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The Psychiatric and the Tactical Situations in an Armored Division

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The psychiatrist reported to the Fourth Armored Division at Camp Bowie, Tex., on 25 November 1943, at which time the division was alerted for movement overseas. The troops had been in the Army mostly for eighteen months or more and were psychologically prepared. As the division had furnished cadres on many occasions, the process of natural selection had eliminated many of the psychologically unfit. Further selection of personnel was possible when many men were transferred on reorganization of the division in September 1943. The previous training program had been arduous at Pine Camp, N. Y., on maneuvers in Tennessee and in the California Desert. This, too, had eliminated personnel unable to go into combat.

When the psychiatrist arrived, the situation was favorable to the production of neurotic reactions. The men were leaving their homeland on a dangerous voyage to enter a combat zone. Some anxiety reactions appeared and psychosomatic complaints increased; however, only one hysterical reaction occurred, and it promptly responded to suggestion. The men were convinced of ultimate victory for the Allies. They considered themselves fortunate to be going to the European Theater of Operations rather than to the Pacific Theater. Many believed they would never be in combat, feeling that the Germans would surrender before an Allied invasion occurred. They had great confidence in the division commander. In less than a month before the division entrained for the port of embarkation about 100 men were sent for psychiatric consultation, and 60 percent of these cases were anxiety reactions. The milder types of anxiety reactions were generally relieved by a frank interview in which all work was kept at a conscious level. As many of them were well trained in the use of weapons, communications, and ordnance, they were brought along with the division in spite of their difficulties. It was planned to continue seeing these men at intervals after reaching the foreign destination. Forty-six men were hospitalized for neuropsychiatric reasons during this period. Many of them were constitutional psychopathic state and mental defective cases. None were hospitalized if there was any possibility of using them.

The division moved to the port of embarkation by train and remained in port for 9 days. The Christmas holiday occurred while waiting for shipment; nevertheless, the morale remained excellent. The men whose families were near were permitted a 24-hour pass to visit their homes. Others managed to go to a neighboring town, but practically all returned in time for shipment overseas. During this stay 4 men were evacuated for psychiatric reasons—1 overt homosexual and 3 chronic alcoholics. In the port of embarkation 150 reinforcements, selected by the division G-1 and psychiatrist out of 300 available, were assigned to the division. Although an interview of only about 1 minute per man was possible, many were left behind because of inaptitude from psychological or other reasons.

The voyage was without incident except that one man was washed overboard and lost. The sea generally was calm. On landing in England, the troops first experienced total blackout. The training program was rigorous. All training was aimed to develop an aggressive attitude and to familiarize the soldier with his part in the approaching warfare. The psychiatrist spent considerable time with line officers, discussing the importance of leadership and aggressive attitude. Information on the etiology, recognition, and prevention of combat exhaustion was given to all line officers.

In England there was some enemy action which made clear to the men they were in a combat theater. They soon adapted themselves to living in the British Isles, and the British people made every effort to make their stay pleasant; however, being away from home, the occasional enemy action and the awareness that combat was nearer added to the anxiety and tension of the total situation. During the stay in England 176 men were evacuated for neuropsychiatric reasons. Four were psychotics; 1, catatonic schizophrenia; and 3 were paranoid schizophrenias; about 40 men were evacuated for anxiety situations, and the remainder were constitutional psychopathic state patients, with the majority classified as inadequate personality.

No hysterical reactions had been noted until D-day, but between D-day and 12 July there were 8 cases in the division. They were practically all monoplegias and invariably responded in some degree to sodium pentothal abreaction therapy. Four recovered completely. The other 4 were evacuated to hospitals, but 1 of them rejoined the division in France 3 months later. This soldier performed his duty satisfactorily for 1 month after which he was evacuated for arthritis.

