

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

7 July 1945

MEMO

SUBJECT: Report of Medical Department Activities, 4th Armored Division,
1 January 1945 to 30 June 1945, inclusive.

TO : The Surgeon General, Washington, D. C.
(Through Channels.)

Enclosed herewith, in compliance with Circular 58, Headquarters,
EDUSA, 14 May 1945, is Report of Medical Department Activities, 4th
Armored Division, for period 1 January 1945 to 30 June 1945, inclusive.

M. ARLAND
Lt Col, Med Corps
Division Surgeon

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from his file - as
above to report
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I. INTRODUCTION.

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 13 November 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 Hyles 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 the 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-Cotances 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 relief of besieged Bastogne.

II. OPERATIONS.

A. Bastogne to Luxembourg (1 Jan 1945 - 22 Feb 1945.)

Although the relief of the encircled garrison at Bastogne was completed on 26 December 1944, 1 January 1945 found the division in the vicinity of Bastogne supporting an Infantry and an Armored Division to the north and east and an Infantry, Armored, and Airborne Division to the north and west.

We remained in this position, holding the ground against persistent counterattacks from the northeast; supporting the Infantry and Armored Divisions on the line by continuous artillery and tank support. On 9 January we were ordered to counterattack under VIII Corps, Third U. S. Army. Our mission was to pass through the 6th Armored Division, continue north and northeast and make contact with the 2nd Armored Division which was coming south and southeast, to cut the German main supply road between Houffalize and St. Vith. We passed through the 6th Armored Division at daybreak and in spite of severe resistance advanced eleven miles when, quite suddenly at 1600, we were ordered to disengage the enemy and proceed south and east to the vicinity of Luxembourg to repel threatening airborne attacks. On the morning of 10 January, we began to move south and concentrated in an assembly area south of Luxembourg. In spite of the icy roads, this move of sixty miles was made without incident. The division CP was located in Dudelange. The division remained in this alert status under XII Corps Reserve until 22 February. The three Infantry Battalions, 10th, 51st, 53rd, moved out on 23 January and were attached to the 80th Infantry Division. During this time the three Artillery Battalions supported XII Corps in its crossings of the Our River. This also permitted the 80th Infantry Division to pull out a Combat Command from the line to regroup and train its reinforcements which amounted to more than 50%.

During the Bastogne battle, Company A, 46th Armored Medical Battalion supported Combat Command A, and Company B, 46th Armored Medical Battalion supported Combat Command B. The 16th Field Hospital was at Martelange. The 64th Medical Group gave us thirty ambulances from the 170th Medical Battalion. Ten ambulances each were placed with A and B Companies and the other ten were placed with Company C, 46th Armored Medical Battalion from where patients were reloaded back to Evacuation Hospitals. Casualties during the first twelve days of January were moderately high. Since the fighting was severe and advances limited, no unusual problems of evacuation arose. The nearest evacuation hospital was approximately thirty miles to our rear.

Our stay in the vicinity of Luxembourg was a welcome relief. It was the first time in eight months that we were not fighting. It gave us time to reorganize and instruct our new reinforcements in first aid principles. This was definitely indicated, since most reinforcements we received in the previous eight weeks came to us with little or no field training. At this time the division re-

ceived approximately 600 men which brought it up to strength. Advantage was taken to instruct these reinforcements on cold weather diseases. The issue of shoes to the men and forming of a trench foot control team, consisting of one Quartermaster officer and one line officer, which personally visited those battalions having the highest trench foot and frostbite rates, helped reduce the incidents of cold weather diseases.

During this period we also received six weasels which we had been trying to get for months. The weasels were used for cross country evacuation and proved very satisfactory. They are capable of carrying three litter patients or two litter and three sitting patients. (See attached pictures, page 34, and 35.)

The dental officers had an opportunity to catch up on dental work. They did more work in this five week period than during the previous three month period of combat.

At this time we secured Otoscopes for each battalion aid station which we felt were needed and should be part of T/E equipment. Oscopes are essential for the proper diagnosis of upper respiratory infections which are so common during the cold weather period and for examination of eardrums following ear injuries due to high explosive blasts.

