



4 October 1944

SUBJECT: Recommendations for Changes in Tables of Organization and Tables of Equipment.

TO : The Surgeon, Third U. S. Army, APO #403.

A. ESSENTIAL OR IMMEDIATE CHANGES

I. Medical Detachment - Tank Battalion.

a. To provide adequate medical support for a tank battalion it is necessary to allocate one $\frac{1}{2}$ ton truck to each company. Battle experience has shown that tank companies are often separated by considerable distances so that each company must have its own means of evacuation. The $\frac{1}{2}$ ton truck serves this purpose ideally. The present T/O only allows for 4 $\frac{1}{2}$ ton trucks. If a $\frac{1}{2}$ ton truck is attached to each tank company the battalion surgeon is left without means of transportation. The $\frac{3}{4}$ ton weapons carrier is used to carry medical supplies and organizational equipment. An additional $\frac{1}{2}$ ton truck would provide the battalion surgeon with an efficient means of transportation to the points where he may be needed.

II. Company - Medical Battalion Armored.

a. The addition of one (1) $2\frac{1}{2}$ ton, 6 x 6, truck, with a one ton trailer to each medical company is needed to carry rations, fuel, and medical supplies. Each medical company, supporting a combat command, receives rations and gasoline from the combat command. It is impractical to depend upon Battalion Headquarters to bring supplies forward because of the distance involved and the danger in allowing a single vehicle to go through territory only lightly held by our troops. Supplies have been going forward under armored protection of the combat command.

III. Medical Detachment - Cavalry Reconnaissance Squadron.

a. Experience in combat has revealed that the Cavalry Reconnaissance Squadron has often been spread over a wide front and the individual troops have been separated by many miles. Therefore, each Reconnaissance Troop, (4), and Assault Gun Troop, (1), must have its own means of evacuation. The $\frac{1}{2}$ ton truck serves this purpose admirably. The battalion surgeon also must have some means of transportation to keep in contact with the units which his detachment supports. The $\frac{1}{2}$ ton truck is the most practical vehicle for this purpose. The ambulance is used to evacuate the aid station while the $\frac{3}{4}$ ton weapons carrier is used to carry medical supplies and organizational equipment. An additional two (2) $\frac{1}{2}$ ton trucks would enable the surgeon to give efficient medical support.

b. An increase in T/O of six (6) enlisted men is essential to accomplish the above task. Two of the men would be used as $\frac{1}{2}$ ton truck drivers and the other four as aid men to accompany the reconnaissance and assault gun troops.

IV. Medical Detachment - Armored Field Artillery Battalion.

a. During combat aid men must be attached to each firing battery and Service Company. The present T/O allows for ten (10) enlisted men in the medical detachment, Armored Field Artillery Battalion. Five (5) of these men are drivers. A detachment of twelve (12) men would permit one aid man to be attached to each of the three firing batteries and Service Company. The additional two men should be Technicians 5th Grade, (Surgical Technicians).

V. Medical Detachment - Armored Engineer Battalion.

a. The present I/O allowances of vehicles for the Medical Detachment, Armored Engineer Battalion, is inadequate to render efficient medical support. The $\frac{1}{2}$ ton truck has proven to be the best vehicle for evacuation. One (1) $\frac{1}{2}$ ton truck should be attached to each of the three working companies and the fourth for use by the surgeon. Only one (1) $\frac{3}{4}$ ton cross country ambulance would be needed. The $\frac{3}{4}$ ton weapons carrier would be used to carry medical supplies and organizational equipment.

VI. Division Neuropsychiatrist.

a. Cases of acute psychoneurosis are evacuated to the "Auxiliary Treatment Station" which is located in the medical company in reserve. Here they are examined by the Division Neuropsychiatrist. A careful screening is made. The true psychosis and severe battle exhaustion cases are immediately evacuated. The patients whom the Neuropsychiatrist feels can be returned to duty in 48 hours are retained at the reserve clearing company and treated by him. During combat the following equipment is urgently needed in order that the Neuropsychiatrist may efficiently perform his duties:

