

Oct. 14, 1944

Hi darling,

Well, today is another day, Thank God! Yesterday was Friday, the 13th, with a vengeance!

One of the nurses who used to be attached to this hospital was working in an adjacent Evac. Our Dottie Norris is her best friend. Yesterday, she and Chappie had to go down to get this gal and tell her that her husband had been killed in action. When they arrived back here, they learned that Chappie's little dog had been run over & killed. Meanwhile, Arnie and I had been working away for 3 hours on a Joe with a lot of things wrong with him - about 2 hours after operation he died a rather mysterious type of death, the cause of which was obscure. Technically, the operation had not gone well - one of those days when needles break & sutures pull out - but the end result of operation had been what we desired. So we did a post, and didn't learn much. Needless to say, the constant cold rain and mud didn't contribute to the general elation.

One of those days!

John Brasfield has at last gotten out of the hospital where he has been goldbricking for the past week after Larry Ulvestead whacked off some hemorrhoids. As a matter of fact, he had a pretty uncomfortable time for a few days. Two days ago we had a little ceremony presenting him with a big phoney purple Heart along with a citation "for manfully, at great personal risk, taking his mineral oil by frontal assault, and, under trying circumstances, successfully executing an evacuation," etc. Much taking of pictures, etc.

Be sure and let me know whether or not you got all the pictures I sent, - Oct. 1 to 6.

I finished "Le Petit Chase" the other day. Very sad & whimsical, beautifully written. I'm going to send it on in the next package I send. I have a German Officer's dress hat for Henry which I think he'll get a big kick out of. (Tch! Tch! such English!) Also some Jerry cheese for Pop - a sort of Limburger, which is delicious if you like Limburger!

I thought I might tell you something about the chain of medical evacuation in the combat zone. The article in Life was so erroneous and misleading as to be unrecognizable in fact. Let us follow G.I. Joe back through the chain of units who care for him after being wounded. He is picked up on the field of battle by medical corpsmen of his own unit - men who accompany the fighting man wherever he goes. They stem, in command, from the battalion aid station. Unarmed, wearing the red-cross armbands, they are strictly front-line troops. They administer morphine & sulfa tablets, & first-aid dressings, and carry out the non-walking wounded on litters. They share every danger & risk of

the men of their unit. Their casualty rate is high. Artillery shells are not aware of the Geneva convention; neither, apparently, are many German snipers & soldiers. We have had many patients from these "medics." (Jerry is ill-advised to shoot a units' medics. They are admired & respected by the G.I.'s who slug it out up there; it gives them confidence to know a good first-aid man is close at hand. When a unit has a few medics shot unmistakably intentionally, their fury is white hot, and they stop taking prisoners!) It is these men who give our wounded Joe a chance for his white alley; it is these men who, by act of Congress, are not entitled to wear a "soldier's medal"!

Attached to a division is usually a medical battalion which consists of one or more collecting companies and one, (or more) clearing companies. Their's is the problem of the initial treatment and transportation & sorting of the wounded. The method of function is fluid and varies with circumstances, but the collecting company, in general, has collecting points where the wounded can be picked up by ambulance, either treated there or at some other point, splints applied, plasma given, dressings checked or changed, etc. They then deliver the patient to the clearing company. There they are further checked over & sorted. Their destinations are as follows:

(1) Wounded only slightly - needing dressings or minor repairs; minor diseases, etc., treated on the spot. There are bed facilities and room for wound deliriums, etc. The men return to duty.

(2) Wounded moderately severely; cusp'd extremity wounds, multiple small wounds, head injuries not in shock, etc. These are shipped to the nearest Evac. Hospital. (They will go to a convalescent hospital to a replacement pool, or to a Gen. Hosp. farther back.)

(3) Severely wounded: abdominal or thoracic injuries or any soldier in severe shock, i.e. - non-transportable cases. These are carried across the field to the Field Hospital, set up there. They will be evacuated to the rear for further Rx when transportable.

The collecting companies are situated close to the line, at a level with battalion C.P.'s; clearing companies are usually located a mile or two farther back, about on a level with division C.P.'s. Field Hospital platoons (one of three functioning units of a

Field Hospital) are located next door to the clearing companies. Evac. Hospitals are located about 10 miles farther back; General Hospitals, in the zone of communication. This is the general situation in a static or slow moving line, such as prevailed in Normandy up to July 27 or as prevails now.

In the plunging, motorized advances which characterized the fighting in Brittany and across France, the Field Hospitals leap-frogged each other rapidly, Evacs took big jumps, etc. Clearing companies often had long distances to evacuate wounded of all types. This, of course, was highly undesirable, and, fortunately, never occurred for any length of time. Of our experiences in Brittany, I have written you. Under these conditions, the F.H. is frequently located deep in enemy, or contested territory, - there is no "line" - and is closely attached to the clearing company of the unit; but once it functions, it cannot move for many days, because of its wounded post-op patients.

From a clearing company, a man will return to duty. From a F.H. all patients will wind up in the rear echelon units, either G.H.'s here on the continent, in England, or the U.S. They may go directly by boat or air, or be evacuated through an Evac. hospital. If they recover, most are sent back to the U. S. for processing; some will get back to duty via a replacement pool. Rarely they get back to their own outfit, (which is another story, and full of sound and fury). From an Evac. a patient may go to a convalescent Hosp. if his wounds are minor, or to the rear echelon units for further treatment.

You can see that the initial treatment is administered early- splints, dressings & sulfa & M.S. The most seriously wounded receive definitive treatment early in the F.H. Here blood is first available. The less severely wounded are definitively treated only a few miles or hours later at the Evacs. And herein lies the clue to the spectacular over-all results of the medical care of the wounded in this war. Probably four factors play a part - all important, -

(1) Early surgery, (definitive treatment). This implies rapid & efficient removal of the patient from where he's hurt to where he's treated. It also implies, as a necessary corollary, surgical units close to the scene of the fight. Through mud, black-out, bad roads, etc., long evacuations (i.e. over 3 or 4 miles) cost lives.

(2) The liberal use of blood and blood plasma early. Shock is combatted from the battallion aid station all the way back along the line.

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(3) The use of sulfanilimide.

(4) The use of penicillin.

These two latter factors have contributed to reducing serious wound infection to a miraculously low level.

It is to be noted that all of these elements were lacking in the last war.

So much for that. Chow is on, and it's time to eat.
Lots of love, darling,-

Always,

H

P.S. See why we revel in a F.H., mud and all?