

“To Hell With the Germans! Drive on, Garrison!”

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“There was a time soon after I came home that Emily and I would get a baby sitter and we'd go to the movies. One time it happened to be a war movie. There came a cry, ‘Medics, medics!’ I began to cry, and I had to get up and leave! I can remember the other time I cried, it was after the bombardment of Lunéville. We had evacuated all the casualties, we had done our job as best we knew how, we were evacuating the area, we were moving out in the dark with the battalion to Arracourt to face the German tanks there, and all of the sudden I began to sob. In between sobs I said, ‘Now, men! I'm not going combat-fatigued! I'm all right!’”

Throughout the war, I was always the same. The first death was just as bad as the last, and the last as bad as the first. There was no way I could become innured to some man being badly hurt. I never developed a tough skin toward casualties.

We were the combat medics, and because of that we got to wear the Combat Medical Badge, something only the doctors and the aid men who were on the front lines were privileged to wear. I'm prouder of that badge than I am of my Bronze Star with the Oak Leaf Cluster or my two Purple Hearts. I got one Purple Heart when our truck hit a mine, close to the Saar River. My driver, Garrison, and I would have certainly been killed except for the fact that we had sand bags on the floor of the truck. The other Purple Heart was from a mortar. I got blown into a crater by a near miss that tore up my left knee. Altogether I broke my arm, hurt my back, my knee and got fragments in my legs. We ran over that mine in December 1944. That made me miss the first part of the 4th Armored Division's march to Bastogne.

I don't know how I got the Bronze Stars. The citation says all kinds of wonderful things. It says, “Meritorious achievement in ground combat against the armed enemy during World War II?” Oh, gracious! Just general statements. I don't think they knew what the heck I did! They were just being nice. They must have said, “Poor old Doc, we'll give him something!” Anyhow, each Bronze Star was worth five points toward my discharge points. I got to come home fairly soon after the war!

My father, Carl, was a chemist. My mother, Ethel Gwen Rowlands, was a school teacher. I

¹A complete history of the 704th and its medics appears in *Men of the 704: The Pictorial and Spoken History of the 704th Tank Destroyer Battalion in World War II*, Publications of the Saint Vincent College Center for Northern Appalachian Studies, 1998.

was an only child. I wasn't much of a student in elementary school. I was more interested in fun and games. It was only in high school that I got interested in science and began to think about pre-med. My formal education, pre-med, medical school was at the University of Cincinnati. I was in residency in the Cincinnati area when the war started. I really didn't know much about what was going on in the world until Pearl Harbor, when suddenly I became alarmingly aware of how critical everything was. I called my fiancee, Emily, who was a resident at another hospital. We had graduated in the same class together. "This is going to change our lives," she said. And it certainly did.

I volunteered to go because I thought I could be of greater use to America in the service than at home. Besides, things were going from bad to worse for us overseas. I applied to the Navy on 29 December 1941, but they turned me down because I had a problem with color perception. Then I applied for the Army, and they took me immediately. By April, I was a first lieutenant and by May, I was the Battalion Surgeon of the 704th Tank Destroyer Battalion with no basic training and with no indoctrination as to the duties and functions of the job. I was not alone in my lack of knowledge. Many of the young line officers in the 704th were just as unsure of their jobs as I was of mine. Even the basic concept of how tank destroyers were to be used in battle was undecided. It was a learning experience for all of us, and we bonded together as we became more knowledgeable.

Three months before we were to go overseas, the adjutant looked through my 201 file. He said, "Hey, Doc! You've never had basic!" So they sent me to Carlisle Barracks in Pennsylvania for my basic training. This was three months before we went overseas! I had been developing the medical detachment for almost two years, and at the end of 1943 they decided to give me basic. Crazy!

As battalion surgeon, I was entrusted with the medical care of roughly 650 enlisted men and thirty-five officers. In combat I would share that responsibility with sixteen first-aid men who would have to be trained in the recovery and treatment of casualties from the front lines. Skills in care of bleeding, burns, fractures, ent further infection, all had to be ingrained in our combat medics through repeated instruction and practice, practice, practice.

