

## HEADQUARTERS

703rd Tank Destroyer Battalion  
APO 230, Postmaster, New York.

15 June 1945.

SUBJECT: Annual Medical Report of the 703 Tank Destroyer Battalion.

TO : THE SURGEON GENERAL, U.S. ARMY, WASHINGTON, D.C.



1. In accordance with paragraph 6, AR 40-1005, 19 November, 1942 and Circular 58, Headquarters European Theatre of Operations, Subject: Period Reports, Medical Department Activities, dated 14 May, 1945, the activities report of the 703 Tank Tank Destroyer Battalion for the period 1 January 1945, to the 15 June, 1945 is herewith submitted.

2. Early History of the Battalion:

a. The 703rd Tank Destroyer Battalion was activated on December 15, 1941 at Camp Polk, Louisiana under the command of Major John Meade. It was not until six weeks later on February 6, 1942 that Major (Lt. Colonel on February 22, 1942) Prentice E. Yeomans took control of the four hundred men then in the battalion. The organization was gradually brought up to strength, and was attached to the Third Armored Division. Training consisted of close order drill, road marches, gunnery, map reading, first aid, driving instructions and many other basic subjects.

b. On June 3rd, 1942 the battalion entrained for the Tank Destroyer Center, Camp Hood, Texas, and were attached to the Tank Destroyer Command. Training and Manoeuvres continued until the last week in July, 1942, when the battalion moved to the Mojave Desert in California, and was again attached to the Third Armored Division.

c. The men soon became acclimatized, and many even enjoyed the dry, healthy heat. The Mojave Desert was no vacationland, but men who trained over it's sandy expanse grew to have a certain affection for the wasteland they had entered. Manoeuvres in the desert were the closest simulation of combat that the battalion had yet experienced; the heat and dust, and long hours without food and drink, and sometimes without sleep were good conditioning. And, the many nights of blackout driving were to prove this point. During the last week in September, and the first week in October, the battalion participated in manoeuvres which in some respects were more grueling than actual combat. In the latter part of October the battalion prepared for the shipment east, camped the last night at the railroad; and on the 29th of October, 1942, over one thousand strong, the soldiers of the 703rd boarded the train for their new destination, Camp Pickett, Virginia.

d. They arrived there on a rainy, bleak day, the 4th of November, 1942 and everyone had the feeling that "this is it". On the 10th of December, 1942 the battalion received their new tank destroyers, the M-10, and combat training was intensified. Day after day, gunners practiced with their new weapons, and the drivers learned to manoeuvre among the tall pines, and across difficult terrain.

They treated the M-10 "rough", searching for the deepest ditches and largest trees, and Col. Yeemans rejoiced and grew more proud of his fighting men. Later in December, the battalion fired its new gun against moving targets in a demonstration for General Watson, and visitors from the Armored Force Command. The gunners destroyed target after target with few misses, and the general rode away smiling.

e. The expected departure for overseas did not materialize, and on the 16th of January, 1943 the 703rd made a slow, tedious journey to Indiantown Gap in Pennsylvania. Again, it was gunnery, maintenance, and physical training, road marches and road marches, battle-indoctrination courses, neck street fighting, firing competitions, classes, sports, all helped to condition the battalion for eventual combat. Meantime, the unfit, and the undisciplined were weeded out, and gradually during the eight months at the "Gap" the battalion strength was reduced from over one thousand to less than nine hundred officers and men. After many show down inspections, and much preparation for movement, on the 26th of August, 1943, the battalion entrained for the staging area at Camp Kilmer, New Jersey, arriving there the same day. Eight days of processing and twelve hour passes, and the battalion was under way; this time to New York Harbor.

