

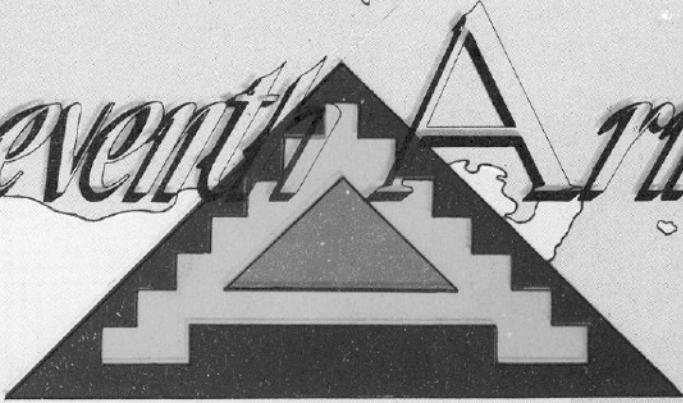
ANNEX Number 279: Berlin

Period **NOVEMBER 1944**



720.
UNITED STATES

Seventh Army



SURG.

L-1139

HEADQUARTERS SEVENTH ARMY
Office of the Surgeon
APO 758 US Army

24 January 1945

SUBJECT: Historical Information.

TO : Historical Section, Headquarters Seventh Army.

Submitted herewith, Medical Section Historical Information covering the period 1 November to 30 November 1944, inclusive.

For the Surgeon:

A. H. Robinson
A. H. ROBINSON,
Colonel, M.C., *MPA*
Executive Officer.

Submitted to [unclear] [unclear] 4-6

L-1139

107-21

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MEDICAL SECTION HISTORICAL INFORMATION
1 November - 30 November 1944 (Incl)

X
At the beginning of the period, medical support was being provided for five (5) Infantry Divisions (US) and one (1) Armored Division (FR). To furnish facilities for hospitalization and evacuation, the following units were at the disposal of the Surgeon, Seventh Army:

FOR HOSPITALIZATIONINSTALLATIONLOCATION

9th Evacuation Hospital (750 Beds)	.....La Cr��issette, France
*11th Evacuation Hospital (450 Beds)	.....Bayon, France
**27th Evacuation Hospital (900 Beds)	.....Xertigny, France
**51st Evacuation Hospital (900 Beds)	.....Vincoy, France
**59th Evacuation Hospital (900 Beds)	.....Epinal, France
*93rd Evacuation Hospital (450 Beds)	.....Bellefontaine, France
*95th Evacuation Hospital (450 Beds)	.....Epinal, France
2nd Convalescent Hospital (1500 Beds)	.....Epinal, France
***NP Hospital #1 (682d Med Clr Co)(250 Beds)	.....St Laurent, France
****NP Hospital #2 (616th Med Clr Co 1st Plt)(250 Beds)	.....Romain, France
****VD Hospital (616th Med Clr Co 2d Plt)(250 Beds)	.....Epinal, France
10th Field Hospital, Hq & Hq Det	.....Remiremont, France
Unit #1	.....Remiremont, France
Unit #2	.....Remiremont, France
Unit, #3	.....Grandvillers, France
11th Field Hospital, Hq & Hq Det	.....Eloyes, France
Unit #1	.....Eloyes, France
Unit #2	.....Epinal, France
Unit #3	.....Eloyes, France
54th Field Hospital, Hq & Hq Det	.....Luneville, France
Unit #1	.....Luneville, France
Unit #2	.....Moyen, France
Unit #3	.....Luneville, France

FOR EVACUATION

52d Medical Bn (Sep) Hq & Hq Det	.....Epinal, France
376th Medical Coll Co	.....Longchamp, France
377th Medical Coll Co	.....Epinal, France
378th Medical Coll Co	.....Docelles, France
#582d Ambulance Co	.....La Croisette, France
181st Medical Bn (Sep) Hq & Hq Det	.....Epinal, France
441st Medical Coll Co	.....Epinal, France
674th Medical Coll Co	.....Epinal, France
677th Medical Coll Co	.....Epinal, France
#431st Medical Coll CoEpinal, France
#650th Medical Clrg Co(Hq. & 1st Plt)Epinal, France