I assisted other officers in eliminating from the battalion those men who were either mentally or physically unfit. We called all those who didn't meet the full criteria of a good soldier "Eight-Balls" because they were classified as Section Eights by the Army. We got rid of them during our stateside training in Pine Camp, New York, Camp Hood, Texas, and in the Mojave Desert. Some of the things that disqualified a person for service in the battalion were social ineptitude, insubordination, and mental and learning deficiency. There were some instances where men tried to get out on purpose. Anyone who deliberately tried to fool us didn't, and we were perfectly willing to see them leave the battalion because they could never be trusted in combat. We probably eliminated fifty or sixty men.

The basic training I received before going overseas was fun! We were at Carlisle Barracks for six weeks. There wasn't anything that they were telling me that I didn't already know. Emily and I were married by then, and had a little apartment in Carlisle. Every morning I would trudge out to the barracks and go through everything from close-order drill to kitchen inspection. When they found out I had been in the Army since April 1942 they made me the drill sergeant. We had drill, map reading, night marches and lectures on everything. These poor, young doctors, they didn't know how to read a compass. They couldn't take an azimuth if their life depended on it. It was fun to get them oriented and straightened out. It was quite a nice change from what I had been doing at Camp Maxey.

After Carlisle, I went back to Camp Maxey, Texas where we were having our last shakedown on the T70, the technical name for the M18 Tank Destroyer.² We felt proud of ourselves because our battalion was designated to do the first field testing of the T70. The boys really ran it through the paces. All improvements we suggested were in the vehicle by the time we were assigned them on the Salisbury Plain in England. By then they were officially M18s.

After Maxey we moved into a camp near Boston. We boarded the *HMS Britannia* in late

²The Hellcat. The 704th was assigned thirty-six M18s. The vehicles were lightly armored and had torsion-bar suspension. The 76mm was mounted on a Sherman tank chassis. The M18 was the only purpose-designed American self-propelled gun produced during the war.

February 1944, and arrived in England in March. The trip over was boring. There were masses of soldiers aboard. The crowding was unbelievable. We moved at the rate of the slowest of the freighters in the convoy. We went up near Iceland to avoid the submarines and then down into the Irish Sea and then to Liverpool. After we got off the ship, the British transported us by train to the Salisbury Plain where we prepared for D-Day.

In England we did dry runs, went over and over again the procedures for the evacuation of casualties, and thought of what it was going to be like. We really had very little to go on. In World War I it was always a progressive, slow march forward, with battalion aid stations being established in one spot and maybe not moving for a month or two. But our battalion aid station would be in a truck following the tanks! We didn't know how we were going to get casualties brought from the tanks to us, and when we were going to be in motion, we didn't know what we were going to do with casualties when we were ready to evacuate them! We tried to think of every possible complication and plan for it.

Once in Europe, the first step back from the Battalion Aid Station was the 4th Armored Division Medical Battalion, 46th Medics. They evacuated casualties to field and evacuation hospitals, then to general hospitals, and then to base hospitals in England. The most critical step in the whole chain was to get wounded men out of the tanks, to the truck, give them some form of pain relief and sterile care, fight shock, stabilize them, get them ready and maybe move them five, six, eight, or ten miles back to the medical battalion. We were so dependent on the skill, character and moral fortitude of our aides, because they were the guys who crawled out on their bellies and dragged wounded men back to a protected area. Our stock as medics went sky high in combat. When the combat soldiers were in trouble, the cry for medics came through loud and clear. All of us tried to do what needed to be done. But there were times when it got pretty hairy and we were sure we were going to die.

