101ST AIRBORNE DIVISION
Office of the Surgeon
APO 172, U. S. Army

31 January 1945.

SUBJECT: Annual Report, Medical Department, 101st Airborne Division.

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

The following Annual Report of the Medical Department Activities of the 101st Airborne Division is submitted in compliance with AR 40-1005, Letter AG 319.1 (9.15.42) EG-M, War Department, 22 September 1942, Subject: "Annual Reports, Medical Department Activities" and Circular Letter No. 143, Office of the Chief surgeon, Headquarters European Theater of Operations, 18 December 1944.

Historical Review:

The 101st Airborne Division was activated on 16 August 1942 at Camp Claiborne, Louisiana. The original complement of Officers and Enlisted Men were cadred from the 82nd Infantry Division. Following activation the division moved to Fort Bragg, North Carolina for airborne training which was augmented by some time spent at the Laurenberg-Maxton Army Air Support Base at Maxton, North Carolina. A period of approximately six weeks was spent on Tennessee Maneuvers prior to coming overseas in September 1943 where the division was located in the general vicinity of Newbury, England.

Operations:

1. Operation "Neptune" commencing 6 June 1944:

    a. The regimental and battalion medical detachments entered combat with the following personnel strengths: parachute regiments - nine (9) Officers and sixty (60) enlisted men; glider regiments - seven (7) Officers and sixty-four (64) Enlisted Men; engineer battalion - two (2) Officers and seventeen (17) enlisted men; antiaircraft battalion - two (2) Officers and twenty-four (24) Enlisted men; field artillery - eight (8) Officers and forty-five (45) Enlisted Men. The T/E equipment for these detachments was completely revamped and augmented. All heavy chest equipment was eliminated where possible, particularly for those units which had no organic transportation. Pack boards for the individual carrying of medical installation equipment were obtained, some two hundred fifty (250) litters and one thousand two hundred (1200) blankets in excess of T/E allowances were distributed to the unit medical detachments. Twelve thousand (12000) shell dressings (British item) similar to the American item "Carlisle Dressing, Large" but enclosed in a waterproof canvas cover, were requisitioned.

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Two (2) dressings were issued to each parachutist. A copper sulfate-sponge for protection against phosphorus burns was produced and one (1) issued to each individual of the division. Since there was such an abundance of individually carried material for protection against chemical warfare injuries, unit medical installations reduced this type of equipment to a minimum. Although only some six hundred (600) units of plasma were authorized this division, a total of over two thousand (2000) units were carried into combat. The A-5 container for medical equipment totaled only seven (7) per parachute medical detachment on authorized T/E allowances. This quantity was raised to an average of twenty-five (25) containers per regimental medical detachment in order to insure that essential medical installation equipment would be available to the parachute medical personnel, particularly in view of the fact that units might become isolated in the early stages of combat.

    b. The 326th Airborne Medical Company entered combat with nineteen (19) Officers and one hundred eighty-one (181) Enlisted Men. Attached to this unit was Team number 15 from the 3rd Auxiliary Surgical Group, consisting of four (4) Officers and four (4) Enlisted Men. The Company had twenty-three (23) jeeps and twenty (20) trailers which had the dual function of carrying equipment and evacuating casualties. One element of the Company, four (4) Officers and forty-five (45) Enlisted Men, landed in the combat zone by parachute. Another, consisting of seven (7) Officers and twenty-one (21) Enlisted Men, four (4) jeeps and four (4) trailers, came in by glider. The remainder of the Company constituted the seaborne echelon. The Company retained its platoon organization as required by the authorized T/O 8-37. The surgical equipment of the Company was entirely revamped by making each medical chest a functional piece of equipment and devising methods of pre-combat sterilization of the medical equipment.

    c. The Division Surgeon’s Office combat echelon consisted of four (4) Officers and one (1) Enlisted Man. In addition to their assigned duties this personnel supplemented the personnel of the Medical Company.

    d. The Division Medical Supply was allocated one (1) 2 ½ ton truck for combat use to carry in a minimum of three (3) days medical supply and to arrive in the combat zone on D plus 1.

    e. The aerial medical resupply calculated for three (3) days requirements was set up in one hundred twenty (120) A-5 aerial delivery containers at United Kingdom airdromes.

    f. The Medical Detachments of the 501, 502 and 506 Parachute Infantry Regiments and the 377th Parachute Field Artillery Battalion dropped on the Cotentin Peninsula between Montebourg and Carentan at approximately H Minus 4. The marked scattering of medical personnel made it almost impossible to collect this personnel into anything like its functional sections until many hours after daylight. Less than 10% of medical equipment bundles dropped could be recovered initially because of marked scattering of the bundles,