- One (1) - - - - Tent, Pyramidal
- Three (3) - - - Tents, Squad, M1942 } With stoves
- One (1) - - - - 2 $\frac{1}{2}$ ton truck
- One (1) - - - - $\frac{1}{2}$ ton truck
- Ten (10) - - - - Enlisted Men including:
 - One (1) - - - - Technician 3rd Grade - Administrative NCO - 502.
 - One (1) - - - - Sergeant - Section Leader - 652.
 - Two (2) - - - - Technician 5th Grade - Driver, truck, $\frac{1}{2}$ ton.
 - Two (2) - - - - Technician 5th Grade - Technicians Surgical - 861.
 - Two (2) - - - - Technician 5th Grade - Technicians Medical - 409.
 - Two (2) - - - - Privates First Class - Privates.

The men, vehicles, and equipment, to be assigned to Headquarters and Headquarters Company, Medical Battalion Armored and are for use by the Division Neuropsychiatrist.

VII. Recommend that the Field Hospitals attached to the Armored Divisions be made mobile. These hospitals can operate efficiently as two separate platoons, one platoon will support each combat command. Any hospital unit supporting an Armored Division must be mobile, completely organic, with sufficient trained personnel and equipment to do chest and abdominal surgery. Corps must be given sufficient personnel to take over patients that must be left behind during the advance.

B. CHANGES NOT ABSOLUTELY ESSENTIAL BUT WHICH WOULD IMPROVE THE FUNCTIONING OF THE MEDICAL UNIT

NONE

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Lt Col, Med Corps
Division Surgeon



**RECOMMENDATIONS FOR CHANGES IN TABLES A
ORGANIZATION AND TABLES OF EQUIPMENT**

I. Medical Detachment - Tank Battalion - T/O & E 17-25

| | 1 | 2 | 3 | 4 | 5 |
|----------------------------|---|---|---|---|---|
| ITEM | ALLOWANCES FOR COMPUTATION BASIS OF DISTRIBUTION | | | | |
| 0 Truck, $\frac{1}{2}$ ton | | 5 | | | |

II. Company, Medical Battalion, Armored - T/O & E 8-77

Ordnance - Vehicles

| | 1 | 2 | 3 | 4 |
|-----------------------------------|---|---|---|---|
| ITEM | ALLOWANCES FOR COMPUTATION BASIS OF DISTRIBUTION | | | |
| 2 $\frac{1}{2}$ Ton, 6 x 6, cargo | | 3 | | 1 per mess - 3 per clearing platoon |
| cargo w/winch | | 1 | | |
| Trailer, 1 Ton, 2 wheel cargo | | 4 | | |

**III. Medical Detachment, Cavalry Reconnaissance
Squadron, Mechanized - T/O & E 2-25**

| | 1 | 2 | 3 | 4 |
|----------------------------|--|---|---|---|
| ITEM | ALLOWANCE FOR COMPUTATION BASIS OF DISTRIBUTION | | | |
| 0 Truck, $\frac{1}{2}$ ton | | 6 | | |

**III. B. Medical Detachment, Cavalry Reconnaissance
Squadron, Mechanized - T/O & E 2-25**

| 1 | 2 | 3 | 4 | 5 |
|---------------------------------|-------------------------|--------------|---------------------------|-------------------------------------|
| UNIT | TECHNICIAN GRADE | TOTAL | ENLISTED CADRE | REMARKS |
| 11 Technician Grade 5 | | 11 | | 6 Drives Truck $\frac{1}{2}$ Ton |
| 17 Technician Surgical (861) | 5 | (6) | | |
| 18 Technician Surgical (861) | | (5) | | |
| 20 Total Enlisted | | (20) | | |



IV. Medical Detachment, Armored Field
Artillery Battalion - T/O & E 6-165

| 1 | 2 | 3 | 4 | 5 |
|------------------------------|------------------|-------|----------|---------|
| UNIT | TECHNICIAN GRADE | TOTAL | ENLISTED | REMARKS |
| 10 Technician Grade 5 | | 5 | | |
| 17 Technician Surgical (861) | 5 | (4) | | |
| Total Enlisted | | 12 | | |