We took advantage of this inactive period to give all medical officers three day leaves in Paris. This was the first break from combat for medical officers in our division. We also received our first quota to rotate aid men from the battalion aid stations to General Hospitals in Communications Zone. This plan is a sound one and we encouraged such policies. The only criticism offered was the extremely long delay in issuing necessary orders. It was three months before our first aid men were rotated back to Communications Zone. We did not rotate medical officers because all of them insisted upon staying with the division. We did, however, make arrangements with the Surgeon's Office, Third U. S. Army, to rotate medical officers to General Hospitals when the indication arose. The Surgeon's Office cooperated splendidly in immediately transferring such officers from the combat division to medical installations in the rear, thus avoiding the long delay of waiting for rotation to a General Hospital. We transferred three such officers.

We made plans to begin a rotation of medical officers from the Infantry Battalions to the Reserve Medical Company. These officers were sent to the medical company at two week intervals. The practice of rotating aid men within battalion aid stations was started soon after combat began. Two or three aid men spent twenty-four to thirty-six hours with their service company, which was usually out of artillery range.

B. March to the Rhine (23 Feb 1945 - 20 March 1945.)

On the 22 February the division was alerted to move North and Northeast in preparation for its march to the Rhine River. The three Infantry Battalions and the 37th Tank Battalion, all part of Combat Command B, were attached initially to the 80th Infantry Division. It was their mission to protect the flanks of the 80th and to support by fire the crossing of the Sauer River by the infantry. Company B, 46th Medical Battalion was in medical support of the combat command. Casualties during these first three days were heavy. They were evacuated to the 80th Division Clearing Company and Field Hospital, approximately fifteen miles to the rear.

The constant rain, cold winds, poor terrain and determined enemy resistance made initial penetration of the Siegfried Line a difficult job. On the 24th March a sufficient bridgehead was established to permit us to start our long march. Orders were received on midnight 24 - 25 February to attack Northeast. Our mission was to cross the Prus and Nims Rivers and to stop just west of the Kyll River. Combat Command B reverted back to division control and at daybreak 25 February we moved out in a column of combat commands. By late noon of the 27 February we were looking at the Kyll River. Company A, 46th Armored Medical Battalion gave medical support to Combat Command A; Company B, 46th Armored Medical Battalion to Combat Command B. The Reserve Medical Company, moving by bounds, established centrally located ambulance relay points. The Field Hospital was located at Oberveis. Casualties were high; the combat exhaustion rate jumped. (Note - Battle Casualty and Combat Exhaustion Chart.) With our sudden rapid move, the usual problem of long hauls to Evacuation Hospitals again presented itself. By the establishment of an ambulance regulating point, the ambulances supporting the active medical companies were permitted to return sooner. The Reserve Medical Company, operating near the ambulance regulating point, checked all patients prior to the long trip back to the evacuation hospitals, redressing, and treating for shock as indicated.

The division remained in position just west of the Kyll until 5 March when we moved forward again through the bridgehead of the 5th Infantry Division. We crossed the Kyll in two columns just south of Ketterich. The roads were narrow, cratered and in many cases washed away. At the end of the first twenty-four hours, we were forced to march in one column of combat commands. The road not selected was over hilly terrain but the speed and amazing maneuverability and fire power of the leading combat elements completely disorganized German resistance and by 1400 8 March we were on the Rhine River between Andernach and Coblenz, covering a distance of fifty-five miles in forty-eight hours. Fortunately, casualties of all types were light on this move. (Total - ninety casualties from Kyll to Rhine Rivers.) The closest Evacuation Hospital was eighty-five miles to our rear. The Field Hospital had moved to a central location at Felch. The Reserve Medical Company and ambulance regulating point were midway.

