for occupation. An adequate quantity of medical supplies was arranged for and contact was made with the Surgeon of the First United States Army. A tentative plan of medical evacuation was set up and arrangements were made with the 130th Station Hospital to act as receiving agent for the division's hospital cases. When the remainder of the division arrived in England 11 January 1944 the medical service of the division was ready to function.

The division was assigned to the First U. S. Army, Southern Base Sector, and was directly under the control of the First U. S. Army Headquarters. It was necessary to change the system of reporting in the medical department to conform to existing STOU3A and First U. S. Army regulations. Some changes were also found necessary in the system of medical supply and evacuation, however, there were no important changes in the medical service of the division which functioned much the same as in the United States. All personnel of the division occupied indoor billets in several towns. The health of the troops was good and there were no outbreaks of upper respiratory diseases or other contagious diseases. The housing for the troops was adequate and sanitation was excellent. There was but one locality that did not meet the specifications in regard to sanitation. The fault in this location was that there were not enough latrines available for the troops and it was found necessary to construct additional toilet facilities.

In the latter part of February the division began a program of Combat Command and Divisional Exercises and continued with them until the latter part of June. The medical service participated in all these exercises and after careful study a Standing Operating Procedure for the medical service of the 4th Armored Division was formulated. This SOP has remained in effect to the present with but few minor changes. The importance of the Combat Command Surgeon was stressed and he was given every opportunity to conduct the problems in his own way. He was made to realize that now, as in combat, the responsibility for the medical service in the Combat Command rested on him. Through the medium of these exercises unit medical detachments and the Medical Battalion were taught the necessity of close cooperation. To further promote the efficiency of the medical service, medical detachment commanders held daily schools in all the necessary fields of knowledge for the enlisted personnel. Throughout the period of training, schools were also held for medical department enlisted personnel at the Medical Battalion. Here, such subjects as field surgery, traumatic surgery, medical department reporting, and field sanitation were stressed. The facilities of the Medical Battalion permitted attendance by all the personnel of the division medical service. The Division Surgeon conducted weekly meetings which were attended by all medical department officers of the division. At these meetings surgeons prepared topics of general interest and lectures on new techniques, and discussed all problems that arose during the normal garrison life or in the field exercises. By the employment of schools, lectures, and meetings all the personnel of the medical department of the division were kept abreast of all changes and new requirements. Medical Officers of the division were permitted to attend a variety

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of schools. Advantage was taken of all quotas until our departure from the United Kingdom. These schools were attended by 31 of our medical officers. The following is a table showing the quota allotted to us at each school:

QUOTA ALLOTTED

SCHOOL

2	Chemical Warfare
12	Combat Neurosis
7	Plastic Technique
1	Shock and Blood Transfusion
4	Psychoneurosis
2	Medical Field Service
1	Neuropsychiatry
31	

Two of our officers were also invited to attend the meeting of the English Royal Society of Medicine. The dental officers of the division were also permitted to attend meetings of Army Dentists whenever possible. All officers of the division medical department and surgeons of attached units attended a school in the treatment of gas casualties given by the 92nd Gas Treatment Battalion the 29 and 30 May 1944. This course gave detailed instructions in the recognition, treatment, and evacuation of gas casualties. Field demonstrations were conducted in the use of decontaminating apparatus and various types of chemical warfare agents. The information gained at this school was disseminated to the enlisted personnel through the medium of lectures given by the officers who had attended the course.

To further prepare the division personnel for combat, the Division Neuropsychiatrist carried on an extensive program of "Screening". This program entailed extensive study of each individual case through the method of interview and examination. If the examinee was found undesirable for combat duty, he was immediately transferred from the unit to the hospital where additional studies were made. All reinforcements were interviewed by the Division G-1 and the Neuropsychiatrist at the same time. This joint interview prevented individuals of undesirable quality from reaching lower echelon units, thus preventing an unnecessary amount of work on the part of all concerned. Some cases that had been under observation since service in the United States were re-examined and proper disposition made based upon reports of the Company Commander, Unit Surgeon, and the Commanding Officer of the Battalion.

Due to the fact that the T/O of an Armored Division provides for a great number of specialists, steps were taken to return to duty convalescent patients as soon as their conditions permitted. To properly prevent the division from suffering severe losses in specialists, a "hospitalized personnel" log was kept in the Division Surgeon's Office. This log carried the name, unit, diagnosis, and the "hospital admitted to", of all hospitalized personnel and ready access to this log was permitted to all personnel officers from divisional units. In this manner, it was possible to check on any highly desirable member of the division and permit the necessary steps to be taken for his prompt return to duty. All hospital installations were extremely cooperative in notifying the Division Surgeon whenever key personnel would be available for return to duty, thus preventing a transfer of the patient to the Hospital Detachment of Patients. Circular 48, Headquarters HQUA, 2 May 1944, did not permit as much freedom in the return of hospitalized personnel to duty as we desired. However, emphasizing again the cooperation of all hospital installations, we were able to return key personnel to duty very

quickly and thereby detract from the time lost for training.

Veneral Disease presented no particular problems during the division's stay in England. Military Camps were located in or near small towns where Houses of Prostitution were at a minimum. The local civilian authorities cooperated with the military authorities in suppressing prostitution. Education in the prevention of venereal disease was a continuous process. Most of the cases were contracted through clandestine relations. During the division's six month stay in England the venereal rate reached a new low.

The Tables of Organization and Equipment for the medical detachments in an Armored Division remained stable except for the addition of T/O and E 6-160, which provided for a Medical Detachment, Division Artillery, Armored Division. Circular 99, War Department, dated 9 March 1944, provided for changes in medical department personnel. A Medical Administrative Corps Officer was assigned to replace a 1st Lieutenant, Medical Corps, in the Ordnance Maintenance Battalion as Assistant Battalion Surgeon; a Medical Administrative Corps Officer was designated to replace Captain, Medical Corps, as S-3 in the Medical Battalion; a Major, Sanitary Corps, was to replace a Major, Medical Corps, as Division Medical Inspector. Further changes were occasioned by Circular 128, War Department, 28 March 1944, which placed 1st Lieutenants, Medical Administrative Corps, as Assistant Battalion Surgeons in the Tank Battalions. These circulars were in the interest of conservation of Medical Corps Officers, however, the division did not receive these changes until early June and at that time it was not possible to permit these changes. It was hoped that these changes could be occasioned at a further date. Higher Headquarters also provided for, in the latter part of June, a change in the Tables of Equipment for our medical detachments. All half track ambulances, M-3, were taken away and the following vehicles substituted:

Infantry Medical Detachment - One (1) ambulance, 3/4 ton, One (1) 3/4 ton weapons carrier, and five (5) 1/4 ton trucks, 4 X 4, (peeps).

Tank Medical Detachment - One (1) 3/4 ton ambulance, One (1) 3/4 ton weapons carrier, and four (4) 1/4 ton trucks, 4 X 4, (peeps).

Field Artillery Medical Detachment - One (1) 3/4 ton ambulance, One (1) 3/4 ton weapons carrier, and one (1) 1/4 ton truck, 4 X 4, (peep).

Engineer Medical Detachment - Two (2) 3/4 ton ambulances, One (1) 3/4 ton weapons carrier, and two (2) 1/4 ton trucks, 4 X 4, (peeps).

Ordnance Medical Detachment - Two (2) 3/4 ton weapons carrier and one (1) 1/4 ton truck, 4 X 4, (peep).

Cavalry Medical Detachment - One (1) 3/4 ton ambulance, One (1) 3/4 ton weapons carrier, and four (4) 1/4 ton trucks, 4 X 4, (peeps).

Division Headquarters Medical Detachment - One (1) ambulance, 3/4 ton, and two (2) 1/4 ton trucks, 4 X 4, (peeps).

