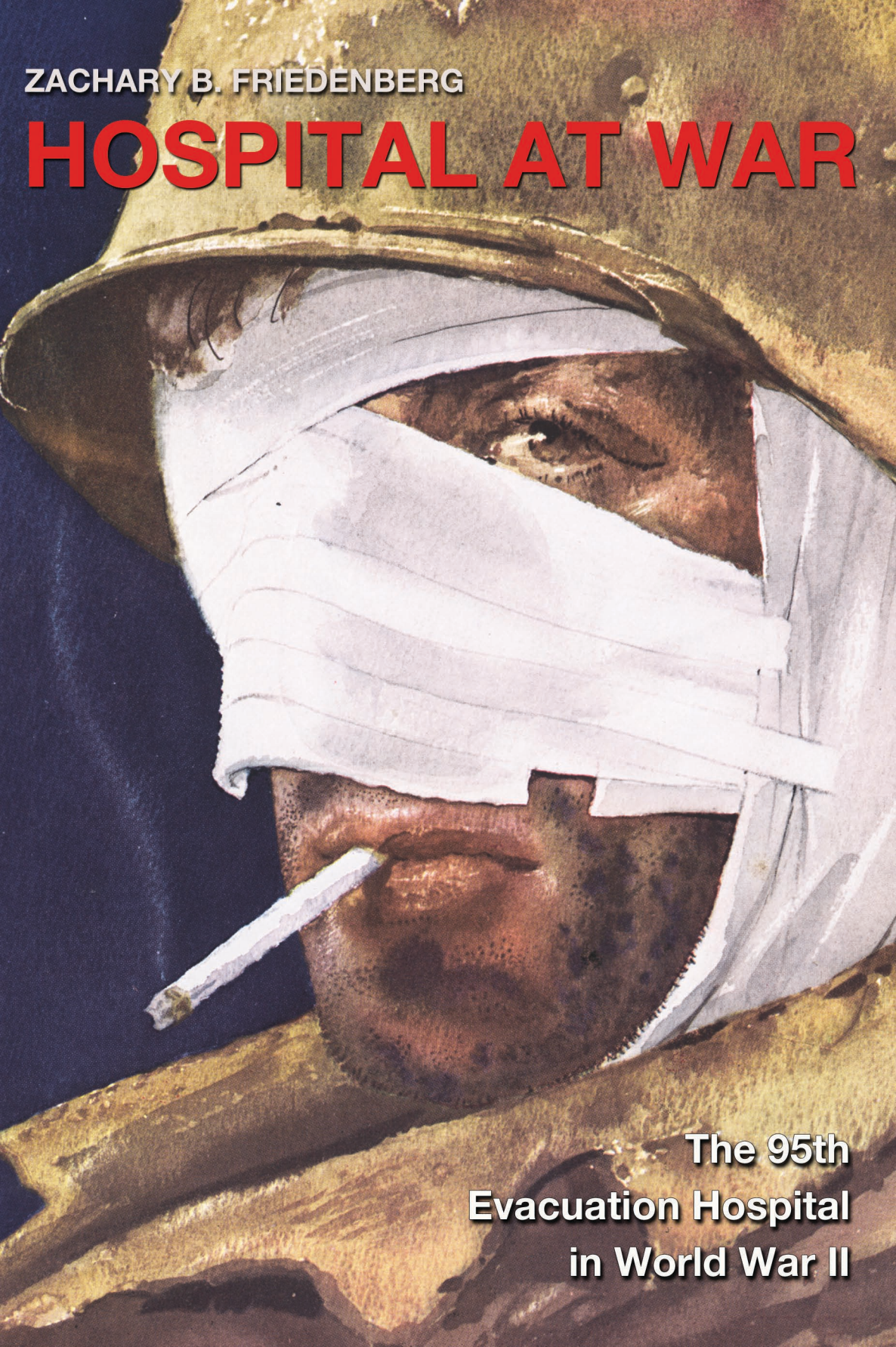
ZACHARY B. FRIEDENBERG
HOSPITAL AT WAR
The 95th
Evacuation Hospital
in World War II

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To all those members

of the 95th Evacuation Hospital

whose dedication

saved so many lives

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PREFACE

When World War II ended, I hurriedly distanced myself from anything military and once again entered civilian life. My interrupted surgical training was resumed, and my time and energies were devoted in the years following to a career in teaching, research, and the practice of surgery at the University of Pennsylvania. However, in time the pace of life slackened, and the events of my war participation gradually returned to my thoughts as a story waiting to be told.

I realized that a record of the part played by the 95th Evacuation Hospital and the many other hospitals working in the combat zone must not be put off any longer, as by now there are fewer left to tell the story, and their ranks are thinning with each passing year. It became my obligation to pay homage to the spirit, energy, and heroism of the members of the 95th Evacuation Hospital and the thousands of wounded soldiers it treated. I assumed the mantle of historian and chronicler, reliving those years and recording their achievements. The narrative of the 95th Evac is the subject of this book, but this hospital is merely representative of all the evacuation and field hospitals in theaters of combat during World War II.

Those years of world upheaval were unique in the history of humanity. World War II was the most cataclysmic event of the twentieth century. The entire United States, with little dissent, plunged into the task of rescuing the world from Satan. The central theme of the war effort was to give people in all countries freedom and dignity. For this ideal, millions enlisted, and many thousands sacrificed their lives.

When the doctors, nurses, administrative, and enlisted personnel of the 95th Evac reported in Kentucky in early 1943, they were disparate groups, unrelated to each other, individuals required to satisfy the numbers and ranks of the tables of organization provided for an evacuation hospital. By its participation in the invasion of the Italian mainland at Salerno, the siege of Anzio, and the wintry retreat during the Battle of the Bulge, the hospital was welded into an inseparable whole, working selflessly with a single objective—to provide help for the casualties from the battlefield. Those of us who worked in the hospital during those trying

days were rewarded. Responsibility quickly gave way to maturity and a life-long enhanced self-assurance. The long hours of work salvaging those young heroes maimed in battle made me humble and taught me the first lesson each doctor should learn: there is no compensation in medicine more satisfying than a patient restored to health.

The events portrayed in this book are factual. Some readers may, at times, be uncomfortable, believing it is too swashbuckling—but it was as it reads. We were doing our daily work; only in retrospect, against the backdrop of the humdrum mediocrity of civilian life, does it become heroic.

The exciting experiences of this hospital from the admission of its first patient in the heat of North Africa to the treatment of its last casualty in Germany are based on diaries of doctors, nurses, and enlisted personnel as well as hospital reports provided by the military and on my own remembrances. I am indebted to Lieutenants Claudine "Speedy" Doyle, Mary H. Fischer, Adeline Simonson, Virginia Barton, and Lillie "Pete" Peterson Homuth, and Cpl. Arley Basham, Sgt. Stanley Polanski, and Maj. Howard Patterson for the privilege of quoting from their diaries and telling their stories. I also received much information from the U.S. Army Center for Military History and must thank the Department of Veterans Affairs for help in locating living members of the hospital. I appreciate the efforts of Richard J. Wolfe, formerly of the Countway Library in Boston, for reading my manuscript and making suggestions on how to improve it and make it more readable. The assistance of Bonnie Hurd in its preparation is also gratefully acknowledged. And last, thanks go to my wife, Kathie, who guided and encouraged me to complete this task.

HOSPITAL AT WAR

CHAPTER 1

Preparing for War

Camp Breckenridge was born in Morganfield, near Henderson, Kentucky, on March 15, 1942. Flames of war fanned the camp into existence. The Axis powers had conquered Europe, and their rolling Panzer divisions were now overrunning North Africa, threatening to cut off the Suez Canal and close the most direct route to India and the Far East. Having yet to suffer a defeat, they seemed invincible, with only poorly armed Britain remaining to oppose them. In the Far East, the armies and navy of Tojo controlled the Eastern Pacific from Mongolia to New Guinea and were prepared to advance on Australia. In the United States, people responded to Japan's sneak attack on Pearl Harbor with a committed determination to destroy the forces of evil enslaving so much of the world.

Nine months after Camp Breckenridge's inception, the pastures around Morganfield had been divided into streets lined with two-story frame buildings separated by puddles of water and a sea of mud. The 95th Evacuation Hospital was one of several military units assigned to this drab and dismal camp. Of the hospital's three components that assembled at Camp Breckenridge in early 1943, the doctors were recent graduates from the eastern part of the country; the nurses were drawn from civilian and military hospitals in the Midwest; and the non-professional support personnel mostly from Fort Francis E. Warren in Wyoming. (Constituted in 1928 in the Regular Army as the 75th Surgical Hospital, the unit had been activated at Fort Warren on July 1, 1941, as the 95th Evacuation Hospital.) Upon their arrival at Camp Breckenridge, each group was an isolated unit, a stranger to the others; however, two years later, having overcome numerous dangers and endured many hardships of war together, they would be welded into a closely knit, efficient force capable of taking on any medical mission.

The enlisted personnel came first, activating the 95th as a strange hospital without a single doctor, nurse, or patient. They were well-trained, professional soldiers, and most of them had worked together on training exercises for nearly two years. After basic training, many had completed courses in various army technical schools. Under the command of Maj. Hubert Binkley they had erected and dismantled a field hospital on dozens of occasions—during the day and at night, under blackout conditions, and in fair and stormy weather. They were proficient in loading equipment, traveling to a new destination, and, in record time, setting up a field hospital under combat conditions. Should a building be available for hospital use in the combat zone, they could make the necessary modifications and could establish a hospital under its roof as well as in tents in the field.

They were hardened by long marches with full packs and bivouacs on an average of two weeks each month. Repeatedly they reviewed training films concerning medical support and logistics, and, although they were not to be involved in combat tactics, they were trained in approach, flanking, and rear guard deployment. Their discipline and morale were beyond doubt, and they were bonded into a wholesome, contented, and trustworthy organization.

Beginning in January, 1943, medical officers started reporting to headquarters at Breckenridge at the rate of about two or three per week. Some had received basic training in military operations and etiquette, many had not. They were civilians in uniform, and most would have preferred to be practicing medicine and surgery in their hometowns or, as in the cases of the younger ones, continuing their medical training. They griped that their competitors were reaping a profit in practice while they had to pass their time waiting in these depressing barracks. With a long war predicted, they faced the likelihood of remaining in the army for many years, and their inability to plan for the future and to support their families disturbed them. Compounding their depressed state were the training marches on the muddy parade ground, the conferences on military subjects, and technical films on medical logistics that seemed so irrelevant to scientific medicine. They might have been receptive to films on the treatment of casualties, but few of these were available, and those that were shown were outdated.

Most of the doctors were trained in the practice of general medicine; twelve were practicing surgeons, including a thoracic surgeon, general surgeons, orthopedic surgeons, and a nose and throat surgeon; there also was an anesthesiologist. Orders for an imminent overseas move lifted their spirits—at last their service had a defined purpose.

Nurses made up the third component of the hospital—the last one to be added. They were happy, young, fun-loving, and prankish, their ebullient spirit pervading the barracks and raising the morale of all. Following their arrival, dances were organized several times a week, and the jukebox blared day and night. Contests and outings were planned, and dreary Breckenridge finally came alive. The music of Jimmy Dorsey and Guy Lombardo and strains of "Begin the Beguine," "Deep in the Heart of Texas," "Don't Get around Much Any More," or "You'll be Nice to Come Home to," wafted through the recreation room and set feet to rapid motion.

Most of the women were graduates of a three-year nursing course and had received some military training in army station hospitals of the Midwest. They were twentyish and were delighted to learn that the hospital was on standby to go overseas. Being second lieutenants, they were not supposed to fraternize with or date the enlisted men, but most commanding officers turned a blind eye to such flirtation. The tables of organization for an evacuation hospital called for forty nurses, including two chief nurses who were first lieutenants or captains.

Although she admitts that her memory is vague, nurse Claudine Doyle remembers Camp Breckenridge as "certainly not in the blue grass section of Kentucky." She recalls arriving before the girls from Fort Riley did and reporting to 1st Lt. Blanche Sigman, principal chief nurse, and her assistant, 1st Lt. Carrie T. Sheetz. According to Doyle, "The doctors and enlisted men had been there for some time learning how to pitch tents [and] knock them down in nothing flat, should we have to retreat." She also remembers that Lt. Col. Paul K. Sauer, former chief of the Municipal Hospital in New York, had been appointed commanding officer, and that "most of the doctors came from the east, the nurses from the central states and the enlisted men from Ohio, Indiana, Illinois, and Kentucky."

Doyle believes that the unit had been trained to the point of ennui and that there seemed to be no surcease from the daily, repetitive grind. "The Battle of Breckenridge," she tells, "still went on, so that when one mentioned the enemy he meant not the Axis or Japan, but the man across the road." She also remembers hearing that inspectors had come from the staff of the ground forces and had given the unit an excellent rating. ("It was at this time," she adds, "that the nurses were missed," and that component of the hospital was then organized.) After arriving, she tells, "We passed time attending a few classes and physical training, i.e., pitching pup tents, and rolling our bedding rolls three times to see how fast we

could be ready to retreat. The only thing they forgot to teach us was how to duck the bullets. It didn't matter," she adds, "we learned under fire."

After completing a two-year surgical internship at King's County Hospital in New York, following graduation from Columbia University's College of Physicians and Surgeons in 1939, I was ordered to Fort Benning, Georgia, prior to America's entry into war. I had hoped to take advanced surgical training after my internship, but having joined the Army Reserve in my second year at medical school, I was subject to call. At Benning, I was assigned to the 44th field artillery—horse drawn! My first assignment was to learn to ride military style behind the caissons, but not for long, for trucks soon replaced the horses. Fort Benning was the site of the U.S. Army infantry school and the site for paratrooper training. At Benning I was a first lieutenant, a battalion surgeon in charge of a ten-man platoon of medical personnel. My job was to accompany this unit on maneuvers.

Although S.Sgt. Hubert Ramsford always addressed me respectably, I sensed some disdain in his attitude because of my ignorance of military matters. Each morning he lined up those men who wished to attend sick call, and pointed out to me the "goldbricks," those who were there to shirk duty. He instructed me in how to conduct sick call using only a single medication. Iodine was used for cuts, scrapes, and sprains. Iodine was also used to paint the throats of those with colds, and athletes foot demanded iodine soaks. Every so often on an unusual case, he deferred to my judgment.

Sick call ended at 0930. It was my duty to post six-mile hikes several times weekly and to be prepared to accompany the platoon, but Staff Sergeant Ramsford would not hear of the lieutenant's accompanying them. One morning I followed their course and found them sprawled out in a field about two miles distant. In the afternoon there were field exercises with the infantry students, and our platoon set up a battalion aid station several hundred yards behind the batteries of 155mm howitzers. Sometimes we would get an injured soldier, but if he were seriously wounded, he would be transported directly to the station hospital. Most of the afternoon would be spent treating mock casualties, and some members of the platoon serviced our three vehicles, a command car, ambulance, and two-and-a-half ton truck.