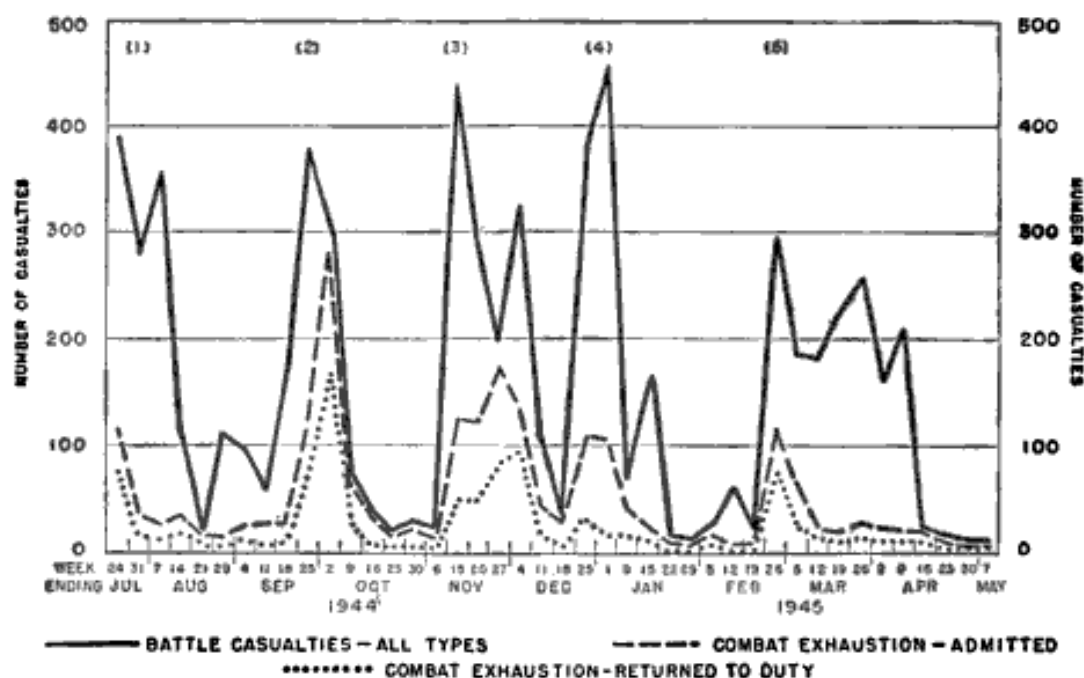
In England all replacements coming into the division were interviewed by the psychiatrist, and about 10 of them were evacuated because of psychological difficulties. Time was not available to use a

trial period for these men. It was necessary to integrate into the division all men who were to go into battle.

Early in July, the division sailed for France. In all respects the unit was ready for combat, especially as to psychological attitude, understanding of their weapons, and physical fitness. On arrival the division went into an assembly area near Barneville sur Mer. A few accidents occurred from the troops being "trigger happy." The men were over-reacting to the new situation and at night the safest location was in a pup tent. The instruction that had been given in *Stars and Stripes* made the men very cautious regarding mines and snipers. There probably was an overemphasis on "digging in." Foxholes were to be deep and shelved and covered. Perhaps too much stress was placed on protective measures, and this probably lowered the aggressive attitude. For the first time some fear reaction became evident.

On 17 July the division was committed to combat. The armored infantrymen were dismounted from their vehicles; some cavalry reconnaissance units were used as foot troops, and some engineers fought as infantrymen. Artillery units functioned as such, and tank battalions were held in reserve. The fighting was in the Normandy hedgerows, and the enemy was very capable. The troops were handicapped by the loss of fire power their vehicles had given them, and psychologically by the absence of tanks with which they were trained to fight, and by fighting as foot infantry when their training had been to fight as armored infantry. In taking over the sector, the men were brought to the reality of the situation by finding some American dead and by mortar and artillery fire as the units moved into position. The Germans sent a patrol of about 100 men through the forward areas of the division that night, and early next morning the first combat exhaustion cases came in. They were convinced that the battalion had been wiped out. Many were amazed to find some friends occupying the same tent with them when they were certain the unit had been wiped out. The men complained that they could not fight German 88's with M-1 rifles. Stories of the enemy's accuracy with mortars indicated the Germans were "supermen." With all the stories of destruction, the battalion had lost only 30 men when the morning report was complete. The sending of patrols through the areas of a new unit seemed to be a standard procedure of the Germans. Each time a new battalion took over a sector, this occurred. In 3 instances this procedure resulted in an average of 18 combat exhaustions coming in for treatment. The reactions were chiefly of the anxiety type, but there were several Parkinson-like reactions, as well as a few hysterical reactions, including 1 astasia-

abasia and 2 hysterical deafnesses. There were 3 cases of what appeared to be catatonic schizophrenia, if degree of withdrawal is a criterion. These cases were not the best men of the division. Many of them gave histories of neurotic behavior in civil life. Many were in lower levels (group IV-V) of the AGCT rating. Of 126 cases coming for treatment during this time, 74 were returned to duty.