f. From P.O.E. Pier #20 the battalion boarded the "Shawnee" on the 4th of September, 1943, and remaining that night aboard ship, set sail the next morning for England. After ten days on the high seas the battalion sailed up Bristol Channel, and docked at Avenmouth harbor, where trains were waiting to carry us to Here, Wilts. Few men realized at the time that Here was to be our home for almost ten months during the extensive preparations for the invasion of the continent. The days and, all too frequently, even the nights were busy. The Salisbury Plain provided an excellent terrain for manœuvre of tanks, and tank destroyers, and several problems involving the movement of the entire division were held. Command post exercises were held with great frequency, even in the extremely uncomfortable cold of an English winter, and other exercises designed to test all the functions of the various components of this battalion and division. The ranges at Kimmeridge, and at Minehead, were used for several days of direct fire practice about every six weeks, and on the Salisbury Plain the battalion became adept at indirect fire. Physical conditioning during this period was not neglected. Long road marches, map and compass problems, hill climbs, and intramural athletics all helped to keep the battalion in the best of condition. Battalion training reached its peak when on the 21st of April, after four days of direct fire at Kimmeridge, we moved out on the ten day Nineteenth Corps Artillery "sheet". It was shortly thereafter, on the 1st of June, 1944 that the battalion moved into the field ready to take leave of England to prove our training to its final test, combat. On June 26, 1944 the battalion left for Weymouth, and by the 30th all units had crossed the channel to Normandy.

### 3. Resume of Battalion Activities:

a. During this period the battalion has continued its attachment to the Third Armored Division, and has functioned almost as though it were an integral part of that organization. Tank destroyer and reconnaissance elements of this



battalion have been assigned to all of the Division Task Forces, and have functioned under Division Task Force Commanders.

b. The manner in which the battalion was used made it impossible for the Medical Detachment to render combat medical support to the widely separated elements of the battalion. This function was therefore taken over by the medical units of the Division, which were supporting the particular task force.

c. As an attached unit all during this period, the 703rd Tank Destroyer Battalion took part in all the actions in which the Division engaged. These, very briefly, included the action in the Belgian Bulge during the December German Offensive, the drive into Germany resulting in the capture of Cologne, the crossing of the Rhine, and the long and hard push to Paderborn which half-encircled the Ruhr, and the final drive across the Weser to the Mulde and the city of Dessau.

d. With the exception of the four weeks from 21 January to 23 February, the battalion was actively engaged from the first of the year to the 24th of April, when it was retired from further combat in this theatre.

e. Since coming out of combat, the battalion has had various guard and police details in the areas of Meisdorf, Rössleben, and Darmstadt. Much time has also been devoted to restoring the personnel and equipment to the highest standards of cleanliness and efficiency. Relaxation and recreation, including supervised athletics, movies, and free time for the individual, have done much for the personnel of the unit.

#### 4. Operations:

a. The battalion on 18 December, 1944, had moved from the vicinity of Breinig and Busbach, Germany, to the vicinity of Seurbredt in Belgium, and, on the first day of January, 1945, were still busily engaged in helping to confine the strong German counter offensive. On Christmas Day the entire battalion with the exception of Company C had moved from the vicinity of Seurbredt to the vicinity of Werbement and were engaged in a strictly defensive role, working with the 82nd Airborne Division. Company C at this time was still at Butgenbach supporting the 1st Infantry Division, but rejoined the battalion on 2 January 1945, when the entire unit again went under control of the Third Armored Division. On the following day the destroyer platoons were assigned to the various task forces of the Division, and preparations were made for an attack which was to jump off that same day from a line of departure, roughly, Manhay-Snamont. At this time the Division was on the northern flank of the German salient and its mission was to drive south and affect a juncture with units driving from the south flank in a northerly direction, and thus divide the salient in two. The weather during this period was extremely cold and snow covered the ground. The fighting was intense but steady progress was made, and by 19 January all the Division objectives had been secured. The Heuffalize - St. Vith road, a key highway, had been cut and the towns of Cherain, Mont LeBan, and Lemre had been taken. On 21 January the battalion moved with the Division to a new assembly area for a much needed rest, in the vicinity of Palenge (P-364986), Ocquier (K336023). They were to remain here until 7 February and, during this time, did all required maintenance work in preparation for the next phase. On that date the Division and the 703 Tank Destroyer Battalion moved to a new assembly area in the vicinity of Stolberg, Germany, prepared to resume the battle on German soil once more. On February 26, things began to move, and within three days the task forces had