We had so many problems. For example, we had planned all this medical evacuation of casualties on the basis of medical peeps out in the field bringing them to the aid station from the tanks. Then after stabilization, transferring them to our ambulance, which would then take them back to the 46th Medics. But then the word came down from higher headquarters that we would not have ambulances because of their high silhouette, something which would draw enemy fire. We had to unload our medical supplies from the three-quarter-ton weapons carrier we used for a battalion aid station and use that to carry wounded to the rear. This order came down while we were still on the Salisbury Plain. At least we had time to construct a frame to fit into the medical truck that would support four litters. But having to unload all the medical chests, blankets, litters, etc. when the truck was making a trip to the rear, meant that the aid station would be left behind as the battalion moved forward. This concept gave me nightmares. One ray of hope was that a captured enemy vehicle might be given to us. This actually happened several times.

I don't know for certain if we ever lost any men specifically because of the lack of an ambulance. When we were at Lunéville, France, an artillery barrage fell on the aid station, HQ Company and Recon Company. We had casualties all over the place! We were trying to get them evacuated with our truck. The recon peep had taken a direct hit. Our recon medic was killed and his partner was hurt. In desperation we radioed back to the 46th Medics, "Send us some ambulances!" They did. It seemed to us poor thinking on the part of the brass to give us no transportation and make us unload our aid station during an attack! Only when we were just ready to cross the Rhine River in March 1944 did we get our own ambulance from the Army.

We got the first hint that we were going to France in late May 1944. We were on the Salisbury Plain when we got orders to fill the radio waves with garbled messages in order to confuse the enemy. We boarded our LSTs on 24 July and debarked on the 25th. We went to France one month and six days after D-Day because the 4th Armored Division consisted of some 2700 vehicles and some 10,000 men. An armored division needed a lot of room for the deployment of that many tanks and men. We were told that we were going to have to wait until the front line was moved back at least ten miles before there'd be space for us. That took about a month. I had some worries as we crossed the Channel. For some unbelievable reason, my medical unit was detached from the battalion

and sent over as an individual unit on another LST! We hit the beaches before the battalion did and my worry was, "Will I ever find my battalion!?" Remarkable as it may seem in all that melee of people and vehicles, and with the help of the division MPs, we got to the right place at the right time.

We set up a battalion aid station by the time that the gun companies began to roll into the bivouac. A captain³ had gone over ahead of time to reconnoiter, and bitterly complained that the area that was to be assigned for the battalion wasn't big enough. He got things straightened out, and he brought them in. It was awesome to see the power of the whole movement—bringing these ships in and unloading all this stuff, ammunition and men and casualties going back again on the empty ships. Suddenly we were aware, "Boy, we're in it now! We're in it for sure and God help us! What are we gonna do when we have to face the enemy? Are we gonna have the guts to stand up and be counted?"

There was a lot of calling upon God for help. This was the first time a real enemy was ready to kill us. Some of us were more gun shy than others. I have to admit that I was a little bit appalled by the fact that some of our high-ranking officers were the first to hit the slit-trenches when a round of artillery came in. I'm not holding myself up as a hero, but I really wasn't all that concerned by the danger of it and I kind of wanted to see how my men were taking it. I wouldn't walk around if the rounds came close; I would take cover. But, boy! The apprehension that became apparent by the activities of some of the officers gave me concern.

As time went on, we became a little more knowledgeable about incoming artillery. We could tell by the sound if the shells were going to be close and dangerous. It was astonishing how we picked up the auditory variances from our stuff going out to their stuff coming in. When we saw a burst to the right and then to the left of our position we thought, "Uh, oh! They're ranging in on us." The next business would be a fire for effect!