Division Artillery Headquarters Medical Detachment - One (1) 1/4 ton truck, 4 X 4, (peep), and One (1) 1/4 ton trailer.

The medical department of the division lost five officers during it's stay in England. One officer, Medical Corps, and one officer, Dental Corps, were lost due to illness.

Three officers, Medical Corps, were lost due to transfers because of their special qualifications.

In final preparation for combat duty, the division was reimmunized with the following sera: Tetanus Toxoid; Triple Typhoid; Smallpox; and Typhus. Loading charts were prepared for all vehicles, medical department vehicles were painted with the appropriate Geneva Red Cross, equipment and supplies were issued and rechecked, Red Cross Emblems were issued to all personnel, and final reports prepared prior to departure for the Marshalling Area. Lectures were given in the Marshalling Area to all officers and enlisted men of the division on sanitation, venereal disease, food discipline, and water control on the Continent of Europe. An issue was made of motion sickness preventative tablets, Halasone Tablets, and Vomitus Bags. On 9 July 1944, elements of the division began movement from Port of Raymouth England across the Channel to France.

From experiences gained in England, it was learned that:

The Combat Command Surgeon must be the responsible coordinator for all evacuation in his combat command. He must be prepared to act as Surgeon for any armed combat force and be familiar with the care and treatment of any type of casualty.

The Supporting Medical Companies must be in close support of the battalion aid station and capable of rapid movement in support of those units. In addition, they must be capable of operating in any kind of terrain with the ability to admit in an emergency a greater number of casualties than their normal capacity. (Reference is made to the attached history of the 46th Medical Battalion, armored).

II. NORMANDY - BRITTANY CAMPAIGN (17 JULY - 11 AUGUST 1944).

The division landed in France near St. Martin, Normandy on the 12-14 July 1944 and from there moved to its concentration area in the vicinity of Berneville, Normandy. Two days later the division received its first combat assignment and moved to an assembly area in the vicinity of Carantes. On the 17th of July it relieved the 4th Infantry Division, just west of Hais. The division's initial indoctrination mission was defensive in nature. The division dug in and held this line for 8 days. During this period the division received local counterattacks and sporadic artillery fire. This battle inoculation period proved to us that the division's medical policies were workable. The battalion aid stations were 300 to 400 yards from the front lines. The advance ambulance collecting point was two miles from these aid stations. The supporting medical company was 4 1/2 miles from the aid stations. During this period the division suffered the following casualties:

KIA	MIA	WIA	NSC
87	17	314	183

The expected difficulties with line officers hurriedly assuming aid men, medical officers, and ambulances at unnecessary times was reduced to a minimum by frequent visits of the Combat Command Surgeon to the battalion and company command posts. The education of these line officers at the very beginning of combat has paid dividends throughout the year.

The Division Psychiatrist worked with the Reserve Medical Company. The Surgeon and Division Dental Surgeon maintained an advance office at Forward Echelon. The remainder of the Surgeon's Office remained at the Administrative Center. This kept them far enough from the front lines to enable them to work without the usual interruptions of combat. The policy of receiving the duplicate medical tags from the Battalion Surgeons daily with the 324's and the funneling of all reports through the Division Surgeon's Office for final correction before submission to higher headquarters has proven sound and justifiable by the fact that only two 324's and no reports have been returned from higher headquarters for correction. See enclosure No. 4 for policy on reports. (Memo, Office of the Surgeon, 26 June 1944).

On 27 July, the division was pinched out of the line. On the 28th of July the division was ordered to attack along the Periers - Coutances Road. With characteristic armored force speed, Combat Command "B" in the lead, the division captured Coutances, then continued south to Avranches. At this point, Combat Command "A" leapfrogged forward to secure the high ground south and east of Avranches and in the morning continued forward to Rennes. After relieving Rennes, Combat Command "A" continued south and east to capture Vannes. Two days later, in column of combat commands, the division was on the outskirts of Lorient where it remained until relieved by the 6th Armored Division.

During this rapid advance evacuation became difficult. Evacuation Hospitals could not keep up with this unexpected speed of the division. This forced us to use civilian hospitals in Vannes and Hennebont. These hospitals were always evacuated by Army ambulances as soon as the tactical situation permitted.

We learned many lessons in this rapid advance. Because of the long haul,

30 ambulances were found insufficient and Army Medical Group supplied us with 25 additional ambulances which proved adequate. We utilized our Reserve Medical Company as a relay station. This enabled the patients to be redressed and given additional shock preventative treatment before proceeding on the long haul back. We are satisfied that this procedure saved numerous lives.

We avoided sending ambulances out at night. The roads were insecure and frequently only thinly held by our troops. Driving in blackout was an extremely slow process. By sending ambulances at first light, time was saved and the patients arrived at evacuation hospitals in a much better condition.

We attached Graves Registration personnel to each supporting medical company. This enabled a rapid evacuation of the dead.

In Avranches, the huge number of enemy casualties taxed our supporting medical companies greatly. This was relieved by allowing captured German aid men and medical officers to care for their own wounded. The attachment of a platoon of the 53rd Field Hospital in the last days of the division's Lorient operation provided adequate care for our non-transportable cases. The Platoon was set up at a point midway between both combat commands.

III. CROSSING THE MOSELLE RIVER (12 AUGUST - 7 OCTOBER 1944).

On 14 August 1944 the division, relieved of its Lorient assignment by the 6th Armored Division, was attached to XII Corps, PUSA, and began to move eastward to an assembly area around St. Calais. Combat Command "A" leading, marched from Nantes to St. Calais in 36 hours and was ready for its first assignment on the following morning. B Company, 46th Medical Battalion, Armored, continued to support Combat Command "A". By noon of the next day Orleans was taken. Combat Command "A" continued north and east to take Sens. Combat Command "B" continued south of Combat Command "A" to take Montargis and secure crossings at the Yonne River. Combat Command "A" then pushed across the Yonne River at Sens to the outskirts of Troyes. On 26 August, after bitter street fighting, Troyes was taken. Combat Command "A" then continued north and east to secure bridgings of the Marne River at Vitry le Francois, then sent a task force north to capture Châlons. Combat Command "B" meanwhile continued straight east through Troyes to Joinville to secure the bridging of the Marne River at that point. The 80th Infantry Division relieved Combat Command "A" at Châlons. The Combat Command then continued south and east to take St. Didier, Ligny and Commercy. Combat Command "B" continued east and assembled in the vicinity of Vaucouleurs. At this point the division was halted for the first time due to lack of supplies. Here the division remained until sufficient gas, food, and ammunition could be accumulated to insure a successful crossing of the Moselle. On 11 September 1944 the division moved out in two combat commands across the Moselle. Combat Command "A", north of Nancy, crossed at Dislbourg; Combat Command "B" crossed at Bayon, then continued north and east across three streams, bypassing Lunéville, and continued north through Chateau Salins to Fresnes en Saulnois. Combat Command "A" moved as far east as Arracourt. The fighting now became more fierce for organized resistance was being encountered. Combat Command "A" dug in east of Arracourt. Combat Command "B" was relieved at Fresnes by the 6th Armored Division and moved to a line just east of Combat Command "A". The division remained in this defensive position until relieved by the 26th Infantry Division.

In the vicinity of Montargis, the 1st Platoon of the 16th Field Hospital was attached to the division. Lacking organic transportation, we found them unable to closely support our advances. Anticipating a rapid advance, the division secured holding units from the supporting 67th Medical Group. This unit had sufficient transportation to move at will, and sufficient personnel to care for 15-20 non-transportables. A Surgical Team from the Field Hospital was attached to each holding unit. This experiment had possibilities of being the solution to rapid movement. With the securing of sufficient transportation by Army to move the Field Hospital on call, the above procedure was no longer deemed necessary.