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and the small arms fire encountered while trying to collect them. The parachute elements of the Medical Company dropped at approximately L minus 4. They performed first echelon medical service for the unit to which they were attached. The glider echelon of the Company came in in two (2) waves. Two (2) CG-4A glider loads landed near Hiesville, France at approximately H minus 3. Three (3) Horsa loads landed at H plus 14. The seaborne element with the Division Surgeon’s Section landed at "Utah" Beach at H plus 3 and worked its way up unescorted to Hiesville. The Company proceeded to the Chateau Columbierre some six hundred (600) yards north of Division Headquarters, which had been selected as the location of the Clearing Station. the platoon organization of the Medical Company was disregarded at this time and a functioning field hospital was set up.

    g. The excessive number of casualties immediately arriving at the Clearing Station required setting up tentage outside the chateau. The 2 ½ ton truck allocated to the Division Medical Supply supplemented the Company vehicles for the evacuation of casualties to the 261st Medical Battalion at "Utah" Beach, about five miles distant. On D plus 2 additional trucks from the 3807th Quartermaster Company were used until Corps evacuation (one platoon of the 574th Ambulance Company) arrived. On 9 June 1944 the Clearing Station was bombed by aerial bombs. Evacuation of casualties was temporarily halted at that time as most vehicles were partially damaged or overturned and the remaining, including vehicles of the Ambulance Platoon, were covered by debris. Five (5) Medical Department Officers and nine (9) Enlisted Men were injured and eight (8) Enlisted Men killed as a direct result to the bombing. The following day the VII Corps Surgeon was contacted and the Division was loaned six (6) Officers and sixty-one (61) Enlisted men, and three (3) ward tents from the 42nd Field Hospital. The care of sick and wounded and the evacuation continued through 25 June 1944. No problems in the function of medical equipment were confronted. The evacuation system worked well, harassed only by sporadic bombing and small arms fire.

    h. Casualty Rates:

    1. Appendix 1 shows the number of individuals by day treated in medical installations of the division from 6 June 1944 to 25 June 1944. The graph is broken down into Battle Casualties, Injuries (non-battle), and Disease. The totals for this period are as follows:

|  |  |
| --- | --- |
| Total Battle Casualties | 2322 |
| Total Injuries | 85 |
| Total Disease  | 297 |
| Aggregate | 2704 |

    2. The total number of exhaustion cases (Neuropsychiatric) sustained during this period was eighty (80) and is contained in the above figures under "Disease". The other diseases were ordinary "run of the mill" type seen in garrison.

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    3. Of the total number wounded 30% had multiple wounds and 70% single wounds.

    4. The percentage of casualties by regions of the body are as follows:

|  |  |
| --- | --- |
| Head and Neck  | 15% |
| Chest  | 5% |
| Shoulder, arms, forearm, hands  | 44% |
| Back  | 8% |
| Abdomen  | 2% |
| Buttocks 3% | 3% |
| Hip, thigh, leg, foot 23% | 23% |

    5. The gunshot wounds as compared to the shrapnel wounds were in the proportion 45 to 55.

    6. The jump casualties sustained made up only 1% of personnel jumping.

    7. Casualties that died while being treated in a medical installation of the division totaled only thirteen (13)

    8. The above figures do not include those casualties of the division treated by medical personnel outside the division.

    i. Loss of Medical Personnel:

    1. The strength of medical personnel committed to combat was as follows:

71 Officers - 535 Enlisted Men

    2. Of the total number of Officers, the losses sustained are as follows:

|  |  |
| --- | --- |
| Killed in action  | 0 |
| Evacuated  | 9 |
| Missing in action  | 5 |
| Captured  | 0 |
| Total  | 14 |
| Percentage Loss  | 20% |

    3. The enlisted personnel lost in combat are as follows:

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|  |  |
| --- | --- |
| Killed in action  | 18 |
| Evacuated  | 50 |
| Missing in action  | 37 |
| Captured | 1 |
| Total  | 108 |
| Percentage Loss  | 20% |

    4. Although the percentage loss of medical personnel is comparatively high, in view of the mission of this division it is less than calculated prior to combat. Since the small number of medical personnel within the division does not permit for reserve personnel for replacement of front line losses, the evacuation of casualties was definitely hampered by the loss of the above personnel.

2. Operation "Market" commencing 17 September 1944

    a. The regimental and battalion medical detachments entered combat with the following personnel strengths : parachute regiments - nine (9) Officers and seventy-seven (77) Enlisted Men; glider regiments - nine (9) Officers and one hundred and nineteen (119) Enlisted Men; engineer battalion - two (2) Officers and nineteen (19) Enlisted men; antiaircraft battalion - one (1) Officer and twenty-three (23) Enlisted Men; field artillery - eight (8 ) Officers and forty-nine (49) Enlisted Men. The T/E requirements for these units was revamped and augmented on the basis of the experience gained in Operation "Neptune". Pack boards were found to have been impractical and the recommendation, was made to supplant them with one (1) truck 1/4 ton, 4 x 4, and one (1) trailer 1/4 ton, cargo. Litters, blankets, shell dressings, plasma and copper sulfate sponges were carried as in Operation "Neptune". The medical personnel entered the combat area in echelons. All medical detachments accompanied their units either as glider or parachute elements.

    b. The 326th Airborne Medical Company was committed on the Holland Mission in two waves. The first wave, consisting of six CG-4A glider loads transporting, two (2) trucks 1/4 ton, two (2) trailers, and fifty-two (52) personnel, departed from Ramsbury Airport at 1030 and landed at Zon, Holland at 1345, 17 September 1944. The second wave consisting of fifty-four (54) CG-4A glider loads, transporting thirty-one (31) trucks 1/4 ton, twenty-three (23) trailers, and two hundred nineteen (219) personnel departed from Welford Airdrome at 1125 and landed at Zon, Holland at 1440, 18 September 1944.