After the breakout at St. Lô we started direct fire against their tanks and likewise our tanks were targets for the Germans. Then it wasn't long until we lost our first tank destroyer.⁴ The M18 we lost was misused. Its crew was directed to make a frontal attack by a full colonel, an infantry commander who didn't realize that M18s couldn't attack a dug-in anti-tank gun head on because our armor wasn't sufficient. The correct procedure was for an M18 to attack a target from a covered position. This colonel, who outranked our colonel, directed the tank to march up the road and blast that anti-tank gun. And the result was that A13 was demolished with three of the crew killed instantly. The commander of the tank, Sergeant Turcan, survived and was able to continue firing the gun until he used up the ammunition. He got the German gun. The driver, the assistant driver, and the loader were all killed. When the battle moved on, and the tank could be reached, I felt responsible to remove the three bodies. It was my first experience with what part of the human body withstands fire. It's mostly the pelvis and lower back. I had to remove what I could in bags for proper disposal, and label them according to position in the tank because there were no longer any dogtags. That was pretty awful, but I just couldn't ask my men to do that.

After the hedgerows we were moving, moving and moving. My aid men began to realize that any port in a storm would do and they did not hesitate to take our casualties to another aid station to get care for the guys they couldn't get back to us. We took care of other units' casualties in return. We became more resigned to the fact that even if it looked impossible, somehow or other we'd get our casualties back to safety and care.

Later on, we started taking care of a lot of Germans, too. Some of our guys didn't like that. Hatreds would surface, especially after the Battle of the Bulge when our troops became aware of the massacre of American prisoners. When we got into Germany, discovering the death camps further intensified the hatred. When the war started to wind down I felt there was going to come a time when

³Thomas J. Evans of Greensburg, Pennsylvania. See *Reluctant Valor*, Captain (later Major) Thomas J. Evans' oral history. Publications of the Saint Vincent College Center for Northern Appalachian Studies, 1995-1996.

⁴No. A13.

we were all going to have to live together again as human beings. I didn't think it would hurt to start giving some care to the enemy, even though it caused resentment on the part of some of our guys who had lost buddies or had been wounded themselves.

Some of the Germans we treated were still resentful of our help. We took in a wounded but cocky SS colonel named Fritz Hofmann. He thought that was about the most degrading thing that could happen to him! He wasn't really the run-of-the-mill German soldier. Most of them were glad to see anyone give them some care. If they were in bad pain, they were really glad when we got out the morphine syrettes. "Danke! Danke! Danke!" they would say.

I had college German, but it was laughable. When I tried to tell Germans what to do I usually got nowhere. Once, while I was taking care of a wounded German, six armed Germans came into the room and I said, "Hande Hoch!"

And they did! I thought for a minute that they had come to capture us! I pointed them back up the road toward the MPs. I said, "Gehen Sie! Gehen Sie Schnell!"

These guys wouldn't leave us! I think they were afraid to because if they got with combat troops they thought they might get shot. Finally, after we had loaded up the casualty, and the Germans still refused to leave, I said to my driver, "To Hell with the Germans. Drive on, Garrison?" And we took off. This got to be a saying in the battalion, "To Hell with the Germans! Drive on, Garrison!"

We had a way of evacuating Germans. They were segregated back at the 46th Medics, and then captured German doctors were given supplies and given an area to take care of their own. Eventually they would be evacuated to German hospitals that had survived or were being reorganized.

We had red crosses on our vehicles, and I don't think the Germans ever fired on us directly, but we were in lots of crossfires and had trouble with indirect fire on occasion. I think the Germans respected the red cross. Once I had a strong desire to strike one of my superiors over the use of the red cross on one of our vehicles. We had evacuated a number of 704th casualties from our aid station to a medical facility at Nancy, France. These men had been injured in the big tank battle at Arracourt⁵, which was now in a lull, and I was using this time to have Garrison drive me back to Nancy in the medical truck. I wanted to know how the men were doing. As we neared the hospital, a jeep bearing several officers pulled ahead of us and flagged us over. I jumped out and gave them all a snappy salute, noting that the ranking officer was a medical bird-colonel. It went through my mind that perhaps he was going to say some nice things about how well we combat medics were doing our job, but was I ever wrong!

"Captain," he yelled "What do you mean by having those red crosses painted on that truck!? That truck is a weapons carrier. Don't you know that's against the Geneva Convention! Red crosses are only to be painted on ambulances. Remove them immediately!"

