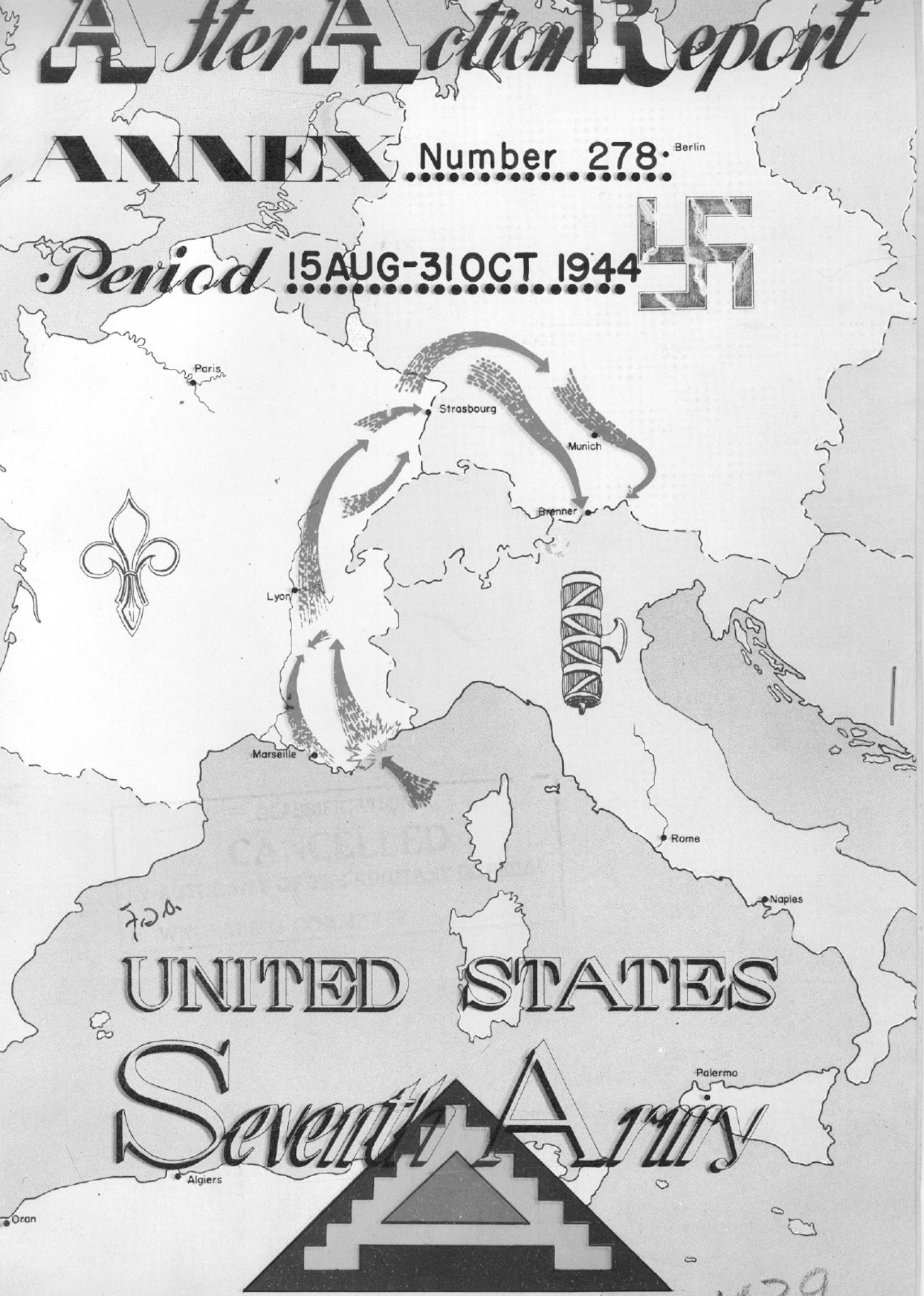
After Action Report

ANNEX Number 278

Period 15 AUG-31 OCT 1944



UNITED STATES

Seventh Army

E-1139

SURGEON SECTION

15 AUGUST TO 31 OCTOBER 1944

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OPERATIONS:

EVACUATION: The landing of medical units accompanying the assault forces on 15 August 1944 was accomplished with very little difficulty and on schedule as planned except for the 56th Medical Battalion (Sep) which was working in support of the 36th Infantry Division at CAMEL Beach in the vicinity of St Raphael, France.

