ANNEX NO. 21
TO
REPORT OF OPERATIONS - FIRST U.S. ARMY
PERIOD 6 JUNE 1944 - 1 AUGUST 1944

MEDICAL ANNEX

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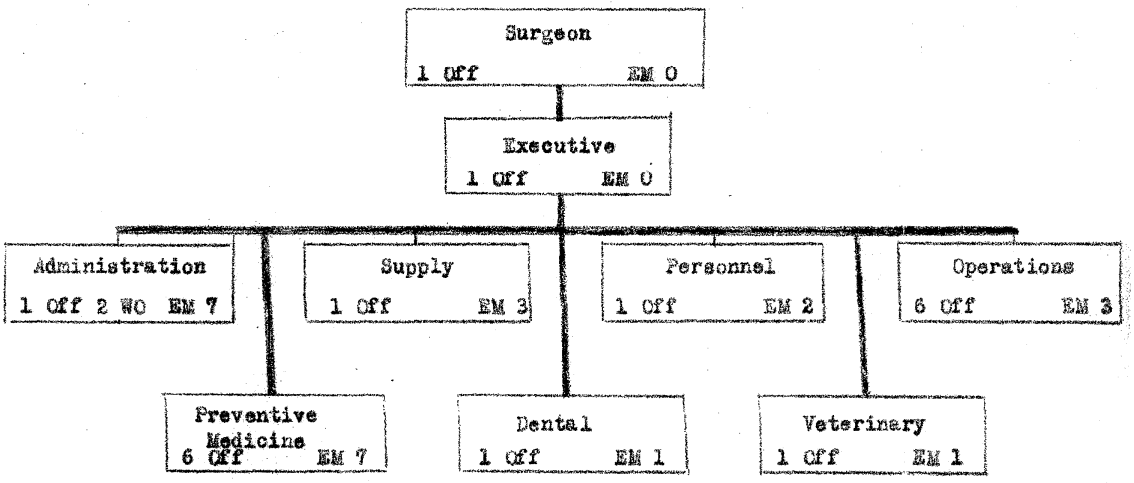
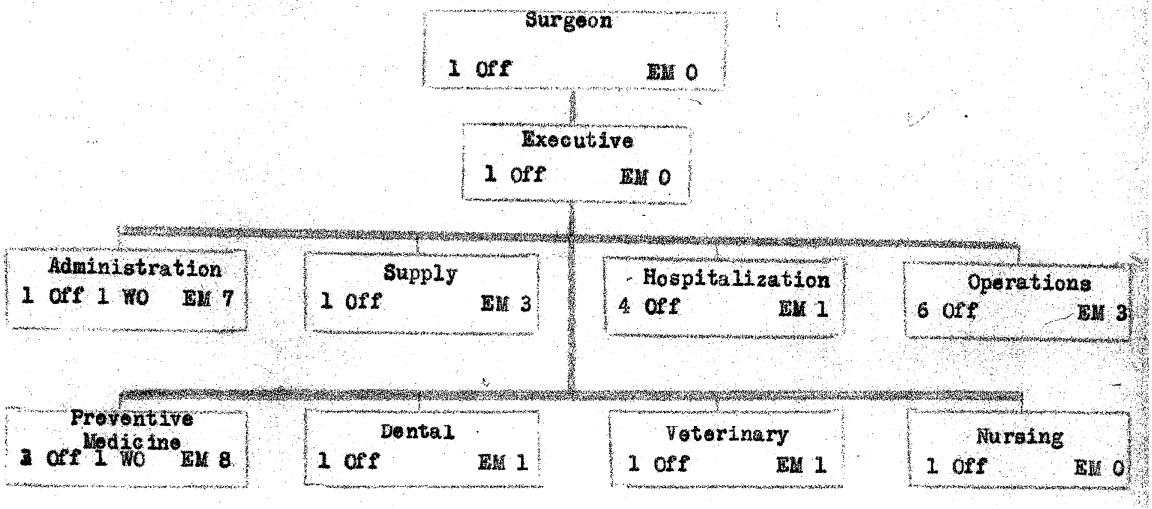
SECTION I - INTRODUCTION

The Surgeon's Office, in compliance with Directive from the Chief of Staff, First US Army was organized in Bristol, England, on 20 October 1944 with nineteen (19) officers and two (2) warrant officers (One (1) of which was filling the position of Captain, M.C.), and twenty-four (24) enlisted men. With this allocation of personnel, the Surgeon's Office was organized into the following sub-sections:



The arrangement of the sub-sections as indicated above worked very well and much of the preliminary planning resulted from this group. However, in order to simplify intra-office procedures and to clarify responsibilities, a reorganization of the Surgeon's Office was instituted 24 January 1945, into the following sub-sections:



Following this reorganization, the active planning phase was instituted for the operations on the continent. It will be noted that the number of officers (officers and warrant officers) remains the same, except for the attachment of one (1) Major, Army Nurse Corps, who has acted in the capacity of Army Chief Nurse. The increase of the enlisted personnel from the previous twenty-four (24) to the authorized thirty-five (35) under T/O 200-1 was accomplished several weeks prior to departure from the United Kingdom. This reorganization added materially to the functional operation of the Surgeon's Office. Although the pre-planning and the planning phase, as well as the operations on the continent were handled in an extremely satisfactory manner, it is believed that the authorized T/O as established by 200-1 should be maintained in order to provide necessary personnel adequate to perform the numerous and highly technical duties required by the Medical Department.

A. OMAHA BEACH, D TO D + 5, INCLUSIVE.

1. D-Day: The landing of medical units on Omaha Beach was delayed due to the severe opposition encountered on the beach. Upon landing it was impossible to set up the usual type medical installation. At 1560B, Headquarters & Headquarters Detachment, 61st Medical Battalion, 5th Engineer Special Brigade, closely followed by the 291st and 293rd Collecto-Clearing Companies of this battalion, landed on Easy Red Beach. Since it was impossible to proceed inland to designated locations, collecting points were set up on the beach and the task of collecting casualties and administering first aid to the wounded begun. The six (6) Surgical teams of the 3rd Auxiliary Surgical Group, attached to the Collecto Clearing Companies of the 61st Medical Battalion were able only to render first aid because their equipment had not as yet landed. By evening of D-Day, these units had established two stations; one in a tank ditch near Easy Green Beach and the other in a pillbox inland from Easy Red Beach.

At 1600B the first elements of the 60the Medical Battalion, 5th Engineer Special Brigade, landed on Easy Green Beach. An attempt was made to clear this beach, but direct artillery and small arms fire necessitated moving to a defiladed positon somewhat above high water mark where a collecting station was established inland from Easy Red Beach. The personnel and equipment of the 60th and 61st Medical Battalions continued to arrive ashore during the evening and night of D-Day. The collecting companies of the 1st Medical Battalion, 1st Infantry Division, landed with their respective combat teams, this date. A part of the Clearing Company, 1st Medical Battalion, landed this day, but was pinned to the Beach. Collecting Company "B", 104th Medical Battalion, 29th Infantry Division, landed with its combat team as scheduled and proceeded inland.

Throughout the day and night, casualties were evacuated from the Omaha Beach to LST's. There is no definite figure on evacuations for this day, but it is estimated by the 60th and 61st Medical Battlaions that a total of approximately 632 casualities were evacuated.

B. D + 1. On D + 1, the two medical battalions, Engineer Special Brigades, plus units of the 1st Medical Battalion and Naval Beach Medical Sections made some progress in clearing the beach of casualties. The 61st Medical Battalion had established a clearing station on Fox Green Beach and one on Easy Red Beach. Most of the equipment of these collecting companies being still afloat, their work consisted mainly of first aid treatment and evacuation of casualties over the beach. More elements of both medical battalions of the Engineer Special Brigades plus the 1st Section, Advance Detachment, 1st Medical Depot Company, came ashore during the day. By evening a nucleus of all organizations of the of the Engineer Special Brigade Medical Battalions had landed and were acting as aid stations, and collecting and evacuations points in the locations assumed late on D-Day or early on D + 1. As equipment was slow in getting ashore, very little definitive treatment was given by these units. Four (4) Surgical teams were added to the 60th Medical Battalion and a clearing station was opened by that unit approximately 700 yards inland from Dog Red Beach. One platoon of the 1st Medical Battalion, 1st Infantry Division, opened a clearing station on the high ground overlooking the Easy Green Beach entrance, and continued to function at this site for the next 36 hours. Surgical teams were obtained from the beach and definitive treatment was rendered to the more seriously wounded. Employing all possible means, including the loading of wounded to DUKW's at the clearing station, a total of 201 patients were evacuated directly across the beach by this battalion.

At 1900B, the hospital carrier "Naushon" arrived off Omaha Beach and began taking patients aboard from craft lying offshore. Contrary to plan, the hospital carrier remained overnight, giving definitive treatment by means of medical Staff and the personnel of the First U.S. Army Medical Detachment "A" which was aboard.

This date, Headquarters and Headquarters Detachment, 104th Medical Battalion, 29th Infantry Division; Clearing company "B", 104th Medical Battalion and the 382nd Collecting company, 83rd Medical Battalion, landed. Collecting Company "A", 104th Medical Battalion, went ashore with its combat team.

Acting upon instructions issued by the Chief of Staff, First U.S. Army, Colonel John A. Rogers, Army Surgeon, went ashore to make a tour of medical installations and to obtain information as to the medical situation.

3. D + 2: The remaining portions of the 534th Medical Clearing Company, 60th Medical Battalion and Headquarters and Headquarters Detachment, 60th Medical Battalion, landed and proceeded to the clearing station of the 60th Medical Battalion, 700 yards inland from Dog Red Beach. The equipment of the 392nd Collecto-Clearing Company, 5th Engineer Special Brigade was unloaded but artillery fire prevented the movement of this company inland. Between 0915B and 1000B, personnel of the First U. S. Army Medical Detachment "A" landed on Easy Red and Easy Green Beaches. This personnel consisted of the Station and Litter Platoons of the 451st and 454th Medical Collecting Companies, 68th Medical Group; the Advance Depot Platoon, 32nd Medical Depot Company; six surgical teams, 4th Auxiliary Surgical Group; 10 Liason Officers from various Medical units including 9th Troop Carrier Command; 7 Officers and 10 Enlisted men of the Surgeon's Office, Headquarters First U.S. Army. At 1400 sufficient equipment was landed for the 393rd Collecto Clearing Company to enable this unit to establish a station approximately 800 yards inland at the entrance to Easy Green Beach, and free the Clearing Station of the 1st Medical Battalion for forward movement. From this time onward, the evacuation of casualties proceeded according to plan.

Equipment belonging to the 13th Field Hospital was landed during the morning hours and a location was secured through G-4, V Corps, for the setting up of this hospital. The personnel of the 13th Field Hospital and a portion of the 51st Field Hospital came ashore in the late afternoon.

The 38th Combat team, 2nd Infantry Division, landed with only two battalion medical sections and no regimental aid station or collecting company. During the early part of the night Headquarters and Headquarters Detachment, 1st Medical Battalion and the Collecting Company "C", 104th Medical Battalion landed.

4. D + 3: The 453rd Medical Collecting Company, 60th Medical Battalion moved to a point midway between St. Laurent-sur-Mer and Vierville-sur Mer, from which point it evacuated elements of the 2nd and 29th Infantry divisions. The 1st Medical Battalion Clearing Station moved to the vicinity of Le Grand Hameau and later in the day moved further south to the vicinty of Le Haut Cron, as the axis of the 1st Infantry Division swung farther to the East and South.

One platoon of Clearing Company "D" and half of Collecting Company "C", 2nd Medical Battalion, arrived on the beach without equipment or transportation. Collecting Company "B", 2nd Medical Battalion, landed with the 23rd Infantry Regiment.

An attack was ordered to be launched on Trevieres by two combat teams of the 2nd Infantry Division. As medical support, the Division Surgeon employed one platoon of a clearing company, minus equipment, as a regimental medical detachment for the 38th Infantry Regiment and Collecting Company "A" with three ambulances, plus one-half of Collecting Company "C" with ten ambulances borrowed through the V Corps Surgeon. Evacuation was to be to the Clearing Station of the 60th Medical Battalion. Clearing Company "D", 104th Medical Battalion, set up station at Vierville-sur-Mer to support the 2nd and 29th Infantry Divisions but was limited by lack of equipment to first aid treatment. Remaining personnel of the 51st Field Hospital landed this day as did portion of the 554th Medical Clearing Company, 53rd Medical Battalion.

The Surgeon, V Corps, was notified at 1600B by the Commanding Officer, 1st Medical Depot Company, that a medical depot was open in the vicinity of Colleville-sur-Mer (685-894). The Command Echelon, Surgeon's Office, Headquarters First US Army, consisting of Colonel Rogers, Army Surgeon, Colonel Snyder, Executive Officer, Colonel Ampacher, Operations Officer, and three enlisted men landed late in the afternoon and proceeded to vicinity of Ar Guay.

5. D / 4: The remaining personnel of the Clearing Company, 2nd Medical Battalion landed, plus the remainder of Collecting Company "C" with its transportation and equipment. During the early part of the night, the 283rd Medical Collecting Company, 53rd Medical Battalion, and remainder of 554th Medical Clearing Company, 53rd Medical Battalion, came ashore.

All division clearing stations were functioning in a normal manner in spite of losses in equipment and personnel. At 1000B, one platoon of the 13th Field Hospital opened for the reception of casualties on the Colleville - St. Laurent road in rear of V Corps. The first transport planes arrived in the Omaha area on the St. Laurent air strip. Four of these planes began the evacuation of casualties by air to the U.K. The Army Surgeon's Office, Command Echelon, Headquarters First US Army, was set up and ready to function in the vicinity of Ar Guay.

6. D / 5. Two truckloads of critical medical supplies, plus biologicals and whole blood, were dispatched to the Utah area as requested by the VII Corps Surgeon. The 61st Field Hospital opened one Hospitalization Unit for the reception of casualties on Easy Green Beach. Headquarters and Headquarters Detachment, 33rd Medical Battalion, landed. Major General Kenner, Chief Medical Officer, Supreme Headquarters, Allied Expeditionary Force, arrived at the Army Surgeon's Office to view the medical services being rendered within the Normandy Beachhead.

B. UTAH BEACH, D TO D / 5, INCLUSIVE.

1. D - Day. On Utah Beach, Naval Beach Medical Sections were ashore by H / 1½ hours and evacuation of casualties was being carried out by H / 2½ hours. These Naval Beach Medical Sections had evacuated approximately 75 casualties before the medical companies of the 26lst Medical Battalion, 1st Engineer Special Brigade, were ashore and in operation. Collecting Company "C", 26lst Medical Battalion arrived ashore at H / 4 hours and established station about 400 yards inland in rear of Green Beach. A portion of Collecting Company "A", 26lst Medical Battalion arrived a little later in the day and established station in rear of Red Beach. Six surgical teams of the 3rd Auxiliary Surgical Group landed with the Collecting Companies of the 26lst Medical Battalion (2 teams per company). During the day, the three collecting companies of the 4th Medical Battalion, 4th Infantry Division landed with 26 of their combined total of 30 ambulances. These ambulances were put into operation immediately and utilized to their maximum capacity in the evacuation of casualties.

The 326th Medical Clearing Company, 101st Airborne Division, augmented with one (1) attached surgical team, landed by glider in support of its division and established station at Hiesville. The 307th Medical Clearing Company, 82nd Airborne Division, with one (1) attached surgical team , landed by glider in support of this division and established a clearing station.

2. D / 1. During the early part of D / 1, Collecting Companies "A" and "C" of the 26lst Medical Battalion were the only holding medical units ashore and were heavily burdened with casualties. Evacuation across the beach continued throughout the day.

During the afternoon, information was received that the 307th Medical Clearing Company, 82nd Airborne Division, was established near Ste. Mere Eglise, and that this company was holding some 300 casualties. While arrangements were being made to contact this unit for removal of these casualties to the beach, the casualties began to arrive at the beach in transportation belonging to the 307th Medical Clearing Company. These casualties were mostly glider and jump casualties from both the 82nd and 101st Airborne Divisions. The 491st Medical Collecting Company and 649th Medical Clearing Company, 50th Medical Battalion, landed. Colonel Ampacher, Operations Officer and one enlisted man of the Army Surgeon's Office arrived ashore to inspect the medical activities on this beach.

3. D / 2: During the night of D / 1 - D / 2, Headquarters and Clearing Company of the 4th Medical Battalion and Collecting Company "B", 26lst Medical Battalion landed complete with transportation. By 0630B, Collecting Company "B", 26lst Medical Battalion was established adjacent to Collecting Company "C", 26lst Medical Battalion, and was receiving casualties. At the same time, the Clearing Company of the 4th Medical Battalion set up approximately three (3) miles inland, in support of the 4th Infantry Division. During the afternoon, the 307th Medical Clearing Company, 82nd Airborne Division, was contacted near Fauville (353-952). It was found to be flooded with casualties, both American and enemy. Arrangements were made with the 4th Medical Battalion to furnish trucks to assist in the evacuation of these casualties; part of whom were moved to the 4th Medical Battalion Clearing Station and the remainder were moved to the 26lst Medical Battalion in the beach area. The 492nd Collecting Company, 50th Medical Battalion, and the 315th Medical Battalion of the 90th Infantry Division landed, as did the 2nd Section, Advance Platoon, 1st Medical Depot Company. The 4th Medical Battalion Clearing Station was receiving patients by midnight.

4. D / 3: The hospital carrier "Lady Connaught" arrived during the night of D / 2 - D / 3 and discharged First U.S. Army Medical Detachment "D". This personnel consisted of the Station and Litter Platoons of the 308nd and 427th Medical Collecting Companies, 31st Medical Group; six (6) Surgical Teams of the 4th Auxiliary Surgical Group; one Advance Depot Platoon, 31st Medical

Corps Company; six (6) Medical Corps officers from the 662nd Medical Clearing Company, 134th Medical Group; and ten (10) Liaison Officers from various medical units, including one officer from the 9th Troop Carrier Command. Despite her rated capacity of approximately 300 casualties, 400 casualties were placed aboard the "Lady Connaught" during the day and it sailed for the U.K. that evening. Also, during the night of D / 2 - D / 3, personnel of the 42nd Field Hospital plus three (3) Auxiliary Surgical Teams were brought ashore after their ship had been sunk and most of their personal and a part of their organizational equipment lost. The remainder of their organizational equipment began to be landed at this time. The equipment of the 2nd Platoon was landed first, and the VII Corps Surgeon decided that this platoon would be established near Le Grand Chemin. During the morning, the medical supply dump was opened at Le Grand Chemin. Prior to this time, the dump had been operated by the 261st Medical Battalion at location of Collecting Company "C" of this battalion. The 315th Medical Battalion set up clearing station at Ste Mere Eglise, but artillery fire forced them to withdraw temporarily. However, they returned to this location later in the day. The Clearing Station of the 101st Airborne Division suffered a nearby hit from an estimated 1,000 pound bomb, which cost them six medical officers and forty enlisted personnel. Clearing Station of the 4th Medical Battalion was set up just south of Beuzeville-au-Plain.

5. D / 4: The 128th Evacuation Hospital, the first Army Evacuation Hospital to land on Utah Beach, came ashore. It was followed later in the day by the 91st Evacuation Hospital and the 45th Field Hospital. The 42nd Field Hospital, which landed the night of D / 2 - D / 3, opened just northwest of Le Grand Chemin. Due to the heavy surf, medical supplies were slow getting ashore during the previous few days and a critical shortage of certain items developed. In view of this shortage, it was necessary for the VII Corps Surgeon to contact the Army Surgeon in the Omaha area for delivery of these items. Arrangements were made for their delivery on D / 5.

6. D / 5: The 128th Evacuation Hospital, the first evacuation hospital to become operational on the continent, opened during the evening in the vicinity of Hauteville (395-948); the 91st Evacuation Hospital opening on D / 6 in the same vicinity. The 463rd Medical Collecting Company arrived ashore this day.

6. Subsequent landings of remaining First U.S. Army Medical Units (assigned and attached) on the Continent are as follows:

D + 6

24th Evacuation Hospital	Opened D + 7, vicinity of La Cambe (371-877)
449th Medical Collecting Company	
450th Medical Collecting Company	
577th Ambulance Company	

D + 7

5th Evacuation Hospital	Opened D + 9, vicinity of Le Molay (650-782)
41st Evacuation Hospital	Opened D + 8, vicinity of Le Molay (650-782)
464th Medical Collecting Company	
501st Medical Collecting Company	
564th Ambulance Company	
565th Ambulance Company	
452nd Medical Collecting Company	(Landed night of D + 6 - D + 7)

D + 8

566th Ambulance Company	(Landed night of D+7 - D+ 8)

D + 9

575th Ambulance Company
451st Medical Collecting Company
1st Medical Depot Company (less Advance Platoon)

D + 10

45th Evacuation Hospital	Opened D + 12, vicinity of La Cambe (366-868)
96th Evacuation Hospital	Opened D + 13, vicinity of Ste. Mere Eglise (337-961)
493rd Medical Collecting Company	

D + 11

67th Evacuation Hospital	Opened D + 13, vicinity of La Fiere (322-935)
178th Medical Battalion, Hq & Hq Det	
427th Medical Collecting Company	
502nd Medical Collecting Company	
66th Medical Group, Hq & Hq Det	
175th Medical Battalion, Hq & Hq Det	
176th Medical Battalion, Hq & Hq Det	
576th Ambulance Company	
578th Ambulance Company	
618th Medical Clearing Company	
97th Evacuation Hospital	Opened D + 15, vicinity of St. Sauveur Le Vicomte (271-976)

D / 12

10th Medical Laboratory — Opened D / 22, vicinity of La Cambe (570-875)

31st Medical Group, Hq & Hq Det
179th Medical Battalion, Hq & Hq Det
621st Medical Clearing Company
622nd Medical Clearing Company

D / 13

44th Evacuation Hospital — Opened D / 15, vicinity of La Cambe (557-882)

D / 15

454th Medical Collecting Company

D / 17

2nd Evacuation Hospital — Opened D / 23, vicinity of Le Marais (659-736)

57th Medical Battalion, Hq & Hq Det
3rd Auxiliary Surgical Group (Less 23 teams)
425th Medical Battalion, Hq & Hq Det
134th Medical Group, Hq & Hq Det

D / 18

4th Convalescent Hospital — Opened D / 22, vicinity of La Cambe (570-875)

Detachment, 91st Medical Gas Treatment Bn.

D / 19

662nd Medical Clearing Company (Arrived night of D/18, D/19)
617th Medical Clearing Company
633rd Medical Clearing Company

D / 20

Detachment, 91st Medical Gas Treatment Bn.
177th Medical Battalion, Hq & Hq Det.

D / 21

47th Field Hospital

D / 34

180th Medical Battalion, Hq & Hq Det.

SECTION III - HOSPITALIZATION AND EVACUATION

In the initial stages of the invasion, the Surgeon, V Corps, on Omaha Beach, and the Surgeon, VII Corps, on Utah Beach, were responsible for the evacuation on their respective beaches. On D-Day, the Naval Beach Medical Parties, Medical Battalions of the Engineer Special Brigades and unit medical Detachments, all rendered medical aid and placed casualties on any available landing craft for transportation to larger vessels lying off shore. Evacuation across the beaches was carried out by elements of the Medical Battalions of the Engineer Special Brigades. Initially, the Corps Medical Battalions evacuated division clearing stations to the Engineer Special Brigade Medical Battalions. Clearing Stations of the Engineer Special Brigade Medical Battalions were augmented with surgical teams which were brought in with them and were reinforced D + 2 by six additional surgical teams on each beach from First U. S. Army Medical Detachments "A" and "B".

Definitive surgery was performed on major cases in the clearing stations of the Engineer Special Brigades from D + 2 on. Two field hospitals arriving on each beach on D + 2 were, of necessity, employed as evacuation hospitals until such time as the latter type of hospital arrived, commencing D + 5. The 261st Medical Battalion on Utah Beach became the evacuation center for that beach. On Omaha Beach, the 60th Medical Battalion operated a clearing station in the vicinity of St. Laurent, while the 61st Medical Battalion, 5th Engineer Special Brigade, operated three collecting-clearing stations ranging from Easy Green Beach to Fox White Beach. The first air available to transport planes on the continent opened on D + 4 in the vicinity of the 393rd Collecto Clearing Company of the 5th Engineer Special Brigade above Easy Green Beach. Twelve (12) patients were evacuated by air on that day.

Immediately thereafter, arrangements were made to divert all walking cases to the clearing station of the 60th Medical Battalion

at St. Laurent for evacuation by boat, and the transferring of all litter patients to the 393rd Collecto-Clearing Company at Easy Green Beach with a priority travel by air. It was further arranged to start consolidating the entire 61st Medical Battalion in the vicinity of the 393rd Collecto Clearing Company to perform an air holding unit for this airstrip. This was accomplished by D + 6 Commencing D + 6 all evacuation from the Omaha Beach, both litter and ambulatory, were sent to the evacuation center which was augmented by the 60th Medical Battalion, providing a capacity of 600 litter cases and 200 ambulatory cases. The evacuation from Omaha Beach was primarily by air. On Utah Beach evacuation by air never was available in appreciable amount until 21 July when an evacuation strip was completed in the vicinity of Binneville.

During the first three weeks of the invasion, heavy surf, at times, interfered with the evacuation of patients across the beaches and the weather, at times, prevented air evacuation. During these periods, casualties accumulated in the hospitals, but as soon as the weather permitted, these were cleared by plane and by boat to the U.K. At other times when heavy surf prevented the evacuation of patients across the Utah Beach, patients were transported by ambulance from Utah Beach to the air strip on Omaha Beach for evacuation by air to the U.K.

As elements of the Army Medical Groups arrived on the continent, they took over the evacuation from the Corps Medical Battalions. All evacuation reverted to Army Control on D + 6. By 21 June, all First Us Army 400 bed evacuation hospitals were ashore and operating. The Army Surgeon instituted a ten day evacuation policy on that date. Prior to this time the policy had been one of total evacuation with the exception of non-transportables.

Some of the problems which were encountered were the seperation of hospital personnel from vehicles containing equipment and from hospital equipment and stores not loaded on unit vehicles but shipped seperately. In many instances, this seperation caused several

days delay between the arrival of the personnel and the time hospital could become operational at a time when the need for hospitalization was most critical. Another serious fault due to the separation of personnel from unit equipment was that, in the unloading of preshipped equipment and stores, material became widely dispersed, hospital equipment having been found in dumps other than medical in personnel transit areas, in Class V Dumps and even alongside the roadside. Because of this dispersion beyond the control of the hospital concerned, many of the chests, crates and boxes had been ransacked and pilfered. In some instances, unit medical detachments and organic medical units of divisions were phased in too late to support their unit when the units were initially committed to combat, necessitating a strain on the already limited resources of Corps and later Army medical units.

In general, the medical service for the invasion, as planned, was sound and required a minimum of changes. The total evacuation policy was absolutely essential and was possible through the use of medical detachments on LST's to provide proper care for patients evacuated on this type of craft and by the use of hospital carriers, one being scheduled daily for each beach. The attachment of surgical teams to Engineer Special Brigades and Medical Companies of airborne units and the early augmentation of additional medical personnel of First US Army Medical Detachments "A" and "B" undoubtedly saved a large number of lives. The phasing in of litter bearers, technicians and medical officers of Army Medical groups in Medical Detachment "A" and "B" provided a much needed source of replacements, to divisions and increased the capacity of clearing units of Engineer Special Brigades on the beaches. Liaison officers of Army Medical units accompanying Medical Detachments "A" and "B" made it possible to select suitable sites for hospitals and have the sites demined and cleared prior to arrival of the various units, thus enabling the arriving unit to become operational at the earliest possible moment after arrival on the continent.

The Periodic Report on evacuation from Army hospitals originally was based on a six hour report. It was found from experience that this interval works a hardship on hospitals rendering the report and the units furnishing courier service for same. It was also found to be impracticable to have such reports rendered by telephone from so many units, consequently, the report was changed to twice a day as of 0600B and 1800B, which has proved to give sufficient timely information from which to base evacuation planning as well as control admissions to the hospitals. The information originally called for in the report was sound, except that the information in the report should all be based on the same period of time. This has been corrected. Surgical Backlogs and total 24 hour evacuation figures as taken from the Combat Statistical Report have also been added. See Appendix No. 1 attached hereto, for a copy of this report, and instructions pertaining to same as contained in Operations Memorandum No. 2. On the basis of the twice daily periodic report from the evacuation hospitals, hospital quotas for admission to the hospitals have been established by the Army Surgeon for the next twelve hour period. These quotas are given to the Medical Group responsible for evacuating the division and Corps clearing Stations. The establishment of such quotas enables the Army Surgeon to take into consideration the bed status of the hospital and the surgical backlog prevailing, thus enabling him to equalize the load among the available hospitals to prevent any unit from becoming bogged down in a given period. The Medical Group, through the employment of ambulance regulating points in front of evacuation hospitals, distributed the patients among the hospitals on the basis of quotas assigned by the Army Surgeon. The distribution of the load on the hospitals was greatly facilitated by placing evacuation hospitals in pairs in relatively close proximity to each other.

One major evacuation problem occurred immediately after the fall of Cherbourg when it was determined that there were approximately 1,500 wounded prisoners of War hospitalized in the three hospitals in that city. The 66th Medical Group triaged and transported 1,382 of these patients from Cherbourg to the 261st Medical Battalion on Utah Beach over a period of 36 hours. The remaining nor

transportable Prisoner of War patients were consolidated in one hospital in Cherbourg for treatment by captured German medical personnel, under the supervision of American medical officers.

The evacuation hospitals have functioned throughout the entire operations with little, if any, relief. The number of evacuation and field hospitals set up for the First U. S. Army during the planning phase was for an Army composed of three Corps. With the build up of the First U. S. Army on the continent, first by VIII Corps and later by Third U. S. Army units, the medical service of the First U. S. Army was augmented during the period 26 June to 1 August, 1944, by the following field and evacuation hospitals of the Third U. S. Army:

33nd Evacuation Hospital	
34th Evacuation Hospital	
35th Evacuation Hospital	
39th Evacuation Hospital	
100th Evacuation Hospital	
102nd Evacuation Hospital	16th Field Hospital
103rd Evacuation Hospital	
104th Evacuation Hospital	
106th Evacuation Hospital	
107th Evacuation Hospital	
109th Evacuation Hospital	

All of these units reverted to the Third U. S. Army control on 1 August with the exception of the 106th and 109th Evacuation Hospitals, which reverted at a latter date. Advance Section, Communications Zone, made the 77th Evacuation Hospital available for use by the First U. S. Army on 21 July, 1944, along with three ambulance companies which were given the task of evacuating from the evacuation hospitals to the beaches. Throughout this period the Evacuation hospitals have been utilized by closing a hospital and leap frogging it forward to a new location. Hospitals have been established as far forward as the tactical situation would permit, usually in front of Corps rear boundaries. At the height of operations for the period 6 June 1944 to 31 July 1944, inclusive, there were twenty two (22) evacuation and 6 field hospitals assigned and attached to the First U. S. Army for the support of 16 acitive combat divisions.

On request of the Surgeon, First U. S. Army, Advance Section,

CIRCULATION SLIP

OFFICE OF THE SURGEON GENERAL

TO	ROOM	INITIAL	DIVISION
	1024		THE SURGEON GENERAL
	1023		DEPUTY SURGEON GENERAL
	1002		EXECUTIVE OFFICER
	1121		Control Division
	201		Historical Division
	1002		ADMINISTRATIVE SERVICES
	404		Office Service Division
	419		Legal Division
	415		Fiscal Division
	301		Medical Statistics Division
	908		PERSONNEL SERVICE (Chief)
	908		Military Personnel Division
	807		Civilian Personnel Division
	1006		OPERATIONS SERVICE (Chief)
	714		Training Division
	708		Hospital Division
	1020		Mobilizat'n & Overseas Op'n Division
	1003		Special Planning. Division
	420		Technical Division
X	512C	EC	SUPPLY SERVICE (Chief)
	508	"	Purchase Division
	606	"	Distribution & Requirements Division
	518	"	Renegotiation Division
	517	"	International Division
	1125		PROFESSIONAL SERVICE (Chief)
	1106		Medicine Division
	1108		Surgery Division
	1016		Dental Division
	1012B		Veterinary Division
	819		Nursing Division
	1114		Reconditioning Division
	1124A		Neuropsychiatry Division
	1113		Physical Standards Division
	1218		PREVENTIVE MEDICINE SERVICE (Chief)
	1222		Sanitation & Hygiene Division
	1228		Laboratories Division
	1229		Tropical Disease Control Division
	1210		Sanitary Engineering Division
	1235		Venereal Disease Control Division
	1207		Occupational Health Division
	1213		Medical Intelligence Division
	1233		Nutrition Division
	1201		Civil Public Health Division
	1227A		Epidemiology Division

	For appropriate action
	Note, initial, and return
	Investigate and report
	For comment
	For recommendation
	Prepare reply
	Reply direct to writer
	For your information

RETURN TO: ______________________

24-74939AE · 5M ______________________

FORM SG 655
16 Feb 1944

Sent to Historical Division
27 Nov 1945

SECTION IV - MEDICAL SUPPLY

ETO

A. RE-ORGANIZATION OF FIRST UNITED STATES ARMY.

1. Immediately upon arrival in England an exhaustive study was begun of the adequacy of existing Tables of Equipment with regard to Medical Equipment. The question of the adequacy of the existing Tables of Organization and Equipment was examined in the light of a contemplated combined airborne and amphibious operation against the coast of France with its attendant high casualty rate.

2. After considerable deliberation the Army Surgeon arrived at lists of items by types of unit required in excess of Tables of Equipment in order to satisfactorily perform combat missions anticipated. These lists included items not only of Medical Department issue but items of Quartermaster, Signal, Ordnance and Engineer issue. (See Appendix "A").

3. After having determined the requirements of Medical units in this manner it was then necessary that proper justification for the issue of the items involved be given each service and that where stocks were not available in the U.K., a special project be instituted for shipment from the United States. Great difficulty was experienced initially in the Medical service in acquiring accurate information as to availability of the items required. However, following a complete turnover in the Medical Supply personnel in the Office of the Chief Surgeon, European Theater of Operations, it was possible to see a clear picture as to the status of items involved.

4. A series of conferences followed between representatives of the Army Surgeon and representatives of the Chief Surgeon, European Theater of Operations, including the Chief Surgeon himself, in an attempt to thoroughly revise the actual need for the items requested.

5. At a final and informal conference on excess equipment between the Medical Supply Officer, European Theater of Operations and the Medical Supply Officer, First United States Army, a decision was made to issue, within the limits of stock availability, all items requested except those which had been disapproved by the Chief Surgeon.

6. Concurrent with the work being done on the requirements of units for equipment in excess of Tables of Equipment was the enormous task of equipping all the units of the command. All units had arrived in the U.K. without

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any but housekeeping equipment in accordance with the War Department plan pre-scheduled shipments of unit equipment.

7. The personnel of the Supply Division of the Chief Surgeon's Office, headed by Colonel S. B. Hays, Medical Corps, exhibited a cooperative and willing spirit with regard to the equipping of units with their T/E equipment. Correspondence and other time consuming elements were reduced to a minimum and an informality was present which enabled individual matters to be greatly expedited.

8. No First Army unit departed from the U.K. with any deficiencies in T/E allowances and the bulk of equipment requested in excess of authorized allowances was likewise received prior to departure for the continent.

B. OPERATIONS, 15 MAY 1944 TO 1 AUGUST 1944

1. Mounting of Operation "NEPTUNE".

An approach to the Medical Supply problems presented by Operations "NEPTUNE" was made through the initial joint appreciation of the plan. It was immediately seen that the combined airborne and amphibious operation against prepared defenses and its expected high casualty rate presented problems beyond the scope of any previously encountered. An examination of what was available to the Medical Service of the First Army in the way of standardized maintenance units revealed that these were inadequate. It was also apparent that to establish maintenance in terms of pounds per man per day would not suffice since peak casualties would occur when the forces were smallest. A decision was made to approach the Medical Supply problem on an anticipated casualty basis.

Standard War Department and European Theater of Operations maintenance units were minutely examined to determine their adequacy and were found deficient in various critical items. A list was prepared of items which were deemed essential and which were either not included in medical maintenance units or were included in insufficient quantity. This list was presented to the Chief Surgeon, ETOUSA, in the form of a request for the building of units of supply to supplement maintenance units. This list became the focal point of much professional controversy. Again a series of conferences were held between representatives of the Army Surgeon, and the Chief Surgeon, ETOUSA. As a result of these conferences certain items were deleted from the supplemental list and others reduced in varying degrees. It may be said here that this supplemental

list became the backbone of supply during the early stages of the operation. Certain of the items which were deleted from the list, and others which were reduced, actually fell into short supply in the period from "D" to "D + 10".

The European Theater of Operations Army Medical Maintenance Units; the Divisional Assault Medical Maintenance Units (two portions - Surgical and Medical); and the Supplemental Unit were the primary maintenance supply. (See Appendix "B"). However, individual items on which the consumption rate was anticipated to be abnormal, were phased in, over and above quantities included in any maintenance unit. Such items as Plaster of Paris Bandage, Wadding Sheet, Cocoa and Nescafe and Medicinal Gases (Oxygen, Nitrous Oxide, etc.), were phased in virtually every day.

Class II replacements (ie. T/E replacements items), were phased in in a descending percentage loss factor. For example, it was anticipated that troops going ashore on "D" Day would lose 12% of their equipment; troops going ashore on "D + 4" would lose 8% of their equipment; and by "D + 10" this factor would have leveled off at a 5% loss factor. Class II items were phased in only in sufficient quantities to replace anticipated losses.

In view of the ever present possibility that the enemy might resort to gas warfare, provision was made to land sufficient gas casualty maintenance units with the assault elements to treat 5,000 gas casualties in each assault area. The bulk of these gas casualty maintenance units was laid down on the near shore for shipment by fast boat in the event of extensive use of gas.

Since all casualties except non-transportables were to be evacuated by boat to the U.K. and by air as soon as air strips were available, it was necessary to ship to the far shore enormous quantities of litters, blankets and splints. In view of the extremely limited scheduled tonnage available to the Medical Department, a scheme had to be devised to bring these items ashore without having the tonnage charged against scheduled lift. Arrangements were made with the U. S. Navy to place aboard each L.S.T. for the first three-hundred trips a unit of supply designed to bring in quantities of these items and quantities of plasma and surgical dressings which could not be phased in under allocated tonnage. This unit of supply consisted of the following items: 100 litters; 320 blankets; 4 splint sets; 3 boxes of surgical dressings; and 96 units of normal human plasma. Thus, it was possible to bring ashore in the first fourteen days 30,000 litters, 96,000 blankets; and large quantities of the

other items without having to reduce other necessary medical maintenance. An additional 19,000 litters and 40,000 blankets were included in the scheduled lift. Infantry Divisions, Engineer Special Brigades, and other combat units were issued additional quantities of these items. Adequate quantities of these items were always available until the latter stages of the operation when returns from the U.K. of these items did not keep pace with the great outward suction through air evacuation.

