"That Men Might Live ! The Story of the Medical Service - ETO"

Foreword
by Alain S. Batens:

This booklet, a small format (approximately 10 cm x 13 cm, or 10 ½ cm x 13 ½ cm) pocket version, is one of a series of **G.I. Stories of the Ground, Air and Service Forces in the European Theater of Operations, issued by the Orientation Branch, Information and Education Division, ETOUSA**. These handy booklets, cover a particular unit or service branch, and were mostly distributed by the units, around the end of WW2 (late 1944-course 1945). They were intended to be taken along, or sent home, by members of that particular unit (passed by Army censors). Most stories were printed in France (after its Liberation), while only a few were printed in Germany (during Occupation).

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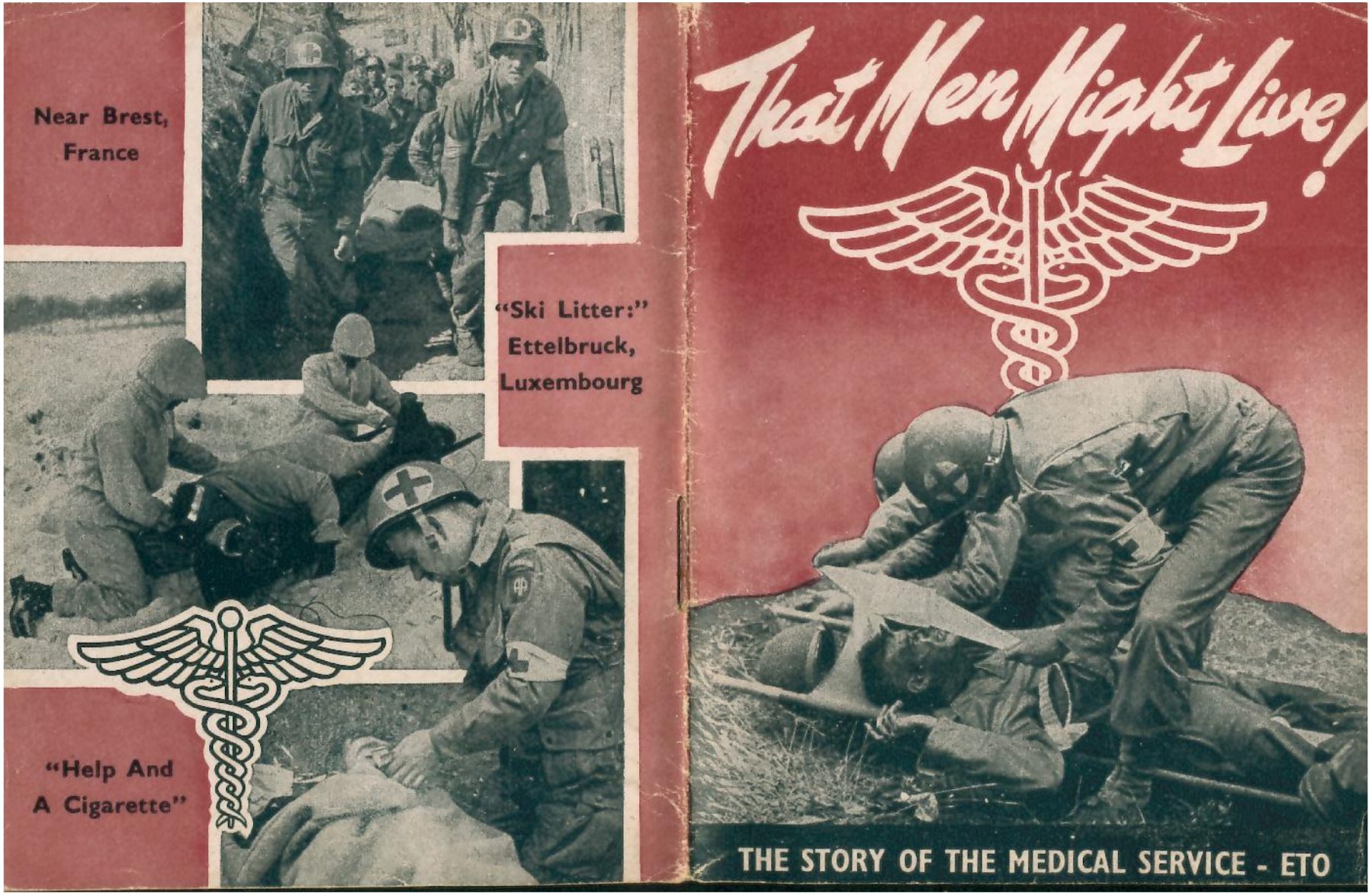
Many thanks,
The WW2 US Medical Research Centre Staff