Life at Fort Benning was luxurious, with a well-furnished officers' club, swimming pools, dances several nights a week, an eighteen-hole golf

course, and riding trails. Such stylish living seemed out of place with civilization tottering on the brink. After a year of such luxury, I applied for a transfer to an overseas assignment, for America had since entered into the war. It was disapproved. I tried again—and again it was disapproved. By now, being more savvy of army politics, I learned that my battalion commander was the reason for the disapproval. Because he wanted me to remain in his unit, he had not forwarded my requests through the proper channels. I learned I could bypass him by applying directly to the adjutant general in Washington, which I did. One week later orders came, "Report at once to the 95th Evacuation Hospital at Camp Breckenridge in Kentucky." I exchanged farewells with cavalry officers of the 44th field artillery who had become quite fond of the "doc" from New York. Some of my fellow officers expressed envy—I was leaving Benning to fight the war, while they were stuck in this oasis of comfort and security.

My battered 1936 Plymouth served the country with patriotic fervor, chugging its way to Kentucky from Georgia at thirty-five miles per hour (it could not go any faster) and without a breakdown. As I drove up to headquarters, I noticed a disapproving Lieutenant Colonel Sauer surveying the car and its equipage. "This unit is ready for departure overseas any day. What do you propose to do with the beach chair, riding boots, golf clubs, and assorted fripperies?" he asked.

I was granted a three-day leave of absence, during which I tried to drive to New York. A snow storm intervened, however, and the trusted Plymouth, try as it might, failed its duty to the country. I got as far as Louisville when it collapsed, and it remained in a parking lot there for the entire period of the North African Campaign and much of the Italian Campaign. I reported for duty at the 95th Evacuation Hospital in March, 1943.

Each day following my arrival the members of the 95th were alerted that they would be sent overseas the next day. Some were unofficial rumors; some were from command; yet the weeks dragged on. We finally received orders that all personnel were to remain confined to the camp area. MPs directed those in nearby Evansville, Indiana, to report to the unit immediately. Tensions mounted. The men and women in the hospital sobered at the realization that they were leaving family, friends, and their lifestyle behind and were headed for a new, unknown life in foreign countries. It would be many years before we returned to familiar civilian life.

The key question: Where were we going? Speculation on this matter occupied most of the conversation. Being confined to the camp, there was little else of interest. Most agreed that the move would be to the east and

across the Atlantic to the European theater of war. We reasoned that, because the camp was closer to the East Coast, it was unlikely that we would be ordered to the Pacific theater. However, the blackout of information was so complete that even this primary proposition could not be taken for granted. If our destination were Europe, most conjectured, it would be England, where large numbers of troops were amassing. Other possibilities included Alaska, Iceland, Africa, or some remote island.

We passed the days reviewing training films and completing our equipment. Duffel and musette bags, helmets, canteens, belts, gas masks, and gas protective clothing were issued and usually exchanged for a better fit. Armbands equipped with the Red Cross symbol were provided with serial numbers stamped on each item. The supply sergeant was continually busy.

Conferences were held on how we were to respond if captured. The Geneva Convention decreed that when questioned by the enemy we must divulge only our name, rank, and serial number and nothing more. Would the Nazis be satisfied with that? What measures might they employ to obtain more information? This was a fertile field for discussion also.

There was little medical information available at this time on the best way to treat war casualties. The major lesson learned during the First World War was never to sew closed a wound in the field. One could thus avoid gas gangrene or infection, but details of this concept had been lost in the interim and had to be relearned as the war progressed. The experiences of those in medical units currently treating casualties would have been of great value, but nothing other than generalizations had filtered back to those not yet engaged in the various theaters of operations. Months later, specific directives on the care of casualties circulated. Army and navy medical consultants, usually physicians and surgeons with academic backgrounds, traveled to medical units in the field, observed the results of treatment, recommended optimal modalities, and met with surgical chiefs to ensure that specific directives were followed. In time, the war experiences of the 95th Evac would provide much of this essential information.

At last, orders arrived. In late March, 1943, personnel and equipment were loaded onto a long line of two-and-a-half ton trucks, their floors piled high with mountains of equipment and then deposited at a railroad terminal. Bidding farewell to Breckenridge was not heart-rending, but it had served as home for several months and provided an organized lifestyle. Before us loomed the great unknown, new and unforeseen chal-

lenges, a new life, and, in a remote corner of consciousness, even the possibility of death. In her diary, Nurse Claudine Doyle penned the following remembrance of our departure from Breckenridge:

> We were confined to camp for a week until one evening in March, 1943, we boarded a Pullman car with field packs, consisting of bed rolls, musette bags, map cases, helmets, and canteens hooked onto a pistol belt.
>
> The train chugged off, suddenly stopped, and started backwards. We had almost left Lieutenant Neil, our Administrative Assistant, who had stopped to get our mail. As the train started forward, the solemnity of the occasion was broken; I was the proud owner of four new bars of pine soap [that had arrived in the mail]. Frank had sent me another present.

Medical officers occupied one Pullman car, nurses another, and the men and equipment were spread over the many remaining cars. Townspeople lined the station and the platform, waving at heads protruding out of the open windows. The nurses, in particular, drew the biggest crowds around their car; young and pretty in their freshly pressed uniforms, they chatted merrily with on-lookers.

With two short hoots, the steam engine jerked the cars forward. As we waved our final good-byes, it seemed as if we were already heroes. The train moved forward a hundred yards and then halted and again backed up to the station. We did not know why, but the on-lookers smiled, and waved good-bye again as once more we were off.

At each stop crowds of people surrounded the train and wished us luck, passing around cookies, candies, magazines, and books. Bouquets of flowers were thrown through the open window of the nurses' car. There were well-wishers with tears on their faces, many, no doubt, thinking of their own sons, daughters, and husbands already at war. The American people revealed their true spirit, warm hearts, and unsagging strength as they watched their most precious possessions go off to danger in foreign lands. Blacked out with curtains drawn, the train wound through Dayton, Cleveland, and around Lake Erie before crossing into New York. We proceeded southward along the Hudson River, arriving on April 4 at the Camp Shanks staging area in Orangeburg, New York.

There was bus service from Camp Shanks to nearby New York City and only one restriction limiting our freedom: we must return to camp each evening and be prepared for morning roll call. Posters in the camp

depicted a large cupped ear listening to any irrelevant chatter. Spies were reported to be on buses, trains, or in restaurants—everywhere—and no one was to mention his or her unit number, its origin, destination (as if that were known to us), or its strength.

Occasionally, we were mustered for a vaccination or a typhoid or tetanus shot. Packets of sulfadiazine powder, an antibacterial, were distributed along with instruction to sprinkle it on wounds. Nurses had special items such as Kotex and Curity diapers dispensed.

Those visiting the big city danced to the big bands in New York hotels. Drinks were always on the house to anyone in uniform, and the sophistication and suavity of the city melted under the eager, pretty faces of those girls in uniform about to travel to war. For most, this was their first visit to New York City. Exploring its sights, riding the subway, and sampling the many restaurants (usually without charge) provided daily entertainment.

My parents were living in New York, as was my girlfriend, and the daily visits enabled me to renew my family attachments. Each evening as I returned to Camp Shanks, I was never certain that there would be another tomorrow in the city or when I would next see them.

All personnel had been given a list of items that they were to carry at all times once we boarded our ship. These items included a flashlight, to be clipped to a pistol belt, dog tags, medical identification cards, and Red Cross armbands; each person was to purchase non-meltable chocolate bars, a compass, and fishing hooks and line for the overseas voyage. This last item caused much perplexity—How big a hook? And what good is a hook and line without bait? Most shrugged off this problem, but I considered it at length and solved it to my satisfaction by carrying a small jar of pickled herring. Excellent bait, I thought, but it was an awkward object to carry in your pocket and made sitting and lying difficult.

On April 15, the hospital personnel assembled for the last time at Shanks and were bussed to the port of embarkation in New York Harbor. We formed ranks at dockside, and, loaded down with gear on this steamy day, we gazed upward at the gray hull of the vessel that was to carry us across an ocean, infested with enemy submarines, to some unknown destination. She was the *Mariposa,* a luxury liner of the Matson Line that formerly had carried vacationers from San Francisco to Hawaii before being pressed into military service. An officer recited the roll call and assigned a bunk number to each person. We struggled up the gangplank under the weight of our equipment. As the nurses walked up the gangplank carrying all of

their equipment, there was a spontaneous round of applause from those on the dock.

Although the ship had originally been designed as a luxury liner, it offered no luxurious accommodation at this time. There were tiers of four bunks with only twelve inches between your nose and the sagging bunk above. There were six or more tiers in each stateroom, and the intervening floor space was piled high with equipment. Fourteen nurses occupied a stateroom designed for just two people. Other accommodations were even more crowded. The following morning we remained tied to the dock as the sun arose on another hot and humid day. Later in the day without fanfare the *Mariposa* slowly drifted from the dock and picked up speed upon entering New York Bay. The Statue of Liberty and the familiar sights of New York Harbor receded in the distance.

The *Mariposa* carried seven thousand military personnel, including three hospitals. Members of the air force, infantry, engineers, and others also crowded the hatchways and decks. To our surprise, we learned that the ship would not travel in convoy but instead would proceed alone. She was a fast ship and would race across the Atlantic without escort. Being fast and maneuverable, she was thought to be a difficult target for a submarine. Moreover, her course was never in a straight line for more than a few minutes. She made a series of zigzags altering her course about 45 degrees every mile or two so that her wake looked like the trail of a staggering drunkard.

We were still without any knowledge of our final destination, so we sought to follow the ship's general direction with hand-held compasses, the needles of which swung crazily, making half circles due to the electronic gear on board and the metal hull. The best approximation was a general direction east and perhaps south. Each day there was a life boat and fire drill.

Shortly after sailing, a call went out for volunteers to act as observers for submarines or enemy aircraft. These observers were stationed at gun turrets fore, aft, and amidships, and such duty offered an escape from the crowded, noisy deck and the stifling cabin. It was a chance to be alone for four hours. I volunteered and was assigned the forward gun turret on the starboard side for the 4 A.M. to 8 A.M. watch. The duty of the observer was to watch for aircraft and submarines. Equipment consisted of binoculars and a plastic card showing the silhouettes of friendly and enemy planes for easy identification, and a telephone that connected us to a control center. With all the electronic gear aboard, including radar and submarine

detectors, I wondered how I was providing any additional protection, but it helped pass the time and gave me a sense of involvement in the safety of the ship and the thousands aboard it.

Most of all, I was exposed to the panorama of the vast ocean and the blue sky it touched. To observe the silent starlit sky on a smooth sea and watch the first shafts of morning light extinguish the stars was balm to a soul harried by the press of people and the noises of the day. Planes were sighted and reported, but the trip was uneventful. No submarines surfaced, although there was a rumor one was following us; no ships were sighted, but we encountered plenty of floating garbage—plastic bags and wooden crates, sometimes interpreted as the conning tower of an approaching U-boat.

At the stern of the ship a twenty-four-hour crap game continued throughout the crossing, often with more than twenty intent gamblers cradling their piles of currency, weighted down against the wind by pistol belts, helmets, and bayonets. It was later said that one man walked off the ship carrying a knapsack containing the salaries of most of the men aboard.

The destination of the ship continued to be the main topic of conversation. Iceland was ruled out as the hot sun beamed down and the temperature climbed. England seemed more and more remote. During the blackened night, eight days after sailing, on April 24, the pulse of the engines slackened and the motors' throb became a hum. All eyes crowded the portholes and at dawn beheld coconut palms lining the water's edge. This was not England—it was Casablanca. On entering the harbor, we passed the partially submerged wreckage of a large ship, the French naval vessel *Jean Bart.* The planes flying overhead to escort our ship into the harbor emphasized the reality of war.

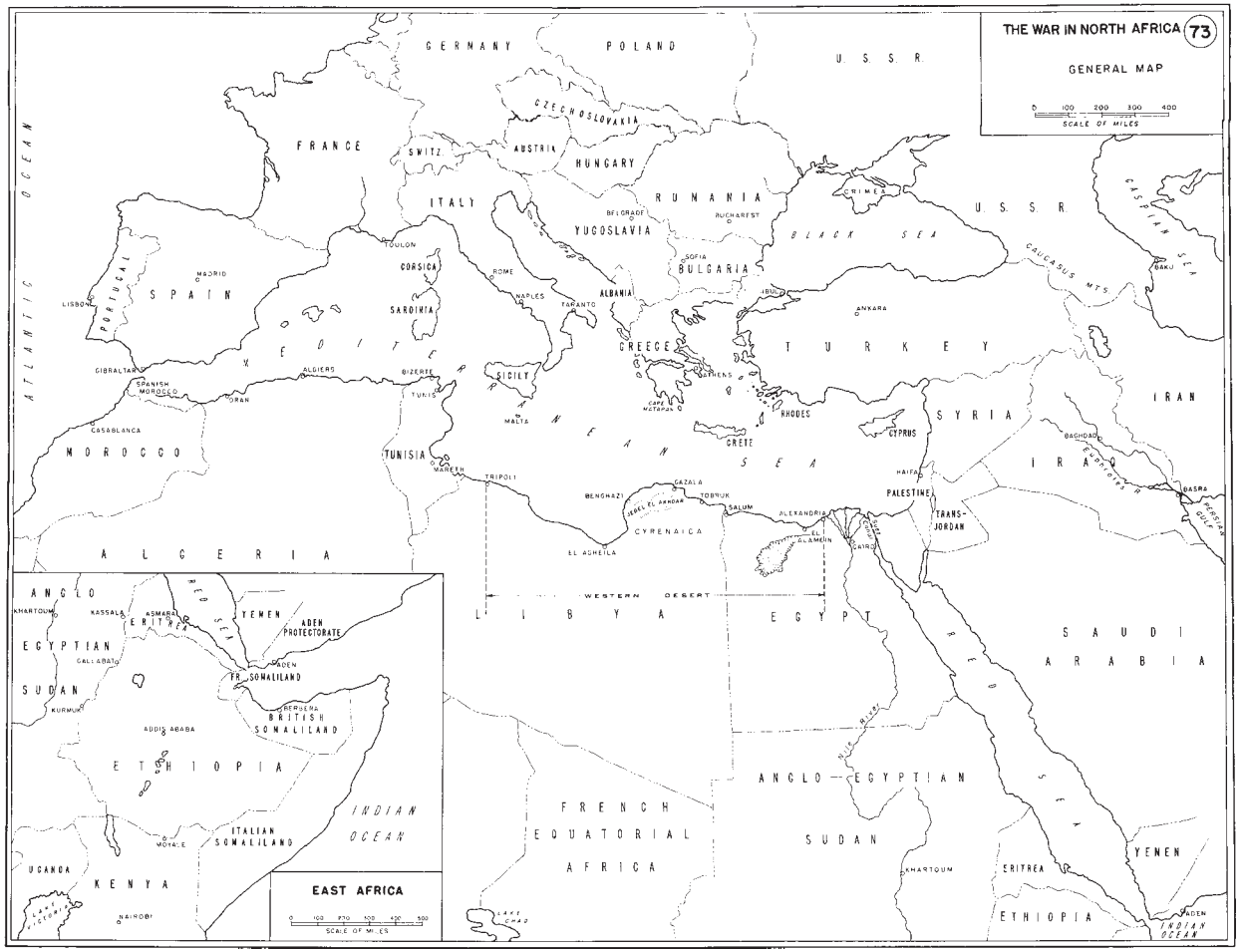
CHAPTER 2

Concluding the North African Campaign

We caught up with the war five months after the Americans had landed at Oran and in Algiers the previous November. After many months of hard and bloody fighting, the North African Campaign was winding down in the Allies' favor, but a few more weeks would pass before a general collapse of the enemy armies occurred and the roundup of prisoners—over a quarter of a million of them—began.