For the assault troops there was also designed a special waterproof unit of supply which could be carried ashore by aid men and which would serve as additional life preservers for them. This unit consisted of seven specially treated mortar shell cases which contained in toto, the following items:

ITEM:	UNIT:	AMOUNT:
Dressing, first-aid, large	each	50
Dressing, first-aid, small	each	50
Gauze, plain, sterilized, compressed	pkg	50
Bandage, gauze, 3"	each	50
Sulfanilamide, crystalline	pkg	10
Morphine, tartrate, syrettes	box	25
Serum, normal human plasma, dried	pkg	7
Sulfadiazine, USP, 7.7 grain tablets	1,000	1
Halazone, 1/10 grain tablets	bottle (100 in)	1
Sterile gauze packet (impregnated with boric acid or vaseline)	each	1

It was issued to units scheduled to arrive on the far shore from "D" to "D + 3" on the following basis: One unit per Infantry Battalion, Artillery Battalion, Chemical Battalion, Engineer Battalion and Ranger Battalion. Two units per Collecting Company, Divisional. Four units per Clearing Company, Divisional. Six units per Medical Battalion (Engineer Special Brigade).

This unit proved extremely valuable in the early hours of the assault when a delay in unloading scheduled medical supplies was encountered.

C. ESTABLISHMENT OF THE BEACHHEAD - PERIOD "D + 1" TO "D + 4".

1. OMAHA.

On the afternoon of "D + 1" the first pre-scheduled Medical Maintenance Units came ashore in the Omaha Sector, although, some L.S.T. property exchange units had been landed the previous day. Unfortunately a large portion of the supplies landed on "D + 1" were lost when the tide came in and covered them as they lay on the beach below the high water line.

A fairly large percentage of those supplies which were landed on "D + 2" were similarly lost. The 1st Section, Advance Depot Platoon, 1st Medical Depot Company, landed in two equal increments with the 5th and 6th Engineer Special

Brigades in this sector and attempted to set up issue points virtually at the high water line in the vicinity of the Brigade Collecto-Clearing Companies. Units were served here out of Brigade reserve stocks and those stocks which were salvaged on "D + 1" and on "D + 2". On the morning of "D + 2" the Advance Depot Platoon, 32nd Medical Depot Company (attached), and the Commanding Officer, 1st Medical Depot Company came ashore. The Commanding Officer, 1st Medical Depot Company immediately took charge, and the confusion which was apparent in the first two days immediately abated. On the afternoon of "D + 3" the first Army medical dump in France was opened for issue in the vicinity of St. Laurent Sur Mer.

2. UTAH.

No medical supplies, except L.S.T. property exchange units were landed in this sector prior to the afternoon of "D + 2". Units were forced to rely upon their reserves as well as what little could be diverted from the OMAHA Sector. Here, also, there was some confusion in the landing of personnel and the Advance Depot Platoon, 31st Medical Depot Company (attached) arrived ashore prior to the 2nd Section, Advance Depot Platoon, 1st Medical Depot Company, which was supposed to have landed with medical companies of the 261st Medical Battalion, 1st Engineer Special Brigade. The 2nd Section, 1st Medical Depot Company took over beach issue while Advance Platoon of the 31st Medical Depot Company was setting up the first medical dump in this sector. This dump opened on the afternoon of "D + 3" in the vicinity of Le Grand Chemin. In this sector the 82nd and 101st Airborne Divisions landed. Both had been given adequate supplies to be self sustaining for at least three days. When contact was established between seaborne and airborne elements it was found that even though much equipment had been lost these two airborne divisions had been able to sustain themselves with the supplies they had carried in.

3. GENERAL.

The biggest problem in this period was the gathering up of medical supplies which had been landed at scattered points along the beaches. Much confusion existed while hospitals endeavored to find their unit assemblies which had been shipped ashore in craft separate from that which carried personnel; and while medical depot company personnel endeavored to comb the beaches for maintenance supplies shipped ashore in order to centralize and localize issue points. Medical Maintenance Units were landed in several elements at scattered points along the beach and an [redacted] needed had to be sought by [redacted] combing tactics.

D. CAMPAIGN TO CAPTURE OF CHERBOURG.

1. Supply Problems During Period - A great weakness in the Medical Maintenance Unit became apparent early in the campaign. It was a weakness that cost many man hours and much delay in the issue of supply. A Medical Maintenance Unit by its very nature attempts to furnish a broad scope of items consumed in the treatment of casualties. To this end, a Medical Maintenance Unit consists of many repacked boxes containing small quantities of several items. During this period of the campaign it was not uncommon for depot personnel to have to open as many as twenty or thirty boxes to acquire enough of one item to issue to a single requisitioning unit. This work was followed by need to repack or to replace in bin stock all of the other items contained in the boxes. This problem, serious in itself, was further aggravated by the inaccuracy of, or complete absence of packing lists. Many shipments had no packing lists or had a packing list stating that the contents were unknown or were miscellaneous medical supplies. Hence, it was impossible to determine what was actually on hand until every box had been broken open and its contents inventoried and picked up on stock record.

It is strongly recommended that in any possible further operation of the nature of Operation "NEPTUNE" that Medical Maintenance Units as such be abandoned and that Maintenance Units made up from original packages, i.e. bulk stock of items be substituted. If that is not possible an alternate recommendation would be that items be ordered by item rather than by maintenance units in bulk.

Until communications were established between the beaches it was of course impossible to trans-ship regularly from one sector items which were in short supply in the other sector. Even after the two beachheads were linked this problem continued to be a serious one - due first to enemy action, and later to traffic congestion.

For an interval of seven days in this period no penicillin was available. Stocks were exhausted in the U.K. and the automatic daily flow of penicillin to the continent ceased. This problem was finally alleviated by the arrival of several plane loads of penicillin from the United States.

Several items on which the consumption rate was higher than anticipated fell into short supply in this period. These were requested from the U.K. for Air and Med/Bell Express shipment. Excellent service was provided

in this type of shipment and the short supply problems were rapidly solved.

The most taxing problem during this period was the problem of hospital units locating and re-assembling their hospital assemblies. Although, every effort was made by the First Army Surgeon to have hospital assemblies loaded on one craft, to have these assemblies accompanied by one officer and five enlisted men of the hospital concerned, in order to safeguard during unloading on the far shore, this proposal was rejected except for those hospitals which were considered part of the assault forces. As a result hospital assemblies were unloaded along with vast bulks of other supplies, at many scattered points along the beaches. Hospitals spent many days going from dump to dump, regardless of service, in an attempt to find a few boxes which might belong to their unit assemblies. The opening of several hospitals was seriously delayed, and no hospital of this command received its complete assembly. An attempt to persuade Engineer Brigades to designate unit assembly receiving points met with failure and portions of hospital assemblies were received in Quartermaster Class I Dumps, Quartermaster Class II & IV Dumps, Salvage Dumps, Engineer Dumps, etc.

It must be recognized that a hospital's operating equipment, as differentiated from tactical organizations, is not carried, nor can be carried, on the individual or on unit transportation, and without this assembly the hospital is emasculated. In any further operations of this sort every effort must be made to ship hospital personnel and the hospital equipment in one craft, and if this is not feasible to ship hospital assemblies complete in one craft, accompanied by detachment of hospital personnel, and be unloaded at one beach receiving point.

It became apparent early during this phase that generators on hand in First Army Hospitals were inadequate to handle the power load in round-the-clock operations. Every effort had been made to secure 5 K.W. Generators for all First Army Hospitals prior to departure from the U.K. The project had been approved by the War Department, but generators were not received prior to departure. As a last minute emergency measure, double the T/E allowance of Medical Department Generators (2.5 K.W.) was issued. These, however, proved inadequate and once they broke down they could not be repaired, since no spare parts were available in France or in the U.K. Arrangements were made through the Medical Supply Officer, COM Z, to ship one large generator for each Evacuation Hospital. These arrived in due course and the power problem was solved forthwith.

Another operational supply problem encountered during this period was the mechanical difficulty with all gasoline operated equipment, such as, autoclaves, 2 burner stoves, and distilling apparata. Special spare parts and repair kits were flown from the U.K., accompanied by two expert repairmen assigned to COM Z Depots. This measure was followed shortly by the more definitive measure of acquiring white gas for the operation of these stoves through Quartermaster, First Army.

E. INLAND OPERATIONS PERIOD - "D + 20 TO "D + 48".

1. Supply Situation During Period - During this period First Army Surgeon was faced with the problem of supplying a greatly over-size command as compared with the command for which supplies had been planned. Many units from Third Army which were operating under First Army during this period arrived on the continent with shortages of T/E Equipment. It was necessary to equip these units prior to establishing them as functioning installations. It was also notable during this period that the Advance Section, COM Z was supposed to have assumed responsibility on "D + 15" but did not begin to function, and the First Army was given the additional burden of supplying certain ADSEC troops and installations, as well as Third Army.

With the increased load of work involved and the growing amount of geography, the need for additional depot personnel became apparent. Should any great movements involving much terrain become actual, there is little doubt that one Medical Depot Company cannot meet the requirements of movement concurrent with servicing units of this command.

During this period it became apparent that even though issues in excess of T/E had been made to certain types of units within Army, their equipment was still insufficient to meet the burdens imposed upon them. Notable among these deficiencies were the bottleneck in X-Ray in Evacuation Hospitals, occassioned by lack of adequate film drying facilities, and the general deficiencies in equipment for oxygen administration in all hospital units. Certain projects for equipment in excess of T/E were initiated on the far shore to the U.K., and shipments were made by Air and Red Ball Express. (See Appendix "C").

Certain items developed as trouble-makers during this period. These were mainly the items which were evacuated with casualties and on which there

was no property exchange. Included in this category were pajamas, levin tubes, tracheal tubes, and, toward the latter part of the period, litters and blankets. An attempt to establish an automatic weekly air lift for property exchange items based on casualties evacuated during the previous week met with no success, and the problem was largely solved by daily Air and Red Ball Express requests. During the period from "D + 20" to "D + 48", certain non-T/O & E, but necessary, installations within Army, presented, and continue to present, considerable equipment problems. Foremost of these are the two combat exhaustion centers which were originally intended to operate as 250 bed installations, and which developed to 1,000 bed and 750 bed, respectively; a provisional 1,020 bed hospital installation operated by the 91st Gas Treatment Battalion is primarily for medical cases including malarials and contagious diseases; three Neuro-Surgical Centers within three Army Evacuation Hospitals, and a large Dental Clinic establishment within the 4th Convalescent Hospital. Issues in excess of authorized allowances, but required for the proper operation of these installations, were made in the main from existing First Army stocks, and the balance were ordered from the U.K. as special project items.

During this period also there was returned to Quartermaster Depots tentage and other equipment which had been issued in the early stages of the operation, when hospitals had been operating exaggerated installations. Hospitals were reduced to amounts authorized by T/E and excess authorization as indicated in (Appendix "A"). However, combat experience has proved the need for the following Quartermaster equipment in excess of all previous authorizations for evacuation hospitals, semi-mobile:

ITEM:	AMOUNT:
Tent, pyramidal	9
Tent, hospital ward	4
Tent, storage	3
Tent, large wall	2
Heater, immersion type	3
Heater, water for cans, corrugated	6

APPENDIX "A"

EQUIPMENT AUTHORIZED IN EXCESS OF T/E

PRIOR TO D-DAY

FOR:

Evacuation Hospitals — 400 Bed
Evacuation Hospital — 750 Bed
Field Hospital — 400 Bed
Convalescent Hospital — 3000 Bed
Gas Treatment Battalion
Hq & Hq Engineer Combat Group
Infantry Divisions
Armored Divisions
Auxiliary Surgical Group
Clearing Company MF Hospital
82nd Airborne Division
101st Airborne Division
101st Airborne Division (For Aux. Surgical Team)
Medical Depot Company

EVACUATION HOSPITAL, S-M, 400 BED

Items auth. in excess of T/E

MEDICAL EQUIPMENT

34320	Procto-Sigmoidoscope, electric	1
34680	Scissors, bandage	24
43150	Microscope, complete	1
43170	Microscope, dark field apparatus	2
60090	Cassette 8 x 10	2
60110	Cassette 14 x 17	4
60120	Clip, photographic	20
60370	Holder, film development 8 x 10	6
60380	" " " 10 x 12	6
60390	" " " 14 x 17	6
71628	Pad, for operating & examining table	8
71670	Pillow, feather	200
73630	Pot, coffee 1½ qt	2
73755-85	Refrigerator, mechanical, kerosene 8 cu ft	1
74620	Bucket, 15 qt	20
75815	Mimeograph, hand	1
77050	Bag, hot water, rubber, 2 qt	20
77205	Box, cash	24
77870	Cylinder, oxygen 750 gal filled	10
78270	Jar for dressing w/lid	15
78517	Machine, sewing, foot treadle type	1
78800	Pitcher, 4 qt enamel	9
79130	Drum, sterilizer, 10"	12
95026	Chest, MD #61	1
95027	Chest, MD #62	1
96175	X-Ray field unit, tent darkroom	1
96215	X-Ray field unit, fluoroscopic, foreign body localization	1
97793	Pajama, set, coat, winter	20
97794	" " trousers, winter	20
97814	Sheet set	10
97847	Towel, set, bath (50 in)	4
97848	" " hand (150 in)	6
99090	Blanket, O.D.	400
99205	Cot, canvas, folding	100
99215	Cup, enamelware	100
99220	Cup, feeding	20
99340	Lantern, electric	10
99376	Litter, straight, steel	100
99395	Mattress, pad	80
99410	Pad, heat, complete	25
99500	Sterilizer dressing & utensil	1
99617	Washing machine, wringer type	1
NSN	Field transfusion unit	4
NSN	Refrigerator, electric, 4 cu ft	1

QUARTERMASTER EQUIPMENT

Can, corrugated, nesting, galv., w/cover, 10 gal.	3
" " " " " 16 "	3
" " " " " 24 "	3
" " " " " 32 "	3
Desk, field, empty, fiber, company	9
" " " " headquarters	2
Range, field, M-1937, 3 unit	1
Tent, hospital ward	10
Tent, small wall, w/fly	8
Safe, field, keylock	2
Fly, tent, wall, large, complete w/pins & poles	7
Containers, food, w/insert (Marmite)	36
Tent patch #1	7
Tent " #2	5

QUARTERMASTER EQUIPMENT (Cont'd)

Tent patch #3		4
Cement, patch (Pint)		4
Stove, 2 burner, gasoline		6
Red Cross Marker, Drape Type		20
Paulin, 17' x 40'		7
Bag, canvas, water sterilizing, complete w/hanger & cones		5

ENGINEER EQUIPMENT

Water Storage Tank, canvas, 3000 gal.		1
Water Pump		1
Wire, electric, single strand, copper #14		6000 ft
Lamp, electric, 100 watt, 110 volt	(540200-425)	10
" " 25 " " "	(540200-300)	30
Sockets, weather-proof	(769300-600)	40
Plug-in Male	(657350-200)	30
Plug-in Female	(678280-250)	30
Nails, 8 penny	(577000-228)	25 lbs
Nails, 6 penny	(577000-200)	25 lbs
Tape, friction 3/4 inch	(878700-200)	24
Tape, rubber 3/4 inch	(878700-500)	6

ORDNANCE EQUIPMENT

Trailer, 1 ton, 2 wheel, cargo	3
Trailer, 1 ton, 2 wheel, water tank (250 gal)	1

SIGNAL EQUIPMENT

Battery "B"	24
No. V 30-F 16-B 3300	
(No. 650 Usalite)	
or	
No. V 30 G 16 B-3310	
(No. P830 Ray-O-Vac.)	
Switch-board BD-71	1
" " BD-72	1
Telephone EE8	18
Tool Equipment, T.E. 33	2
Wire, W-110-B	1 mile

EVACUATION HOSPITAL, 750 BED

Items authorized in excess of T/E

MEDICAL EQUIPMENT

34320	Procto-Sigmoidoscope, electric	1
34680	Scissors, bandage	30
37750	Suction apparatus, portable, electric	2
43170	Microscope, darkfield apparatus	2
71670	Pillow, feather	150
71690	Pillow, cases	200
71710	Robe, bath	200
73540	Pitcher, 3 qt	6
73755	Refrigerator, mechanical, kerosene 6 cu ft	1
73710	Pot stock 60 qt	1
75815	Mimeograph, hand	1
77050	Bag, hot water	25
77205	Box, cash	60
77870	Cylinder, oxygen 750 gal filled	10
78270	Jar for dressing w/lid	10
78517	Machine, sewing, foot treadle type	1
79130	Drum, sterilizer, 10 inch	15
96175	X-Ray field unit tent dark room	1
97793	Pajama, set, coat, winter	6
97794	Pajama, set, trousers, winter	6
99500	Sterilizer, dressing & utensil	2
99617	Washing machine, wringer type	2
97455	Blanket set large	40
97815	Sheet set	7
99205	Cots, canvas folding	100
99215	Cups, drinking-enamelware	250
99555	Stove, 2 burner gasoline	6
NS-9	Field Transfusion unit	3
NS-9	Refrigerator, electric, 4 cu ft	1

[illegible] EQUIPMENT

Can, corrugated, nesting, galv., w/cover, 10 gal	4
" " " " " 16 gal	4
" " " " " 24 gal	4
" " " " " 32 gal	4
Desk, field, empty, fiber, company	14
" " " " headquarters	3
Tent, hospital ward	10
Tent, wall small, w/fly	4
Safe, field, key lock	2
Containers, food, w/inserts (Marmite)	60
Tent Patch #2	12
" " #2	3
" " #3	7
Cement Patch (pint)	7
Stove, 2 burner, gasoline	3
Paulins 17' x 40'	7
Bag, canvas, water sterilizing, complete w/hanger and cover	5

[illegible] & [illegible]

Wire, electric, single strand, copper 14	7,500	ft
Water Storage unit, canvas 3,000 gal	1	
Water Purifier	1	
Lamp, electric, 100 watt, 110 volts (540200-425)	15	
" " 25 " " " (540200-300)	40	
Sockets, weather-proof (769300-600)	55	
Plug-in-Male (657350-200)	45	
" " Female (678200-250)	45	
Nails, 8 penny (577000-228)	30	lbs
" 6 " (577000-200)	30	lbs
Tape, friction 3/4" (876700-200)	30	
Tape, rubber " (878000-500)	10	

ORDNANCE EQUIPMENT

	Trailer, 1 ton, 2 wheel, cargo	3
	" 1 " 2 " water tank (250 gal)	2

SIGNAL EQUIPMENT

	Battery "B"	24

FIELD HOSPITAL, 400-BED

Items Authorized in Excess of T/O

MEDICAL EQUIPMENT

13790	Powder, developing, X-ray; 5 gal	12
13793	" " " ; 1 gal	12
13800	" fixing; X-ray: 5 gal	12
13803	" " " ; 1 gal	12
34320	Procto-Sigmoidoscope, electric	3
34680	Scissors, bandage	24
60030	Bag, sand, 8 inch	18
60090	Cassette, 8"	4
60100	Cassette, 10"	4
60110	Cassette, 14"	4
60120	Clip, photographic	45
60370	Holder, film development 8"	12
60380	" " " 10"	12
60390	" " " 14"	12
61102	Number, leaded, 0	2
61103	" " 1	2
61104	" " 2	2
61105	" " 3	2
61106	" " 4	2
61107	" " 5	2
61108	" " 6	2
61109	" " 7	2
61111	" " 8	2
61112	" " 9	2
70994	Table, arthopedic, portable	3
71670	Pillow, feather	150
77205	Box, cash	30
77850	Cylinder, nitrous oxide, 2000 gal filled	6
77870	Cylinder, oxygen 750 gal filled	48
77890	Cylinder, valve adapter, high pressure	6
78270	Jar for dressing w/lid	6
78517	Machine, sewing, foot treadle type	1
79130	Drum, steriliser, 10"	18
93500	Anesthesia apparatus, portable	3
93510	" set complete	6
93640	Oxygen therapy apparatus, closed circuit	3
93643	" " outfit, with manifold	6
96060	X-ray field unit, generator, gas, elec	3
96085	X-ray field unit, machine, X-ray, (1). complete	2
96145	X-Ray field unit, table unit	2
96175	X-Ray field Unit, Tent dark room	2
97625	Chest, mess	3
97793	Pajama, suit, coat, winter	6
97794	" " trousers, winter	6
99215	Cup, drinking, enamelware	150
99317	Lamp operating, field generator	3
99376	Litter, straight, steel	54
99500	Steriliser, dressing utensil	3
MS-9	Field transfusion unit	6
MS-9	Refrigerator, electric, 4 cu ft	3

QUARTERMASTER EQUIPMENT

Can, corrugated, nesting, galv. w/cover, 10 gal.	4
" " " " " 16 gal.	4
" " " " " 24 gal.	4
" " " " " 32 gal.	4
Desk, field, unit, fiber, company	3
" " " " headquarters	3
Range, field, m 1937, 3 unit	2
Safe, field, keylock	3
Container, food, w/insert (Marmite)	36
Tent Patch #1	7
" " #2	5
" " #3	4
Cement, Patch (pint)	4
Stove, 2 burner, gasoline	6
Bag, canvas, water sterilizing, complete, w/hanger & cover	5

SIGNAL EQUIPMENT

Wire, electric, single strand, copper, 14		4500 Ft
Lamp, electric, 100 watt, 110 volt	(540200-425)	15
" " 25 " " "	(540200-300)	30
Sockets, weather-proof	(769300-600)	45
Plug-in Male	(657350-200)	30
" " Female	(678280-250)	30
Nails, 8 penny	(577000-228)	30 lbs
" 6 penny	(577000-200)	30 lbs
Tape, friction 3/4 inch	(878700-200)	30
" rubber	(878700-500)	9
Water, storage Tank, canvas, 1000 gal		3
Water, pump		3

ORDNANCE EQUIPMENT

Trailer, 1 ton, 2 wheel cargo	4
Trailer, 1 ton, 2 wheel, water tank (250 gal)	1
Truck, water tank (750 gal)	

EQUIPMENT HOSPITAL

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

34680	Scissors, bandage	20
77205	Box, cash	10
97625	Chest Mess	1
97645	Chest, tableware	1
99500	Sterilizer, dressing and utensil	1
NS 9	Field Transfusion unit	2

QUARTERMASTER EQUIPMENT

Fly, tent, wall, large, complete w/pins & poles	9
Containers, food w/insert (Marmite)	180
Tent Patch #1	50
Tent Patch #2	35
Tent Patch #3	30
Cement Patch (Pint)	30
Stove, 2 burner gasoline	6
Paulins 12' x 16'	10
Paulins 17' x 40'	6
*Tent, hospital, ward	150
*Tent, storage, complete	4
*Tent, wall, large, complete	5
*Tent, wall, small, complete	4
Bag, canvas, water, sterilizing, complete w/cover and hanger	26

*Substituted for 500 Pyramidal [illegible] T/E.

ENGINEER EQUIPMENT

Wire, electric, single strand, copper #14	10,000	ft
Water Storage Tank, canvas, 1,000 gal	2	
Water Pump	2	
Lamp electric, 10 watt, 110 volts	20	
" " 25 " " "	75	
Sockets, weather-proof	95	
Plug-in Male	50	
Plug-in Female	50	
Nails, 8 penny	35	lbs
Nails, 6 penny	35	lbs.
Tape, friction 3/4"	30	
Tape, rubber 3/4"	10	

ORDNANCE EQUIPMENT

Trailer, 1 ton, 2 wheel, cargo	5
" " 2 " water tank, (250 gal)	2
Truck, Water Tank (700 gal)	2

SIGNAL EQUIPMENT

Battery B	24

MEDICAL BATTALION GAS TREATMENT

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

93210	Basic Instrument set, complete	6
97575	Chest M0 #4	9
99315	Lamp, operating, field	6
89387	Machine imprinting	12
99600	Unit Power Electric, 3 KW	6
97575	Gas Casualty, Set, complete	6

H2 & H3 ENGINEER COMBAT GROUP

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

97757	Gas Casualty Set	1

INFANTRY DIVISIONS

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

74042	Otoscope and Opthalmoscope combination	24	
97370	Sphygm manometer, aneroid	18	
77510	Chest, tool small	1	
97110	Kit, medical officer	6	
79000	Rubber sheeting	150	yds
97785	Packet, First Aid parachute	20	
95026	Chest M0 #61	1	
95027	Chest M0 #62	1	

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

31070	Catheter, urethral, rubber, 16F	12
33620	Needle, spinal puncture	6
35510	Tube, breathing, large	12
36155	Syringe, ear and ulcer, 1 oz	6
38705	Tube duodenal, Levin's, size 12	24
77170	Bed pan	48
79440	Urinal, enamelware	18
97785	Packet, First Aid, Parachute	16

AUXILIARY SURGICAL GROUP

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

Truck, surgical	2
Surgical Unit, Mobile (Including vehicles, tentage, and operating equipment).	3

QUARTERMASTER EQUIPMENT

Tent, pyramidal	75

[illegible] COMPANY OF HOSPITAL

Items Authorized in Excess of T/E

QUARTERMASTER EQUIPMENT

Axe, entrenching, M-1910, w/handle	5
Bag, canvas water, sterilized complete w/cover and hanger	5
Bucket, general purpose gal. heavy weight	5
Can, corrugated, nesting, galv. w/cover (10 gals)	1
" " " " " 16 gals	1
" " " " " 24 gals	1
" " " " " 32 gals	1
Can, water, 5 gal	8
Carrier, Axe, intrenching, M-1910	5
Desk, field, empty, fiber, company	1
Desk, field, empty, fiber, headquarters	1
Drum, inflammable liquid (gas) 5 gals	4
Flag, field Hospital	1
Heater, immersion type, for can, corrugated	3
Kit, barber, w/case	1
Lantern, gas, two mantle, commercial	8
Lantern, kerosene, army	3
Range, field, M-1937, 3 unit	1
Screen, latrine	3
Sledge, blacksmith, double face, 6-8 pounds	6
Stove, tent, M-1941 w/grate	13

[illegible] COMPANY OF HOSPITAL

Items Authorized in Excess of T/E

ENGINEER EQUIPMENT

Extinguisher, fire, carbon-tetrachloride	12

CLEARING COMPANY MP HOSPITAL

Items Authorized in Excess of T/E

SIGNAL EQUIPMENT

Flash light T. L. 122		14

82ND AIRBORNE DIVISION

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

37750	Suction apparatus, portable, electric	1
93640	Oxygen Therapy apparatus, closed circuit	1
94297	Colorimeter, chlorine & toxic gases	1
95065	Kit, Dental, Maxillo-Facial	3
97085	Kit, component, pouch w/lace	101
97095	Kit, component, suspender	101
97773	Kit, 1st Aid, Motor Vheicle, 12-unit	28
97814	Sheet set	1

101ST AIRBORNE DIVISION

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

32283	Forceps, Hemo-Abbey	13
32295	Forceps, Hemo-Jones	6
32300	Forceps, Hemo Rankin-Kelly straight	50
32310	Forceps, Hemo Rochester Pean curved	5
32695	Forceps, tissue, spring 4½"	16
32967	Holder Needle Hager-Mayo 7½"	15
33140	Knife, amputating 6" blade	6
33377	Knife operating handle No. 4	15
33356	Knife operating 1½" blade	6
34435	Scissors 1 point sharp 5½"	15
34590	Saw Amputating 8" blade	6
34620	Saw Gigli	6
34680	Scissort 7½" Bandage	200
35430	Trephine 1"	3
35510	Tube breathing large	43
35515	Tube breathing small	4
36034	Anesthesia apparatus indo-tracheal Catheter Magill 32"	3
37370	Sphygnomonometer Aneroid	9
37439	Splint Litter Bar	250
37500	Splint Army Leg Half-ring	250
37515	Splint Support and Foot Rest	250
37735	Stethoscope Blood Pressure	3
71780	Towal, hand	425
77110	Basin, hand	15
77130	Basin, pus	15
93780	Tourniquet field	315
95095	Kit, Dental Maxillio, facial	3
97110	Kit, Medical NCO's	3
97115	Kit, Medical Officer's	1
97455	Blanket set, large	3
97460	Blanket set, large case, empty	9
97575	Chest MD No. 4	3
97865	Tray No. 6 plain	15
99070	Basin, canvas	6
99090	Blankets wool, OD	1200
99265	Gloves, rubber pouch	10
99362	Litter, folding, wood	250
99376	Litter, steel pole	75
99410	Pad Heat, complete	25
99530	Sterilizer, instrument, 14"	15
99585	Tray, instrument, 10"	15
WSR-9	Shell Dressing, large	13,000

101ST AIRBORNE DIVISION
For Auxiliary Surgical Team

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

30015	Anascope, Hirschman, 19 MM outside diameter	3	
31820	Drill Cranial, brace for Cushing	2	
31822	Drill, cranial, burr, enlarging	2	
31826	Drill, cranial, burr, perforating	2	
33020	Hook, dura, Frazier	3	
34610	Saw, Gigli-Stille, Wire 2"	24	
34623	Saw, Gigli, Bailey conductor	3	
34630	Saw, gigli, handle, plain	6	
34920	Shears, plaster of Paris, 1½"	3	
34932	Shears, rib, 1½", Bethune	3	
34790	Scissors, Iris, full curved	3	
35110	Spatula, Brain, 7", Cushing	3	
36030	Adapter, for tubing	24	
36032	Anesthesia, apparatus, endotracheal, complete	2	
37750	Suction, apparatus, post chse.	2	
38685	Tube, colone, 30", rubber, 3/16"	24	
38760	Tubing, rubber, 1/8", Dakin	15	ft
38793	Tubing, rubber, latex, 3/16"	24	ft
38705	Tube, Duodenal, Levin's, 3/14 & 16F	24	
42260	Distilling apparatus	1	

MEDICAL DEPOT COMPANY

Items Authorized in Excess of T/E

MEDICAL EQUIPMENT

Chest, tool, small	2	

MEDICAL DEPOT COMPANY

Items Authorized in Excess of T/E

QUARTERMASTER EQUIPMENT

Conveyor, Roller	240	ft
Tent, hospital, ward	15	
Tent Assembly	2	

SIGNAL EQUIPMENT

Switchboard, BD 71	1	
Switchboard, BD 72	1	
Telephone, EE 8	18	
Tool Equipment, T.E. 33	1	
Wire, W-110-B	1	mile

APPENDIX "B"

MEDICAL MAINTENANCE UNITS

PHASED IN FOR AUTOMATIC REINFORCEMENT

D-DAY THROUGH D + 41

Maintenance Unit "A"
Division Casualty Unit
Part I - Surgical Unit
Part II - Medical Unit
Supplemental "B" Unit
Gas Unit (1)

EUROPEAN THEATER OF OPERATIONS

MEDICAL MAINTENANCE UNIT "A"

CONTINUED

BASED - 1000 Casualties

ITEM NO.	ITEM	UNIT	QUANTITY
10030	Acetone ACS;	lb	2
10060	Acetophenetidin, USP, 5 gr Tab	1000	4
10100	Acid, Acetylsalicylic, USP, 5 gr Tab	1000	48
10105	Acid Benzoic, USP	lb	6
10110	Acid, Boric, USP	lb	20
10120	Acid, Boric USP	5 lbs	3
10160	Acid, Hydrochloric, ACS	lb	6
10200	Acid, Nitric, ACS	lb	3
10240	Acid, Oxalic, ACS	½ lb	2
10300	Acid, Salicylic, USP	½ lb	12
10340	Acid, Sulfuric, ACS	lb	2
10490	Alcohol, USP	5 gal	15
10495	Alcohol, USP	5½ gal	2
10570	Aloin Compound, Pill or Tablet	1000	12
10650	Ammonium Chloride, USP	lb	6
10660	Ammonium Chloride Troches, USP I	1000	12
10690	Amyl Nitrite, USP, 5 Minim Amp	pkg	25
10835	Ascorbic Acid, USP. 25 MGM Tab (Vitamin C)	100	3
10850	Atropine Sulfate, USP	1/8 oz	2
10860	Atropine Sulfate, USP, 1/150 Gr Hypo Tab	20	60
*10845	Atabrine Tablets, 100 MGM	100	2—865*
10880	Azochloramid	pt	15
10960	Barium Sulfate, USP	½ lb	2
10986	Benzene, ACS	½ lb	3
11040	Bismuth Subcarbonate USP	lb	2
11063	Bismuth Subsalicylate, USP For Parenteral Injection	each	12
11105	Caffeine with Sodium Benzoate, 7.5 Gr and	doz	3
11310	Cedarwood Oil Immersion USP Reagent	oz	4
11370	Chloral Hydrate, USP	1 oz	2
11380	Chloroform (For anesthesia)	½ lb	26
11450	Cocaine Hydrochloride, USP	½ oz	20
11490	Codeine Sulfate, USP, ½ Gr Tab	500	12
11500	Collodion, USP	oz	48
11600	Cresol, Saponated Solution	5 gal	3
11615	Cupric Sulfate, USP	lb	2
11645	Dextrose, 10% in Sterile Distilled Water for I.V. use	1000 cc	24
11650	Dextrose, 5% in Phy. Sod. Chloride Solution For I.V. "	1000 cc	300
11665	Digitalis, Tab or Capsule, 1 USP XII Unit	100	3
11675	Digitalis, Hypo Solution, 1 Amp equals 1 USP XII unit	doz	6
11720	Emetine Hydrochloride, USP 1/3 Gr Hypo Tab	20	2
11747	Ephedrine Sulfate, NF VI, 1 CC Amp 3/4 Gr	doz	4
11750	Epinephrine Hydrochloride, USP	oz	5
11760	Epinephrine Soluble Salt, 1/200 Gr Hypo Tab	20	12
11790	Ether (For Anesthesia)	½ lb	432
11800	Ethyl Chloride, USP	3 oz	12
11840	Eugenol, USP	oz	12
12030	Fluorescein, Soluble, USP	gm	1
12040	Foot Powder	½ lb	900
12050	Formaldehyde Solution, USP	qt	6
12190	Glycerin, USP	10 lb	2
12230	Glycyrrhiza and Opium Compound Mixture USP Tab	1000	2
12290	Hydrogen Peroxide, Solution, USP	lb	48
12335	Insulin, U-40	10 cc	6
12350	Iodine, USP	½ lb	3
12410	Ipecac and Opium Powder, USP, 5 Gr Tab	500	4
12452	Jelly, lubricating	4 oz	9
12485	Lard, Benzoinated, USP	lb	4
12610	Magnesium Carbonate, USP	lb	2
12620	Magnesium Oxide, Heavy, USP	lb	4
12640	Magnesium Sulfate, USP	4 lb	8
12690	Menthol, USP	oz	6
12700	Mercurial Ointment, Mild, USP	lb	12
12750	Mercuric Oxide, yellow, ointment, USP	¼ oz	3
12820	Mercurous Chloride Ointment, Mild, USP	lb	24

ITEM NO.	ITEM	UNIT	QUANTITY
12830	Mercury, USP	½ lb	8
12850	Mercury, Ammoniated Ointment, USP	lb	12
12854	Mercury Bichloride, Large Poison Tab USP	250	4
12859	Methanol, ACS	lb	6
12900	Methyl Salicylate, USP	¼ lb	12
12955	Morphine Sulfate, USP, ¼ Gr Hypo Tab	20	300
13015	Nicotinic Acid Amide MM 50 MGM Tab	100	3
13020	Normal Saline Solution, Tab	100	6
13200	Oil, Theobroma, USP	¼ lb	4
13205	Oil, Theobroma, Modified	tube	3
13220	Oil, Turpentine, USP	qt	10
13250	Orthotolidine, Recrystalized Reagent	oz	3
13300	Paraldehyde, USP	½ pt	3
13350	Petrolatum, USP	10 lb	6
13370	Petrolatum, liquid, heavy USP	gal	2
13390	Phenol, USP	lb	6
13396	Phenobarbital, USP, ½ gr tab	100	36
13530	Pituitary Solution, Posterior Lobe, USP	6	6
13660	Potassium Hydroxide, USP	¼ lb	2
13670	Potassium Iodide, USP	lb	2
13720	Potassium Permanganate, USP	lb	4
13730	Potassium Permanganate, USP, 5 Gr Tab	100	3
13790	Powder, developing, X-Ray	pkg	3
13800	Powder, fixing, X-Ray	pkg	6
13802	Procaine Hydrochloride, USP, 100 MGM Amp	10	4
13806	Procaine Hydrochloride, USP, 150 MGM Amp	10	7
13810	Procaine Hydrochloride, USP	oz	9
13820	Procaine Hydrochloride, USP, 3/4 Gr Hypo Tab	20	24
13835	Procaine Hydrochloride, Cartridge, 2%, 2, hcc	box	9
13842	Protein Silver, mild, USP	¼ lb	1
13845	Protein Silver, strong, USP	lb	6
13860	Pumice, Medium, powder	lb	6
13890	Quinine Dihydrochloride, USP, 5 Gr Amp	dozs	1——10*
*13910	Quinine Sulfate, USP, 5 gr tab	1000	1——20**
14030	Scopolmamine Hydrobromide, USP, 1/100 Gr Hypo Tab	20	15
14060	Silver Nitrate, Toughened, USP, Pencils	oz	7
14120	Soap, soft	lb	24
14130	Soap, soft	25 lbs	6
14150	Sodium Bicarbonate, USP	lb	2
14160	Sodium Bicarbonate, USP	10 lbs	3
14170	Sodium Bicarbonate, USP 5 Gr Tab	1000	36
14180	Sodium Bicarbonate and Peppermint Tab	1000	12
14190	Sodium Borate, USP	lb	6
14210	Sodium Bromide, USP	lb	3
14250	Soda Lime	1.85 lbs	90
14280	Sodium Carbonate, Monohydrated, USP	10 lbs	1½
14290	Sodium Chloride, AC	lb	12
14295	Sodium Chloride, Physiological Solution for IV use.	1000 cc	150
14300	Sodium Citrate, USP	lb	2
14305	Sodium Citrate, 4% Sterile Solution, 500c Vial (ISO)	6	60
14340	Sodium Hydroxide, USP	¼ lb	12
14393	Sodium Perborate, USP	¼ lb	10
14450	Sodium Salicylate, USP, 5 Gr Tab	1000	2
14580	Strychnine Sulfate, USP, 1/60 Gr Hypo Tab	20	3
14619	Sulfadiazine Ointment 5% (ISO)	4 oz	150
14620	Sulfadiazine Ointment 5%	lb	6
14621	Sulfadiazine C.P. Powder	25 gm	8
***14622	Sulfadiazine, 0.5 GM (7.7) Gr Tab	1000	120***

*10845 - For malarial areas, issue 865. For normalarial area, issue 2. (Requisitions will state whether items for malarial areas are required).