The flight was made without incident on the part of both waves except for light to moderate "flak" encountered in route to the glider landing zone. No personnel were wounded while in the air, no loads were lost, and all equipment arrived in the glider landing zone in serviceable condition.

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In the initial wave the two trailers were loaded with two ward tents and the necessary equipment to set up two operating tables. Electrical power, in the form of two field generators, were also transported in these two loads.

The gliders were unloaded immediately and no difficulty was encountered in getting the equipment out of the gliders. The treatment of casualties was begun immediately by the officer personnel while the enlisted personnel were setting up a temporary station at the southern portion of the glider landing field. Casualties began arriving at the station at 1500. By 1700 the tents were in full operation, and the first surgical operations were being performed.

At 1800 the hospital at Zon, Holland was taken over by the company and the equipment and personnel was moved in by 1900. The treatment of casualties was then carried on under ideal conditions. By 2400 17 September 1944, one hundred seven (107) casualties had been admitted at the station.

The second wave was met as it came in on the glider landing zone on 18 September 1944, began the immediate treatment of landing casualties, was assembled, and arrived at the hospital at 1600.

The litter bearer and ambulance sections were sent to the respective regiments the night of 18 September 1944.

By the morning of 19 September 1944, contact had been established with the combat troops at Vechel, and the attached platoon of the 50th Field Hospital was sent to establish a station at Vechel. On the afternoon of 19 September 1944 the 493rd Medical Collecting Company established contact with the company at 1500, and at 1610 sixty (60) walking wounded were evacuated to the 24th Evacuation Hospital. Due to the moving of traffic north, no further evacuation to the south was accomplished until 0615 20 September 1944 at which time evacuation to the rear from Zon was non-interrupted. On the 20th of September the unit had thirty (30) ambulances and four (4) 2 ½ ton trucks available for evacuation to the rear. After that time this unit had ten (10) ambulances for evacuation.

On 21 September 1944 at 1500 one surgical team was sent to Vechel to assist the Platoon of the 50th Field Hospital located there. This unit having previously been attached to and working with the 326th Airborne Medical Company.

On 25 September 1944 at approximately 1600 the road between St. Odenrode and Vechel was cut by the enemy. Evacuation from Vechel south was impossible until approximately 2200 26 September 1944.

On the 3rd of October reconnaissance of the Nijmegen area was made prior to moving the company to this location. On 4

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October the platoon of the 50th Field Hospital was moved to Nijmegen from Vechel, and the following day was sent across the Waal River to establish a station and to support the troops located on "The Island".

On 5 October 1944 the Medical Company was moved to Nijmegen by motor convoy to establish and operate a hospital. The first casualties were received at the new location at approximately 0600 6 October 1944.

On 22 October 1944 the company received the first of a series of a new type of casualty. This patient had a traumatic amputation of the left foot as a result of the explosion of a German Shu-Mine [Schuh Mine]. During the period of 22 October 1944 to 29 October 1944, eighteen (18) such casualties were received at the station. These casualties were in deeper shock than any other type of casualty received during the entire operation. Two of these casualties died as a result of shock before any definitive surgical procedure could be performed upon them. Practically all of the amputations occurred at the level of the middle of the leg. An unusual feature noticed was that practically all of them were left lower extremity injuries.

The company continued to operate a hospital in its initial location at Nijmegen until 1330 29 October 1944, at which time the station was bombed. Since the station had been struck by anti-personnel bombs at 1000 and by rockets at 1130, it was deemed advisable to move the station to a new location following the bombing which rendered the building untenable due to the fact that all of the windows had been blown out.

The Company suffered three (3) killed and six (6) wounded as a result of the bombing. In addition, two (2) attached personnel were wounded. The 493rd Medical Collecting Company, which was evacuating the 326th Airborne Medical Company, lost two (2) men killed and four (4) wounded. At the time of the bombing two trucks from the 397th Quartermaster Truck Company were in the station delivering rations. Three (3) members of this unit were killed as a result of the bomb explosion.

The Company was moved to the area occupied by the 24th Evacuation Hospital where it spent the night of 29 October 1944. The following morning it was moved to the Division Rear CP where it continued to operate.