On the 9 March Combat Command B, relieved of its "mopping up" job west of the Rhine by Combat Command Reserve, proceeded west and then south toward Tries in an attempt to force a bridgehead across the Moselle. Our advance was very rapid until just within sight of the Moselle, when enemy artillery, numerous land mines, defended road blocks, and blown bridges halted us. Casualties suddenly began to mount. One hundred and two (102) casualties of all types cleared Company B, 46th Armored Medical Battalion, in eight hours. Company B, 46th Armored Medical Battalion was at Kaisersuch, the Field Hospital at Polch, and the Reserve Medical Company at Daun. Company A, 46th Armored Medical Battalion at Ochtendung supported Combat Command A and Combat Command Reserve. The division remained in these holding positions until 12-14 March when elements of the 89th and 90th Infantry Divisions and 6th Cavalry relieved us. We then began to assemble in combat command areas west of the Moselle River in preparation for crossing. On the 15 March we crossed the Moselle at bridgeheads secured by both the 5th and 90th Infantry Divisions. Combat Command A crossed at Hattenport; Combat Command B at Carden. Our mission was to continue South and Southeast and take Worms on the Rhine, and in this way to close another large pocket of enemy. The combat commands moved quickly and continued outflanking pockets of enemy resistance. The 90th Infantry Division, following us, "mopped up" bypassed towns. On the 16th we had taken Simmern; on the 17th we secured a bridgehead across the Nahe River at Bad Kreuznach and by 20 March we entered Worms and once more were facing the west bank of the Rhine River.

This long rapid march from the Sauer River to the Rhine River, then South again across the Moselle to Worms, plus our activities at Bastogne, has been considered worthy of a Presidential Citation. Some of the medical problems that arose during this historic march are listed below:

Now that we were deep in Germany we began to overrun German Military Hospitals and Allied POW Camps. We usually evacuated American and British POW's at once, and placed guard over German military hospitals or POW Camps until relieved by a higher echelon. We reported these camps, as they were overrun, to Corps who then sent Army medical personnel to investigate. This proved satisfactory, since we had neither the time nor personnel to medically supervise such installations. At this time we also began to evacuate German military casualties to the closest adequately staffed German military hospital. This was deemed advisable since the German casualties were three-four to our one, and since the long haul back to the evacuation hospital would keep our ambulances away from us for fifteen to twenty hours. The German military hospitals were usually checked by the Combat Command Surgeon for medical supplies, adequacy of staff and available hospital beds.

During the Normandy Campaign we usually sent our ambulances back in convoys under armed protection. As we crossed the Kyll River,

once more we were compelled to follow this procedure. An armored division exploiting a breakthrough bypasses many small pockets of resistance. These pockets on occasions would fire on our ambulances. Emergencies were always sent forward, the other cases would be held until a convoy was going back to the rear. This would delay evacuation six to eight hours. Whenever it becomes necessary to follow such practices, ten army ambulances have proven inadequate for each combat command. A total of fifteen is needed. The establishment of our own ambulance relay point, (usually ten ambulances), with our reserve medical company permitted the forward ambulances to return to the active supporting medical company without delay.

Once more the practice of shuttling Field Hospitals with Infantry Divisions on either flank became a "must". Arrangements were usually made between Division Surgeons. The Field Hospitals were placed centrally between two divisions; this allowed one Field Hospital to be mobile. Since communication between Division Surgeons was usually poor, the Corps Surgeon with whom we almost always had some contact would relay the necessary messages. Transportation for Field Hospitals was furnished by Corps or Army. This system of transportation broke after crossing the Rhine. By utilizing captured German vehicles we were able to mobilize our Field Hospital 75%.

The road net from the Kyll River to Sauerland was narrow, cratered and jammed. The MP's patrolling roads were instructed by Division to give all our ambulances priority, and some one way roads were used by our ambulances as two way. This increased our speed of evacuation.

It was during this march that a Gas Treatment Company was attached to us. We had definite instructions that this company would be used for no purpose other than its primary mission. We do not think this an adequate method of preparing for the treatment of gas casualties in an Armored Division. We fought in column of combat commands, each command being miles apart. The attachment of only one company is insufficient for a real emergency.

It was also during this period that gasoline lanterns became an authorized item of issue. This appears to be a practical light for battalion aid stations. It is desirable to provide each lantern with a good supply of mantels since the life of a mantel proved short during combat.