As soon as organized resistance was encountered, movements became less spectacular and less rapid. Evacuation Hospitals were able to "catch up" and support the division adequately.

During the march from Orleans across the Moselle to Arracourt many problems arose and many lessons were learned. Some of these are listed below:

The commitment of the Reserve Command in an Armored Division prevents the utilization of the Reserve Medical Company to treat minor casualties and combat exhaustion cases. When the Reserve Command was committed at Lunéville, medical support was given by attaching only one section of the collecting and clearing platoons of the reserve medical company. Although casualties were heavy, good

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organization by the officers and men enabled them to complete their job in a superior manner. This was the first time the Reserve Command was utilized as a tactical unit. At only one other time during this year was the Reserve Command used in a similar manner. This was during the relief of Bastogne. (Our solution given under "Relief of Bastogne".)

Whenever possible, an Army Ambulance Regulating Point should be established. This reduces wasteful trips by ambulances to closed Evacuation Hospitals and permits the ambulances to return to the medical companies without delay.

Dental Officers with the combat units were unable to do dental work at any time during combat. It is deemed advisable to assign the Dental Surgeons of the Infantry Battalions to each medical company. The Dental Surgeons with the Combat Commands were replaced by Medical Administrative Corps Officers. One of these dentists was assigned to the Administrative Center, the other to Division Headquarters. During rest periods these dentists return to their parent unit.

Changes in T/O and T/E were now becoming apparent. Our recommendations are listed under enclosure No. 2.

When given a defensive assignment the division's battle casualties and combat exhaustion cases increased sharply. (See attached Charts 11 and 13).

Company A, 46th Medical Battalion, was isolated 14-15 September 1944 in the vicinity of Arrecourt. Company A had been informed that the route of evacuation was clear and sent 21 American casualties, 5 drivers from the 46th Medical Battalion, Armored, 6 drivers from the Army Ambulance Platoon, plus two men from the 463rd Medical Company, (holding unit), along this route. The route proved to be unsafe however and the personnel listed above, three Army ambulances, three German ambulances, and one 2 1/2 ton truck with trailer are missing. One company of tanks and one company of infantry were sent along this route and had to fight their way; they saw no sign of the missing personnel or vehicles.

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IV. REGROUPING AND REORGANIZATION PERIOD (8 OCTOBER - 7 NOVEMBER 1944).

On the 8th of October the division, after 86 days of continuous combat with the enemy, was relieved by the 20th Infantry Division in the general vicinity of Arrecourt. The artillery battalions remained in the line until the middle of the month. This was the first opportunity for regrouping and reorganization since the beginning of combat.

The first week was spent in maintenance of vehicles and rehabilitation of personnel. A training program for reinforcements was started. Medical Department reinforcements that joined the division were pooled at the medical battalion and given a seven day concentrated review, stressing practical aspects of first aid. This was definitely indicated since more than half of the newly assigned aid men were cooks, truck drivers, and administrative personnel who had little or no first aid training. Instructions were given to all new personnel of the division on the practical principles of first aid. Sanitation was again stressed and carefully checked. The use of DDT powder and foot powder was again encouraged. Lectures on venereal disease were a continuous process during this period and the cold weather made it necessary to emphasize again education and prophylaxis against trench foot and frostbite. Duffle bags were made available to all units permitting personnel to secure their winter clothing. The number of blankets authorized per litter was increased from 3 to 5. The Division Psychiatrist began a survey of all combat exhaustion cases that had been returned to duty and reassigned or eliminated those he deemed unsuited for combat duty. Recreation was provided by the Special Service Section and Red Cross Mobile Units. Passes to nearby towns were permitted. On 7 November the division was again alerted and was committed on 9 November 1944.

V. CROSSING THE SARRE RIVER (9 NOVEMBER - 17 DECEMBER 1944).

On 9 November the division moved in column of combat commands north and northeast from its assembly area south of Remerville. Combat Command "B" was to secure the high ground north of Morhange and Combat Command "A" the high ground south and east of Morhange. Progress was slow. The mud reduced mobility of the armor. Combat Command "B" continued against heavy opposition until they reached their objective north of Morhange. Combat Command "A", south of Combat Command "B", continued as far as Guebling. At this time, Combat Command "B" was pulled south to take Dieuze and then continued on its way to secure the dams at Mittersheim. Combat Command "A" followed. The division then continued east to Fentrange and crossed the Sarre River at Humelfing and Berthelange. Combat Command "A" moved east as far as Schalbach and then continued north. Combat Command "B" continued its march north through the towns of Baerendorf, Eschwiller, Riesdorf, Voellerdingen, and Schmittwiller. Combat Command "A" moved cross-country generally east of Combat Command "B", continuing north as far as Bining. Resistance was stubborn. On the 12th of December the division was relieved by the 12th Armored Division.

During this period, evacuation was extremely difficult. The mud prevented the satisfactory use of the 1/4 ton (peep) and cross country ambulance. In some areas the mud reached a depth of 8 to 10 inches. The solution to this problem was the employment of light tanks and tank recovery vehicles. In one 24 hour period two light tanks and one tank recovery vehicle evacuated 84 patients. These armored vehicles carried the casualties across country to the roads where they were picked up by the 1/4 ton (medical peep) and transported to the battalion aid station. At this point we began to experiment with the "Weasel" as a possible vehicle for cross country evacuation in the mud. Although not the perfect solution, it did prove superior to the 1/4 ton (peep) during this phase of operation. The "Weasel" will accommodate 3 litter cases comfortably. The division received authorization for one "Weasel" per tank and infantry battalion. When the division left the Sarre, it was still 4 "Weasels" short of its quota.

During this operation movement was sufficiently slow to permit close cooperation among the Armored Division and the Infantry Divisions on the flank. The Field Hospitals were leapfrogged. This permitted one field hospital to remain mobile and move forward at any time. The Corps Surgeon permitted the three Division Surgeons to work together.

The loss in medical department personnel and vehicles was extremely high. Ninety percent of the casualties were caused by artillery fire. The bogging down of the peeps and ambulances made them easy prey to the heavy concentration of enemy artillery. In this phase we lost 4 ambulances and 6 peeps, all totally destroyed.

Trench Foot reached a new high in the early days of this drive. Overboots were secured for all personnel, (the division was short 4,000 pair 12 November, when we reached our peak of trench foot cases; see attached chart). Education of all officers and men was again emphasized in the necessary preventative measures for trench foot. Arrangements were made to provide all personnel with a pair of clean, dry socks daily with the daily rations. Gradually trench foot disappeared. At first all trench foot patients were sent to the Reserve Medical Company for possible salvage. Improvement was slow and at the end of four days this procedure was deemed inadvisable. Only minor cases of trench foot were retained, the remainder evacuated.

VI. RELIEF OF BASTOGNE (18 DECEMBER - 31 DECEMBER 1944).

On 18 December 1944 the division was ordered from its concentration area in the Sarre Valley to Belgium. The long march was completed without incident. The Division was assigned to the III Corps and given the mission of relieving the encircled garrison at Bastogne.

On the 22nd of December the division moved along the Arlon - Bastogne road. Progress was slow. The enemy resistance was determined. Frostbite presented itself for the first time. More than 75% of these cases occurred in one infantry battalion. This battalion had one of the most difficult assignments tactically, and lost a majority of its officers and HQ's the first five days of combat. This accounts for the high number in one battalion. On 26 December the division made contact with the encircled garrison of Bastogne.

Reserve Command was also committed and equal in strength to both Combat Command "A" and "B". Fortunately, the tactical situation was such that a third medical company was not needed. As Combat Command "A" continued north along the Arlon - Bastogne road, Combat Command Reserve was ordered to take Bigerville. A/46th, supporting Combat Command "A", was in Martelange. This favorable position of the medical company permitted both Combat Commands to clear through one station. A/46th was given nine additional ambulances with one Medical Administrative Corps Officer. This officer was responsible for coordinating the evacuation of Combat Command Reserve with the medical company.