It had been planned to open Clearing Stations on the beaches at approximately H ≠ 6 hours (1400) on D-Day, but due to the stiff enemy opposition encountered at this beach, it was not possible to open before H ≠ 16 hours. However, that delay did not seriously affect evacuation of patients as casualties had been comparitively lighter than anticipated.

The success of the landings made it possible for the Beach Control Group Surgeon to assume control of the medical services sooner than had been anticipated, thus relieving the Beach Group Surgeons of extra responsibilities.

Evacuation on D-Day was carried out as planned, making use of APA's and XAPA's. The two hospital ships which were scheduled to arrive in the area at dawn of D ≠ 1 were late in arriving, therefore it was necessary to make full use of the other ships. However, due to the light number of casualties being received it was possible to hold cases which could be more suitably accomodated on hospital ships.

From D ≠ 2 to D ≠ 5, the hospital ships made trips to the three beaches to pick up patients. Owing to the condition of roads at that time, it was considered that this system would prove more efficient. After D ≠ 5 and until D ≠ 7, all evacuation was made by water with all the casualties being transported by ambulance to DELTA Beach, St Maxime, France, thence to the hospital ship.

Inauguration of air evacuation on D ≠ 7, along with a change of policy by the French of evacuating only patients who were residents of North Africa, and the establishment of a holding policy for POW patients, the need for hospital ships declined sharply and during the period D ≠ 15 to D ≠ 25, none were required for evacuating patients from France.

Due to the rapidly changing tactical situation, it became necessary to release certain medical units of the Beach Control Group so that evacuation from the forward areas could be carried out efficiently but leave enough units at the beach so as not to interrupt evacuation to ships.

To accomplish this, the 58th Medical Bn, Hq & Hq Det, with attached collecting and clearing companies, remained at DELTA Beach to handle evacuation to the ships. The 886th Med Coll Co and the 1st platoon of the 891st Med Clr Co, stayed at CAMEL Beach to handle casualties for evacuation coming from that sector, and the 376th Med Coll Co and the 1st platoon of the 682d Clr Co remained at ALPHA Beach, Cavalaire France, to handle evacuation from that area. As the campaign progressed, constant changes in the medical evacuation set-up were made, until on D ≠ 19, the 164th Med Bn and attached companies arrived in France, and relieved all the Army medical units operating the beaches thus making it possible for them to rejoin their parent units in the forward areas and assist in carrying out evacuation to the rear.

When the Base Section Station and General Hospitals arrived in France and were ready to function, they were established as close to the Army area as was considered practicable so that ambulance hauls would not be so long as to be a source of

danger to the seriously ill and wounded patients.

With the movement of troops northward and the securing of air-fields, evacuation to the rear by air played a very important part in the chain of evacuation. By this means it was possible to evacuate more patients in a shorter period of time, thus making more beds available in the evacuation hospitals and relieving ambulances for frontline work where they were sorely needed.

In working on such a long front and with the speed of the advance, it was very difficult to maintain efficient evacuation operation as there was not a sufficient number of ambulances available. This was overcome by constantly shifting ambulance platoons from one area to another whenever the necessity arose. The situation was further relieved with the inauguration of hospital train service with pick-up points well forward.