At 1800 14 November 1944 the Platoon of the 50th Field Hospital was relieved from duty on "The Island" and was brought to the Division Rear CP. The following day this unit was sent to Mourmelon, France. At the time of relief of the Platoon of the 50th Field Hospital personnel from the Company, consisting of two (2) Officers and twenty (20) men, established a station

in the location formerly occupied by the Platoon of the 50th Field Hospital. This personnel was rotated every 48 hours.

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This station was closed 27 November 1944, as the last combat troops of the Division were cleared completing seventy-one (71) continuous days of combat Medical Service in Holland. At this time the entire unit was enroute to or closed in Camp Mourmelon, France, with the exception of one Officer and three Enlisted Men who remained at Nijmegen, Holland to furnish Medical Coverage for the Division Rear Detachment. This group closed in Camp Mourmelon 1 December 1944

    c. The Division Surgeon’s Office consisted of three (3) Officers and two (2) Enlisted Men. This personnel landed by glider at Zon, Holland on 18 September 1944 in accompaniment with the 326th Airborne Medical Company.

    d. The Division Medical Supply was allocated one (1) 2 ½ ton truck for combat use to carry in a minimum of three (3) days medical supply and to arrive in the combat zone by sea.

    e. The aerial medical resupply calculated for three (3) days requirements was set up in one hundred twenty (120) A-5 aerial delivery containers at United Kingdom airdromes.

    f. Casualty Rates:

    1. Appendix 2 shows the number of individuals by day treated in medical installations of the division from 17 September 1944 to 29 November 1944. The graph is broken down into Battle Casualties, Injuries (non-battle), and Disease. The totals for this period are as follows:

|  |  |
| --- | --- |
| Total Battle Casualties | 3042 |
| Total Injuries | 108 |
| Total Disease  | 820 |
| Aggregate | 3972 |

    2. The total number of exhaustion cases (Neuropsychiatric) sustained during this period was one hundred fifty-one (151) and is contained in the above figures under "Disease". The other diseases were ordinary "run of the mill" type seen in garrison.

    3. The percentage of casualties by regions of the body are as follows:

|  |  |
| --- | --- |
| Head and Neck  | 17% |
| Chest  | 5% |
| Shoulder, arms, forearm, hands  | 28% |
| Back  | 6% |
| Abdomen  | 4% |
| Hip, leg, foot  | 40% |

    4. The jump casualties sustained made up only 1% of personnel jumping.

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    5. Casualties that died while being treated in a medical installation of the division totaled forty-one (41).

    6. The above figures do not include those casualties of the division treated by medical personnel outside of the division.

    e. Loss of Medical Personnel.

    1. The strength of medical personnel committed to combat was as follows:

75 Officers -- 689 Enlisted Men

    2. Of the total number of Officers, the losses sustained are as follows:

|  |  |
| --- | --- |
| Killed in action  | 2 |
| Evacuated  | 5 |
| Missing in action  | 2 |
| Captured  | 0 |
| Total  | 9 |
| Percentage Loss  | 12% |

3. The Enlisted Personnel lost in combat are as follows:

|  |  |
| --- | --- |
| Killed in action  | 25 |
| Evacuated  | 78 |
| Missing in action  | 13 |
| Captured  | 0 |
| Total  | 116 |
| Percentage Loss  | 17% |

3. Operation "The Defense of Bastogne" commencing 19 December 1944

    a. The regimental and battalion medical detachments entered combat with the following strengths: parachute regiments - seven (7) Officers and sixty-two (62) Enlisted Men; glider regiments - seven (7) Officers and eighty-six (86) Enlisted Men; engineer battalion - two (2) Officers and twenty (20) Enlisted Men; antiaircraft battalion - one (1) Officer and twenty-three (23) Enlisted Men; field artillery - seven (7) Officers and sixty-three (63) Enlisted Men. All medical detachments accompanied their units as a part of a motor convoy. Due to the acuteness of the situation and the rapidity with which the division was committed, on this operation the packet first aid, parachutist, and the individual copper sulfate sponge were unobtainable. However, all detachments transported extra blankets and litters on the trucks allocated to the medical detachments.

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    b. The 326th Airborne Medical Company entered combat with nineteen (19) Officers and one hundred ninety-eight (198) Enlisted Men. Attached to this unit was Team No. 15 of the 3rd Auxiliary Surgical Group, consisting of four (4) Officers and four (4) Enlisted Men. Three (3) Officers and two (2) Enlisted Men from the Division Surgeon’s Office moved with the Medical Company.

The Medical Company opened the station at 1100, 19 December 1944 near Herbaimont, Belgium (Coordinate - P447830) Map: France and Belgium, 1:50000. The first casualties were admitted to the station at 1100, 19 December 1944. The collecting element of the company were immediately dispatched to the regiments to begin evacuation to the Clearing station.

Due to the fluid conditions of the front lines at this time and since the location of third echelon medical installations had not been obtainable prior to the time of departure from the Base Camp, the Commanding Officer of the 326th Airborne Medical Company and the Division Surgeon made a reconnaissance to locate these units and to establish a route of evacuation.