While waiting to disembark from the *Mariposa,* each passenger received two pamphlets. One was an English-French-Arabic dictionary and phrase book. The other, more interesting book was a brief resume on the customs and traditions of the Arabs and Berbers who populated these North African regions.

The guide book pointed out that local men did not like to be touched by strangers. If a native offered to shake hands, the book advised us to do so; but we were never to touch or offer the left hand, nor eat with the left hand, which was believed to be defiled and unclean. Two men walking together holding hands were not to be regarded as deviants. Natives were not to be offered alcoholic drinks, nor was anyone to hold a discussion of their religion. Bargaining was acceptable; indeed, if you bought anything and paid the offering price, you would be looked upon as a fool. It was strongly recommended that soldiers should not enter the "Medina" or Arab quarter. These guidelines were formulated by "experts" in the United States, for it turned out that most Arabs had never heard of them. There was one prohibition, however, with which we learned to comply carefully—stay away from women who are veiled (i.e., respectable). Prostitutes rarely used a veil. More than one soldier ended up with a knife in his back for failing to make such a distinction.



The War in North Africa. From *The West Point Atlas of American Wars,* edited by Brig. Gen. Vincent J. Esposito. Courtesy Department of History, United States Military Academy

In formation on the dock under the hot morning sun, we offered the beautiful *Mariposa* a farewell after a job well done. Curious inhabitants, just beyond barbed wires cordoning off the docks, were inspecting us. Some offered us greetings in English; others with taunts. Children begged for "chocolad," "chewn gum," "bisqueet," or "smoke." Nurses boarded trucks and went across town, dodging camels or burros, hoping to get sight of Rick's Place (the fictional bar in the 1942 movie *Casablanca*) and finally arriving at the Première International Grammar School in the Rue de la Gare, where they were barracked. Afterward, trucks transported the medical officers and men to an encampment in a fig orchard about a mile outside of town. Pyramidal tents with eight cots per tent were our quarters. It was the first time most of us had ever seen a fig tree. Unfortunately, the figs were not yet ripe enough to eat. The hospital was not set up, as this was a staging area. Remaining casualties from the North African theater in Tunis were being treated and cared for by the 8th Evacuation Hospital and the station hospital in Casablanca.

With no duties to perform, we returned daily to Casablanca, exploring different areas, and before long we had a thorough and detailed knowledge of the various quarters. The French quarter with its wide streets, fine houses, and colorful gardens sequestered behind eight-foot high walls draped with multi-colored bougainvilleas quickly attracted our interest. The upper-class French rode about in well-turned-out carriages drawn by handsome horses; there was no fuel for cars. Sometimes a camel pulled the carriage. The Hotel d'Anfa in Fedalia, near the beach, was pointed out as the site of the Casablanca conference where Churchill and Roosevelt first debated and planned the invasion of Europe.

An American uniform attracted a persistent swarm of children. They held up their fingers in the "V" sign, which we misinterpreted to be the sign of victory. To them it was a request for a handout. Open hands begged for sweets and cigarettes. When they were thrust aside, a torrent of insults in Arabic followed. Custom dictated that Arabic boys sport a pigtail on the back of their otherwise shaven heads. As they were not circumcised until the age of thirteen, they could not otherwise be identified by the angel of death if they died before this age except by their pigtail. Supposedly, the angel of death would grab the pigtail and carry the child to heaven. Women wore headdress, were veiled, and were clothed in ankle-length dresses; men wore a red fez, brocaded vests and shirts, long colorful pants, and shoes that looked like slippers with a pointed front.

Captain Friedenberg and Capt. Anthony Pellicane in front of their quarters near Casablanca, June 1943.

The Arab quarter of town was the most interesting, and we passed most of our days walking the narrow alleys and streets, elbowing our way through hordes of people laughing, shouting, and arguing so loudly that the din of voices was everywhere. Cooking smoke filled the alleyways, as did worm-infested, starving dogs lying on the cobblestones and the donkeys tied to doorways. On sale were beaded handbags, copperware, rugs, red Moroccan leather shoes, belts and bags, as well as cheap French perfumes. The inquisitive dark eyes of the girls and the women who on occasions casually dropped their veils a little, beckoned those in uniform. The local color, sounds, and smells captured our imaginations as we repeatedly returned to explore the Arab quarter.

From her room in the school housing the nurses, nurse Adeline Simonson observed an Arab family living across the street. The daily routine of the mother included caring for her many children, chickens, rabbits, and dogs, all jumbled together in a small yard. She cooked and washed from the same bowl of water. It was a revelation to this small town girl from McGregor, Minnesota, population four hundred. A laundress, a polite French woman, always promised to deliver the laundry *demain,* which meant next week. What did these Americans expect—next-day service?

The activities of the nurses in Casablanca were on a higher social plane than that of the officers or enlisted men. They were in town less than twenty-four hours before the Air Force officers stationed nearby discovered their presence, and their subsequent dates took them to dances at the officers' club, on a tour of the best hotels, and to La Reserve nightclub as well as to restaurants and gardens. The well-known Fedalia beach at Casablanca was the site of daily picnics. This leisurely life soon became boring, however. Our troops were fighting a war, and we were supposed to play a part, not dally in a remote city.

The area commander was aware of our idleness and determined to put officers to work. Each day hundreds of soldiers arrived from the front for a leave of several days—a welcome reprieve from the rigors of the battlefield. In the first skirmish between the Americans and the Nazis in the western desert at Kassarine Pass, the American II Corps under Gen. Lloyd Fredendall was soundly defeated by the veteran Deutches Afrika Korps. Gen. George Patton replaced the field commander and ordered that military etiquette, dress, and conduct were to be upgraded sharply in the American forces. Patton would not tolerate anything but the strictest discipline.

In compliance, the area commander ordered all GIs on leave in Casablanca to be in full uniform, no loosened collars, ties smartly tied and tucked under the shirt below the second button, shirts fully buttoned, shoes shined, and insignia polished. Every officer was to be smartly saluted. The medical officers of the 95th Evac were assigned to walk the streets of the city for an eight-hour period, followed several yards behind by two MPs. The officers were to act as decoys: any soldier who failed to salute was to be arrested by the MPs, have his leave papers confiscated, and then be returned to the front. This was a detestable duty. At the end of the first day, returning to headquarters and reporting that I had made no arrests, the officer in charge eyed me and said, "Do you mean to tell me that you walked the streets of this city and not a man failed to salute you? You will have to do better tomorrow." I did, and remembered the

plea of a young soldier when his papers were taken; "I have been at the front for weeks and just arrived here a few hours ago for a three-day leave: now you are sending me back?" he asked incredulously.

Living in the field under tents with the enlisted men close by and with the mess tent serving as an eating and meeting place, we began to know each other and respond to each other's needs. We began to sense an esprit de corps from this association, which solidified our hospital personnel as a unit.

One month after arriving in Casablanca, our unit received orders to move to Oujda, Morocco, near the edge of the desert. The road we traveled followed the north coast of Africa through Rabat and Fez, where we bivouacked for the night under the stars, and then onto Meknes, Taza, Taouriri, and Oujda, our destination in eastern Morocco. Oujda was an overpopulated, filthy city covered by the drifting desert sands. In his diary, Sergeant Polanski of the 95th expressed the undesirable location of our new station in the following lines:

In Ouj da

Out of these huts like torrential rains,
Down from the mountains and over the Plains,
Plodding along with ladened beasts,
Dreaming of harvests and seasonal feasts
In Oujda
Braving the rays of the tropical heat
With turbaned heads and sandaled feet,
Packed in busses, riding the top
Eager for the momentous stop
In Oujda
Natives garbed in tattered clothes,
Shouting out American oaths.
Children hail the passerby,
Gimmie smoke, their pleading cry
In Oujda
The sun comes up at break of day,
And the stars shine forth along the milky way.
While God looks down from above to say
"That sure is a hell of a place to stay!"
In Oujda
Nonetheless, this is where they put our evacuation hospital.
In Oujda.

It is pertinent to pause here and examine the role of the evacuation hospital in the overall scheme of army medicine. The Army Medical Corps had established a route of evacuation for a battle casualty. This route included an elaborate hierarchy of medical installations that could be modified to fit the exigencies of different tactical problems. The actual chain of medical units through which a casualty passed depended on the field of operations of the fighting forces, the terrain, road conditions, availability of landing fields, and operative rail lines. It was highly dependent upon the number of casualties, and each amphibious operation required a specific plan depending on its scale and objectives.

The first link in the chain, and therefore always present, was the battalion aid station with its battalion surgeon, who was an integral part of every battalion and travels with the battalion. The aid station was located as close as possible to the battalion it was supporting, but out of the way of direct fire. It was equipped with surgical instruments, dressings to control bleeding, and splints to be applied to fractured extremities, but it did not employ any anesthetic agents. The station could start an infusion of saline or plasma and would be stocked with analgesics, particularly syrettes of morphine for injection. The battalion surgeon filled out a tag that was tied to the injured soldier detailing name, diagnosis of injury, amount of fluid and medications received, and other pertinent information. This tag was about four by six inches—the information had to be succinct. It accompanied the patient, being added to by medical installations throughout the evacuation, until a station or general hospital chart finally replaced the tag. The battalion surgeon commanded a platoon of corpsmen who were litter bearers, ambulance drivers, and medical assistants. During battle they locate the wounded in the field, often exposing themselves to enemy fire. The casualty rate of such medics protected only by a Red Cross armband was equal to, or often greater than, the casualty rate among rifle-carrying soldiers. When they located a casualty, medics attempted to staunch active bleeding (and they also dusted sulfadiazine powder into the wound, over which they tied a dressing.) They then carried the casualty to the aid station for further treatment by the battalion surgeon. Each regiment had a collecting station to which all of the casualties from the many aid stations were sent, and the casualties were first triaged at this point. Priority evacuation was given to the most seriously wounded. Patients in the collecting stations were then forwarded to the clearing station where some additional surgery might be done. The next step in the route might be a field hospital or an evacuation hospital, both of which

were mobile to follow the fighting forces and equipped to give anesthesia and emergency surgery. The next move was to a rearward hospital outside the combat zone, usually a station hospital; and the end of the chain would be a general hospital, located in a large city or in the United States, where final or remedial treatment would take place.

This seems to be a clumsy, time-consuming series of steps. But the plan described above is an overall system that could be modified to fit each situation. In the experience of the 95th Evac, almost all casualties were first seen at the battalion aid station, and the battalion surgeon earned our respect for his role in saving so many lives. The collecting and clearing stations transported the wounded to evacuation or field hospitals. In some instances, the smaller, more portable field hospitals served in advance of the evacuation hospital, but often when the fighting was bloody, we admitted patients directly from aid stations. This was always true on amphibious invasions, where we treated all wounded not flown by helicopter directly to hospital ships at sea.

In June, 1944, at the peak of fighting in Europe, with American forces fighting in Normandy and on the Italian front, just after the capture of Rome, there were three million American soldiers in Europe, served by 63 evacuation hospitals, 34 field hospitals, 47 station hospitals, and 146 general hospitals.

An evacuation hospital was a mobile combat support unit of four hundred beds (or cots). It functioned in close support of a division, corps, or even an army, and it often received casualties directly from battalion aid stations. The evacuation hospital operated anywhere between two to twenty miles behind the artillery, depending on road conditions and whether the unit it supported was advancing or retreating. Even with good roads for ambulances and helicopter pads (as would be used from the Korean War on) it was never behind the front more than twenty miles. The function of an evacuation hospital was to save lives. It did not do any reconstructive surgery or rehabilitation.

The professional personnel of the hospital consisted of thirty doctors and forty nurses. The organization of the staff changed several times as we gained experience. The surgical staff was divided into surgical teams, each consisting of a surgeon, an assistant, an anesthetist, and a ward officer. The ward officer tracked the patient from before to after surgery. Before surgery, he examined and diagnosed the injuries in the receiving tent, when the patient's blood pressure was stabilized by transfusions, intravenous fluids, and medications. After the patient's triage priority was established, this officer con-

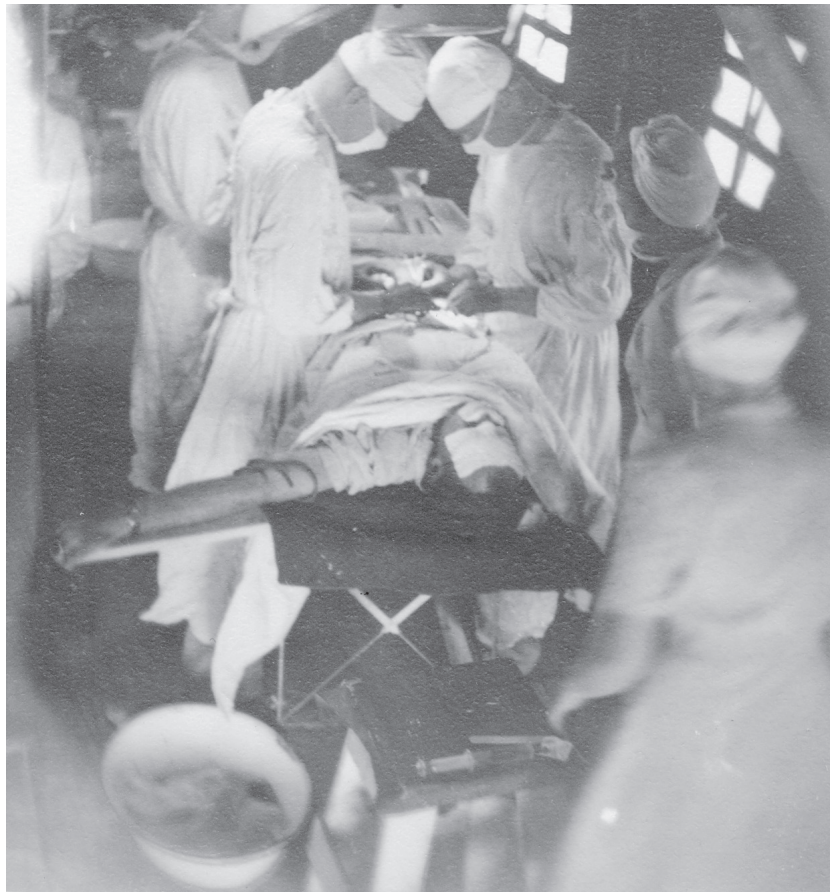
sulted with the surgeon on his team, and the patient was carried into the OR for surgery. Wounded soldiers in shock and with blood pressure and vital signs that could not be stabilized were given first priority and operated upon immediately, possibly to staunch an internally bleeding vessel.