After Bigerville was captured Combat Command Reserve was ordered to make a night march to the left flank of Combat Command "B". Here again Company H, 46th Medical Battalion, then supporting Combat Command "B", was in a favorable position to support both Combat Commands. Due to the close cooperation, collecting platoon leaders evacuation proceeded without difficulty. On the 26 December the division made contact with the encircled garrison at Bastogne.

Although battle casualties were very high during this period, (together, both companies were clearing 400-450 patients every twenty-four hours for five days), no unusual evacuation problems arose. Third Army had established their Ambulance Regulating Point in Arlon. The division's Ambulance Relay Point was established in this same vicinity permitting the Army ambulances to return quickly to the supporting medical companies.

VII. GENERAL TOPICS.

A. Military and Civilian Personnel.

During the division's stay in England the civilian population proved extremely cooperative. Venereal disease was low; sanitation in general was superior; food was excellent. Changes in medical department personnel were few. The division lost a total of five medical officers, two because of illness, and three were transferred.

B. Training of Personnel.

While in England, training of personnel was carried on as in previous years. Medical department personnel carried on a weekly training program in the unit medical detachments and the Medical Battalion. Informal lectures proved highly satisfactory to all concerned. Unit Commanders cooperated in this program of training by sending combat personnel lecturers to medical detachments. Medical department personnel were thusly familiarized with combat terminology, combat problems, and their responsibility to combat troops. Instruction in military sanitation was carried through in the division by the actual construction and use of field sanitary installations. Results of this practical use in instruction are much more satisfactory than those of pure theory and blackboard instruction. Monthly instruction in personal hygiene was given to all divisional personnel by the use of film and informal conferences that were open to all questions.

New officers, upon reporting to the division, were first assigned to the Medical Battalion for orientation. In the Medical Battalion these officers were taught the medical policies of this division by men who have had experience in the medical detachments and the companies of the Medical Battalion. To further train all officers, they were requested to attend classes in tactics, employment, and uses of the combat arms and services. Weekly meetings of all medical department officers in the division were held by the Division Surgeon. At these meetings new procedures in administration, casualty evacuation, and medicine were discussed. Any problems that had been met during field operations or in garrison were brought forward for discussion and comment. Medical officers prepared and read papers on military medicine and surgery, anesthesia, medical supply, etc. By this means all officers were acquainted with the latest material and trends in all fields of military medicine. Upon the completion of every field problem, special meetings were held by the Division Surgeon, the medical service with its problems was evaluated, criticized, and if necessary changes were made with the view of future use in combat. A total of 31 officers attended service schools.

Lectures, charts, drawings, and films were used as training aids. Selected teams in splinting, bandaging, and first aid visited all medical detachments and presented demonstrations.

After the division moved to France it was not possible to continue training until a rest period was given. The main problem in training during combat was that of medical department reinforcements. This problem has been previously mentioned and reference is directed to the attached training schedule.

C. Equipment, Supplies, Transportation.

(See attached report on Medical Supply).

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D. Conservation of Material and Manpower.

Emphasis was constantly placed on the maintenance and preservation of material and equipment. Proper measures were assured by frequent inspections of medical installations. A complete program of education in preventive medicine, safety measures, and prophylaxis was instituted with the aid of unit commanders. In the interest of conservation of medical department officers, Medical Administrative Corps Officers replaced Medical Corps Officers when it was so directed by higher headquarters. Dental Officers were relieved from combat units and placed at positions of need rather than continuing their use as Liaison Officers and Assistants to the Unit Surgeons. This program was carried on with the aim of maximum conservation of material and manpower.

E. Housing, Water Supply, Bathing and Laundry.

For the first six months of the year the division had adequate billets, water supply, bathing and laundry facilities. During the campaign in France, in the last six months of the year, no serious problems arose. Housing was not necessary during the warm weather months and when the season of cold arrived all units were billeted in towns whenever possible. The water supply has been adequate and drawn from approved Engineer sources. Bathing facilities were not always available except when the division was resting and then personnel were given an opportunity to take advantage of quartermaster shower points. The laundry situation presented no problem during the warm months since all troops washed their clothing in streams and other sources. During the cold weather months several opportunities were presented to utilize Quartermaster laundries. Generally, no serious problems were encountered in housing, water supply, bathing and laundry facilities. The attachment of a Quartermaster laundry and shower unit to the division is highly desirable.

F. Food; Sewage and Waste Disposal; Insect Control.

The year must again be divided into two periods, the garrison period in England and field service in France. While in England, B and C Rations were used according to the availability. Mess personnel were proficient in the preparation of both types of rations and the food was palatable and satisfactory. Fresh fruits and vegetables were supplied at infrequent intervals. The medical department kept all kitchens, mess halls, and storage facilities under constant supervision. A vigorous and continuous campaign was instituted against flies with the satisfactory results of having no serious outbreaks of fly-borne diseases. A careful washing of mess kits was insisted upon and the protection and storage of perishable foods were carefully watched. Kitchen waste was effectively disposed of by burning and use of soakage pits. Latrines were already part of the billets that were occupied and at only one billet was it necessary to construct extra toilet facilities. The absence of any epidemic of intestinal infection indicated that the supervision and cleanliness of all latrines and messes were satisfactory.

Fly control was effectively practiced in England though there was an absence of screening. Fly strips, insect sprays, fly traps and venters were employed routinely and effectively. The superior cleanliness of the kitchens and quarters resulted in the absence of cockroaches, ants, and rats.

The Ration in France consisted of 10 in 1, the K Ration, the O Ration, and in rest periods, the B Ration. The ration was adequate and its use was satisfactory under combat conditions. Field sanitation was in general excellent. Areas were checked by the Division Medical Inspector when practical after units had left and no discrepancies on sanitary security were discovered. All waste was either buried or burned as the situation permitted. Individual lat holes were used in almost all instances for the disposal of human waste. Straddle trenches were dug and properly covered after use.

In France, all personnel were repeatedly warned about insect control. There was some contact with body crawling insects, however, these cases were few and the extensive use of the government issue dusting powder, DDT, prevented any outbreak of infestation.

G. Venereal Disease Control.

The program of venereal disease control in England has already been explained in the early part of this report. Upon arrival in France, the division was immediately given an assignment and remained in combat for the next three months. All towns were placed off limits by the Division Commander. During this period the venereal rate was almost negligible.

As soon as the troops were given short rest periods and passed to the nearby towns, the rate rose. Again, education in venereal disease prophylaxis and prevention was stressed. Nearly all the cases were contracted in licensed houses of prostitution in the larger towns. Prophylactic stations were established by higher headquarters in the vicinity of these districts. There seemed to be a common misconception among the soldiers that the licensed houses, (French), were approved by the Medical Department of the U. S. Army and therefore neglected to take adequate prophylactic treatment.

Refrigerators were obtained for the clearing companies of the Medical Battalion for the storage of Penicillin and whole blood. All cases of acute Gonorrhea were treated on a duty status at the medical company in reserve. This proved very satisfactory. Cases which ordinarily were lost to the division for several weeks, due to the chain of evacuation, were returned to their unit within twenty-four hours. These patients returned to the Medical Battalion periodically for further check up.

About this same time the Army Regulation, AR 35-1440, as pertaining to venereal disease, was revoked. This seemed to have no particular effect on the incidence of Venereal Disease within the division.

H. Professional Medical and Surgical Service.

No comments.

I. Dental Service.

Upon arrival in England the troops were billeted in several towns. Dentists were assigned areas and were responsible for the dental care of the troops therein.