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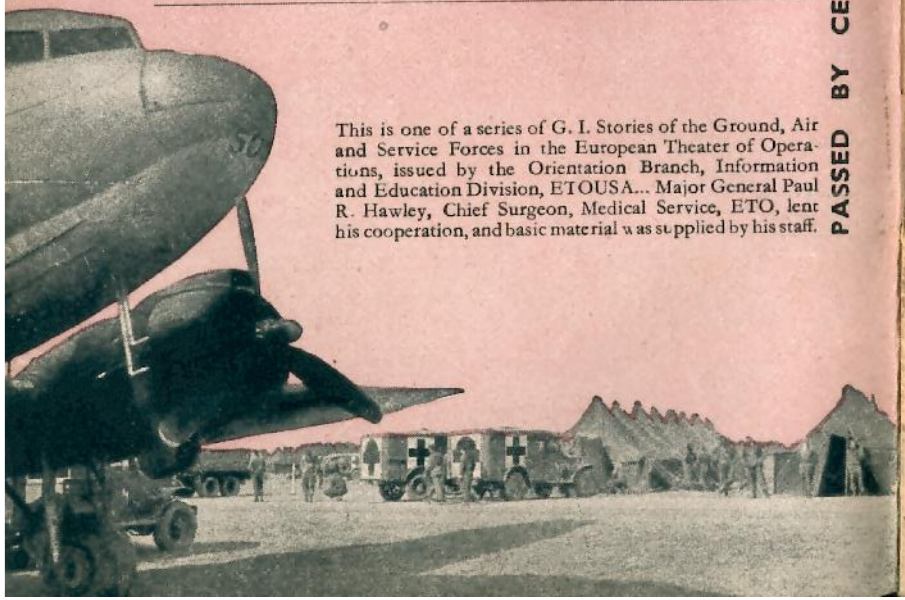


This is one of a series of G. I. Stories of the Ground, Air and Service Forces in the European Theater of Operations, issued by the Orientation Branch, Information and Education Division, ETOUSA... Major General Paul R. Hawley, Chief Surgeon, Medical Service, ETO, lent his cooperation, and basic material was supplied by his staff.

PASSED BY CENSOR FOR MAILING HOME

The full story of the Medical Service of the European Theater of Operations has been written by thousands of splendid officers and men of the Medical Department. It is a story of bravery, of which many acts have been recognized in awards as high as the Congressional Medal of Honor, and many others have passed unnoticed. It is a story of devotion to their fellow men, the rewards of which are only the gratitude of the sick and injured and in the inner knowledge of duty well performed. It is a story that cannot be compressed into one volume, nor into a hundred volumes. To these magnificent medical soldiers this booklet is dedicated.

P R Hawley

Major General, U. S. Army, Chief Surgeon.

The Story OF THE MEDICAL SERVICE, ETO

ATOP a half-track, 1st/Sgt. John V. Clarke, Trenton, N. J., fired his machine gun until the barrel glowed red. Germans threw in everything but the key to the city as the 5th Armd. Div. battled a surprise

counter-attack just short of its objective, Mainz-on-the-Rhine.

Unnoticed at the height of the withering cross-fire was the sudden silence of the sergeant's gun. " Medics ! Medics ! Nate—I've been hit ! " came the agonized cry. S/Sgt. Nathan Glassman and Pfc John Curto, both of New York, heard the call and took off.

Curto went down momentarily with a shrapnel gash below an eye, but recovered to reach Clarke's side and help Glassman dress the gunner's stomach wounds. Lying on their sides, the two Medics worked under a hail of murderous shrapnel. Then began the job of inching, dragging the wounded man from the shell-torn terrain.

The war ended for Sgt. Clarke, but the battle for life just had begun. A short distance away from the bursting shells and whining bullets, Sgt. Clarke's wounds were checked by a front-line surgeon at a Battalion Aid Station. A trip by ambulance to the Collecting Station was the next stop.

Within a few hours after he was hit, the gunner had undergone four examinations. Blood and plasma

injections had alleviated shock, spared possible death. Sulfa drugs and penicillin had thwarted painful, killing infection. While the big guns still thundered in the distance, Sgt. Clarke lay on the operating table at the 58th Field Hospital. Four days later, he was aboard a hospital train en route to the 48th General Hospital in Paris where he was tagged " Z of I "—Zone of Interior. He soon would be returned to the States.

Sgt. Clarke's story is the story of the Medical Department. He fell on a muddy slope at Mainz-on-the-Rhine, but he might have fallen with the Airborne beyond the Rhine, in a back alley of Bastogne, at Carentan, or on a Normandy beach. Wherever a shot was fired, Medics stood ready—ready to patch the wounded and rush them to the doctors, nurses and technicians who waited, close behind the lines, to continue the job.

While armchair strategists argued whether or not Africa was the second front, Maj. Gen. Paul R. Hawley, Chief Surgeon of the European Theater of Operations, was assembling in England some of the top U. S. medicine and surgery talent. These specialists became the sparkplugs of an organization destined to become the greatest in war time medical history.

Starting with one hospital two years prior to D-Day, the general and his staff developed a vast network of 108 hospital plants in England. Most of these were 1000-bed general and 750-bed station hospitals.

Like hospitals in metropolitan cities, these installa-

tions were complete with doctors, nurses, dieticians, physical therapists, laboratory technicians and administrative staffs.

Thus began an organization that was to include more than 254,000 personnel and 315 fixed and mobile hospitals by V-E Day. It handled 369,181 battle casualties in 10 months and an equal number of disease and non-battle cases.

At the same time, the Medical Department solved special problems for the Air Corps, including flight fatigue. Methods of treating frostbite and otitis, an inflammation of the ears incurred from high altitude flying, were studied, improved. In addition, airmen wounded during combat missions over the Continent were cared for.

Insisting on precise treatment standards because no one patient would be handled by the same medical officer throughout the course of treatment, Gen. Hawley

and his staff prepared a Manual of Therapy standardizing important medical and surgical procedures.