* For malarial areas, issue 10, For normalarial areas issue 1.
** " " " " 20, " " " " 1.
*** Substitute Item 14641 Sulfathiazole USP 7.7 gr tab (1000), if necessary.

ITEM NO.	ITEM	UNIT	QUANTITY
14623	Sulfadiazine Sodium 5 GM vial, for I.V. use	6	6***
14625	Sulfaguanedine Powder	lb	12
14635	Sulfanilamide, USP. Powder	lb	24
14636	Sulfanilamide Crystalline, 5 GM in Sterile Individual Double-Wrapped Envelope	pkg	2000
14637	Sulfanilamide, USP, 5 Gr Tab	1000	12
14643	Sulfathiazole, USP, Powder	25 gm	1
14670	Sulfur, USP	lb	24
14700	Talc, Purified, USP	lb	9
14710	Terpin Hydrate, USP	Oz	12
14720	Tetrachlorethylene, capsule, 1 cc, NF VI	100	1
14725	Thiamin Hydrochloride, USP, 1 MGM Tab	500	4
14860	Tincture Opium, Camphorated, USP	pint	12
14910	Water, distilled, sterile, pyrogen free for I.V. use	1000	15
14920	Wax, bone, sterile	2 gm	15
14930	Wax, white, USP	1 lb	4
14940	Whisky, USP	qt	12
14950	Wool fat, hydrous, USP	lb	12
14970	Xylene, ACS	lb	6
15010	Zinc Oxide, USP	lb	24
15020	Zinc Oxide Ointment, USP	lb	6
15270	Crystal violet (Gentian violet-bacteriological	10 gm	5
15290	Fuchsin, acid	10 gm	1
15300	Fuchsin, basic	10 gm	4
15310	Giemsa stain	gm	2
15380	Methylene blue	10 gm	4
15400	Safranin, "o"	10 gm	1
15440	Wright's stain, powder	0.2 gm	12
16085	Serum, grouping, blood, anti-A (Group 1)	tube	12
16087	Serum, grouping, blood, anti-A (Group 2)	tube	12
16089	Serum, normal human plasma, dried	pkg	1200
16110	Tetanus, antitoxin, USP (1500 units to vial)	vial	500
16150	Tetanus Toxoid plain, vial	50 cc	50
17315	Dextrose, 50% Solution, 50 cc	btl	6
1K06000	Ascorbic acid (vitamin C parenteral	100	2
1K07502	Atabrine, 0.2 Gm Amp	5	10*
1K08100	Asochloramid, Saline mixture, powder	Oz	24
1K12960	Butyn Sulfate powder, NNR, 5 Gm	btl	1
1K17250	Carbarsone, 0.25 gm (3-3/4 Gr) Capsule NNR	500	1
1K01075	Adherent, skin traction	4 oz	15
1K29600	Vitamin K, water soluble, in 1 cc Amp	6	4
1K34710	Mapharsen, 0.06 Gm NNR	10	24
1K35605	Merthiolate, tincutre, NNR	pint	10
1K39200	Mercury Oxycranide	lb	1
1K39700	Metaphen ophthalmic ointment, NNR 1/8 oz	doz	4

***Substitute Item 14644 Sulfathiazole Sodium 5 gm vial (box) if necessary.
*For malarial areas.

1K46115	Pentobarbital Sodium	500	8
1K20615	Nikethamide (Coramine) 1.5 cc	100	3
1K56700	Pentothal Sodium, with sterile distilled water	25	60
1K60100	Plasmochin, 0.01 Gm (1/6 Gr) Tab	500 (O))	2 *
1K61500	Vitamin Multivitamin Cap. 100 in.	btl	24
1K62100	Pontocaine Hydrochloride Solution, NNR 1% 2cc Amp	10	8
1K67320	Prostigmine, prophylactic solution 1/4000, 1cc Amp	100	2
1K67340	Prostigmine, regular, solution, 1/2000 1cc Amp	50	4
1K75825	Sodium amytal, NNR, 0.2 (3 gr) tab or sodium allurate	500	5
1K79600	Sulfaguanidine, 7.70 gr	1000	5
1K80605	Thiamin Hydrochloride solution, NNR, 5 MGM in 1 cc amp	6	30
1K80610	Thiamin hydrochloride solution, NNR, 50 MGM per cc	vial	20
1K86800	Vitamin K, water soluble, tab or capsule	50	1
1K90000	Zinc peroxide (Medicinal grade)	15 gms	90
20024	Bandage, elastic, all cotton, 4" by 5½ yds	doz	90
20030	Bandage, flannel, 3 inch	doz	3
20040	Bandage, gauze, roller, 2 inch	doz	90
20050	Bandage, gauze, roller, 3 inch	doz	127
20060	Bandage gauze, roller, 4 inch	doz	200
20090	Bandage, muslin, 5 inch	doz	24
20110	Bandage, suspensory, assorted sizes	doz	12
20120	Bandage, triangular	doz	24
20140	Cotton, absorbent roll	lb	150
20150	Cotton batting	lb	36
20160			

ITEM NO.	ITEM	UNIT	QUANTITY
20160	Crinolin, 6 yds	pkg	30
20210	Gauze, plain, 5 yards	roll	72
20230	Gauze, plain, 100 yards	roll	120
20240	Gauze, plain, sterilized	pkg	500
20252	Mask, face, surgical, 120 in bag	bag	6
20300	Packet, 1st aid	each	1000
20325	Paper, impervious, 5 yds	roll	4
20340	Plaster, adhesive, 1-inch	spool	500
20350	Plaster, adhesive, 3-inch	spool	1250
20370	Plaster of Paris, 4 lbs	4 lb	120
20380	Silk, imocrvious (substitute rubberized bobbins)	yd	45
20390	Stockinet, 3-inch	roll	12
20400	Stockinet, 6-inch	roll	6
20410	Stockinet, 9-inch	roll	2
20420	Wadding sheet	roll	1200
30650	Canula, intravenous	each	15
31060	Catheter, u ethral, rubb 16F	each	9
31070	Catheter, urethral, rubber 14F	each	15
31080	Catheter, urethral, rubber 16F	each	3
31090	Catheter, urethral, rubber 18F	each	3
31100	Catheter, urethral, rubber 22F	each	6
31130	Catheter, urethral, rubber, self retaining	each	18
31133	Catheter, urethral, rubber, self-retaining, 4 wing malecot, 32F	each	3
31170	Catheter, urethral, woven, 20C	each	2
31800	Drill, bone, extra drills	set	1
31958-07	Extension a paratus, drills, wire: 9" by 0.045 Diam:	box	2
31959-05	Extension apparatus, traction bow: medium	each	3
31959-06	Extension apparatus, traction bow: large	each	3
31965-08	Extension apparatus, threaded pins 5/8 inch	each	18
31965-08	Ext aspar tus, pin-mum dia. 5 inch	each	18
31970	Filiform 4 F	each	3
31980	Filiform 5 F	each	3
32200	Forceps, dressing 5½ inch	each	2
32300	Forceps, hemostatic, Kelly-Wells	each	6
32310	Forceps, hemostatic, Rochester-Pean, curved	each	6
32330	Forceps, hemostatic, Rochester-Ochsner 5½ inch str.	each	1
32670	Forceps, sponge	each	6
32700	Forceps, tissue, spring, 5½ inch	each	3
32710	Forceps, tissue, Allis	each	4
32760	Forceps, towel, 5½ inch	each	4
32867	Holder, needle, Hegar-Mayo	each	3
33365	Knife, operating, handle No. 3	each	3
33369	Knife, operating, detachable blade #10, pck of 6	pkg	72
33370	Knife, operating, detachable blade #11, pkg of 6	pkg	12
33371	Knife, operating, detachable blade #12, pkg of 6	pkg	12
33373	Knife operating, detachable blade #15, pkg of 6	pkg	6
33377	Knife, operating, handle No. 4	each	3
33381	Knife, operating detachable blade #20, pkg of 6	pkg	72
33385	Knife, operating detachable blade #21, pkg of 6	pkg	24
33400	Knife, plaster	each	3
33440	Lamp, bronchoscopic	each	3
33620	Needle, spinal puncture, corrosion resisting steel, 20 guage	each	9
33622	Needle, spinal puncture, corrosion resisting steel 22 gage	each	9
33631	Needle, catgut, size 2, half-circle, 6 inches	pkg	6
33641	Needle, catgut, size 4, half-circle, pck 6 inches	pkg	6
33670	Needle, catgut, size 1, 3/8 circle, 5 inch	pkg	2
33735	Needle, eye, size 4, half-circle	pkg	2
33741	Needle, eye, size 1, half-circle, 6 inch	pkg	2
33761	Needle, eye, size 1, 3/8 circle, 6 inch	pkg	6
33765	Needle, eye, size 2, 3/8 circle	pkg	2
33775	Needle, eye, size 4, 3/8 circle	pkg	2
33791	Needle, intestinal, size 2, half-circle, 6 inch	pkg	4
33802	Needle, intestinal, size 4, half-circle, 6 inch	pkg	12
33821	Needle, intestinal, size 1-3/4 inches, straight 6"	pkg	4
33865	Needle, skin suture, 6 to 8 inches, size 4, 3/8 cirle, 6"	pkg	3
33925	Needle, surgeon's regular, size 4, 3/8 cirle, 6"	pkg	4

ITEM NO.	ITEM	UNIT	AMT.
33931	Needle surgeon's regular, size 4, 3/8 circle, 6 inch	pkg	9
33935	Needle, Surgeon's regular, size 6, 3/8 circle, 6 inch	pkg	4
33950	Needle, Surgeon's regular, size 12, 3/8 circle 6"	pkg	4
33971	Needle, Surgeon's regular, size 20, 3/8 circle 6 inch	pkg	4
34110	Plate, bone, size 0	each	2
34120	Plate, bone, size 1	each	2
34130	Plate, bone, size 2	each	2
34140	Plate, bone, size 3	each	2
34150	Plate, bone, size 4	each	2
34160	Plate, bone, size 5	each	2
34170	Plate, bone, size 6	each	2
34180	Plate, bone, size 7	each	2
34190	Plate, bone, size 8	each	2
34240	Probe, 8 inches	each	2
34610	Saw, stille-Oigli, wire, 20-inch	each	18
34630	Saw, Oigli, handle	each	1
34680	Scissors, bandage	each	30
34695	Scissors, dissecting, curved, 6-3/4 inches	each	6
34705	Scissors, dissecting, straight, 6-3/4 inches	each	6
34745	Scissors, 1 point sharp, 4½ inches	each	6
34750	Scissors, 1 point sharp, 5½ inches	each	3
34862	Screw, bone, ½ inch	each	8
34866	Screw, bone, 3/4 inch	each	15
34870	Screw, bone, 1 inch	each	15
34878	Screw, bone, 1½ inch	each	15
34880	Screw, bone, 1-5/8 inch	each	8
34920	Shears, Plaster of Paris	each	1
34970	Snare, wire, No. 28, stubs gage	spool	2
35150	Speculum, ear	set	2
35395	Tongs, skull traction	each	6
35396	Tongs, skull traction, drill pointed for	pair	6
35510	Tube, breathing, large	each	30
35520	Tube, Miller-Abbot, double lumen, complete	each	3
35570	Tube, trachea, size 4	each	2
35580	Tube, trachea (must be size 5)	each	6
36030	Adapter, tubing	each	45
36110	Applicator, wood, 6 gross	ctn	9
36440	Cement, rubber, 1 oz	tube	2
36622	Cotton thread, No. 120, white	spool	3
36624	Cotton thread, No. 80	spool	3
36626	Cotton thread, No. 40	spool	5
36627	Cotton thread, quilting	spool	5
36680	Depressor, tongue, wood, 100	ctn	15
36810	Gloves, medium, size 6½	pair	24
36820	Gloves, medium, size 7	pair	30
36830	Gloves, medium, size 7½	pair	30
36840	Gloves, medium, size 8	pair	100
36850	Gloves, medium size 8½	pair	12
36860	Inhaler, Yankauer	each	2
36990	Intravenous solutions, reservoir	each	6
37040	Irrigator tips	pair	9
37120	Manometer, spinal	each	1
37200	Razor, safety	each	3
37210	Razor, safety, blades, 5	pkg	180
37286	Splint, basswood	set	12
37288	Splint, basswood, in lengths	foot	800
37455	Splint, strap	each	6
37480	Splint, Thomas, arm, hinged	each	2
37500	Splint, army, leg, half-ring	each	30
37515	Splint, support and foot rest (Pilcher)	each	8
37540	Splint, wire ladder	each	40
37580	Splint, accessory-buckle for 1½" webbing	each	6
37615	Splint, accessory asbestos felt, soft gray	yard	3
37630	Splint accessory rod, ¼ inch steel	foot	12
37680	Splint accessory steel, flat, 3/16 inch	foot	6
37700	Splint accessory, webbing, 1½ inch	yard	6
37730	Stethoscope	each	2
37740	Stethoscope, tubing	foot	24
37762	Suture, catgut, chromic, size 00 w/1-3/4" str non-traumatic needle affixed	pkg	2
37764	Suture, catgut, chromic, size 00 w/1-1/8" half-circle, non-traumatic needle affixed.	pkg	2

ITEM NO.	ITEM	UNIT	QUANTITY
37780	Suture, catgut, chromic, size 0	tube	36
37790	Suture, catgut, chromic, size 1	tube	300
37800	Suture, catgut, chromic, size 2	tube	132
37840	Suture, catgut, plain, size 00	tube	300
37850	Suture, catgut, plain, size 0	tube	900
37860	Suture, catgut, plain, size 1	tube	1000
37870	Suture, catgut, plain, size 2	tube	96
37885	Suture, eye, catgut, mild chromic, size 4-0, double armed, with size 3, 3/8 circle, cutting edge, non-traumatic needle affixed.	pkg	2
37890	Suture, eye, silk, braided, non-capillary size 6-0.	ppl	1
37891	Suture, eye, silk, braided, non-capillary size 4-0	ppl	1
37969	Suture, silk, braided, non-capillary, No. 000, 25 yards	spl	5
37971	Suture, silk, braided, non-capillary, No. 00, 25 yards	spl	5
37973	Suture, silk, braided, non-capillary, No. 0, 25 yards	spl	15
37975	Suture, silk, braided, non-capillary, No. 1, 25 yards	spl	8
37978	Suture, silk, braided, non-capillary, No. 2, 25 yards	spl	8
37988	Suture, silk, braided, non-capillary, No. 4, 25 yards	spl	2
37995	Suture, silk, dermal, coarse, 40" strand, 1 suture in pkg	pkg	90
37996	Suture, silk, dermal, medium, 40" strand, 1 suture in pkg	pkg	60
38050	Suture, Silkworm Gut, coarse	coil	12
38140	Syringe, Luer, 2 cc	each	18
38450	Syringe, Luer, 10 cc	each	20
38460	Syringe, Luer, 30 cc	each	15
38462	Syringe, Luer, 30 cc, [illegible] type	each	12
38480	Syringe, Luer, needle, 25 gage, ½ inch cannula	doz	6
38500	Syringe, Luer, needle, 22 gage, 1 inch cannula	doz	12
38503	Syringe, Luer, needle 22 gage, ½ inch cannula	doz	3
38505	Syringe, Luer, needle, 20 gage, 1½ inch cannula	doz	5
38510	Syringe, Luer, needle, 19 gage, 1-3/4 inch cannula	doz	12
38520	Syringe, Luer, needle, 17 gage, 1 inch cannula	doz	2
38530	Syringe, Luer, needle, 15 gage, 3 inch cannula	doz	2
38550	Syringe, Luer, needle, wire	doz	2
38603	Syringe, tonsil, laryngeal & dental, needle for	each	1
38610	Syringe, urethral, prophylaxis	each	36
38630	Tape, cotton	roll	1
38650	Tourniquet, Esmarch (Type)	each	5
38685	Tube, colon	each	6
38720	Tube, murphy drip	each	2
38705-09	Tube, duodenal, [illegible]'s size 36"	each	2
38750	Tube, stomach	each	3
38755	Tubing, drainage, 5/8 inch	each	20
38757	Tubing, drainage, 7/8 inch	each	6
38760	Tubing, rubber, 1/8 inch	foot	1h
38780	Tubing, rubber, ¼ inch	foot	60
38790	Tubing, rubber, ½ inch	foot	18
38792	Tubing, rubber, latex, 3/16 wall 1/16 inch	foot	30
38793	Tubing, rubber, latex, 3/16 inch wall 3/32 inch	foot	30
38890	Wire, corrosion-resisting steel, 0.009 inch	spl	1
38900	Wire, corrosion-resisting steel, 0.014	spl	1
38910	Wire, corrosion-resisting steel, 0.028 inch	coil	1
40020	Adapter, (Y-Tube)	each	9
40330	Beaker, 250 cc	each	4
40485	Bottle, infusion, Kelly	each	9
40564	Bottle, screw neck, with cap, vial type, 120cc	each	6
40565	Bottle, screw neck, with cap, vial type, 240cc	each	12
40590	Bottle, wide mouth, 120cc, cork finish	each	24
41240	Case, mailing culture	each	3
41245	Case, mailing, Wright's stain	each	3
41250	Case, mailing, typhoid	each	12
41260	Case, mailing, Wassermann	each	24
41270	Case, mailing, water	each	24

ITEM NO.	ITEM	UNIT	QUANTITY
41420	Centrifuge, tube, graduated, 15 cc	each	12
41430	Centrifuge, tube, ungraduated, 15 cc	each	12
41750	Clamp, adjustable	each	1
41800	Clamp Mohr's Pinchcock	each	3
41808	Clamp, shutoff, schrew adjustment	each	8
41890	Cover, glass, 22 MM square	box	12
42200	Dish Petri top 15 by 100 MM	pair	48
42440	Flask, Erlenmeyer, 250 cc	each	6
42800	Hemacytometer, Pipette, Red Corpuscles	each	6
42810	Hemacytometer, pipette, white corpuscles	each	6
42840	Hemoglobinometer, tallquist	each	2
43590	Paper, filter, 150 mm	pkg	3
43615	Paper, filter, 380 MM	pkg	4
43650	Paper, Lens	pkg	4
43890	Rod, glass, assorted, 1 lb	pkg	1
43950	Slide, micro, 75 by 25 MM	ctn	24
44310	Test Tube, Chemical	each	48
44390	Test Tube, Wassermann	each	144
44580	Tubing, glass, 6 MM	foot	10
44590	Tubing, glass, 10 MM	foot	12
44610	Tubing, rubber, for gas	foot	18
44640	Tubing, rubber, special, 1/16 inch	foot	24
50020	Alloy, 1 oz	btl	24
50090	Arbor, emery band	box	1
50152	Bands, copper	box	1
50190	Blower, chip, bulb	each	1
50240	Bottle, office, preparation	each	2
50310	Brush, scratch	each	1
50350	Bur, No. 2, angle handpiece	pkg	6
50360	Bur, No. 4, angle handpiece	pkg	12
50370	Bur, No. 6, angle handpiece	pkg	12
50390	Bur, No. 9, angle handpiece	pkg	6
50430	Bur, No. 35, angle handpiece	pkg	18
50440	Bur, No. 37, angle handpiece	pkg	18
50450	Bur, No. 39, angle handpiece	pkg	12
50520	Bur, No. 557, angle handpiece	pkg	18
50550	Bur, No. 560, angle handpiece	pkg	18
50570	Bur, No. 700, angle handpiece	pkg	18
50590	Bur, No. 702, angle handpiece	pkg	18
50610	Bur, No. 1-2 straight handpiece	pkg	12
50630	Bur, No. 2, straight handpiece	pkg	12
50640	Bur, No. 4, straight handpiece	pkg	12
50710	Bur, No. 35, straight handpiece	pkg	6
50720	Bur, No. 37, straight handpiece	pkg	6
50820	Bur, No. 557, straight handpiece	pkg	6
50830	Bur, No. 558, straight handpiece	pkg	6
50870	Bur, No. 700, straight handpiece	pkg	6
50890	Bur, No. 702, straight handpiece	pkg	6
51185	Cellophane sheets	pkg	2
51220	Cement, permanent, pearl gray	box	5
51230	Cement, permanent yellow	box	4
51250	Cement, silicate, liquid acid	btl	4
51285	Cement, silicate, shade 22	btl	2
51295	Cement, silicate, shade 23	btl	2
51305	Cement, silicate, shade 24	btl	2
51335	Cement, silicate, shade 27	btl	2
51410	Cement, silicate, varnish, 1-oz	btl	4
51422	Cement, temporary, anodyne	pkg	3
51460	Charcoal block	each	1
51660	Cleaners, No. 0	pkg	2
51680	Cleaners, No. 2	pkg	1
51710	Compound cake, 1 lb	box	12
51790	Cone, No. 3	each	1
51800	Cone, No. 8	each	1
51810	Cotton Rolls, 3/8 inch	box	11
51830	Cover, round	box	12
52295	Disk, metal abrasive, 5/8 inch	card	2
52300	Disk, paper	box	3
52360	Disk, vulcarbo, 3/4 inch	each	24
52590	Engine, foot cord	each	2
52610-05	Engine, handpiece, angle Doriot	each	1

ITEM NO.	ITEM	UNIT	QUANTITY
52627	Engine, handpiece, lubricating grease	tube	1
52630-05	Engine, handpiece, straight doriot	each	1
53110	Floss, 100 yards	spool	10
53490	Gutta Percha, temporary, 1 oz	box	4
53625	Impression compound (IWIS)	stn	2
53810	Lamp, alcohol, SSW-1 wick	each	3
54030	Mandrel, No. 303 for angle handpeice	each	6
54050	Mandrel, No. 303 for straight handpiece	each	6
54060	Mandrel, No. 303½, for straight handpiece	each	6
54070	Mandrel, Morgan-Maxfield, for angle handpiece	each	6
54080	Mandrel, Morgan-Maxfield, for straight handpiece	each	6
54180-05	Mirror, mouth, plane glass, simple stem	each	12
54220	Paper, articulating	book	6
54530	Point, aseptic	box	2
54541	Point, No. 184, angle handpiece	each	6
54550	Point, No. 186, angle handpiece	each	7
54580	Point, No. 211, angle handpiece	each	8
54620	Point, No. 234, angle handpiece	each	9
54630	Point, No. 241, angle handpiece	each	6
54740	Point, No. 183, straight handpiece	each	7
54741	Point, No. 184, straight handpiece	each	13
54750	Point, No. 186, straight handpiece	each	9
54780	Point, No. 211, straight handpiece	each	19
54800	Point, No. 286, straight handpiece	each	10
54820	Point, No. 234, straight handpiece	each	12
55000	Polisher, rubber cup	box	7
55200	Retainer, Matrix, bicuspid band, medium	pkg	7
55210	Retainer, Matrix, bicuspid band, narrow	pkg	7
55220	Retainer, Matrix, molar band, medium	pkg	6
55230	Retainer, Matrix, molar band, narrow	pkg	6
55280	Rouge, 1 oz	stick	1
55760	Stick	bdl	12
55780	Strip, celluloid	box	4
55820	Strip, polishing, medium	box	7
55938	Syringe hypodermic, cartridge type needle 25 gage corrosion resisting, 1-inch canula.	each	25
55940	Syringe hypodermic, cartridge type needle 25 gage corrosion resisting, 1-7/8" canula	each	25
55980	Syringe, water, bulb	each	1
56830	Wheel, No. 301	each	6
56840	Wheel, No. 302	each	4
56850	Wheel, No. 304	each	6
56860	Wheel, No. 305	each	4
56870	Wheel, No. 307	each	6
60150	Film, X-Ray, Dental	pkg	3*
60170	Film, X-Ray, 8 inch	doz	30*
60180	Film, X-Ray, 10 inch	doz	36*
60190	Film, X-Ray, 14 inch	doz	15*
60380	Holder, film exposure, 8-inch	each	2
60340	Holder, film exposure, 10-inch	each	2
60370	Holder, film development, 8 inch	each	3
60380	Holder, film development, 10 inch	each	3
60390	Holder, film development, 14 inch	each	2
61120	Oil transformer	gal	1
61240	Preserver, negative, 14 inch	pkg	18

* NOTE: Port Medical Officers will purchase these items in accordance with SOO Circular Letter No. 56 (Supply No. 21) 1942.

70001	Medical Department Supply Catalog, Class I thru 9	set	2
71600-20	Gown, operating, assorted sizes	each	40
71620	Mattress cover, for felt mattress	each	12
71630-25	Pajama coat, summer, assorted sizes	each	108**
71650-25	Pajama trousers, summer, assorted sizes	each	108**
71660-25	Pajama trousers, winter, assorted sizes	each	108**
71670	Pillow feather	each	8
71690	Pillow case	each	144
71710-20	Robe, bath, assorted sizes	each	12
71720	Sheet	each	288
71760-25	Suit, operating, coat, assorted sizes	each	10

ITEM NO.	ITEM	UNIT	QUANTITY
71762-25	Suit, operating, trousers	each	10
71770	Towel, bath	each	144
71780	Towel, hand	each	432
72170	Bowl, soup, enamel ware	each	24
72890	Fork, table	each	24
73160	Knife, table	each	24
73540	Pitcher, 3 qt	each	2
74030	Spoon, table	each	12
74040	Spoon, tea	each	12
74280	Tumbler, glasses	each	48
74510	Broom, corn	each	12
74540	Brush, bedpan	each	6
74560	Brush, hand	each	60
74570	Brush, paint, 2 inches	each	3
74580	Brush, paint, 3 inches	each	3
74590	Brush, scrub	each	32
74680	Lye	can	12
74700	Mop handle	each	12
74710	Mop head	each	72
74725	Paint, 1 gal	tin	3
74740	Paint, (White Enamel) 1 gal	tin	2
74890	Soap, laundry	bar	500
74900	Soap, scouring, coarse	bar	200
74910	Soap, scouring powder	can	288
74930	Soap, white, floating	bar	500
74935	Steel wool	pkg	3
75150	Book, blank, 8 Vo	each	36
75160	Book, blank, ledger	each	6
75170	Book, record, ruled, 8-3/4 inches by 13-3/4 inches	each	6
75360	Clip, paper, gem, No. 1	box	24
75400-10	Envelopes No. 189, Ungummed	pkg	36
75420-10	Envelope, No. 36, ungummed	pkg	24
75430-10	Envelope, No. 84, Ungummed (I IS)	pkg	12
75495	Fastener, paper, acco no. 12	box	18
75580	Finger Print Ink	tube	1
75620	Folder, file, cap size	box	6
75625	Folder, file, letter size	box	4
75630	Glue, ½ pt	can	5
75727	Ink, writing fluid, black	btl	2
75728	Ink, writing fluid, red	btl	2
75760	Lable, 2-13/16 by 1-9/16 inches	box	24
75780-15	Lable, poison, small	book	3
75870	Micilage, 4-oz	blt	10
75900	Oil, typewriter	2 oz	3
75940	Pad, prescription	each	90
75960	Pad, memorandum 6 by 9 inches	each	72
75970	Pad, memorandum, 8 by 10½ inches	each	72
7602 0	Paper, blotting, 3 by 9½ inches	piece	144
76030	Paper, carbon, black, 8 by 13 inches	box	6
76040	Paper, carbon, black, 8 by 19½ inches	box	12
76100	Paper, typewriter, bond, 8 by 10½ inches	ream	24
76110	Paper, typewriter, manifold, 8 by 10½ inches	ream	36
76180	Paste, library, 4 oz	jar	3
76240	Pencil	doz	2
76250	Pencil, blue	each	12
76280	Pencil, red	each	12
76290	Pencil, wax, blue	each	12
76300	Pencil, wax, red	each	12
76310	Penholder	each	24
76580	Tack, Thumb	box	12
76590	Tag, shipping, linen, 50	bdl	100
76640	Twine, jute, coarse	ball	9
76650	Twine, jute, fine	ball	6
77010	Apron, rubberized	each	2
77050	Bag, hot water	each	12
77070	Bag, ice	each	6
77110	Basin, hand	each	6
77160	Battery, dry cell	each	48
77170	Bedpan	each	3
77230	Box, ointment, 4-oz	doz	6

NOTE: **Winter or Summer will be.

ITEM NO.	ITEM	UNIT	QUANTITY
77240	Box, ointment, 3 in nest	doz	24
77280	Box, tablet, folding	500	6
77310	Bucket, enamelware	each	3
77340-10	Button, large	gross	1
77340-15	Button, small	gross	1
77420	Capsule, size 0	box	12
77430	Capsule, size 1	box	24
77450	Capsule, size 3	box	12
77780	Cup, paper	ctn	10
77790	Cup, spit, paper	pkg	50
77840	Cylinder, nitrous oxide, 250 gal filled	each	18
77850	Cylinder, nitrous oxide, 2000 gal filled	each	6
77855	Cylinder, Oxygen, 80 gal filled	each	30
77870	Cylinder, oxygen 1500 gal. filled	each	36
77950	Dropper, medicine	doz	14
78010	Flashlight with lamp	each	6
78020	Flashlight lamp	each	6
78070	Glass, medicine	each	50
78120	Graduate, 250 cc	each	4
78240	Jar, 4 oz	each	6
78250	Jar, 8 oz	each	12
78320	Lamp, alcohol	each	1
78330	Lamp, alcohol, wick	each	2
78460	Litter, canvas (IWIS)	piece	100
78555	Matches , safety	ctn	65
78680	Paper, toilet	roll	400
78760	Pin, common	paper	2
78770	Pin, safety, large	card	48
78780	Pin, safety, medium	card	130
78800	Pitcher, 4-qt	each	2
78840	Restraint apparatus	each	3
79000	Sheeting, rubber, 54 inches wide	yard	24
79110	Sterilizer, controls	box	2
79320	Thermometer, clinical	each	100
79340-40	Thread, cotton, white	spool	24
79480	Vial, 4 oz	dozen	24
79500	Vial, 16 oz	dozen	8
91010	Acid, boric, ointment, 1 oz USP	tube	144
91015	Acid, salicylic, ointment, 1-oz	tube	288
91025	Ammonia aromatic, 1/3 cc	pkg	30
91026	Amyl Salicylate	pint	50
91053	Calcium Hypochlorite	3-3/4 lb	2
91080	Cresol, saponated solution	tin	12
91085	Dichloramine T, 16-2/3% in Triacetin	pint	50
91110	Iodine, 15 gr and potassium oidide, 22.5 gr USP	box	48
91120	Iodine swab, 1½ cc	box	400
91122	Iodine, swab, 10 min	pkg	72
91140	Mercurial Ointment, mild, 1/2 oz USP	tube	288
91145	Mercuric ointment ammoniated, USP 1 oz	tube	288
91150	Mercurous Chloride Ointment, 1 oz	tube	72
91155	Morphine Tartrate, USP 1/2 gr solution	box	200
91190	Protein silver, mild, USP 4-6/10 GR Tab	btl	40
91200	Protein silver, strong, USP 4-6/10 Gr Tab	btl	40
91204	Sulfadiazine USP, 0.5 Gm (7.7 Gr) Tab 8 in water roof container, (Item 91212 will be substituted until item 91204 is available.	pkg	500
91215	Sulfur ointment, 1-oz USP	tube	24
91230	Zinc Oxide, ointment, 1-oz USP	tube	36
92000	Bandage, gauze, adhesive, 1 by 3 inches	pkg	180
92010	Bandage, gauze, compressed, 3 inches	box	12
92030	Bandage, plaster of Paris, 6 inches	doz	1000
92040	Bandage, triangular, compressed	each	1500
92050	Dressing, first - aid, large	pkg	3000
92060	Dressing, first-aid small	pkg	3000
92115	Pack, abdominal, 8 by 36 inches 30	bag	3
92119	Pad, surgical, 8 by 10 inches 50	bag	20
92121	Pad, surgical, 12 by 16 inches, 20	bag	9
92123	Sponge, surgical 2 by 2 inches, 200	bag	10
92125	Sponge, surgical, 4 by 4 inches, 500	bag	60
92127	Sponge, surgical, 4 by 8 inches, 180	bag	75
93750	Splint, wire gauze	roll	6
93770	Sutures, silk braided, non-capillary, 3 sizes	pkg	120

ITEM NO.	ITEM	UNIT	QUANTITY
93780	Tourniquet, field	each	24
95093	Syringe, hypodermic cartridge type, Com.	set	1
97065	Kit, component, gauntle ring strap	each	6
97070	Kit, component, insert, type I	each	6
97075	Kit, component, insert type II	each	6
97080	Kit, component, litter strap	each	12
97085	Kit, component pouch	each	6
97090	Kit, component, pouck lace	each	12
97095	Kit, component, suspender	each	6
97771	Kit, First aid, motor vhoichle 24 unit	each	12
97773	Kit, First aid, motor vhhicle, 12 unit	each	24
99090	Blanket, O.D.	each	24
99110	Book, note, manifolding, binder	each	6
99115	Book, note, manifolding, Filler	each	6
99135	Brassard, Geneva convention	each	12
99215	Cup, enamelware	each	24
99275	Graduate, 500 CC	each	5
99285	Ink, eraser, block	tube	3
99300	Ink tablets, red	btl	1
99320	Lantern	each	2
99375	Litter, steel pole	each	10
99387	Machine, innrinting	each	4
99410	Pen, heat, complete	each	6
99415	Pen, heat, refill	each	18
99435	Pens, steel, assorted	doz	1
99515	Sterilizer, hypodermic needle	each	2
99530	Sterilizer, instrument, 14-inches	each	2
99555	Stove, 2-burner, gasoline	each	1
99620	Waste	lb	120

OFFICE OF [redacted]
EUROPEAN THEATER OF OPERATIONS

DIVISION ASSAULT UNIT PART I - SURGICAL UNIT

Part 1 (Surgical) "D" Divisional Assault Unit, 500 Surgical Casualties. Part 1 (Surgical) and Part 2 (Medical) constitute complete unit.

To be amphibiously packed (waterproof in units not exceeding 100 lbs.) for divisible items. Each box or container to be marked (in addition to markings required by current regulations) with a large "S" in maroon, as large as the container will allow, on two sides (vertical and horisontal) and one end.