MD Chests No. 61 and 62 were obtained. A small laboratory was set up in the Medical Battalion using enlisted men trained in the division as technicians.

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This set up proved highly satisfactory.

During this period the T/O was changed allowing one additional dental officer to be assigned to Division Artillery. This brought the total number of dentists within the division to eleven.

Additional prosthetic work was completed for the division at the SIO Central Dental Laboratory. It was the division's first experience with a Dental Laboratory where consistently high standards of prosthetic work were maintained. All work sent to this laboratory was processed through the division's dental clinic at the Medical Battalion.

Upon arrival in France, dental work was organized on an emergency basis. Due to the rapid movement of the division in the Brittany and Northern France Campaign, routine work was not attempted. The MD Chests 61 and 62 were not used. It was only in isolated instances that dental officers were able to set up their equipment for routine work.

In September, a Dental Laboratory Team from the First Auxiliary Surgical Group was attached to the division. This setup was mobile and enabled the division to have available continuous prosthetic service. This team was Prosthetic Team Number 2, First Auxiliary Surgical Group, headed by Major Earl E. Fisher. During the period 12 September 1944 to 1 January 1945 it completed a total of 337 cases as follows:

New Dentures Both Full and Partial.....	104
Denture Repairs Both Full and Partial.....	145
Fixed Bridges (Anteriors).....	27
Fixed Bridge Repairs.....	8
Miscellaneous (Individual castings, etc).....	53

Prosthetic Team Number 2 consisted of Major Fisher and two technicians until the middle of November when an additional technician was assigned to them from the division. The Team did excellent work and they found it necessary to work 10 to 14 hours daily, seven days a week.

From the dental standpoint, it is well to note the ratio of new cases to repairs, since all men sent overseas were required to have necessary restorations made prior to departure from the United States. Most new cases were made to replace those lost in combat or lost due to carelessness of the owner, however, a goodly proportion were made to replace faulty restorations.

Until 17 November this Mobile Laboratory functioned with the Reserve Company of the Medical Battalion, making very frequent moves. At this time, due principally to inclement weather, it was decided to attach the unit to the Administrative Center of the Division where it would be possible to set up the field chair inside a building, it having been previously learned that it was very impractical to try to take impressions, insert cases, and adjust cases in the mouth, with the chair in the truck. There is not sufficient room in the truck to enable the Technicians to work while this is being done. It was also felt that much time heretofore lost in frequent moves would be saved as the Division Administrative Center moves infrequently. The above decision proved to be sound.

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While the division was actively engaged in combat there was a definite lack of patients for prosthetic treatment, whereas, immediately upon the organization going into reserve, the number of men presenting for treatment was so great that at one time it was three weeks between the time impressions were taken until the cases were completed. This situation was most unsatisfactory.

A plan must be evolved whereby men can be sent to the rear for this type of work even though the division is in combat. One to be preferred would be one wherein the patients could be held in the immediate vicinity of the laboratory for the length of time it would take to complete the required operation. This would seldom require a man to be away from his unit for more than four days.

It was found that during the period of combat adequate dental service could not be given. Replacements were coming to the division needing an unusual amount of dental work. To alleviate the condition, the following plan was put into effect:

Dental Officers of each of the three infantry battalions were placed on special duty with each of the companies of the medical battalion. During combat this permitted more than just emergency dental work to be performed. During any rest period these dental officers returned to their respective battalions.

One dental officer was assigned to the Administrative Center and one was attached to Headquarters, Reserve Command. These dentists from the Combat Commands were able to produce more dental work in these positions. The dentist from the Artillery Command was at times used as an additional dentist at the Reserve Medical Company.

During the year 1944 five dental officers were lost from the division; two by transfer; two evacuated; and one battle casualty. The reinforcements were hard to procure. Some requests were unfilled for over two months.

J. Evacuation.

The division's policies of evacuation are shown in enclosure No. 3.

Habitually we attached ambulances to each battalion aid station in combat. The close liaison between battalion surgeons, collecting platoon leaders, and combat command surgeons is perhaps the outstanding single factor in any successful evacuation scheme.

K. Welfare, Social Service and Recreation.

The Special Service Section of the division is charged with furnishing athletic equipment, entertainment, moving pictures, and other welfare projects for the enlisted men. Working in conjunction with the Red Cross, and Chaplains Corps these needs were well cared for. The civilian attitude towards soldiers in England and France has been most gracious. Every effort was made to afford amusement and recreation for the combat troops whenever possible. Moving pictures were made available to all units and recreational convoys were permitted to visit cities. The Division Special Service, The Red Cross, and the Chaplains Corps exerted themselves to provide all comfort possible for the sick and wounded troops in divisional medical installations.

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I. Neuropsychiatric Service.

A Neuropsychiatrist was assigned to the Division late in 1943 and reported for duty early in December of that year. He spent the last month of the year eliminating psychologically unfit men from the division, preparatory to an overseas movement.

Shortly after arrival in England, in January 1944, he attended a one month course for Division Psychiatrists. This course was devoted entirely to the proper orientation and use of the Psychiatrist within the Division. A great amount of time was spent in the study of combat exhaustion.

Upon his return, he conducted a school for all officers of the division, familiarizing them with the problem of combat exhaustion. This was done by formal and informal talks to the officers of each battalion or similar unit. The discussions included cause, mental mechanism of development, mode of onset, recognition, treatment and prevention. The problem was approached from a layman's standpoint and medical terminology was not used. Emphasis was placed on the value of leadership and discipline as the greatest factors in its prevention.

During the entire training period in England the Psychiatrist's efforts were directed toward the elimination of those mentally unfit for combat. Approximately 300 men were evacuated for various Neuropsychiatric reasons. The majority of these cases were of the Constitutional Psychopathic State, however, five men were evacuated because of frank psychosis. When the division was alerted for movement to the continent, three cases of hysterical monoplegia developed and were the only ones seen during this period. Two of these responded to Pentothal Abreaction and came to France with their organizations.

The division was first committed to combat in the Normandy hedgerows. In 10 days fighting 126 cases of combat exhaustion were treated. Of this group, 74 were returned to duty and 52 were evacuated. Physical exhaustion was not a factor during this period of fighting and all cases were typically combat exhaustion with approximately 85% anxiety state. There were two cases of psychotic reactions, six of hysterical reaction, and a few CP's, chiefly chronic alcoholism.

This was followed by the breakthrough and victorious march across France to the Meuse River. During this period of almost two months, there were less than 150 cases of combat exhaustion in the division. Morale and optimism were extremely high.

In the last ten days of September the division again met determined enemy resistance and at the same time the weather became unpleasantly wet and cool for the first time. Due to the change in enemy tactics, the weather, and the fact the men were now physically tired after three months of continual fighting, there was a meteor like rise in the incidence of combat exhaustion. In one week there were over 450 cases of exhaustion. In this group the greatest causative factor was the physical fatigue element. Among these men were some of the best in the division. Many were high ranking NCO's. Of all men treated for exhaustion up to this time over 90% had been returned to duty. Fortunately, at this point, the division was relieved of actual contact with the enemy and remained on a twenty-four hour alert for almost one month. During this time combat exhaustion incidence dropped to nothing and remained so until the division was again committed to combat.

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Early in November the division was again committed to combat in the Moselle Region, driving toward the Saar Valley. Weather conditions were at their worst, insofar as rain and mud were concerned. Vehicles could not leave the highways because they would bog down. At the same time the temperature dropped rather sharply and Trench Foot and Frostbite became problems of some magnitude. Morale dropped considerably because the armor wasn't as effective as it had been in the better weather. German resistance was determined. For the next four weeks of combat an average of approximately two hundred exhaustion cases occurred per week. There would have been a greater incidence except for the fact many who would have been exhaustion cases were evacuated because of Trench Foot. This period of fighting was the most difficult the men had yet experienced. Physical exhaustion was again by far the greatest factor in the production of exhaustion cases. These men were soldiers who had been with the division since the onset of combat and cumulative battle experience was beginning to show its effect. This is best represented by experience common in tank crews. These men tolerate being in a tank knocked out by enemy action twice but the third time this occurs there results a mental reaction in most instances. A few men have tolerated this experience four times. At the end of this time the division was again relieved of combat. Studies were made on all records as regards MP efforts and are included below:

This report includes all work done on Combat Exhaustion since the division was committed to combat. At the time of this report, records of 92 men are not available and are not included.