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##55th Medical Bn (Sep) Hq & Hq Det.....Luneville, France
 494th Medical Coll Co.....Gerbevillers, France
 496th Medical Coll Co.....Luneville, France
 650th Medical Clrg Co (2d Plt).....Luneville, France
 ###56th Medical Bn (Sep) Hq & Hq Det.....St Laurent, France
 885th Medical Coll Co.....St Laurent, France
 886th Medical Coll Co.....St Laurent, France
 891st Medical Clrg Co.....St Laurent, France

*Normal Bed Capacity = 400

**Normal Bed Capacity = 750

***Attached to 52d Med Bn

****Attached to 181st Med Bn

#Attached for operations only

##Attached to XV Corps

###Attached to VI Corps

This medical service allocated to support the currently assigned troops was inadequate and although repeated efforts had been made to obtain additional units previously allocated, none were forthcoming at the beginning of the period. Of the additional medical service units allocated to support three (3) Divisions already in action over and above the three (3) that landed in Southern France at the beginning of the campaign, only one (1) Medical Bn and one (1) Field Hospital were actually present for duty and the Medical Bn was needed for Corps Evacuation.

Working under these conditions, it was impossible, without detrimental effect on the patients, to move any evacuation hospital and it was becoming extremely important that hospitals be moved closer to the front lines in order that treatment be administered in as short a time as possible. Also, because of the static position of the hospitals, ambulance hauls from the Division Clearing Stations to the hospitals were becoming increasingly long, which did not contribute to the welfare of patients being evacuated.

A serious lack of an adequate number of ambulances resulted as the trips were long and it was not possible to make as many trips as previously made when hospitals were closer to the front lines. In order to overcome this situation to some extent, it was necessary to keep all ambulances running continuously, twenty-four (24) hours a day, which naturally worked a hardship on both the drivers and vehicles. Ambulances which were in need of repair, had to be kept in use to carry out evacuation procedures and conditions did not permit their being deadlined for the maintenance work necessary for efficient operation.

With the increase in troop strength which occurred when two (2) more Infantry Divisions were placed in the lines, making a total of seven (7) Infantry Divisions and one (1) Armored Division, the very small reserve of ambulances diminished to practically nothing, thereby developing a critical situation which necessitated skillful maneuvering of available ambulances until more vehicles could be obtained.

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This condition was somewhat relieved upon the arrival of an additional ambulance company (548th) on the 13th of November and by the withdrawal of eight (8) ambulances from Field Hospitals. Later in the period, one (1) platoon of the 596th Ambulance Company (a new arrival in the theater) was attached to the 52d Medical Bn for operations, and two platoons were attached to the 181st Medical Bn.

To coordinate evacuation being carried on by the 181st Medical Bn, an advance CP was established at a convenient point for all the separate companies. Reports were made to this control point every three hours, giving the number of patients already evacuated, bed status and surgical capacity of the different evacuation hospitals. Using this method, it was possible to route patients to different hospitals when either of the above mentioned situations became critical. It also enabled the ambulance control officer to shift ambulances to different areas as the occasion demanded.

In anticipation of river crossings that might have to be made in the future, plans were started to make use of DUKW's as evacuation craft.

Another possibility that had to be considered in preparing for the winter campaign, was the fact that heavy snows could be expected in the regions where operations were expected to take place, thus making evacuation by the usual methods an extremely difficult task in certain areas. To meet this problem it was decided that toboggan sleds would be the most satisfactory means of evacuating patients from areas which would be inaccessible by other means due to the snow. It was estimated that 100 sleds would be sufficient to care for the needs of Seventh Army. Requests were made through proper channels for provision of same.