The ward officer was assisted in the receiving tent by a shock team, but the ward officer was responsible for following the patient post op as well. Technical sergeants in the receiving area assisted in cutting off bloody, matted clothing and shoes, applying dressings, and starting infusions. The surgical teams were headed by abdominal, thoracic, and orthopedic surgeons. They and their assistants continued operating for the duration of their shift, making occasional visits to the receiving tent to see the next patient assigned to them. There were two chief nurses and thirty-eight nurses, some of whom worked in the OR, either at the operating tables or giving anesthesia. Others maintained the sterile instrument table, and still others were in the receiving tent; but most of the nurses worked on the wards and were assisted by technical sergeants. There were also technical sergeants in radiology and in the blood laboratory, in addition to those assisting in the operating room.

The hospital was completely self-supporting and mobile, with its own trucks, generators, laundry, and supply. Patients were spread over five wards of eighty beds each. The operating tent had five operating tables and a central supply table that provided instruments to each of the five operating tables. In the corner of the OR there was a special table that we used when we had to put on large casts and body spicas, thus freeing up an operating table. In winter, heat was provided by a hot-air blower to the operating tent, but the ward tents and those of the staff were heated by wood or oil stoves. There was no air-conditioning.

When there was a heavy flow of casualties, specialist teams were temporarily assigned; usually these consisted of neurosurgeons. Local engineer companies sometimes laid out the roadways to the hospital. The entire mobile hospital could be dismantled, loaded in trucks, moved a distance, and set up again in another location so that new patients could arrive and be treated five hours after the last patient in the hospital's former area had been discharged. It might be moved as a unit or in echelons. (For more on equipment and transportation, see Appendix A.)

In Oujda in North Africa, on the edge of the desert, we were set up as a hospital for the first time under actual wartime conditions. The area was an abandoned wheat field outside the town. The rows of tents with red



Captain Friedenberg and an unidentified surgeon operating on a patient in a hospital tent in North Africa.

crosses painted on their walls shimmering under the blazing sun identified us as a fully functioning unit. We were assigned to the Fifth Army, and, unknown to us at the time, we were the "chosen ones" to make the D-Day invasion at Salerno several months later.

Midday temperatures climbed to 130 degrees Fahrenheit; at night, heavy clothing was necessary. Nurses on the twelve-hour night shift would wear long underwear, coveralls, wool socks, and sweaters, their heads covered by wool caps. To keep scorpions and crawling insects out of their cots, each leg of their cot was set in a tin of water. The local population ringed the hospital at all hours, and after the theft of many items, including toilet paper from the latrines, it was necessary to keep a guard around the

encampment. The engineers later erected a barbed-wire fence around us and dug a well, which allowed us to use water freely.

A mile away, on the other side of an olive grove, the 509th Paratrooper Battalion of the 82d Airborne Division was our nearest neighbor and kept us busy with twenty or thirty fractured ankles, as well as other injuries and several deaths from "streamers" (chutes that failed to open completely) after practice jumps. The desert fighting to the east had just ended. After the battles in Tunis and Bizerte, the Afrika Korps surrendered on May 13, 1943, and 275,000 Germans and Italians were made prisoners. On the day the hospital opened, there were 109 admissions. Some casualties arrived from the front, but the medical department was kept busy with malaria, dysenteries (the bed pan blues), and some fevers that we could not diagnose (fevers of unknown origin).

Many of our personnel suffered from dysentery at this time. Nurse Doyle (afterward known as "Speedy") recalls rushing out of her tent in the middle of the night, headed for the latrine, when she was challenged by a guard. She forgot the password, and simply saying "me," brushed him aside, rifle and all. "I guess he knew that no Arab or German would be wearing red and white polka dot pajamas."

After we got to know some of the other personnel stationed nearby, we learned that an unknown "poet" had composed a song about the ever-present diarrhea that everyone suffered in North Africa, both as patient and healer. It is dedicated now to those millions and millions of travelers, military or civilian, who have journeyed through its tortures:

Medals

When you talk about your medals,
Silver Star and souvenirs
You can talk about your Purple Heart
Maybe Croix de Guerre.

I ain't got no fancy ribbons
But I feel awful queer
'Cause there ain't any medals
For guys with diarrhear.
My guts is full of holes
Like a bullet drilled me clear
And blood I've lost a bucketful
With me diarrhear.

When I ain't got no innards
I got nothin' else to fear
But I'll bet God has got a medal
For guys with diarrhear.

Surgeons were on call for twenty-four hours and then were off duty for twelve, then back on duty for twenty-four hours of surgery call, followed by twenty-four hours off duty. During the off-duty hours, surgeons performed ward rounds on the post-op cases and caught up with OR reports. There was not room on a patient's medical tag for anything but raw facts. At Oujda there were few surgical cases and not much pressure, so that many hours passed when we were on call without doing surgery. Having finished a two-year surgical internship, I was delighted to be assigned as assistant to a surgical team, working by turns with a thoracic, abdominal, and orthopedic surgeon.

Soon after the hospital became operational at Oujda, Lieutenant Colonel Sauer and Major Binkley at hospital headquarters issued orders for a spit and polish clean-up to welcome high-ranking brass who were due to inspect the hospital on the following day. There was not much polishing that could be done to a tent encampment spread out on a dusty North African desert field. Each afternoon, as the sun blazed overhead, gusts of wind laden with sand swirled about the site, depositing layers of dust over tents, equipment, and personnel. However, cots were lined in orderly rows, and blood-stained dressings were replaced with fresh ones, while details picked up cigarette butts. Freshly laundered uniforms were the order of the day, and the flag flying at headquarters tent was given a bath.

Early the following morning, Gen. Dwight D. Eisenhower and his staff inspected the hospital, discussing with the doctors and nurses the treatment given to wounded and sick soldiers. Eisenhower spent most of his time walking from cot to cot talking to the patients. He wanted to know what unit were they from, where they were wounded or taken ill, and what kind of treatment they were receiving. As the sun rose higher, the heat in the tents became stifling, and the visiting generals were soon mopping their brows. The hospital staff was favorably impressed with Eisenhower's sincerity. Over the years we had many more inspections, but too often the inspectors relied on their rank, talking down to the staff and patients, making suggestions but not listening.

Gathering for mail call in the daytime heat of North Africa, 1943.

On one such inspection, I was asked by our colonel to present an interesting case to the theater medical consultant who was to visit us, a well-known professor of medicine from Johns Hopkins Hospital. I decided to present the case of a soldier who was seriously ill with a spiking fever of unknown origin. His blood tests were negative for malaria and the other common febrile diseases. I did my homework carefully and felt confident of my presentation.

The visiting consultant, a full colonel, ceremoniously entered the tent accompanied by an entourage of at least twenty medical officers and listened with condescension to my presentation, disdained to examine the patient and said, "Captain, it is obvious this man has typhoid fever. Have you done a Widal test?" Without waiting for my reply, he walked out of the tent with his accompanying group, who were murmuring praises for his diagnostic acumen. I was left alone with the patient, who looked at me questioningly, uncertain what had happened. A Widal test was, at the time, used to make the diagnosis of typhoid fever. I had done a Widal test, and it had been negative. The patient did not have typhoid fever.

The morning after the inspection by Eisenhower, an army trailer loaded with one-inch piping unexpectedly pulled up to the hospital, accompanied by a detachment of engineers. Perforated piping was erected over the ridge of the operating and post-op tent and was connected to a pump, sunk into the well. Thus, water was dripped over the tent, moistening its sides. As the mositure evaporated in the dry desert air, it cooled the tent to a comfortable temperature. This proved a satisfactory substitute for air-conditioning.

During our free time, the beach at Saidia on the Mediterranean, thirty miles away, offered respite from the ferocious midday sun. At 2 P.M., a truck made the beach trip, and the cool Mediterranean waters were thoroughly enjoyable. None of us had bathing suits, but well-pinned underpants did fine. Nurses made trunks and bras from their towels. Twice a week a movie was shown. The screen was set up on a slight hill, and the hospital personnel and walking wounded lay sprawled on the ground. As the first stars overhead appeared, the sound system blared out, disturbing the stillness of the desert night. *Stage Door Canteen, Al Jolson, The Fighting 69th,* and *The Pride of the Yankees* entertained the hospital staff and patients; behind the barbed wire were the people of Oujda with their families, camels, and donkeys.

Occasionally, we wandered into the town of Oujda, which, unlike Casablanca, was not interesting. A common tableau was a turbaned Arab

riding a donkey, his wife following on foot, as was the custom, carrying an enormous load of firewood on her head. When her husband stopped beating the donkey with his stick, it would stop, and he would hold a long political conversation with a bystander while his wife, staggering under her load, waited behind. It was a standing joke that this ancient custom was being reversed in some areas with land mines, where the wife was then made to walk ahead.

Food in Oujda was drawn from the commissary and prepared by the kitchen crew. The fare was fresh-baked bread, dried egg powder, dehydrated potatoes, canned vegetables and juice, canned pasta, and occasionally fresh meat or chicken. When traveling or in difficult supply situations, the fare was canned C rations. These came in three flavors: stew, beans, or hash, all swimming in grease in order to provide four thousand calories a day. Later, K rations were an alternative boxed food. They contained crackers, a small tin of ground meat or fish, slabs of cheese, and three cigarettes.

The olive grove was witness to many a romantic rendezvous between the nurses and men of the 82d Airborne Division. Some were so attached to the 95th's nurses that they waxed poetic, as shown by the following anonymous song that one of our crew preserved:

The Haystackers' Serenade

(tune of "Little Brown Jug")

The eighty-two and the ninety-five
A better bunch is not alive.
They drink their vino by the quart
The battle of Oujda they have fought.

Chorus
Ha, Ha, Ha, you and me.
Veno is the drink for me.
Ha, Ha, Ha, you and me.
Won't you take a drink with me?

Chorus
If we take veno they will too,
Bourbon they will drink with you,
But when it comes to Beni Snazz
That's the drink those nurses razz.

Chorus
Oh when we leave old French Morocco
We'll have no one to darn our socks
We'll wish that we could travel fast,
Right back to the ninety-fifth.

Chorus
Oh when you're in a bar in town
Lift a toast and drink it down.
Let your memory wander back
To the good old nites in the old haystack.

Chorus
Oh when I get back to the States
I'll build one on my big estate,
I'll build a haystack twelve feet tall,
And then we'll really have a ball.

Captain Marshall Bauer was our anesthesiologist, and he had trained eight nurses since our stay in Breckenridge to become skillful anesthetists. Adeline Simonson had had some experience in administering anesthesia before she joined the 95th, but under the instruction of Captain Bauer, her skills improved. A small Heidbrink gas machine was used, which delivered nitrous oxide and had an attachment for open ether, which was only occasionally used because of its inflammability. Bauer thought that spinal anesthesia was the safest agent and all of the anesthetists were skillful in its use; it was widely employed, often with intravenous pentothal and sometimes with local block anesthesia as an adjutant. Often pentothal was used alone in short procedures, but it posed a risk because many patients were not intubated—there was a real threat of laryngospasm or closure of the trachea. Bauer administered pentothal intravenously and would judge the plane of anesthesia by having the patient count. "One, two, three, four . . . f-i-v-e, s-i-x, se-v-en," and the patient was entering the first plane. Sometimes he was embarrassed when the patient continued counting, "ninety-seven, ninety-eight . . . ." 'All right, stop counting,' he would order as he looked for another vein. Later other anesthetic agents were added.

The army is one large rumor factory and provided the subject matter for most conversations. One particular rumor that circulated repeatedly

Standing in a chow line in North Africa. The food was always stew.

was that we were soon headed for the main event, the invasion of Italy. General Mark Clark of the Fifth Army held a dinner for the nurses and promised them that they would be the first American women entering the continent of Europe since hostilities had started. We were now attached to the Fifth Army, not to a division or corps, and we were getting ready to move eastward, where a new chief of surgery was expected to join us. Oujda was too far in the rear; it no longer had a part to play in the course of future events. So far, it had been a lovely war; now it seemed it might get ugly.

On July 6, 1943, the last patient was evacuated, the hospital was closed, and tents were struck, rolled up, and loaded onto a train. Our destination was Ain el Turck, Algeria. We had admitted 1,470 patients over the past forty days in Oujda. It was about a hundred miles from Oujda to Ain el Turck. The narrow-gauge railway threaded its way through the passes of the Atlas Mountains, crossed fields of grapevines, wheat, scrub desert, and passed through small villages. The days were full of sunshine and beautiful scenery.

Nurses and doctors traveled in an ancient coach, and the enlisted men

were herded into WWI-vintage forty-and-eight freight cars (forty men or eight horses). The train never traveled faster than fifteen miles per hour, and it stopped every half hour for a long break, at which times it was surrounded by hordes of children, who lined the track, hands outstretched, begging for cigarettes or chocolate. At each stop we all alighted, took a leisurely walk, and made friends with the children.

The engineer also climbed out of the cab at such times, sat on the edge of the road bed, scrounged cigarettes from the hospital staff, and enjoyed a leisurely smoke. When questioned about the reason for the stop, he had the same answer, "We are waiting for another train." You cannot hurry a French engineer (who also made himself coffee and visited his friends at such stops). Finally, after twenty-four hours, we idled into Ain el Turck. An advance party had done its job well and had selected a site for our new home on an elevation just three hundred yards from the Mediterranean. Six hours later, the hospital was fully erected and functional.

At first, there was little work to be done, and we accepted this as an interlude in a seaside vacation resort, all expenses paid by Uncle Sam. Daily swimming parties and beach volleyball games rounded out the day. An adjacent villa provided drinks, ice, and real toilets. The nurses were billeted in elaborate tents with wooden floors. We visited nearby Oran, but beach activities occupied most of our time. However, swimming in the

Enlisted men of the 95th in forty-and-eight freightcars, traveling from Oujda to Ain el Turck, Algeria, in August 1943.

En route from Oujda to Oran, North Africa, in August 1943.

azure Mediterranean and the amenities of the villa soon became memories. The invasion of Sicily on July 9 brought our idleness to an end, and on July 14 we were presented with an influx of casualties: wounded flown in from the beaches and battlefields of Sicily. A few had received surgical treatment in field hospitals, but most of them had not had any treatment other than dressings applied at aid stations. These patients arrived with dressings over their wounds and splints supporting their fractured extremities. Many wounds had to be debrided.