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already gone beyond Duren where the Battalion C.P. set up. The attack continued. The Erft Canal was crossed on the 27th, Bergheim (WF2463) taken, and so onward to Cologne, which fell to the Division on the 5th of March. For twelve days the Division and the attached 703 Tank Destroyers remained in Cologne doing maintenance work, then moved to Herkulheim, and prepared to cross the Rhine. This was done on the 22nd and preparation for the final drives were made while the Battalion was at Rheinbreitbach. The drive started on the 25th of March and continued almost night and day through Ittenbach, Altenhofen, Gielereth, Schenbach, Ober Marsburg, and Etteln to the big objective, Paderborn, which was reached on the April 2nd and secured one day later. On that day a task force from Division linked up with units of the Second Armored Division, completing the encirclement of the Ruhr Pocket, later renamed the Rose Pocket in honor of Major General Maurice Rose who led the Third Armored Division to within sight of its greatest achievement. Three days later on the 5th of April the Division again moved out, but this time in an easterly direction. On the 9th of April, the Weser was crossed and on 11th of April, Nordhausen was taken. The push eastward continued, the Saale river was crossed on the 14th of April and that same day a Division Task Force reached the Mulde River. Heavy fighting raged for the next few days. On the 21st of April, Dessau was entered and two days later had been cleared. Mopping up action proceeded and on April 25th, the Third Armored Division and 703 Tank Destroyer Battalion were withdrawn from the line. Their last days of fighting in the ETO had been concluded.

## 5. Battalion Personnel Losses:

a. Since the first of the year, the battalion had seventeen men killed in action and thirty-six wounded. In addition, four men are listed as missing in action. This is a total casualty list of fifty-seven men, or approximately ten percent of the battalion strength. Non-battle casualties evacuated through this dispensary numbered 40, although this is not the complete picture since some men were evacuated through their respective task force medical support. Of the 36 battalion wounded, six were evacuated through the battalion aid station. During the same period 11 German battle casualties were evacuated.

b. The Medical Detachment during the same period had two men wounded in action, only one of whom had to be evacuated. Three men were lost to the detachment by illness and transfer. There were never any problems in securing replacements.

## 6. The Role of the Medical Detachment:

a. In training it was always contemplated that a tank destroyer battalion would function as a unit, and that its medical detachment would also function as a unit in direct support of, and the chief means of evacuation for, the battalion. In practice, since first reaching the shores of Normandy, this battalion has functioned as nine separate platoons reinforced by reconnaissance elements of the battalion, and each such unit a part of a task force of the Third Armored Division. This breakdown is not always that definite, for each company headquarters does have close supervision of the activities of its three platoons and the battalion headquarters has a coordinating effect on the companies.



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b. With the battalion functioning as outlined, the burden of handling the majority of the battle casualties within the battalion has fallen to the aid men, three of whom are permanently attached to each tank destroyer company. It has been customary for two of the aid men to ride inside the destroyers, and the third man to remain with the company headquarters, prepared to evacuate casualties by means of the  $\frac{1}{2}$  ton truck equipped with litter racks. On road block positions this works very well, but at other times it is much easier for the aid men to evacuate via the armored half-tracks of the task force medical unit. All casualties are always evacuated to the nearest medical establishment, and this is usually accomplished with a minimum of delay.

c. In addition to the nine aid men with the three destroyer companies, one aid man is always attached to reconnaissance company and at times one is also with headquarters company.

d. The remainder of the medical detachment, consisting of one medical officer and usually five enlisted men, maintain an aid station where ever they may be. As a rule the aid station group moves with headquarters company and the battalion command post group, and is very often one days' travel behind the task forces of the division. The distance has rarely been such that the medical  $\frac{1}{2}$  ton trucks have not been able to bring in to the aid station all non-emergency cases and all cases of illness from the companies. It has been battalion policy that all such cases must go through our medical detachment. There have been some exceptions to this rule but in general the plan has functioned very well. Many of the minor illnesses and infections, and a majority of the cases of frozen feet and mild cases of combat exhaustion, have been retained within the battalion as quarters cases and returned to full duty in a much shorter period of time than would have been possible if they had been evacuated.

e. Treatment rendered within the battalion since the first of the year totalled 1498 visits by 633 patients. Of these there were a total of 171 patient days in quarters or an average of 31 per month. These figures do not include routine and special physical examinations and immunizations, examinations for feed handlers certificates, and such. The average number of treatments given in the dispensary each month was 272; the average number of patients, 115.

f. Other functions of the battalion aid station included the treatment of a considerable number of men from other units, in and out of the division, as well as the treatment of wounded Germans, the treatment of large numbers of civilians particularly in Chessien, Belgium; and Cologne and Meisderf in Germany.