In the latter part of the month, notification was received that in the near future, the following medical units would be available for Seventh Army:

Ambulance Companies.....	3
Medical Bn Hq & Hq Det.....	2
Medical Coll Co.....	3
Medical Cllg Co.....	1
Medical Group Hq.....	1

Among these, it was felt that the only units that would prove of value to the Army, were the ambulance companies, one (1) Med Bn Hq & Hq Det, three (3) Med Coll Co's., one (1) Med Cllg Co, as there was a definite need for these units to help meet requirements for evacuation. The extra Med Bn Hq & Hq Det and the Med Group Hq were not considered to be of any real benefit toward bolstering medical support of the Army at the time.

With the assistance of the additional units received during the month and a shifting of troops, evacuation procedure was back to a more normal level at the end of the period.

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At the end of the month, the Medical Battalions and attached companies were located as follows:

52d Medical Bn Hq & Hq Det.....St Die, France
 376th Medical Coll Co.....Mutzig, France
 377th Medical Coll Co.....Epinal, France
 378th Medical Coll Co.....Charmois, France
 582d Ambulance Co.....St Die, France
 596th Ambulance Co (1st Plt).....St Marie, France

181st Medical Bn Hq & Hq Det.....Luneville, France
 441st Medical Coll Co.....Luneville, France
 674th Medical Coll Co.....Strasbourg, France
 677th Medical Coll Co.....Luneville, France
 431st Medical Coll Co.....Luneville, France
 548th Ambulance Co.....Sarrebouurg, France
 596th Ambulance Co (Hq & 2 Plts).....Luneville, France

55th Med Bn Hq & Hq Det.....Sarrebouurg, France
 494th Medical Coll Co.....Schwindratzheim, France
 496th Medical Coll Co.....Saverne, France
 650th Med Clrg Co (2nd Plt).....Sarrebouurg, France

56th Med Bn Hq & Hq Det.....Wasselonne, France
 885th Medical Coll Co.....St Die, France
 886th Medical Coll Co.....Wasselonne, France
 891st Medical Clrg Co (1st Plt).....St Die, France
 891st Medical Clrg Co (2nd Plt).....Wasselonne, France

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S E C R E T

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HOSPITALIZATION: Due to the shortage of adequate hospitalization facilities, both Field and Evacuation Hospitals, moderately to severely wounded casualties were being forced to wait for surgery on an average of seven (7) to twelve (12) hours and in some instances as much as twenty (20) hours.

On 11 November, notification was received from Sixth Army Group that three (3) Evacuation Hospitals (400 Beds) would be available for Army but that the personnel would need further training before being allowed to set up in combat areas. Plans were made to place the personnel of these units on temporary duty with hospitals already functioning until such time as they were in a position to set up their own units and begin operations. This procedure was carried out for two weeks, at the end of which time, plans were made to put two of the hospitals (116th & 117th) into operation. When they were in a position to receive patients, the evacuating agencies were instructed to use careful judgement in the type casualties they evacuated to these hospitals and to send only minor cases whenever possible in order that they gradually became accustomed to the type work that would be expected of them in the future. The personnel of the 132nd Evacuation Hospital were left on duty with other units at the time as it was felt that with the two new hospitals in operation there would be adequate facilities to care for patients until the 132nd had received more training in field work.

As the need for Field Hospitals became more acute, repeated requests were made to ETOUSA, through Sixth Army Group, to provide Seventh Army with two additional units of this type as they were considered the minimum requirement to care for non-transportable and to accomplish the assigned medical mission, maintaining the standards demanded by higher authority.