In the first years of World War I, the risk of death resulting from a wound that had been closed with sutures was almost fifty percent. Later in that war doctors learned that debriding a wound and leaving it open, rather than stitching the ends together, markedly reduced the mortality. By the end of World War I, all surgeons were directed not to close war wounds in forward hospitals. In the intervening years, until the start of World War II, this important surgical principle had been forgotten, so, like many other advances in medicine, it had to be relearned. The early treatment of Mediterranean Theater casualties with closed wounds resulted in a high rate of infection, and surgical consultants in the theater insisted that forward installations leave wounds open. This was the subject of many directives to evacuation and other hospitals rendering initial treatment in all theaters.

Surgeons presented with a wounded casualty first had to enlarge the wound, if it were just a few centimeters in length, so that they could explore every crevice of the wound. They had to open up all tissue planes so that the wound could drain freely to the surface. Bleeding was controlled, clots removed, dead tissue widely excised, and any metal fragments were removed if easily found. Otherwise, they were retained until reoperated upon in a hospital outside the combat zone. The wound was then copiously lavaged with saline to reduce the bacterial concentration, and it was left wide open and covered with a sterile dressing. If a fracture were present, it was set after debridement by aligning the ends under direct vision, and it was held reduced in a cast or spica (a cast on a limb which encloses part of the trunk). The cast or spica was split, and the front and back halves held together with tape. This allowed for the cast to be rapidly removed in an emergency situation.

The bacteria that is present in all wounds from in-driven metal and clothing thrives on damaged and dead tissue. By removing this tissue and allowing free drainage from the wound, it rarely became infected. At a later time (several days to several weeks), the wound edges were brought together and closed with sutures. Sometimes a skin graft was necessary. This method of wound treatment was known as debridement and secondary closure.

Oran had been designated as a debarkation point for the coming invasion of the mainland of Italy, and, after the Sicilian campaign came to an end, we treated casualties resulting from the training exercises of the 3d, 24th, and 35th divisions. On August 16, the hospital was closed. We had admitted 1,300 patients over a period of three weeks at Ain el Turck.

Our new chief of surgery, Maj. Howard Patterson from the Department of Surgery at Roosevelt Hospital in New York City, was in Tunis when he was notified of his transfer. He then flew to Ain el Turck to join the 95th, beginning his new assignment on August 17. He instituted renewed teaching and organizing sessions for the medical officers in preparation for the invasion that we all knew was coming. And as we were preparing to leave, we received a commendation for our performance since arriving in North Africa. (See Appendix B.)

The 95th Evac had been designated as a combat support hospital for the forthcoming invasion of Italy, to take place at Salerno, just south of Naples, by elements of the U.S. Fifth Army under the command of Gen. Mark Clark. Transported in seven hundred ships, a reinforced division was to make the initial assault on September 9, about a week after British

forces—including Canadians and New Zealanders—had established a beachhead farther south on the east coast of Italy.

Because Gen. Mark Clark had decided that the nurses would not land in Italy until D-Day+3, the rest of us said good-bye to them on August 31. Their departure made us realize how much they contributed to our overall effort. It was like losing part of one's own family. I am certain that the nurses would have preferred to make the invasion with the rest of us. Their ability to suffer privations without complaint, their devotion to their work, and their spirit and courage were in every way equal to the male officers and men in our unit. They boarded the HMS *Bedford* to begin their voyage to Bizerte. As it turned out, their trip to Italy was to be even more hair-raising than ours.

Prior to debarkation, our trucks were sent to Oran for waterproofing of the exhausts and the intakes of the motors. Some medical equipment was to travel with us; some would be sent later. This concerned us, as we wondered how well we could function with only part of our equipment.

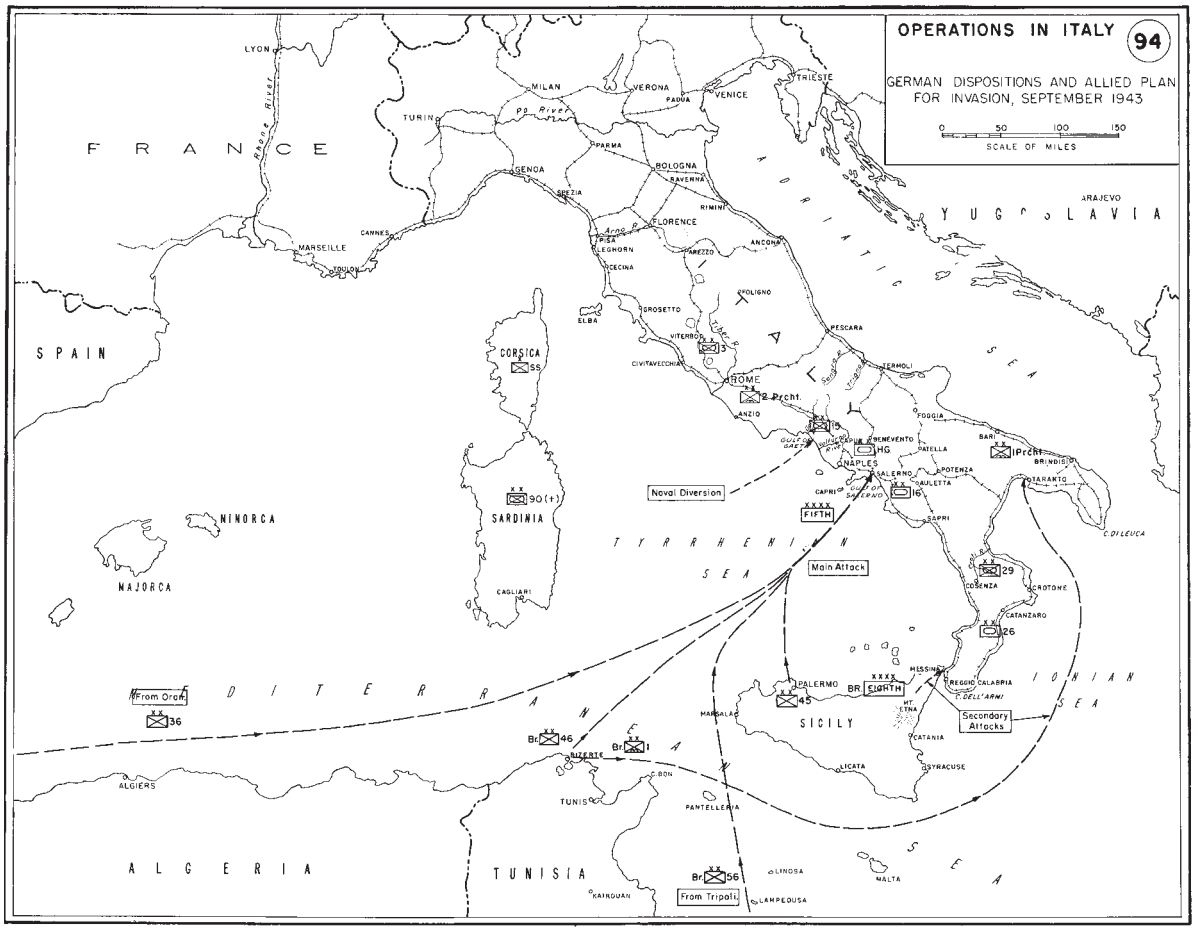
CHAPTER 3

Landing in the Bay of Salerno

Oran Harbor was choked with ships. Troop transport were spaced throughout its limits, tenders and small craft scurrying about like so many ants in a busy colony. The gray hulls of battleships glinted in the hot sun, and planes droned overhead. Waiting on the dock to board our ship, we were fascinated by the spectacle taking place above us. Planes peeled off from friendly or enemy formations to engage in numerous dog fights, the combatants pairing in a *pas de deux,* with rollovers, steep climbs and dives, and abrupt bankings until a trail of smoke signaled an end of combat.

Tenders carried us to the *Marnix Van Sint Aldegonde,* a Dutch ship that prior to the war plied between Holland and the East Indies. She was regarded as a lucky ship. Out of four transports landing in Bizerte Harbor during the North Africa invasion in November 1942, she was the only one not sunk, although enemy planes made twenty-one near misses on her, and her gunners and the shore batteries shot down three enemy planes.

We weighed anchor at 0915 hours on September 5, 1943, and began a northeasterly course in the middle of a huge convoy. The hospital staff was few in number compared with the large numbers of assault troops on board. The invasion was to be spearheaded by the 36th Texas Infantry Division and reinforced by other contingents. On September 8, all stations were manned for an air-raid alert, but the intruder turned out to be only a stray American B-24 bomber. Aside from this annoyance, our foray thus far was a beautiful yachting cruise under lovely clear weather in a mirror-like Tyrrhenian Sea. We easily counted a hundred ships in our convoy. Later in the day, the mountainous tips of western Sicily broke the horizon and another large convoy was sighted to the west.



Operations in Italy: German Dispositions and Allied Plan for Invasion, September 1943. From *The West Point Atlas of American Wars,* edited by Brig. Gen. Vincent J. Esposito. Courtesy Department of History, United States Military Academy

On the eve of September 8, the last remaining shafts of daylight played on the slowly moving convoy. Troop carriers, LSTs, and ammunition ships flanked by destroyers and cruisers stretched out as far as the eye could see, advancing in formation on the placid sea. Included in this convoy were twenty-two merchant ships with troops, freighters with ammunition, twenty-six escort vessels, flak ships, corvettes, destroyers, and six heavy cruisers. As darkness closed the day, only the stars overhead dared to shed their light. The presence of the fleet could be felt but not seen in the blackout. From the ship's bow, flecks of phosphorescence briefly flickered and reappeared. Darkness enveloped the deck of the *Marnix,* and we sensed but could not see the closeness of other persons, some on the rail, others sprawled on deck or propped against the ventilators. Occasionally we heard the low tones of a conversation, but the mood was somber silence, each participant reviewing his own thoughts about the dangers of the morrow.

Suddenly, an orange flame startled us, flickering high in the sky, it grew brighter and was reflected on a column of rising smoke. There was no accompanying sound, as if distance had muted an explosion. Was it a plane or flare that had invaded the secrecy of the invasion fleet, exposing our movement, or was it some message from heaven? The pounding hearts of those lining the rail gradually quieted as the orange glow seemed not to move but kept repeating its bursts in a fiery performance. Now it was abreast of the ship, now at the stern, painting those ships behind with a red light. The volcano on the island of Stromboli was beckoning the fleet toward its destiny in the Bay of Salerno.

On descending the hatchway, a different scene was encountered. Bright lights behind curtained portholes blinded the eye. The clatter of dishes and mess kits and the smells of warm food greeted the soldier leaving the darkened deck. Real food, not C rations but steak, freshly brewed coffee, and desserts long forgotten were on the tables. The spirit of the *Marnix* was reliving its days of peacetime opulence, once more sailing on a peaceful ocean and pampering its passengers with gourmet foods—for some, perhaps, their final meal. This was our last night on board before the events of the morrow would unfold. Communion had been offered; and most incredibly, bottles of wine appeared. Then it happened. The hum of the amplifying speaker rose to a high-pitched squawk, indicating that an announcement was to be made.

"The ministry of a new Italian government has unconditionally surrendered to the Allied nations," a matter-of-fact voice announced.

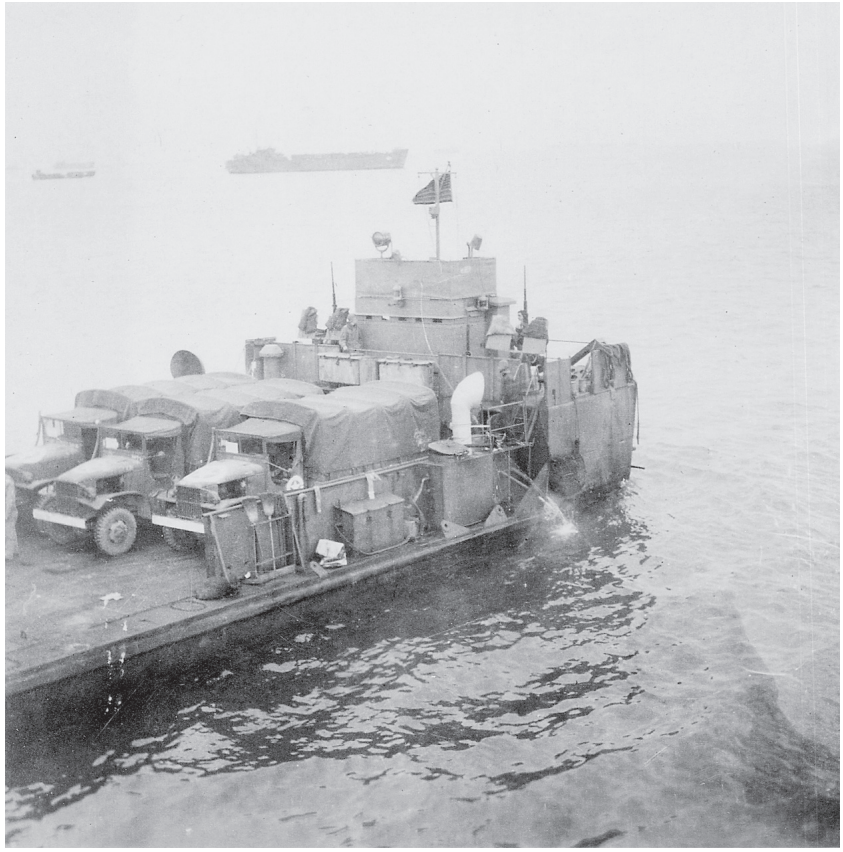
Mussolini was fleeing and partisans were in hot pursuit. There was an aghast silence for a few seconds, then tremendous cheers shook the dining room, followed by wild shouts, whistles, and the thumping of backs. We believed that it was all over. There would be no carnage, no bodies to patch up, no shells, no bullets, no digging in, no struggling through waist-deep water laden with a full pack, no dodging of shore-based machine guns. Tensions melted; life seemed once again beautiful.

After midnight we were brought back to reality; as the quarter moon moved into the western sky, German planes twice attacked the convoy. Flares descended from the skies, and fountains of water burst skyward near the *Marnix*. In the distance, flames and smoke dotted the sea. "Jerry" knew all the details of this *secret* invasion.

At 0430 hours on September 9, 1943, waves of assault boats approached the beach at Salerno about ten miles distant. From the deck, we watched streaks of light darting into the sky, orange tracers arching over the beach, and we heard the rumble of explosions. In the harbor, cruisers were shelling German positions just beyond the beach. As the day dawned, we could see assault boats landing on Red Beach, but we had no knowledge of the success or failure of the mission. The relentless, intense activity so close to the water's edge was ominous.

