

C O N F I D E N T I A L

HEADQUARTERS FOURTH ARMORED DIVISION
OFFICE OF THE SURGEON
APO 254, US ARMY

26 June 1944.

MEMORANDUM:

TO : All Unit Surgeons, 4th Armored Division and attached units.

The following notes have been consolidated in an attempt to provide you with readily available references. It is suggested that you keep this memo, together with Medical Bulletin #17 - OCS, Manual of Therapy - DCS, and Circular Letter #71 OCS, in your map case or any other convenient location.

REPORTS

1. Final and Initial Reports: Final Report, (86ab), will be rendered the day we leave concentration area. Initial report will be rendered starting with the day we land on the far shore.

2. In Garrison: All reports will be submitted directly to the Surgeon's Office, 4th Armored Division.

3. In Combat:

a. For those units attached to a Combat Command: Reports will be addressed to Surgeon's Office, 4th Armored Division, Administrative Center. Reports will funnel with Fragmentary Morning Reports through Combat Command, AG Liaison Officer.

b. For those units with the Rear Echelon: Reports will be addressed as above and will funnel through G-1, Forward Echelon. Negative reports will be rendered.

4. Submission of Medical Reports: Details in the preparation of Medical Reports have been given to all record clerks. Reference: Circular Letter #20, OCS-ETO, 2 February 1944, as amended by Circular Letter #63, OCS-ETO, 21 April 1944.

a. Sick and Wounded Report, MD Form 51 and Form 52b.

(1) During combat the duplicate 52b will be forwarded to Surgeon's Office daily with Form 324A. We will complete and correct EMT's

At the end of the month all duplicate 52b's plus original and duplicate 52b's of completed cases will be forwarded with Form 51 to the Surgeon's Office.

(2) EM Tag, MD Form 52b will be used once we reach far shore. Aid Stations will partially complete EMT's. The clearing platoon will check for omissions and erroneous entries and correct same. The EMT's will then be completed at clearing stations prior to transfer of patients to hospital.

(3) When patients are admitted to clearing station without 52b, the clearing station will initiate the EM Tags and forward duplicate copy to unit concerned.

(4) Battalion Aid Stations treating casualties from units other than their own will forward duplicate EM Tags to unit concerned.

b. Statistical Report, MD Form 86ab: (1) Mimeographed supplemental sheets will be distributed to all units. (2) Patients received in or passing through clearing stations will not be reported on 86ab. (Reported on Form 323). (3) 86ab pertains to unit personnel only.

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- c. Monthly Sanitary Report: No change.
- d. Monthly Venereal Disease Report: No change.
- e. Monthly 86c: No change.
- f. Individual Venereal Disease Report, ETOUSA, MD Form 302: As soon as positive diagnosis is made this form will be prepared in quadruplicate. Distribution: Original to Unit Commander - Two copies to Surgeon, 4th Armored Division. (These must be forwarded as soon as diagnosis is made) - One copy, file.
- g. Monthly Report of Dental Service, MD Form 57: No change.
- h. Combat Medical Statistical Report, ETOUSA, MD Form 323.
 - (1) Will be rendered by clearing station during combat. This report is classified as Confidential and can be funneled with Fragmentary Morning Report to Surgeon's Office, 4th Armored Division Administrative Center.
 - (2) Copies: Original and Three copies to Division Surgeon's Office.
 - (3) Frequency: Daily. Period covered by report: 0001 to 2400.
- i. A & D Report, ETOUSA, MD Form 324A.
 - (1) Rendered by clearing stations and all other Battalion Aid Stations.
 - (2) Frequency: Daily. Period covered by report: 0001 to 2400. Report is classified as confidential and will be rendered during combat only. (One copy to Division Surgeon).
 - (3) Special Instructions.
 - (a) An entry will be made for each case admitted or disposed of. If admission and disposition occur the same day, complete entry on one line will serve both.
 - (b) In column "4" for Battle Casualty, enter the serial number of Purple Heart or Oak Leaf Cluster, if awarded.
 - (c) In column "8" Trf. means transferred within Army area. "Evac" means evacuated to Communication Zone. Indicate unit to which Trf or Evac is made, if known.
 - (d) In column "9" B.C. should precede battle casualty diagnosis.
 - (e) Date of report will be that of the day for which the report is rendered.