In order to relieve the situation somewhat, it was determined that if the Field Hospitals then assigned to Seventh Army and attached to VI and XV Corps were relieved of such attachments and placed under direct Army control it would permit more flexibility. As the situation stood at the time, one unit of a Field Hospital supported a Division and for each two (2) Divisions, an extra unit was required to permit leap-frogging. VI Corps had a total of six units, while XV Corps had a total of three units. In view of the fact that more divisions were to be committed at an early date and in the event that XV Corps acquired one (1) Division, there would be no reserve hospital unit for leap-frogging. If they acquired two more divisions, there could be no leap-frogging and one Division would not be supported at all. Thus, if the hospitals were under Army control it would be easier to shift the units around where they would be most needed. The plan was submitted to G-4 and G-3 for approval and the changes made accordingly.

Due to the uncertainty of obtaining additional Field Hospitals as requested, efforts were made to have the 57th Field Hospital released from Comzone MTOUSA Advance and made available to Seventh Army to give additional medical support for non-transportable casualties. Arrangements were made whereby this unit was to be placed on duty with Army on a temporary loan basis subject to recall at any time CZ MTOUSA needed it. This did relieve the pressure but still left the matter unsettled as it was not known when the 57th would be recalled and as far as could be ascertained, there were still no prospects of additional Field Hospitals being assigned to Seventh Army.

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In the early part of the month, the Hq and 1st Platoon of the 650th Medical Clearing Company set up a 100 Bed Hospital in the vicinity of Romain, France for the purpose of relieving pressure on the 11th and 51st Evacuation Hospitals who were backing up Division Clearing Stations of the XV Corps. As this was a small installation without a great amount of equipment, the only patients sent there were those suffering minor injuries or illnesses.

Notification was received that medical plans for the near future were to be based on units required to support nine (9) Infantry Divisions and nine (9) separate Infantry Regiments. This is to be in addition to medical units already requested to support seven (7) Infantry Divisions. Working on the assumption that hospitalization would remain at about the same ratio as in the past, the following units were requested:

Med Bn (Sep) Hq & Hq Det.....	1
Med Coll Co.....	3
Med Cllg Co.....	1
Ambulance Co.....	3
Field Hospital.....	2
Evacuation Hospital (400 Beds).....	3
Aux Surg Group.....	1
Med Gas Treatment Bn.....	1

In the forward movement, it was expected that some Allied Prisoners of War would be uncovered in territories formerly held by the enemy and with this in mind, the medical section was advised to make preparations for the medical care and evacuation of such personnel. There was very little information given as to what basis to use for determining the medical needs, but suggestions were made as to type and number of medical units needed for this purpose. The following listed units were judged to be a minimum requirement:

Med Bn (Sep) Hq & Hq Det.....	2
Med Coll Co.....	6
Med Cllg Co.....	2
Field Hospital.....	3
Malaria Control Unit.....	1

During the advances, wounded civilians from the forward areas were being evacuated out of the area to Army Evacuation Hospitals. This overtaxed the medical, surgical and bed facilities of these installations and interfered with the proper handling of US patients. The civilians, in most instances, could have been sent to and cared for in local or nearby civilian hospitals. It was therefore necessary to direct the attention of all concerned in this matter to the proper procedure of disposing of such patients. The following information was published and distributed to all who would be faced with such a problem:

"Except in extreme emergencies and for immediate life-saving treatment, civilians will not be evacuated to Army Evacuation Hospitals, but will be hospitalized in available civilian institutions provided for that purpose".

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Toward the end of the month of November it became possible to move some of the Evacuation Hospitals to areas closer to the actual combat zone as hospitalization facilities had been eased sufficiently to permit the closing of some installations without seriously affecting hospital accommodations.