I was speechless, but finally managed to stutter out that this truck was indeed our medical evacuation vehicle as our ambulance had been taken from us in England.

"I don't give a bleep-bleep, get those red crosses off!"

I wanted to say in effect, "Look, Sir, you're a doctor and I'm a doctor. Let's just step back behind the truck and talk this over sensibly."

But that was a ridiculous thought. Instead, I told Garrison to smear mud all over the crosses, and we left before I gave the colonel a chance to court-martial me. On the way back to the front we washed the mud off.

Many of our boys who came to the aid station suffered from small-arms fire, penetrating wounds of the abdomen, penetrating wounds of the chest. If we had a penetrating wound of the head we usually had death. One of the medics was killed by a tiny piece shrapnel that hit him behind the ear. He was gone like that! Even minor wounds were dangerous because of infection. Because the

⁵For detailed personal accounts of the Arracourt and Lorraine tank engagements (September/October 1944) see the Center's (Thomas J. Evans) *Reluctant Valor* and the 704th Combat Diary by Mullen and Macomber contained in the appendices. See also the history of John DiBattista in the present volume. See the Center's (Richard R. Buchanan, M.D.) *Men of the 704*.

Germans used so many horses, tetanus was a worry. Penicillin was just beginning to be available in the hospitals, but all we had to prevent infection were sterile bandages and wound-powder, a sulfanilamide we scattered on the wound. If the casualty did not have a penetrating wound of the abdomen, we had wound-tablets. Every soldier carried a wound kit. Our medics were taught to always use the casualty's dressing first. We had plasma, not whole blood. We hooked up the dried plasma with sterile water, shook it up to reconstitute it, and then gave it intravenously for hemorrhage and shock. The men were taught to use pressure dressings to control bleeding. We did the best we could with what we had. We were just front line first-aid men.

Sometimes the frontline was a mile or so ahead, but sometimes the enemy was as close as the next hedgerow. Since we were involved in mobile warfare, we were often behind enemy lines. It was a very fluid situation. The Germans never knew where we might materialize, nor did we know where we might confront them. Usually, though, the aid station was back from the front by several thousand yards. Such was the case when General Patton came up to view the Battle of Arracourt from a hill called Les Jumelles. The battle was on one side of this hill and my aid station was in the lee on the other. Patton with two or three of his staff parked their peep, marched on up through my aid station past us. We were breaking our backs giving him the biggest salute we could! I don't think he even saw us! The 4th Armored was fighting against the 11th Panzer Division. He wanted to see how his best tank division was doing against Hitler's best tank division. That 11th Panzer was supposed to be the *creme de le creme*, and their mission was to stop Patton. The 4th Armored chewed them up with the help of the 704th. On 19 and 20 September 1944, the 704th alone knocked out twenty-nine Mark Vs and VIs.

The Battle of Arracourt was the big one for the 704th. It was the biggest Allied tank engagement of the ETO. We were there for almost a month in that one muddy field. The boys were bringing the casualties in with their peeps. We were in a wall tent that could be blacked-out at night. We had all the medical supplies unloaded so the truck was empty and readily available to take the casualties on back. Once in a while the boys would call back and have me come forward to one of the gun companies because they had something to handle that they weren't sure of. I remember going forward one time and I missed out on roast pig. The boys had found a suckling pig. One of our medics was a butcher in civilian life. That suckling pig was soon turned into pork. They were almost finished roasting it when I had to go forward and visit my medics in B Company who were having a Hell of a time. They were running on pure nerve. Their adrenaline was wearing out, so they needed some encouragement. They were all doing very good work and deserved to be told. By the time I got back, the pork had all been eaten. That's the way it goes!