At 1700, 19 December 1944 the Commanding Officer of the 326th Airborne Medical Company departed from the Clearing Station with three (3) 4 x 4 Cross-country ambulances loaded with fifteen (15) litter and walking wounded patients enroute to the 107th Evacuation Hospital located at Libin, Belgium. Upon arrival at the Evacuation Hospital arrangements were made with the Commanding Officer of the 64th Medical Group for five (5) additional ambulances to assist in the evacuation of the Clearing Station. The Commanding Officer of the Medical Company then attempted to return to the Clearing Station, but upon arrival at the bridge located at P434620, Map: France and Belgium, 1:50000 at 2130, 19 December 1944, he found that the bridge had been demolished and that this road could no longer be used for the evacuation of casualties. The convoy of ambulances was rerouted to Recogne, Belgium, thence to Neufchateau, and from there toward Bastogne, Belgium. After proceeding up the Neufchateau-Bastogne highway for a distance of approximately three (3) Miles, it was found that the road was blocked by a double column of armor. At 0230, 20 December 1944, the Commanding Officer of the 326th Airborne Medical Company met the Division Chaplain who related that the following events had taken place: An enemy force estimated at six (6) armored vehicles consisting of half-tracks and tanks, supported by approximately one hundred (100) infantry soldiers proceeding southwest from the direction of Houffalieze [Houffalize], Belgium on route T-26, had, at 2230, 19 December 1944, attacked the Clearing Station. The station was sprayed by machine-gun

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fire from the half-tracks and tanks over a period of approximately fifteen (15) minutes. The tents in which the treatment was being done were struck by machine-gun fire, and six (6) trucks were set afire. The burning trucks lighted the area so that red crosses on the tents of the Clearing Station were clearly visible to the enemy. In spite of this fact, the machine-run fire continued even after the nature of the installation was clearly visible to the enemy. Following the cessation of machine-gun fire an enemy officer advanced into the station and demanded the senior officer, present. The Division Surgeon, after discussion with the enemy officer, surrendered the installation. The enemy allowed the organization thirty (30) minutes to load their equipment and personnel on the vehicles and to follow them into the enemy lines. The Company lost at this time, captured by the enemy, eleven (11) Officers and one hundred, nineteen (119) Enlisted Men, three (3) Officers are two (2) Enlisted Men of the Division Surgeon’s Office, and four (4) Officers and three (3) Enlisted Men from Team No. 15, of the 3rd Auxiliary Group. One (1) Enlisted Man of the Company was killed during the action. Following receipt of this information, the Commanding Officer of the unit notified the Commanding Officer of the 64th Medical Group who in turn contacted VIII Corps Surgeon.

The 429th Medical Collecting Company and the 635th Clearing Company were secured to perform the second echelon medical service for the Division. The 429th Collecting Company was put into position at Jodenville, Belgium, P477540, Map: France and Belgium, 1:50000. The 635th Clearing Company was put into position at Longlier, Belgium, P365423.

A survey was made of the amount of Medical Department equipment at present within the Division and the Division Surgeon contacted VIII Corps Surgeon in order to secure additional equipment. The Division Surgeon was informed that it would be necessary that a complete report be made relative to the overrunning of the installation. At this tine the Division Surgeon reported to the Corps Surgeon’s Office in order to render the report and at the same time to secure the Medical Department equipment which had been requested. Following the securing of the Medical supplies, an attempt was made to get back into Bastogne with this equipment. This was impossible due to the fact that the road between Bastogne and Neufchateau had been cut by the enemy.

Since the division was without second echelon medical service, all available doctors were removed from such positions as assistant regimental surgeon, artillery surgeon, antiaircraft surgeon, and one regimental surgeon, acting in a command function, and were placed in one central location in the Belgium barracks at Bastogne to act as a collecting point. On 24 December 1944 one hundred ampules of penicillin were delivered by an L-1. This same day medical equipment was dropped by C-47, with approximately 100% recovery of all sent in. This supply consisted of

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whole blood, vaseline gauze, litters, blankets, atropine sulfate, tetanus toxoid, pentothal sodium, distilled water, syringes, and sterilizers.

On 26 December 1944 two (2) surgical teams were flown in to Bastogne by glider and landed safely at 1600. The decision was reached not to perform any major surgical procedures in Bastogne since it was known that evacuation no the rear could be accomplished by the next day. At this time Bastogne was under almost constant aerial and artillery bombardment and the retention of post-operative cases was not practical.

On 27 December1944 all casualties were evacuated from Bastogne direct to Evacuation Hospitals in the rear. On 28 December 1944 one (1) platoon of the 50th Field Hospital arrived in Bastogne and opened station. The second echelon medical service was also augmented with the ambulance platoon of the 495th Medical Collecting Company and Company "A" of the 92nd [Medical] Gas Treatment Battalion. On 30 December 1944 the platoon of the 50th Field Hospital was removed from Bastogne and sent to Bertirx.