This new concept of war medicine resulted in a sudden slash in mortality rates of wounded soldiers. In World War I, 8 percent of the wounded died. In World War II, the figure in the ETO was 3.9 percent. Contributing factors were vast amounts of medicine, blood plasma, whole blood, sulfa drugs, penicillin and new anesthetics like sodium pentathol which could be transported easily and administered without elaborate equipment.

Gen. Hawley and his Chief of Professional Services, Col. Elliott C. Cutler, placed but a portion of their faith in medicine alone, keying the entire organization to the principle that the earlier the surgery the better the soldier's chance of full recovery. The watchword was: "Get the surgeon to the patient, not the patient to the surgeon!"

D-Day— SIDE BY SIDE WITH FIGHTING MEN

JUNE 6, 1944: Medics invaded the Normandy peninsula alongside the fighting man. Medics jumped with the paratroopers, stormed ashore with the infantry. Wherever a fighting man was wounded, an aid man soon was at his side, distinguishable only by his red cross and lack of weapons.

At H Hour minus 3, Airborne Surgical Team No. 1, Third Surgical Group, glided to crash landings with the 101st Airborne seven miles inland from the French coast. Under heavy enemy fire from the outset, the team administered 25 blood transfusions to crash casualties from on-the-spot donors. Approximately 100 casualties were treated before the seaborne invasion was launched.

Airborne surgeons carried 200 pounds of medical equipment. Enlisted personnel brought additional supplies. Emergency treatment completed, the surgical team braved enemy fire to haul heavy equipment from wrecked gliders.

Following the troopers, this unit entered the Norman village of Hiesville where it set up a hospital in a chateau. Life-saving surgery soon was being performed on three operating tables improvised from litters

placed on boxes. Patients were blanketed with parachutes collected by two of the men.

The team sustained only one casualty throughout the entire hazardous action. Capt. Charles Margolies, Brooklyn, suffered a minor injury, then was evacuated three days later when he received a serious head wound.

In achieving success in the first mission of its kind, this team established the value of similar operations for the future. By minimizing the time lag between injury and surgery, the loss of life was immeasurably curtailed. The success, although outstanding, was but typical of the work being done by similar groups.

On the beaches, while D-Day still was being calculated in H-Hour plus minutes, 16 teams of the Third Auxiliary Surgical Group waded ashore under heavy enemy fire. Fighting men came on, wave after wave. So did the Medics.

Maj. Evan Tansley, Trenton, N J., led ashore one of the first teams, which was attached to the 5th Engineer Brigade in support of the 1st Inf. Div. The major reported: "There were no Medics on the beach when we got there. The first wounded to fall were lying about on the sands under heavy shell fire and without cover."

Throughout the day, the team collected wounded and administered aid under direct fire from the still visible enemy. Late that night, the Medics moved into a tank trap 200 yards off the beach and continued to work in total darkness. By morning, 250 casualties had been evacuated, among them Medical Corps Capt. George Freedman, Chicago, and Capt. Bill Ferraro, Springfield, Ill. One other officer and four enlisted men were lost to the team during that first day.

A vital link in the evacuation chain during those crucial days were LSTs. Special litter brackets accomodating 140 casualties had been built into the sides of the barge-like vessels. Additional wounded were placed on the tank deck.

As the LSTs beached and disgorged their heavy materials of war, litter bearers and vehicles brought casualties aboard via the ramps. Rhino ferries plied between the shores and LSTs; DUKWs carrying 11 litters left the sands to churn to the waiting LSTs where they drove up the ramps, unloaded their wounded and returned to shore. LCTs, drawing only 18 inches of water, were beached, loaded with casualties and

dispatched to the waiting LSTs, where, by joining ramp to ramp, they could unload and race back.

Aboard the LSTs, surgical teams made up of men like Capt. Joe Messey, Cpl. Chuck Brokschmidt and Pfc Howie Sinks began life saving surgery in operating rooms improvised from tarpaulins. They fought 54 sleepless hours to save the wounded as their ship tossed and rolled through heavy seas and enemy air and E-boat attacks on its way to England. Such cross-channel evacuation required the closest cooperation between Army and Navy.

Back on the beaches and the hards of England, casualties were sorted and immediately dispatched to installations prepared to administer the type of medical attention required. Patients whose condition permitted were loaded into ambulances and driven to transit

hospitals. More seriously wounded were moved to hospitals set up near the port. There, patients were treated for shock, X-rayed, operated.

Patients remained at these installations until they could make the journey inland to general hospitals where definitive treatment could be administered. The over-all procedure was coordinated with train schedules and space available in the hospitals.

Heroes ARE BORN ON NORMANDY BEACHES

As the invasion continued in full fury, grim-faced doughs lashed through enemy fire that spewed from cement and steel beach fortresses. When the fire was so devastating that infantrymen were forced to take cover, Medics were the last to take shelter. Describing a particularly rugged encounter, a grimy mortar squad leader said: "It was too hot even for the Medics."

Among the first medical units ashore was the 261st Medical Bn., especially trained for amphibious landings, making its fourth major invasion in support of an engineer brigade.

This outfit landed H plus 2, set up its equipment

within point blank range of the receding enemy and began emergency treatment of the casualties. When engineers were too busy to clear the area of mines, medical soldiers undertook the unaccustomed task. In six hours they had de-mined the field, established a clearing station and begun major surgery. A Presidential Unit Citation later was awarded the 261st.

Treatment of casualties by this battalion during those first hectic days was superior. Blood plasma, sulfa drugs, penicillin—everything known to surgery and medicine that could be brought in—was available for whomever needed it.