Stock No:		Unit:	Quantity:
10100	Acid, acetylsalicylic, USP, 5 gr tab	1000	1
10110	Acid, boric, USP	lb	1
10400	Acid, tannic, USP	¼lb	2
10480	Alcohol, USP	qt	24
10690	Amyl Nitrite USP, 5 minim, 10 amp	pkg	1
10850	Atropine sulfate	1/8 oz	1
10860	Atropine sulfate, USP, 1/150 gr Hypo tab	20	10
11105	Caffeine with Sodium Benzoate, 7.5 gr amp	doz	1
11450	Cocaine Hydrochloride USP	¼ oz	1
11490	Codeine Sulfate, USP, ½ gr tab	500	1
11590	Cresol, saponated solution	qt	18
11615	Cupric Sulfate USP	1 lb	1
11650	Dextrose, 5% in physiological sodium chloride solution: for I.V. Use	1000 CC	50
11675	Digitalis Hypo Solution 1 amp: 1 USP XII unit	doz	1
11747	Ephedrine Sulfate, NF VI, 1 cc, amp, 3/4 gr	doz	1
11750	Epinephrine Hydrochloride, USP solution	oz	1
11790	Ether (for anesthesia)	¼ lb	25
12030	Fluorescein, soluble, USP	oz	1
12050	Formaldehyde solution, USP	qt	1
12290	Hydrogen peroxide, solution, USP	lb	5
12452	Jelly lubricating	4 oz	1
12640	Magnesium sulfate, USP	4 lbs	1
12750	Mercuric oxide, yellow ointment, USP	¼ oz	1
12820	Mercureus Chloride ointment, mild, 1 lb	lb	1
12854	Mercury Bichloride, large poison tab, USP	250	1
12955	Morphine sulfate, USP, ¼ gr Hypo tab	20	50
13300	Paraldehyde, USP	¼ pt	1
13350	Petrolatum, USP	10 lb	1
13370	Petrolatum, liquid, heavy, USP	gal	1
13396	Phenobarbital, USP, ½ gr tab	100	2
13575	Potassium Bismuth Cartrate with butyn 0.2 gm in oil, 2 cc amp, NNR	10	2
13730	Potassium permanganate, USP, 5 gr tab	100	1
13810	Procaine Hydrochloride, USP	oz	1
13820	Procaine Hydrochloride, USP, 3/4 gr hypo tab	20	3
13835	Procaine Hydrochloride, cartridge, 2%, 2.4cc	box	1
14060	Silver Nitrate toughened USP Pencils	oz	1
14120	Soap, soft	lb	3
14280	Sodium carvonate, monochydrated, USP	10 lb	1
14295	Sodium chloride, physiological sol for I.V. Use	1000 cc	15
14306	Sodium citrate, 4% sterile sol, 50cc, vial	12	6
14620	Sulfadiazine ointment, 5%	lb	1
14622	Sulfadiazine 0.5 gm tab	1000	9
14623	Sulfadiazine solium, USP, 5 gm vial: For I.V. use	6	8
14636	Sulfanilamide, crystalline, USP, 5 gms in sterile individual double-wrapped envelope	pkg	375
14700	Tale, purified, USP	lb	1
14910	Water distilled sterile pyrogen-free	1000 cc	12
14917	Water distilled sterile pyrogen-free	25 cc	4
14940	Whiskey, USP	qt	3

Stock No.	Item:	Unit:	Quantity
15020	Zinc oxide, ointment, USP	lb	1
16065	Normal serum albumen (human) conc:	each	12
16084	Serum, grouping, blood, anti-A (gp 3)	tube	1
16086	Serum grouping, blood, Anti-B (gr 2)	tube	1
16089	Serum, Normal Human Plasma, dried	pkg	200
16110	Tetanus Antitoxin, USP, 1500 Units in Vial	vial	50
16127	Tentanus Toxoid, plain, 30 cc	vial	500
1K20615	Nikethamide (Coramine)	100	1
1K35605	Methidate Tincture, NNR, 1/1000	pt	6
1K46115	Pentobarbital Sodium NNR (Nembutal)	500	1
1K56700	Pentothal Sodium with sterile distilled water	25	5
1K74850	Shell Natron (Carbon Dioxide Absorbent)	can	5
1K75825	Sodium Amytal, NNR, 0.2 gr (3 gr) tab	500	1
1K90000	Zinc Peroxide (Medicinal Grade)	15 gms	5
1K67320	Prostigmine Prophylactic solution, 1,4000	100	1
20024	Bandage, elastic, all cotton, 4 x 5½ yds	doz	15
20040	Bandage, gauze, roller, 2 inch	doz	15
20050	Bandage, gauze, roller, 3 inch	doz	18
20060	Bandage, gauze, roller, 4 inch	doz	35
20090	Bandage, Muslin, 5 inch	doz	3
20110-04	Bandage, suspensory, large	doz	1
20110-05	Bandage, suspensory, medium	doz	1
20140	Cotton, absorbent, roll	lb	25
20240	Gauze, plain sterilized	pkg	100
20252	Mask, face, surgical	bag	1
20300	Packet, 1st aid	ea	125
20350	Plaster, adhesive, 3 inch	spl	38
20380	Silk, impervious	yd	10
20420	Wadding sheet	roll	100
20340	Plaster adhesive 1 inch	spl	100
20650	Canula, intravenous	each	3
31070	Catheter, urethral, rubber, 14F	each	3
31080	Catheter, urethral, rubber, 16F	each	1
31090	Catheter, urethral, rubber, 18F	each	1
31100	Catheter, urethral, rubber, 22F	each	1
31130	Catheter, urethral, rubber, self-retaining	each	3
31970	Filiform, 4F	each	1
31980	Filiform, 5F	each	1
33365	Knife, operating, handle No. 3	each	4
33369	Knife, operating, detachable blade #10, pkg-6	pkg	8
33377	Knife, operating handle No. 4	each	6
33381	Knife, operating, detachable blade No. 20, 6	pkg	20
33400	Knife, plaster	each	1
33620	Needle, spinal puncture CRS 20 gauge 3½ inch, Canula	each	1
33622	Needle, spinal puncture CRS 22 gauge 3 inch, Canula	each	1
33735	Needle, eye, size 4, half-circle	pkg	1
33741	Needle, eye, size 1, half-circle	pkg	1
33765	Needle, eye, size 2, 3/8 circle	pkg	1
33775	Needle, eye, size 4, 3/8 circle	pkg	1
33802	Needle, intestinal, size 4 half-circle, 6 inch	pkg	1
33865	Needle, skin suture, 2½ inch	pkg	1
33925	Needle, surgeon's regular, size 2	pkg	1
34610	Saw, stille-gigli, wire, 20 inch	each	3
34630	Saw, gigli, handle	each	1
34680	Scissors, bandage	each	3
34695	Scissors, dissecting, curved 6 3/4 inch	each	9
34705	Scissors, dissecting, straight 6 3/4 inch	each	1
34745	Scissors, 1 point, sharp, 4 1/4 inch	each	1
34920	Shears, plaster paris	each	1
35395	Tongs, skull-traction	each	1
35396	Tongs, skull-traction, drill points for	pair	1
35510	Tube, breathing, large	each	5
35520	Tube, Miller-Abbott, double Lumen, complete	each	1
35580	Tube, Trachea, size 5	each	1

Stock No:	Item:	Unit	Quantity
36030	Adapter for tubing	each	5
36106	Apparatus drainage and suction. Wangensteen type modified	each	1
36110	Applicator, wood 6 gross	ctn	1
36622	Cotton thread, No. 120	spl	1
36624	Cotton thread, No. 80	spl	1
36626	Cotton thread, No. 40	spl	1
36627	Cotton thread, quilting	spl	1
36680	Depressor, tongue, wood, 100	ctn	1
36830	Gloves, medium size 7½	pair	3
36840	Gloves, medium size 8	pair	5
36850	Gloves, medium size 8½	pair	1
36960	Inhaler, Yankauer	each	1
Intravenous solutions reservoir		each	1
37040	Irrigator tips	pair	1
37200	Razor, safety	each	1
37210	Razor, safety, blades: $	pkg	10
37388	Splint, bass wood in lengths	foot	250
37500	Splint, army leg, half-ring	each	10
37540	Splint, wire ladder	each	13
37790	Suture, cat-gut, chromic, size 1	tube	13
37840	Suture, cat-gut, plain, size 00	tube	50
37860	Suture, cat-gut, plain, size 1	tube	13
37885	Suture, eye, cat-gut, mild chromic, size 4-0 double, armed with size 3 3/8 circle cutting edge, non-traumatic needle affixed	pkg	2
37890	Suture, eye, silk, braided, non-capillary, size 6-0,	spl	1
37891	Suture, eye, silk braided, non-capillary, size 4-0	spl	1
37969	Suture, silk, braided, non-capillary, No. 000	spl	1
37971	Suture, silk braided, non-capillary, No. 00	spl	1
37973	Suture, silk braided, non-capillary, No. 0	spl	1
37995	Suture, silk, dermal, coarse	pkg	5
37996	Suture, silk, dermal, medium	pkg	5
38440	Syringe, Luer, 2cc	each	8
38450	Syringe, Luer, 10cc	each	2
38460	Syringe, Luer, 30cc	each	2
38462	Syringe, Luer, 30cc, adapter	each	2
38480	Syringe, Luer, needle, 25 gage, 1/2 Canula	doz	1
38503	Syringe, Luer, needle , 22 gage, 3" Canula	doz	1
38505	Syringe, Luer, needle, 20 gage, 1½" Canula	doz	1
38530	Syringe, Luer, needle, 15 gage, 3" Canula	doz	1
38750	Tube, stomach	each	1
38755	Tubing, drainage, 5/8	each	1
38792	Tubing, rubber, Latex, 3/16"	foot	5
38793	Tubing, rubber, Latex, 3/16"	foot	5
38890	Wire, corrosion-resisting steel, .009 inch	spl	1
40320	Adapter (Y tube)	each	1
40485	Bottle, infusion, Kelly	each	1
40564	Bottle, screw-neck with cap, vial type, 120cc	each	1
40565	Bottle, screw-neck, w/cap, vial type, 240cc	each	1
41808	Clamp, shutoff, screw adjustment	each	1
71780	Towel, hand	each	24
74560	Brush, hand	each	8
74680	Lye	can	1
74930	Soap, white, floating	bar	5
74935	Steel, wool, No. 2, 1 lb,	pkg	1
76240	Pencil,	doz	1
77010	Apron, rubberized	each	4
77080	Battery, dry cell for flashlight (78010)	each	10
77840	Cylinder, N2O, 250 gal filled	each	3
77855	Cylinder, O2, 80 gal, filled	each	5
77870	Cylinder, Oxygen, 1500 gal, filled	each	3
78010	Flashlight	each	1
78020	Flashlight, Lamp, (for 78010)	each	1
78320	Lamp, alcohol	each	1

Stock No.	Item	Unit	Quantity
78555	Matches, safety	ctn	1
78680	Paper, toilet	roll	10
78760	Pin, common	paper	1
78780	Pin, safety, medium	card	35
78840	Restraint apparatus	each	1
79000	Sheeting, rubber	yd	5
79230	Strap and buckle, 3 ft	each	2
79240	Strap and buckle X, 6 ft	each	2
79290	Tape measure, 60 inches	each	1
79320	Thermometer, clinical	each	10
79510	Vial, 32 oz	each	12
91010	Acid, Boric, ointment, 1 oz, USP	tube	24
91015	Acid, salicylic, ointment	tube	6
91038	Burn injury set, boric acid ointment	set	24
91091	Eye and nose drops, $\frac{1}{2}$ oz	pkg	10
91095	Eye dressing set	set	3
91110	Iodine, 15 gr & potassium iodide, 22.5 gr, USP	box	6
91120	Iodine swabs, 1$\frac{1}{2}$cc	box	25
91155	Morphine tartrate, $\frac{1}{2}$ gr sol	box	15
91190	Protein Silver, Mild, USP, 4 6/10 gr tab.	btl	1
91200	Protein Silver, USP, 4 6/10 gr tab.	btl	1
91230	Zinc Oxide ointment, 1 oz, USP	tube	4
92002	Bandage, gauze, compress, 4 x 4 inch	each	12
92010	Bandage, gauze, compress, 3 inch	box	3
92030	Bandage, Plaster of Paris, 6 inch	doz	30
92040	Bandage, triangular, compress	each	400
92050	Dressing, 1st aid, large	pkg	1000
92060	Dressing, 1st aid, small	pkg	1000
92115	Pack, abdominal, 8 x 36 inches, 30	bag	1
92123	Sponge, surgical, 2 x 2 inches, 200	bag	1
92125	Sponge, surgical, 4 x 4 inches, 500	bag	1
92127	Sponge, surgical, 4 x 8 inches, 180	bag	10
93550	Cane, hypodermic, complete	each	1
93770	Suture, silk braided, non-capillary, 3 sizes	pkg	5
93780	Tourniquet, field	each	4
93795	Tourniquet, Kirk	each	1
95093	Syringe, hypodermic, cartridge type, complete	each	1
97050	Case, instrument, medical officer	each	1
97465	Blanket, set, small	each	10
99115	Book, note, manifolding filler	each	4
99215	Cup, enamelware	each	1
99223	Cup, paper, 12 oz	each	12
99386	Litter securing strap	each	2
99275	Graduate, 500cc	each	1
99410	Pad, heat, complete	each	1
99620	Waste,	lb	10

[illegible]
[illegible]

[illegible] UNIT, PART II - MEDICAL UNIT

Part 2 (Medical) "A" Divisional Assault Unit, 500 Medical Casualties. Part 1 (Surgical) and Part 2 (Medical) constitutes complete unit.

To be amphibiously packed (waterproof) in units not exceeding 100 lbs. for divisible items. Each box or container to be marked (in addition to markings required by current regulations) with a large "M" in maroon, as large as the container will allow, on two sides (vertical and horizontal) and one end.

Stock No.	Item	Unit	Quantity
10100	Acid, Acetylsalicylic, USP, 5 gr Tab	1000	9
10110	Acid, Boric, USP	lb	6
10122	Acid, Boric, Ointment, USP	4 oz	6
10300	Acid, Salicylic, USP	½ lb	4
10450	Alcohol, USP	qt	24
10570	Aloin Compound, Pill or Tab	1000	2
10600	Ammonia, Aromatic Spirit, USP	pint	4
10660	Ammonium Chloride Troches, [illegible]	1000	2
10690	Amyl Nitrite, USP 5 minim 10 amp	pkg	200
10845	Atabrine Tablets, 100 mgm	100	3
10850	Atropine Sulfate	1/8 oz	1
10860	Atropine Sulfate, USP, 1/150 gr Hypo Tab	20	4
11105	Caffeine with Sodium Benzoate, 7.5 gr Amp	doz	1
11110	Calamine, Prepared, NF VI	Pound	2
11140	Calcium Carbonate Precipitated USP	Pound	1
11380	Chloroform, (for anesthesia)	¼ lb	1
11400	Chromium Trioxide, USP	oz	1
11490	Codeine Sulfate, USP, ½ gr Tab	500	2
11500	Collodion, USP	oz	4
11505	Compound Cathartic Tab	1000	1
11590	Cresol, Saponated Solution	qt	12
11615	Cupric Sulfate, USP	Pound	1
11650	Dextrose, 5% in Physiological Sodium Chloride Solution for I.V. use	1000cc	20
11747	[illegible] Sulfate, NF VI, 1 cc Amp, 3/4 gr	doz	1
11760	Epinephrine Soluble Salt, 3/200 gr Hypo Tab	20	4
11790	Ether (for anesthesia)	¼ lb	25
11840	[illegible], USP	oz	1
12040	Foot Powder	¼ lb	50
12290	Hydrogen Peroxide, Solution, USP	lb	10
12452	Jelly Lubricating	4 oz	3
12640	Magnesium Sulfate, USP	4 lb	10
12750	Mercuric Oxide, Yellow Ointment, [illegible]	oz	6
12820	Mercurous Chloride Ointment, [illegible], 1 lb	lb	1
12830	Mercury, USP	lb	1
12850	Mercury, Ammoniated Ointment, USP	lb	2
12854	Mercury Bichloride, Large Poison Tab, [illegible]	250	1
12950	Morphine Sulfate, [illegible], 1/4 gr Hypo Tab	20	150
13070	Oil, Castor, USP	gal	2
13205	Oil, [illegible]	tube	1
13300	[illegible]	pt	1
13340	Petrolatum, USP	lb	10
13370	Petrolatum, Liquid, [illegible]	gal	3

Item No.	Item	Unit	Quantity
13330	[illegible]	pt	4
13350	Phenol, [illegible]	lb	2
13396	Phenobarbital, [illegible], 1 gr tab	100	6
13730	Potassium Permanganate, [illegible], 2 gr tab	100	4
13910	Quinine Sulfate, [illegible], 5 gr tab	1000	1
14050	Silver Nitrate, [illegible]	oz	1
14070	Silver Nitrate and Thermalegle, [illegible]	box	1
14120	Soap, soft	lb	5
14150	Soda Bicarbonate, [illegible]	lb	2
14170	Sodium Bicarbonate, [illegible], 5 gr tab	1000	1
14180	Sodium Bicarbonate and Peppermint Tab	1000	2
14250	Sodium Calcium Hydrate (Soda Lime)	1.5 lb	3
14280	Sodium Carbonate, Monohydrate, [illegible]	10 lb	1
14306	Sodium Citrate, 4% Sterile Solution, 30cc vial	10	5
14313	Sodium Perborate, [illegible]	lb	1
14450	Sodium Salicylate, [illegible], 5 gr tab	1000	1
14620	Sulfasalazine Ointment, 5%	lb	2
14622	Sulfasalazine, 0.5 gm tab	1000	10
14623	Sulfasalazine, Sodium, [illegible], 5gm Vial: For I.V. Use	25	100
14636	Sulfanelamide, Crystalline, [illegible], 5 gms in Sterile Individual Double-Wrapped Envelope	pkg	50
14637	Sulfanilamide, [illegible], 5 gr tab	1000	2
14641	Sulfathiazole, 7.5 gr Tab, [illegible]	1000	2
14700	Talc, Purified, [illegible]	lb	1
14910	Water, Distilled, Pyrogen-Free	1000cc	6
15010	Zinc Oxide, [illegible]	lb	10
15020	Zinc Oxide Ointment, [illegible]	lb	2
16084	Serum, Grouping, Blood, Anti-A (Group B)	5 cc	1
16086	Serum, Grouping, Blood, Anti-B (Group B)	5 cc	1
16089	Serum, Normal Human Plasma, Frie	pkg	100
1808732	Benzedrine Sulfate, [illegible], 5 gr Tab	C	20
1820615	Diethanile (Dramine)	100	1
1824602	Ephedrine Sulfate, [illegible], 1.025 gm, 3/8 gr in Amp.	500	1
1824808	Eye Ointment, 3:1.	tube	150
1824810	Eye Solution, ½ oz. Sol.	pkg	30
1846115	Pentobarbital Sodium, [illegible] (Nembutal)	500	1
1856700	Pentothal Sodium with Sterile Distilled Water	25	5
1861100	Pentocaine Compound Ointment, 1 oz	tube	1
1875305	Seconal Sodium, [illegible], 0.2 gm (3 gr) Tab	500	1
1876325	Sodium Pulamyl, 1 gram, 25	pkg	1
1900000	Zinc Peroxide (Medicinal Grade)	15 gms	10
20130	Cotton, Absorbent, Surgical	oz	50
20140	Cotton, Absorbent, Roll	lb	10
20220	Gauze Bale, 35 yards	roll	6
36110	Applicator, Cotton, 6 inches	box	1
36030	Gauze or Sponge	box	3
74560	Brush, Hand	each	1
74620	Cup	each	1
74630	Pan, Kidney, 8-lb	each	1
74750	Pan, Bile, Emptying	each	10
74755	Bowl, Soil, No. 2, 1-lb	each	1
75150	Basin, Wash, 7 Qt	each	1
75300	Fingerprint Ink	tube	2
75760	Bowl, 5-13/16 x 1-7/16 inches	each	2
75070	Pail, Hemostatic, 8 x 10½ inches	each	1
76240	Bowl	each	2
76290	Trowel, Flat, Blue	each	1
76300	Trowel, Ax, Bell	each	1
76550	Bag, Bleeding, Linen	each	20
77060	Pail, Hot Water Urine	each	2
77160	Battery, [illegible]	each	10
77240	Key, Ignition, 3 in one	each	3

Stock No.	Item	Unit	Quantity
77280	Disc, Cable, Filing	box	1
77780	Cup, Paper	stn	10
77870	Cylinder, Oxygen, 1800 psi, Filled	each	2
77950	Dropper, Medicine	doz	6
78010	Flashlight	each	1
78020	Flashlight Lamp	each	1
78070	Glass, Medicine	each	12
78320	Lamp, Alcohol	each	1
78550	Matches, Safety	stn	1
78600	Paper, Toilet	roll	30
79760	Pin, common	paper	1
79770	Pin, safety, large	card	2
79780	Pin, safety, small	card	25
79840	Restraint Apparatus	each	1
79880	Sheeting, rubber	yard	4
79920	Thermometer, clinical	each	12
81030	Bismuth subcarbonate, [illegible], 5 gr tab	btl	2
81110	Iodine 15 gr [illegible] tablets 22.5 gr, [illegible]	box	2
81190	Protein liver liq, [illegible], 4-6/10 gr tab	btl	1
81200	Protein liver trong, [illegible], 4-6/10 gr tab	btl	1
81205	Chloroquine, [illegible], 0.5 gr tab	100	2
97035	Cup, paper, 12 oz	each	12

SUPPLEMENTAL "D" UNIT

SPECIAL UNIT OF SUPPLY

CLASS I

ITEM NO.	DESCRIPTION	UNIT	QNTY
10520	Alcohol, denatured (Ethyl)	5 gal	2
11790	Ether, for Anesthesia	1 lb	50
14306	Sodium Citrate, 4% sterile sol, 50cc in vial	12	4
14622	Sulfadiazine, 0.5 gm (7.7 gr) tab.	1000	1
14880	Tincture opium, camphorated, USP	pint	10
16050	Gas Gangrene anti-toxin, polyvalent, w/o Tet anti-toxin	vial	100
16085	Serum, grouping, blood, Anti-A (Gp 3)	tube	1
16087	Serum, grouping, blood, Anti-B (Gp 2)	tube	1
1K01075	Adherent, for Skin Traction	4 oz	25
1K56700	Pentothal Sodium w/sterile distilled water	25	10
1A75825	Sodium Amytal, 0.2 Gm. (3 gr) puvule	500	1
1A75900	Sodium Amytal, NNR, 0.5 Gm. (7½ gr) in amp	amp	150

CLASS II

20026	Bandage, elastic, all cotton, self adherent, 2 inch	doz	15
20027	Bandage, elastic, all cotton, self adherent, 3 inch	doz	15
20090	Bandage, muslin, 5 inch	doz	20
20210	Gauze, plain, 5 yds	roll	100
20240	Gauze, plain, sterilized	pkg	120
20300	Packet, 1st aid	each	500
20340	Plaster adhesive, 1 inch	spool	250
20350	Plaster adhesive, 3 inch	spool	200
20390	Stockinette, 3 inch	roll	10
20400	Stockinette, 6 inch	roll	10
20410	Stockinette, 9 inch	roll	10
20420	Wadding sheet	roll	50

CLASS III

30650	Canula, intravenous	each	5
31090	Catheter, urethral, rubber (18F)	each	6
31100	Catheter, urethral, rubber (22F)	each	6
31131	Catheter, urethral, rubber, self-retaining, Foley, (22F)	each	3
31133	Catheter, urethral, rubber, self-retaining, 4 wing, malecot, (32F)	each	2
33400	Knife, plaster	each	12
34680	Scissors, bandage	each	2
34920	Shears, plaster, Paris	each	1
35510	Tube, breathing, large	each	2
35520	Tube, Miller-Abbot, double lumen, complete	each	4
36110	Applicator, wood	carton	2
36600	Depressor, tongue, wood	carton	2
36830	Gloves, medium, size, 7½	pair	25
36840	Gloves, medium, size, 8	pair	12
36850	Gloves, medium, size, 8½	pair	4
37540	Splint, wire, padded	each	100
37761	Suture, cat gut, chromic, size 00, with 1½" ½ circle non-traumatic needle affixed	pkg	4
37764	Suture, cat gut, chromic, size 00, with 1½" half-circle non-traumatic needle affixed	pkg	4
38705	Tube, duodenal, Levin's (14F)	each	50
38890	Wire, corrosion-resisting steel, 0.014 inch	spool	2
38900	Wire, corrosion-resisting steel, 0.014 inch	spool	2
38910	Wire, corrosion-resisting steel, 0.026 inch	coil	1

CLASS VI

60170	Film, X-Ray, 8 inch	doz	10
60180	Film, X-Ray, 10 inch	doz	30
60190	Film, X-Ray, 14 inch	doz	25

CLASS VII

77670	Cylinder, oxygen, 1500 gal, filled	each	20

CLASS IX

91080	Cresol, saponated solution	tin	5
91204	Sulfadiazine, USP, 0.5 GM (7.7 gr) tab.	pkg	250
92000	Bandage, gauze, adhesive, 1 by 3 inches	pkg	100
92010	Bandage, gauze, compressed, 3 inch	box	3
92030	Bandage, Plaster of Paris, 6 inch	doz	50
92040	Bandage, triangular, compressed	each	200
92050	Dressing, 1st aid, large	pkg	500
92060	Dressing, 1st aid, small	pkg	1000
92115	Pack, abdominal, 8 by 36 inch, 30	bag	5
92125	Sponge, surgical, 4 by 4, 500	bag	10
92127	Sponge, surgical, 4 by 8, 180	bag	5
99386	Litter, securing strap	each	24
99410	Pad, heat, complete	each	10
99415	Pad, heat, refill	each	75

OFFICE OF THE CHIEF SURGEON
EUROPEAN THEATER OF OPERATIONS
APO 871

/vm
13 March 1944

GAS UNIT

SUPPLIES PER 1000 GAS CASUALTIES

ITEM NO.	DESCRIPTION	UNIT	AMT
10110	Acid, Acetylsalicylic, USP 5 gr tab.	1000	1
10690	Amyl Nitrite, USP, 5 min, AMF 10	pkg	250
10854	Atropine Sulfate	1/8 oz	1
11380	Chloroform (for Anesthesia)	¼ lb	4
11615	Cupric Sulfate, USP	1 lb	1
*12291	Hydrogen Peroxide sol. 8%	pound	50
14150	Sodium Bicarbonate, USP	pound	1
14619	Sulfadiazine Ointment 5%	4-oz	30
14622	Sulfadiazine, .50 gram tablets	1000	35
1K24808	Eye Ointment, 3 gm tube, bal	tube	200
1K24810	Eye Solution, ½ oz bal	pkg	27
1K61100	Pontocaine compound ointment	tube	15
1K76525	Sodium Sulamyd, 1 gram, 25	pkg	1
74930	Soap, White, floating	bar	5
77950	Dropper, medicine	doz	1
91026	Amyl Salicylate	pint	50
91053	Calcium Hypochlorite	3 3/4 lb	1
91085	Dichloramine-T,16 2/3% in Triacetin	pint	40
91090	Eye & Nose Drops, 1-Oz	btl	3
91187	Protective ointment, CNS	tube	30
92060	Dressing, first aid, small	pkg	1000
20060	Bandage, gauze, roller, 4 inch	doz	7

* To be added by depot when shipped.

OFFICIAL

/s/ S. B. MAYO
S. B. MAYO
Colonel, Medical Corps,
Chief, Supply Division,
13 March 1944.

APPENDIX "C"

EQUIPMENT AUTHORIZED IN EXCESS OF T/A

AFT A D-DAY

FOR

Evacuation Hospital	400 Bed
Evacuation Hospital	750 Bed
Field Hospital	400 Bed
Convalescent Hospital	3000 Bed
Gas Treatment Battalion	
Infantry Divisions	
Armored Divisions	
Clearing Company NP Hospital	
Medical Clearing Company NP Hospital	
Medical Depot Company	

EVACUATION HOSPITAL 400-BED

Items authorized in excess of T/E

MEDICAL EQUIPMENT

37126	Mask type oxygen therapy outfit	1
60370	Holder, film development 8"	1
60380	Holder, film development 10"	3
60390	Holder, film development 14"	2
71520	Bag, laundry, small	200
76880	Typewriter, 10"	1
93643	Oxygen therapy outfit w/manifold	2
99523	Sterilizer, instrument, 20"	1
96055	X-Ray field unit, dryer & loading bin combination	1
NSH-9	Resuscitator & Inhalator	2
NS 9	Field Transfusion Unit	2
MED	Can, corrugated, galv. iron, w/cover 32 gal.	3

QUARTERMASTER EQUIPMENT

Tent, Hospital ward	(Issued by Medical Department)	4
Tent, fly, Hospital ward	" " " "	2

ENGINEER EQUIPMENT

Generator 15 KW (Issue by Medical Department)	1
Extinguisher, fire, foam, w/charges	7
Bucket, fire	130
Pump, stirrup	20

ORDNANCE EQUIPMENT

Trailer, 4T	1

EVACUATION HOSPITAL 750-BED

Items authorized in excess of T/E

MEDICAL EQUIPMENT

37136	Mask type oxygen therapy outfit	2
60370	Holder, film development 8"	1
60380	Holder, film development 10"	3
60390	Holder, film development 14"	2
76850	Typewriter, 10"	2
71520	Bag, laundry small	300
77910	Disinfector, portable	1
93643	Oxygen therapy outfit w/manifold	3
96055	X-Ray Field unit dryer & loading bin combination	2
MSB-9	Resuscitator & Inhalator	4
MS 9	Field transfusion unit	2
MWF	Pan, corrugated, galv, iron, 32 gal, w/cover	6

QUARTERMASTER EQUIPMENT

Tent,	Hospital Ward (Issue by Medical Department)	4
Tent,	Fly, Hospital Ward " " " "	4

ENGINEER EQUIPMENT

Generator, 15 KW	(Issued by Medical Department)	4
Extinguisher, fire, foam, w/charge		10
Bucket, fire		210
Pump, stirrup		70

ORDNANCE EQUIPMENT

Trailer, 2T	1

FIELD HOSPITAL 400-BED

Items authorized in excess of T/E

MEDICAL EQUIPMENT

37126	Mask type oxygen therapy outfit	2
60370	Holder, film development 8"	4
60380	Holder, film development 10"	2
76680	Typewriter, 10"	5
93643	Oxygen therapy outfit w/manifold	2
99617	Washing machine wringer type	3
M5-9	Field transfusion unit	1
MED	Can, corrugated, galv. iron, 32 gal, w/cover	5

QUARTERMASTER EQUIPMENT

Tent, Fly, Hospital Ward	(Issued by Medical Department)	3

ENGINEER EQUIPMENT

Extinguisher, fire, foam, w/charge	22
Bucket, fire	300
Pump, stirrup	110

ORDNANCE EQUIPMENT

Generator, 45, 3...	3

CONVALESCENT HOSPITAL

Items authorized in excess of T/E

MEDICAL EQUIPMENT

43100	Microscope, complete	2
43170	Microscope, dark field apparatus	1
43310	Microscope, Mechanical Stage	1
71510	Bag, laundry, large	250
71520	Bag, laundry, small	50
73755	Refrigerator, Mech. 8 cu. ft.	1
76680	Typewriter, standard, 10"	2
77910	Disinfector, portable	1
95026	Chest MD #61	3
95027	Chest MD #62	3
NSB-9	Resuscitator and Inhalator	1
MED	Can, corrugated, galv. iron, 32 gal	12

QUARTERMASTER EQUIPMENT

Tent, Hospital Ward	(Issued by Medical Department)	15
Tent, fly, Hospital Ward	" " " "	20
Pyramidal Tent		40
Heater, water, immersion type		14

ENGINEER EQUIPMENT

Generator, 15 KW	(Issued by Medical Department)	1
Extinguisher, Fire, foam, w/charge		40
Bucket, Fire		600
Pump, stirrup		200

ORDNANCE EQUIPMENT

Trailer, M7	1

MEDICAL BATTALION
GAS TREATMENT

Items authorized in excess of T/E

MEDICAL EQUIPMENT

Stock No:	Item:	Unit	Quantity
34920	Shears, Plaster of Paris	each	2
43150	Microscope (small)	each	1
71640	Pajama coat, winter	each	200
71660	Pajama trousers, winter	each	200
71670	Pillows, feather	each	35
71690	Pillow, case	each	100
71710	Robe, bath	each	200
71720	Sheet, cotton	each	1500
71770	Towel, bath	each	300
73540	Pitcher, 3 qt	each	14
73755	Refrigerator, mechanical 8 cu ft	each	1
76880	Typewriter, 10"	each	4
77110	Basin Hand	each	36
77130	Basin Pus	each	36
77150	Basin Sponge	each	48
78800	Pitcher, 4 qt	each	6
92580	Table, operating folding	each	2
93310	Supplemental instrument set fracture and amputation	each	2
95026	Chest MD #61	each	1
95027	Chest MD #62	each	1
99617	Washing Machine Wringer Type	each	4
97450	Bedpan, box of	each	3
97570	Chest MD #2	each	3
97645	Chest, tableware	each	4
99185	Chair Common folding	each	12
99215	Cup, enamelware	each	150
99523	Sterilizer instrument 20"	each	2
99565	Table Bedside folding	each	20
99570	Table, dining room, folding	each	1
99575	Table, instrument, folding	each	4
77910	Disinfector, portable	each	1

QUARTERMASTER EQUIPMENT

Tent, Hospital ward	(Issued by Medical Department)	16
Tent, Fly, Hospital Ward	" " " "	9
Pyramidal Tent		2

INFANTRY DIVISION

Items authorized in excess of T/E

MEDICAL EQUIPMENT

76880	Typewriter, standard, 10"	2

ARMORED DIVISION

Items authorized in excess of T/E

MEDICAL EQUIPMENT

76880	Typewriter, standard, 10"	3

CLEARING COMPANY MP HOSPITAL

Items authorized in excess of T/E

MEDICAL EQUIPMENT

34029	Opthalmoscope	1
71720	Sheets	750
77130	Basin Pus	10
77150	Basin sponge	8
78800	Pitcher, 4 qt.	9
79145	Bucket, 3 in nest	4
79440	Urinals	11
94095	Lab. Chest or Urinalist Set	1
95025	Chest, MD #60	1
95026	Chest, MD #61	1
95027	Chest, MD #62	1
97455	Blanket Set Large	22
97535	Chest Field Plain	4
97575	Chest, MD #4	1
97645	Chest Tableware	2
97793	Pajama Set, Coat Winter	9
97794	Pajama Set, Trousers, winter	8
99205	Cot, Canvas Folding	250
99215	Cup, Enamelware	75
99410	Pad, Heat, complete	20
99555	Stove, 2 burner, gasoline	2

ENGINEER EQUIPMENT

Storage tank, water, canvas, 2000 - 3000 gals.	1

MEDICAL CLEARING COMPANY NF HOSPITAL

Items authorized in excess of T/A

MEDICAL EQUIPMENT

77910	Portable disinfector	1
	Cans, corrugated, galv., 32 gal.	12

QUARTERMASTER EQUIPMENT

Heater, water, immersion type	6
Tent, hospital ward (Issued by Medical Department)	12

MEDICAL DEPOT COMPANY

Items authorized in excess of T/E

QUARTERMASTER EQUIPMENT

Paulin, large, 17 x 40	30	
Paulin, small, 12 x 17	50	
Tent, assembly	3	
Conveyor, roller	120	feet
Fly, tent, hospital ward	10	

ENGINEER EQUIPMENT

Generator, 30 K.W. (Issued by Medical Department)	1	
Lift, fork, Clarktor	2	
Trailer, pump, and hose	1	
Pump, stirrup	20	
Bucket, fire, galvanized	60	
Tank, canvas, water storage, 3000 gal.	1	

ORDNANCE EQUIPMENT

Trailer, M7	1

CIRCULATION SLIP

OFFICE OF THE SURGEON GENERAL

TO	ROOM	INITIAL	DIVISION
___	1024	_____	THE SURGEON GENERAL
___	1023	_____	DEPUTY SURGEON GENERAL
___	1002	_____	EXECUTIVE OFFICER
X	1121	_____	Control Division H. Beals
___	201	_____	Historical Division
___	1002	_____	ADMINISTRATIVE SERVICES
___	404	_____	Office Service Division
___	419	_____	Legal Division
___	415	_____	Fiscal Division
___	301	_____	Medical Statistics Division
___	908	_____	PERSONNEL SERVICE (Chief)
___	908	_____	Military Personnel Division
___	807	_____	Civilian Personnel Division
___	1006	_____	OPERATIONS SERVICE (Chief)
___	714	_____	Training Division
___	708	_____	Hospital Division
___	1020	_____	Mobilizat'n & Overseas Op'n Division
___	1003	_____	Special Planning Division
___	420	_____	Technical Division
___	512C	_____	SUPPLY SERVICE (Chief)
___	508	_____	Purchase Division
___	606	_____	Distribution & Requirements Division
___	518	_____	Renegotiation Division
___	517	_____	International Division
___	1125	_____	PROFESSIONAL SERVICE (Chief)
___	1106	_____	Medicine Division
___	1108	_____	Surgery Division
___	1016	_____	Dental Division
___	1012B	_____	Veterinary Division
___	819	_____	Nursing Division
___	1114	_____	Reconditioning Division
___	1124A	_____	Neuropsychiatry Division
___	1113	_____	Physical Standards Division
___	1218	_____	PREVENTIVE MEDICINE SERVICE (Chief)
___	1222	_____	Sanitation & Hygiene Division
___	1228	_____	Laboratories Division
___	1229	_____	Tropical Disease Control Division
___	1210	_____	Sanitary Engineering Division
___	1235	_____	Venereal Disease Control Division
___	1207	_____	Occupational Health Division
___	1213	_____	Medical Intelligence Division
___	1233	_____	Nutrition Division
___	1201	_____	Civilian Public Health Division
___	1227A	_____	Epidemiology Division

_____ For appropriate action
_____ Note, initial, and return
_____ Investigate and report
_____ For comment
_____ For recommendation
_____ Prepare reply
_____ Reply direct to writer
_____ For your information

RETURN TO: _____

_____

24-74939AE · 5M

FORM SG 655
16 Feb 1944

SECTION V - SELF-INFLICTED WOUNDS

In the early days of the invasion it was noticed that a number of patients were being admitted to Evacuation Hospitals with what seemed to be self-inflicted gunshot wounds. Most of these cases were minor wounds and were taking up much needed hospital bed space.

On 22 June, instructions were issued to Commanding Officers of all First US Army Evacuation Hospitals to hold all cases of suspicious self-inflicted gunshot wounds in the hospital; that the Army Inspector General was making a round of the hospitals checking into these cases in an effort to develop a policy as regards self-infliction of wound to avoid hazardous duty. After checking into these cases, the following policy was developed: All cases of suspected self-inflicted gunshot wounds would be held in Evacuation Hospitals pending investigation by a representative of the Inspector General. These cases would not be evacuated from the hospital except on orders of the Army Surgeon. The name, rank, serial number and organization of each such case in hospital at that time or thereafter admitted was to be reported to the Army Surgeon's Office. The Army Surgeon's Office in turn was to turn over to the Army Inspector General's Office this list of names and the Inspector General or his representative would make an investigation of each such case. After investigation, the Inspector General would report action on each case to the Army Surgeon's Office. If the wound was determined to be really accidental, the Army Surgeon's Office would direct the hospital concerned to include a form in the patient's medical records to this effect, and clear patient from hospital to duty or further evacuation. To avoid further investigation, this form would indicate to proper authorities in the U.K. that the case had been investigated and the outcome of such investigation. Where a patient was found guilty of self-infliction of wound to avoid hazardous duty, the Inspector General or his representative consulted the Army Neuropsychiatric Consultant regarding the particular case, after which the patient was tried. This policy was presented to the Chief of Staff and approved.

Several weeks later, it became apparent that these cases were clogging up our evacuation system and were causing quite a problem for the Inspector General or his representative to visit each Evacuation Hospital to investigate such cases.

At a conference between the Army Surgeon and the Army Inspector General, it was decided that the 4th Convalescent Hospital would receive all such cases from the Evacuation Hospitals. On 24 July 1944, all such cases were transferred to the 16th Field Hospital, a Third US Army unit attached to First US Army. Also, this unit was to receive other medical cases, including malarias. The 16th Field Hospital was responsible for reporting all such cases admitted to the Army Surgeon's Office; the Evacuation Hospitals merely transferring these cases to the 16th Field Hospital without reporting same to this office. By this procedure, all cases of self-inflicted gunshot wounds were concentrated in one location, thereby saving much time in the investigation of cases due to shorter distances to be traveled by the Inspector General or his representative. Further, it relieved the Evacuation Hospitals of holding such cases for a period of time and thereby made bed space available for the more seriously wounded.

Upon Third US Army becoming operational, it was necessary to turn over to that Army certain medical units which had been attached to First US Army for operations. Among these units was the 16th Field Hospital. At a conference held between the Surgeon, First US Army and the Surgeon, Third US Army, it was agreed that all suspected self-inflicted gunshot wound cases in the 16th Field Hospital belonging to units of First US Army would be transferred as soon as possible to the 91st Medical Gas Treatment Battalion, which was to be established for the reception of such cases; Third US Army retaining all such cases belonging to units of that Army

SECTION VI - RETURN OF PATIENTS TO DUTY FROM HOSPITALS

Upon announcement by the Army Surgeon that a ten-day evacuation policy was in effect (D + 15), arrangements for the return of patients to duty from hospitals were made between the Army Surgeon and the Assistant Chief of Staff, G-1, Headquarters First US Army. This policy was to the effect that Commanding Officers of Evacuation Hospitals were to call Commanding Officers of Corps Replacement Battalions (One (1) in V Corps and one (1) in VII Corps at that time) and notify them as to the number ready for duty for that particular day and the location of the hospital. The Replacement Battalion would then be responsible for sending transportation to pick these men up for return to the Replacement Battalion. One exception to this was that all neuropsychiatric cases ready for duty were to be returned by Medical Department transportation to clearing stations from which they were admitted to hospital.

During the period 6 June 1944 to 1 August 1944, 22,942 patients were treated by hospitals of First US Army and returned to duty.

SECTION VII - UTILIZATION OF PRISONERS OF WAR IN EVACUATION HOSPITALS

Prisoners of War have been utilized throughout most of the period at the Evacuation Hospitals. This arrangement has been closely coordinated with the Assistant Chief of Staff, G-1 and the Provost Marshal, Headquarters First US Army. The utilization of Prisoners of War became necessary due to the fact that the T/O of Evacuation Hospitals is such that during periods when large numbers of casualties are being admitted to the hospitals, the enlisted personnel are needed for the more urgent work of caring for the sick and wounded. It was therefore necessary that additional personnel be made available for general work such as litter bearing, digging latrines, garbage pits and other labor. Usually, forty (40) Prisoners of War (Non-Medical) have been attached to each Evacuation Hospital within First US Army to do such work. To guard these Prisoners of War, the Provost Marshal placed two (2) armed guards with each hospital. This arrangement worked out very satisfactorily, enabling the evacuation hospitals to render better care and treatment to the sick and wounded.