I was sympathetic to men whose nerves got frayed. In spite of what General Patton wanted to believe, combat fatigue was very real. I'm not sure how many men we evacuated from the 704th because of it, but I know it was a sizable number. Most of the cases occurred early in the war when we were in France. I had occasion to go back to the Combat-Fatigue Treatment Center where a rest-sedation technique was being tried. This program had been developed by a former teacher of mine, a neuro-psychiatrist named Dr. Howard Fabing. The program consisted of three days of relatively deep sleep induced by healthy doses of Nembutal. After this period of withdrawal from reality the men were sent back to combat. While checking on the progress of some of our own men, I talked at length with the psychiatrist in charge. I was quite shocked to discover that he was nearly a combat-fatigue case himself because of the personal struggle he went through when he sent men back to the front, knowing their pleas not to be sent back to the line were justified. He was under orders to do so. He had tears in his eyes as we talked. I wondered how long he would last.

Our medical clerk, Corporal Morelli, developed a case of combat fatigue right under my nose. We got caught in a surprise artillery attack. We had no time to seek foxholes. Morelli and I dove under the medical trailer. As the shells landed and burst, a fragment hit the tire just above my head. There was this loud hissing sound. Morelli shouted into my ear, "Captain, I'm hit! I've been shot!" I yelled back, "Bleep-bleep it Morelli! You're not hit! That's just the bleeping tire going down!" But Morelli had had it, and he was no good from then on. We evacuated him. He never came back. He

was assigned as a clerk/typist to a unit in the rear. General Patton just didn't understand that sort of thing. It just wasn't in his character to appreciate the fact that we can't all be perfect at all times.

In December 1944 our division got orders to go to the relief of Bastogne. I missed the first part because of my encounter with the mine. By the time I got there, the aid station was to the south of the town. It wasn't so bad at our aid station. We could even help the Belgians. One time in the middle of one of the coldest nights I ever had to go out in, I was hauled out of the sack by the people in whose house we had the aid station. They said they had a person come to them and ask, "Would the doctor please come and help my friend who was suffering so terribly."

So I got up and got my boots on. My driver that night was Sergeant Bennett. He was scared because the roads were treacherous, covered in snow and ice. Also, we had no idea of where enemy patrols might be active. We got to this primitive little house, where I found a Belgian screaming in agony. It didn't take me long to discover that he was passing a kidney stone. I gave him some morphine and some relaxant. I made him push fluids and he soon passed the stone. That was the end of that! Bennett said that was the worst experience he had in the Battle of Bastogne, getting Doc to the Belgian peasant's to take care of the kidney stone!

The men suffered a lot from frostbite at Bastogne. Really serious cases. We didn't do amputations. Those were done in the rear-echelon. To the north, the effects were terrible because casualties couldn't be evacuated. They would get a wound, go into hypothermia and die. When the 4th Armored broke through to Bastogne, evacuation became possible. The ambulances went into town the day after its liberation.

The American casualties most memorable to me were those who died, especially when it fell upon us to evacuate bodies. Captain Burkett from Headquarters Company, Battalion Maintenance, had gone forward because he had heard of a knocked out M18 whose engine was still functioning and could perhaps be driven back for repair or used parts. He found the M18 and began to drive it out of what was called the Bannholz, a thick woods north of the town of Sinz. He was driving down a lane toward the town where he would hit another road, which would take him back to the battalion. The Germans had laid a dead GI half way across the road and Burkett, trying to not run over the body, took the tank off onto the shoulder of the road where the Germans had buried four or five 105mm howitzer shells, nose up, and on top of that a Teller mine. As soon as Burkett's tank track hit that Teller mine it exploded all those shells and blew the whole side of the tank off, flipping it upside down. The concussion must certainly have killed Burkett instantly. We had to get the wrecker up into that area and winch the tank right side up so we could open the driver's hatch and remove the body, which was intact. Burkett had tried not to disfigure the GI and had lost his own life. There was another officer riding on the back of that tank who was thrown into the surrounding brush. We evacuated him, and he got home safely, after transfer to England.