AWARD OF PURPLE HEART

1. Awards by Division and Battalion medical officers will be made only in the cases of those patients who are returned to duty from their installations.
2. The fact that such an award has been made will be entered on the individual's WD MD Form 52b. Normally the citation will consist only of the phrase, "For wounds received in action on (date) in _____ area."
3. If patient has not received the award prior to evacuation to a hospital, the following notation will be made on the MD Form 52b, "Patient entitled to Purple Heart."
4. For the purpose of awarding the Purple Heart, wounded in action casualties are those resulting from:
 - a. Piercing of the body by a projectile, a fragment of shell or bomb, or an object set in motion by enemy weapons, or by weapons of the U. S. or Allied Forces while engaging the enemy.
 - b. Piercing of the body by any weapons in the hands of, or hurled or thrown by the enemy.
 - c. Torn flesh or broken bones received from a moving object propelled by the enemy, or by U. S. or Allied Forces while engaging the enemy.
 - d. Battalion Surgeons will keep an adequate supply of Purple Heart Awards on hand. Battalion S-4 can obtain additional supplies from QM Depots.

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GENERAL PREVENTIVE MEASURES

1. Physical inspections of all personnel should be held twice monthly and at such other times as recommended by unit surgeons and approved by unit commanders. Check oral hygiene at each inspection. Check carefully for lice. Typhus fever may become a serious problem.

2. Water: All water, regardless of source, will be considered unsafe for human consumption without treatment. A residual chlorine content of 1 p.p.m. should be maintained in water used for drinking purposes. Halazone tablets will be issued to troops in Marshalling Area for individual use. With clear water two (2) tablets will be added to each canteen; with turbid water, use four (4) tablets. After any chlorine treatment, water will stand thirty (30) minutes before use.

3. Waste Disposal: We can expect to find inadequate sewage and waste disposal facilities in Western Europe. Complete unit disposal by sub-surface or burial methods will be necessary until adequate facilities can be constructed. The principles stressed in FM 8-40 and FM 21-10 will be closely followed. Take these FM's with you.

4. Purchase of poultry, meat, meat food, and dairy products will not be made from commercial sources. (Circular 11 Hq ETOUSA Feb 1944). We will attempt to get division approval to put all eating establishments off limits until approved by the Medical Department. Once approved placards will be so displayed.

5. Venereal Disease: We can expect gonorrhoea, syphilis, and chancroid to be highly prevalent in occupied countries. Informal talks to ensure "venereal disease consciousness" have proven to be one effective method in reducing the venereal rate. Each Battalion Aid Station will maintain a twenty-four hour prophylactic station. The Division Medical Inspector will open prophylactic stations in towns as indications arise. The opening of such stations will be announced in a Division Memo.

DENTAL SERVICE

1. In Garrison

a. For those units not having organic dental personnel, arrangements will be made by Division Dental Surgeon to cover such units.

b. Facilities for repair of dentures and other emergency prosthetic procedures will be available at the Medical Battalion.

2. During Combat.

a. Emergency dental treatment only will be furnished in forward echelons. Facilities for more routine treatments will be maintained by the Reserve Medical Company in the Rear Echelon.

GENERAL COMMENTS

1. All allied casualties and enemy casualties will be hospitalized in the same manner as American casualties. The same forms and procedures as used for American casualties will be the rule.

2. Salvage of Captured Material.

a. Captured enemy medical supplies will be turned into the nearest rail-head supply installation or to Division Medical Supply Officer, whichever is more practical.

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b. Turn in all captured or excess ordnance or quartermaster supplies to Battalion 3-4. He will forward to proper channel.

3. All medical installations will render emergency treatment only to wounded and injured civilians. As soon as casualties so admitted become transportable, they will be moved to civilian facilities operating under supervision of the Civil Affairs Section.

4. All suspected neuropsychiatric casualties will be given a preliminary diagnosis of "Fatigue". No other neuropsychiatric diagnosis will be made on the 52b in a division installation, except in those cases of the obviously psychotic.

5. Tagging Dead Casualties. The EM Tag will be accomplished by the first medical officer or aid man to discover the body. The 52b so accomplished will be attached to the body in a conspicuous place.

6. We must convince our line officers not to expect our aid men to expose themselves to cross fire merely to treat a small superficial wound. This happens much too often. Our aid men will not disappoint us. They will be courageous. We should not expect them to be foolhardy.

M. ABRAMS
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Lt. Col, Med Corps
Division Surgeon