Evacuated to hospital.....74

Included in this total are 74 men who were evacuated because of tactical reasons such as moving, area shelled, etc. 39 men were evacuated because of undesirable traits of character. 71 men were evacuated because of a physical disability accompanying combat exhaustion.

Returned to duty and have remained..... 493

Returned to duty and evacuated to this

installation second time..... 197

This figure is included in the 74 total evacuated to the hospital as they were evacuated after the second combat exhaustion.

Sixty five (65) men, who were returned to the division after treatment for exhaustion in Evacuation Hospitals, were evacuated again for exhaustion.

Number of days men remained in combat after being treated for exhaustion and before there was a recurrence of combat exhaustion in men who have been combat exhaustion casualties two times:

1 - 5 days.....	80 men
6 - 10 days.....	28 men
11 - 20 days.....	12 men
21 - 30 days.....	6 men
31 - 40 days.....	11 men
41 - 50 days.....	15 men
51 - 60 days.....	4 men
61 - 70 days.....	8 men
71 - 80 days.....	2 men
81 - 90 days.....	2 men
91 - 100 days.....	4 men
101 - 110 days.....	2 men
111 - 120 days.....	1 man
121 - 130 days.....	1 man

131 - 140 days..... 2 men *

* These two men were the 1st Sergeant and a Technical Sergeant of B Company, 53rd Armored Infantry Battalion.

Incidence of Exhaustion casualties as to grade:

Private.....	490
Private First Class.....	380
Corporal and Tce 3.....	166
Sergeant and Tce 4.....	87
Staff Sergeant and Tce 3.....	63
Technical Sergeant.....	13
Master Sergeant.....	0
First Sergeant.....	6
Warrant Officer, Junior Grade.....	1
2nd Lieutenant.....	9
1st Lieutenant.....	16
Captain.....	5
Major.....	3

Incidence of Exhaustion casualties as to source of the men:

In division before leaving for Port of Rehabilitation.....	809
Assigned to division at Camp Myles Standish.....	5
From 12th Armored Division.....	38
Replacements in England.....	34
Replacements in France.....	357

Records of 242 men, who have been treated for exhaustion and remained on duty for more than one month, were checked and the following information obtained:

Men promoted in rank.....	27
Men reduced in rank.....	2
Men court-martialed.....	2
Transferred to similar unit.....	10
Transferred to service unit.....	38
Missing in Action.....	3
Slightly Injured in Action.....	7
Slightly Wounded in Action.....	19
Seriously Wounded in Action.....	3
Killed in Action.....	9
Non-battle injury.....	1
Sick in Line of Duty.....	12

Awarded Bronze Star..... 5

Late in December the division moved to Belgium to aid in repelling the German Counteroffensive. At this time the ground was frozen, the weather was considerably colder, but by and large the men were more comfortable. Morale was definitely better. There was a confidence in the division that whatever was expected would be delivered. Over-optimism was no longer a problem and everyone was resigned to the fact that considerable hard fighting was ahead. The troops

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were now seasoned. For the period December 21 to December 31 about two hundred cases of exhaustion occurred. At least 45 of these men were pure physical exhaustions and not combat exhaustions. At the end of the year approximately 40 percent of all exhaustion cases had been returned to duty and remained there.

In conclusion, of paramount importance and worthy of consideration for these planning policies for future campaigns:

(1) Inculcate in soldiers the idea that this war is a long war, that local victories are not the end of the war. Teach these men doing psychiatric work in a division to regard their activity as going on over a period of years rather than months.

(2) If tactically possible, men should be given a time limit to remain in combat. Arbitrarily set it at any desirable point but give them some limit to look forward to. Too many men now think they are going to be kept in combat until they are either wounded or killed.

H. Awards.

The division medical service can be well proud of the awards conferred upon its officers and enlisted men. The following table shows the number of awards received by officers and enlisted men of the medical service in the division:

OFFICERS

<u>Purple Heart</u>	<u>Bronze Star</u>	<u>Silver Star</u>
11	25	18
<u>Cluster</u>	<u>Cluster</u>	<u>Cluster</u>
1	2	2

ENLISTED MEN

<u>Purple Heart</u>	<u>Bronze Star</u>	<u>Silver Star</u>
94	112	35
<u>Cluster</u>	<u>Cluster</u>	<u>Cluster</u>
6	6	6

The above awards are those awarded by division order only. Officers and enlisted men who were transferred to hospitals because of wounds are not shown in the totals above. There have been more decorations awarded, however, the General Orders have not as yet been published.

CONCLUSION-

The end of 1944 finds the division veterans of six months combat experience. The division has done remarkably well. The medical department can say proudly that it has not failed the division. In general, casualties have been treated at the division's clearing station from 30 minutes to one hour

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after being wounded. Our best record is having a battle casualty in the shock room of the attached Field Hospital twenty minutes after being wounded, the average time being 2 1/2 - 3 hours. The loyalty of the men and officers of the medical department of the division made our record an enviable one. Our casualty rate has been high. In the six months of combat we lost 254 aid men. The breakdown is given below:

BATTLE CASUALTIES Aid Men (Enlisted) 17 July - 31 December 1944

	WIA	NBC	KIA	MIA
10th Armd Inf Bn.....	15	15	4	7
51st Armd Inf Bn.....	33	17	12	3
93rd Armd Inf Bn.....	22	19	13	2
8th Tank Bn.....	3	2	0	1
35th Tank Bn.....	20	5	2	2
37th Tank Bn.....	9	20	3	0
22nd Armd FA Bn.....	2	0	1	1
66th Armd FA Bn.....	1	2	1	0
94th Armd FA Bn.....	2	0	0	0
CC "A".....	0	0	0	0
CC "B".....	1	0	1	0
126th Ord Maint Bn.....	0	0	0	0
46th Med Bn, Armd.....	8	1	5	8
24th Armd Engr Bn.....	6	0	1	0
25th Cav Recon Sqdn Mntd.....	1	1	0	0
704th TD Bn.....	1	0	1	0
489th AAA AW Bn.....	1	0	0	0
	119	73	44	24

MIA - In addition to those listed above, 6 aid men were recovered. Five were retaken in Bannock after seven days and one retaken in Nancy after 15 days.

Of the 73 NBC, 55 were reinforcements who have been with the division for six weeks or less.

MEDICAL OFFICER CASUALTIES

NBC	KIA	WIA
1	2	6 (4 of these have returned to duty)

DENTAL OFFICER CASUALTIES

WIA	NBC
4 (1 dental officer was WIA twice)	2 (1 combat exhaustion, 1 arthritis)

MEDICAL ADMINISTRATIVE CORPS OFFICER CASUALTIES

WIA

1

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Our high casualty rate can best be explained by reviewing the difficult tactical assignments which we have accomplished, and more important is the willingness and desire of the division's medical officers, aid men, and ambulance drivers to go forward to accomplish their primary job - EVACUATION OF BATTLE CASUALTIES.