At the close of the period, the hospitals were located as follows:

9th Evacuation Hospital.....Luneville, France
 11th Evacuation Hospital.....Lorquin, France
 27th Evacuation HospitalBaccarat, France
 51st Evacuation Hospital.....St Die, France
 59th Evacuation Hospital.....Epinal, France
 93rd Evacuation Hospital.....Rambervillers, France
 95th Evacuation Hospital.....Epinal, France
 116th Evacuation Hospital.....Sarrebouurg, France
 117th Evacuation Hospital.....Phalsbourg, France
 132nd Evacuation Hospital.....Staging
 2nd Convalescent Hospital.....Epinal, France
 NP Hospital #1 (682d Med Clr Co).....Saales, France
 NP Hospital #2 (616th Med Clr Co 1st Plt).....Romsin, France
 VD Hospital (616th Med Clr Co 2d Plt).....Sarrebouurg, France
 Hq & 1 Plt 650th Med Clr Co (100 bed Hospital).....Blaineville, France
 10th Field Hospital Hq & Hq Det.....Senone, France
 Unit #1.....Mutzig, France
 Unit #2.....Senone, France
 Unit #3.....Rambervillers, France
 11th Field Hospital Hq & Hq Det.....Bruyeres, France
 Unit #1.....Ban de Laveline, France
 Unit #2.....Bruyeres, France
 Unit #3.....Le Hohwald, France
 54th Field Hospital Hq & Hq Det.....Saverne, France
 Unit #1.....Brumath, France
 Unit #2.....Sarrebouurg, France
 Unit #3.....Luneville, France
 57th Field Hospital Hq & Hq Det.....Sarrebouurg, France
 Unit #1.....Hochfelden, France
 Unit #2.....Sarrebouurg, France
 Unit #3.....Rauwiller, France

The above units were supporting seven (7) Infantry Divisions (US) and one (1) Armored Division (FR).

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SUPPLY: There have been few changes in the medical supply situation during the period. The 7th Medical Depot Company, operating in two sections, one in Epinal and the other in Luneville, remained static throughout the month and the routine procedure in handling supplies was carried out. Toward the end of the month, the majority of medical supplies coming from the Base Section, were being concentrated in the Luneville Depot as the Epinal Depot was preparing for movement to a more forward area so as to be closer to the combat units and in the same general area as the hospitals scheduled to move forward.

VETERINARY: The Veterinary units of Seventh Army were operating under control of the First French Army in the area from the Vosges to Nice, the 17th Veterinary Evacuation Hospital at Grenoble and the 45th Veterinary Company at Gap.

One platoon of the 45th Veterinary Co was moved to Nice to give service to the mules of the 601 and 602 Field Artillery Bns (Pack and Glider, respectively). One ambulance, a Veterinary officer and four (4) enlisted men of the 45th were sent north to Cheniménil to support the 513 QM Pack Troop. The 17th Veterinary Evac Hospital remained at Grenoble, acting as a base hospital, operating 196 stalls.

The Food Inspection Service, operating with Seventh Army Class 1 QM, supervised the issue of 2,113,013 pounds of food products of animal origin, 7,005,887 Field Rations, 12,736,863 pounds of balanced "B" rations and 11,632,000 pounds of unbalanced "B" rations.

SANITATION & HEALTH: During the period covered, no sanitary problems or disease outbreaks of unusual interest occurred.

The general trend of communicable diseases is seen in the following tabulation of rates per thousand per annum for Seventh Army troops, for the four (4) week period ending 26 August, the five (5) week period ending 30 September, the four (4) week period ending 28 October and the four (4) week period ending 25 November 1944.

	August	September	October	November
Malaria.....	92.07	147.51	107.01	48.03
Total Respiratory.....	61.05	73.76	166.48	128.29
Total Intestinal.....	32.68	60.26	63.24	40.31
Infectious Hepatitis..	4.76	11.38	24.31	20.43

Pneumonia has shown a slight increase over the previous month. There have been no cases of diphtheria or typhoid fever.