I took pictures all across Europe. I also "liberated" a movie and still camera from a German house.⁶ Film was so hard to get because my little folding Kodak camera shot size 127. The only way I could get it was from my brother-in-law who was an artist back home and was doing all kinds of war work. He would plead with his good friends at a drug store to save rolls of 127, which he would send to me. I would then use them cautiously to get what I thought were significant pictures. I only got about eight pictures to a roll because the negatives were a pretty good size. My camera was among the first at the death camp at Ohrdruf. This was the first time I became aware of the mass killings going on. Man's inhumanity to man shocked me to the point of speechlessness. Dead inmates were lying half-clothed, their necks awry from pistol bullets to the spine. Colonel Clark, the commander of Combat Command A, made the civilians of the town, including the mayor, march through this horror. The mayor later committed suicide. We asked them, "How could you support a regime that would do this?"

"Well, we didn't know it," they would say.

⁶All of Dr. Buchanan's photos have been published in the Center's *Men of the 704*.

I thought, "This is something that people *should* know about."

Ohrdruf was just the tip of the iceberg. Buchenwald, just north of us, Dachau, Auschwitz and Treblinka were so much worse! But the shock of the first one was overwhelming! Our guys took one look at the burned bodies and turned away. I took a picture of two survivors. I was reluctant to question them. I wasn't sure I could speak their language, and they had been through so much I just felt loath to put them through anything more by making them talk about it. Their care was immediately taken over by the 46th Medics, who did what they could to help the survivors. There weren't many. I don't know what happened to the ones who were marched off to the east before our arrival. I'm sure most of them died somewhere along the line.

The method of extermination at Ohrdruf was starvation, inhumane care and overwork. The *coup de grace*, when these slave laborers were so weak that they couldn't do anything, was a shot in the neck. We saw the bodies piled up. We saw them stacked up on railroad ties. The Nazis had poured some sort of crude oil on them and tried to burn them, but the burning was poor. We saw the pits where the Nazi guard would shovel the remains. This was not the production line management of the bodies like those developed at other camps, the wetting down, then the gassing and then the ovens. It was mass cremation. We who saw it still can't believe that there exist today persons who deny that the Holocaust happened.

When we heard the war was over, we started counting points! I got into really big trouble. My wife at home was hearing about the war being over in Europe and that the boys would be coming home. Then came an offer for an officer of the 4th Armored Division to go to London for two weeks to take a course in tropical medicine. I told them, "I'd love to go to London!"

I did, and I took a wonderful, two-week course at the London School of Tropical Medicine listening to the British officers of World War I who had done monumental work in the understanding of tropical diseases in their colonies. The British knew more about tropical medicine than anybody. One of the wonderful lecturers was Sir Manson Barr. He was the one who discovered the fact that the anopheles mosquito transmitted malaria. When I wrote to my wife and told her that I had gone to the School of Tropical Medicine, she was ready to divorce me. She figured that now it was a sure thing for me to go to the Pacific, instead of coming home, at least on leave. Her letters were pretty hostile for awhile. But it wasn't long after that that the Bomb dropped and everything settled down. All of us who were medical officers were pulled out and sent to big areas to get troops ready to go home. We went home with them.

I got home 28 September 1945, my son's first birthday. I had never seen him. I was joyful. Then the reality set in. I thought it was all gonna be love and kisses and "Oh, Daddy, aren't you a wonderful guy?" It wasn't that way. Suddenly there was a threat on the horizon that challenged this little guy for the attention of his mother, and that had to all be ironed out.

I went back to the hospital where I had taken all my training and took a refresher for three months as a resident and worked there while I tried to figure out what to do. All my plans were shot to pieces. Everything I had hoped to become in Cincinnati went down the drain. There were so many doctors returning to Cincinnati from the service that there were no openings. I had to go and break new ground somewhere else. I went to see Colonel Conard in his office in Wilmington, Ohio. Conard had been the medical officer in charge of the procurement of Ohio doctors for the Army in World War II. We spent an afternoon together and he outlined a number of places that needed doctors and at the end of that time, being an old Army officer himself, having been a regimental surgeon in World War I, we discovered a lot of common ground. Finally he said to me, "Dr. Buchanan, why don't you go into practice with me?"