Meanwhile, the invading fleet in the harbor was periodically attacked by strafing Messerschmidts and Stuka dive bombers. When formations of American P-38 pursuit planes from airfields in Sicily appeared, the German planes disappeared; but the P-38s had fuel for only a few minutes over the harbor before they were forced to return, and, like clockwork, the German planes reappeared. With each raid, ships were hit by bombs, and those ships not actually engaged were ordered to sea.

The infantry troops on the *Marnix* had already departed and only the hospital personnel remained, waiting for the battle lines to gain enough of a beachhead so that the hospital could land and function. The invasion commander was faced with the dilemma of either exposing the *Marnix* and her hospital personnel to destruction from the frequent air raids or sending the hospital to shore with the battle lines still seesawing about the beach (where it could not function) and then sailing the *Marnix* out to sea. The latter option was elected. At 1430 hours, orders were given to assemble on deck and prepare for boarding assault crafts. In a numbed state, we climbed over the rail and, clinging to the cargo net, descended to the small craft below bobbing in the swells.



A landing craft carrying loaded trucks approaches the beach at Salerno on D-Day, September 9, 1943. Courtesy National Archives

Thirty doctors in this boat alongside of the *Marnix* were waiting for the signal to cast off: there was an unexplained delay, but finally lines were loosened, the motor was put into gear and we departed the *Marnix,* our home and refuge, now slowly making her way to a safer area in the harbor.

Because of continuing fighting in the beach area, it was impossible for our assault boats to move shoreward. Instead, the flotilla of small assault craft followed each other, circling the harbor as a delaying tactic. Overhead, the skies were filled with aircraft engaged in dog fights, with an occasional dive bomber screaming seaward to attack the ships in the harbor. After one hour, someone deemed it advisable to make a run for the beach. Then, with the throttle wide open, we roared ahead until the keel struck the sandy bottom, lurching everyone forward.

The front ramp lowered as a new air raid started. The two British sailors manning the craft glanced overhead and tersely shouted, "Out with you, Yanks, we're leaving!" By the time the last person hit the water, she was reversing out to sea. At Red Beach the water was hip deep. We stumbled through the surf, hit the beach running, scattered, and sought shelter. Four ME-109s swooped in and strafed us. Soon the sky was again full of planes as a few American Mustangs and P-38s tore into the "Jerries." High in the sky, above the roar of strafing and explosions on the beach, other planes paired off in aerial combat.

I ran full speed around a fallen plane and dug my foxhole about twenty yards from the water's edge. Some of our infantry were dug in 150 yards ahead. In the distance I could see German tanks maneuvering, firing 88s toward the beach. The front line was 800 yards inland. The 95th doctors and enlisted men were spread out for over a mile, well dug in. The water's edge was a shambles of crates, overturned jeeps, trucks, half-tracks, partially beached ships, some still smoking, and dead bodies rising and falling in the diesel-stained surf.

When I turned my gaze shoreward, I caught sight of the three magnificent Greek temples of Paestum, their classical pillars shadowed on the sands of the beach, aloof to the surrounding pandemonium. At signs of another air raid, I dove into the foxhole I had hurriedly dug, but it was already occupied. As the planes disappeared, a soldier of the Quartermaster Corps that just landed was dazedly wiping the sand from his rifle. For the next forty-eight hours the beach was our home. Ripped-open crates of C rations provided our food. We spent much of the time *hitting the dirt* during low-flying air raids and enjoying the tireless beauty of the Greek temples unconcerned with the raging battle, watching the dog fights high above, or following the activities of an Italian family that was searching the beach for equipment and food.

Sergeant Polanski's Account of the Landing

One of our support personnel, Sgt. Stanley Polanski, recorded his account of the 95th Evac's landing at Paestum (Salerno), which was subsequently published on November 26, 1943, in his hometown newspaper, the (Niles) *Ohio Daily Times.* It gives further insight into one of the most harrowing, yet exciting, events we would ever experience. "As we landed," Sergeant Polanski begins,

Soldiers making landfall at Salerno Beach. Courtesy National Archives

a bullet whistled overhead and three or four of the armed units buried their faces in the sand. We, the Medics, were ignorant of the battlefield dangers and walked up the beach like soldiers on parade. It was early in the afternoon on D-Day and we were reminded of the nearness of the enemy when two shells burst into the sea less than 50 yards from our doubtful sanctuary. Fortunately, no one was injured, but the greeting card almost dropped on one of the landing barges.

Convinced that the news of the preceding day of the surrender of Italy had not been explained fully to the Fuehrer and his boys, we began entrenching ourselves without further ado.

The sand was easily moved with our little shovels and it reminded me of the times I dug in at the beach back home. We found another use for the steel helmet which has been a boon to the American soldier. With this basin we were able to dig faster and deeper.

My slit trench was half finished when "Jerry" decided to look things over. Out of the sun came the sightseeing planes to be greeted by the watchful gunners on the landing barges. I had seen enough—I plunged my head deep into the sand as bullets whistled over my head—bullets from our guns; but to me it seemed as though the beach was being strafed by enemy fire.

Captain Zachary Friedenberg at Salerno on D-Day, September 9, 1943, standing close to his foxhole between air attacks.

> The noise quickly subsided and I knew that once more I could lift my head. The barges were moving as though nothing had happened and men were busy unloading the endless line of equipment. The fighting units recovered from their prone positions and moved on into the battle zone. I marveled at the courage of these men who seemed unaware of the danger which had just confronted them. There was nothing for me to do but dig deeper and wait until the rest of our company reached the shore.

Sergeant Polanski next relates that the enemy returned a few hours later for another look at the threatening power of the Allies, noting that a small group of Allied soldiers who had just landed were busily engaged in digging their entrenchment "because of our persuasive arguments." Men sprawled out on the beach as the firing began with renewed vigor. One of the 95th stood there unconcerned with the spraying bullets and calmly asked, "Is anyone through with his shovel?" Polanski describes three other soldiers engaged in a dice game behind a stack of barracks bags, while a kibitzer gazed intently at the show going on for some time now; it was apparent that it would continue all night.

After each harassing engagement from enemy planes, the men who were to spend the night on the beach dug their foxholes and slit trenches deeper. The sand was easy to move out; when the ground-loving soldier plunged headlong into the hole, he would fill it with sand again. The inconvenience of sand down one's neck was thrust aside in the face of the airborne danger. "After a sumptuous supper of 'C' rations or the newly issued 'K,'" he continues:

> We prepared for a night of rest and peace. Men and equipment were still being unloaded to disappear into the interior of the battle zone. Our unit was scattered over 200 yards of beach and we were preparing to bivouac about 50 yards from the landing base, but we received orders to move inland about 100 yards and later I thanked the officers for their foresight. This meant digging another trench, which we had no objection in doing.
>
> The only means of comfort were the articles contained in our packs, which amounted to one blanket, a raincoat, shelter-half, and field jacket. Many of the fellows decided to make their nests in the slit trenches and placed their bedding accordingly. The rest of us preferred to rest on the sand, but just a matter of inches from our sanctuary on the beach.

"Jerry" did not disappoint us. He arrived about midnight and was greeted by a hail of ack-ack and tracer bullets that only a July Fourth celebration at Coney Island can emulate. Like a determined Arab fly, he pestered the safety of the convoy. Flares lit up the heavens and the drone of the enemy's motor was the only target of fire. I rolled over into my foxhole and dragged my bedding after me knowing that I would spend the night there. When the moonlit sky became dark again, I knew that the planes had departed, but I could still hear the motors of the landing barges as they continued to unload the materials which eventually spelled defeat for the enemy in that sector.

"The early morning found us shaking the sand off our tired bodies," Polanski recounts, for he knew that none had enjoyed a night's rest. No bugle was needed to rouse them, for they were elated to see the dawn of another day. Their appetites did not seem to be marred by the entertainment of the preceding evening, and many displayed latent cooking talents in the heating of rations and coffee. Some thoughtful person had unloaded bags of white bread from an LCI, which added to their humble breakfast.

Some of the men dared to venture a few yards from their holes to obtain water, which was in cans near the sea. A couple of the braver men removed their clothing and bathed in the Mediterranean.

The short reign of solitude was interrupted by the salvos from our destroyers which had moved closer to the beach to blast nearby enemy positions. We noticed the target of one of the battle wagons. It was a mountain to our right where we could see the shells explode. Soon we saw flames and then the gunnery subsided.

The early morning was passed discussing the tribulations of war. We decided that anyone who wasn't scared was a "damn" liar.

By this time many of our planes were circling overhead. I never thought the lines of a P-38 could be so beautiful, flaunting in the morning sun. But a plane cannot stay up forever and as soon as our protectors left—out of the sun would come "Jerry" to scare the hell out of us. The gunners made flying plenty hot for him for he never stayed very long.

After each succeeding raid, we seemed to shed some of the fear which had beset us on the first attack. We now attempted to laugh and curse the nuisance of the raids. In fact, we were pretty sore—especially if the raid came when we were eating or tending to some of the other necessities of nature.

I think we dreaded the coming of darkness the most for we were to spend another night in our holes on the beach. I recalled the mischievous days of my childhood when I waited for Dad to come home from work to administer the punishment for my misdemeanors of that day. The strain now was comparable in that I knew the punishment might not be too severe.

Indeed it was not severe. Evidently, "Jerry" thought we liked his show for about midnight he gave a repeat performance and to show him our hearts were in the right place, our gunners added their bit with an added attraction of big ack-acks which had been set up inland. I was all ready for the show and instead of my seat in the balcony, I was well-placed in the pit of my foxhole. A good time was had by all.

Sergeant Polanski's account concludes by relating that the next morning found everyone jubilant at the news that we were to move inland and set up as an evacuation hospital. "We gathered our personal equipment together and were loaded on trucks for the short ride to establish the first Field Hospital in continental Europe."

On September 11, with the fighting further inland, a 95th Evac truck appeared on the coastal highway behind the beach, collecting personnel and whatever medical equipment was landed or could be salvaged from the beach. Medical crates had been marked with a red cross and were easily identified. A reconnaissance detail selected the site of the hospital, which was in an old Roman amphitheater at Paestum, about three hundred yards inland from the beach, just across the coastal highway and near a clearing station that was collecting casualties.

Most of the hospital equipment still had not been unloaded, but with those supplies that had been landed and those picked up from the beach, the hospital began to function the evening of September 11. Only two operating tables were in use in an equipment-poor operating tent with two anesthesia machines. Several wards were receiving patients to be transferred for air evacuation to North Africa. Up to this time, all casualties were being evacuated after preliminary wound dressings at the battalion aid stations.

A receiving tent treated injured military and civilian personnel. It was to function as a triage area, and also to prepare patients for emergency surgery, as well as to treat those who were mortally wounded and could not survive evacuation or surgery. Early in the evening the triaged surgical patients were sent to surgery, while I was assigned to care for the remaining patients who were near death.

Troops at Salerno unload the most recent supply shipment from an LST. Courtesy National Archives

I often dream about that eventful night and its horrors. Just out of a two-year internship, I had my doubts about my ability to treat these people, yet here I was in charge of about forty mortally wounded. Italian babies, children, mothers, and fathers—whole families tending their farms were caught between the battle lines in the savagery of war. Many had been wounded and lying under the hot sun, unattended for forty-eight hours or longer. There were also sailors, British and American, soldiers who were wounded and lying in ditches and gullies, finally located by medics searching the fields. Wounded Germans, left behind by their retreating army, lay next to the others. The patients were on litters in two rows with an aisle in the center of the cavernous tent lit by two electric light bulbs. Everyone was in the shadows. There were no faces, only voices. "*Mia bambino* . . . *mama mia* . . . the Lord is my Shepherd . . . Mother of Mercy . . . *Mein Gott* . . . Doc, do something, I can't breathe!" The cries for help that I could not give have haunted me ever after.

For medication, I had morphine syrettes, boxes of them, which I dispensed liberally, and intravenous fluids, which I started by kneeling down to the litter while a tech sergeant held a flashlight. A rope was stretched down each side of the tent from which to suspend the intravenous bottles.

I also had packets of sulfadiazine powder to sprinkle on wounds. There was no penicillin, no oxygen, no blood.

The tech and I repeated rounds throughout the night, kneeling down to check the wounds with a flashlight. To my horror, I discovered that patient after patient had the bloated purplish mottling of gas gangrene. Under the pressure of my hand, I felt the sickening sensation of gas crackling in the tissues, the result of lying in the field under the fermenting sun unattended for so many days; now it was to the level of the thigh, but it advanced unremittingly during the course of the night, finally bloating the abdomen and ending life. After an eternity, the morning light filtering through the tent brought an end to this night of horror. As I finished my shift and left this dismal place to breathe the fresh cool morning air of a new day, I realized how impotent a doctor was without the drugs and tools of his profession.

Gas gangrene is a lethal infection that occurs when bacteria of the genus Clostridium grow in tissue. Clostridium is ubiquitous in nature, but before it can proliferate it requires tissue to which the oxygen-carrying blood supply is deficient, and thus it is known as an anaerobic bacterium. Dead muscle provides a fertile medium in which it grows and rapidly spreads, producing gas and toxins that quickly sicken the patient and cause swelling of the overlying skin which turns a mottled gray blue color. When the skin is touched, the underlying gas crackles, and when the skin is incised, gas hisses as it escapes. A promptly treated wound which is debrided should prevent this infection.

The saga of the nurses, who had been separated from the other hospital personnel and transferred to the HMS *Bedford* on August 17, is divulged in the diaries of nurses Claudine Doyle and Mary Fisher. Nurse Doyle recorded that the *Bedford* sat in the harbor at Oran for the next two days. "Wakey! Wakey! Wakey! Rise and shine, rise and shine. Hit the deck," blared their amplifier the first morning aboard this Royal Navy vessel. Opening her eyes, Doyle wrote, she looked at her roommates in wonderment and then they all burst our laughing. "Those crazy British!" was their unanimous reaction to the day-to-day reveille in the British Navy. Upon going topside, they saw that the *Bedford* was crammed among many ships at anchor off Oran.

They rejected a breakfast of kidney pie—"yuk!"—and, according to Doyle's diary, rumors about their being transferred were legion. The men of the 95th were scheduled to land at Salerno on September 9, D-Day, in

the first wave of the invasion; they would follow on D+3. That would make them the first American women to set foot on European soil since the beginning of hostilities. The ship's captain was extremely nervous about having women on board: "Bad luck, you know." The ten o'clock mail brought Claudine her first letter from her Sunday School teacher, Mrs. Lance Appleby. Just as she began to open it, all hell broke loose! Sirens began screaming—a call to general quarters was sounding the red alert. As everyone ran for cover, she stuffed the letter into the pocket of her coveralls. The intrusion turned out to be only a reconnaissance plane, "but we felt rather vulnerable; too dumb to be frightened."

On the third day a French tugboat transported the nurses to the USS *Arcadia,* a beautiful Navy hospital ship, which was to transfer them to Bizerte to pick up another vessel. They spent a civilized evening with the cordial Navy nurses. "Their quarters were luxurious when compared with our pyramidal tents, and they had a complete hospital plant," but best of all they shared their soap, perfume, and nylons with their Army cousins, shrugging off their generosity, "We can get more when we get to the States." The trip to the Bizerte lasted only overnight—"It was sailing through the Mediterranean in a white ship with huge red crosses."