"Surgical lag", (The time, expressed in hours, required for a hospital to complete the surgery required on all moderately to severely wounded or injured casualties then present) determines when to stop sending casualties to a hospital, therefore, it was necessary that the evacuation officer keep a close watch on all hospitals in order to determine in advance when to notify the evacuating agencies that it would be necessary to take patients to different hospitals. This always rated high priority in determing the flow of casualties being evacuated.

Another incident that came up was that of patients who were in need of surgery, were put on board hospital ships after having received only first-aid treatment; this overtaxed the surgical facilities of the Hospital Ship to the point that casualties arrived at the port of destination still unoperated, though the personnel aboard ship worked night and day. This condition could not be remedied as medical battalions were not equipped to handle an excess amount of surgical work and in order to prevent a re-occurrence of this, it is suggested that in any future amphibious operation, each platoon of the clearing company of the medical battalion be augmented with two (2) Auxiliary Surgical Teams.

HOSPITALIZATION: Units of the 10th and 11th Field Hospitals, operating in conjunction with the Division Clearing Stations, were set up at the respective beaches immediately after the beaches were secured and a suitable place located. This type unit does not ordinarily present much of a problem in getting moved as transportation, in addition to their own, is furnished by the division which they are supporting and as they are quite small (operating efficiently with a capacity of approximately 50 beds) it is usually easy to find a suitable building in which they can set up.

The Evacuation Hospitals (400 bed), 11th, 93rd and 95th, were able to move from the beach directly to the site that had been previously selected, as all equipment had been combat loaded and no time was lost in getting them set up. Personnel and equipment of the three hospitals were unloaded beginning 15 August, two (2) days earlier than had been planned, and by the 17th of August they were ready to accept patients.

In order to keep up with the fast moving troops, it was necessary to make frequent trips to the front line areas to locate buildings or areas that would be suitable for setting up the hospitals.

The movement of the 400 bed hospitals was frequent from the opening days of the campaign, as it was imperative that they keep up with the troops so that treatment could be administered as quickly as possible.

The 750 bed Evacuation Hospitals arrived in France beginning 21 August but were delayed in getting into position to function due to the critical shortage of transportation at that time. These units came into the area with all equipment loaded on trucks but when they were taken off the boats the equipment had to be unloaded and the trucks used to make a trip to the forward areas with a load of critical supplies, i.e., ammunition and rations, return to the beach, pick up the hospital equipment and move to the site previously selected.

In some instances it was possible to borrow trucks from other medical units to assist in moving the hospitals during the waiting period. This was a slow process and did not prove satisfactory.

This same problem has come up many times since and continues to cause delay in getting hospitals established in new locations and until some arrangements are made whereby hospitals can have their own transportation available when moves are to be made, it cannot be remedied.

With the oncoming rainy season, mud became quite a problem to hospitals which were set up in the field. With the fine cooperation of Engineer Units in building roads and walking paths, the situation was greatly relieved.

At all times it was endeavored to house the hospitals in buildings and though in some cases buildings chosen were damaged they served the purpose better than tents and efforts were made to do as much repair work as possible.

Several enemy hospitals were captured intact with equipment, medical personnel and patients. Until arrangements could be made to consolidate these installations, it was necessary to place medical personnel of our own units in charge of them. One such hospital at Draguinan, France provided a very good location for the 51st Evacuation Hospital (750 bed) as it was capable of holding 1,000 patients, had running water and electricity and the building itself was in very good condition. Until the German Hospital at Aix en Provence was ready to take all POW patients as planned, the 51st was able to take care of many POW's in addition to allied personnel.

With the tactical situation proceeding very well, there was no need to evacuate all casualties to the near shore as it was possible to hold patients with minor illnesses and injuries who could be expected to be returned to duty within a short time. To provide facilities for holding such patients, it was necessary to establish a provisional convalescent hospital as the Army Convalescent Hospital was not scheduled to arrive in France until D + 25.

Equipment to set up and operate this provisional unit was secured from the various services and additional equipment not available from these sources was borrowed

from medical installations under Seventh Army command. Personnel from the 1st platoon of the 682d Medical Clearing Company were selected to set up and operate the hospital which was to have accomodations for 250 to 300 patients.