The prisoners, with practically no exceptions, worked well and seemed well pleased with the way in which they were being handled.

SECTION VIII - HISTORY OF NEUROPSYCHIATRIC CASES

A. PLANNING PHASE.

1. The approved plan for the treatment and evacuation of neuropsychiatric casualties of First Army was derived from a study of reports and circulars, outlining the policies and procedures relative to neuropsychiatry in other theatres of operation. The First Army plan was designed to provide early treatment of N.P. casualties as close to the front as was feasible and to return successfully treated individuals direct to their units with the least possible delay.

2. The number of N.P. casualties to be expected for the first thirty (30) days of the continental invasion was estimated at 2500-3000. This figure was used as a basis for the following plan for the treatment and evacuation of N.P. casualties:

a. A triage of N.P. casualties was to be conducted by Battalion and Regimental Surgeons of combat units and in keeping with the tactical situation, mild cases, whose prognosis was favorable for return to duty within twenty-four (24) to thirty-six (36) hours, could be retained for treatment in the unit area, all other cases were to be evacuated without delay to the appropriate divisional clearing station.

b. N.P. cases admitted to divisional clearing stations were to be seen by the division psychiatrist who would evacuate all cases requiring more than seventy-two (72) hours treatment. The cases which were to be held at the clearing stations were to be given accepted treatment with a view to accomplishing the early return to duty of those successfully treated.

c. During the first ten (10) days of the operation, all N.P. casualties who were evacuated to the rear of division clearing stations were to be sent to the U.K., at least until evacuation hospitals were in operation.

(1) In order to avoid the possibility of congestion at the evacuation hospitals and to make available a greater number of beds for surgical patients, as well as to reduce the danger of "infecting" lightly wounded individuals with N.P. symptoms, the Surgeon, First U.S. Army, designated the 622nd Clearing Company of the 134th Medical Group to operate a N.P. hospital, the psychiatrists of the evacuation hospitals (on detached service) were to provide the professional service.

(2) The use of an installation such as indicated above would allow for standardization of treatment and would provide facilities for special procedures not necessary for surgical cases but desirable for N.P. cases. The 622nd Clearing Company was to be augmented by personnel and equipment so as to provide five hundred (500) beds, and by arrangement with the evacuation officer was to receive all N.P. patients directly from division clearing stations.

B. TRAINING PHASE.

1. During the months of November 1943 to April 1944, representative unit medical officers, particularly Battalion and Regimental Surgeons of combat units had the advantage of a one (1) week, orientation course in military neuropsychiatry given by the staff of the 312th Station Hospital. This hospital offered additional courses, one (1) for division neuropsychiatrists lasting one (1) month, and another lasting two (2) weeks for evacuation hospital personnel including the psychiatrist, two (2) nurses, and six (6) enlisted technicians. The three (3) courses were presented in an excellent manner and served particularly well in acquainting medical officers not previously experienced in neuropsychiatry with many of the problems which were later met under combat conditions.

2. Colonel Parsons, Commanding Officer of the 312th Station Hospital, gave a series of orientation talks on "Combat Exhaustion" to line officers of the 28th and 29th Divisions during October and November 1943.

3. A ten (10) day course in neuropsychiatric procedures was conducted by Majors Phillip Wagner and Harry Rainey of the 45th and 128th Evacuation Hospitals, respectively, for all personnel of the 622nd Clearing Company, beginning 25 April 1944. Thereafter, the company officers carried out further training and instructions for the enlisted men.

4. The above mentioned schools and indoctrination measures contributed materially to the functioning of the N.P. service of First Army under combat conditions.

5. In March 1944, the Commanding Officer, 134th Medical Group, submitted requisition for equipment, in excess of T/E, required for the operation of the 622nd Clearing Company as a five hundred (500) bed "Exhaustion Center". Approximately ninety (90) percent of this excess equipment was delivered to the organization prior to embarkation. The remaining deficiencies were supplied after arrival on the continent.

C. OPERATION.

1. A total of three (3) neuropsychiatric cases were reported as evacuated from D-Day to D ⁄ 3, inclusive.

2. The N.P. services of the evacuation hospitals which operated initially follow:

a. The 91st Evacuation Hospital N.P. service opened on D ⁄ 6 (12 June) and closed D ⁄ 16 (22 June) - a total of thirty-four (34) N.P. cases were treated.

b. The 61st Evacuation Hospital N.P. service opened D ⁄ 8 (14 June) and closed D ⁄ 18 (24 June) - a total of twenty-eight (28) N.P. cases were treated.

c. The 5th Evacuation Hospital received N.P. patients on D ⁄ 10 (16 June) and closed the N.P. service on D ⁄ 22 (28 June) having received a total of ninety-one (91) patients.

3. By D ⁄ 7, the number of N.P. casualties occurring in the Utah sector had increased to the point where the Surgeon, VII Corps, designated a clearing company of the 50th Medical Battalion to act as a N.P. holding unit, and in the course of the next seven (7) days, about three hundred (300) cases of combat exhaustion were treated. Most of these patients were either evacuated to U.K. or were transferred to the 2nd Platoon, 622nd Clearing Company, when it opened.

4. The 622nd Clearing Company landed on 16 June (D ⁄ 12) and the 2nd Platoon went into operation one-half (½) mile south of Ste Mere Eglise on D ⁄ 13, 19 June. The 1st Platoon opened at Bernaeq on 19 June (D ⁄ 13). The neuropsychiatric staff consisted of the psychiatrists of evacuation hospitals which were ashore at that time.

a. In general, the operation of these two (2) exhaustion centers was identical and included the following sections:

(1) Admission - where a brief history was recorded, a physical examination done and a triage accomplished.

(2) Observation - on this service a more complete psychiatric study was done and treatment started and perhaps hypnosis of pentathol sodium exploration done in selected cases. Patients remained in this section for twenty-four (24) hours and bathing facilities were available both for patients in this section as well as those in rehabilitation.

(3) Narco-therapy - the majority of "anxiety" cases were treated by this method. Deep sleep was induced by large doses of Sodium Amytol and

carried on for forty-eight (48) hours allowing patients to emerge sufficiently to have food, go to the latrine and expand their lungs. During this phase of treatment, patients had 39-40 hours of deep sleep out of forty-eight (48) hours.

(4) Rehabilitation - the rehabilitation section was separated from the rest of the hospital, so arranged that soldiers resumed a military rather than a patient status. The day's program on this service was quite full and included military drill, calisthenics, organized athletics and both group and individual psychotherapy. It was in this section that the final evaluation of the patient's mental and emotional status was made and suitable disposition of the man determined. The soldier to return to duty received new clothes and equipment.

(5) Disposition of Treated Cases -

(a) Duty. The expeditious return of treated patients to their original units has not been consistently recognized as an important therapeutic measure. It is expected that 10 - 15% of patients discharged to duty as asymptomatic would develop symptoms on rejoining their unit or even on reaching the division clearing station. This, occasionally, was the cause for the expression of exaggerated distress on the part of the unit surgeon or commander, with the result that antagonistic attitudes were developed toward the problem as a whole and toward the returning soldier in particular.

(b) Non-Combat Duty. On the whole, closer collaboration between the exhaustion centers and replacement pools would result in better therapeutic results with this type of patient. The replacement pools do not have the clinical data which is available on the men they receive.

(c) Soldiers are occasionally returned to their units with recommendations for investigation relative to possible disciplinary action or institution of Section VIII proceedings.

(d) Evacuation to Communication Zone. At the present this procedure is being accomplished without complication.

(6) Consultant Service -

(a) The Inspector General, First U.S. Army, requires an investigation of all officers who develop neuropsychiatric break downs under combat with a view of determining the type of duty for which they are suited or if they are fitted to hold a commission. The opinion of the psychiatrists is reported to the Inspector General.

(b) Judge Advocate Investigations. The Judge Advocate, First U.S. Army, refers cases pending trial for examination. This service apparently has proved to be useful.

5. The rate of admission to the exhaustion centers of N.P. casualties during the first week of operation was in accord with the estimates made previously, however, the rate thereafter increased to such proportions, that it became necessary to reinforce each of the platoons operating the exhaustion centers by an additional platoon and later by a full clearing company. As of 1 August, a full clearing company plus additional tentage, personnel and equipment is used in each of the exhaustion centers and each provide one thousand (1000) beds. The reasons for this increased rate of N.P. admissions were:

a. The addition of a number of divisions to the Army in excess of original estimates.

b. Difficult terrain, mud, waist deep water, hedgerows, etc.

c. Stiff resistance offered by the enemy in the La Haye De Puits, Carentan, and the St. Lo actions.

d. Troops remaining in combat for prolonged periods.

6. The value of the division psychiatrist has been definitely established as indicated by the results obtained by them during the continental invasion.

7. Some divisions, 83rd, 29th, 35th, and 30th, on their own initiative established division exhaustion centers. This usually is located in the division rear echelon and all N.P. casualties are sent to it from the clearing station. Such an establishment offers several advantages:

a. Provides for holding such casualties within the division, thereby continuing the individual's identification with his unit, and avoiding the danger of over-emphasis of the medical aspects of his condition.

b. Keeps the casualty close to the front.

c. Avoids overcrowding the division clearing stations, as well as of medical installations to the rear of divisions.

Disadvantages:

a. There is no equipment or personnel authorized for such an installation.

b. This installation does tie down a division, particularly in a fast moving situation.

The mere fact that the divisions themselves established these centers strongly indicates that there is need for a table of organizations for such an installation.

D. STATISTICS.

1. Admissions and dispositions of N.P. casualties to medical installations, First U.S. Army.

	June 6-30	July 1-28	June 6 - July 28
a. Total admissions from all causes	33,623	61,549	95,172
b. N.P. admissions	2,049 (6.09% of 1)	9,101 (14.78% of 1)	11,150 (11.61% of 1)
c. To duty from Div Clr Sta	462 (22.54% of 2)	2,504 (27.51% of 2)	2,966 (26.60% of 2)
d. To duty from Exhaustion Centers	182 (8.39% of 2)	3,792 (41.66% of 2)	3,974 (35.64% of 2)
e. Total - to combat duty	644 (31.47% of 2)	6,296 (69.17% of 2)	6,940 (62.24% of 2)
f. Non-Combat duty	----	1,390 (15.27% of 2)	1,390 (12.46% of 2)
g. Evacuated to U.K.	1,323 (65.05% of 2)	1,798 (19.75% of 2)	3,121 (27.99% of 2)
h. Readmissions	----		299 (4.33% of 5)

2. DIAGNOSTIC BREAKDOWN OF DISPOSITIONS BY THE EXHAUSTION CENTERS.

6 June to 28 July 1944

Diagnosis		No. of Cases	
1. Neurosis			
	Anxiety	4,137	
	Anxiety Hysteria	133	
	Hysteria	241	
	Reactive Depression	96	
	Post Traumatic	17	
	Others	598	
	Total	5,224	-- 74.6
2. Psychoses			
	Schizophrenia	62	
	Manic Depressive	8	
	Others	78	
	Total	148	-- 2.1
3. Psychopaths		440	-- 6.3
4. Mental Defectives		18	-- 0.3
5. Other Psychiatric		262	-- 3.7
6. Concussion		603	-- 8.6
7. Epilepsy		21	-- 0.3
8. Other Organic		284	-- 4.1
	Total	7,000	- 100.0%

The preponderence of neurosis (74.6%) among the N.P. casualties of First U.S. Army during the period 6 June to 28 July 1944, was in keeping with the rates in other theaters.

The relatively low rate for mental defectives (0.3%) is explained by the fact that many mental defectives who became casualties showed a predominance of symptoms of anxiety neurosis and were included under that heading. The majority of those listed in this chart were individuals who were referred for examination by the Judge Advocate General and were not actually casualties.

The number of cases having a diagnosis of concussion (602 or 8.6%) is believed to be considerably greater than is actually the case. However, the limited time available for observation contributed to the percentage reported in this category. Any patient who showed ruptured ear drums, or gave a history of epistaxis, hemoptysis, etc, in conjunction with a history of amnesia and with headaches was evacuated as a potential case of cerebral concussion in order to give the patient the benefit of the doubt.

F. REMARKS.

1. The officers and men of the clearing companies of the 134th Medical Group which have functioned as exhaustion centers have given wholehearted cooperation and have frequently worked for 16-18 hours a day for periods of 7-10 days on a stretch.

CIRCULATION SLIP

OFFICE OF THE SURGEON GENERAL

Due in Hist. Div. 27 Jan. 1945

TO	ROOM	INITIAL	DIVISION
___	1024	_____	THE SURGEON GENERAL
___	1023	_____	DEPUTY SURGEON GENERAL
___	1002	_____	EXECUTIVE OFFICER
___	1121	_____	Control Division
___	201	_____	Historical Division
___	1002	_____	ADMINISTRATIVE SERVICES
___	404	_____	Office Service Division
___	419	_____	Legal Division
___	415	_____	Fiscal Division
___	301	_____	Medical Statistics Division
___	908	_____	PERSONNEL SERVICE (Chief)
___	908	_____	Military Personnel Division
___	807	_____	Civilian Personnel Division
___	1006	_____	OPERATIONS SERVICE (Chief)
___	714	_____	Training Division
___	708	_____	Hospital Division
___	1020	_____	Mobilizat'n & Overseas Op'n Division
___	1003	_____	Special Planning Division
___	420	_____	Technical Division
___	512C	_____	SUPPLY SERVICE (Chief)
___	508	_____	Purchase Division
___	606	_____	Distribution & Requirements Division
___	518	_____	Renegotiation Division
___	517	_____	International Division
___	1125	_____	PROFESSIONAL SERVICE (Chief)
X	1106	JSH	Medicine Division
___	1108	_____	Surgery Division
___	1016	_____	Dental Division
___	1012B	_____	Veterinary Division
___	819	_____	Nursing Division
___	1114	_____	Reconditioning Division
___	1124A	_____	Neuropsychiatry Division
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___	1218	_____	PREVENTIVE MEDICINE SERVICE (Chief)
___	1222	_____	Sanitation & Hygiene Division
___	1228	_____	Laboratories Division
___	1229	_____	Tropical Disease Control Division
___	1210	_____	Sanitary Engineering Division
___	1235	_____	Venereal Disease Control Division
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___	1201	_____	Civil Public Health Division
___	1227A	_____	Epidemiology Division

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34-74939AE - 5M

FORM SG 655
16 Feb 1944

SECTION IX - MEDICAL

A. GENERAL REMARKS.

1. From a study of the casualty figures from other theaters, it was estimated that approximately 30 - 40% of admissions to Army hospitals would be for medical causes, exclusive of N.P. cases. Fortunately, experience has shown this estimate to be too high. The total number of admissions to Army hospitals for the period to 28 July was 53,991 of which 7,851 or 14.5% were cases of disease. The table below gives, for Army hospitals, the Total Admissions, Medical Admissions, and percent that were medical admissions by weeks.

Week Ending	Total Admitted	Medical	% Medical
16 June	3,402	613	11.3
23 June	6,684	751	11.2
30 June	5,413	1,182	21.8
7 July	7,973	1,292	16.2
14 July	11,026	1,166	10.6
21 July	7,713	1,398	18.1
28 July	9,856	1,447	14.7
	53,991	7,851	14.5

(Note: Source - ETOUSA Form MD 310)

B. OPERATION OF THE MEDICAL SERVICE.

1. During the planning period prior to the operation, plans were made for the professional care of medical cases and for the use of the Medical Laboratory. Professional policies were established and conferences were held by the Medical Consultant with the Chiefs of the Medical Services of the Evacuation and Convalescent Hospitals. These policies have been subsequently altered from time to time as the military situation dictated.

2. From D-Day to 21 June 1944, the evacuation policy was twenty-four (24) hours. During this period, therefore, only those patients whose condition did not permit evacuation were held in the Evacuation Hospitals; when their condition permitted, they were evacuated to the U.K.

3. On 21 June 1944, when the evacuation policy became ten (10) days, the professional policies with reference to the care of medical cases was altered in conformity therewith. Patients with short term illnesses could be kept and treated in evacuation hospitals and either returned to duty or transferred to the 4th Convalescent Hospital for a short period before return to duty. Cases of recurrent malaria were constituting a problem at this time and in order to conserve man-power "uncomplicated malaria" was defined and it was directed that

such patients be treated in the Evacuation Hospitals and returned to duty therefrom or transferred to the 4th Convalescent Hospital. Professional policies for the handling of other medical cases were established with a view to retaining in the Army area all those patients who would be fit for duty in ten (10) days. In general, this involved the defining of simple as opposed to complicated cases.

4. On 24 July 1944, the 16th Field Hospital was designated as the hospital for the reception of cases of the following: uncomplicated malaria, chicken pox, mumps, measles, German measles, scarlet fever and dysentery. This centralized method of handling these cases was adopted due to the necessity of keeping all beds possible in the Evacuation Hospitals for surgical casualties. Evacuation Hospital commanders were made responsible for keeping in their hospitals all patients with the above diseases who were too ill to be transferred. It was also directed that all patients with meningitis, diphtheria, or pneumonia were to be held and treated in Evacuation Hospitals and not transported to the 16th Field Hospital in order to avoid delay in treatment and the hazards of further transportation. Professional policies, with regard to the handling of medical cases, remained as before.

5. When the 16th Field Hospital reverted to Third U.S. Army control, the 91st Medical Gas Treatment Battalion was designated to take over the functions performed by the 16th Field Hospital. One company of the battalion was designated to care for certain surgical conditions, a second company to care for cases of malaria, and the third company to care for the communicable diseases. A mobile X-ray unit and laboratory chests were procured for use by the battalion and other necessary equipment, such as cots, mosquito bars, laboratory supplies, drugs, etc., were also procured. Cases of communicable disease were isolated in pyramidal tents and the unit instituted the necessary precautions and technique for the handling of such cases. Professional policies were not altered.

6. Of the 7,851 medical cases admitted to Army hospitals during the period, 2,913 or 37.1% were returned to duty.

C. <u>NUMBER OF REPORTABLE DISEASES</u>.

1. The following table presents the total numbers of reportable diseases for the period up to 28 July 1944 (From ETOUSA MD Form 310):

Total Admissions	53,991
Total Disease	7,851 (14.5% of total)

C.R.D.	500
Diphtheria	9
Influenza	19
Measles	4
Measles, German	6
Meningococcal Meningitis	20
Mumps	85
Pneumonia, primary	28
Pneumonia, atypical	40
Pneumonia, secondary	4
Scarlet Fever	9
Septic Sore Throat	1
T. B., all forms	6
Vincent's Angina	8
Common Diarrhea	158
Dysentery, bacillary	5
Dysentery, amebic	1
Dysentery, unclassified	26
Malaria	1574
Hepatitis, infectious	18
Kerato-conjunctivitis	1
Rheumatic fever	4
Scabies	64
F. U. O.	241
Gonorrhea	112
Syphilis	124
Other Venereal Disease	4

D. TREATMENT OF MALARIA.

1. By far, the largest problem, medically, has been that of the treatment of malaria since it constitutes the cause of the greatest number of admissions.

a. Preventive measures - While the First U.S. Army was still in England during the winter of 1943-1944, a steadily increasing number of cases of recurrent malaria were reported from the 1st and 9th Infantry Divisions, the 2nd Armored Division, the 82nd Airborne Division and the 1st Engineer Special Brigade. All of these units had been in service in malarial regions and had been on suppressive atabrine therapy until arrival in the U.K. The cases of malaria that occurred were all recurrent cases. With the continental operation soon to take place, it was essential that measures be taken to reduce the number of non-effectives from malaria. Accordingly, on the advise of the First. U.S. Army Surgeon, the Commanding General, First U.S. Army, on 19 May 1944, directed the Commanding Generals of the units mentioned above to place all personnel with a history of malaria in the past twelve (12) months on atabrine suppressive therapy. The atabrine was to be taken in doses of one-tenth (1/10) gram with the evening meal, every day except Sunday, and was to be continued indefinitely. In the table below is shown the weekly admissions to Army hospitals of cases of malaria.

Week Ending	Cases of Malaria
16 June	54
23 June	147
30 June	231
7 July	270
14 July	293
21 July	260
28 July	219
	1,574

From the above it will be seen that, in general, the incidence of malaria has increased during the period. Because of the presence of the anopheles mosquito in the area occupied by First U.S. Army, the question of new cases occurring in France from our own reservoir came up for consideration. This question was discussed with the Chief of Preventive Medicine, ETOUSA, and the Chief Medical Consultant, ETOUSA. Both expressed the opinion that there was no danger of the spread of malaria in the part of France concerned. Nonetheless, all patients with malaria were screened and were put on atabrine when returned to their units. Investigation showed that all patients who developed malaria had been in malarious regions and the vast majority were recurrent cases. A few "new" cases were reported. These also proved to be individuals who had been in malarious regions and on atabrine suppressive therapy while in such regions. It is believed that they became parasitized but did not develop the clinical disease because of the atabrine. Here in France, however, under combat conditions, and not on atabrine, they have developed the clinical disease. The vast majority of the cases are truly recurrent. Theoretically, these recurrences should not have occurred as these individuals were ordered put on atabrine as mentioned above. A large number of these patients have been interviewed and, with very few exceptions, they had <u>not</u> been on atabrine previous to coming down with clinical malaria. Various reasons were given by officers and enlisted men patients for not taking the drug. Many of them said atabrine was not available under combat conditions when separated from their units. Others objected to the drug on the basis it disagreed with them and caused various unpleasant symptoms and, therefore, they did not take it. It is believed that there would have been few recurrent cases had all personnel with a history of malaria been provided with atabrine at all times and indoctrinated with the necessity of taking it.

b. Treatment of Malaria - On 21 June, the evacuation policy became ten (10) days and in order to conserve man-power and keep in the Army area as many

patients as possible, malaria was divided into two (2) groups; uncomplicated and complicated. Complicated cases of malaria were defined as:

(1) Patients with cerebral malaria.

(2) Those with a history of three (3) or more relapses who showed any of the following:

Persistently palpable spleen
Failure to regain accustomed weight
Persistent anemia
General lowering of resistance and physical status

All patients with complicated malaria were treated until transportable and then evacuated. Simple, uncomplicated cases were initially treated in the Evacuation Hospitals in conformity with Circular Letter No. 73, Office of the Chief Surgeon, ETO, file 710, dated 20 May 1944, with the following modifications: After 7-10 days of treatment, these patients were discharged to duty (if physically fit) and therapy continued by the unit surgeon. As stated in paragraph B above, the 16th Field Hospital and later the 91st Medical Gas Treatment Battalion were designated for the treatment of uncomplicated malaria. The policy of two (2) weeks of quinine therapy has been continued, followed by atabrine suppressive therapy.

E. COMMUNICABLE DISEASES.

1. The incidence of the communicable diseases has been surprisingly low and these diseases have not constituted a great problem. The period of contagion has been redefined for each disease based on scientific data and not on custom, thereby saving many hospital days and considerable man-power. There have been no epidemics during the period.

a. Diphtheria - It is doubtful whether the nine (9) cases of diphtheria reported were diphtheria. These patients all had membranes in their throat but smears and cultures were negative for C. Diphtheriae. All were treated with antitoxin and evacuated.

b. All of the twenty (20) cases of meningococcus meningitis recovered. The necessity for immediate treatment with intravenous sodium sulfadiazine in full dosage and the use of penicillin in severe infections has been stressed. These factors are responsible for the recovery of all of these cases.

c. Mumps have constituted a very minor problem. Patients are treated and considered contagious only as long as they are febrile and have swelling of the salivary glands.

d. Scarlet fever has been treated with sulfadiazine and penicillin when necessary. The incidence has been low and all patients have recovered without complications.

e. The gastro-intestinal group of diseases has occurred in very small numbers. The five (5) cases of bacillary dysentery were of the Somne type. The one (1) case of amebic dysentery was a recurrence of the disease acquired elsewhere.

f. During the period of the report, only eighteen (18) cases of infectious hepatitis occurred, a surprisingly small number. It is predicted that the incidence will increase in the next four (4) months.

g. The few cases of primary pneumonia (28 cases) have been treated with sulfadiazine and, when severe, with penicillin as well. The results have been uniformly good.

CIRCULATION SLIP

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TO	ROOM	INITIAL	DIVISION
____	1024	_____	THE SURGEON GENERAL
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____	1002	_____	EXECUTIVE OFFICER
____	1121	_____	Control Division
____	201	_____	Historical Division
____	1002	_____	ADMINISTRATIVE SERVICES
____	404	_____	Office Service Division
____	419	_____	Legal Division
____	415	_____	Fiscal Division
____	301	_____	Medical Statistics Division
____	908	_____	PERSONNEL SERVICE (Chief)
____	908	_____	Military Personnel Division
____	807	_____	Civilian Personnel Division
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____	708	_____	Hospital Division
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____	1003	_____	Special Planning Division
____	420	_____	Technical Division
____	512C	_____	SUPPLY SERVICE (Chief)
____	508	_____	Purchase Division
____	606	_____	Distribution & Requirements Division
____	518	_____	Renegotiation Division
____	517	_____	International Division
____	1125	_____	PROFESSIONAL SERVICE (Chief)
____	1106	_____	Medicine Division
____	1108	_____	Surgery Division
X	1016	_____	Dental Division
____	1012B	_____	Veterinary Division
____	819	_____	Nursing Division
____	1114	_____	Reconditioning Division
____	1124A	_____	Neuropsychiatry Division
____	1113	_____	Physical Standards Division
____	1218	_____	PREVENTIVE MEDICINE SERVICE (Chief)
____	1222	_____	Sanitation & Hygiene Division
____	1228	_____	Laboratories Division
____	1229	_____	Tropical Disease Control Division
____	1210	_____	Sanitary Engineering Division
____	1235	_____	Venereal Disease Control Division
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____	1227A	_____	Epidemiology Division

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24-74929AE · 5M

FORM SG 655
16 Feb 1944

SECTION X - DENTAL

With a very few exceptions, all units departed from the Marshalling Area with full complement of dental officers. The vacancies existing were shortly filled after arrival of units in France. Most of the dental officers accompanied their units upon landing. Dental officers in combat zone were assigned to aid and clearing stations, rendering emergency dental treatment, and, in addition, acted as auxiliary medical officers. Some regiments had one dental officer in the combat zone, utilizing the other in the rear, operating Chest No. 60.

All the Division Dental Surgeons of the First US Army were outstanding, energetic, hard workers and rendered a superior service. This was also true of the dental personnel, both officers and enlisted men, assigned to the divisions. They set up their portable dental laboratories in rear echelons or in clearing stations. Some were made mobile through ingenuity of the Division Dental Surgeon, and under trying conditions, did remarkable amount of work in accomplishing the repair and construction of broken and lost dental prosthesis. To operate these laboratories, dental officers and men had to be withdrawn from the units they were serving.

Dental officers and enlisted men with some smaller units were used in capacities other than taking care of the dental needs of the command and did not render the dental service that they should have. This was especially true where the T/O does not call for a medical officer. Many units had the dental officer working full time and doing a lot of good work. The amount of dental work that a dental officer may accomplish in his unit depends a great deal on the initiative of the individual.

The Oral Surgeons with the Evacuation Hospitals are well trained and professionally qualified as such, and rendered a superior service, acting as an assistant to Plastic Surgeon in maxillo-facial cases and assumed full charge of all cases pertaining to strictly oral surgery. All these cases arrived in the United Kingdom after evacuation in excellent condition. In some instances the services of the junior dental officer was not used judiciously or for what he had been trained.

There was always sufficient dental work on outpatients at the Evacuation Hospitals to keep one dental officer busy with Chest No. 60.

As Field Hospitals are utilized in First US Army, it is a waste of manpower to have three dental officers assigned to each hospital. There is no dental service since these units are used as surgical hospitals adjacent to division clearing stations for operation of non-transportable wounded. Many of these dental officers are being utilized on temporary duty status for dental work in other units.

The Mobile Dental Laboratories, three in number, came over with the 4th Convalescent Hospital. There was no assigned personnel and the units functioned until arrival of the Army Dental Surgeon, with such personnel as the senior dental officer of the 4th Convalescent Hospital could assign from units that were attached to that hospital. Four (4) dental officers were assigned on temporary duty status from the 154th Medical Group. Two Mobile Dental Laboratories, with assigned personnel, were also borrowed from Third US Army. Personnel for Mobile Dental Laboratories, three officers and nine enlisted men, were procured by requisition on Headquarters European Theater of Operations, and reported the latter part of July.

The 4th Convalescent Hospital was used as a Dental Center. Officers and enlisted men were assigned on a temporary duty status to care for both patients and outpatients. At no time was there sufficient dental personnel assigned to take care of the back log. The T/O for the 4th Convalescent Hospital only calls for four (4) dental officers, and there should be a complete dental service set up, but it cannot be done with four (4) dental officers. A great amount of dental work may be accomplished in this type of unit on patients scheduled for early return to duty within the Army.

Supplies and equipment were adequate and sufficient on the whole. Requisitions that were back ordered were filled shortly after arrival.

CIRCULATION SLIP

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TO	ROOM	INITIAL	DIVISION
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24-74929AE - 5M

FORM SG 655
16 Feb 1944

SECTION XI - VENEREAL DISEASE

A. General Remarks: The venereal disease rate of the First US Army for the month of June, 1944, was 8.5 per thousand per annum. The total number of venereal disease cases was two hundred and ninety-four (294), of which fifty six (56) were primary syphilis; two hundred and twenty nine (229) new gonorrhea; and nine (9) chancroid. Two hundred and seventy five (275) of the total number of cases were in white troops and nineteen (19) were in colored troops. The total number of days lost from duty was 1,362. A large percentage of the new cases occurring in France were contracted while in the United Kingdom but symptoms did not appear until the patient arrived on the continent.

The venereal rate for the month of July, 1944, was 4.2 per thousand per annum. The total number of cases was one hundred and four (104), of which twenty seven (27) were new syphilis; seventy five (75) new gonorrhea; and two (2) were chancroid. The total number of days lost from duty was three hundred and eighty five (385). Eleven (11) of the total number of cases were in colored troops.

1. Treatment:

a. The great majority of patients with gonorrhea have been treated on a duty status, with sulfadiazine. Prior to 20 June, 1944, patients with sulfonamide resistant-gonorrhea were admitted to evacuation hospitals for diagnosis and treatment. Since 20 June, the 4th Convalescent Hospital has received all venereal cases. A total dosage of 100,000 units of penicillin has been administered intramuscularly to each patient with gonorrhea. Approximately one hundred and sixteen (116) patients have been given a total of 11,600,000 units of penicillin. Two patients who failed to respond to penicillin therapy were evacuated to the United Kingdom for further treatment. Both of

these patients had previously received penicillin in the United Kingdom for gonorrhea contracted in that country. There were no treatment reactions from the drug.

b. Patients with early syphilis were also diagnosed and treated in evacuation hospitals, and, since 28 June, in the 4th Convalescent Hospital. In compliance with Circular Letter No. 86, Office of the Chief Surgeon, European Theater of Operations, United States Army, dated 22 June 1944, each patient has received a total dosage of 2,400,000 units of penicillin administered intramuscularly, with 40,000 units being given every three (3) hours for a total of sixty (60) doses. No additional therapy is given. Eighty-eight (88) patients with early syphilis have completed penicillin therapy, having received a total dosage of 196,000,000 units. There were no treatment reactions from the drug. Luetic lesions completely epithelialize in 5-6 days and became dark field negative in 12-14 hours.

c. The venereal disease section of the 4th Convalescent Hospital has been in operation since 28 June 1944. The base section of the 10th Medical Laboratory was established adjacent to this section which permits smears, darkfield examinations and serological tests to be performed expeditiously. Patients with sulfonamide-resistant gonorrhea have an average hospitalization period of three (3) days and those with early syphilis are hospitalized for 8-9 days.

2. Preventive Measures:

a. Prophylactic Stations for army troops have been established in the following towns: Isigny, Grandcampe, Trevieres, Cherbourg (3 stations), Balleroy (Operated by V Corps), LeMine (Operated by V Corps), Carteret,

Barneville. Though all towns are off limits, stations are set up in towns whenever it is thought that the civilian venereal disease situation necessitates a station for the protection of static personnel and stragglers. Mechanical and chemical prophylactics are made available at each prophylactic station. All dispensaries have prophylactic stations.

b. Sixty (60) venereal disease control motto signs have been posted on various roadways outside of towns in the Army area.

c. Full use has been made of off limits authority in relation to houses of prostitution. Up to the present time the only brothels found in operation in First US Army territory were in Cherbourg. All were placed off limits to all military personnel and this was enforced by posting off limit signs on the houses and stationing military police at all entrances to the brothels.

d. During the period of this report, eighteen (18) cases of venereal disease have been contracted in France. The majority of these were interviewed by the Army Venereal Disease Control Officer in order to obtain pertinent data in regard to the source of infection. Epidemiological investigation has resulted in three prostitutes being found and interned for examination and treatment.

e. An attempt has been made to learn the venereal disease problems prevailing in the various localities in the Army area. The Civil Affairs officers of all town detachments have been contacted. A list of names, addresses and pictures of many suspected and registered prostitutes were obtained andfiled at the Venereal disease section of the 4th Convalescent Hospital. This information is used to help the infected soldier furnish sufficient data to trace the source of contact.

French doctors have been interviewed in order to ascertain the civilian venereal disease situation. The Public Health Officer in the Army Civil Affairs Office has also given his full cooperation in this regard.

f. Frequent visits to various towns are made with the vice control officer of the Army Provost Marshal's Office.

g. An arrangement has been made with the Army Quartermaster to issue mechanical and chemical prophylactics at Class I railheads on a regular allowance.

3. Summary:

a. The treatment of venereal disease has reached a point where the patient is cured in a minimum of time. Failure cases are practically non-existent. Patients with syphilis under penicillin therapy do not get reactions as often as occurs with the use of arsenicals.

b. The venereal disease rate has been much lower than expected. This is probably due to the following factors in order of importance:

(1) The tactical situation.

(2) All towns are off limits.

(3) Civilians are scarce in areas occupied by troops.

(4) Chemical and mechanical prophylactic material is easily available.

(5) Education in regard to personal protection.

c. The venereal disease rate can be expected to rise as soon as combat troops are relieved of tactical duty for a period of time and when large towns become accessible to troops.

~~ANNEX~~ - Surgical

A. Organization and Professional Policies.

1. In the organization of the Surgical Service of the First United States Army, full advantage was taken of experience gained by units and individuals that had served in the African and Sicilian campaigns. A careful study of North African Theatre of Operations, United States Army, directives and information secured by a visit of the Executive Officer, Colonel James L. Snyder, to the Italian Theater, were valuable guides in formulating the professional policies.

2. The principles of treatment, surgical procedures and techniques prescribed or recommended were incorporated in the Manual of Therapy ETO, 5 May 1944.

3. Each medical unit was equipped and staffed for its designed function in relation to the basic policy that only primary aid would be rendered by aid stations, collecting companies and clearing stations with definitive treatment restricted to field and evacuation hospitals. Exceptions to this general policy were contemplated and allowed for the landing phase of an amphibious operation and for operations of the airborne units.

B. Management of Battle Casualties During the Assault Phase.

1. Glider Landings.

a. The earliest surgical treatment during the invasion was rendered by the medical personnel of airborne medical companies and two surgical teams from the 3rd Auxilliary Surgical Group who accompanied the glider assault wave of airborne operations. The mission was to establish aid stations on the fields of the landing zone and to set up an operating room for major surgical procedures. A report of the activities of one of these teams reveals that the aid stations were in operation by H + 1, and that the operating room was functioning by H + 3.

b. The experiences of these surgical teams demonstrate that it is possible and advisable for surgical teams to accompany an assault wave of an airborne operation. By this means, facilities for major surgery are provided at the earliest hour and maintained until casualties can be evacuated through routine channels.

2. Beach Landings.

a. Eighteen (18) surgical teams accompanied the Medical Battalions of the Engineer Special Brigades on the beach landings. They assisted the battalion medical personnel in rendering primary aid to casualties until the beach was cleared of wounded, established and operated aid stations, and gave definitive surgical treatment to non-transportable cases after operating rooms had been set up in tents. The first surgical teams arrived on the beach at various times from H ∕ 4 to D ∕ 1.

b. The first major operation was performed at approximately H ∕ 10 on Utah Beach. On Omaha Beach, major definitive surgery was not begun until D ∕ 1. By the afternoon of D ∕ 2, definitive surgery was being done extensively on both beaches. The following tables show the number and disposition of the cases handled by two surgical teams and the medical personnel of Company C of the 261st Medical Battalions

	DISPOSITION OF CASES				
	June 6	June 7	June 8	June 9	Total
Total treated	155	711	446	486	1797
Returned to duty	1	3	1	0	5
Transfered	11	1	0	0	12
Evacuated	33	696	343	382	1459
Died	11	27	0	0	38

c. All available surgical teams continued to operate in clearing stations until operating facilities were available in field hospitals.

d. As a test, definitive surgery was ordered for all admissions to one collecto Clearing company until it became apparent that the number of casualties received each 24 hours continued to [redacted] ty of the operating

room.

e. In general, early surgical care of casualties on the beach was governed by the tactical situation. Adequate operating room and hospital facilities were provided as early as enemy resistance permitted the landing of personnel and equipment and the selection of a site for hospitals. Adequate post-operative care was difficult until hospitals were established.

f. In future operations, it would seem advisable that the surgical care of battle casualties during the first twenty-four hours to forty eight hours of an amphibious operation should be restricted to the preparation of patients for evacuation. No attempt should be made to render definitive treatment to any patient who can, by primary aid measures, be rendered transportable.

C. Surgery in Field Hospitals.

1. As soon as field hospitals were established, major surgical procedures were discontinued in clearing stations of amphibious battalions. This shift of definitive surgery occurred on D ⁄ 5 with the exception that one surgical team remained at the holding unit on each beach. These two teams continued to operate on patients arriving in holding units who had developed complications and on casualties occurring on the beach area.

2. The arrival of the nurses on D ⁄ 4 and D ⁄ 5 afforded a welcome contribution to the efficiency of the operating room as well as to the quality of post operative care.

3. At first, field hospitals functioned as evacuation hospitals instead of receiving and treating only the non-transportable cases.

4. Experience has shown that the bulk of non transportable cases consists of abdominal, thoracoabdominal and major chest

injuries. Non-transportable patients with extremity wounds are comparitively few and comprise only those with multiple or extensive wounds associated with profound shock or active bleeding which does not respond to such shock control measures as the clearing stations can provide.