(1) INITIAL COMBAT - NORMANDY HEDGEROWS. (2) NANCY - FIRST DETERMINED RESISTANCE; EFFECT OF 86 DAYS' CONTINUOUS COMBAT. (3) SAAR CAMPAIGN - COLD, WET WEATHER; HARD FIGHTING. (4) BASTOGNE - COLD, DRY WEATHER; HARD FIGHTING. (5) SIEGFRIED LINE BREAK.

At the end of this period the break-through at Périers occurred. The troops were again mounted and functioned as an armored division is trained to function. Remarkable success occurred in exploiting the break-through. This success was maintained and vast distances were covered. Brittany was cut off by a break-through at Avranches to Nantes; Lorient was contained; the division turned eastward, took Orléans, Montargis, Sens, Troyes, Chalon, Toul, Commercy, and isolated Nancy after crossing the Moselle. In all this action of over 55 days, only 156 cases of combat exhaustion occurred, and 70 of them returned to duty. The weather was excellent, the division was successful, and world politicians forecast the early collapse of Germany. The men coming in for treatment, as a group, were better than the first cases treated. Some replacements were now coming for treatment also. The morale was excellent. The troops had gained much in battle wisdom and had learned to respect German weapons.

While the diet had been largely K- and C-rations, the troops had supplemented these with fresh vegetables and eggs. Nearly every man had lost some weight. Psychologically the fatigue evidence was

noted in the increase of startle reactions and the tension in almost everyone. Tempers were quicker, and there was a general increase in consumption of alcohol.

At this time the gasoline shortage stopped aggressive action, and the Germans were given time to reorganize and build defenses. The weather became cooler and there was much rain. Once again it was necessary to dig in and hold. Troops were again dismounted to hold positions. The Germans began counterattacking in strength.

On 16 September the incidence of exhaustion casualties began to increase and by 27 September reached an alarming figure. On that date 71 men were admitted for treatment. Some of the best men in the division became exhaustion casualties, including a high percentage of noncommissioned officers of the first three grades. A letter was sent, on 27 September, from the auxiliary treatment center to the Surgeon, Fourth Armored Division, reporting the situation and pointing out some causes of this increase, as follows:

(1) The men have been in combat for ten weeks, which is evidently the breaking point for many men. (2) The great amount of rain during this period has increased the number of cases. (3) Troops have had little opportunity for rest, and few have had hot meals. (4) Morale is definitely lower—troops coming to this station feel that because this is a crack division, it is going to be used until everyone cracks up.

If the troops are kept in combat, provisions must be made to handle greater numbers of these cases since, in the past, it has been found that the exhaustion cases increase in ratio to the amount of time committed to combat.

It must be considered also that these cases, developing late in combat time, are more difficult to effect recovery in, and also a longer period of time is needed for recovery of these cases.

These cases coming into the treatment stations now are some of the best men in the division. Many are noncommissioned officers, and the number of technical and staff sergeants is high.

Also to be considered is the fact that individual efficiency of the men goes down as they become more fatigued.

Recommend: Ten days' rest for all the units of the division as soon as possible. The rest should be as complete as possible during which time the men can get their clothing and equipment in shape again. It would be advisable, if possible, that the men be given passes to some town also, when the situation permits.

While the tactical situation demanded that the division hold, the men knew they were to be relieved. Complaints were numerous as to the slowness of the relief coming up; however, the knowledge that relief was on its way made it possible for some men to hold on. Between 15 September and 30 September there were 355 incidences of exhaustion—more than had occurred in the previous 2 months. A great number of these men, however, were returned to duty.

The division, except the artillery, was relieved about October. The men were given passes to Nancy when possible, shower units and the kitchens were brought up and B-rations made available. Reinforcements were trained for the next commitment. During this time of preparation the troops were within sound of artillery and most of them lived in pup tents. One battalion commander had his men sleep in foxholes. The weather was unpleasant, and some units were compelled to move because of high water. In spite of the environment, morale rose quickly, the troops became well rested, and they were ready for the next assignment. During this time the units were cleared of inefficient men either by evacuation or transfer to service units within the division. In October, 194 men were treated, and 61 of them were returned to duty.

The division again went into combat in the Saar Valley about 8 November. The Germans were well prepared and fought tenaciously. The cold had increased, there was much rain, and, in maneuvering armor, the vehicles were road-bound. Furthermore, road nets were not suitable for easy operation of armored units. Many men were unable to change clothing after getting wet, and getting hot food to them was difficult. Probably the most pronounced factor in the cause of combat exhaustion at this time was the weather. This campaign lasted about 1 month, and the gains were minor compared to those made during summer. Vehicular losses and casualties were high. As far as weather and enemy action were concerned, this campaign was probably the most severe of the war in the ETO. The outlook for an early peace had been shattered. The troops were fighting a determined enemy in most severe climatic conditions.