So that's how it happened. I went into practice with Doctor Conard and settled in Wilmington where he introduced me to some of the finest people I have ever known. We worked together until he retired and I progressed to the point where I could buy my own building, develop my own practice, and help build a hospital (we had no hospital in Clinton County). We opened the doors in 1952. I've practiced medicine here for more than fifty years.

There was a time soon after I came home that Emily and I would get a baby sitter and we'd

go to the movies. One time it happened to be a war movie. There came a cry, "Medics, medics!" I began to cry, and I had to get up and leave! I remembered another time I cried, after the bombardment of Lunéville. We had evacuated all the casualties, we had done our job as best we knew how, we were evacuating the area, we were moving out in the dark with the battalion to Arracourt to face the German tanks. All of a sudden I began to sob. In between sobs I said, "Now, men! I'm not going combat-fatigued! I'm all right!"

I got it out of my system and that was that. It was tension. It was so horrible. I hate to even mention it. We were so tired and finally the column stopped and they said, "Okay, we're gonna be here for a couple of hours."

We just laid down there on the ground. We were there for more than a couple of hours because when we woke up it was dawn. I looked at myself and I was soaked with blood from my elbows all the way down. I hadn't washed off the blood of the wounded. I didn't even know it was there!

I'm sure we medics saved lives, but we didn't think about it too much. It was our job. After I was home, a very busy doctor trying to build a family practice, I got a letter from a sergeant. I wasn't going to many 4th Armored reunions because I was so busy. The letter said, "Hey, Doc. Are you the one that saved my life at Lunéville? If you are would you please come to Columbus, Ohio to the 4th Armored Convention."

I went and there he was! My we had a real reunion! But his recovery was still not 100%. He could not walk very well, but well enough to lead a satisfactory life. We know that a lot of guys will say, "If it hadn't been for you, or if it hadn't been for Antel, if it hadn't been for this guy or that guy?"

Sergeant Antel! He was my first sergeant. He was the backbone of my enlisted men's strength in that detachment. After the war he continued to be affiliated with medical care of veterans. He went to Oklahoma General Hospital, and became a very skilled physical therapist and devoted his life to the rehabilitation of Korean and Vietnam veterans. He is still alive, we still correspond, but he's quite feeble. He's older than I. I'm 83, and he must be about 85 or 86.

I had a lot of remarkable men in my outfit. Bennett, who is the president of the 704th, is a Ph.D. and a psychologist specializing in criminal psychology in the California Penal Psychological Evaluation Program. Dick Bowman was a professor of English in Long Island. These two are the editors of our battalion paper *The Fire Star Review* which they continue to publish. It was begun in Landshut, Germany in June, 1945.

There are good things that happened, too! My bad knee finally gave out and in 1957 I had to have it operated on. I was out of circulation for six weeks. And it was in that time that I decided to put the battalion record together. I began to get out all the maps, all the negatives, all the little snap shots and all the letters and began to think, "I really have something here that the kids should know something about."

I had a great-grandfather who was a captain in the Civil War and who fought in the Battle of Look-Out Mountain and didn't survive. We haven't the slightest idea about him. I thought, "My gosh. My kids are going to know about my participation."

Then I began to get active and started going to 704th reunions and took stuff along and the guys said, "Boy, I've gotta have a copy!" So, I began to think in terms of the battalion rather than my family, and it began to take on the shape that it is now, which is quite extensive, extensive enough that I wrote to the National Archives in Washington and got everything they had with the name 704 on it. I got 400 pages of material in which the S-2 reports and S-3 reports and the after-action reports are recorded. The Patton Museum has all of that. It presents to anyone really interested in looking at archival material, pertinent to the 704th, a pretty darn good cross-section of what went on!