This unit functioned very well and proved to be of great value as patients were sent back to their own units upon recovery instead of being evacuated to the near shore for hospitalization and lost to the Army entirely.

Increase in the number of troops allocated Seventh Army brough about a shortage of hospital faciilities and in order to alleviate this situation, medical units were obtained from Third Army on a temporary loan basis until such time as additional medical support could be furnished.

In keeping the hospital installations well forward, it was possible to give prompt and efficient medical and surgical service to all units.

The following chart shows the hospitals in operation and location, as of 31 October 1944:

HOSPITAL	LOCATION
*11th Evacuation (450 Bed)	Bayon, France
*93rd Evacuation (450 Bed)	Bellefontaine, France
*95th Evacuation (450 Bed)	Epinal, France
**9th Evacuation (900 Bed)	La Croisette, France
**27th Evacuation (900 Bed)	Xertigny, France
**51st Evacuation (900 Bed)	Vincey, France
**59th Evacuation (900 Bed)	Epinal, France
2d Convalescent (1500 Bed)	Plombieres, France
***10th Field Hosp, Hq & Hq Det	Remiremont, France
Unit #1	Remiremont, France
Unit #2	Remiremont, France
Unit #3	Grandvillers, France
***11th Field Hosp, Hq & Hq Det	Eloyes, France
Unit #1	Eloyes, France
Unit #2	Eloyes, France
Unit #3	Epinal, France
****54th Field Hosp, Hq & Hq Det	Luneville, France
Unit #1	Luneville, France
Unit #2	Moyen, France
Unit #3	Luneville, France

*400 Beds Normal Capacity
**750 Beds Normal Capacity
***Attached to VI Corps
****Attached to XV Corps

MEDICAL SUPPLY: During the landing stages of the operation, very few medical supplies were unloaded and it was not until D + 3 that they began coming to the beaches in any appreciable quantities. The beach dumps were set up as planned and only one change in location was necessary, this as a result of opening a port in St Raphael which was a short distance from where the landings had been made.

There was no difficulty encountered in getting the supplies into the medical dumps as all were brought to shore in DUKW's and driven directly to the location.

The method of packing proved very satisfactory as a large part of unloading from the DUKW's was done by hand. Whenever possible, a DUKW, fitted with a crane, was brought into the dump area and used to unload heavy articles such as oxygen cylinders.

Again, transportation was the greatest problem to be overcome, as it became necessary to move supplies from one beach to another and from the beach dumps to the advance detachments in the forward areas. In moving supplies between beach dumps, it was necessary to borrow transportation from medical units in the vicinity because all organizational vehicles of the Depot Co. were in use with the advance detachments where they were needed more.

The largest percentage of supplies moved to the forward areas, were carried in organizational trucks which were making round trips night and day. This situation was relieved when rail service from the beaches to forward areas was started.

A few minor difficulties involving security cargo came up due to the failure of some ships cargo officers to notify the Engineer units who were operating the beaches, that such cargo was aboard. It was being unloaded with the other supplies, whereas, it whould have been handled entirely separate. This was remedied by keeping a constant check on ships coming in and notifying the engineers that such cargo was aboard wo they could furnish a boat for a representative of the Beach Control Group, or the medical dump, to go out to the ship, see that these supplies wereproperly unloaded and accompany them from the ship to the medical dump.

To insure an adequate supply of oxygen, it was found that the best arrangement was to send empty cylinders to the near shore by hospital ship, have them replaced with full ones and returned by the first hospital ship coming to France.

Supplies for the French did not pass through the American medical dumps, being delivered directly from the ships to areas designated for the French. However, several times some supplies got into the wrong dumps, causing some inconvenience due to the transportation problem. These matters were promptly worked out by representative of French and American supply agencies.