5. The employment of field hospitals in separate hospitalization units (platoons) sited adjacent to division clearing stations and moving with the clearing stations has provided early and adequate care for non transportable cases so long as only two platoons are active. When all three platoons of a field hospital are active at the same time or when a division moves forward so rapidly that a change of station occurs every every few days, the system breaks down because professional care and housekeeping personnel and equipment must be left behind each time to care for the non-transportable post-operative patients. The assigned personnel of a field hospital is numerically inadequate when the hospital is functioning in platoons and the personnel is working on a twelve hour shift of duty. At least two additional officers and four additional nurses per hospitalization unit should be added to the T/O.

6. Experienced surgical teams from auxiliary groups have provided the professional care of patients in field hospitals. The following statistical report shows the number and type of wounds treated by one general surgical team when attached to an amphibious battalion, a field hospital and an evacuation hospital:

Unit & Date	Patients	Abd. Wounds	Chest Wounds	Extrem. Wounds	Left Tissue
26lst Med Bn, Co A (6-12 June)	30	16	5	14	0
42nd F. H., 1st Plt (22-30 June)	121	41	16	69	7
178th Evac Hosp (12-22 June)	87	9	5	77	2
Totals	238	66	42	160	9

7. The value of the field hospital when utilized to care for non transportable cases is more definitely recognized when an

evacuation hospital is in operation without a field hospital between it and the division clearing station. Under these conditions, the evacuation hospital receives non-transportable cases in such numbers that it is unable to give definitive treatment to a large number of casualties until the time consuming abdominal and chest cases have received definitive treatment.

8. The policy of siting platoons of field hospitals close to the front lines and adjacent to the division clearing stations is to be commended and should be continued. It has saved many lives since severely wounded patients would not survive transportation to the rear. The mortality rate for surgery in field hospitals will be higher when the hospital is close to the front line in view of the fact that cases are admitted who would have died enroute to a hospital further to the rear.

D. Surgery in Evacuation Hospitals.

1. Evacuation hospitals have been sited well forward and when moved to new locations, have set up as close to the front lines as safety would permit. Consequently, battle casualties have reached evacuation hospitals in surprisingly short time after being wounded. For example, one hospital received casualties on the average of four (4) hours after injury for a period of ten (10) days. During the same period, 80% of the surgical cases admitted to this hospital were on the operating table in the first twenty (20) hours after admission.

2. The outstanding problem of surgery in evacuation hospitals has been the size of the "surgical backlog" i.e., the number of cases awaiting operation. On the beach and subsequently during each drive it was not uncommon for evacuation hospitals to have 200, occasionally 300, cases awaiting surgery. This situation was met by the addition of surgical teams from auxiliary surgical groups and ward officers and nurses from other hospitals. Mobile surgical and x-ray units augmented the surg-

ical facilities of the hospital. When such measures failed to cope with the situation, a policy for evacuation of the lightly wounded without definitive treatment was invoked. Under such a policy from 15% to 35% of the patients could be so evacuated depending upon the type of casualties being received at the time.

3. The influence of the admission rate on the mobidity and martality of a hospital is definite.

a. When 300 to 500 patients are admitted to a 400 bed evacuation hospital during a 24 hour period, it requires approximately three days to complete definitive surgery. The capacity of the operating room can be increased by the addition of surgical teams but the operative turn over is governed by other factors such as the number of operating tables available, and the percentage of severe injuries.

b. It is difficult to take patients recovering from shock to the operating room at the optimum time and some of these patients slip back into irreversible shock.

c. Gas gangrene developes in wounds that are not debrided early.

d. Pre and post operative care is not maintained at the highest level.

e. All facilities are taxed to the utmost and the hospital does not function as smoothly as during periods of normal activity.

4. Various control measures have been instituted to solve problems of the surgical backlog. These measures have served as temporary expedients to meet the current situation. Obviously, no control can be established over the number of casualties inflicted by the enemy. To increase the number of evacuation hospitals supporting each division would involve an unnecessary increase in the number of available beds and accessary equipment.

5. From a professional point of view the solution of the problem would be to increase the staff of a 400 bed evacuation hospital to approximately that of a 750 bed evacuation hospital. Such additional personnel would make the evacuation hospital independent of surgical teams and assistance from personnel of other units. The number of beds need not be increased over 400 because the large percentage of casualties admitted to evacuation hospitals can be evacuated within 24 hours after definitive treatment has been administered.

6. In support of this recommendation, attention is directed to the fact that the 750 bed evacuation hospital assigned to First Army has functioned without the assistance of surgical teams except for a few days when one (1) three man team was attached without request and after two of the hospital's assigned officers had been sent to a division. On the other hand, rarely has a 400 bed evacuation hospital been active for more than twenty four (24) hours without attached surgical teams. The maximum number of surgical teams attached to an evacuation hospital at one time has been eight (8). Often six (6) are attached; usually three (3) or four (4) teams are required.

E. Mobile Surgical Units.

1. At the time of the invasion, the Third Auxiliary Surgical Group was equipped with two (2) trucks, surgical, operating, and three (3) Frocc Surgical Units.

2. The mobile surgical units landed on D + 22. On 28 June, the first unit (a truck, operating, surgical) was set up with an evacuation hospital. Since then, both types of unit have been in operational employment, chiefly with evacuation hospitals. Of three (3) units sent to field hospitals, only one (1), a truck, operating, surgical, was utilized by this type of hospital.

3. The operational employment of both type of mobile units has been identical.

a. The practical value of the unit in augmenting the operating room facilities of an evacuation hospital is established. The unit provides additional self sustained two (2) table operating rooms which may be utilized for all types of surgery or only for a special type of surgery, such as neuro-surgical, maxillo-facial, or orthopedic cases. Little or no additional burden is put on the central supply of the hospital since the unit has its own autoclaves, instruments, gloves and surgical linens.

b. The mobile unit has been less extensively employed by the field hospital which have two (2) table operating rooms with each hospitalization unit.

c. The mobile unit should not be employed for definitive surgery forward of a field hospital unless provision is made for post operative care of all patients until they have been made transportable.

F. Mobile X-Ray Units.

1. Three (3) mobile x-ray units, attached to the 3rd Auxiliary Surgical Group, have functioned with evacuation hospitals under the operative direction of the Army Surgeon.

2. The first unit was set up on 29 June 1944. The other two units went into operation on 5 July 1944 and 12 July 1944, respectively.

3. Experience to date justifies the opinion that the Mobile X-Ray unit has a definite value and has demonstrated its usefulness in augmenting the X-Ray facilities of evacuation hospitals.

a. Without the assistance of a mobile X-Ray unit, the hospital x-ray personnel are over taxed when the hospital continues to receive large number of casualties.

b. Not infrequently, a bottle neck develops in X-Ray when there is a large influx of casualties shortly after the evac-

•uation hospital opens in a new location. A mobile X-Ray unit will relieve this situation.

G. Transfusions.

1. There has always been a plentiful supply of plasma. It has been used in a ratio of approximately three (3) units to one bottle of blood but it is not a substitute for blood.

2. Blood for transfusions has been supplied by the ETO blood bank supplemented by the blood banks operated by evacuation hospitals and fresh blood obtained from non-combat troops and the lightly wounded.

3. Unfortunately, the major problems in the surgical care of battle casualties developed on the beach in connection with the transfusion of blood. The rate of flow of blood through the apparatus supplied was too slow to permit resuscitation of an exsanguinated patient. Under air pressure, the flow was still unsatisfactory. To overcome the difficulty, it was necessary to transfer the blood to a salvarsan tube. Subsequently, a new filter and larger needles were supplied so that blood could be delivered at a more desirable speed.

4. Blood has always been a critical item but there was no shortage during the first two weeks of the invasion when an average of 500 pints, daily, was supplied by the ETO blood bank.

5. The number of severe reactions to blood transfusions has been negligible.

6. A comment by the leader of one of the 3rd Auxiliary Surgical teams reflects the universal opinion about the value of blood, "In this campaign we believe the greatest single blessing from the medical point of view has been the availability of blood bank blood. In contrast to the African and Sicilian campaigns, we are now being able to operate upon and save patients that could never have survived on plasma alone."

H. Penicillin.

1. Penicillin therapy has been carried out according to the directions incorporated in Medical News No. 6, Office of the Surgeon, First U. S. Army, 13 May 1944.

2. The supply of penicillin was inadequate for approximately two weeks beginning about 14 June. At this time its local use in wounds was discontinued. Subsequently, the administration of penicillin in clearing stations was interrupted until an adequate supply was again available.

3. No statistical data can be obtained at this date concerning the value of penicillin therapy. The impression is that it has been of efinite value in iminimizing wound infection. It has not prevented the development of gas gangrene, but penicillin and antitoxin have been very effective in controlling the toxemia and spread of infection.

I. Forward Surgery.

1. The Manual of Therapy, ETO, 5 May 1944, has met all expectations in providing the basic principles for surgical procedures. However, it has been necessary to issue other directives in the Medical News in order to clarify or elaborate certain procedures or techniques as well as to emphasize policies that are clearly stated in the Manual.

2. Departures from policy were, in most instances, attributable to personal preference and to the difficulty of teaching surgeons to do what is known to be safest rather than what the individual surgeon considers best. The discrepancies most frequently observed were:

a. Failure to split plaster casts to the skin.

b. Improperly applied plaster.

c. Reluctance to use retention sutures in closure of abdominal wounds.

d. Delay in opening colostomies.

e. Tendency to plug wounds with vaseline gauze.

f. Too early evacuation of post operative cases.

3. A conservative attitude has been followed concerning amputations and discrimination exercised in the differential diagnosis of gas gangrene.

4. It has been difficult to establish a policy incorporating definite indications for the removal of foreign bodies in the chest and aspiration of hemothorax. In general, a conservative attitude has been followed.

5. Personal visits and letters from the ETO Consultants, Office of the Chief Surgeon, have been valuable in supplying information concerning the condition of casualties upon arrival in the U. S. The cooperative spirit and the constructive suggestions of the ETO Surgical Consultants is acknowledged with appreciation. It has been a contribution to the persistent endeavor to improve forward surgery.

SECTION XIII - VETERINARY

A. Personnel: Of the nine (9) Veterinary Officers still remaining with units of this command, seven (7) were brought into France at the beginning of operations. Officers with the 82nd and 101st Airborne Divisions were left in the United Kingdom.

B. Type of Services Rendered:

1. Food Inspection: During the initial phases of operations, Army Class I dumps were established at the Omaha and Utah beaches. Only "C" and "K" rations were received for issue to the troops. "5 in 1" with "25 in 1" supplement was received for issue to the hospitals. A considerable portion of the "25 in 1" supplement required overhauling due to damage sustained. This ration, consisting largely of fruit juices and canned milk was not properly packed for such an operations. Later, "10 in 1" rations were received, followed by "B" rations and finally by "A" rations.

As the troops pushed inland, truckheads were established to supply troops in forward areas. Two (2) Veterinary Officers and two (2) enlisted men, MD VS, were assigned to inspect supplies at Army depots and truckheads. Veterinary Officers, with Divisions, checked food supplies at their breakdown points. Laboratory facilities were available at the 10th Medical Field Laboratory for checking questionable supplies. In addition the above mentioned rations, enemy food stores including fresh chilled beef, frozen pork sides, fresh butter, cervelat style sausage, frozen fish fillets and a large variety of canned and dehydrated foods, were uncovered at Cherbourg. A considerable quantity of these supplies were inspected by Veterinary Officers of this command and issued to troops. The balance was to be salvaged by Advance Section, Communication Zone, who took

over immediately from Army. They had no Veterinary Officer with them and the balance of the perishable items were allowed to deteriorate. Some troops purchasedcattle to provide fresh meat for their troops, who were rather run down after the Cherbourg campaign was completed. These cattle were slaughtered under the supervision of Army Veterinary Personnel. In addition, some wounded livestock has been salvaged for food under Veterinary inspection. The question of purchasing dairy products was brought up, but after a thorought investigation, it was recommended that no purchases of such products be authorized for the following reasons:

a. Cattle are not routinely tested for TB. Civilian authorities claim incidence of this disease in cattle of the Normandy area to be very low, but stated that the incidence of Brucellosis (Disease producing Undulant Fever in man) to be very high.

b. Milk is not routinely pasteurized in creameries or dairy [illegible] only cream to be used for butter is so treated.

c. Equipment in most [illegible] inspected was found to be in a poor state of repair.

d. Due to heavy traffic on highways and lack of civilian transportation, only about 25-30% of milk produced on farms was being delivered to dairy plants. The balance was processed into butter and cheese on the farms under varying sanitary conditions.

2. Civil Affairs Work: Veterinary Officers have been frequently requested by G-5 Sections of this command to treat wounded civilian livestock. A large number of such animals have been treated by our personnel. Due to the fact that good dairy cows are valued at [illegible] to $600 and good draft type

horses valued up to about $1000.00, this service has been greatly appreciated by owners of such livestock. Our Veterinary Officers have been handicapped in this work by lack of proper equipment. Veterinary Chests No. 80 and 81 were set up during planning for this operation, but to date have not arrived on the continent. The Army Veterinarian has assisted the G-5 Section of this headquarters in procuring drugs, instruments, and biologicals required by civilian veterinarians to reestablish their practices. In each case the veterinarian was investigated to determine whether he was properly licensed by the French Republic before supplies were furnished. To date, there have been no outbreaks of diseases such as Anthrax, Blackleg, etc., reported in local livestock. It was recommended to G-5 Section, this headquarters, during pre-invasion planning period, that they include a Veterinary Subsection in their section. The recommendation was not favorably considered by them. To date, there are no Veterinary Officers from the Civil Affairs Section of Supreme Headquarters, American Expeditionary Forces, on the continent, not even the one assigned to the French mission. It is reported that they are still in the United Kingdom formulating plans. The G-5 Section of this Headquarters has finally realized the value of Veterinary Subsection and has requested the assignment of one (1) Major, VC, one (1) Staff Sergeant, MD VS, and one (1) Technician 5th Grade, MD VS. It is felt that they will be of considerable value.

3. Captured Livestock: It was recommended to G-4 and the Quartermaster, this headquarters, that all horses and cattle captured from the enemy be concentrated in specified areas for processing and identification before being

released to civilians through Civil Affairs town detachments. This matter is still awaiting decision and such animals are continually being issued to civilians with no processing by the Veterinary Service. This practice may lead to trouble later on as there is always a danger of introducing disease into other livestock owned by the civilians who receive such captured horses or cattle.

4. Service for Army Sentry Dogs: At the present time there are a total of forty six (46) Army Sentry Dogs assigned to units of this command. Veterinary Officers inspect these dogs at frequent intervals and units with such animals are informed where Veterinary Officers can be contacted in case emergency treatment is required. Arrangements have been made with the Army Quartermaster for the issue of proper rations for these dogs. Veterinary Officers with the 9th Air Force Service Command have been very cooperative in providing service for units with Sentry Dogs located near their installations. Service is also provided by Veterinary Officers of this command for privately owned and organizational mascots. At the present time a program is being started to vaccinate all such dogs against rabies. All Sentry Dogs were vaccinated prior to their departure from the United Kingdom.

C. Remarks: Reference paragraph 2c on failure to process captured livestock, it is felt that since almost two months have already elapsed since some of these animals were turned over to civilians it is too late to bother with such processing as any disease which might be carrying would already have been disseminated to livestock on farms where they have been placed. It is deemed advisable to seriously consider making arrangements for processing such animals as may be captured during future operations in this area.

G-5 Section has missed a splendid opportunity to render Civil Services of considerable value By failing to include a Veterinary Service in their Tables of Organization. Elimination of veterinary personnel from all Corps and many divisions has left the Army so few Veterinary Officers it has been impossible to cover all requests for veterinary service G-5 Section.

With the reorganization of the Medical Section of this headquarters, and the streamlining of the entire Army Headquarters, the Captain, VC, authorized by Tables of Organization was never assigned. During the period spent in the United Kingdom, this assistant was not required, but since the beginning of present operations, the additional officer could have been used to good advantage.

SECTION XIV - NURSING

A. This section of the report has been prepared by Major Esther R. McCafferty, ANC, who was assigned as Chief Nurse, First United States Army. There is a definite need for a chief nurse in the T/O of Army for closer coordination of nursing policies and problems. Major McCafferty's services have been invaluable.

1. Planning: The three (3) months previous to 6 June 1944 was a period of intensive training for First Army nurses. Three (3) conferences were held to acquaint Chief Nurses and operating room supervisors with First Army policies and directives, and the importance of adequate supplies and the necessity for teaching enlisted men.

a. Supplies: A mimeographed copy of the minimal amount of sterile supplies to be available for initial operation was given to each operating supervisor. Classes for enlisted men were held in each hospital, emphasizing sterile technic and preparation of sterile supplies. The 13th Field Hospital was situated very close to the 91st Medical Gas Treatment Battalion-these two organizations exchanged personnel for instructional purposes. The instruction in nursing care and preparation of supplies received by the 91st Medical Gas Treatment Battalion is now being fully utilized as this unit is functioning as a communicable disease hospital.

b. 3rd Auxiliary Surgical Group: The nurses of the 3rd Auxiliary Surgical Group devoted their time to the Field Hospitals to which they were to be attached; making supplies, sewing, aiding in the teaching of enlisted men and in general, familiarizing themselves with this type of organization. The plan, devised by Captain Charlotte E. Niemeyer, N-730286, Chief Nurse of the 3rd Auxiliary Surgical Group, for the utilization of surgical group nurses has contributed

immeasurably to the efficiency of First Army field hospitals. Captain Niemeyer determined, by personal observation and examination, which nurses were qualified operating supervisors. These nurses, with three (3) others, were to be placed in each platoon of a field hospital and were to be charged with the responsibility of the operating room and central supply room, thus permitting the six (6) field hospital platoon nurses to be responsible for patient care.

c. Equipment. Conferences were held with the ETO Quartermaster and the Army Quartermaster regarding clothing and nurses supplies. In addition to the normal issue of nurses clothing, each nurse was issued a combat jacket and trousers, and one pair of four button arctic overshoes. Maintenance units of nurses clothing were set up to arrive with each specified number of normal troop maintenace units. Post exchange items such as Kleenex, powder and lipstick were provided for in the prior planning.

d. Courses of Instruction. Short courses for selected nurses were given in anesthesia, operating room, central supply, field transfusion set, narcosis, and diet Kitchen at general and station hospitals throughout the United Kingdom. One hundred and ninety-one (191) First Army nurses attended these courses.

e. Personnel: Hospital commanders were notified of the availability of physically fit and professionally qualified nurses to replace those in the First Army units not entirely fit for field duty. All to gether, ninety five nurses were replaced. These replacements gave each evacuation hospital a minimum of one graduate nurse anesthetist and ten qualified operating room nurses. Those nurses in First Army units who did not wish field duty were given an opportunity to request a transfer.

Thus the majority of all nurses in the First Army are there because they have requested field duty.

Knowing the difficulty in obtaining nurse replacements in North Africa and the inadequacy of field and evacuation hospitals in nursing personnel, permission was requested from the Assistant Chief of Staff, G-1, First United States Army, to allow each unit one (1) nurse over T/O strength and also to have a pool of ten (10) nurses in the Army area. This permission was not granted. Frequent conferences were held with the First Army Adjutant General Classification Section, the Field Force Replacement System, and the Personnel Division of the Office of the Chief Surgeon, European Theater of Operations, to determine the most expeditious method of obtaining nurse replacements. A pool of fifteen (15) nurses, fully equipped, and attached to the Field Force Replacement System was established at a hospital in Southern Base Section. This pool functioned efficiently for units under strength before embarkation to France. However, it was not effective for the prompt replacement of nurse personnel in France.

By 1 June, the nurses in First Army units were ready for duty in a combat zone. The days spent in classes, physical conditioning and dry runs were to bring superior results.

2. Operations.

a. Arrival of Nurses in France: At 1530 hours on 10 June 1944, the 45th Field Hospital nurses and 128th Evacuation Hospital nurses arrived on Utah Beach, and at 1600 hours, nurses of the 42nd Field Hospital and 91st Evacuation Hospital arrived on the same beach. Nurses of the 45th Field Hospital were the First Army nurses to do duty in France. The first nurses to arrive on Omaha beach, those of the 51st Field Hospital, disembarked 2300 hours, 11 June 1944.

They walked from the beach to one of the hospital units of the 51st Field Hospital situated alongside an air strip on the promontory overlooking the beach. Medical Officers and enlisted men in these Field Hospitals which had been functioning since D + 3, were overjoyed to see their unit nurses. The technicians had been doing superior work. Nevertheless, the professional orderliness apparent when nurses are present, was lacking and it was only a few hours until these field hospitals assumed the appearance of efficiency and organization noted in a unit having nurse personnel. These field hospitals had been functioning entirely on sterile supplies prepared and packed in the United Kingdom. The time and effort devoted to this phase of planning had paid dividends.

b. Nursing Service: The nurses have been tireless in their efforts to provide essential nursing care to such a large number of casualties. As the wards became better organized and the nurses became more accustomed to working under constant and increasing pressure, more nursing care was given. The nurses on duty in the Central Supply Room were doing a magnificent job. This department is the pivot around which the eventual efficiency of the operating room and wards revolves. In no instance has a central supply room fallen short of the mission it had to perform. The nurses have exercised great ingenuity in creating and improvising equipment to facilitate a more efficient service. 2nd Lt. Alice A. Miller, N-767046, was awarded the Bronze Star Medal for improvising a portable traction device. However, any ward in a First Army unit will give evidence of the ingenuity displayed by the nurses.

c. Personnel: During the period from 7 June to 28 July, thirteen (13) nurses were lost to the Army through illness. The first replacements, eight (8) in number, arrived 14 July.

The replacement system has not functioned to the greatest efficiency in so far as nurses are concerned. It is difficult to say wherein the fault lies. The recommendations for a pool of ten (10) nurses in the Army Area, submitted 20 July, has not materialized. Advance Section, Communications Zone, has been helpful in supplying nurse personnel upon call.

d. Uniforms: The herringbone twill uniform has proven to be a satisfactory duty uniform under certain conditions. It is too heavy to wear in hot weather, particularly in the operating room and central supply room. In these departments, the brown and white seersucker can be worn effectively. The brown and white seersucker dress, however, because of the design, is totally impractical for ward duty in Army units where cots are used exclusively. The brown and white seersucker slacks leave much to be desired so far as the professional appearance of the Army nurse is concerned and are therefore not worn in the First United States Army.

The wearing of leggings has presented another problem. Many instances of dermatitis, provoked varicosities and swelling of soft tissues have resulted from the constant wearing of leggings. The are hot, uncomfortable and unattractive. A request has been submitted and approved for obtaining British type leggings. To date, however, they have not arrived. Nurses complain of the lack of support in the women's field shoes. Most of the nurses prefer the Munson last field shoe for support and comfort. Paratrooper boots have been made available but because of the men's size tariff, many nurses have been unable to be fitted in this type shoe.

There still remain much to be desired in so far as an appropriate and practical field uniform for nurses concerned. The nurse in an Army unit has no suitable uniform to wear for anything but duty hours. If the woolen battle

dress with slacks is made available, this uniform will fill a long felt and much needed requirement.

e. Return of German Nurses: On 2 July, nine (9) German nurses arrived at the 45th Evacuation Hospital. These nurses were to be returned to the German lines. They did not know until after their arrivial at this hospital they were to be returned. Needless to say, they were overjoyed. These nurses were well fed but were not in complete uniform. However, their clothing was of good quality. All wore the Nazi Ribbon for meritorious service which they very proudly displayed.

Captain Eva H. McLin, N-763215, Chief Nurse of this hospital had hot water, soap, towels, powder and lipstick all ready for the nurses to use. A very special meal had been prepared and it was thoroughly enjoyed. The Commanding Officer escorted the nurses through the hospital. They had an opportunity to observe supplies and equipment and talk to German patients and prisoners. They were most curious about the care and treatment given German patients and prisoners in England. They also expressed amazement at the size and amount of equipment and supplies.

After seeing the hospital, the nurses were transported in a closed ambulance to Salleroy. Here, there was a wait of approximately two (2) hours while final arrangements were being made with the German Officers to whom they were to be returned. At approximately 1800 hours they were taken through the lines at Caumont.

3. Remarks;

a. Too much emphasis cannot be place upon the adequacy of nurse personnel in field and evacuation hospitals. First Army field hospitals have attained their present effectiveness and efficiency through the judicious placement of 3rd

Auxiliary Surgical Group Nurses. It would be a physical impossiblity for nurses in the field hospitals to cope with the operative patient load carried by these units. As the field hospital is being employed by the First Army, each platoon should have fourteen (14) nurses. The four hundred (400) bed evacuation hospital should have a nurse strength of fifty eight (58) in order that nurses should not be required to do duty under the existing pressure for more than eight (8) consecutive hours. The seven hundred fifty (750) bed evacuation hospital should have seventy five (75) nurses for the efficient and adequate management of the nursing services. There should be nurse personnel in the Army convalescent hospital for supervisory purposes.

b. The woolen battle dress should be made available for Army nurses in the field before cold weather begins. The manufacture of this uniform should be expedited.

c. Nurse replacements in field and evacuation hospitals should be furnished within twenty four (24) to forty eight (48) hours. They should be furnished by the nearest Communications Zone headquarters having nurses under its jurisdiction and telephonic communication should be efficient. Utilizing the replacement system for nurse replacements has proven a loss of valuable nursing care hours.

SECTION XV - PERSONNEL

A. GENERAL.

1. All First US Army medical units, with few exceptions, arrived on the continent at T/O strength. However, by 22 June, it was necessary to request forty six (46) Medical Corps replacements. These replacements were obtained from Communications Zone Station and General Hospitals and Replacement Battalions in the U. K. The first of these replacements commenced to arrive on the continent on 24 June, forty eighty (48) hours after the requisition was submitted, and continued to arrive until the 30th of June. Upon arrivial on the continent these replacements were reassigned to Corps and by Corps to divisions.

2. On 15 July, a tour of Divisons and Corps revealed a shortage of twenty eight (28) Medical Corps officers. Inasmuch as no replacements were available, each 400 bed Evacuation Hospital was asked to designate two (2) Medical Corps officers to be reassigned to divisions; the 750 bed evacuation hospital was asked to designate four (4) Medical Corps officers for reassignment. The replacement of these officers was effected within twenty four (24) hours, transportation being furnished by Division Surgeons.

3. A request for forty seven (47) Medical Corps officer replacements was submitted on the 20th July, together with a request for the establishment of a pool of one hundred (100) Medical Corps Officers. This requisition for forty seven replacements was reduced to thirty nine. As of 31 July 1944, these replacements had still not arrived. The request for the pool of 100 Medical Corps Officers was disa proved.

4. Division Surgeons have been requested to furnish this office the names of Medical Corps officers who have been subjected to prolonged periods of combat duty, and who, although not yet classed as combat exhaustion cases, have shown symptons of comba t exhaustion. These officers have been reassigned to the Evacuation hospitals and with t fail have responded well.

5. During the period, forty nine (49) Medical Administrative Corps officer replacements have arrived on the continent for the First US Army, and under the provisions of WD Circular No. 99, as amended by WD Circular No. 108, these M.A.C. officers have been reassigned to units to replace Medical Corps Officers who have been performing administrative duties. This procedure relieves Medical Corps officers for further reassignment, and has relieved to some extent the shortage of Medical Corps officers.

6. The problem of providing replacements through the normal replacement system has proven to be entirely unsatisfactory. Required Medical Corps Officers were not in replacement battalions and depots, and the period of time necessary for forwarding requisitions to the U. K. made it impracticable to depend upon this source.

SECTION XVI - STATISTICS

A. GENERAL.

1. This section of the report is intended primarily to provide factual and quantitative data regarding the medical phase of operations of the First US Army in the Invasion of Northwestern Europe from D-Day to D + 55 (6 June thru 31 July 1944). Tabular and graphic material are included which provide information as to the number and rates of battle casualties, the incidence of disease and non-battle injuries, the numbers and proportion of combat exhaustion cases, evacuations to the U.S., admissions and dispositions reported by First US Army medical installations, bed status of Army hospitals and so forth.

2. In First US Army the approach to the problem of securing complete, accurate, and prompt medical reports has been based on a two-fold objective: first, to secure daily and with the absolute minimum of delay the essential facts regarding the current medical situation which are needed to effect the most efficient disposition and employment of medical units and personnel and thereby to provide the best possible care and treatment of the sick and wounded of this command; second, to insure that the more detailed and comprehensive reports covering longer periods of time are received, consolidated, tabulated, and analysed in order that all of the factors which comprise the medical situation may be seen in their proper perspective and proportion and may be used for long range planning of succeeding phases of this campaign and of subsequent campaigns.

3. As may be seen from the foregoing, the primary concern has been for the operational rather than the historical aspect of medical reporting but it is felt that in so placing the emphasis both purposes are really served. The historical validity of military medical statistics lies in their future actual and potential military usefulness.

B. PLANNING.

1. During the months immediately preceding the operational phase of this campaign, extensive and detailed plans were made and a program of training and familiarization for records personnel was devised and carried out. Since the reports and records required by War Department and Theater directives and by Army Regulations do not fully satisfy the requirements of a field army under combat conditions, reports to fill this need were designed. All information available regarding reporting experiences in the North African, Sicilian and Italian operations was obtained. After due consideration three new report forms were proposed and were approved by the Office of the Chief Surgeon, European Theater of Operations, in fact these same reports: the Combat Medical Statistical Report (ETOUSA MD Form 325), the Daily Admission and Disposition Report (ETOUSA MD Form 324a) and the Monthly Classification of Wounded Report have since been adopted for use by the other Armies operating in this Theater. Meeting and conferences were held at which personnel from the Division Surgeons' Offices and the Registrars' Offices of the hospitals and other medical installations were informed and instructed in the plans, policies and detailed procedures of medical reporting in the forth-coming operation. The fact that this was time and effort well spent was demonstrated in the comparative smoothness with which the reporting system functioned during the difficult period of the initial phases of the invasion.

C. OPERATIONS.

1. It was decided that a part of the Statistical Section of the Army Surgeon's Office should land on D + 1 to insure that in the critical days of initial operation of the combat reporting system, supervision would be available and a source of information would be at hand to answer the inevitable questions that would arise when new reports were being submitted under somewhat strange and difficult conditions. It is felt that this decision was a sound one for although the statistical group did not actually come ashore until D + 2, the work that was done in the first few days in correcting erroneous procedures, explaining the reasons for certain practices and establishing a close liaison with the persons responsible for the preparation of the reports undoubtedly saved many weeks of correspondence and contacts which would have been required

to begin at a later date to solve the problems that could not have been foreseen and to secure correction on reports made necessary by minor misconceptions so easily corrected when caught early.

B. TABLES AND CHARTS.

1. The following tables and charts have been prepared to show the important facts and situations relative to the medico-military experiences in this campaign to date:

Table - Basic Admission Rates - Summary (Appendix 1 to Section XVI).

Table - Admissions for Disease, Injury and Battle Casualty as Percent of Total (Appendix 2 to Section XVI).

Table - Disease Rate Summary by Major Components (Appendix 3 to Section XVI).

Chart - Graphic Rate Summary - Admissions - Battle Casualties and Admissions All Causes (Appendix 4 to Section XVI).

Chart - Graphic Rate Summary - Admissions - Non-Battle Injury and Admissions - Psychiatric Diseases (Appendix 5 to Section XVI).

Chart - Graphic Rate Summary - Admissions - Common Respiratory Disease and Admissions - "New" Venereal Disease (Appendix 6 to Section XVI).

Table - Combat Medical Statistics (Appendix 7 to Section XVI).

Chart - Admissions by Type - June 1944 (Appendix 8 to Section XVI).

Chart - Admissions by Type - July 1944 (Appendix 9 to Section XVI).

Chart - Daily Cumulative Totals of Admissions by Type (Appendix 10 to Section XVI).

Chart - Daily Cumulative Totals of Admissions by Class of Personnel (Appendix 11 to Section XVI).

Chart - Daily Cumulative Totals of Dispositions (Appendix 12 to Section XVI).

Table - Percentage Analysis of Combat Medical Statistics (Appendix 13 to Section XVI).

Table - Ratio of Battle Wounds to Combat Exhaustion (Appendix 14 to Section XVI).

Chart - Basic Ratios - Combat Medical Statistics (Appendix 15 to Section XVI).

Table - Patients Evacuated - Cumulative Data (Appendix 16 to Section XVI).

Chart - Evacuations - Utah and Omaha Beaches - June 1944 (Appendix 17 to Section XVI).

Chart - Evacuations - Utah and Omaha Beaches - July 1944 (Appendix 18 to Section XVI).

Table - Number of Admissions to Hospitals - by Weeks (Appendix 19 to Section XVI).

Table - Number of Admissions to Hospitals for the Communicable Diseases (Appendix 20 to Section XVI).

Table - Bed Status of First U.S. Army Hospitals - by Weeks (Appendix 21 to Section XVI).

Table - Anatomical Location of Wounds (Appendix 22 to Section XVI).

Chart - Wounds by Anatomical Location (Appendix 23 to Section XVI).

Table - Comparative Data - Anatomical Location of Wounds (France and Italy) (Appendix 24 to Section XVI).

~~CHART~~ - Wounds by Causative Agent (Appendix 25 to Section XVI).

Chart - Wounds by ANATOMICAL LOCATION ~~Causative Agent~~ (Appendix 26 to Section XVI).

Table - Summary of Medical Department Personnel - June and July (Appendix 27 to Section XVI).

Table - Malaria Admissions by Major Component (Appendix 28 to Section XVI).

Table - Malaria Rates by Major Components (Appendix 29 to Section XVI).

Table - Mean Strength - Major Components (Appendix 30 to Section XVI).