Among those who distinguished themselves during the action, and in the preceding days of preparations, were: S/Sgt. Frederic E. Hoyle, Methuen, Mass.

T/4 Walter Silva, Fall River, Mass.; T/5 William A. Kuhn, Maplewood, N. J. All were awarded the Bronze Star.

These men were not alone. They were but typical of the hundreds who worked everywhere along the sands and in the fields under constant fire. Sixty hours after landing on D plus 2, the 51st Field Hospital had handled more than 1000 casualties. This unit was one of the first field hospitals ashore and was followed closely by the 13th, 42nd, 45th and 47th. The 128th and 91st were the first Evacuation Hospitals in France.

It was a women's war, too, because nurses came with them. This was only D plus 4. As the war moved inland, stories of bitter fighting and heroism, in which the Medical Service ranked high, were told.

While waiting on the beach to be evacuated, Infantryman Pfc Alfred Savcie, Conimicut, R. I., said: " It takes plenty of guts to go through what the Medics are right now. We were 12 miles inland when we were ambushed and I went down. There was a hot scrap going on but stretcher bearers got to me anyway. It was a long trip back to the beach—especially for them. I haven't any kicks about the trip because they had to dodge sniper and machine gun nests all the way. "

A short distance away, 11 men of the 619th QM Depot failed to see an " Achtung Minen " sign. All went down from the unexpected blasts. The explosions brought an enemy mortar barrage. Despite the danger from both mines and mortars, Sgt. Louis Silverstein went into the field after the men. T/5 Tony Bloise, Cpl. Dan Thomas and Pfc Bill Hansen followed. The citation awarding Sgt. Silverstein the Silver Star for his leadership read: " ... heroic action in the best traditions of the Medical Service. "

Such instances of heroism were being duplicated throughout the Normandy fields and villages. By the time Cherbourg fell and the battle of St. Lo rocketed into prominence, the first general hospitals arrived on the Continent.

As the battle knifed deeper into France, the fixed installations—general and station hospitals—moved to Normandy. Sites were chosen and engineers built roads and concrete floors. Medics swung picks and

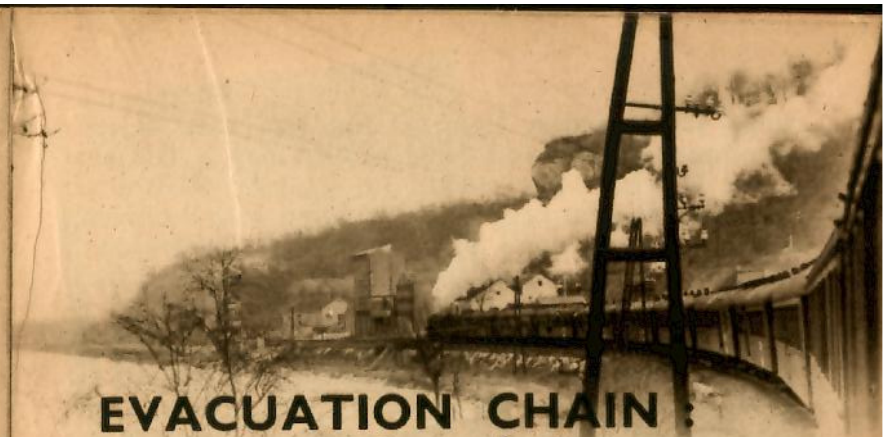
lugged sacks of cement. Later, they pitched tents and began receiving casualties.

Tents were a temporary measure. As soon as the work of the Medics was under way, engineers, starting with the operating rooms, began construction of semi-permanent huts to replace tents. Treatment of casualties went on uninterrupted.

Then, Gen. Patton's Third Army broke out of St. Lo and streaked across France. Medics soon learned there was little damage to buildings suitable for hospitals. Many buildings had been used by the Germans for similar purposes.

The 108th General Hospital took over the ultra-modern Hospital Beaujon in Paris just four days after the Nazis had evacuated, leaving several Canadian patients behind. Show place of the Luftwaffe for two years, the 13-story, American designed structure was built in 1934 as a French civil hospital.

This was hardly typical of hospital plants taken over by the Americans in France, Belgium and Holland, however. Often it was necessary to utilize school buildings and military barracks and to convert them quickly into surgically clean, modern, army hospitals. The 56th General Hospital in Belgium took over a location from an enemy horse-drawn artillery unit and removed tons of hay and manure from the stables to transform the installation into an immaculate 1000-bed hospital. The staff settled down to work through the devastating buzz bombings that followed.



EVACUATION CHAIN: *10 Links* TO LIFE

By the time France was totally liberated and Allied Armies were well on their way to Berlin, there was sufficient elbow room on the Continent for the Medical Service's 10-link chain of evacuation to function in all its varieties.

The basic chain: (1) company aid men (2) litter bearers (3) battalion aid stations (4) division collecting and clearing stations (5) field hospitals (6) evacuation hospitals (7) hospital trains, planes and ships (8) general hospitals (9) convalescent hospitals (10) general hospitals in the United States.

Company aid men, litter bearers, ambulance drivers and battalion aid personnel—all combat Medics—rank high among the heroes of this war. Tales of their heroism were recorded daily. To the combat soldier,

ANC, Always On The Job

Evacuation Hospital, France

swam directly into the withering fire and towed the boat to safety.