The Consultant Surgeon for the Third United States Army made a physical inventory and study of the cases held in Bastogne during the time that evacuation was impossible. This revealed that, other than the physical discomforts, the casualties had not unduly suffered for lack of Medical Department treatment and that the morta1ity was extremely low.

    c . casualty Rates:

    1. Appendix 3 shows the number of individuals by day treated in medical installations of the division from 19 December 1944 to 31 December 1944. The graph is broken down into Battle Casualties, Injuries (non-battle), and Disease. The totals for this period are as follows:

|  |  |
| --- | --- |
| Total Battle Casualties | 704 |
| Total Injuries | 6 |
| Total Disease  | 573 |
| Aggregate | 1283 |

    2. The total number of exhaustion cases (Neuropsychiatric) sustained during this period was eighty-four (84) and is contained in the above figure under "Disease". A new type of casualty was encountered in this operation due to climatic conditions, this was diagnosed as Trenchfoot, but was later changed for those cases appearing in rear area troops to Frostbite.

    3. The percentage of casualties by regions of the body are as follows:

|  |  |
| --- | --- |
| Head and Neck  | 19% |

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|  |  |
| --- | --- |
| Chest  | 5% |
| Shoulder, arms, forearm, hand | 25% |
| Back  | 7% |
| Abdomen  | 3% |
| Buttocks 3% | 1% |
| Hip, thigh, leg, foot  | 40% |

    4. Casualties that died while being treated in a medical installation of the division totaled thirty-three (33).

    5. The above figures do not include those casualties of the division treated by medical personnel outside the division.

    d. Loss of Medical Personnel:

    1. The strength of medical personnel committed to combat was as follows:

63 Officers -- 582 Enlisted Men

    2. Of the total number of Officers, the losses sustained are as follows:

|  |  |
| --- | --- |
| Killed in action  | 0 |
| Evacuated  | 2 |
| Missing in action  | 18 |
| Captured  | 0 |
| Total  | 20 |
| Percentage Loss  | 31% |

    3. The Enlisted personnel lost in combat are as follows:

|  |  |
| --- | --- |
| Killed in action  | 4 |
| Evacuated  | 31 |
| Missing in action  | 133 |
| Captured  | 0 |
| Total  | 168 |
| Percentage Loss  | 29% |

Military and Civilian Personnel:

All personnel assigned to the Division are in the Military Service except for civilian Red Cross Field Directors. The latter number have increased during the past six months when Mobile Doughnut units and Service Clubs were attached and established at Camp Mourmelon, le Grande, France, the total at present is four (4) male and seven (7) female workers.

Training:

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The Medical Department Personnel received their training prior to Operation "Neptune" in the United Kingdom. Medical Officers had the opportunity to attend technical schools such as the "Plaster Technic Course", "Shock and Transfusion", "Neuropsychiatry", "Medical Field Service School" and "Facio-Maxillary School". Enlisted Men attended a school for Medical and Surgical Technicians and School of Hygiene and Sanitation. All authorized T/E medical equipment with a few minor exceptions were available for training. Training aids and training films were used extensively.

Following Operation "Neptune" officer and enlisted personnel from the medical detachments and the medical company were placed on detached service at Medical Centers located in the United Kingdom. Here they were able to continue their technical training. The same procedure was followed after Operation "Market" when personnel were placed on duty at the 99th General Hospital located at Reims, France. This procedure worked exceptionally well as it gave the troops a chance to see what corrective measures could be instituted in forward medical installations in order to facilitate medical service in the installations to the rear.

Equipment, Supplies and Transportation:

In garrison the Division Medical Supply has been adequate. There has been no problem in requisitioning and receiving supplies in combat, once contact has been made with outside units.

The number of vehicles, as set up under the present T/E, for use in the evacuation of casualties and transportation of medical supplies is inadequate. The assignment of a 2 ½ ton truck to Division Medical Supply has eased the problem of carrying in a three day supply of medical equipment but additional jeep-ambulances are needed.

Housing:

During the period 1 January 1944 through 5 June 1944 and during the period between Operations "Neptune" and "Market" this division was billeted in England in permanent barracks, Niessen Huts, stables, Pyramidal tents and private homes. Bathing facilities were adequate. Water was in most instances, potable, in those are where it was proven to be bacteriologically non-potable, chlorination was practiced. Mess halls and kitchens had to be improved to meet the sanitary standards.

During the periods when this division participated in combat the men lived in foxholes and abandoned homes and buildings, as the situation permitted.

The Base Camp of the division is at present located at Camp Mourmelon, le Grande, France. Here the trams are housed in per-

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manent, French constructed, barracks. Water is obtained from one source (four-50 ft wells) and chlorinated by the Division Engineers. This water is checked daily for chlorine content. Plumbing consists of fixed plumbing and Quartermaster box latrines.

Food and Messing: sewage and waste disposal insect control:

Troops in garrison are fed on the "A" type ration, supplemented on problems and field exercises by type "C" and "K". After improvements had been made, mess halls and kitchens were adequate to meet needs. Mess personnel were competent. In the United Kingdom, flies presented no great problem. For a short period of time insects, commonly called "Yellow Jackets" were collecting in abundance, near mess halls and kitchens. Kitchens and mess halls had already been screened, but cheese cloth was used to afford additional protection during the serving hours.