The most important problem in preventive medicine was trench foot which showed a steady increase in incidence through October, up to the middle part of November when the rate decreased. The number of cases reported by Army hospitals are as follows:

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Week Ending	Cases
7 October.....	42
14 October.....	78
21 October.....	104
28 October.....	203
4 November.....	130
11 November.....	292
18 November.....	592
25 November.....	412

The importance of preventive measures to combat this type of casualty has received widespread publicity through printed instructions distributed to the individual soldier, informal talks and demonstrations and radio programs. The program of preventive education continues in the Convalescent Hospital, Replacement Depots and Divisions.

Sock exchange has been established in the Divisions with the aim, when possible, of supplying each man with a pair of clean, dry socks each day. Battalion Aid Stations are used as points where men may obtain warmth, dry their feet and put on clean socks.

The fact has been realized, that it is a command function to see that the men are supplied with the facilities for care of the feet and that they follow accepted preventive measures in an attempt to obviate the condition.

All combat personnel have been supplied with winter footwear and other winter clothing.

Rest periods for combat units are invoked when practicable and possible.

VENEREAL DISEASE CONTROL: During the November period, there were one hundred twenty-nine (129) less cases of new venereal disease than during the October period.

The following statistics show the consistent decrease in the incidence of venereal disease in Seventh Army, even with an increase in troop strength:

July	August	September	October	November
1291	876	707	531	392

Following are the rates per thousand per annum:

a. White.....	23.
b. Colored.....	87.
c. Combined.....	25.

There have been a number of factors responsible for the improvement in lowering the incidents of this disease:

1. Off-Limits status of known houses of prostitution being enforced has decreased the number of easy contacts.

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2. More units are emphasizing the importance of immediate prophylactic treatment after contact.
3. Effect of an unusual series of photographs depicting the various types of venereal disease. (Many favorable comments have been received from unit commanders and medical officers, regarding the impression left with the men following the showing of these photographs).
4. General unfriendliness of the people in the areas being entered.
5. More units committed to active combat.
6. Curfew hours, which limit the time a man has to make contacts.
7. The "Honor Roll" and the "Excessive Rate" letters which are distributed to all units and installations of Seventh Army. (This has stimulated pride in their status).

NEUROPSYCHIATRY: The month of November has been marked by a decrease in the incidence of neuro-psychiatric casualties. This was without doubt secondary to the fact that some of the "old" divisions were relieved and rested (3rd, 45th and 79th) as well as to the appearance of additional new divisions, (100th and 103rd).

Thus the incidence of neuro-psychiatric casualties decreased in those divisions which had been rested. In the new divisions, not only is there a very low rate of neuro-psychiatric breakdown, but a very high percentage of the men who appear at the Division Clearing Stations with such diagnosis are being returned to duty by the Division psychiatrists. In the 44th Division the duty return within the Division for such cases was 63% of the total neuro-psychiatric cases seen there.

During the month, disposition was made in eleven hundred five (1105) cases in the two (2) Army Neuro-psychiatric Treatment Centers, of which two sixty-five (265) were returned to duty.

The following statistics indicate the improvement in the occurrence of neuro-psychiatric casualties during the month:

Period	<u>Four Week Period Ending 28 October</u>	<u>Four Week Period Ending 25 November</u>
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BATTLE CASUALTIES:

Divisions.....	5093	5794
Consolidated (Division, Corps, and Army).....	5247	6030

S E C R E T

Period	Four Week Period Ending 28 October	Four Week Period Ending 25 November
NEURO-PSYCHIATRIC CASUALTIES:		
Division.....	1044	792
Consolidated (Division, Corps, And Army).....	1159	893

NP RATE/1000/ANNUM:

Division.....	271.2	149.1
Consolidated (Division, Corps and Army).....	124.6	81.1

PERCENT NP CASUALTIES
OF BATTLE CASUALTIES:

$\frac{\text{NP Casualties}}{\text{NP Casualties} + \text{Battle Casualties}}$
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Division.....	17.0	12.0
Consolidated.....	18.1	12.9

TECHNICAL DATA: The Field Hospitals required the services of a major part of the specialized surgical teams under Army control. With the increase in hospital installations, one (1) Field and three (3) Evacuation Hospitals and a proposed increase in combat troops, one-third of the teams of the 1st Auxiliary Surgical Group were obtained from Theater reserves to furnish additional support to meet demands contemplated within the near future.