M. ABRAMS
Lt Col, Med Corps
Division Surgeon

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REPORT OF FORTY SIXTH ARMORED MEDICAL BATTALION
Period from 1 January 1945 - 30 June 1945

PERIOD OF COMBAT

The first of the New Year found the 46th Armored Medical Battalion in the vicinity of Bastogne, Belgium in support of the Division. This operation called for an unusual employment of the Battalion in as much as the Division Reserve Command had been committed and it was necessary to furnish them with Medical Support. It was impossible to commit the Reserve Medical Company at this time due to the number of lightly wounded and Combat Exhaustion cases being cared for. The problem was solved by sending the Collecting Platoon Leader of the Reserve Company with five Company Ambulances and five Army Ambulances to Reserve Command Headquarters. Fortunately "B" Company was located close up on the route of evacuation so all Patients were funneled through them and the five Army Ambulances were used to augment their ten.

On the evening of the Tenth of January the Division sent Billeting Parties to the vicinity of Luxembourg City as we were to go into Third Army Reserve. This was to be a secret move so all vehicular markings and other means of identification were removed. The Combat Commands remained intact and the companies stayed in support, "A" Company moving to Zoufftgen, France, and "B" Company to Peppange, Luxembourg. "C" Company moved into billets on the outskirts of Dudelange and "Hqs" and "Hqs" Company into the city. This rest period, lasting until 22 February, gave us the opportunity to catch up on numerous administrative details. All vehicular and organizational equipment was thoroughly inspected and repaired.

On 22 February the Division was once more committed and on 5 March was given the mission of passing through the Fifth Infantry Division's Bridgehead over the Kyll River and advancing to the Rhine. This advance was so rapid that it was necessary to obtain additional support for evacuation of our companies. Ten additional Army Ambulances were requested and five were sent to each of the forward companies. The rapidity of the advance necessitated frequent movements by both companies until the 8th of March when the forward elements of the division reached the Rhine and the Companies closed in bivouac; "A" Company in Ruitch, "B" Company in Ochtendung, "Hqs" and "Hqs" Company and "C" Company moved to Daun, Germany and operated an Ambulance Relay Point from this area.

For the next seven days the Division consolidated its positions and waited for the Infantry to move in and relieve them.

On the morning of 15 March the Division attacked on Corps Order South across the Moselle, once more through the bridgehead established by the Fifth Infantry, with the mission of seizing a bridgehead over the Nahe River at Bad Kreuznach. "A" Company moved to Hambach on the 14th in order to be in position to support CC "A" for this drive. "B" Company, supporting CC "B", moved to Walderferhof. It was obvious that our Reserve Medical Company and Ambulance Relay was too far away to be of any value, so permission was obtained from Division G-4 to move "Hqs" and "Hqs" Company and "C" Company to the vicinity of Mertloch, just North of the bridgehead. This was accomplished early on the 15th with "Hqs", "Hqs" Company and the Ambulance Relay closing in Mertloch and "C" Company moving to Munster Maifeld on the morning of the sixteenth. Once more the rapidity of the advance dictated our movements. On the seventeenth "Hqs", "Hqs" Company and "C" Company moved South over the Moselle to Simmern. The bridgehead at Bad Kreuznach was seized without too much difficulty so on the nineteenth a new mission was given to the Division, that of attacking Worms and seizing a bridgehead East of the Rhine. "A" Company 94th Gas Treatment Battalion joined the Division at this time and it was decided

that they should travel with "Hqs" and "C" Company until such time as they were needed to perform their primary mission, the treatment of Gas Casualties if and when Chemical Agents were used.

Though the Division jumped off on the morning of the Nineteenth, it was the Twenty Second before "Hqs" and "C" Companies could get clearance on the bridges at Bad Kreuznach. "Hqs", "Hqs" Company, "C" Company and "A" Company of the 94th Gas Treatment Battalion moved to Sprendlingen. The forward elements of the Division had already reached the Rhine and our forward companies were located; "A" Company in Ippenheim and "B" Company in Sifersheim. The positions were consolidated so at 0900 on the morning of the Twenty Fourth of March the Division jumped off. This time East across the Rhine. Again we found that the Reserve Medical Company was too far behind so it was moved to Gross Zimmern. Difficulty in evacuation occurred at the Rhine Crossing where the ambulances returning from the forward companies were delayed because of a slow ferry service. To remedy this, the Ambulance Relay was set up at the River bank and all casualties handled through it until "C" Company closed at Gross Zimmern at which time the Relay moved forward to "C" Company area. "A" Company of the 94th Gas Treatment was relieved of support of the Division prior to the move.

In order to ease the supply and evacuation problem, the Division ordered all elements across the Main River Bridges at 1900, 28th March. Due to the lack of time for preliminary reconnaissance for billets the reserve company moved into the field. With the rapid advance it was decided to remain in place until a long move could be made. On the last day of the month "Hqs", "Hqs" Company and "C" Company moved into billets in Lauterbach.

The forward companies continued to move with the combat commands, but it was the 2nd of April before "Hqs", "Hqs" Company and "C" Company moved, this time along the Reich Autobahn, to the town of Gerstungen. The City of Gotha had fallen to the Division and now a short rest period was given all elements. This was the first opportunity we'd had since early February for performing maintenance work on our equipment, so these few days were spent in getting everything into first class condition. "Hqs", "Hqs" Company and "C" Company moved into Gotha so that the entire Battalion could be close together for this all important work. This period, beginning on 6 April, ended 11 April when the Division moved forward, directly East through Weimar and on to Chemnitz. "A" and "B" Companies moved with their respective combat commands and on the 12th of April "Hqs" and "C" closed in the Luftwaffe Barracks in the vicinity of Mohra. On 13 April the combat elements were halted on Corps Order just West of Chemnitz. In order to get the Battalion together, "Hqs", "Hqs" Company and "C" Company moved to Rense, only to move back to Meerane four days later. The Division had been relieved and once more we attacked our Administrative Problems. On 24 April we moved to the vicinity of Bayreuth in Corps Reserve, "Hqs", "Hqs" Company and "C" Company settled in Bayreuth, "A" Company in Creussen, and "B" Company in Weidenberg.

The Division Assembly Area was changed to Deggendorf and the immediate vicinity so on 1 May Billeting Parties were sent to Deggendorf; the Battalion followed the next day. For five days we sat in the vicinity of Deggendorf; "Hqs", "Hqs" Company and "C" Company in Deggendorf, "A" Company in Grattersdorf and "B" Company in Hengersberg. The Division was then ordered to move North, through elements of the Fifth and Ninetieth Divisions, into Czechoslovakia and move on Prague on 6 May. The seventh of May found the entire Division stopped on Corps Order along the Otava River. We sat there; "Hqs" and "C" Company in Stralska-Hostice, "A" Company in Strakonice, and "B" Company in Horazdovice, until the end of the war in Europe.

POST WAR PERIOD

The occupation area was announced and billeting parties sent out to reconnoiter.

The Bn. S-3 and one Officer from each company left on 9 May. Adequate billets were found for the entire Battalion in the village of Kelheim. This was the first time, since going into combat in July 1944, that the Battalion had been assembled. On 28 May this was finally accomplished. A Training and Recreation Program was initiated and plans were made to conduct unit schools in accordance with the Theater I and E Program.

ITEMS OF SPECIAL INTEREST

The Ambulance Relay has proven invaluable in the handling of casualties. Not only has it cut down the time the Army Ambulances were away from the forward companies, but it also afforded us the opportunity of giving further treatment to patients on their way to Evacuation Hospitals. All ambulances stopped at the Reserve Company where the Patients were checked by a Medical Officer, Plasma given if indicated, Bandages inspected and the Patient rested. We feel that this short stop in the chain of evacuation was instrumental in saving lives and certainly resulted in the Patient arriving at the Hospital in much better condition.