Venereal Disease Control:

During the year 1944 the Venereal Disease Admission Rate averaged 21 per 1000 per annum. The highest number of cases occurring during any one month was forty-three (43) during the month of November and the lowest was three (3) during the month of July.

The Venereal Disease Control Program consists of demonstrations, lectures and films to groups not larger than platoons. Prophylactic kits are available to all personnel going on pass or furlough. The locations of prophylactic stations of major towns and cities were printed on cards and distributed to all personnel, besides the notation on the reverse side of the Enlisted Man’s pass as to the location of the station, in the town, for which the pass was made out.

Professional Medical and Surgical Service:

All types of surgical procedures were performed by the second echelon medical service during Operation "Neptune" and Operation "Market". This was necessary since, in both of these operations, it was impossible in the earlier stages to evacuate to the hospital to the rear. The quality of the service rendered was superior. No new or radical surgical procedures were attempted and Circular 101 Headquarters European Theater of Operations, Office of the Chief Surgeon, dated 30 July 1944 was complied with.

Dental Service:

While stationed in the vicinity of Newbury, England, dentists of this division were put on Special Duty at the 98th General Hospital to work on prosthetics for this division. Dental Officers, while in garrison are restricted to doing dental work only, for during operations, little routine dental work is

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accomplished.

Veterinary service:

Because of the lack of proper refrigeration facilities the Division Veterinarian or his assistant is present at all food breakdowns, where meat, dairy products and also non-perishables are inspected. During those periods of the year when the temperature is the highest, breakdowns are made more frequently and issues smaller. Constant inspections are made of methods of transportation and handling of foods to insure less spoilage and damage. During the period the forward elements of the division were in combat, the Division Veterinarian acted in the capacity of the Base Camp Medical Inspector.

Welfare, Social Service, and Recreation:

The Division Special Service supplied most forms of recreation for the troops. Equipment for outdoor and indoor sports were made available to the men. Teams were organized and were trained under division control, participating with many outside units. Movies were provide twice a week to all units while in garrison.

Improvisations of Techniques, Procedures and Equipment:

1. Litter Racks for Modification of Truck 1/4 ton, 4 x 4: Litter racks as devised by Louis Schadegg, 1st Lieutenant, MAC, AS XXXXXXXX, killed during the Operation "Market", have been installed on all medical "jeeps" of the division. This is the most practical litter rack for Truck 1/4 ton, 4 x 4 seen in this Theater. It has been adopted by the 82nd Airborne Division. This rack is particularly adapted to use by airborne troops since it can be left mounted on the vehicle and the vehicle still loaded into either the C-47 aircraft or the CG-4A glider. Photographs of this litter rack are shown as Appendix 4.

2. Copper Sulfate sponge: With the possible increased use of White Phosphorus (WP) in such concentrations as to constitute an anti-personnel weapon as well as a screening smoke it is incumbent upon the medical service to provide the individual soldier with such protection as will prevent hire from becoming an immediate casualty during the active phase of battle requiring his evacuation to an aid station for treatment. With a copper sulfate sponge, as proposed below, available to each soldier, the burning phosphorus particles in contact with the skin may be extinguished and the soldier permitted to continue with his combat duties until such time as his commanding officer is able to relieve him when he may return to the aid station for removal of the imbedded phosphorus particles.

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The copper sulfate sponge suggested was constructed in the following manner: A gauze sponge 4 x 4 Inches is unfolded and a square of absorbent cotton slightly less than four inches on each side is placed in the center of the gauze sponge. The thickness of cotton used is that normally found in the standard one (1) pound roll of absorbent cotton. The gauze is refolded and the sponge placed in a shallow pan containing a saturated solution of copper sulfate where it is allowed to soak for five (5) minutes. The sponge is then placed on a cloth surface until dry. The drying process may be hastened by using dry heat. The sponges are sterilized by autoclaving for twenty (20) minutes. With sterile forceps the sponge is placed in a sterile package, preferably a waterproof envelope. A practical envelope for this purpose is the paraffin coated Quartermaster packing envelope which measures four and one-half (4 ½) by five (5) inches, and has a clip closing flap. The sponge, to be readily available for use by the individual soldier, should be carried in his gas mask carrier. (This meets with the approval of the CWS ). Directions for use of the sponge by soldier are simplified to (1) moistening sponge thoroughly with water from canteen, and (2) dabbing burning phosphorus particles until same are extinguished and coated. When soldier is relieved by his commanding officer he returns to his aid station for removal of coated phosphorus particles. Extensive phosphorus burns which cannot be self-treated must of necessity be evacuated to the aid station immediately.