At noon they drew closer to the Bizerte shoreline, and what first appeared to be a beautiful harbor changed into a horribly ravished city. Houses were cut in half; trees were broken; and maimed children hobbled around on make-shift crutches, missing legs or arms. June, one of the nurses, was overjoyed to find among the medical personnel in Bizerte a nurse from her hometown, who was sporting a broken arm that she had suffered when she fell into a foxhole during an air raid. "Do you really have them here?" June asked rather apprehensively. "Do they!" she laughed. "I dived into a foxhole and became a Christian in five minutes!" In Doyle's diary, we find a description of their baptism of fire that same evening:

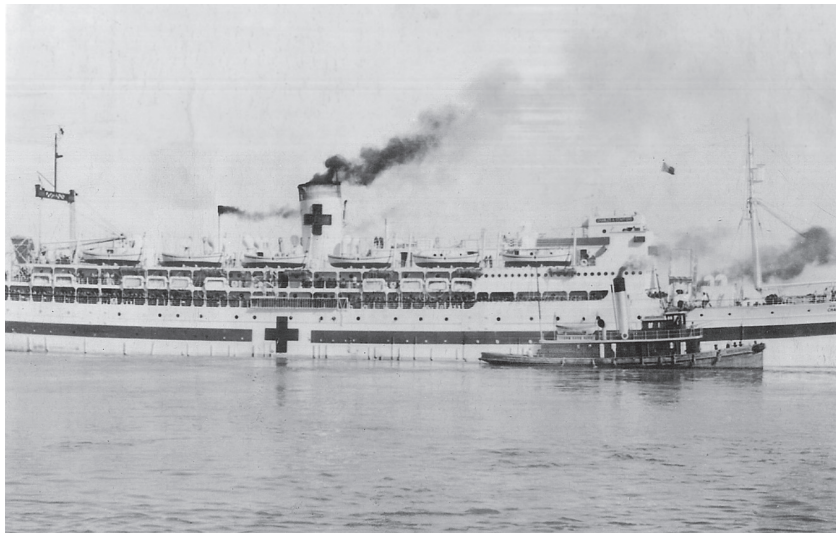
> A Quonset hut was our only shelter as our first 4th of July fireworks occurred—a rip-roaring air raid—ack-ack, bombs—the works! She recorded that while some of the nurses ran outside, she sat under a table, which didn't worry anyone except some poor officer who was tearing his hair out trying to get everyone herded back under cover. It was like being at a football game "Get him! Shoot him down," they cheered as the long shafts of light caught a German plane in their beams while the poor officer tried frantically to move the nurses back inside. As retribution,

the next day he delivered a lecture on "Why I Should Not Stand Outside in an Air Raid." Huge hunks of flak from our own anti-aircraft guns, as well as bomb fragments were his visual aids. Thousands of disheveled and dirty German and Italian prisoners—the remnants of Rommel's crack troops—could be seen milling around fields that also contained burnt out wrecks of tanks and vehicles, mute testimony of the furious fighting that had gone on.

Finally the 95th nurses learned that the HMS *Newfoundland,* a British hospital ship, was to transport them from Bizerte to the area off Salerno beach. Doyle continues:

As it sat in the harbor, anchored in the glassy sea, we could see that it was marked exactly as the American Hospital ships to comply with the Geneva Convention. It carried sixteen nurses, called sisters, and a Chief Nurse, known as Matron; in addition there were doctors, dentists, a chaplain, regular Navy officers, enlisted crew, and a cabin boy, fourteen years of age.

On September 9, we climbed onto trucks and were driven to the harbor where we boarded the ship in our usual manner accompanied by nurses of the 16th Evacuation Hospital. We were in full view of every



The HMS *Newfoundland* prepares to leave Bizerte, North Africa. It was to transport nurses, including those of the 95th Evac, to Salerno, Italy. Courtesy National Archives

German spy situated in Bizerte; dressed in herringbone twill coveralls, helmets, full field pack, looking exactly as combat soldiers. We had no Red Cross armbands or marks on our helmets, although the documentation in our pockets identified us as medical personnel. Unaware of the terrific fighting [going on at Salerno] and being uninitiated at participating in invasions, we were not too apprehensive. After all, Italy had surrendered! Both Chaplain Davis and Father Lackett had given their flocks communion before we left Ain-el-Turck.

The British nurses welcomed us aboard as graciously and warmly as the American Navy nurses had done. I became friends with an Irish girl named Terry. We enjoyed using their sitting room, listening to them singing and playing the piano. They had weathered the London blitz and nonchalantly told us hair-raising tales of the tubes of London. On regular transports we always traveled on "C" deck in order to be in the safest place: too low for bombs, too high for submarines. But this trip was different. We were quartered on "B" deck, in the sick bay, several of us being located in an intensive care room. The beds were surrounded by rods that were screwed into the ceiling on which curtain rods could slide to provide privacy. Several of the nurses and a new Red Cross worker were sleeping in this room. Esther was a former Army Nurse in WW I, who was past the age limit for duty in this conflict. We slept overnight in the harbor, which made me a little nervous. That afternoon, the Anglican chaplain held a Holy Communion service for us. I was a little more reverent this time. The British nurses outdid themselves, making us feel at home. It was very warm so we spent most of our time topside.

On D+3, September 12, the *Newfoundland* was lying off the shore at Paestum, waiting to land the nurses on Red Beach. Two other British hospital ships, HMS *St. David* and HMS *St. Andrew,* were positioned among the battleships, ready to pick up casualties and transport them back to North Africa. A thunderstorm seemed to be in progress, which was puzzling, for the day had been so beautiful. Occasionally, a shell sailed past, making a miniature jet of water as it hit. The navy was shooting back, but it was a black day for all concerned. Rumor had it that things were going badly ashore and that General Clark was considering burning his papers and abandoning the beachhead. Of that day, Nurse Doyle wrote in her diary, "We were hanging over the edge of the ship watching flames belch from the formidable guns of the destroyers and battleships. Our luggage was on deck ready to be unloaded and we were waiting for or-

ders to disembark. An airplane swooped low over the *Newfoundland* before our staring eyes. A whining screech filled our ears, and a splash of water sprouted up right beside us. We looked up and saw a German plane winging away. The darned fool had dropped a bomb, and almost hit us by mistake, or so we thought. How we made fun of their poor marksmanship."

The powers that be, having decided that this was no place for women, ordered the *Newfoundland,* along with the other two hospital ships, to proceed thirty miles out into the Tyrrhenian Sea. This would take them away from the beachhead until it was a little more secure. "The carnage taking place thirty knots away was unbelievable," Doyle continued, "[but] we felt so safe with those Red Crosses. My friend, Terry, was celebrating her birthday, so Hut, Bee, Daisy, Mae, Gladys, Joyce, Vicky Hansen, a British girl named Nancy, Captain Anderson and I were there. Great American recordings were playing and then Nancy, a British sister, kept us entertained by playing the piano and singing as we drank a toast with some sherry someone dredged up. Terry gave me a picture of herself. The party broke up at 2300."

They played gin rummy for awhile before going to bed in the sick bay around 2400. Nurse Doyle described the room as having a red glare from the big electric red cross outside the portholes. "We finally went to sleep feeling secure, thirty miles away from the noise, confusion and devastation of war." Through Doyle's words, we learn what happened that night:

> It seemed as if we had just fallen asleep, although it was approximately 0515 when I was awakened by the impact of a curtain rod slamming across my face and a large screw striking my chest. A bomb had struck, and my first thought was, "They wouldn't dare! Anyone got a Kleenex," I cried out as blood gushed from my nose, and with that, I collapsed. I sensed the other girls trying to revive me, but at length they left me for dead. When I regained consciousness, I found myself alone in the room. I dug around in the seeming tons of debris, and fortunately found my coveralls, but no shoes [or] socks. The soot, dust and smoke hanging thick in the air reminded me of the auditorium at North High School in Wichita during a Kansas dust storm. I thought of a movie in which I saw a ship sink. In my mind, I could see the water slowly climb the walls until it reached the ceiling. I walked to the remaining wall which contained a niche. I was not afraid—being in a state of shock. I calmly sat down and waited for the water to rise.

The thought that this was the day I was going to die flashed across my mind. I wondered what Frank, my husband, and my mother would think, although they were clear across the world? I waited awhile, then decided that I wasn't going to die right away. Suddenly, I was thunderstruck. "You idiot, get out of here!" Everyone had disappeared. The red glare reappeared as flames licked the walls and the doorway appeared filled with debris. Climbing over it, I squeezed through and jumped to the other side, into a vestibule, where I encountered Miss Sigman and some of the other nurses trying to decide whether to make an attempt over it. Everything on their side seemed normal.

"You have to get out of here," I yelled as I headed for the nearest stairway; but I found the stairs on fire and was turned back by the flames. Miss Sigman looked at me intently and matter-of-factly said, "You'll get the Purple Heart for this." I wondered what made her think of such a thing; all I wanted to do was get out of there and was relieved that the ship was undamaged on the other side. "Here," said Miss Sigman, "take this flashlight and go back in there and get the rest of the girls." At this juncture Hut and Bee came strolling up wrapped in sheets. Their clothes had been blown to Timbuktu. "Where have you been," I inquired. "I thought that you were dead." Hut laughed with relief to find me alive. The whole wall was gone, covering our beds. "You nut," she commented, "only you would call for a Kleenex."

Esther Richards came along stark naked, and Gertrude Morrow and Fern Wingerd had lost their clothes as well. They had been in a room next to us with Mary Fischer and Margaret Cornelssen. Mary was awake when the first bomb missed at 0500. It had awakened Miss Sigman and some of the others, causing her to wonder whether she should wake the rest of us. After the bomb hit, Mary felt as if she was smothering. A door fell on her legs, and to this day she claims she suffers from back problems. Everyone was coughing and choking in that room. Although all of Mary's clothes were gone, her shoes remained on with the socks sucked right out of them. She did recover her helmet, lifejacket and fatigues after someone threw them to her from six beds away.

Laura Slaybaugh trapped in the bathroom, finally got out but lost her way in the dark. A friend kept calling her name and talked her to safety. Carrie was trapped for a few minutes and later swore that "God opened the door." Esther found her field shoes, field jacket and helmet. Foo grabbed an afghan, Hut a sheet; Ray, Vera Lee, and I found fatigues. On her way out, Hut grabbed Maryjane Shelver's fatigues and found her

billfold in them. Bee was given a blue seersucker uniform and a pair of shoes by a 16th Evac girl. Another of them gave Hut a field jacket and a pair of socks. They all stood in water up to their knees.

It turned out that Doyle's gymnastics had been unnecessary, for she discovered that the whole wall had been blown away. Esther had been blown right out of bed, cutting her forehead and injuring her back, in addition to losing her clothes. They had to go back through the ship to the stairway and a British soldier then led them through the laundry to the deck of the burning ship. One of the British nurses was passing out clothes to those who needed them. She took one look at Doyle and, with a pronounced British accent, cried, "Oh, Duckey!" pointing her to a mirror. Doyle's account continues:

> I looked as if I was made up for a minstrel show. Only my eyes peered out from a blackened face, with blood streaming down my nose and with a fat lip for openers. Bee looked like she had the measles, her face covered with powder burns. That damnable bomb had burst in the sick bay; everyone above it was dead, including some of the ship's personnel. Six British nurses, including the Matron, Terry, and the lovely Nancy who had sung for us had gone to meet their maker. The dentist and chaplain survived. The sailors deserve the utmost credit for conducting the rescue without directions from officers. In addition, they took off their pants, giving them to the bare nurses, as well as their lifejackets to those who had none.
>
> In an article by Don Whitehead of the Associated Press appeared the following quote: "American nurses who escaped from a hospital ship bombed by a German plane, September 13, agree that the only thing that prevented a major tragedy was the coolness of the nurses and the bravery of the British sailors who led them to safety."
>
> The sailors were calm as though nothing had happened and kept kidding all the time. The sailors vowed they never could have saved [us] if [we] had become hysterical.
>
> On deck the smoke was dense. Hut, Bee, and I hung our heads over the sides, trying to breathe. There was only one lifeboat left. The others had burned, except two, one of which had broken, fracturing the leg of a 16th Evac nurse. Anna May Ziegler lost her helmet and field jacket as the boat broke loose. She was hanging on the rope that was swinging midway between the burning ship and the sea. The other end of the

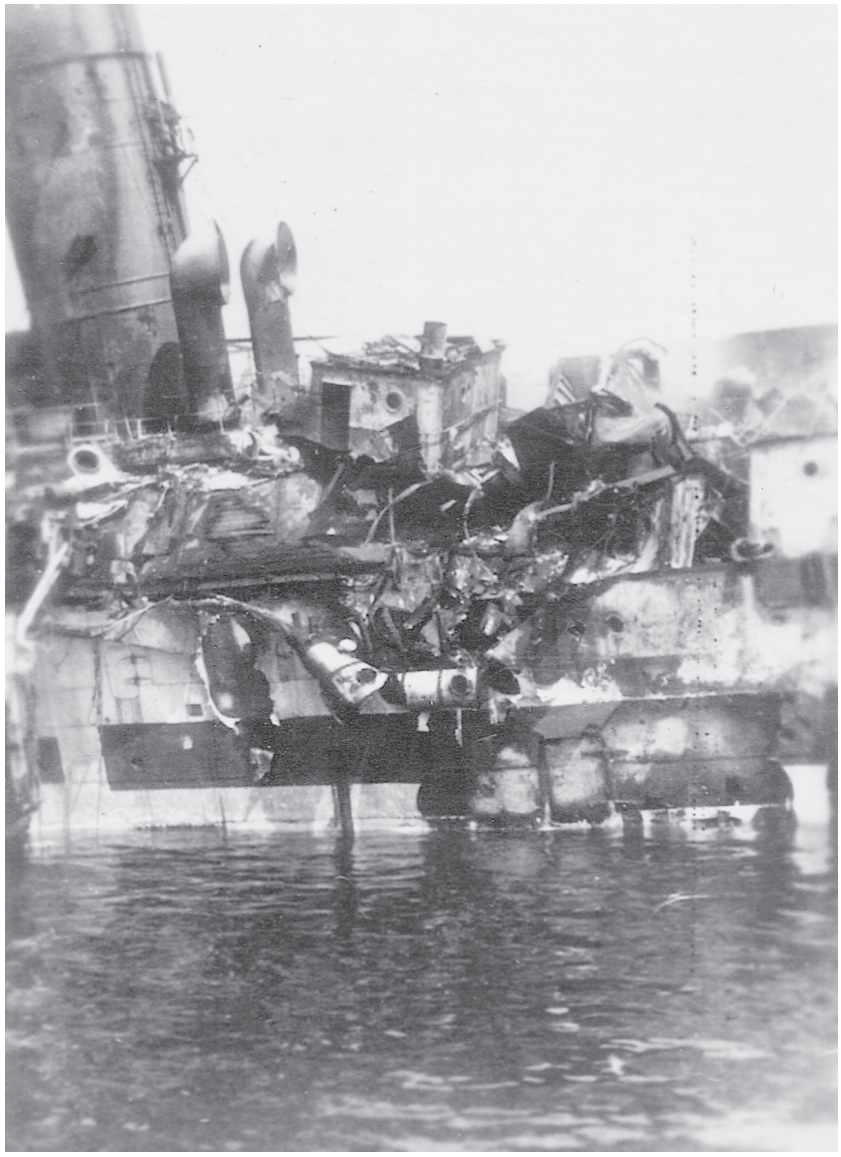
> boat came loose and the boat filled with water, which the nurses scooped out with their helmets. Orpha (Scottie) Warner had rope burns, as did Ziegler. Hut stepped on a nail, and there were three other bleeding noses besides mine.