It was found that for more efficient evacuation it was necessary to have the Battalion Headquarters and the Reserve Medical Company well forward. This was accomplished by moving, independently of Trains Headquarters directly under the control of the Division G-4. Of course this presented a certain element of danger in as much as we had no protection. Close cooperation with the Reserve Maintenance Company and the Division Control Point solved this problem. The need for this protection was shown shortly after crossing the Main River when we were bivouaced in between these units and the Enemy opened fire. The resulting skirmish resulted in the capture of nearly three hundred prisoners.

In the last phase of the war we noted a relaxation on the part of the German Air Force in respect for the Red Cross. This was particularly true in the vicinity of Gotha when we had the Headquarters and "C" Company Column strafed while in convoy on the Reich Autobahn. Again one of the Army Ambulances returning from one of the forward companies was attacked by Enemy Aircraft and one of the Patients killed.

One of the larger problems encountered in this rapid advance was the handling of the numerous enemy casualties. German Field Type Hospitals were overrun and had we attempted to evacuate these casualties through the normal chain of evacuation not only would we have tied up our transport but we would have also overburdened our own installation. The solution was simple and effective, the Corps Surgeon designated German Fixed Hospitals close to the front area, which, staffed by German Medical Personnel, would care for the wounded P. W.'s. We evacuated all German wounded directly to these Hospitals. In the final phases, the advance of the Division was so rapid that numerous large Fixed German Military as well as Civilian Hospitals were overrun and found to be full of German Casualties. Evacuation of these was out of the question and it was decided by Corps to allow these to remain in place and Division adopted a guard and supervisory routine for each of them until Corps Troops could be sent forward for relief.

The casualty statistics for the period of combat from July 1944 to 9 May 1945 are interesting. The Battalion handled a total of 20,016 Patients, of which, 14, 912 were from the 4th Armored Division. Of this figure 3,850 were returned to duty.

Many men in the Battalion were decorated during the combat phase. Eight Silver Stars, Seventy Three Bronze Stars, One Soldier's Medal, Twenty Seven Purple Hearts, Sixty Eight Certificates of Merit, Four Clusters to the Bronze Star and one Cluster to the Silver Star were awarded.

FRANCIS G. HODGE,
Capt., M. A. C.
En. S-3

SUPPLY ANNEX

The Division was relieved from the "line" and went into an assembly area South of Luxembourg City early in January 1945. The period from 15 January to 22 February, (The long promised "rest" for maintenance and resupply), was a Supply Officer's dream come true.

The unprecedented drive of the next two and a half months that carried us into Czechoslovakia for V-E Day directly reflected the value of the preparation. The rapidity of the movements left Depots and Supply Points for the rear and trips to them were of necessity less frequent. However, the units, being well equipped and supplied at the outset, were able to continue their advance despite the problems of resupply. Fewer casualties, fewer vehicular losses and less damage to equipment than were suffered in previous campaigns offset the difficulties encountered.

The functioning and mechanics of General Supply in the Medical Battalion and of Medical Supply in the Division followed the pattern set forth in the History covering the preceding six months of combat. No radical changes were made in the system of resupply previously established. No problems peculiar to Medical Supply were faced during the period.

The recommendations made in the History for the year 1944 are reiterated. In addition, it would be well to add four (4) Splint Sets, Army to T/S 8-76, "Hq" and "Hqs" Co. Arm'd Med. Bn., to be carried with the Division Reserve Medical Stock, for more rapid replacement of those consumed by the Medical Detachments.

Complete inventory and inspection of all classes of property was conducted soon after cessation of Hostilities. The "shortage" report for Medical Property indicated that the method of resupply practiced in this Division was an effective one. The only "big" figures were the following:

	<u>AUTH.</u>	<u>ON HAND</u>	<u>SHORT</u>
Surgical Dressing Box	14	21	23
Kit First Aid Gas Casualty	434	174	260
Kit First Aid Motor Vehicle 12 Unit	1179	840	339

The Surgical Dressing Boxes were broken down into smaller more adaptable boxes built into the Peeps by Med. Det. Personnel. Shortage of the original containers led them to report the entire assemblage "short".

The Kits, First Aid Gas Casualty and Motor Vehicle 12 Unit, were carried in general purpose vehicles, and were seldom reported "lost" when a vehicle was destroyed, consequently no replacements were issued. If the Kits cannot be made on-vehicular equipment and issued with the vehicle, the Medical Supply Officer should arrange to equip every General Purpose vehicle with a Kit, First Aid Motor Vehicle 12 Unit, before it is issued to the unit by the Ordnance Officer. Gas Casualty Kits could be placed in every third or fourth vehicle replaced by the Ordnance Officer to any unit.

The Division went back to "garrison" life the first of June, with Battalions separated by considerable distances, the Medical Battalion being centrally located in the Divisional area. Requisitions for expendables and Pharmacy Items were filled once weekly, distribution coordinated by the Combat Command Surgeons for units in their areas.

V. DENTAL SERVICE WITHIN THE DIVISION.

1 January 1945 found the division short two dental officers. At the beginning of this period there was little opportunity for constructive dental work. However, we did have a prosthetic truck with the division and men were evacuated to our Administrative Center where this work continued during combat.

During January three dental officers were assigned. Two of these were placed on duty with our reserve medical company and other was temporarily placed with headquarters in the vicinity of Division Headquarters. This enabled a fair amount of dental work during combat.

After the relief of Bastogne the Division returned to a rear area in Luxembourg. At this time a concentrated effort was made to give dental care to all units. Both routine care and prosthetic work was started on an intensified scale. Considerable progress was made and by the end of February the dental status of the division was much improved.

When the division again started to move in March, constant and effective dental treatment was at a minimum. Every effort was made to give treatment but due to the speed of movement and the distance traveled very little constructive progress was made. In April, the division was again fairly static and dental treatment was again begun on a routine basis. This was unliked somewhat by movement and was not completely satisfactory. The latter part of April a second prosthetic truck was attached to the division. Just as a concentrated program of completing the prosthetic work in the division was started both trucks were ordered from the division.

During this period and during the period of combat during the previous year the dental situation presented a serious problem in this division. The following recommendations were submitted as a partial solution of the problems with an Armored Division as we found them:

1. Changes in Dental T/O and E.
 - a. One dental officer, Surgeon's Office.
 - b. One dental officer and one enlisted man assigned to each medical company.
 - c. Dental Detachment with Trains.
 - (1) Prosthetic Team with prosthetic truck.
 - (2) Three teams for routine dentistry consisting of:

(a) 2 Dental Officers	ea	1 Generator	ea
(b) 2 Dental Assistants	ea	1 3/4 ton truck	ea
(c) 1 Driver	ea	2 #60 Chests (improved)	ea
 - d. One dental officer division headquarters medical detachment.
2. Reasons for Recommendations.
 - a. During combat dental officers in Combat Commands, Artillery Command, and Infantry have no opportunity to do dental work.
 - b. There are situations and phases during combat with the flexibility of the dental team where dental work could be a continuous process.
 - c. During any rest period, if only of two days duration, for any part of the division, these teams could be sent to a central location in these areas and serve units more efficiently.
 - d. It would enable dental service to be given systematically to various attachments to the division such as Artillery, Tank Destroyer Battalions,

and Quartermaster Truck Companies.

e. It would allow the use of dental personnel on a division basis and eliminate any possibility of criticism by commanders of units assigned dental officers when the officers are used for units not having dental officers.

f. Prosthetic team is needed as part of the division to give continuous service of this type to the division and attached units. During combat it is impossible to get men to rear installations for this type of work.

3. Changes in Chest #60.

- a. Electric powered unit.
- b. Operating lamp.
- c. Additional extraction instruments.
- d. Minor changes in operative instruments.

At the present time the division being in garrison status in occupation a planned effort is being made to give routine dental care to all men of the division. Prosthetic facilities are lacking but a plan is being evolved that in the near future may enable us to give adequate prosthetic care to the men of the division.