7. Supply:

a. There have been no major problems of supply in this theatre. At almost all times the battalion Aid Station was set up in relatively close proximity to one of the companies of the companies of the 45th Armored Medical Battalion of the Third Armored Division. Occasionally it was more convenient to draw supplies from a nearby collecting company, or clearing company, and they were very co-operative.



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b. Small quantities of captured enemy medical equipment were occasionally used, but in general our own medical supplies were superior and just as available.

c. Property exchange always functioned very smoothly.

8. Transportation:

a. T/E transportation allowances calls for four  $\frac{1}{2}$  ton trucks, and a  $1\frac{1}{2}$  ton truck with a 1 ton trailer. Actually the fourth  $\frac{1}{2}$  ton has never made it's appearance.

b. Of the three  $\frac{1}{2}$  ton trucks, all of which have been equipped with litter racks, two have been permanently assigned to tank destroyer companies and the third, depending upon the situation, rotates between the third tank destroyer company and the battalion aid station group. Their chief use has been the evacuation of patients from the companies to the Aid Station. By means of them the battalion has been able to have a daily sick call almost all through combat. They have also been invaluable in evacuating personnel to the rear of the Aid Station.

c. The  $1\frac{1}{2}$  ton truck has met all the requirements of this type unit and has proved a dependable vehicle both on the road and cross country. The  $3/4$  ton would not have sufficed either in size or ability to get around.

d. If a fifth vehicle is to be made available to a medical detachment such as this, I would suggest that an ambulance would have many advantages over a fourth  $\frac{1}{2}$  ton, especially where a long ride to the rear, or cold weather are factors to be considered.

9. Equipment:

a. In the medical detachment there is little to criticize in regard to the equipment. In general, we have had far more than we have had use for in combat. However, if the situation had been a little different, all our equipment might have been needed. We never had occasion to use the command post tent, the gas casualty chest, or the extra chest #1.

b. The only essential item which is not included in the medical equipment is a standard otoscope. This instrument must be used frequently and unless one is available many ear conditions are going to be overlooked, or unnecessary trips to the rear will have to be made. It would be easier to practice field medicine without a stethoscope than without an otoscope.

c. The present sterilizer, which is a component of Chest #2, is not made of a rust resistant metal and, as a result, has been found almost worthless. Since a sterilizer may be easily improvised, this defect was not important.

10. Communication:

a. Communication has been by means of telephone and messenger primarily, and only rarely has the radio proved of much use. This impression would probably be very different if this aid station had been supporting the task forces.

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b. Telephone communications within the battalion and to the division were usually very quickly set up and this has been the most common method of communication, especially when we were in a fixed location for more than a day or two.

11. Training:

a. There has been very little didactic training within the medical detachment during the past year. Instruction has been given during sick call where needed. All members of the detachment had been thoroughly trained in the proper management of routine medical and surgical cases, and during combat have used this knowledge to good advantage. Many minor conditions have been entirely taken care of by the aid men in the companies, which has been invaluable experience for them.

b. During the past few months all the men in the detachment have been given detailed instruction in the prevention, care, and management of particular problems which have arisen. These included the subjects such as "Trench Feet" and "Related Conditions", "Louse Borne Diseases", "Venereal Disease". Following their instruction, the medical men have had occasion to give repeated talks to the men of their respective companies on the same subjects.

c. Since the first of the year there have been four replacements to the detachment and these men have received adequate instruction in the various phases of aid station medicine and surgery.

13. Immunizations:

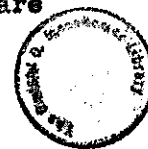
a. In January the entire battalion were given Typhoid-Paratyphoid stimulating injections, and replacements coming in since then have also been checked and the injection given when needed.

b. In March Typhus stimulating injections to every man were ordered and these were given.

c. Recently all immunization registers have been checked and there are no men in need of immunization.