C. Crossing of Rhine River and the march to Gotha (21 March 1945 - 4 April 1945.)

On the 21 March we began to regroup in combat command assembly areas in preparation for our crossing of the Rhine River. Combat Command A was at Hachenheim; Combat Command Reserve at Furfeld; and Combat Command B at Bechteln. On the 24 March the 5th Infantry Division had secured a sufficient bridgehead across the Rhine for us to pass through them. Our mission was to attack North and Northeast and to establish and secure a bridgehead across the Main River in the vicinity of Hanau. Combat Command A began to cross on 240900 March 1945 near Nierstein. Combat Command B began to cross at 21600 same day and by 250300 the entire division was across the Rhine. Heavy artillery fire would sporadically fall on the bridgehead. Enemy air was active, more so after dark. We continued to move forward encountering localized areas of stiff resistance and by 251615 Combat Command B had captured Lutet and secured a bridgehead across the Main River near Ischaffenburg. Combat Command A was on the Main River by 251700. All bridges in this area were destroyed. A short time later the engineers completed a trestle across the Main River at this point. That night the Germans began to counterattack with artillery, tanks and infantry. By morning, 25 March, Combat Command B still held their bridgehead. The trestle bridge at Combat Command A area was damaged but no ground was lost. On 27 March the 26th Infantry Division began to relieve both combat commands. During this period 240700 to 270700 we evacuated a total of one hundred and seventy-eight (178) casualties. Thirty (30) of these were non-battle casualties. Graves Registration evacuated thirty (30) dead. The medical department lost one medical officer (MIA), one medical officer (combat exhaustion), two aid men (MIA), two aid men (MIA), and four aid men (MIA). Company A, 46th Armored Medical Battalion supported Combat Command A. Company B, 46th Armored Medical Battalion supported Combat Command B. Company C, 46th Armored Medical Battalion and the Field Hospital were in Dieburg on the 26 March. One evacuation hospital was in Alsey, twelve miles west of the Rhine. Two evacuation hospitals were in Bad Kreuznach, twenty-one miles west of the Rhine. Ambulances were taken across the Rhine by a floating bridge. We had our ambulance relay point on the west bank of the Rhine until the 26 March.

On the 28 March we started our attack North across the main River in the vicinity of Hanau. Our objective was Gotha. Resistance was again sporadic. Road blocks were occasionally found stubbornly defended, artillery was scattered and three man bazooka teams were beginning to become a common sight. By 1800 that night we reached our objective for the day, Grimberg. On the 29 March the division moved again to Lake Lauterbach and Grossenlauer, a distance of approximately thirty miles, encountering only light resistance. (Scattered small arms and bazooka fire.) On the 30th we continued our advance to take Hersfeld and the high ground Northeast of Hersfeld across the Fulda River. By 1700 1 April Combat Command B had taken Creusburg and had started bridging the Werra River at this point. Combat Command A reached the Werra River soon after. Throughout this march resistance consisted of small arms fire, scattered groups of bazooka teams, blown bridges and increasing enemy air activity. We encountered more enemy air during this period than any other period of eleven months of combat. The Germans were using all their remaining weapons to delay our approach to Gotha which at that time was being prepared for the German High Command. Four pontoons were destroyed by the air on

2 April. In the early morning on 3 April we crossed the Werra River. By late noon we were on the outskirts of Gotha, and by 4 April we occupied Gotha and the towns to the North, East and South, (Ohrdruf.)

It was during this phase of our combat experience that our Field Hospital was captured. For three days we had tried to move them forward, (1st Platoon, 15th Field Hospital), but because transportation was unavailable they did not begin moving until early 1 April. At approximately 0730 on this day the entire unit was ambushed and captured along our main supply route by the 6th SS Mountain Division. Late that night the main supply route was opened and the Field Hospital personnel were found safe operating a collecting station for the Germans. Two enlisted men were wounded, one medical officer riding in the convoy but not part of the Field Hospital was killed. Approximately 75% of the equipment was destroyed and all vehicles were taken.

It was also during this period that our medical company was strafed, hitting two ambulances and wounding three men. One of the ambulances going back with casualties was also strafed, killing one patient and seriously injuring another.