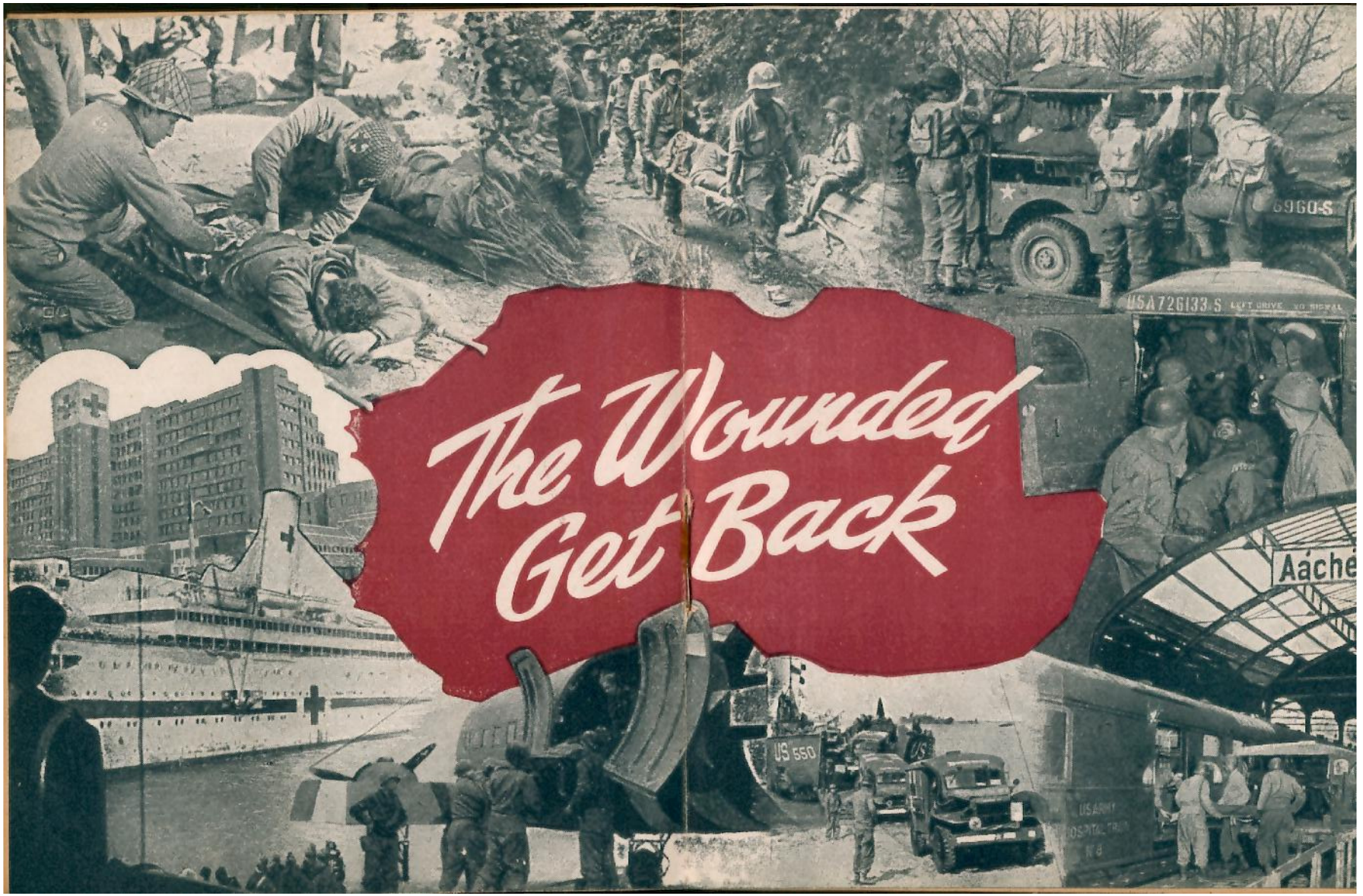
T/5 John Hoglund, Providence, R. I., wears a Purple Heart and a Bronze Star. While under heavy fire, this Medic stayed on a bridge site with engineers for 17 hours, tending their wounds. Using only a pen-knife and sulfa drugs, he amputated a soldier's foot.

Col. Mc Fayden, 26th Inf. Div. Chief of Staff, said: "Combat Medics perform several times a day acts of valor which performed one time by an infantryman result in a military award."

Pfc R. G. Conway, 379th Inf., wrote the following which appeared as an editorial in *The Stars and Stripes:*

The second platoon of Able Co. was flushing out some houses in a German town. A call rang out. "Medic!" Out he came, disregarding any danger to himself. On both arms he wore the red cross which was his only weapon. He ran a few feet, then stumbled and fell. Word passed up and down the line. Soon everybody knew that we no longer had a Medic. The boys remembered the many times he had helped them. He was cool, calm, and above all, a friend to everyone. And now he was gone, killed by a shot from a sniper.

Teamed with company aid men were litter bearers, who also performed heroically under many difficulties. In deep snows of the Hurtgen Forest and Vosges Mountains, they rigged skis on litters, often waded deep, swift streams with litters high above their heads.



To gain speed with their evacuations, litter bearers used sleighs, half-tracks, tanks, jeeps, hay racks.

Front-line doctors were in charge of battalion aid stations, first stop for litter bearers. Typical of these was Capt. Ed J. Hackett, 87th Cav. Recon Sqdn., whose posthumous award of the Distinguished Service Cross read: "On many occasions he went forward under enemy fire to aid wounded and evacuate. In September, in the woods near Malmaison, France, he went to within 10 yards of where the enemy was dug in to aid a wounded man. In doing so he was mortally wounded."