Recommendations:

1. With the initial widespread scattering of our forces and violent "dog-fighting" upon entry into combat it is paramount that the enlisted personnel strength of the medical detachments of the parachute and glider regiments and battalions be increased for any future operations. The following increases are recommended:

|  |  |  |
| --- | --- | --- |
|  | Present Strength | Proposed Strength |
| Medical Det. Prcht Inf Regt | 60 | 95 |
| Medical Det. Prcht FA Bn | 13 | 20 |
| Medical Det. Glider Inf Regt | 64 | 75 |

    The Officer personnel of the following medical units can be reduced for operational function:

|  |  |  |
| --- | --- | --- |
|  | Present Strength | Proposed Strength |
| Medical Det. Engr Bn | 2 | 1 |
| Medical Det. AA Bn | 2 | 1 |
| Medical Det. Glider FA Bn | 2 | 1 |

The aid station equipment should be restricted entirely to first echelon medical service which will include the basic supplies of litters, splints, blankets, bandages, sulfanilamide powder, plasma, etc.

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The recovery of the A-5 delivery containers packed with medical equipment was only 30% of that dropped. This loss is excessive and in a large measure was due to dropping of bundles during hours of darkness so that spotting of bundles could net be accomplished and later located. No bundles should be dropped during the hours of darkness. Medical bundles should be dropped during daylight hours if combat conditions permit, as shown in Operation "Market".

The Medical Company was set up as platoons under the authorized T/O. However, this unit had to function as a field hospital on a sectional basis. This problem was evident prior to combat and thought was given to the possibility of such a conversion in combat. This Company must be reorganized on the following sectional basis: (1) Company Headquarters, (2) S-2 ambulance dispatch, (3) Sick and Wounded Records, Triage, (4) Minor Surgery, shock, (5) Major Surgery, (6) Ward, (7)Ambulances, (8) Litter Bearers, (9) Supply (Company and Division), (10) Mess, unit and patient, (11) Motor Pool. The personnel required are twenty-seven (27) Officers and two hundred seventy (270) Enlisted Mien. This is an increase of six (6) Officers and ninety-four (94) Enlisted Men above authorized T/O.

The vehicles and tentage requirements for the above organization are as follows:

|  |  |  |
| --- | --- | --- |
| Vehicles | Authorized | Required |
| Jeeps | 23 | 34 |
| Trailers | 20 | 28 |
| Motorcycles | 0 | 4 |
|  Tentage | Authorized | Required |
| Pyramidal | 20 | 8 |
| Ward | 0 | 6 |
| C. P. | 0 | 1 |
| Large Wall | 0 | 1 |
| Kitchen Flies | 1 | 2 |

The Medical Company must enter combat as one echelon in order to be able to perform its mission of second echelon medical service. The parachute and glider elements of this Company in the Operation "Neptune" were valueless when carefully reviewed from this perspective. In Operation "Market" the unit functioned smoothly and efficiently.

The individual soldier’s fist-aid equipment proved excellent and could hardly be improved upon. The following items will be carried by the individual soldier in all future operations: Kit, parachutists, first-aid, shell dressings, copper sulfate sponges, first-aid packet, sulfadiazine tablets.

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    4. The Motion Sickness Preventive Capsule did assist many man of the Airborne echelon in their flight into combat. The use of these capsules is recommended for all future operations.

    5. The services of the surgical team attached to the Medical Company were superior and invaluable to the satisfactory functioning of the Clearing Station.

    6. Line officers on several occasions have misused medical personnel and equipment of the Medical Company by ordering jeep-ambulance drivers stationed at battalion aid stations to carry personnel and ammunition to the front lines. Line officers must be made to understand that loss of such men and equipment are irreplaceable, and the rapid evacuation of wounded is thereby seriously hampered. In addition, the improper use of vehicles and medical personnel is in direct violation of the Geneva Convention and the rules and usages of Land Warfare.

    7. Although all medical units of the division were authorized by higher headquarters prior to combat to issue the Purple Heart Award, it was felt that due to the lack of medical personnel to handle this problem, it could be handled by the Adjutant General’s Section, by making necessary notations on the Aid Station Blotters. It was found, however, that the Adjutant General’s Section interpretations of the words "wounded" and "injured" on the unit battle casualty reports differed from those on the medical records. The medical reports show two (2) terms: (a) Battle Casualty which means any trauma including wounds (break in skin) and injury (no break in skin) result of enemy action or our own action while going to meet the enemy, engaging the enemy or returning from the enemy; (b) Injury is any trauma (wound or injury as defined above) which is self-inflicted or does not fall into the category outlined in sub par (a) above. It is proposed that in any future operation the Medical Company will issue the Purple Heart Award in the combat zone to all personnel treated and returned to duty. Hospitals automatically issue the award when the evacuated patients are admitted there.

    8. The most valuable experience gained from the preceding operations is the fact that the medical service of the division must be self-sufficient in any respect for a minimum of seventy-two (72) hours.

[signed]

WILLIAM E. BARFIELD,
Major, MC,
Division Surgeon

4 Incls:
Appendix – 1 Appendix - 3
Appendix – 2 Appendix - 4