Our problems in evacuation continued to be the same. Our recovering of casualties from the battlefield to the Battalion Aid Station and then back to the supporting medical company offered no special problems. Permission to evacuate German casualties to nearby adequately staffed German Military Hospitals eased our load. Evacuation of seriously wounded 75-85 miles to the rear still existed. The autobahn from Gotha to Hersfeld helped speed up evacuation. Losing our Field Hospital after passing Lauterbach affected our evacuation policy only temporarily. We soon made arrangements with the 26th Infantry Division and 90th Infantry Division to utilize their hospitals. When we reached Gotha, Army had already re-equipped our own Field Hospital.

On the 4th April we overran our first concentration camp at Ohrdruf. The brutality of the Germans was evident.

D. Gotha to Chemnitz (5 April 1945 - 18 April 1945).

On the 4th April we were placed under VIII Corps control, T. U. S. A., and ordered to hold the ground around Gotha. We took advantage of this halt stressing vehicular maintenance which was definitely indicated. The only enemy activity was an occasional air attack. On the 5th-9th April we were relieved in place by the 80th and 89th Infantry Divisions. On the 10th April we were transferred to IX Corps, TUSA, and ordered to attack East in the direction of Chemnitz. We began to roll early on the 11th bypassing Erfurt, overrunning the infamous Buchenwald Concentration Camp, then continuing East along the superhighway, bypassing Weimar, Jena and reaching the outskirts of Chemnitz by the 15th April. Higher headquarters ordered our halt at this point. We remained in this position until relieved by the 76th Infantry Division, in place, on the 18th April 1945.

Obstacles of all types were moderately heavy. Enemy resistance consisted of small arms, machine guns of Hitler Jugend, blown bridges and sporadic artillery. Company A, 46th Armored Medical Battalion supported CC A. Company B, 46th Armored Medical Battalion supported CC B. The reserve medical company with our Field Hospital were in the vicinity of Glauchau. The closest evacuation hospital was in Gotha, a distance of 91 miles.

E. March into Czechoslovakia (19 April 1945 - 26 May 1945.)

We remained in our area, West of Chomitz, until 23 April when we were once again put in Third United States Army reserve under XII Corps control and ordered to assemble in the vicinity of Bayreuth. (See attached overlay.) We remained in this area, in Army reserve, until 30 April.

During this period at Bayreuth, the weather became warmer, and since a good portion of our troops were living in the field, sanitation was stressed.

This period was our first experience in Germany without a "fighting assignment", as a result, the accident rate increased and venereal disease began to rise. We were beginning to appreciate some of our approaching problems of occupation.

On 1 May we were ordered to assemble in combat command areas in preparation for a final drive into Czechoslovakia. On 3 May we began our attack in column of combat commands, moving without any enemy contact into Czechoslovakia. Combat Command B stopped at Horazdovice; Combat Command A at Strakonice; Combat Command Reserve at Volgus. Once more higher headquarters had stopped us.

As we organized our area, the Germans, appreciating the approaching peace, began to invade our lines with white flags. Soon after, the 17th German Army, evading capture by the Russians, began to march into our lines. They moved in all types of vehicles. Men, women and children came with this army. When we finally had placed sufficient road blocks and troops on the roads to prevent additional entries we had accumulated 16,000 German casualties. This included two hospital trains carrying some 2,500 casualties. To meet this situation medically we organized a hospital center in Pisek, which town had three German military hospitals with a bed capacity of 1,000. These hospitals were well staffed with medical personnel. Medical supplies were no problem since we had overrun a large medical dump in Pisek. Removing some 600 walking wounded from these hospitals and transferring them to the hospital in the field allowed us to treat the more serious ones at our Hospital Center. All the medicine and surgery was done by the German medical officers. The hospital in the field had no tentage. The weather was with the Germans and no serious problems arose. We established our policies of sanitation and held the chief medical officer, who was the Surgeon for the 17th Army, responsible. On 15 May when the Russians finally took over this area, no unusual medical problems had arisen.

We remained in this area until 27 May when we began our movement into our occupation area in Southern Germany.