Leaving the aid station, wounded were transported by ambulance to collecting and clearing stations where they were tagged for urgent treatment or travel priority. Ambulances were in operation continuously. Much of the work was done at night and some drivers crawled along bomb-pocked roads following the glow of a cigarette cupped in the hand of an assistant driver walking ahead.

Not all the dangerous work was done at the front. T/5 John S. Lavino drove his ambulance out on a

wrecked pier to pick up an injured Canadian seaman. During the round trip of more than a mile, he was in constant danger of being washed into the sea. Lavino was awarded the Soldier's Medal.

Forward ambulance drivers transported patients either to field or evacuation hospitals. Field hospitals, compact mobile units working under tents, primarily were concerned with severely wounded, non-transportable cases. These units worked as far forward as a division clearing company to bring surgery closer to the battlefield.

To relieve unexpected strains on field and evac hospitals, special surgical teams, working out of auxiliary surgical group headquarters, rushed in to care for certain types of wounds. Each team had its specialty: orthopedic, thoracic, neurosurgical.

Maj. Tansley and his team, after following in the wake of the fighting forces, were ordered to relieve pressure on a field hospital during the Battle of the Bulge. The major didn't return to headquarters, but, as a PW, he cared for 250 wounded Americans imprisoned at Heppenheim. He worked with Capt. Lea W. Merrill, Berkeley, Calif.

Making the hazardous glider flight to Bastogne to give medical care to the wounded of the 101st Airborne were Maj. Lamar Soutter, Boston; Capt. Edward Zinschlag, St. Louis; Capt. Henry M. Hills, Jr., Iowa City; Capt. Foy Moody, Corpus Christi, Tex.; Sgt. John Knowles, St. Joseph, Mo.; T/3 Jack Donahue,

Newark, N. J.; T/4 Lawrence Rethwisch, Jersey City; T/4 Clarence Metz, Chicago.

A 101st sergeant said: "The prettiest sight in the world were those docs gliding in. You've got to hand it to them—some of them never had been in a plane before. They saved a lot of lives in that church where they performed emergency operations all night after landing."

Evacuation hospitals were located a few miles back of the division clearing stations. These hospitals had 400 to 750-bed capacities and retained patients longer than did field hospitals. Semi-mobile, they kept up with the advance, moving into an area, erecting tents and receiving first casualties, all within a few hours.

During big drives when casualties were high, 10 to 12 operating tables were in use 24 hours a day. More than 10,000 operations were performed by the 2nd Evac alone during eight months on the Continent.

Men with minor wounds often returned to duty from the evacs, but others requiring additional treatment and long convalescence were sent to Com Z general hospitals by trains and planes. After Paris was liberated, hospital trains became a vital link in the evacuation chain. These trains, almost complete hospitals within themselves, made runs from battlefronts to rear line hospitals or evacuation ports.

Staffed by three officers, four nurses and 35 enlisted men, the trains had their own emergency operating room and pharmacy. Seven or eight ward cars transported litter cases and one or two coaches handled walking wounded. A litter type car accomodated 30 casualties, an ambulatory car approximately 50.

The first American hospital train to support the invasion was improvised from the French 40-and-8s. These cars were discarded when Cherbourg was opened and the modern trains arrived from England. Typical of the 47 trains built by the French and British for the U. S. Army Medical Department was "Old 27," staffed by Hospital Train Group No. 43. This outfit brought the first hospital train to the Continent, was first into Paris and Belgium with it, blazed the way into Germany.

At a press conference in May, 1944, Gen. Hawley went on record in favor of large scale evacuation by air. "We will evacuate by air to the maximum extent that airplanes become available for Medical Department use..." he said.

The general hoped to begin such evacuation from Normandy beaches by D plus 8. It began four days

sooner. Thousands of casualties were sent by air to England from fields just behind the lines. Others were returned to Paris to be flown on to the U. K. C-47s, after flying vital supplies to the front, took on patients, litters being fitted to collapsible racks. Twenty-four patients made each trip along with a surgical technician and a flight nurse.

Even more spectacular was trans-Atlantic air evacuation. Daily flights of the Air Transport Command's C-54 Skymasters took off from Paris to land in New York 30 hours later, making two stops en route. In the first seven and a half months, 3700 casualties made the trip to the States. More than 15,000 were evacuated from England before the Paris-New York run originated. Only one plane was lost. Sixteen to 18 patients were carried on these flights. When seriously wounded were aboard, flight surgeons accompanied surgical technicians and specially trained flight nurses.

Large-scale air evacuation could come only through progressive thinking and a willingness to try everything to insure early medical care. This was illustrated when 24 casualties, two glider loads, were evacuated from the Remagen bridgehead.

The idea for shuttling casualties across the Rhine to hospitals on the west bank aboard Stinson L1s came from an artillery observer-pilot who watched ambulances inch along through a bottleneck caused by a ponton bridge. The new plan was accepted immediately by Col. William H. Amspacher, Norman, Okla.,

First Army Surgeon's Operation Chief. Three planes were fitted with one litter rack each, leaving room for an ambulant patient to crouch behind the pilot. Stinson ambulance planes soon were handling more than 100 patients daily.

