

CONFIDENTIAL
MEDICAL DETACHMENT
648TH TANK DESTROYER BATTALION

APO 403, U.S. Army
 30 June 1945

PERIOD MEDICAL REPORT

HISTORY

This battalion was activated 6 March 1943 at Camp Bowie, Texas, and received basic training there. On 12 May 1943 the organization moved to Camp Hood, Texas, and underwent unit training.

I joined the battalion 3 September 1943. On 13 September 1943 we moved to Fort Jackson, South Carolina, for advanced training. On 22 January 1944 we left for Tennessee maneuvers, returning to Fort Jackson 1 March 1944. The unit engaged in indirect fire training and field problems throughout the spring and summer. On 26 November 1944 the battalion left Fort Jackson for the staging area at Camp Kilmer, New Jersey. We sailed from New York on 10 December 1944 and arrived in England 18 December 1944.

In England the battalion received the bulk of its combat equipment. On 22 January 1945 the unit sailed for France. The organization was held at Yvetot, France until 14 February 1945 when we moved to St. Avold, France by motor convoy.

On 18 February 1945 this battalion was attached to the 70th Infantry Division and was committed to combat. The battalion was used mainly to fire on fortified positions in the Siegfried line in the Saarbrücken area. They were also used to shell bridges, road junctions, etc. No tanks were encountered.

Following the breakthrough at Saarbrücken this battalion was sent to the Ruhr Pocket, but due to the rapid collapse of the enemy defenses did not engage in combat. Thereafter this organization was used as corps security, until the cessation of hostilities. We are now being used as security guards.

TRAINING

I received my Army training at the Medical Field Service School in Carlisle, Pennsylvania. The enlisted men of the medical detachment were trained according to the outline in MTP 8-1. Liberal use was made of demonstrations, charts, and applications of the principles of first aid to simulated cases.

All men of this detachment were sent to a station hospital to observe operations. I believe this was of considerable assistance in hardening the men to the sight of blood. It also gave an opportunity to see aseptic technique applied.

The men were taught to assist in minor surgical procedures by actual participation as assistants. The technique of giving plasma was taught by having the men actually administer intravenous glucose and saline to each other. Training in venipuncture was continued by having the men take blood for serologies when necessary.

COMBAT EXPERIENCE

During combat this battalion was attached to the infantry and was in direct support. As the battalion was spread out over the whole division sector, it was not possible to evacuate all parts of the battalion. Therefore an aid station was set up in a central location and worked in cooperation with the infantry.

Three aid men and a jeep were attached to each tank destroyer company. Normally one aid man and a jeep were left at the company

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COMBAT EXPERIENCE (Con't)

C.F. The remaining two aid men were with the two most forward platoons. Casualties from the two companies on the flanks were evacuated through the nearest infantry aid station. Casualties from the center company were evacuated through the T.D. Aid Station. This aid station also evacuated infantry casualties in its area. Throughout the division sector the jeeps of the battalion were used to assist the infantry in long litter hauls. The usual system was to establish collecting points along roads, which could be evacuated by jeeps.

We found it advisable to locate the aid station in a building even though it was necessary to increase the length of the litter hauls by doing so. Jeeps with litter racks overcame the disadvantages of long litter hauls. The protection offered by the building was of great psychological comfort to the wounded men. Also it offered protection from the weather and gave us a warm dry place for our patients awaiting evacuation.

Plasma was used liberally, and with very good results. We also found it very helpful to give the wounded men hot drinks and cigarettes when ever possible.

The battalion medical equipment was not found adequate for the work done in the aid station. The number two chest does not allow a sufficient variety of medicines. We found it necessary to build two additional chests or cabinets. One was used for carrying medicines and the other for plasma, ointment boxes and dispensary bottles. With this additional carrying space we were able to carry a good variety of items, thus enabling us to care for more cases, and cut down the number of men hospitalized for relatively minor conditions. I believe the battalion aid station should be equipped with two more chests similar in size and construction to the number two chest. The 1 1/2-ton truck and 1-ton trailer now allotted medical detachments will easily carry this additional equipment.

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