14. Food and Messes:

a. Food: The quantity and quality of food served on the Continent was sufficient and satisfactory. On the Continent various types of rations were served depending upon the military situation; and every effort was made to serve B rations during stabilized or partially stabilized situations and, when the situation permitted, hot B or C type rations were brought forward to front-line units. When packaged feeds were issued, such as K and 10 in-1, multi-vitamin tablets were made available to supplement the diet. No dietary or vitamin deficiencies were noted on the Continent. The lack of refrigeration facilities on the Continent has not caused any difficulties. This was made possible through the use of packaged, canned, and frozen feeds. Mess personnel are, in general, competent and are constantly supervised to remove any individual who reveals himself as inadequate. Conscientious efforts are made to conserve the nutrient factors of food by the prevention of such improper practices as over-cooking, discarding of cooking water, and of liquid from canned



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fruits and vegetables, and preparation of food too long before serving.

**b. Messes:**

In combat the units have found the T/E equipment adequate and satisfactory. The immersion heaters, provided prior to leaving the continent have been most desirable.

**c. Food-borne Diseases:**

The battalion has been most fortunate in the rareness of food-borne diseases. Diarrheal and intestinal infections have been at a minimum through-out all the campaigns on the Continent.

**15. Sewage and Waste Disposal:**

**a. Garbage:** On the Continent, garbage was buried and has never presented a problem.

**b. Kitchen Waste Water:** The waste water was disposed of in sumps and has never presented a problem.

**c. Rubbish:** The rubbish was first incinerated in a hole and the ashes covered with dirt; and when it was impossible to burn the rubbish, due to security reasons, it was buried.

**d. Human Excreta:** In combat the individual hole and straddle trench type latrines were used by the troops, but in most cases, since arrival in Germany, flush toilets were found in the billets. If the water system was destroyed the flush toilet was sealed off, and a straddle trench type latrine dug adjacent to the house.

**16. Housing:**

On the continent the troops used their T/E tentage, and only after the situation became stabilized in Germany were they billeted in buildings. Various types of structures were used, including public and private buildings, such as school houses, factories, and private dwellings. A floor space requirement of forty feet per man was set as the minimum standard; and considerable emphasis has been placed on head to feet sleeping, and adequate ventilation. Billets were aired in the morning and during sleeping hours. No billets were used that could not be adequately ventilated.

**17. Insects:**

**a. Mosquitoes:**

This year mosquitoes have been encountered but rarely. At the present time a few are in evidence, and they have not been sufficiently troublesome to warrant the use of insect repellants.





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b. Reaches:

These insects have constituted no problem at any time, since they seem to be rarely encountered.

c. Flies:

It is only within the past two months that any flies have been in evidence. With the onset of warm weather all measures to prevent fly breeding were instituted. These included proper disposal of waste material, a high standard of cleanliness, and the use of DDT sprays, flypaper, and fly traps when these were available. The aerosol bomb and the flit-gun type sprayer were both found very effective, and have been available in sufficient quantity. Fly paper has been very difficult to procure in amounts needed, and all of it has come from German sources. The new DDT residual spray has not been available to this unit and it has been impossible to secure through quartermaster wire-mesh for the construction of fly traps.

d. Bees:

Since the Normandy campaign bees have rarely been seen.

e. Lice:

Within the battalion there have been no cases of louse infestation. This was probably due to the majority of soldiers having knowledge of the danger, and making good use of showers, clothing exchange, and of insecticide powder. In areas where lice and typhus existed the insecticide powder was used twice weekly and proved very effective.

f. Itch Mite:

In the area around Cologne there were twenty cases of a skin eruption with scabetic distribution but without the characteristic burrows. At first impression, the papular and hive-like lesions were thought to be bites but, since there were no lice, mosquitoes or bedbugs found on any of these cases, this seemed unlikely. The final opinion was that the rashes were due to invisible itch-mites. Liberal application of insecticide powder produces excellent results both in prevention and cure.