THAT GOOD SOLDIER — THE ARMY *Nurse*

One recipient of speedy evacuation opened his eyes for the first time after being hit to look into the smiling face of Capt. Beth Veley, San Jose, Calif., Chief Nurse, 103rd Evacuation Hospital. "You shouldn't be up this far. It's too dangerous," the wounded lieutenant said. He didn't know he was talking to a veteran of two sieges. Capt. Veley was one of the last nurses off Bataan and a month later was aboard the last plane out of Corregidor. It was women like Capt. Veley to whom Gen. Hawley referred as, "That good soldier—the Army Nurse."

Nurses were injured and killed as they attended fighting men. One morning, Lt. Frances Slanger, Boston, wrote *The Stars and Stripes* her impressions of the American soldier. She penned: "The wounded do not cry. Their buddies come first. The patience and courage they have is something always to behold."

A German shell burst in the area and fragments

struck Lt. Slanger. " I am dying," she said quietly as she was taken to the operating tent. She died half an hour later as calmly and as bravely as the men she had nursed and written about.

Lt. Slanger was the first American nurse to die from enemy action in the ETO. She and her companions had waded ashore in Normandy on D plus 4. Without stopping to change their wet clothes, the nurses went on duty in a field hospital.

Of 17,838 nurses in the ETO, four were killed in action, one taken prisoner, 17 received the Purple Heart, 194 were awarded the Bronze Star and 211 given the Air Medal.

Army nurses worked tirelessly—12 to 16 hours a day—as they followed advancing armies. Their work increased as a nurse shortage reached acute proportions. In 1940 a 1000-bed general hospital had 120 nurses. The number was cut to 105 in 1943, to 83 in 1944, to 74 in 1945 when five hospitals arrived on the Continent without any nurses to staff them.

Despite the urgent need for more trained nurses, standards did not drop. With Lt. Col. Ida W. Danielson, directing the ETO nursing service, they handled more patients, put in longer hours to insure the results of good surgery.

Good surgery was no myth. Amputations were fewer than in the last war. One reason for amputation is gas gangrene, a menace greatly curtailed by prompt surgery. Another is the severance of important blood vessels. A plastic tube was developed to splice arteries until secondary vessels could adjust themselves to the increased load.

In a hospital in England, 53 patients that might have died only a few years ago—who certainly would have died in the last war—fully recovered. These 53 men had bullets or shell fragments removed from their hearts or large vessels around the heart.

While the war raged in Europe, a civilian in New

York appeared in a collar advertisement, later in a Broadway play. He was a discharged veteran of the African campaign whose face had been half shot away. Painstaking plastic surgeons had restored his face; dental surgeons had set his jaw, wired his teeth. There was to be no Legion of Broken Faces in this war.

Backing the physician and surgeon in their fight to save lives were the miracle drugs, sulfa and penicillin, and the improved use of whole blood and plasma. The immediate use of the sulfa drugs, carried both in powder and tablet form by combat and company aid men, was greatly responsible for minimizing wound infection. Both sulfa and penicillin have powerful anti-bacterial action which prevents and reduces infection.

Plasma, although not a substitute for whole blood, is an invaluable supplement to it in combatting shock. It keeps circulation going and acts as a carrier for red corpuscles. Its full value was attained when a method for drying and packaging was discovered, thus making plasma simple to administer and possible to ship.

The story of whole blood is a saga. Said Gen. Hawley: " Whole blood saved the lives of thousands of Allied soldiers. I believe its use constitutes one of the greatest single improvements in medical technique over that of World War I. "

On D plus 1, a refrigerator blood truck landed on Normandy beaches. Despite heavy enemy shell fire and danger from land mines, Cpl. Anthony P. Masanotti, Bridgeport, Conn., and Pvt. Jack M. Simmons,

Denver, began immediate delivery to medical installations. A second truck was landed two days later. When they were emptied, they were returned to the beach, reloaded and took off again.

By D plus 10, the advance blood bank detachment landed. Cpl. William H. Long, Germantown, Ohio, and Cpl. Theodore E. Armour, New York City, shared a foxhole with the blood refrigerator. Countless lives were saved by this early delivery of whole blood in those first few days. A regular delivery system soon was instituted. Danger was ignored. One driver had four tires shot away by enemy snipers in a single day. Another had his cab riddled with shrapnel while crossing a bridge at Carentan.

During an armored push, a field hospital moved in behind the tanks. When the tanks withdrew, the unit was surrounded by the enemy. Later, a blood truck attempted to reach the hospital but was stopped by an MP who warned the driver. But the truck rolled on—escorted by two Sherman tanks.

Blood was fired in shells or dropped by parachute to isolated units. Douglas Skymasters flew chemically preserved blood from the States to the ETO blood bank in Paris. Often this blood was life in the veins of a wounded man four days after leaving a donor in the States. Refrigerated blood was flown daily from England and special planes roared on to forward areas where refrigerator trucks delivered it to field evacuation hospitals.

