



"Weasels" with their wide tracks make easier going for "medics" transporting wounded over rough terrain.

Soldiers of the Medical Detachment

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THE JOES of the Medical Detachment are just like any other group of American soldiers. I have felt sure of this as we have worked together the past four years. I realized it again, in a different way, as I watched them on the hot afternoon of V-E Day. There were few patients in the wards, and the enlisted men were playing hard at a game of volley ball.

The civilian backgrounds of soldiers of the Medical Detachment are as varied as those of any other service. Of course some of them have had civilian hospital experience—a few were medical students, nursing students, or technicians before they came into the Army. There is also a small group who, for religious reasons, chose this particular kind of work. Yet all of these make a very small per cent of the total number needed, which is thirty-five medical enlisted men to every one thousand men in the Army.

Some of these men were very surprised at finding

themselves assigned to the Medical Detachment. I remember one of these when, in 1941, I was assisting with the training of the students at the Medical Technicians School attached to our hospital. He was a big Italian from Detroit. I watched him demonstrate back to me the preparation of a hypodermic. Grim as death, holding the sterile needle between the prongs of the tiny forceps, his hand trembled as he tried to place it on the syringe. "Gee, Miss," he apologized, "I can't do this kind of work. I'm used to handling heavy wrenches." But he did give that hypo, and he learned to do all his duties very well.

THE MEDICAL AID MAN

The enlisted man designated to become a medical aid man has specialized training not entirely of a medical nature. He must learn a great deal that the line men in his unit are required to know so that he may best co-ordinate his efforts with theirs. This means the mastery of many basic line subjects.

His subjects are many and varied. He must know field sanitation so that he may help protect the

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troops from disease. He learns about the common contagious diseases, the common infestations, and insect-borne diseases, and their treatment and prevention. He learns to sterilize mess equipment properly, to make water potable, to construct field showers, to make baked mud incinerators for garbage disposal. He learns how and where to build fly-proof latrines, and how to control mosquito and fly breeding in the vicinity of his camp. These are but a few of the many things he is taught regarding disease prevention. While this is the less spectacular part of his job, it is, nevertheless, as important as anything he does. It is a full-time, twenty-four-hour job and one which he must work at in battle, garrison, or in the rest area.

In preparation for the day when he will go with the troops into combat, the aid man is trained to work skilfully, swiftly, and resourcefully. He must know how to stop bleeding anywhere in the body, how to recognize and treat shock, and how to administer blood plasma. He learns how to apply splints and to use materials at hand to make them. He learns all about lifting and transporting patients and hundreds of other important and useful things. Many of the most important things, the veteran aid man has learned the hard way—on the battle field.

The aid man has been the unsung hero of this war. He is required to do everything the line soldier of his outfit must do except fight. He is on every march, in the thick of the battle along with his fighting counterpart, is subject to the same dangers and the same discomforts. He advances under fire with the infantry, jumps with the paratroopers, and is an integral, irreplaceable part of every fighting unit. Indeed, he is in truth a fighting man, but he does not fight the enemy. On the contrary, his is an impartial battle, for he cares for friend and foe alike.

With medications, skill, and a vast amount of courage, he combats hemorrhage, pain, and infection. His armamentarium is the tourniquet, the morphine syrette, splints, bandages, sulfa drugs, and little else; yet his is the most important link in the whole chain of evacuation of the wounded because it is he who sees the wounded man first. The soldier's future well-being or even his very life often depends on what is done or left undone in the first few minutes or hours after he is wounded. Surely the man with such a vital job must be intensively and thoroughly trained.

The patients bear constant testimony to how well he does that job. Reaching the hospital, they like to tell of the care they received from aid men.

You see, the company aid men work right along with us, [said one of the patients as he sat up in bed and explained it]. Now, the front line is here. [He drew a series of curved lines indicating a battle field.] It is about three hundred yards from the place where the soldiers are fighting to the stores of medical supplies. When a

man is hit, someone yells, Aid man! and if possible tells him what to bring. Under fire, he wriggles along to the place where the wounded man is lying. He pulls the soldier behind a tree or some other cover, lies down beside him, and fixes him up.