Upon arrival, these teams were placed on duty in hospitals where experienced personnel of the 2d Auxiliary Surgical Group were already working so that they would be able to get some practical experience before going out on their own.

Teams were distributed to four Field and four Evac Hospitals to furnish additional surgical support for those installations. Reports of work performed by teams serving with hospitals could only be obtained from two Field Hospitals and though the complete picture is not shown, it does show the trend and type of work done.

Type of Wound	Operations	Deaths
Cranial and Spinal.....	0	0
Thoracic.....	56	8
Abdominal.....	107	33
Thoraco-abdominal.....	9	3
Upper Extremities.....	5	0
Lower Extremities.....	57	4
Others.....	16	1
	<u>240</u>	<u>49</u>

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Over half of the thoracic cases were not operated on in the Field Hospitals.

Aspiration and shock therapy were sufficient to get them in proper condition so that they could be evacuated to more rearward hospitals for initial surgery.

Conservative treatment of intrathoracic wounds has come to be recognized more and more as the treatment of choice. One unusual case performed by a team in an evacuation hospital consisted of the successful removal of a .45 calibre bullet from the right ventricular chamber, an operation that is ordinarily not attempted.

Burns have been a very minor problem in the surgery thus far encountered, only seventy-two (72) cases having occurred in the period.

Anaerobic infections: Twenty-nine (29) cases of anaerobic myositis and cellulitis have been reported on US troops for the period, resulting in seven (7) deaths, thus carrying a low mortality of 24.1 percent. Seventeen (17) amputations were performed

Gas infections have presented no great problem. For US troops, the rate is about 3.3 per thousand battle casualties and injuries.

No cases of tetanus have been reported.

Blood: Four hundred eighty-six (486) patients in Field Hospitals received one thousand seven hundred twenty-one (1721) units of blood. The transfusions were on the basis of 2.5 units of blood per patient admitted and 3.5 units per patient transfused. Four thousand seven hundred one (4271) units of blood were supplied to the Evacuation Hospitals by the Blood Bank and five thousand two hundred thirty-five (5235) transfusions of varying amounts were administered to over two thousand three hundred (2300) patients. In addition to the supply from the Blood Bank, these hospitals drew some blood themselves.

Eyes: A conservative policy is being maintained. There has been some increase in eye and maxillo-facial injuries. In the period, twenty-five (25) enucleations were performed.

Vascular injuries: There has been a sharp increase in wounds of the major arteries, causing a high rate of amputations (1 per 45.1 battle casualties and injuries). This increase, also noted in other Armies, is considered due to the extensive use of mines by the enemy, particularly Shu-mines. Tabulation of amputations follows:

Thigh.....	56
Leg.....	114
Arm.....	11
Forearm.....	10
Total.....	<u>191</u>

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Classification of Wounds:	Patients Admitted	Deaths
Abdominal.....	512	63
Thoraco-abdominal.....	131	16
Thoracic.....	885	31
Maxillo-facial.....	831	4
Neurologic.....	152	0
Head.....	882	55
Spine.....	210	3
Nerve.....	25	0
Extremities.....		
Upper.....	3634	1
Lower.....	5330	18
Other.....	1430	14
Total.....	14224	205
Number of Patients with Multiple Wounds.....	3542	53

Battle Casualties caused by:

	Patients Admitted to Divi- sion Clearing Station	Deaths
Bullets:		
Unclassified.....	892	2
Rifle.....	481	0
Machine Gun.....	176	0
High Explosives:		
Unclassified.....	4571	11
Rifle.....	0	0
Mine.....	300	1
Booby Trap.....	3	0
Bomb.....	4	0
Blast: (Concussion Type Injury).....	195	1
Cutting Instrument: (Knife, Bayonet, etc.).....	1	0
Total.....	6623	15

