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MEDICAL DETACHMENT
773rd Tank Destroyer Battalion(SP)
APO 403 US Army



25 June 1945

CLASSIFICATION Changed
To: ~~RESTRICTED~~
By: *[Signature]* CWO USA
Date: *[Signature]* Assistant Adjutant General

SUBJECT : Period Report, Medical Department Activities.

TO : THE SURGEON GENERAL, United States Army, (COM, Washington, D.C. & Through Channels)

1. In compliance with AR 40-1005 and Cir 78 Headquarters European Theater Operations, United States Army, dated 14 May 1945 the following report is submitted.

This battalion was activated 15 December 1941. Our previous training up to embarkation was of the stereotyped form. We had the usual lectures and drilling. Continuous stress was put on first aid and sanitation. One feature we trained faithfully on was the removal of casualties from disabled MLO's, and during our Tennessee maneuvers we had colored movies made by the Signal Corps of our Medics evacuating from MLO's. This not only included removing casualties out of the top, but also through the escape hatch. All the crew members were trained in this method of evacuation and were able to save lives during battle later on. Practice in giving plasma was done by fastening length of rubber tubing over the course of the basilic vein and inserting intavenous needles in it. This also paid dividends in actual combat for the wounded.

In England, stress was again put on first aid, especially hemorrhage, treatment of gas casualties and practice in map reading. Immersion heaters must be used continuously where practical and rigid sanitation and messkit laundry insisted on until it becomes a habit with cooks and men alike. This is the best antidote for enteritis we have.

The first major mission of the current year was the withdrawal from St Francis LaCroix, France and the assignment to help reduce the "Bastogne Bulge" in the area of Boulaide Luxembourg. This battalion was committed in this action to the termination of the German counter offensive. The most prevalent type of injury was frost bite this condition was best handled by immediate evacuation.

From that point on the Battalion served in close support of the 90th Infantry Division with the exception of several occasions when various units of the Battalion were formed into "Task Force Spiess". During these task forces a relatively large amount of casualties occurred which were cared for and evacuated with out any specific problem; how ever during these occasions evacuation would have been greatly speeded had there been an ambulance in the table of equipment. The ambulance was not in the table of equipment until near the cessation of hostilities.

No problems of redeployment were encountered at any time. Closing out of installations brought no problems. When any installation was closed it was thoroughly cleaned and all rubbish and trash disposed of.

The drugs, dressings and instruments used routinely were carried in a special chest of our construction, built so that no trays were necessary. We

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found this chest much more advantageous than the regulation MD chest No 2, since it surmounted the annoying problem and time wasting factor of unpacking the trays of the MD chest No 2 and setting them up in order to administer medical care. Also I believe a clerks field desk should be in the table of equipment such as the order of "chest fiber record company" carried by all 3-1 sections in the field. This would alleviate the much more cumbersome MD chest No 4 which oftentimes has its disadvantages in combat when Battalion Aid Stations take up new locations daily.

No reassignment of personnel was necessary. Training of men for this period was unnecessary as the detachment has lost no personnel to date.

The equipment used during this period conformed closely with the table of equipment and the only excess carried was an increased number of units of Dried Human Plasma and an increased number of Carlisle bandages. All excesses were turned in immediately after cessation of hostilities. Supplies during the period were extremely difficult to secure. There were long periods which we were unable to secure sulphur ointment for our scabie patients. Oftentimes it was necessary to evacuate patients with this minor ailment when they could have been adequately treated at the Battalion Aid Station had the supplies been available.

The only inadequacy of transportation, which has now been remedied was the former absence of an ambulance in the table of equipment.

Housing became a minor problem after entering Germany. From that time on billets were usually secured in some type of public building. Bathing facilities were found in these buildings frequently enough to keep all personnel clean and to permit an adequate amount of laundry to be done by the men themselves. The service of Quartermaster showers and laundries were of little advantage as they were rarely, if ever, encountered in the combat areas. The water supply always consisted of chlorinated water from an engineer water point.

From 1 January 1945 to 1 May 1945 there was only one case of venereal disease in this battalion. From the time of entrance into Czechoslovakia and following the cessation of hostilities, there has been an increase in the number of venereal disease cases. Control has consisted of sex hygiene lectures, monthly physical examinations and the maintenance of a 24 hour a day prophylaxis station. Individual mechanical prophylaxis are available for issue to the men.

Charles C Heeger
CHARLES C HEEGER
Captain Medical Corps
Battalion Surgeon.



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