I remember in the Ardenne Forest a Jewish kid got pinned down by a machine gunner. He had already been hit four times before the aid man finished crawling to him. With Jerry picking at them both, he dragged the wounded man to a tree, lay down and finished his work, and saved the soldier's life.

When the aid man has completed his treatment, he returns to report the condition of the patient and gets more supplies for the next call. After firing slackens, the litter bearers can go and bring the patients to the Battalion Aid Station. Sometimes they carry them by hand as far as 700 to 800 yards. At other times, when firing is continuous or mine fields have to be crossed, the wounded may be picked up in a "weasel." It is built like a tractor and plows quickly across rough terrain. For long journeys, jeeps may be loaded with stretchers. If there is a big load, two and a half ton trucks can carry twenty-four patients in three tiers of litters. In total darkness, it's hazardous driving from the front over the long road through the chain of evacuation to the nearest hospital.

In view of all the knowledge he must have, his countless acts of intrepidity and mercy, and the manner in which he has conserved our fighting strength, the aid man must be rated high among the factors which make our armed might great. His worth is recognized by his fellow soldiers. Witness the thousands of letters and requests by our fighting men that the aid man who shares their hardships and dangers, who binds up their wounds and cares for them and never lets them down, be given combat pay commensurate with their own. Many combat units, in fact, have pooled their pay so that the aid man would not receive less than they did. This was their only means of showing their appreciation, and it was a glowing tribute to the medical soldier.

THE HOSPITAL CORPSMEN

Medical corpsmen are assigned to all Army hospitals where their duties vary according to the type of hospital and the kind of patients with whom they work. A general idea of their duties may be shown from those I have been observing in the 400-bed evacuation hospital with which we are now serving. Our personnel includes twenty-eight doctors, forty nurses, and 207 medical corpsmen. The corpsmen assist in all departments: administration, receiving, personnel, x-ray, pharmacy, laboratory, evacuation, motor pool, sanitary department, mess department, supplies, utilities, and the mail room. They assist with all the nursing services in the operating room, the diet kitchen, and the medical and surgical wards.

The medical corpsman does not replace a nurse, nor can a nurse replace him. They are both indispensable parts of the Army Medical Service.



Left: The corpsman on the abdominal surgical ward regulates the Wangensteen suction apparatus. Right: A wounded Tommy is given plasma by American and British "medics" at an Aid Station somewhere in Europe.

Corpsmen can work in dangerous situations where American women would not be permitted to go. They can do far heavier work than a nurse is physically able to perform. They can endure better the long periods of overwork which emergency situations demand. Finally, they can live as other soldiers do with only the limited equipment used in the field.

When the hospital is under orders, an advance detail of corpsmen goes ahead to prepare the next site, while the others pack up. Every piece of equipment has to be loaded and transported from the heavy portable x-ray machines to the clinical thermometers. It is a lucky move if there is time to get the hospital completely set up at the new place before ambulance loads of patients arrive. When patients are already there, the corpsmen often have to work thirty-six hours at a stretch.

The operating room.—Setting up the operating room under canvas is the first duty of the operating room corpsmen. Surgery is housed in two ward and three storage tents. The ground is covered with tarpaulins which are scrubbed with soap and water. Blood stains are removed with peroxide. The tents are lined with sheets to prevent dust from falling on the operative field. In summer, when the tent walls are rolled up, the operating rooms are screened with mosquito netting. Fly bombs and sprays are also used for insect control.

Before operations the corpsmen wash instruments, run the autoclave, and help prepare sterile supplies. During operations, supervised by a nurse

who circulates for six tables, the corpsmen prepare the patient, set up the sterile tables, and scrub for the operation. In cases involving fractures, they assist with the application of plaster casts.

The operating room corpsmen are careful of sterile technic and do excellent work. They augment the work of surgical nurses in the Army, and their strength is adapted to long hours of duty. During busy periods, when operations continue day and night, there may be as many as 150 to 200 cases in twenty-four hours.

The diet kitchen.—It is no easy task to serve 400 diets in any hospital. It is much more difficult when there are no dumb-waiters, no hot and cold running water for dishwashing, and only one diet kitchen for the whole hospital.

Our diet kitchen is set up in two large wall tents. One of these is the special diet kitchen. Regular diets are prepared in the detachment kitchen. Food in quantity to serve forty patients is carried in the containers of the marmite cans to the ward. From a centrally located diet table, food is served on plates and carried piping hot to the beds.