When air transportantion to France became available, supplies that were needed immediately, were requested from the near shore by cable and shipped on the first avaiiable aircraft.

Property exchange between the Air Evacuation Unit of the Air Corps and the Army Air Evacuation Holding Unit has always been very unsatisfactory. The Air Corps

has never been able to furnish suitable amounts of litters and blankets to affect this exchange. This not only depleted the supply of these items at the Air Evacuation Holding Unit, but produced a critical shortage all along the line of supply and evacuation. The situation has been somewhat remedied by constant check with responsible officials of the Air Corps Evacuation Unit, but is still not satisfactory.

The French were having difficulties in keeping their medical depots up with the Army and were requisitioning supplies from American depots. This was clarified at conferences between French and American supply representatives and the French were given advice as to methods used in pooling organic transportation in moving depot stocks to forward areas.

SANITATION & HEALTH: Following landing operations, sanitary problems continually arose and required very close supervision by a representative of the Army Surgeon.

The rainy weather, lack of sunshine, and impervious nature of subsoil lowered the efficiency of latrines and soakage pits, and caused much mud in bivouac areas. These complications were met by frequent changging of latrine sites and soakage pits, disposal of waste water by ditches and nearby streams, selection of high spots for location, extensive ditching of areas and generous use of gravel for roads and walks.

Where dishware other than mess kits was used, there was a lack of appreciation of the fact that washing in soap and water, and rinsing in hot water of unknown temperature does not result in sterilization. In such instances emphasis was placed on a final one minute dip in boiling water be used, or a thirty second rinse in hot water containing Mikroklene (germicidal rinse). Mess kit sanitation is constantly brought before the minds of the troops, kitchen workers instructed in the proper methods of preparing water for washing and rinsing mess kits and in general, the sanitary standards in this respect are very satisfactory.

On a few occasions, units have gone out of their way trying to convince themselves that available municipal water was potable. They seemed willing to base their opinion on the mere fact that civilian authorities stated the water was potable. In these instances, units were informed that water could not be considered as potable unless treated according to Army standards and instructed to abide by current publications and directives.

Disease outbreaks of unusual interest have been as follows:

1. Pappataci Fever: Thirty-three (33) cases were admitted to the 27th Evacuation Hospital in Southern France between 1 September and 20 September. Sixty (60) per cent of the cases occurred in one unit. Movement of troops north and colder weather terminated the outbreak.

2. Acute Conjunctivitis: A transient type of conjunctivitis occurred among troops while in Southern France. Ophthalmologists treating such cases considered them as non-infectious. Individuals exposed to wind and dust,

such as truck drivers and motorcyclists were most commonly affected. It was thought that some chemical in the dust from roads may have been responsible. No such cases have been reported in Northern France.

3. Amoebiasis: An outbreak occurred among the personnel of the 11th Evacuation Hospital. A stool survey was made and all positive cases placed under treatment. More careful attention was given to sanitation, particularly in the messes.

The general trend of communicable diseases is exemplified by the following tabulations of rates per thousand per annum for Army troops:

	AUGUST	SEPTEMBER	OCTOBER
Malaria----------	128.61	205.08	142.76
Total Respiratory----------	63.14	88.16	187.72
Total Intestinal----------	36.87	67.19	67.15
Infectious Hepatitis-------	4.24	12.36	27.65

Malaria, as had been expected, proved to be of no concern in this campaign, but preventive measures were continued until 11 October when they were discontinued as being of no further practical value.

By coordinated effort, education of the troops in the prevention of trench foot is being carried out in the 2nd Convalescent Hospital, Replacement Depots, the Divisions and Seventh Army Radio Station. There has been excellent cooperation by the Quartermaster in providing winter footwear as rapidly and discreetly as possible. There were five hundred thirty-nine (539) cases reported from 1 October to 31 October 1944.

With the cooperation of the Quartermaster and with the improvement in transportation, there has been a distinct improvement in the quality and quantity of rations. Vitamin supplements are being supplied to those troops needing such items. This is confined mostly to troops in the line where the diet consists chiefly of "C" and "K" rations.