The problems of trench foot and frostbite suddenly descended in alarming amounts. There is, in my opinion, a parallel in the diathesis of combat exhaustion and trench foot. The incidence of combat exhaustion dropped as the incidence of trench foot rose. The men coming in now were some of the better men in the division. Many were older men who were unable to continue in this situation. Age above 35 certainly adds to an enlisted man's chances of becoming a combat exhaustion case.

During November and to 10 December 720 men were treated for exhaustion and of these 289 were returned to duty. The repeated traumatizing experiences of battle were producing a less dramatic but nonetheless disabling form of combat exhaustion. These men were apathetic and incapable of further combat. Enemy activity would cause them to seek shelter, and it was impossible for them to leave shelter. After treatment they would apathetically return to

duty to be sent back immediately by a platoon leader who could no longer use them. The time needed for treatment and rehabilitation of these cases was far more than was possible at the divisional level. Another factor was noticed in tank crews. A man could sustain having his tank knocked out by enemy action twice, but after the third time the tanker is usually a combat exhaustion case. There are exceptions, and some men were still going at the cessation of hostilities after being in more than 6 tanks knocked out by enemy action.

The facilities for housing exhaustion patients were the poorest at any time during the campaign. A former French officers' barracks was used, and it was necessary to keep men on three floor levels. There were steep stairways inside the building and a high porch at the entrance which had no bannister, and the steps leading down were steep and slippery. It was necessary that each man remain in a high state of awareness. The dosage of sodium amytal was reduced from 21 to 6 grains daily. In spite of the change in therapy, almost the same percentage of men were returned to duty as had been possible with deeper narcosis therapy.

On about 10 December the division was again relieved. For a week the men were reequipped and new men were trained and plans made to develop further recreation facilities and to get the troops inside buildings. Morale was good. The reality of the grim task ahead now was evident.

About 20 December the division moved over 100 miles to aid in stopping the German break-through in the Ardennes. This was the first time that the division had been called to fight against enemy activity of such magnitude. They were confident of the outcome, but realized the effort that would be required. Possibly the previous month of hard fighting had been an excellent factor in the psychological preparation for this task. The ground was frozen, and it was again possible to maneuver armor off the roads. On arriving at the assembly area there was snow on the ground, but the men were dry. The mission was to break through to the surrounding troops at Bastogne. While the fighting was severe, combat exhaustion was far less prevalent than before. From 10 December to 2 January the total incidence was 246 cases of which 95 were returned to duty. Many of these were simple physical-exhaustion cases.

The evidence of cumulative battle exhaustion was more pronounced. Generally, the soldier was returned by his platoon leader for inefficiency. The man would be apathetic, uninterested in surroundings, and easy to deal with. He spent all possible time resting. Weight

loss was evident, and there was some difficulty in sleeping. At the end of 2 to 4 days the man would return to duty, but would be still inefficient. The most pronounced symptom was apathy.

After the break-through to the surrounded troops the division was concentrated in a rest area. Artillery battalions were kept on the line, supporting other troops, and the infantry battalions were alternately used in holding one small sector. Generally, the troops were inside buildings. There was recreation in form of movies and passes to Luxembourg and Paris. Excellent rations were obtained and for the next month the troops were trained and reequipped. The rest period lasted until 23 February when the division was committed to combat at the Luxembourg-Germany border. On the first day the troops broke through the prepared defenses and 75 cases of exhaustion occurred, mostly among recent replacements. Strangely, after the first day of action, exhaustion cases suddenly dropped to a negligible number. Once again the division was successful. Resistance was weak, and after passing through the prepared positions enemy artillery was almost negligible. With minor losses the division rolled through to the Rhine River.

Again there was a few days' rest. The morale was at peak. The last great barrier had been forced by another armored division at Remagen. The division could maneuver as it had the previous summer. A very successful campaign to the Rhine had been easily accomplished. There were signs of disintegration of German fighting forces everywhere.