The second tent houses the dishwashing department. Months ago, before this department was established, each ward had to wash its own dishes and boil them in buckets on the heating stove in the ward. It required about two hours to serve and police up after every meal, there was inadequate space, it kept the men from caring for patients, and there was no satisfactory place to store the dishes. Now all dishes are returned to the central

tent where they are washed in soap and water, loaded in wire baskets, and immersed in thirty-two gallon cans of boiling water for four minutes. Isolated dishes are soaked first in Lysol solution. Clean dishes are air dried on special racks where they are covered until the next meal.

The corpsmen in the dietetic department are conscientious, dependable, orderly, and so clean that their iceboxes would be the envy of any American housewife.

The medical ward.—All wardman working under the supervision of professional officers can give routine care to patients including morning and evening care, baths, enemas, temperatures, nose drops, hot packs, irrigations, and inhalations. They are trained to make out laboratory requests and interpret the return reports. For isolation cases they wear a gown and observe strict isolation technic. Under supervision they may prepare and give medications.

The medical wardmen have shown remarkable skill in observing symptoms and by reporting them early have assisted the physician in his diagnosis. Returning from supper one evening, the nurse found a new patient admitted and already isolated. "He had a high fever, but we couldn't find any rash, and he didn't have a sore throat; so we couldn't make him out," said the ward man, "but when we were undressing him we noticed his neck was stiff and tender. Anyway, we knew it wouldn't hurt to play safe; so we isolated him." A lumbar puncture clinched the diagnosis.

The surgical ward.—The surgical department of an evacuation hospital presents a great variety of cases. The wards are designated according to the type of surgery as follows: preoperative non-shock, preoperative shock, abdominal, chest, maxillofacial, head, orthopedic, and early transportable. This division saves time and equipment and makes it easier for the corpsmen to learn the ward routine.

On the "preop non-shock ward" the patient is undressed and the clothing cut away from his wound. He is washed and prepared for surgery. If his operation is delayed, he may be given hot fluids and a narcotic if needed. The ward men, always working under supervision, do all these treatments, give him his initial hospital dose of sulfonamide, and check to make sure he has had his tetanus immunization.

On the shock ward the corpsmen are trained to take blood pressure, give blood, plasma, or other

intravenous solutions, and to administer oxygen.

Orthopedic patients are given routine surgical care by the ward men. They trim casts, change position as indicated, and exercise considerable ingenuity in rigging up traction when it is needed.

The corpsmen on the abdominal ward assist with special feedings, watch the Wangenstein suction, and do colostomy dressings.

The wardmen assist with aspirations on chest patients, care for closed intercostal drainage apparatus, administer oxygen, and operate the rebreather.

They are particularly patient in their care of unconscious, helpless patients on the head ward. They help the patient become reoriented when consciousness returns.

A GOOD SOLDIER

The medical enlisted man is a good soldier, but he doesn't always realize it. He endures much, works hard, and has little publicity. Sometimes he chafes at the fate which denied him service in combat troops. Actually, what can match the cool courage of the aid man who, with no protection but the red crosses on his sleeve and helmet and his Geneva number, is exposed to enemy fire with no arms to defend himself.

He gives his men good care. He is an apt pupil and can learn anything a nurse will teach him. Beyond that he does something for the morale of the soldiers that a nurse can never do. When the patients with chest wounds cannot smoke or when those with abdominal wounds cannot eat, he jokes with them and helps them to forget. When a soldier is in the hospital for the first time in his life and feels afraid of its strangeness, it is the wardman who in GI parlance tells him he has seen "lots of guys with trouble just like that" who pulled through all right.

I watched a corpsman prepare a ward of patients for evacuation. "Hey, Butch," he called out to one who had fallen asleep again. "Aren't you gonna eat a good breakfast before you leave?" Then he handed him a big plate of food and a cup of steaming coffee. After breakfast, he dressed them all in their OD clothes. By this time they were sitting up, if they could, slings, casts, and all, wisecracking as American boys will. There was little hospital atmosphere. I realized that these soldiers were not thinking of themselves as patients at all. They were just a bunch of Joes who had got in a tight spot and some other Joes had helped them out. It's the way things are in a man's world.