18. Bathing Facilities:

During combat the men have relied, for the most part, upon helmet-sponge baths, occasional showers at the 45th Armored Medical Battalion, and at Division Quartermaster shower points. Quartermaster showers are the most satisfactory agency because of the clothing exchange available there. Since March 5th the men have often been billeted in houses where bathing facilities were available, usually a tub and water heating apparatus.

19. Clothing:

There have been several deficiencies in respect to the clothing authorized, although in general, the Army has been well clothed. The defects include:

a. Authorization of only one suit of OD outer clothing was insufficient for the needs of the men. In order to wear a clean OD uniform at all times



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it is necessary to have two OD uniforms issued so that one can be worn while the other is washed.

b. The suits, herringbone, twill, were rarely worn except by mechanics and cooks. It would have been better to issue two suits of OD instead.

c. In the Belgian Bulge, previously snug fitting shoes, now were too tight to be comfortable and failed to keep the feet dry and warm. After the Battalion had had a few cases of frozen feet, cold injury type, and after an improvised foot wrapping had been devised from blankets and was functioning well, the Quartermaster issued shoe-pacs; the shoe-pacs were satisfactory in the cold and snow of the Bulge, but there were many complaints as soon as the weather warmed up. These complaints usually were that the shoe-pacs made the feet sweaty and did not have enough arch support for walking.

d. Socks: No practical method could be found to deliver clean, dry socks of the correct size to front line troops, and even in the rear of the combat area proper sizes could not always be secured. If every sock carried its size number, I believe, the problems could have been solved very easily.

e. The government issue raincoat did not prove very serviceable for troops in an armored division, but the new type poncho seems to keep one dry regardless of whether one is walking or riding.

f. Combat boots are much more convenient and more useful than the old combination of field and leggings.

20. Water:

Only water from U.S. Army engineer water points to be used for drinking and cooking purposes was the general rule. Occasionally that was impracticable and the use of Halozone tablets (50 tablets per 5 gallon container) solved the problem very nicely. All men were well indoctrinated as to the necessity of this procedure.

b. When living in billets where running water was provided it was not always possible to be sure that some men were not drinking untreated water. Every means was taken to warn them of the danger, and everything was done to make access to treated water convenient. Lyster bags of chlorinated water were kept in every kitchen area and the men were urged to bring into their rooms the five gallon water cans from their vehicles.

c. Unit surgeons checked daily the state of chlorination of water from the engineer water point although none was ever received insufficiently chlorinated.

21. Venereal Disease:

a. From 1 January, 1945 until 15 June, 1945 this battalion had eleven (11) new cases of venereal diseases, for a rate of 36.6 per thousand, per year. All were gonococcal infections.



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b. By months these cases occurred as follows:

January.....0  
 February.....1  
 March.....1  
 April.....0  
 May.....8  
 June(1-15).....1

c. The only explanation that can be offered for the large number of cases in May is the fact that we were withdrawn from combat on the 24th of April, and the attitude of the men was one of celebration, which led to intoxication, and carelessness. These plus the large number of easy "pick-ups", are responsible factors.

22. Professional Medical and Surgical Services:



a. Treatment of Casualties.

1. Most battle casualties treated in this aid station have been victims of shell fire, particularly bomb and artillery. There have been relatively few bullet wounds. Surprisingly, wounds from falling flak and 50 caliber machine gun bullets, anti-aircraft, have been fairly numerous.

2. Treatment in most cases has been minimal in order to hasten evacuation. Morphine in  $\frac{1}{4}$  and  $\frac{1}{2}$  grain doses has been administered for pain and with due regard for the patients condition and need. Plasma has been administered freely in all cases of shock and impending shock, and in many cases has had a truly remarkable effect. Fractures have been splinted, bleeding controlled, and the wound powdered with sulfanilimide and dressed. No unnecessary surgery was done because evacuation to a second echelon medical establishment could always be accomplished very quickly.