One thousand pints were flown daily from the

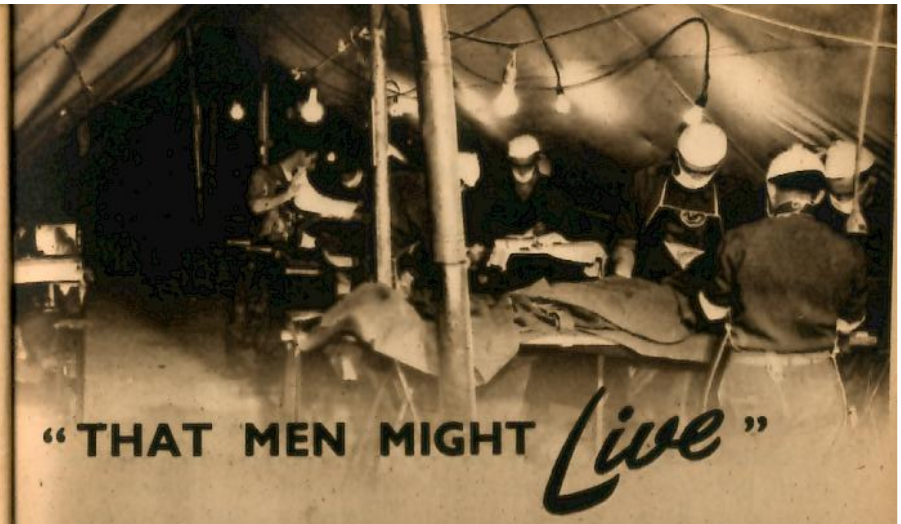
States. American troops in France and England donated 600 pints each daily. Tremendous amounts of whole blood were used during the fighting on the Continent. Pre-invasion estimates, based on the Italian campaign in which one pint for every five wounded was used, proved low. Instead, one pint of blood was required for every two men who fell.

The ETO blood bank in England began operations in March, 1944. Five thousand pints of chemically preserved blood were ready for D-Day, but in the first months of fighting it was necessary to bleed slightly wounded men so that the severely injured could receive transfusions.

Medical installations from the front lines to the hospitals in England required an endless flow of medical supplies from the States. Months in advance, supplies were collected in England and arrangements made for shipment each day of the invasion.

Waterproofed, covered by canvas and loaded on skids, supplies were moved onto beaches with their "warehouses" around them. This ingenious plan not only protected many tons from the weather but also allowed them to be pulled from the water undamaged where they had been tossed by shell blasts.

As armies moved inland, medical supply depots leap-frogged along. Emergencies arose occasionally; certain supplies weren't available on the Continent. Requisitions then were cabled to the U. K., or the States, if necessary, and critically needed items were rushed by air.



"THAT MEN MIGHT *Live*"

THE mission of the Medical Department is the conservation of manpower by furnishing the disabled with such aid as will speedily restore them to health and fighting efficiency.

Following hospitalization, each convalescent soldier engaged in a rehabilitation program beginning with moderate exercises and progressing to full participation in physical activities. In addition, patients participated in a full schedule of instruction in military subjects. The result: thousands of patients, on release, were ready to assume full duties immediately.

Preventive Medicine was partially responsible for lowering the over-all death rate. From the moment the soldier dons his uniform, he comes into the province of this branch. Military Occupational Hygiene, a division of Preventive Medicine, is responsible for

the adequate clothing, laundry and bathing facilities and cheerful environment of the soldier. It guards against such dangers as gasses in tanks and pillboxes, conditions in foxholes that can result in trench foot and other threats to health.

Preventive Medicine determined the army's nutritional needs. It set standards for food provided by the Quartermaster and for the drinking water that the Engineers chlorinate and distribute. Sewage and garbage disposal regulations also were established.

More spectacular was this branch's successful struggle against typhus—a disease which caused more deaths in previous wars than high explosives. This menace sprang from the filth and destruction within Germany late in the war. It was found among prisoners, labor battalions and in the Wehrmacht.

A line of defense more effective than the Maginot or Siegfried—a " cordon sanitaire "—was thrown up along the Rhine and Waal Rivers. Before crossing this line, all German civilians and displaced personnel were examined and dusted with DDT powder, deadly to the typhus bearing body lice. This powder was 100 percent effective in combatting typhus in Naples during the Italian campaign. Only two cases were reported among Americans, both medical officers working with the disease. Two other cases were found among soldiers recovered from German prison camps.

The success of the Medical Department in this war is due to the tremendous efforts of highly trained and specialized personnel in its various corps—medical, dental, veterinary, sanitary, nurse, dietitian, physical-therapist, pharmacy and medical administrative.

Enlisted men, many of whom were entirely foreign to hospital work, were trained as surgical, medical, X-ray, dental, laboratory and sanitary technicians. Others became wardmasters, clerks, drivers, litter bearers and front line aid men.

Each Army in the ETO had its medical authority and responsibility lay in the hands of various key men—surgeons who supervised the medical installations under their command. Hospitals were scattered widely over France, Belgium, Holland, England and were grouped according to locale under base sections, each with a base section surgeon.

Gen. Hawley's office, maintaining supervision over this vast network, was composed of separate divisions

which coordinated in their ultimate aim. They were Dental, Intelligence, Hospitalization, Operations, Personnel, Preventive Medicine, Nursing, Veterinary, Field Survey, Historical and Professional Services, including the chief consultants in Surgery, Medicine, Dermatology, Neuro-Psychiatry, Plastic Surgery, Orthopedics and other specific branches of medicine and surgery. Included in those divisions was Supply without which none of the others could function.

This is the story of the Medical Service in the ETO. It is the story of the one phase of this war dedicated to the preservation of life rather than to death and destruction. It does not end with the last shot, the last skirmish, or the last casualty. It will continue until each of the wounded has recovered, until all of the sick are well, until the last man is sent home for final care.

The Team—

Photos : U.S. Army Signal Corps, and Photo Lab, Office of the Chief Surgeon, ETO. Printed by Paul Dupont, Paris.