Sick call for units having no medical officer has been cared for in the following ways:

1. By farming out the units to nearby organizations with medical detachments.

2. By setting up a Seventh Army dispensary for this purpose. The latter method is by far the most satisfactory and efficient.

It was found that replacements were not being housed in satisfactory quarters, were not supplied with sufficient heat, bathing facilities or winter clothing and were given no priority on food. Recommendations for improving this situation were made to the Assistant Chief of Staff, G-1, and immediate improvement was noted.

VENEREAL DISEASE: At the beginning of the campaign, it was noted that cases of venereal disease requiring treatment, were not only the result of contacts made

in France, but also a back log of cases which had their source in Italy. In order to take care of these additional cases, it was necessary to expand the capacity of the VD Hospital to three-hundred seventy-five (375) beds and to maintain a twenty-four (24) hour continuous treatment schedule.

The necessary personnel of eight (8) officers and ninety-three (93) enlisted men to operate the hospital, were secured from the 616th Clearing Company of the 181st Medical Battalion. On 18 August the hospital opened for operation near the town of Le Luc France. Instructions were given personnel as to what was required and the specific policies they were to follow in diagnosis and treatment.

As there were no provisions for laboratory facilities it was necessary to borrow personnel and equipment from the 1st Medical Laboratory in order to carry out the diagnostic work at the Center. Originally, all cases of gonorrhea and syphilis were to be treated with penicillin, however, a large supply marked for this operation was found to be contaminated. This necessitated a delay in instituting penicillin treatment for syphilis and it was necessary to continue the use of Mapharsen and Bismuth until 28 August when a new an adequate supply of penicillin was received.

In some instances, units located great distances from the VD Hospital, or units whose operations prevented evacuation of patients to the rear, were permitted to initially treat their gonorrhea cases with sulfonamides. Patients who failed to respond to this treatment were sent to the VD Hospital and treated with penicillin.

The rate of cure in using sulfa drugs was approximately forty-five (45) percent, while that of penicillin was close to ninety-seven (97) percent. This high rate of cure as compared with other installations treating gonorrhea may be explained by the fact that normal saline is used to dissolve the penicillin and buttock injections are never given. In earlier experiences, with penicillin being dissolved in distilled water and injected in the buttocks, it was found that the patient did not respond as well as those receiving normal saline in the deltoid and vasti muscles.

The presence of French legalized houses of prostitution were a ready source of infection. This factor was eliminated to some extent by placing such houses off limits to American troops, thus materially lowering the number of new contacts and thereby reducing the number of new cases.

Prophylactic aid stations were set up wherever possible and all units with medical detachments gave prophylactic treatment in their dispensaries. All troops were constantly urged to use all available preventive measures in the event that they were subjected to venereal disease and great stress was laid on the theme, "Avoid such contacts".

During July, 1291 new cases of venereal disease were reported in Seventh Army, ninety-five (95) percent of which originated while the troops were staging in Italy. The following figures show the progressive decrease in VD since that time:

July	August	September	October
1291	876	707	531

These figures are based on approximately the same troop strength for each month.

NEURO-PSYCHIATRY: The incidence of psychiatric casualties was very low during the first month of the campaign due to the rapid advance and light resistance. However, as the lines became stabilized, resistance increased, the weather became inclement and the terrain difficult, the fatigued troops became increasingly subject to psychiatric break-down.

A special effort was made to effect transfer of all psychiatric casualties to the NP Center. This proved important in stopping the further evacuation of those casualties admitted to the Evacuation Hospitals with medical or other non-psychiatric diagnoses, (psychosomatic disturbances) but who were fundementally true psychiatric cases.