BASIC DATA IN CASES SUMMARY
By Major Components of
FIRST UNITED STATES ARMY IN FRANCE
June and July 1944

ORGANIZATIONS	ADJUSTED RATES PER 1000 PER ANNUM							
	JUNE				JULY			
	All Causes	Disease	Non-Battle Injury	Battle Casualty	All Causes	Disease	Non-Battle Injury	Battle Casualty
FIRST ARMY TOTAL	2023.8	431.2	202.6	1390.0	1755.5	510.0	138.5	1107.0
ARMY TROOPS	1205.1	353.6	270.4	581.1	210.5	136.7	60.2	13.6
V CORPS TROOPS	419.9	97.9	57.6	264.4	322.7	171.4	60.7	90.6
VII CORPS TROOPS	1791.0	850.5	621.1	319.4	663.3	260.5	120.5	282.3
VIII CORPS TROOPS	214.8	70.4	70.4	74.0	321.6	157.8	79.5	84.3
XIX CORPS TROOPS	174.9	111.0	45.4	18.5	385.8	133.4	74.6	177.8
1st INF DIV	2270.5	912.8	119.4	1238.3	1237.4	827.6	89.3	320.5
2nd INF DIV	2841.1	611.1	205.0	2026.0	2154.5	611.3	163.3	1379.9
2nd ARMD DIV	588.0	270.0	73.2	244.8	632.8	320.8	60.9	251.1
3rd ARMD DIV	1372.2	141.2	83.3	1147.7	1332.6	411.6	155.3	765.7
4th ARMD DIV					1015.7	311.9	84.2	619.6
4th INF DIV	5200.3	675.6	290.4	4234.3	3010.4	602.4	411.4	1996.6
5th INF DIV					1067.3	276.5	112.2	678.6
8th INF DIV					2759.4	416.5	50.5	2292.3
9th INF DIV	3017.0	836.6	256.9	1923.5	4369.9	1307.2	318.9	2743.8
28th INF DIV					48.8	34.9	10.5	3.5
29th INF DIV	3074.8	337.6	110.9	2626.3	3172.4	873.7	138.6	2160.1
30th INF DIV	747.9	241.0	106.1	400.8	4222.0	1107.1	185.3	2929.6
35th INF DIV					3532.6	1221.3	111.8	2199.5
79th INF DIV	1388.2	326.4	106.7	955.1	3459.0	919.1	181.1	2358.8
82nd A/B DIV	5100.7	597.8	62.3	4440.6	2027.9	393.5	65.6	1568.8
83rd INF DIV	349.1	90.9	69.1	189.1	6483.3	1450.7	410.5	4621.1
90th INF DIV	2676.7	583.7	130.4	1962.6	4010.8	835.0	347.0	2828.8
101st A/B DIV	4061.9	426.8	199.3	3432.8	711.0	406.8	172.0	132.3

Source: Weekly Statistical Reports
WD AGO Forms 86ab

Appendix 1

[illegible] S FOR
[illegible] BATTLE CASU[illegible]
[illegible]
[illegible]

[illegible] 1944

	[illegible]				JULY			
	All Causes	[illegible]	[illegible]	Battle Casualty	All Causes	Disease	Injury	Battle Casualty
[illegible]	[illegible]	[illegible]	[illegible]	[illegible].7	100.0	29.0	7.9	[illegible].1
[illegible]	[illegible]	[illegible]	[illegible]	[illegible].2	100.0	[illegible]	[illegible].6	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible].0	100.0	[illegible].1	[illegible]	[illegible].1
[illegible]	100.0	[illegible]	[illegible]	17.[illegible]	100.0	39.3	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	100.0	[illegible].1	[illegible].7	[illegible]
[illegible]	100.0	[illegible]	[illegible]	19.5	100.0	31.6	19.[illegible]	[illegible].1
[illegible]	100.0	[illegible]	[illegible]	[illegible]	100.0	[illegible].9	7.[illegible]	[illegible]
[illegible]	100.0	71.[illegible]	[illegible]	71.3	100.0	[illegible].7	[illegible]	[illegible]
[illegible]	100.0	[illegible].9	[illegible]	[illegible].6	100.0	[illegible].7	[illegible].6	39.7
3rd [illegible]	100.0	10.[illegible]	[illegible]	63.6	100.0	30.9	11.7	[illegible]
[illegible]					100.0	30.7	[illegible]	[illegible]
[illegible]	100.0	13.0	[illegible]	[illegible]	100.0	20.0	13.7	66.3
[illegible]th INF DIV					100.0	[illegible].9	10.[illegible]	[illegible].6
[illegible]th INF DIV					100.0	[illegible].1	1.[illegible]	[illegible].1
9th INF DIV	100.0	[illegible].7	[illegible]	63.8	100.0	29.9	7.[illegible]	[illegible]
28th INF DIV					100.0	71.4	21.4	7.2
29th INF DIV	100.0	11.0	[illegible]	[illegible]	100.0	27.[illegible]	[illegible]	68.1
30th INF DIV	100.0	[illegible]	[illegible]	[illegible].6	100.0	26.[illegible]	[illegible]	[illegible]
35th INF DIV					100.0	34.6	3.[illegible]	[illegible]
79th INF DIV	100.0	[illegible]	[illegible]	[illegible]	100.0	26.6	[illegible]	[illegible]
82nd A/B DIV	100.0	12.7	[illegible]	[illegible].1	100.0	19.4	[illegible]	[illegible]
83rd INF DIV	100.0	[illegible]	1.[illegible]	[illegible].2	100.0	[illegible]	[illegible]	71.[illegible]
90th INF DIV	100.0	[illegible]	[illegible]	[illegible]	100.0	[illegible]	[illegible].7	[illegible]
101st A/B DIV	100.0	[illegible]	[illegible]	[illegible]	100.0	[illegible]	[illegible]	[illegible]

Source: [illegible]

Appendix 21

RATE SUMMARY
...jor Components of
... STATES ARMY IN FRANCE
... and July 1944

ORGANIZATION	... SICK RATES PER 1000 PER ANNUM					JULY				
	All Dis.	Comm. Resp. Dis.	Total "New" V.D.	Malaria	Psych. Dis.	All Dis.	Comm. Resp. Dis.	Total "New" V.D.	Malaria	Psych. Dis.
...IRST ARMY [illegible]	431.8	23.9	3.4	40.7	129.3	510.0	22.5	3.2	23.0	237.5
...RMY TROOPS	353.6	32.	4.	46.8	79.6	136.7	19.5	7.9	5.0	2.9
V ...PS TROOPS	97.2	12.	.	10.1	6.4	171.4	27.2	1.9	38.8	10.4
VII ... TROOPS	350.1	30.	2.	16.8	9.2	260.5	29.6	2.3	1.6	14.8
VIII ... TROOPS	70.1	7.4	-	-	7.4	157.8	17.5	10.2	.6	15.7
XIX ... TROOPS	111.0	13.	1.	1.7	-	133.4	23.0	.7	-	17.2
1st ... DIV	912.8	46.1	.	245.6	138.3	827.6	36.5	.7	260.3	51.4
2nd INF DIV	611.1	32.1	-	4.3	313.4	611.3	39.8	.7	2.0	17 .2
2nd ... DIV	270.0	1 .1	1.	102.2	8.8	320.8	15.7	2.7	102.2	27.8
3rd ... DIV	141.2	7.2	-	-	86.9	141.6	11.8	3.2	4.7	267.3
4th ... DIV						311.9	2.1	2.1	-	462.
4th INF DIV	67 .6	-	-	.9	109.1	602.4	43.1	1.6	2.4	80 .0
5th INF DIV						276.5	23.9	1.0	-	66.8
6th INF DIV						416.5	13.4	1.9	-	267.6
9th INF DIV	836.6	22.0	5.	86.7	151.5	1307.2	21.1	2.6	54.6	72 .9
26th INF DIV						34.9	10.5	-	-	7.0
29th INF DIV	337.6	17.0	-	.8	166.8	873.7	32.8	1.5	1.5	382.9
30th INF DIV	241.0	31.2	2.	10.0	69.9	1107.1	29.7	.8	3.5	944.
35th INF DIV						1221.3	15.0	1.1	-	1047.1
79th INF DIV	326.4	-	-	-	226.2	919.1	13.1	3.5	3.6	28.4
82nd A/B DIV	97.8	24.0	4.	14.4	92.7	393.5	13.1	-	-	113.1
3rd INF DIV	90.9	7.3	3.6	-	11.9	1450.7	18.1	.9	-	1071.
th INF DIV	583.7	12.9	-	-	346.5	83 .0	13.7	-	-	4 6.3
1st A/B DIV	426.	33.	-	-	162.3	406.8	29.8	3.3	3.3	7.7

Source: Weekly Statistical ...
WD AGO Forms 8-8b

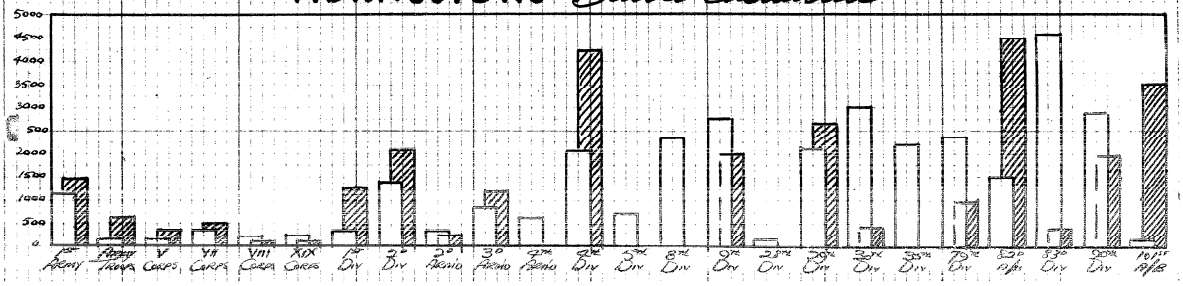
Exhibit 3

GRAPHIC RATE SUMMARY ☆

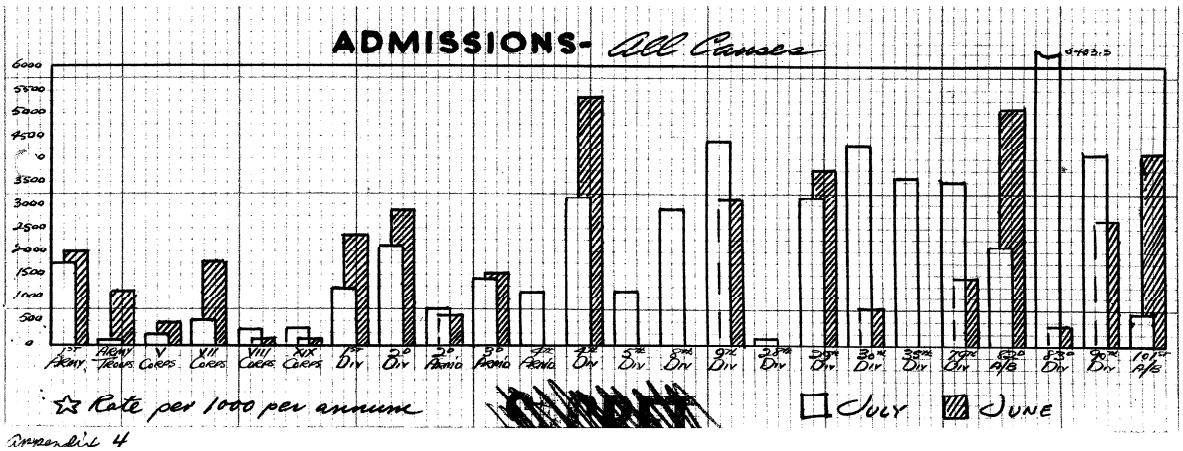
FIRST U. S. ARMY in FRANCE

JUNE - JULY 1944

ADMISSIONS - Battle Casualties



ADMISSIONS - All Causes



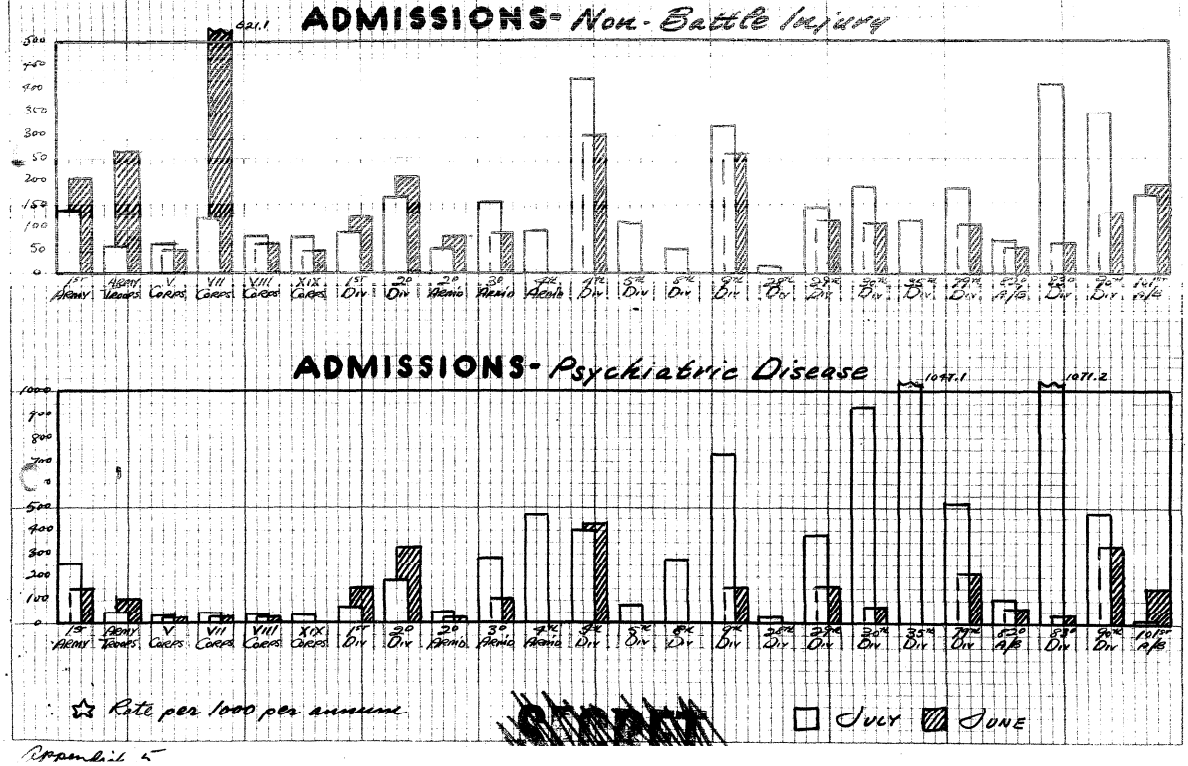
☆ Rate per 1000 per annum

Appendix 4

GRAPHIC RATE SUMMARY ☆

FIRST U. S. ARMY in FRANCE

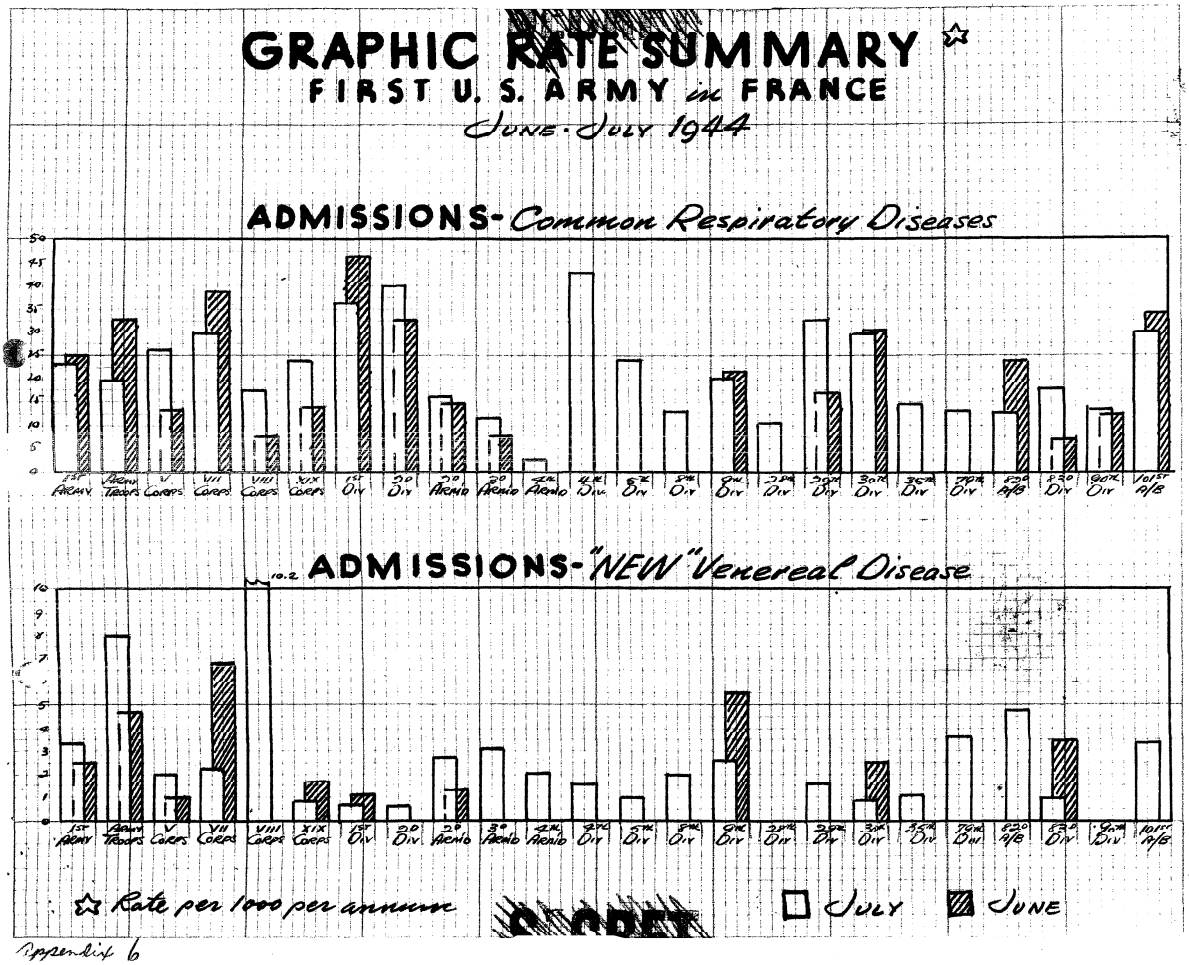
JUNE · JULY 1944



GRAPHIC RATE SUMMARY ☆

FIRST U. S. ARMY in FRANCE

JUNE - JULY 1944



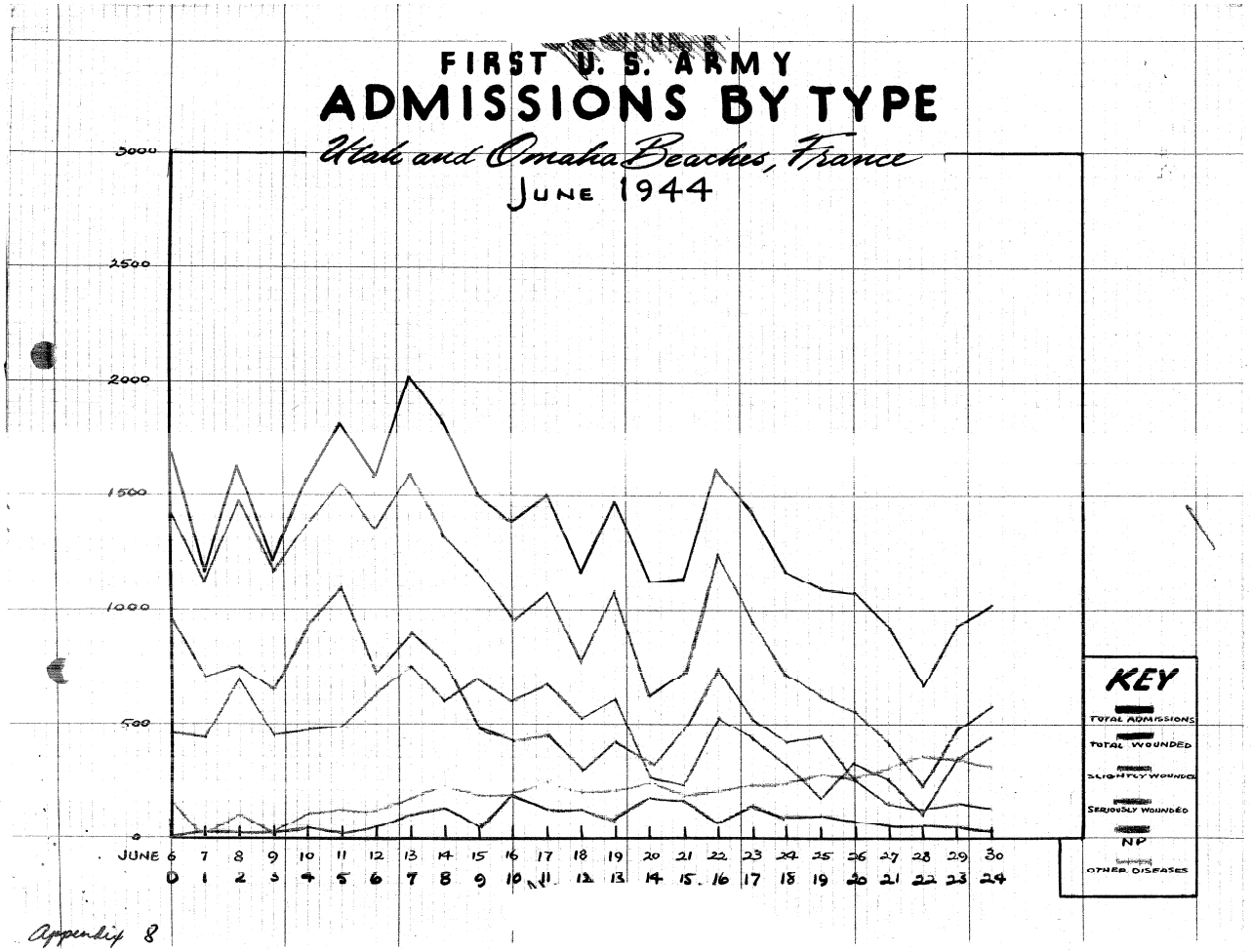
Appendix 6

COMBAT MEDICAL STATISTICS
FIRST UNITED STATES ARMY IN FRANCE
6 JUNE 1944 through 31 JULY 1944

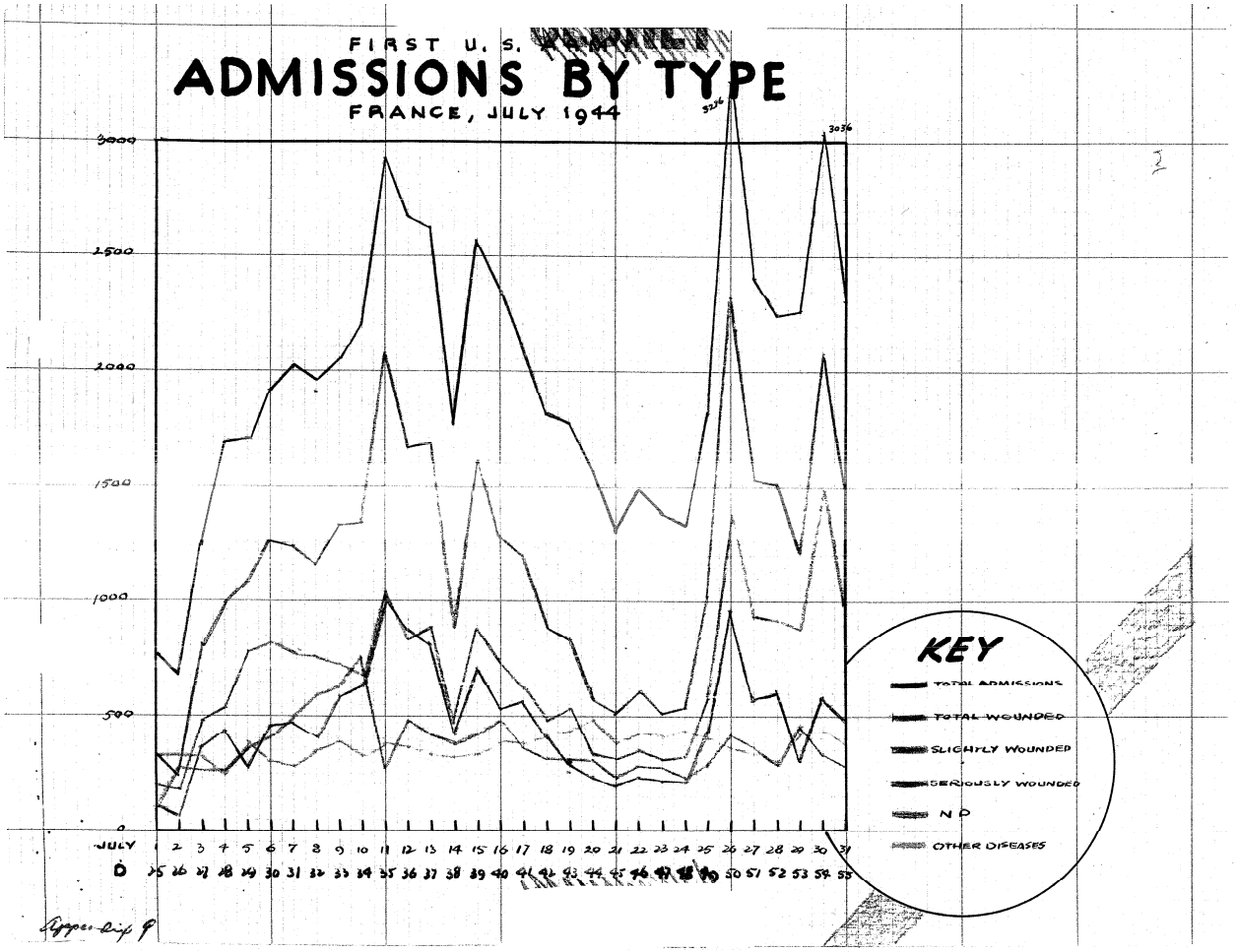
ADMISSIONS and DISPOSITIONS	DISEASE		NON-BATTLE INJURY	WOUNDED		U.S. ARMY TOTAL	U.S. NAVY	ALLIES	ENEMY	CIVILIAN	GRAND TOTAL
	NP	OTHER		LIGHTLY	SERIOUSLY						
DIRECT ADMISSIONS	11150	16167	7576	32699	27580	95172	337	486	6207	812	103014
RETURNED TO DUTY	6940	8424	2856	4070	349	22639	129	141	-	33	22942
EVACUATED	3121	5076	3565	26292	22263	60317	187	241	5195	58	65998
DIED	-	14	43	31	1939	2027	14	21	206	48	2316
OTHERWISE DISPOSED OF	50	103	41	68	5	267	2	13	171	337	790
REMAINING AT 2400 HOURS, 31 JULY	1312	1880	847	3358	1348	8745	2	8	455	48	9258

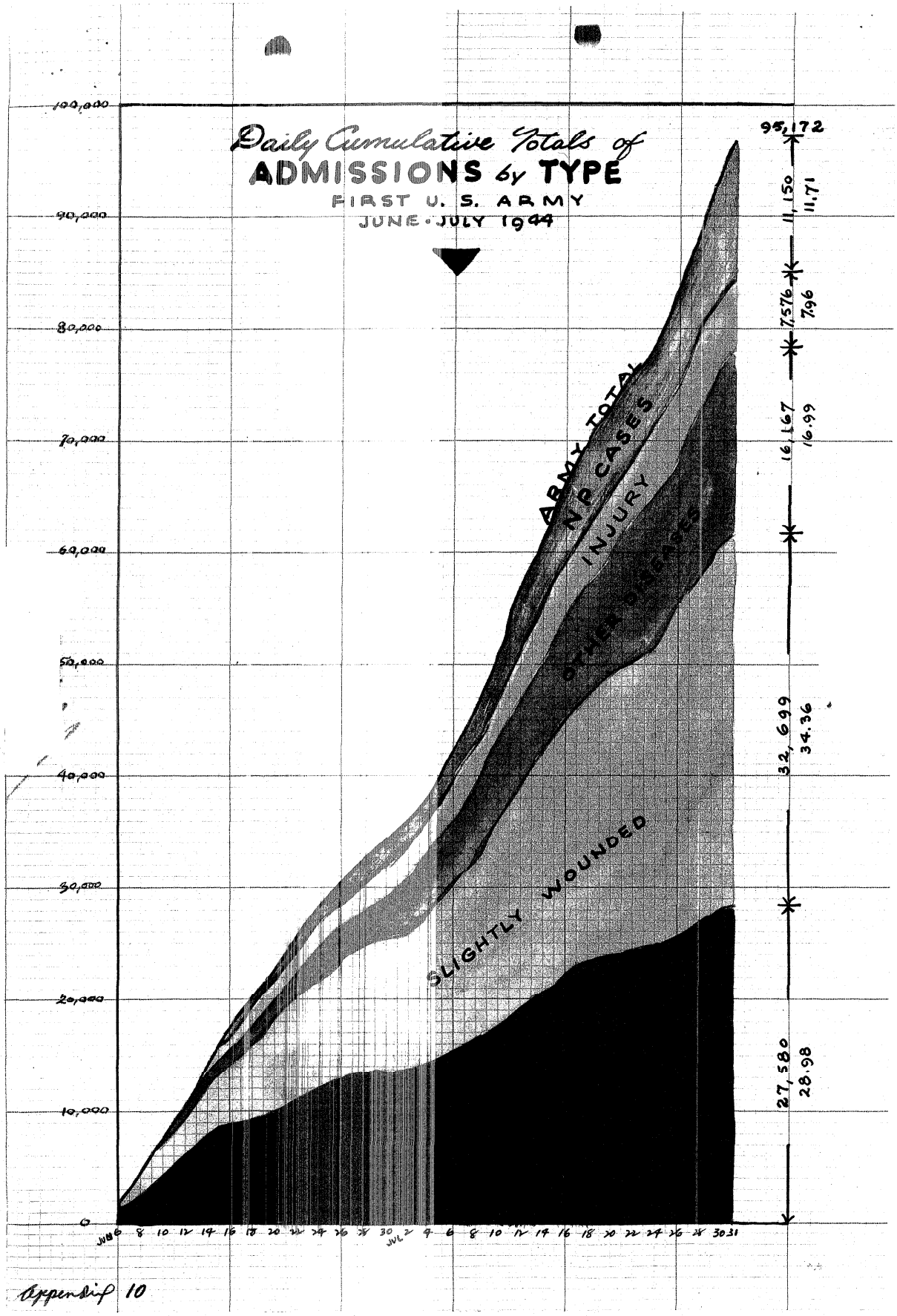
Source: Combat Medical Statistical Reports
ETOUSA MD FORMS 323

FIRST U. S. ARMY
ADMISSIONS BY TYPE
Utah and Omaha Beaches, France
JUNE 1944

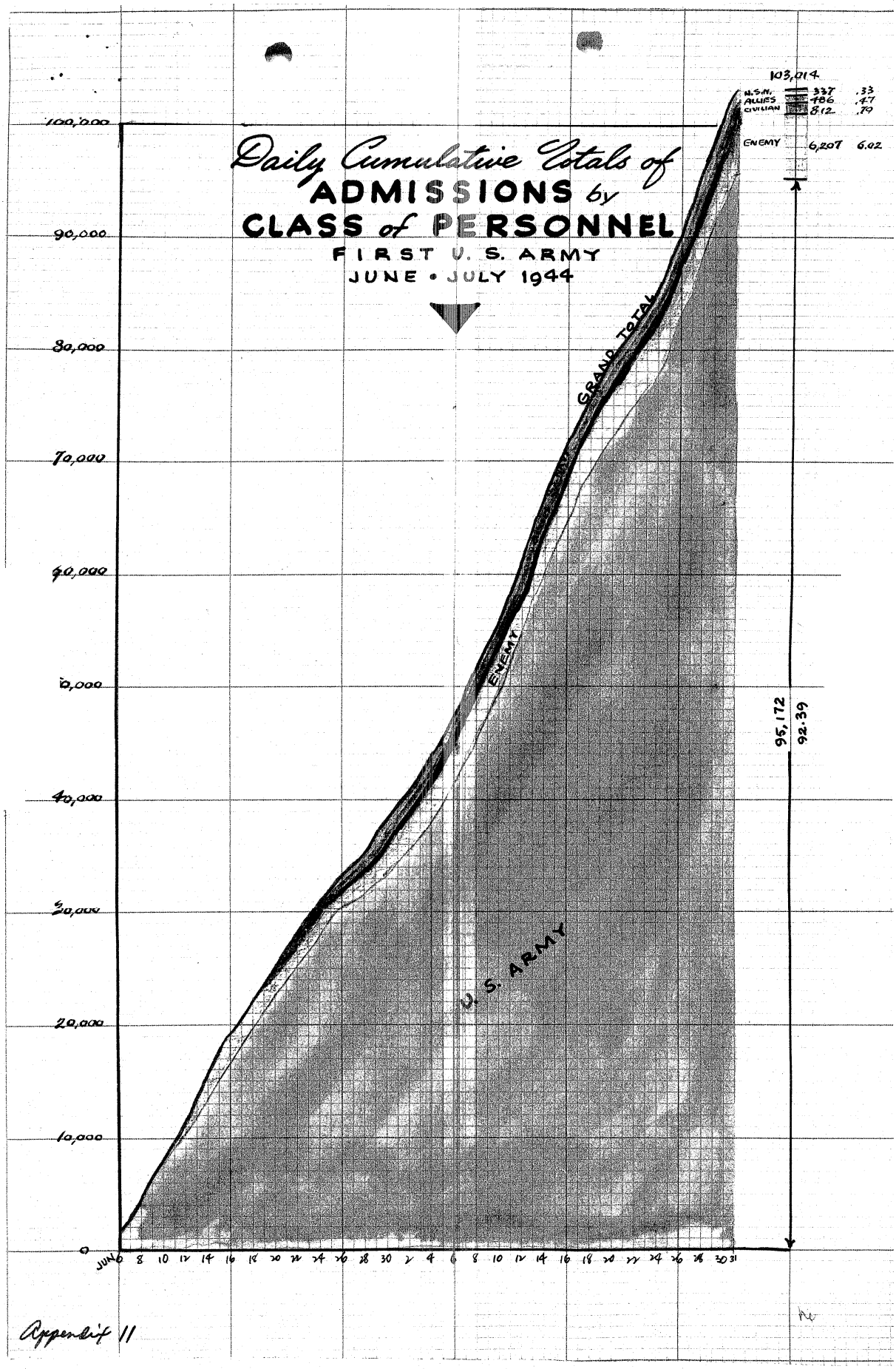


Appendix 8

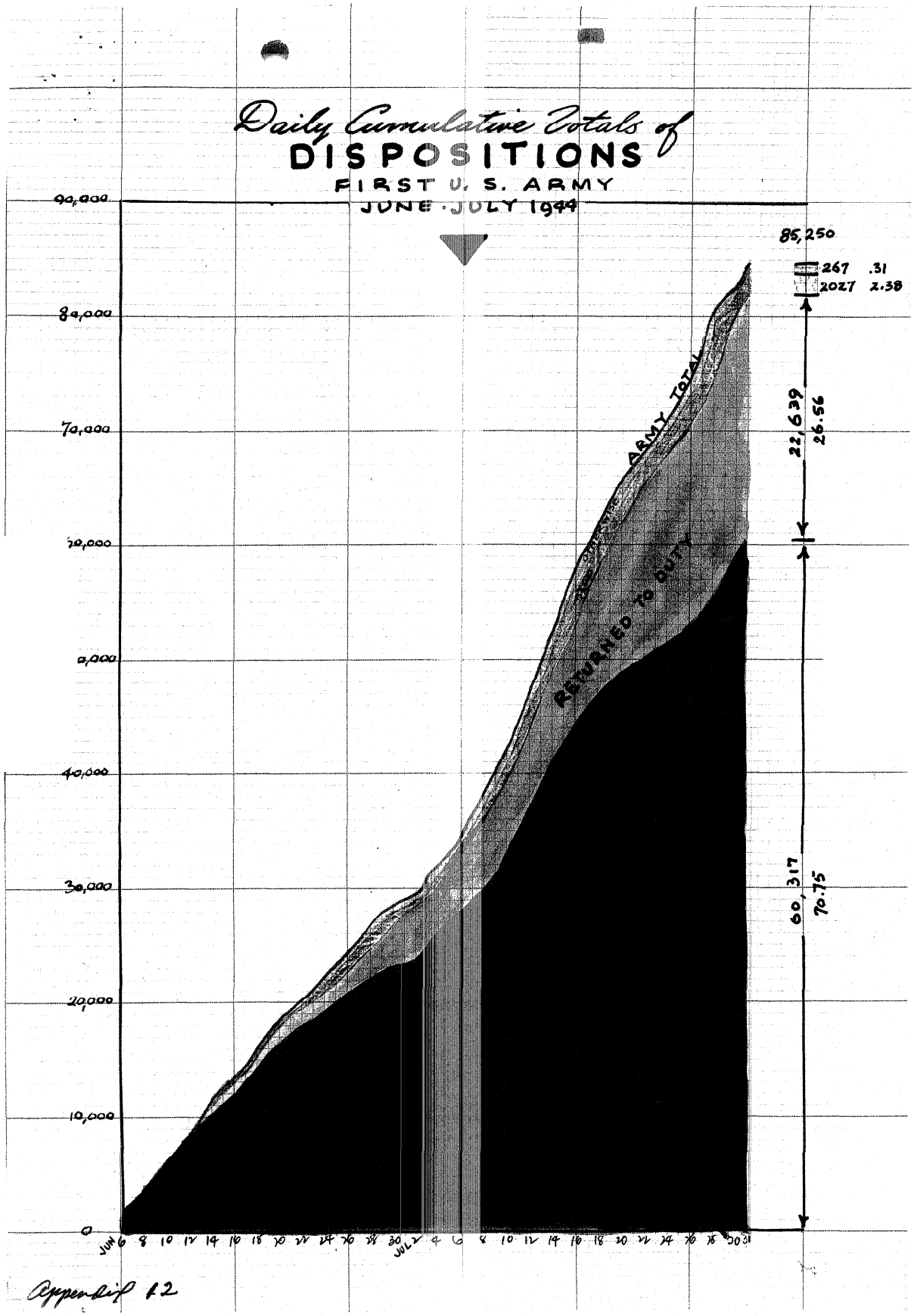

FIRST U. S.
ADMISSIONS BY TYPE
FRANCE, JULY 1944
5236
3036
3000
2500
2000
1500
1000
500
0
JULY
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
D 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55
KEY
TOTAL ADMISSIONS
TOTAL WOUNDED
SLIGHTLY WOUNDED
SERIOUSLY WOUNDED
N D
OTHER DISEASES


Daily Cumulative Totals of
ADMISSIONS by TYPE
FIRST U. S. ARMY
JUNE - JULY 1944
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
ARMY TOTAL
NP CASES
INJURY
OTHER DISEASES
SLIGHTLY WOUNDED
95,172
11,150
11.71
7,576
7.96
16,167
16.99
32,699
34.36
27,580
28.98
JUN 6 8 10 12 14 16 18 20 22 24 26 28 30
JUL 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 31

Appendix 10


Daily Cumulative Totals of
ADMISSIONS by
CLASS of PERSONNEL
FIRST U. S. ARMY
JUNE • JULY 1944
103,014
U.S.N. 337 .33
ALLIES 486 .47
CIVILIAN 812 .79
ENEMY 6,207 6.02
95,172
92.39
GRAND TOTAL
ENEMY
U. S. ARMY
100,000
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
JUNE 8 10 12 14 16 18 20 22 24 26 28 30 2 4 6 8 10 12 14 16 18 20 22 24 26 28 30 31

Appendix 11


Daily Cumulative Totals of
DISPOSITIONS
FIRST U. S. ARMY
JUNE - JULY 1944
90,000
80,000
70,000
60,000
50,000
40,000
30,000
20,000
10,000
0
JUN 6 8 10 12 14 16 18 20 22 24 26 28 30 JULY 4 6 8 10 12 14 16 18 20 22 24 26 28 30 31
ARMY TOTAL
RETURNED TO DUTY
85,250
267 .31
2027 2.38
22,639
26.56
60,317
70.75

Appendix 12

PERCENTAGE ANALYSIS
of
COMBAT MEDICAL STATISTICS
FIRST UNITED STATES ARMY IN FRANCE
JUNE and JULY 1944

DETAIL	Month of June 6-30 June	Month of July 1-31 July	June and July 6 June-31 July
Disease Admissions as Percent of Total	19.93	33.49	28.70
Wounded as Percent of Total Admissions	72.35	58.42	63.34
Non-battle Injury as Percent of Total Admissions	7.72	8.09	7.96
Returns to Duty as Percent of Total Admissions	11.76	28.49	22.27
Deaths as Percent of Total Admissions	2.15	2.31	2.25
Evacuations as Percent of Total Admissions	70.35	60.35	64.07
U.S. Army Admissions as Percent of Total	87.78	95.12	92.39
U.S. Navy Admissions as Percent of Total	.65	.14	.33
Allied Admissions as Percent of Total	.91	.21	.47
Enemy Admissions as Percent of Total	9.45	4.00	6.03
Civilian Admissions as Percent of Total	1.22	.53	.79

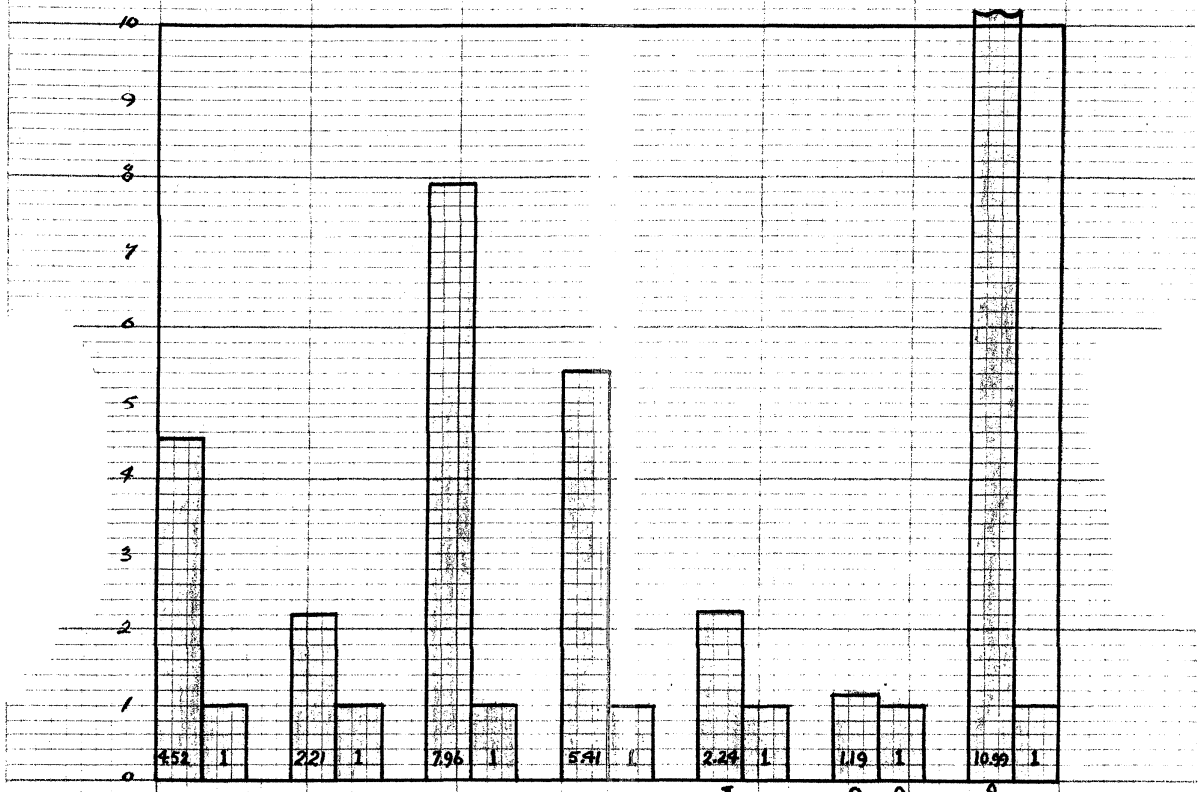
Source: Combat Medical Statistical Reports
ETOUSA MD FORMS 323