The next assignment was the campaign in the Saar region where, in spite of hard fighting, the incidence of exhaustion was low. The division was successful in paralleling the Rhine, going through to Worms, crossing the Rhine at Oppenheim, and by 20 April reaching the vicinity of Chemnitz. En route it captured two bridges over the Main River, joined with the First Army east of Geissen, and then spearheaded the attack by way of Lauterbach, Hersfeld, Eisenach, Gotha, Weimar, Jena, Gera, to Chemnitz. During this whole time, combat exhaustion incidence was the lowest of all time. There was almost a complete lack of German artillery, a factor worthy of consideration in causation. During the fighting from the Luxembourg border to Chemnitz, a period of 2 months, there were 332 cases of exhaustion, of which 165 were returned to duty and 167 evacuated. Enemy air activity caused apprehension and emotional reaction, but evidently their success and their aggressive attitude resulting in 37 German planes being shot down in 1 day kept the incidence of ex-

haustion cases low. At Chemnitz the division rested and then went to an assembly area at Bayreuth, from where a few days later it was committed again to march into Czechoslovakia. In marching about 40 miles into enemy territory, the only casualties were vehicular in character and only one German was killed.

The Germans surrendered on 9 May 1945.

Incidence of combat exhaustion cases

Source	Number	Exhaustion cases	
		Number	Percent
Enlisted men coming with division to port of embarkation.....	10,700	1,018	9.6
From another armored division.....	350	46	13.1
From port of embarkation.....	160	10	6.2
Reinforcements in Europe.....	8,300	749	9.0

This table reveals that selection of personnel as done at the port of embarkation will reduce the incidence of combat exhaustion. If the G-1 and the psychiatrist had the opportunity of selecting men for their divisions, a general reduction of exhaustion incidences would occur. The personnel received from "another division" were largely castoffs. Many of the men evacuated from the division in England were from this group. These figures on original integral divisional enlisted men and on reinforcements reveal little because of the attrition from other reasons. One can assume there were more battle days endured by the original divisional personnel than by the reinforcements; however, the percentage is about the same.

Further study according to units revealed that the bulk of exhaustion incidence was in the infantry battalions. One infantry battalion had a higher incidence largely due to the action during the Saar campaign in which one company had the harrowing experience of being pinned down after swimming the Saar River and being held there for a long time. The tank battalion with the highest figure has its explanation in the fact that the battalion surgeon deemed it wise to send in some men for physical exhaustion. Also, this battalion had more change in command and officer personnel than the other two did. The cases from trains, SS Fourth Armored Division, and administrative center were repeaters who had been tried in these assignments as an effort to salvage them.

A study on repeaters shows that on a basis of combat days, even though a man becomes an exhaustion casualty again, the treatment at divisional level is well worth while. Some were returned to duty

even though it was known they could endure for only a few days. One technical sergeant was returned to duty four times; he was an excellent man and was wanted by his platoon leader each time. His average stay was about two weeks after each break; this certainly was worth while. Many men treated and returned to duty remained there.

CAREERS FOR MEDICAL OFFICERS IN PHYSICAL MEDICINE

The opportunity to specialize in physical medicine offers to medical officers prospects for a very gratifying career. The purely medical aspects of physical therapy, occupational therapy, and physical reconditioning are being stabilized as a physical medicine service. The nonmedical aspects of reconditioning will be administered under a proposed convalescent services division. In general hospitals the physical medicine service will be a major service on a level with the medical service and the surgical service.

Physical medicine is now a recognized specialty. Information has been received from authoritative sources that an American Board of Physical Medicine is to be established in the near future. In order to qualify medical officers in this field, there is being established a professional training course of six-months duration in a large metropolitan medical center. After completing this course, individuals will be assigned to physical medicine services in general hospitals for applicatory, on-the-job training, leading to completion of the requirements for board certification.

If the size of the standing Army is placed at 850,000, as recommended by General Eisenhower, there will be a need for about 59 medical officers who are qualified as specialists in physical medicine. At the present time, only a very small number of medical officers are so qualified. In order to build up a group of competent well-qualified medical officers for professional assignments in physical medicine, the Army offers an unusual opportunity to enter a career in this specialty.

The Surgeon General has personally pointed out that officers who have recently begun specialty training, or who have not chosen their medical specialty, should carefully consider the broad field of physical medicine as a professional career with a bright future. For medical officers of the Regular Army who have been on extended assignments of an administrative nature, but who now desire to obtain training in a promising specialty, physical medicine warrants major consideration. For other medical officers (Army of the United States, Officers' Reserve Corps, and National Guard) who anticipate remaining on active duty for an indefinite period, the same holds true.

For further details interested medical officers should communicate directly with the Director, Physical Medicine Consultants Division, Office of The Surgeon General, War Department, Washington 25, D. C.