3. Non-battle casualties have been much more numerous than battle casualties all during the period. Because our aid station was generally not in direct support of the troops engaged in combat, the battle casualties more often were evacuated to another supporting unit. However, the battalion aid station was always close enough during combat to render complete medical and surgical support for all non-battle and non-urgent cases. It was a battalion rule that nothing but emergencies were to be evacuated out of the battalion without going through our aid station, and this was closely followed. The battle wounded whom we received direct, or treated at the place of injury, were those resulting from shells landing in our area; or from bombing, or strafing nearby. Falling shell fragments and bullets from anti-aircraft also accounted for many casualties.

4. Treatment of battle casualties has generally been in accordance with the following procedures:

(a) Pain has been treated with morphine tartrate, using from  $\frac{1}{4}$  to  $\frac{1}{2}$  grain depending upon the patients' apparent distress, general condition, and the temperature of the air. In extremely cold weather as in the December Break-Through only  $\frac{1}{4}$  grains were used.

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(b) Bleeding has been controlled in nearly all cases by means of direct pressure. Very few wounds were found that required a tourniquet, even many traumatic amputations of limb showed surprisingly slight bleeding.

(c) Fractures of long bones have been splinted with straight wood splints in nearly all cases. I believe the Thomas splint is much more effective but takes comparatively long to apply, and since it often has to be removed in the second echelon treatment station, its application under fire is not beneficial to the soldier.

(d) Burns have been routinely treated with cleansing by saline or peroxide, and the application of boric acid pressure dressing.

(e) Shock has been treated by routine aid station methods, morphine in proportion to the pain from  $\frac{1}{4}$  to  $\frac{1}{2}$  grain. The administration of plasma, heat, and hot drinks as indicated.

5. Neuropsychiatric Cases:

(a) These cases constituted a high percentage of the individuals seen on sick call. Fortunately, the vast majority are soldiers with psychosomatic complaints who are easily handled on a duty status. Only four men have been evacuated from the battalion since the first of the year for neuropsychiatric troubles.

(b) Soldiers presenting the following symptoms of a functional nature were invariably successfully treated through the aid station: epigastric distress and pain, recurrent or chronic diarrhea, frequency of urination, chest and heart pains with or without dyspnoea, persistent headache, pains in various large joints, pains in old wounds disproportionate to the damage remaining.

(c) Soldiers showing manifestations of fear reaction were almost always unsuccessfully treated and have been evacuated. These men often come in shaking and trembling, and declare that they "just can't take any more". Investigation frequently discloses that they have been having mental conflict for some time.

(d) In the severe cases which require evacuation the following factors have appeared to be responsible for the maladjustment: (1) A feeling that their personal chances of coming through are minimal, (2) Lack of confidence in equipment, e.g., changing from M10 to M36; (3) Lack of confidence in a leader, particularly a new inexperienced platoon leader; (4) Trouble in the family at home.

23. Conclusion:

The medical detachment of the 703rd Tank Destroyer Battalion performed very differently in combat than anything which was anticipated. And, although we furnished less direct support to the men of our battalion than expected, we feel that our services were valuable and appreciated. The aid men of the detachment had a particularly difficult and dangerous job which they performed in a most efficient and frequently glorious manner. Throughout all of our time in combat the cooperation between members of the detachment and between the detachment and the 45th Armored Medical Battalion of the Third Armored Division has been of the highest order.



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*W. G. Lynch*

WILLIAM G. LYNCH  
Captain, Medical Corps,  
Battalion Surgeon.



Registry No. WD-84

BASIC: Letter, Medical Detachment, 703d Tank Destroyer Bn, Sub: "Annual Medical Report of the 703 Tank Destroyer Battalion", dated 15 June 1945

706 1st Ind. MCS/ict  
HEADQUARTERS XIX CORPS, Office of the Surgeon, APO 270, U.S. Army, 5 July 1945.

TO: Surgeon General, War Department, U. S. Army, Washington 25, D. C.  
(Through Technical Channels).

2700  
MCS

706.M 2nd Ind MRP/rhs

NO SEVENTH ARMY, Office of the Surgeon, APO 758, US Army, 10 July 1945.

THRU: Chief Surgeon, SFST (Rear), APO 687, US Army.

TO : Surgeon General, US Army, Washington 25, DC.

For the Surgeon:



*N. W. Peatfield*  
N. W. PEATFIELD  
Colonel, MC  
Executive Officer