RATIO OF
BATTLE WOUNDS TO COMBAT EXHAUSTION
FIRST U. S. ARMY DIVISIONS IN FRANCE
JUNE and JULY 1944

DIVISION	JUNE			JULY		
	WOUNDED	EXHAUSTION	RATIO	WOUNDED	EXHAUSTION	RATIO
1st Infantry	954	161	5.9 to 1	477	94	5.1 to 1
2nd Infantry	1909	361	5.3 to 1	2086	471	4.4 to 1
2nd Armored	127	29	4.4 to 1	1125	283	4.0 to 1
3rd Armored	325	24	13.5 to 1	1150	387	3.0 to 1
4th Armored	-	-	-	299	172	1.7 to 1
4th Infantry	4380	462	9.5 to 1	2212	610	3.6 to 1
5th Infantry	-	-	-	1066	128	8.4 to 1
8th Infantry	-	-	-	2115	282	7.5 to 1
9th Infantry	1900	138	13.8 to 1	3252	471	6.9 to 1
28th Infantry	-	-	-	-	-	-
29th Infantry	2053	287	7.2 to 1	2791	1027	2.7 to 1
30th Infantry	345	40	8.6 to 1	4563	1309	3.5 to 1
35th Infantry	-	-	-	2531	1106	2.3 to 1
79th Infantry	1179	140	8.4 to 1	2706	608	4.5 to 1
82nd Airborne	2223	179	12.4 to 1	725	70	10.4 to 1
83rd Infantry	61	3	20.3 to 1	5295	256	20.7 to 1
90th Infantry	1537	299	5.2 to 1	3114	578	5.4 to 1
101st Airborne	1536	80	19.3 to 1	-	6	-
TOTAL-All Divisions	18529	2203	8.4 to 1	35506	7858	4.5 to 1

Source: Combat Medical Statistical Reports
ETOUSA MD Forms 323

COMBAT MEDICAL STATISTICS
BASIC RATIOS
FIRST U. S. ARMY
JUNE - JULY 1944

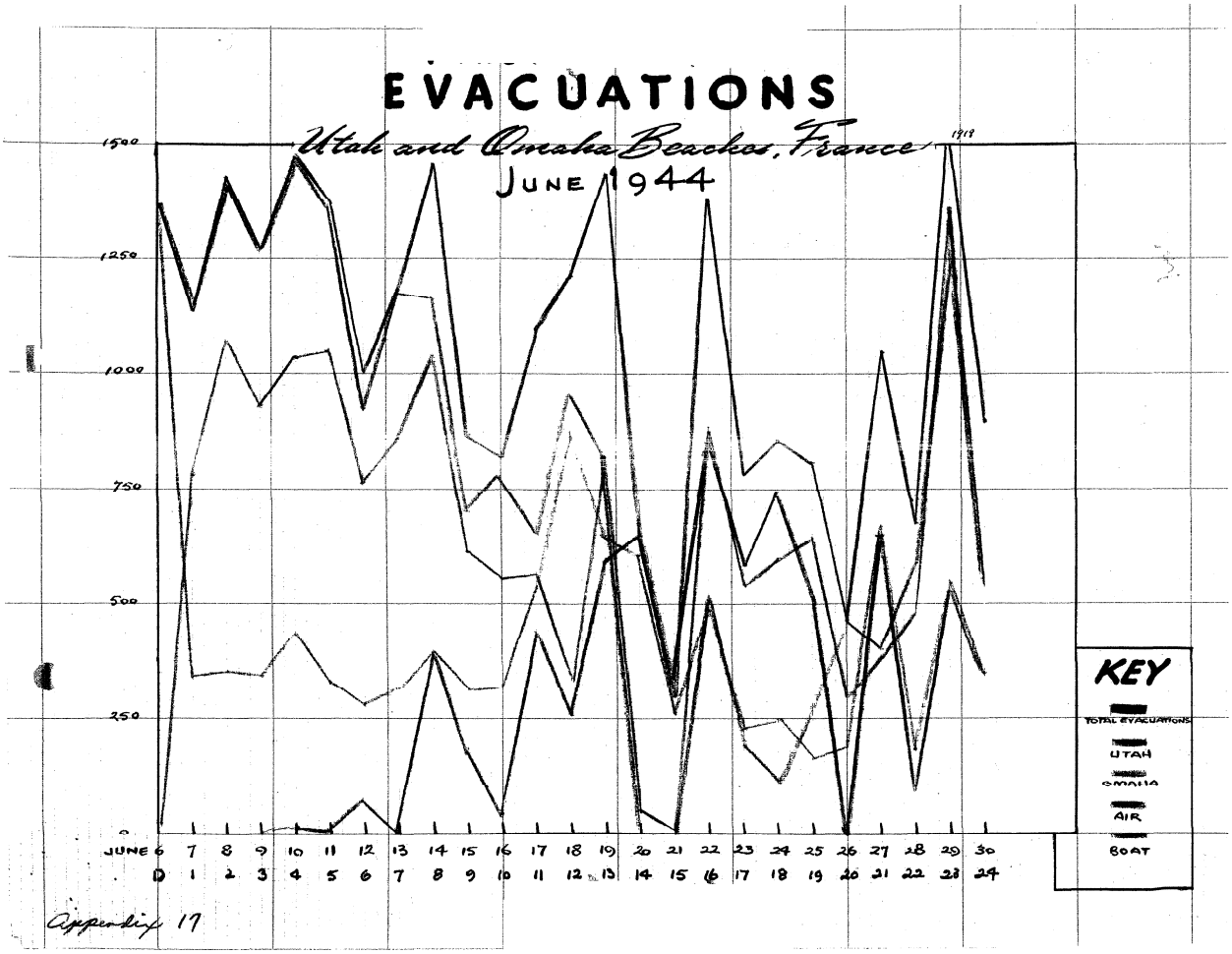


Appendix 15

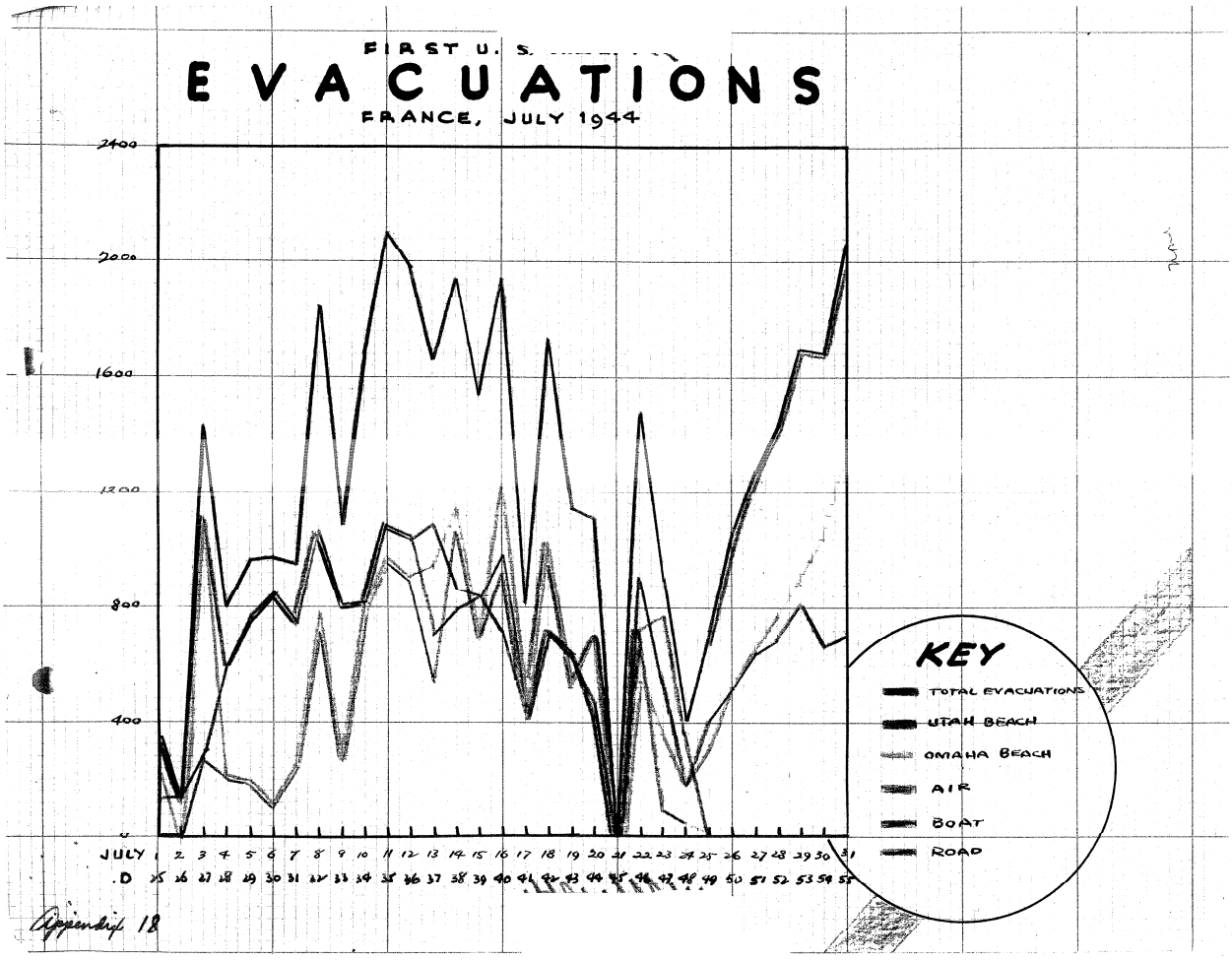
PATIENTS EVACUATED
from
FIRST UNITED STATES ARMY AREA IN FRANCE
JUNE and JULY 1944

CUMULATIVE THROUGH	EVACUATIONS BY							
	AIR		ROAD		BOAT		ALL MEANS	
	No.	%	No.	%	No.	%	No.	%
9 June 1944	-	-	13	.2	5197	99.8	5210	100.0
16 June 1944	621	4.6	24	.1	12760	95.3	13405	100.0
23 June 1944	4339	21.4	24	.1	15910	78.5	20273	100.0
30 June 1944	7245	26.8	24	.1	19680	73.1	26949	100.0
7 July 1944	8318	25.5	24	.1	24243	74.4	32585	100.0
14 July 1944	13773	30.7	24	.1	31075	69.2	44872	100.0
21 July 1944	18106	34.1	24	-	35036	65.9	53166	100.0
28 July 1944	19966	33.0	4608	7.6	35961	59.4	60535	100.0
31 July 1944	19966	30.3	10071	15.2	35961	54.5	65998	100.0

Source: Combat Medical Statistical Reports
ETOUSA MD FORMS 323


EVACUATIONS
Utah and Omaha Beaches, France
JUNE 1944
1500
1250
1000
750
500
250
0
1919
JUNE 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
D 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24
KEY
TOTAL EVACUATIONS
UTAH
OMAHA
AIR
BOAT

Appendix 17


FIRST U. S.
EVACUATIONS
FRANCE, JULY 1944
2400
2000
1600
1200
800
400
0
JULY 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
D 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55
KEY
TOTAL EVACUATIONS
UTAH BEACH
OMAHA BEACH
AIR
BOAT
ROAD

Appendix 18

NUMBER OF ADMISSIONS*
TO FIRST UNITED STATES ARMY HOSPITALS
IN FRANCE

JUNE AND JULY 1944

HOSPITAL	WEEK ENDING JUNE 9	JUNE 16	JUNE 23	JUNE 30	JULY 7	JULY 14	JULY 21	JULY 28
2nd Evac	No hospitals operating until after 9 June, initial report 16 June	x	x	334	848	1024	460	747
4th Conv		x	x	2	66	299	210	161
5th Evac		391	707	183	-	400	382	719
13th Field		134	103	44	33	62	35	109
16th Field		x	x	x	x	x	x	86
24th Evac		516	532	3	-	568	624	763
32nd Evac		x	x	x	x	x	235	202
34th Evac		x	x	x	574	795	634	543
35th Evac		x	x	951	214	2	-	322
39th Evac		x	x	x	x	x	8	117
41st Evac		526	547	476	3	5	7	449
42nd Field		952	91	97	114	288	285	274
44th Evac		x	165	169	-	609	543	773
45th Evac		x	x	605	738	225	304	338
45th Field		328	226	49	136	147	32	58
47th Field		x	x	x	x	x	x	41
51st Field		586	200	76	68	316	267	198
54th Field		x	x	x	x	x	2	54
67th Evac		x	774	900	1293	952	290	x
91st Evac		3	413	52	1231	888	271	x
96th Evac		x	777	402	888	1055	440	-
97th Evac		x	496	294	1	494	135	-
100th Evac		x	x	x	x	x	x	429
101st Evac		x	x	x	x	15	105	242
102nd Evac		x	x	x	x	x	x	341
103rd Evac		x	x	x	x	x	x	444
104th Evac		x	x	x	x	x	383	596
106th Evac		x	x	x	x	x	x	169
107th Evac		x	x	x	x	x	261	490
109th Evac		x	x	x	x	x	x	133
128th Evac		1209	1174	434	935	1078	653	5
618th Clr Co		x	x	x	127	693	487	582
622nd Clr Co		x	427	343	706	1149	845	513

Source: Hospital Statistical Reports
ETOUSA MD Forms 310

* Direct Admissions only, not including transfers from other army hospitals.
\- No admissions for the week.
x Hospital closed during the week.

NUMBER OF
ADMISSIONS FOR
THE COMMUNICABLE DISEASES
TO FIRST UNITED STATES ARMY HOSPITALS

JUNE AND JULY 1944

DISEASE	WEEK ENDING						
	JUNE			JULY			
	*9	16	23	30	7	14	21	28
Common Respiratory		15	46	59	96	103	91	90
Diphtheria			1			8		
Influenza			7	1	2	3		6
Measles					2			2
Measles, German			1	1	2	1		1
Meningitis, meningococcic			2	1	4	4	1	8
Mumps		2	4	7	15	30	5	20
Pneumonia, primary (not atypical)		2	3	5	6	10	2	
Pneumonia, primary (atypical)		1	2	4	11	5	8	9
Pneumonia, secondary							1	3
Scarlet fever					1	4	2	2
Septic sore throat		1						
Tuberculosis, all forms					3	2	1	
Vincent's angina			1	1		4		2
Common diarrheas		12	14	23	22	32	25	30
Dysentery, bacillary			1	1		1	2	
Dysentery, amebic				1				
Dysentery, unclassified			3	2	8	5	7	1
Malaria acquired in U.S.								2
Malaria acquired outside U.S.		54	147	231	270	293	260	317
Hepatitis, infectious				2	5	3	3	1
Keratoconjunctivitis, infectious					1			
Rheumatic fever					1		3	
Scabies			1	14	17	16	11	5
Fever of undetermined origin		7	28	60	48	40	13	45
Gonorrhea			4	10	24	23	23	28
Syphilis			2	15	7	27	31	42
Other venereal					2		2	
Gas gangrene		13	5	1	14	8	8	1
Jaundice		1				1	1	1
Traumatic meningitis							1	

Source: Hospital Statistical Reports
ETOUSA MD Forms 310

* No hospitals operating until after 9 June 1944. Initial reports on 16 June 1944.

BED STATUS
OF
FIRST UNITED STATES ARMY
HOSPITALS IN FRANCE
AT END OF EACH WEEK*
JUNE AND JULY 1944

HOSPITAL	TOTAL BEDS AVAILABLE AND BEDS OCCUPIED													
	JUNE						JULY							
	16		23		30		7		14		21		28	
	Total	Occ	Total	Occ	Total	Occ	Total	Occ	Total	Occ	Total	Occ	Total	Occ
2nd Evac					750	396	750	288	750	364	750	208	750	474
4th Conv					2000	112	1700	1337	2300	1849	2500	2170	2500	1928
5th Evac	400	290	400	179	400	58	400	6	400	339	400	246	400	368
13th Field	300	96	300	46	200	16	200	15	200	31	200	17	300	72
16th Field													662	541
24th Evac	490	453	420	66	400	15	400	-	400	210	500	328	500	386
32nd Evac											600	211	625	-
34th Evac							525	285	525	316	500	264	500	234
35th Evac					575	566	400	11	400	-	400	-	400	212
39th Evac											500	48	500	4
41st Evac	436	286	458	222	485	281	400	57	400	2	400	7	400	326
42nd Field	400	288	200	6	300	35	300	61	300	148	313	124	316	141
44th Evac			400	124	400	43	400	-	400	156	400	172	400	292
45th Evac					400	185	400	263	400	56	400	-	400	216
48th Field	400	96	300	97	300	66	300	83	300	100	300	13	300	32
47th Field													100	24
51st Field	600	28	300	29	300	51	200	49	300	163	300	138	300	121
54th Field											200	18	300	34
67th Evac			400	344	400	329	600	423	600	189	600	-		
91st Evac	400	272	434	106	434	9	640	609	640	305	400	-		
96th Evac			550	525	500	59	500	414	500	258	500	-	400	-
97th Evac			500	447	400	38	400	-	400	268	400	69	400	-
100th Evac													500	318
101st Evac									400	12	400	84	400	217
102nd Evac													400	291
103rd Evac													400	342
104th Evac											640	408	640	294
106th Evac													400	184
107th Evac											400	92	400	109
108th Evac													400	150
128th Evac	514	378	600	401	600	82	600	444	600	266	600	138	400	4
618th Clr Co							386	145	800	581	660	559	660	569
622nd Clr Co			549	391	267	99	420	405	675	587	615	598	650	463
Total	3940	2187	5911	2993	10111	2427	10021	4895	11870	6189	13878	5912	15603	8241

Source: Hospital Statistical Reports
ETOUSA, MD Forms 310.

* No hospitals operating until after 9 June 1944. Initial reports on 16 June 1944.

CLASSIFICATION OF WOUNDED
ADMITTED TO HOSPITALS
OF
FIRST UNITED STATES ARMY IN FRANCE
JUNE and JULY 1944

LOCATION	ANATOMICAL LOCATION OF WOUNDS									
	ADMISSIONS				DEATHS				CASE FATALITY RATE (%)	
	JUNE		JULY		JUNE		JULY		JUNE	JULY
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total		
ABDOMINAL	548	4.3	1448	5.3	116	26.5	286	25.91	21.2	19.7
THORACIC	1264	10.0	3069	11.3	117	26.8	268	24.3	9.3	8.7
MAXILLO-FACIAL	749	5.9	1319	4.8	15	3.4	21	1.9	2.0	1.6
NEUROLOGICAL	946	7.5	1762	6.5	85	19.5	297	26.9	9.0	16.9
Head	735	5.8	1498	5.5	67	15.4	270	24.5	9.1	18.0
Spine	156	1.2	198	.7	18	4.1	27	2.4	11.5	13.6
Nerve	55	.4	66	.2	-	-	-	-	-	-
EXTREMITIES	7747	61.2	15447	56.6	58	13.3	168	15.2	.7	1.1
Upper	3314	26.2	6751	24.8	12	2.8	35	3.2	.4	.5
Lower	4433	35.0	8696	31.9	46	10.5	133	12.1	1.0	1.5
BUTTOCKS	541	4.3	1365	5.0	19	4.4	29	2.6	3.5	2.1
OTHER LOCATIONS	736	5.8	2505	9.2	26	5.9	25	2.3	3.5	1.0
BURNS-All Locations	129	1.0	368	1.4	1	.2	10	.9	.8	2.7
TOTAL	12660	100.0	27283	100.0	437	100.0	1104	100.0	3.5	4.0
MULTIPLE WOUNDS*	4367		10206		194		677		4.5	6.6

*Included in table above according to location of most extensive wound.
Source: Monthly Classification of Wounded Reports
First U. S. Army Hospitals

CLASSIFICATION OF WOUNDED
ADMITTED TO HOSPITALS
of
FIRST UNITED STATES ARMY IN FRANCE
JUNE and JULY 1944

CAUSATIVE AGENT	WOUNDS BY CAUSATIVE AGENT									
	ADMISSIONS				DEATHS				CASE FATALITY RATE(%)	
	JUNE		JULY		JUNE		JULY		JUNE	JULY
	Number	% of Total	Number	% of Total	Number	% of Total	Number	% of Total		
GUN SHOT WOUNDS	4201	33.2	6537	23.9	171	39.1	306	27.7	4.1	4.7
SHELL WOUNDS	6420	50.7	16426	60.2	183	41.9	670	60.6	2.9	4.1
BOMB WOUNDS	439	3.5	1582	5.8	18	4.1	72	6.5	4.1	4.6
BLAST INJURIES	674	5.3	689	2.5	47	10.8	21	1.9	7.0	3.0
SECONDARY MISSILES	29	.2	40	.2	-	-	-	-	-	-
BURNS	124	1.0	336	1.2	1	.2	10	.9	.8	3.0
OTHERS	773	6.1	1673	6.1	17	3.9	25	2.3	2.2	1.5
TOTAL	12660	100.0	27283	100.0	437	100.0	1104	100.0	3.5	4.0

Source: Monthly Classification of Wounded Reports
First U.S.Army Hospitals

[redacted]

[redacted]

[redacted]

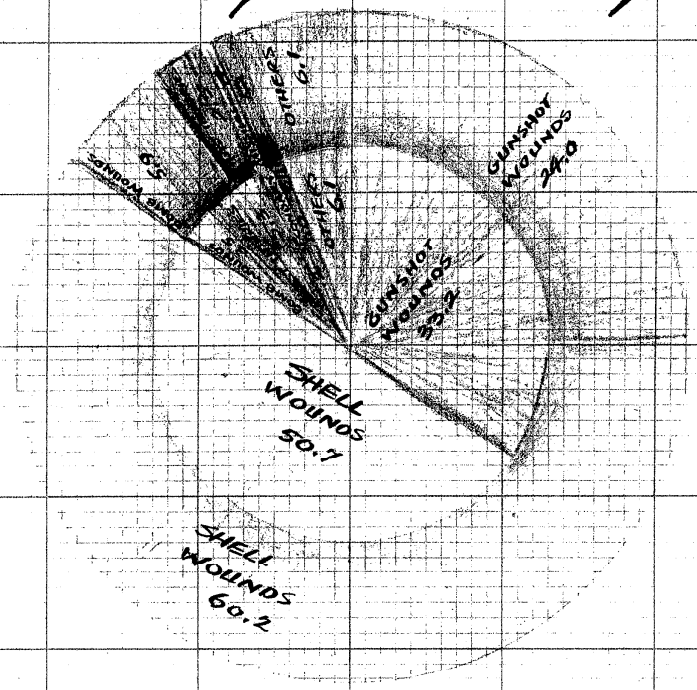
LOCATION	[redacted]		[redacted]
	6 June-30 June 1944	1 July-31 July 1944	9 Sept-31 Dec 1944
Abdominal	4.3	5.3	4.0
Thoracic	10.0	11.3	9.0
Maxillo-Facial	5.9	4.8	7.0
Neurological	7.4	6.5	9.0
Head	(5.8)	(5.5)	(8.0)
Spine	(1.2)	(.7)	(2.0)
Nerve	(.4)	(.2)	(1.0)
Extremities	61.2	56.6	63.0
Upper	(26.2)	(24.8)	(23.0)
Lower	(35.0)	(31.8)	(40.0)
Buttocks	4.3	5.0	*
Other Locations	5.0	9.2	3.0
Burns - All Locations	1.0	1.4	*
TOTAL	100.0	100.0	100.0
Multiple Wounds	34.5	37.4	31.4

* Not reported separately

Source: Classification of Wounded Reports

CLASSIFICATION of WOUNDED
Admitted to Hospitals of
FIRST U.S. ARMY in FRANCE
JUNE • JULY 1944

Wounds by Causative Agent



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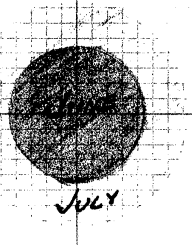


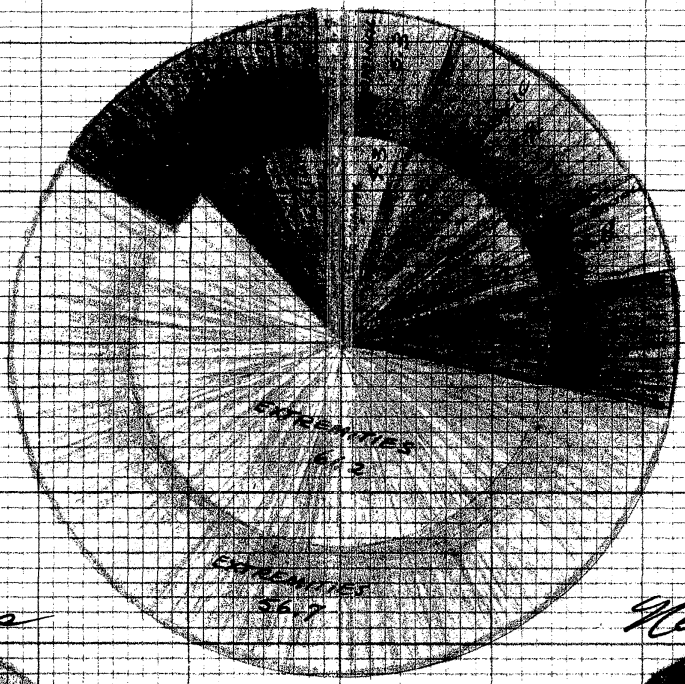
CLASSIFICATION of WOUNDED

Admitted to Hospitals of

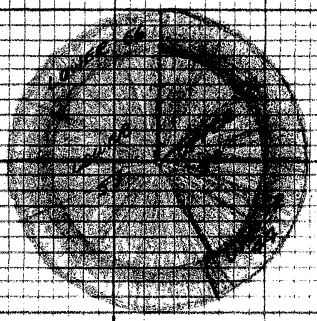
FIRST U. S. ARMY in FRANCE

JUNE - JULY 1944

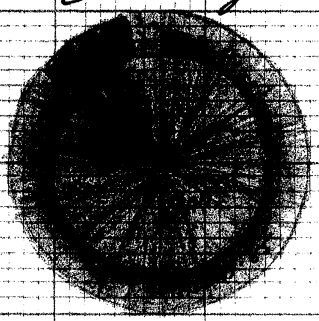
Wounds by Anatomical Location



Extremities



Neurologic



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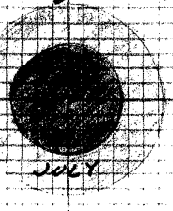


Appendix 26

SUMMARY OF
MEDICAL DEPARTMENT PERSONNEL
FIRST UNITED STATES ARMY IN FRANCE

JUNE AND JULY 1944

CLASSIFICATION	NUMBER AT END OF	
	JUNE	JULY
MEDICAL CORPS	1994	2468
DENTAL CORPS	458	510
VETERINARY CORPS	10	7
MED ADM CORPS	493	590
SANITARY CORPS	6	6
HOSPITAL DIETITIANS	1	1
ARMY NURSE CORPS	705	1136
WARRANT OFFICERS	64	81
ENLISTED MEN	27029	30351
TOTAL	30760	35150

Source: Statistical Report, Third Section
WD MD Forms 86c

Appendix 27

[illegible]
By Major Components
of
THE FIRST UNITED STATES ARMY IN FRANCE
June and July 1944

WEEK ENDING

ORGANIZATIONS	JUNE				JULY			
	9	16	23	30	7	14	21	28
FIRST ARMY TOTAL	35	253	185	243	193	172	210	178
ARMY TROOPS	14	106	30	40	29	17	7	[illegible]
V CORPS TROOPS	-	-	-	11	17	17	15	11
VII CORPS TROOPS	-	19	-	3	-	-	-	1
VIII CORPS TROOPS	x	-	-	2	-	-	-	1
XIX CORPS TROOPS	x	1	-	-	-	-	-	-
1st INF DIV	19	76	76	115	85	68	97	134
2nd INF DIV	-	3	2	-	3	-	-	-
2nd ARMD DIV	x	25	35	21	34	40	66	11
3rd ARMD DIV	x	x	-	-	1	2	3	1
4th ARMD DIV	x	x	x	x	x	-	-	-
4th INF DIV	-	1	-	-	1	2	-	-
5th INF DIV	x	x	x	x	x	-	-	-
8th INF DIV	x	x	x	x	-	-	-	-
9th INF DIV	x	22	37	20	12	20	19	11
28th INF DIV	x	x	x	x	x	x	x	-
29th INF DIV	-	-	-	1	-	-	1	1
30th INF DIV	x	-	3	5	1	1	1	-
35th INF DIV	x	x	x	x	x	-	-	-
79th INF DIV	x	-	-	-	-	1	-	2
82nd A/B DIV	2	-	2	25	10	4	x	x
90th INF DIV	x	-	-	-	-	-	1	-
101st A/B DIV	-	-	-	-	-	-	x	x

x Denotes no report (unit not assigned or attached)
- Denotes report (no cases)

Source: Weekly Statistical Reports
[illegible] MD Forms 86ab

Appendix 28

MALARIA RATES *
By Major Components
of
THE [illegible] U.S. ARMY IN FRANCE
June and July 1944

WEEK ENDING

[illegible]	JUNE				JULY			
	9	16	23	30	7	14	21	28
FIRST ARMY TOTAL	22.9	62.4	34.3	39.0	26.0	21.3	26.5	20.8
ARMY TROOPS	76.4	122.7	19.2	27.0	15.1	10.4	3.6	2.6
V CORPS TROOPS	-	-	-	28.1	44.7	43.2	39.5	28.6
VII CORPS TROOPS	-	70.5	-	34.3	-	-	-	3.1
VIII CORPS TROOPS	x	-	-	12.0	-	-	-	2.6
XIX CORPS TROOPS	x	7.2	-	-	-	-	-	-
1st INF DIV	127.9	304.2	196.6	300.6	219.4	197.1	282.4	393.6
2nd INF DIV	-	10.4	5.2	-	34.3	-	-	-
2nd ARMD DIV	x	115.4	127.4	70.2	101.4	117.0	100.4	25.5
3rd ARMD DIV	x	x	-	-	3.1	6.2	175.2	3.1
4th ARMD DIV	x	x	x	x	x	-	-	-
4th INF DIV	-	3.1	-	-	3.1	6.2	-	-
5th INF DIV	x	x	x	x	x	-	-	-
8th INF DIV	x	x	x	x	-	-	-	-
9th INF DIV	x	72.3	118.0	68.1	42.6	67.6	68.1	39.0
28th INF DIV	x	x	x	x	x	x	x	-
29th INF DIV	-	-	-	2.6	-	-	3.1	2.6
30th INF DIV	x	-	9.9	15.1	3.1	3.1	3.1	-
35th INF DIV	x	x	x	x	x	-	-	-
79th INF DIV	x	-	-	-	-	3.6	-	6.8
82nd A/B DIV	1[illegible].6	-	12.0	171.6	52.5	20.8	x	x
90th INF DIV	x	-	-	-	-	-	3.1	-
101st A/B DIV	-	-	-	-	-	-	x	x

x Denotes no report (unit not assigned or attached)
- Denotes report (no cases)
* Rate per 1000 per annum

Source: Weekly Statistical Reports
SGO MD Forms 86ab

pending 29

MEAN STRENGTH
Major Components of
[illegible] ARMY IN [illegible]
June and July 1944

ORGANIZATIONS	JUNE				JULY			
	9	16	23	30	7	14	21	28
FIRST ARMY TOTAL	80723	210825	27329[illegible]	336444	397146	406403	416020	437[illegible]26
ARMY TROOPS	6890	42037	62271	95072	111179	81724	97334	943[illegible]1
V CORPS TROOPS	9318	12864	14177	20483	19908	20504	19730	202[illegible]
VII CORPS TROOPS	16383	12551	2084[illegible]	13261	17624	14221	17[illegible]97	19[illegible]08
VIII CORPS TROOPS		774	4134	8660	1912[illegible]	23516	21620	1[illegible]72[illegible]
[illegible] CORPS TROOPS		6700	8143	16081	17368	16811	1[illegible]693	[illegible]
1st INF DIV	7620	12914	2010[illegible]	19082	20398	19712	1[illegible]27[illegible]	[illegible]
2nd INF DIV	6168	14901	19014	1692[illegible]	19[illegible]32	17968	[illegible]	[illegible]
[illegible] DIV		11279	14412	1[illegible]21	17464	17813	19007	22[illegible]0
[illegible] ARMD DIV			76[illegible]	13598	16116	16487	16639	16702
3rd [illegible] DIV						3[illegible]97	8507	12[illegible]60
4th INF DIV	9080	16144	16236	17267	17620	16424	1661[illegible]	13[illegible]0[illegible]
5th INF DIV						16698	16710	166[illegible]
8th INF DIV					[illegible]67[illegible]	1496[illegible]	1[illegible]109	1[illegible]0[illegible]
[illegible] DIV		1[illegible]7[illegible]0	1631[illegible]	1[illegible]266	14[illegible]	15341	14491	14[illegible]
[illegible] INF DIV								14[illegible]0[illegible]
[illegible] INF DIV	10626	172[illegible]	177[illegible]	1[illegible]65[illegible]	17771	17147	16463	13430
[illegible] INF DIV		[illegible]23[illegible]	1[illegible]973	17497	179[illegible]	16117	1613[illegible]	162[illegible]
[illegible] INF DIV						16268	16116	1[illegible]9[illegible]6
[illegible] INF DIV		[illegible]1[illegible]	11991	12029	14795	14[illegible]3	1[illegible]237	1[illegible]6[illegible]
[illegible] DIV	6763	9371	[illegible]30	7[illegible]67	9911	9[illegible]11		
[illegible] DIV					13[illegible]76	[illegible]	1[illegible]71[illegible]	[illegible]
[illegible] DIV		1414[illegible]	1[illegible]7	1[illegible]7[illegible]1	1[illegible]149	13971	[illegible]	[illegible]
[illegible] DIV	[illegible]7[illegible]	[illegible]717	79[illegible]	[illegible]826	7[illegible]	7[illegible]62		

[illegible]eekly Statistical [illegible]eports
[illegible] Forms 36ab

SECTION XVII - SUMMARY

A study of the foregoing sections shows the problems arising within the various subsections of the Surgeon's Office and the means by which these problems have been solved.

In general, we feel that the planning for the operation "NEPTUNE" was basically sound. Recommended changes for future operations have been included in the appropriate sections.

Again in this operation, as in previous landing operations, the Medical Battalion, Engineer Special Brigade, has proven to be an essential part of the Task Force. This unit, augmented with surgical teams and certain items of equipment as shown in the supply section, is capable of receiving all casualties from the combat troops, preparing such casualties for evacuation, holding and treating the non-transportables, and placing evacuables at the high water mark for evacuation. The organization should have a landing priority just ahead of the division clearing station and should be landed not later than H + 3 or 4 hours.

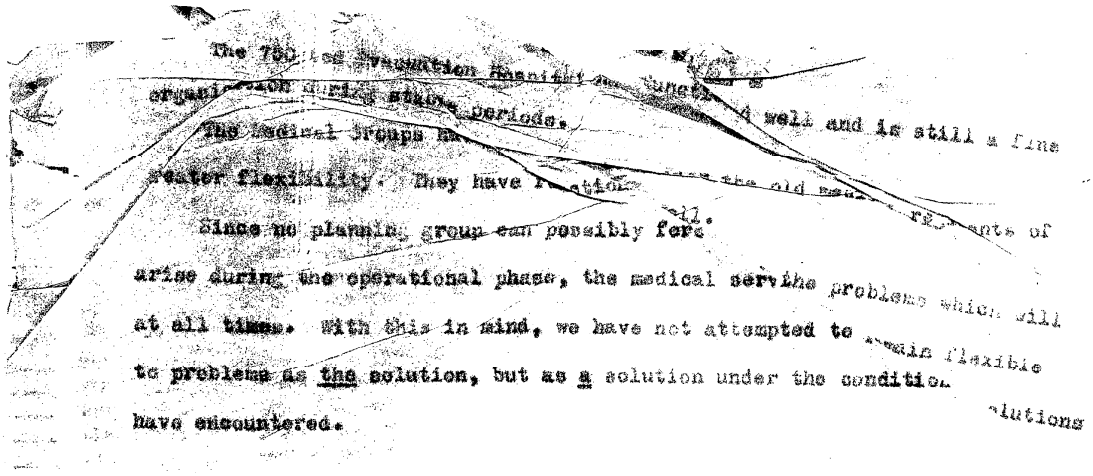
Combined training with the Navy Medical Department is a must. Too much cannot be said about the part which the Navy played in the early days of the landing operation.

The Division Medical Service has functioned normally. In times of even moderately heavy casualties, there has proven to be an insufficient number of litter bearers assigned to the infantry regiments.

The Corps Medical Service has functioned normally.

Field Hospitals, operating in hospitalization sections, with surgical teams attached and augmented as shown in the supply section, have proven to be an essential component of the Army Medical troops. The Hospitalization Units have been used in the immediate vicinity of division clearing stations and have cared for the casualties which were not in condition to be transported to the evacuation hospital. This not only saved the lives of many persons but also relieved the burden on the evacuation hospitals.

The 400 bed evacuation hospital has proven to be a very efficient unit. We feel, however, that it is grossly understaffed in officers, nurses, and enlisted men. Personnel augmentation whenever the hospital is in operation has been necessary.



The Tac[illegible] Evacuation Hospital [illegible] well and is still a fine organization during static periods.

The medical groups ha[illegible] the old mea[illegible]nts of greater flexibility. They have [illegible]ation.

Since no planning group can possibly fore[illegible]ll.

arise during the operational phase, the medical service problems which will at all times. With this in mind, we have not attempted to [illegible]ain flexible to problems as the solution, but as a solution under the condition[illegible]olutions have encountered.

ETMD
Alaskan Department

7 Dec 44 (Oct 1944)
28 Oct 44 Sept 144
29 Sep 44 aug 44.