V. Medical Detachment, Armored Engineer
Battalion - T/O & E 5-215

| 1 | 2 | 3 | 4 |
|-----------------------------------|-----------|-----------------|-----------------------|
| ITEM | ALLOWANCE | FOR COMPUTATION | BASIS OF DISTRIBUTION |
| Ambulance, M3A2 | 1 | | |
| Truck, $\frac{1}{2}$ Ton 4 x 4 | 4 | | |
| $\frac{3}{4}$ Ton Weapons Carrier | 1 | | |

VI. Hq & Hq Co, Medical Battalion,
Armored - T/O & E 8-76

Quartermaster Organizational Equipment

| 1 | 2 | 3 | 4 |
|--|------------|-----------------|--|
| ITEM | ALLOWANCES | FOR COMPUTATION | BASIS OF DISTRIBUTION AND REMARKS |
| Tent Squad, M1942, complete w/pins and poles | 5 | | 2 per Div Med Sup Section 3 per Neuropsychiatric Section |
| Pyramidal, complete, w/pins and poles | 1 | | 1 per Neuropsychiatric Section |
| Stove, Tent, M1941, complete w/grate | 13 | | 1 per tent, CP; 2 per Sqd; 1 per tent Pyra- midal, when authorized by CG, Army or T of Opns |



| ITEM | Ordnance Vehicles | ALLOANCES FOR COMPUTATION | BASIS OF DISTRIBUTION AND REMARKS |
|-------------------------|-------------------|---------------------------|---|
| truck 1/4 Ton, 4 x 4 | 5 | | 1 per Co Adm, mess and Sup Sect; 2 per Bn Maint Plat; 5 per gen and med sup sect; 1 per Neuropsychiatric Section - SNL G 503 |
| 2 1/2 Ton, 6 x 6, cargo | 7 | | 1 per Co Adm, mess and Sup Sect; 5 per gen and Med Sup Sect; 1 per Neuropsychiatric Sect - SNL G 508 |



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October 1 to 5 inclusive:

During this period the division remained in a defensive position. The number of exhaustion cases increased daily and reached alarming figures. This was due to two causes, first, the length of time the division has been in combat without a rest period and, secondly, to the unfavorable weather conditions. General Wood visited the Auxillary Treatment Station and discussed the problem with Major Mericle. Both officers and men of the division are in dire need of a rest.

Lieutenant Colonel Krucker, G-4, was evacuated because of Gastric Ulcers. He was replaced by Lieutenant Colonel Knestrick.

The division received twelve more aid men replacements on 3 October 1944. This brings us almost up to T/O strength. Medical replacements have been difficult to get and some are of very poor quality and training.

Sergeant Hiatt visited the Surgeon's Office of Third Army and discussed reports. They had no complaints to offer. Everything which they said about the division's reports was most favorable.

Combat Command Surgeons and Medical Company Commands make daily visits to Battalion Aid Stations. This procedure has proven to be of great value as a morale factor and aids materially in the efficiency of the medical service of the division.

Two extra peeps were obtained for the 25th Cavalry Reconnaissance Squadron. This will solve their evacuation problems. Recommended T/O and T/E changes in Medical Service of the Armored Division to Third Army. (See attached letter).

The Field Hospital has been able to give excellent support while in a static position and has definitely contributed to the saving of lives.

October 7 to November 8 inclusive:

On October 7th the first elements of the 26th Infantry Division moved into line to replace the Infantry Battalions of the 4th Armored Division. The replacement was gradual and took place over a number of days giving the 26th Division an opportunity to become accustomed to battle. It was not until about the middle of the month that the Tank Battalions were relieved and the Artillery was relieved about October 22nd. As the units were relieved they fell back to positions a few miles behind the lines and were given the much needed rest.

On October 7th with the onset of cold weather there was an increased authorization of blankets from three to five per litter. This was urgently needed.

Men have been returning to the division after being evacuated two or three times for Combat Exhaustion. These men were unable to return to combat units and those who were returned proved totally unsatisfactory. All of the service units of the division became overloaded with these individuals and the situation became acute. Major Mericle and Major Frank contacted all of the Evacuation Hospitals serving the division and discussed these problems. Individuals, particularly infantrymen, could not be returned to combat duty after being evacuated twice for combat exhaustion.