On D + 6, an Army Forward Treatment Center for NP casualties was set up and functioning. This consisted of the second platoon of the 616th Medical Clearing Company with T/O augmented to eighty-five (85) enlisted men. Four (4) psychiatrists were attached for duty. Due to prior committments, it was not possible to organize and instruct this unit before the actual landing. It is highly desirable that such an installation be fully instructed and organized before such a landing, and if possible that it arrive ready to function at the same time as the four- hundred (400) bed Evacuation Hospitals. In this way, adequate control, centralization of treatment, and high salvage rates of such cases that cannot be handled in Division Clearing Stations, becomes possible.

Operating necessity dictated that one (1) clearing company, furnish installations for both the NP Center and VD Center by the utilization of its two clearing platoons. The difficulties encountered in the provision of adequate personnel for two such units from additional elements (collecting companies) within one Medical Battalion make it appear more desirable that these two special installations be formed from two different clearing companies in two different Medical Battalions. It is not considered advisable to operate VD and an NP Center within the same hospital area. The spatial separation which thus follwed made administration of the two platoons within the Company somewhat difficult. Autonomy of administration and operation for separate platoons operating provisional hospitals should be provided insofar as is possible.

The NP Forward Treatment Center moved forward in the same echelon with the Evacuation Hospitals, and thus remained always in approximately the same relative position to the front.

The rapid advance in the first month of the campaign entailed frequent moves over long distances. Consequently, the problem of holding patients deemed fit for return to duty became troublesome. This problem was solved by processing as many patients as possible before each contemplated move, evacuation all of those unfit for further combat to the rear, and moving the remainder, who needed further treatment, forward with the hospital. In this way, the maximum number of salvagable soldiers could be returned to their units.

A further difficulty encountered was the dearth of adequately trained psychiatric medical officers. Only three such were available at the time of the landing. It thus became necessary to utilize the psychiatrically untrained medical officers with the clearing platoon. These were rapidly trained by the experienced attached psychiatrists, and have functioned in a most adequate and efficient manner.

The lack of T/O vacancies for psychiatrists in Army hospitals made it necessary to attach these officers to the provisional Forward Treatment Center on a temporary duty status, usually be transfer from Base Hospitals. Later this problem was overcome by assigning such officers to T/O vacancies in Army Hospitals, and placing them on detached service with the Center. In any event, it appears highly desirable to set up a permanent T/O and T/E for such Forward Treatment Centers for psychiatric casualties.

It will be noted that the percentage of psychiatric casualties returned to duty from both Division Clearing Stations and Army Center has decreased progressively. This is explained, in large part, by the fact that for the majority of the time period covered by this report, only the 3rd, 36th and 45th Infantry Divisions were served by the NP Center. All of these Divisions contained many men with long previous exposure to combat, an as the Divisions were kept on the line for a long period without relief, an increasing number of such men became "burned out", and unfit for further combat.

In all Divisions, the psychiatrist has performed a highly creditable job in controlling the rate of psychiatric break-down. A large number were held and returned to duty without leaving Division. Through their efforts, the salvage rate for these casualties is now much higher than in the early phases of the Italian campaign before psychiatrists were re-assigned to Divisions. Psychiatrists have also performed useful service in properly indoctrinating Division medical personnel with a realistic and workable knowledge in regard to the problem.

The addition of new Divisions made it advisable to set up a second Forward Treatment Center. Both platoons of the 682d Clearing Company were utilized. This installation began operating during the last week in October. It serves VI Corps, while the 616th Clearing Company, 2d platoon, serves XV Corps.

Following is a table of statistics concerning NP cases:

	DIVISIONS				ARMY			
	Duty	Transf	Total	% Duty	Duty	Transf	Total	% Duty
15-31 August.....	56	57	113	50	19	47	66	29
1-15 September...	70	117	187	37	18	154	172	11
16-30 September..	135	445	580	23	59	443	502	12
1-15 October.....	189	604	793	24	204	758	962	23
16-31 October....	130	472	602	22	145	600	745	20
Total....	580	1695	2275	26	445	2002	2447	18