Number of patients admitted during the
period with self-inflicted wounds:

Firearms.....	108	0
Explosives.....	3	0
Cutting Instruments.....	4	0
Total.....	115	0

S E C R E T

DENTAL: Dental service within the Army has been carried out on a normal basis,

All new Divisions assigned to Seventh Army have been issued Dental Chests 61 and 62 in order to provide prosthetic service in their respective Clearing Stations and plans are being made to make up mobile dental units within the Division to serve their troops in a more efficient manner.

The Fifth Prosthetic Team, with truck and equipment was made available to Seventh Army and assigned to the 2d Auxiliary Surgical Group, making a total of three (3) such teams now operating. The Fifth has been placed on duty with American troops supporting the First French Army.

New trucks and equipment have been provided for the two original teams of the 2d Auxiliary and at the present time all three teams are well fitted to render dental service.

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A D M I S S I O N S

Week of	Disease	In jury	Battle Cas	Total US Army	US Navy	British	French	Other Allies	Enemy	Other	Grand Total	Troop Strength
Total Carried Fwd.	23155	4603	14821	42579	141	231	2320	282	5198	296	51047	
4-10 November	2056	638	1191	3885	0	0	49	8	88	28	4058	197,756
11-17 November	2214	567	905	3686	0	0	83	3	118	29	3919	200,286
18-24 November	2033	810	1364	4207	0	0	281	1	558	100	5147	191,054
25 Nov-1 December	2595	1338	2161	6094	0	0	261	0	847	154	7356	210,558
Total	32053	7948	20442	60451	141	231	2994	525	7309	607	71527	

R E T U R N E D T O D U T Y

Total Carried Fwd.	13276	1737	2322	17335	125	141	280	69	166	25	18141	
4-10 November	1286	178	362	1826	0	0	49	1	0	2	1878	
11-17 November	1185	162	249	1596	0	0	60	4	1	2	1663	
18-24 November	1649	457	469	2575	0	0	73	0	0	0	2648	
25 Nov-1 December	1482	338	255	2075	0	0	60	0	0	0	2135	
Total	18878	2872	3657	25407	125	141	522	215	167	29	26465	

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EVACUATIONS

Week Of	Disease	Injury	Battle Gas.	Total US Army	US Navy	British	French	Other Allies	Enemy	Other	Grand Total	Ambulance To BASE		
												Base Air	Base Train	Base Hosp
Total Carried Fwd.	8080	1789	11429	21308	85	181	1850	12	3708	22	27166	1558	1039	5883
4-10 November	1130	275	1116	2521	0	0	155	3	100	1	2780	285	1308	1187
11-17 November	1024	431	1345	2800	0	0	105	2	105	1	3013	0	1167	1846
18-24 November	1174	638	2062	3874	0	0	272	0	400	1	4547	0	2396	2137
25 Nov-1 Dec	890	831	1285	3006	0	0	228	0	477	6	3717	0	2617	1100
Total	12298	3964	17237	33509	85	181	2610	198	4790	31	41223	1843	8527	12153

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By CJMRA Date 5/1/04

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DIED IN HOSPITAL

Week Of	Disease	Injury	Battle Cas.	Total US Army	US Navy	British	French	Other Allies	Enemy	Other	Grand Total
Total Carried Fwd	5	37	360	402	4	2	40	7	155	20	630
4-10 November	1	1	31	33	0	0	6	0	9	1	49
11-17 November	2	2	33	37	0	0	6	1	8	2	54
18-24 November	3	6	57	66	0	0	12	0	19	5	102
25 Nov-1 December	1	2	52	55	0	0	3	0	26	6	90
Total	12	48	533	593	4	2	67	10	217	34	925

7-1139

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Authority
CJNPA Date 5/1/04