The remaining nurses climbed down rope nets or slid down ropes to the lifeboats sent by the *St. David* and *St. Andrew*. "I had to go to Oujda," Doyle muttered to Miss Sigman, who was sticking pretty close to her. "Just go there," she suggested. "In my clothes?" Doyle thought. "I was horrified. Those coveralls were my only possession." Her account continues,

> Finally, I was loaded into the remaining lifeboat, praying that it wouldn't break. Hut and Bee climbed down the ropes and we were separated again. As we slowly put-putted toward the St. Andrew, the eastern sky burst into a rosy dawn. I shall always remember that ship with its dense black column of smoke rising against the red sky; its cargo of brave, extraordinary, dead friends who would never rise and shine again—and its crumpled Red Crosses. The spy in Bizerte had done his work well. He reported that the Newfoundland was carrying combat troops.

Feeling a lump in her pocket, Doyle pulled out Mrs. Appleby's letter. There was a white card clipped to it. Her eyes widened in astonishment, and her heart filled with wonder as she read the printing on the water-stained card: "When thou passest through the water, I will be with thee; and through the rivers, they shall not overflow thee; when thou walkest through the fire thou shall not be burned, neither will the flames kindle upon thee. Isaiah 43:2."

Information that Mary Fisher committed to her diary on the sinking of the *Newfoundland* also contributes to our knowledge of this tragedy. "Up on deck," Fisher's account begins, "Everyone was saying a silent prayer. Then finally came the lowering of the life boats. Some jumped into them while others had to get down on the rope net. If the *St. Andrew* hadn't sent their life boats to our assistance, we would all have gone down, as we were packed in like sardines. They towed us in." She describes the bravery of one man in their boat, "One of the bravest men I have ever seen. How he hung onto that rope and commanded all the maneuvers, never thinking of himself. He had to be carried in on a litter when the rescue ship finally picked us up. He had chest injuries and a fractured arm."



The HMS *Newfoundland* after it was bombed by the Germans and towed back to Bizerte, North Africa. Courtesy National Archives

Fisher records that there was not a death among the 103 American nurses, but that the British suffered many: 7 nurses, 5 doctors, and 6 enlisted men were killed. Her account continues:

> As we were leaving the *Newfoundland,* it was a horrible sight to see the blazing ship and hear the screaming of one of the British nurses. She was trapped in her cabin with her head out of the porthole, her body on fire. One of the boys picked up a plank and knocked her unconscious. There was no possible escape for her.

Each of the survivors was greeted with a cheery "Good Morning. How are you?" As they stepped onto the *St. Andrew,* they were given hard candy and asked if they would like a cup of tea. It was most welcome. Thereupon, they were taken back to North Africa and hospitalized to receive rest and treatment, as well as new equipment.

Doyle's diary reveals that she had to be lifted onto the *St. Andrew,* because, by this time she could not stand on her smashed feet. She was put on a litter and hauled away to a bed on "C" deck and given a large glass of ersatz lemonade loaded with sugar, which she could hardly force down. But it was better than the intravenous with which they threatened her.

Doyle's diary relates how she had a good case of claustrophobia in this ward. The bunk was up against a wall without any portholes nearby. And it seemed awfully dark. Bee and Hut arrived and told her that they would get her out of there as soon as they could find a place to take her. Bee looked as if she had the German measles again; her face was covered with spots, the result of powder burns. Doyle recorded that the British doctor looked at her left arm, diagnosed it as a fractured elbow, and ordered a sling and told her to keep it immobilized. In vain, Doyle tried to convince him that she had fractured it at the age of six.

A large screw that held the poles on which the curtains slid around the bunks had hit her on the chest. Her whole chest was black and blue, and her front teeth and nose were numb where the pole had fallen across her face. Doyle wrote in her diary that her hands and arms were covered with powder burns, and that by the time she got back to Africa they had become infected. Hut and Bee arrived, and with one on each side, they smuggled Doyle to where they were quartered. They slept on one bed and gave her the other. She would take her arm out of the sling and the doctor would come along, shake his finger, and make her put it back in. The British girls, who were with them, kept hoping that they would hear from

their friends who were on the *St. David,* but they didn't. As Doyle's account tells, "They were the jolliest girls and kept busy looking after us. As long as I live, I'll be eternally grateful for the lesson they taught me about keeping one's chin up in time of sorrow and distress."

The *St. Andrew* steamed back to Bizerte, and, tagged as survivors, the 95th nurses were hauled to the 74th Station Hospital in Mateur and admitted to the hospital after the admitting nurse exclaimed, "My God, I saw a lady get hit like that in the breast and she died in six months of cancer." A couple of days later Doyle had strange pains in her posterior and a couple of bomb fragments were found.

Donna and Agnes Nolan and the nurse with the broken leg were taken to another hospital, but Doyle refused to leave the 95th. On 14 Sept. 1943, she was admitted to the hospital and several days later Bee and Doyle were awarded the Purple Heart for injuries due to enemy action.

The 95th nurses were issued some combat clothes, but as yet no shoes were to be found, so they were equipped with high-top GI shoes that were issued to men. The Red Cross gave them ditty bags containing toothbrushes, soap and combs. The nurses of the 74th and 300th General Hospital, who had just arrived, shared with them their lipsticks, cologne and things that were dear to a woman's heart. Word about their men who had landed at Salerno came to them from patients who had been admitted to the 74th from the 95th. Those patients were extremely happy to be getting out of that hot spot.

Transportation was finally arranged for them to rejoin their unit, with orders arriving on the 22nd for them to be aboard on the 23rd. Doyle was determined not to be left behind, hobbling to the deck held up by Hut and Bee. There at anchor was their luxury liner, an LCI! These were, in fact, small boats used for landing infantry on a beachhead, and they were to cross the Mediterranean in this! The sailors (all 2 of them, plus an officer) assured them that it would be perfectly safe. It was so small that the Germans would have difficulty hitting it from the air. Below deck, beds were stacked against the wall. Bee fell asleep, Doyle described later in her diary, and "dreamed that she was hunting a life jacket and grabbed a 16th girl's leg hanging over the edge of the bunk above, scaring her out of her wits."

Another nurse from the 16th Evac dropped a shoe that hit the metal floor with a noise that drove them up the wall. This was a strange phenomenon, since none of them remembered hearing a sound when the bomb went off on the *Newfoundland.* Hut, Bee, and Doyle grabbed their

toothbrushes and headed for the topside as one. They didn't leave there except to go to the head.

In Doyle's diary, she describes how at dusk, just before they sailed, they heard an imperative voice,

> "Put my luggage over there, please." It was Elizabeth Schwab, of the Louisville Schwabs, coming to replace our Red Cross worker Esther, who had hurt her back on the *Newfoundland.* It was obvious that she was used to the luxurious life and accustomed to being waited upon. We looked at one another and thought, *boy, she'll change!* The generous sailors ate Bee's, Hut's and my rations, gave us their meals, and supplied us with blankets. They were teenagers!!! As we ate their delicious food, the LCI was off again, zigzagging to Paestum in Salerno Bay.

The nurses arrived at Salerno on the September 22 and, with its staff reunited, the 95th Evac was able to function most effectively; the caring touch that nurses provided had been sorely missed in their absence.

CHAPTER 4

Stalemate in Italy

At Paestum the 95th Evac received its battle baptism. Here we became *blooded,* treating battle casualties directly from the front, within a few hours of their being wounded and in great numbers. By September 13, we had all our equip ment and were set up according to the tables of organization. We were keeping five operating tables in full use twenty-four hours a day, receiving the newly wounded and evacuating treated patients to ships departing for North Africa.

Somewhat disconcerting to those working in the OR was the firing of the big guns on the cruisers located about a mile off shore. It required a steady hand to repair an artery while listening to the low-pitched whistle of shells passing overhead, seemingly at tent-top level, but really much higher. The thought of a short distracted everyone in the OR. With each firing the overhead *whoosh* was followed by the sound of the cannon, the seaward tent wall being driven in by the blast, and then the sound of the shell exploding in the distance.

The number of admissions at Paestum increased daily. At times all the 400 cots were filled, and patients on litters were placed between the cots. When there was no longer room in the tent, litters were placed alongside the tents so that a patient's head and shoulders were inside the tent, the rest of his body outside. This allowed observation of the patient, and the ability to dispense fluid and medication. One night, even this method proved inadequate, and forty casualties slept under the balmy September sky between the tents. We hung the infusions and blood bottles from a rope we had stretched between two tent poles.

Between September 12 and 30 at Paestum, 2,443 patients were admitted and 1,223 operations performed. Of the patients admitted to the medical service, many were feverish with malaria, and some were jaundiced; but a yellow color of the skin could also be due to Atabrine, which every-

one took to suppress malaria. There were many patients with dysenteries and also admissions with the diagnosis of battle fatigue.

These latter patients were diagnosed as shell-shocked, as during World War I, and the number of such admissions always increased with difficult missions and reverses on the battlefield. Soldiers with this diagnosis generally lost their appetite and could not sleep or concentrate. Tranquilizers, sleep medication, and a clean bed with undisturbed sleep frequently overcame this syndrome and most went back to their units within forty-eight hours. Those who were not returned to duty were evacuated to a neuropsychiatric unit in Africa.

The hospital was now in full battle dress. Most battle casualties were the result of artillery shell fragments. On hearing an incoming shell, the soldier flattened himself on the ground. A resulting wound could be to the buttocks, which might be severely torn, while at the same time other shell fragments might have fractured a femur or other bone, tearing away the tissue and exposing the bone. To illustrate battlefield medical care, consider such a casualty, found by members of his company or aid men in the field. Were he so unfortunate as not to be seen, he would have cried out for the medics.

On arrival, the medic would look for active bleeding, apply pressure over the bleeding area, and put a bandage on the wound after dusting it with sulfadiazine powder. A four-man litter team would carry the injured to the battalion aid station, which was usually located in a defiladed area, out of direct fire but still close to the battalion. When he arrived at the aid station, the patient would be seen for the first time by a doctor who would examine his wounds, reapply dressings, and make certain that there was no active bleeding. Tetanus toxoid would be given, morphine, and perhaps penicillin. A splint would then be applied to his fractured limb and his blood pressure, pulse, and other vital signs would be noted. If he were in shock, intravenous fluid would be administered.

An ambulance would thread its way through the gullies to the battle aid station, where several wounded would be loaded on litters, while the walking wounded would fill the remaining space in the ambulance. Sometimes a truck was used for such transportation. Upon arrival at the evacuation hospital, the casualty would be carried to the admitting tent. Here a tech would cut off his clothing to expose the wound. After cross matching, he would be given one or more units of blood to supplement his intravenous fluid. Cross matched blood could be available in about thirty

A safe place to await hospital transfer: a slit trench. Courtesy National Archives

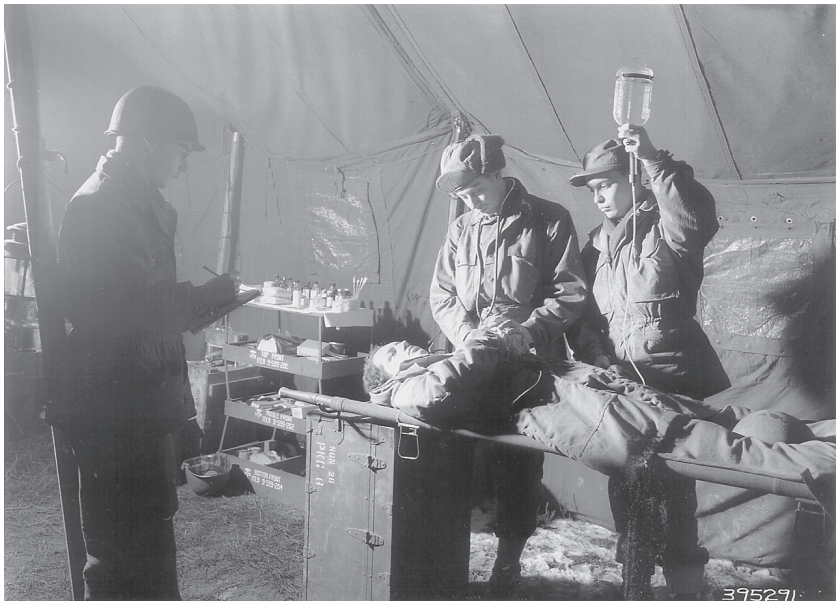
minutes. If his blood pressure, pulse, and other vital signs were stable, an X-ray was taken and the admitting officer called for a surgeon, who would arrive after finishing the case on which he was then currently working. The admitting officer and the surgeon would exchange information and note the patient's wounds. The casualty was then cleaned of mud, and the remainder of his clothing was removed. Staff would cover him with a blanket and carry him to the operating room.

If the X-ray showed that a metal fragment had entered through the buttock in juxtaposition to the abdomen, the surgeon was committed to an exploration of the abdomen—starting at the stomach and following the intestines throughout their length. The liver, kidneys, spleen, and bladder were also investigated. Any perforations of the small intestine were closed, perforations of the large intestine or colon exteriorized, a bleeding kidney or spleen removed, liver lacerations packed, and the bladder wound closed and drained.

After closure of his abdominal incision (abdominal wounds were closed), the wound of the thigh would be thoroughly debrided, the bone ends aligned, and a spica cast applied on which there was traced with an indelible pencil the site of the fracture and the wounds, along with the date on which medication was given. The spica was then split and if, after several days of observation and penicillin therapy no complications occurred, the patient would then be transferred to a rearward hospital outside the combat zone.

In busy periods, two operating tents were joined together. Five operating tables were in continuous use, each drawing instruments from a sterile central table that contained general and special instruments. The adjacent sterilizing tent kept restocking the central table. Adjoining the OR tent was the receiving tent where patients were triaged. A wounded soldier would be carried in on a litter by two corpsmen and deposited in this area. Part of the admissions tent was the shock and holding area. The shock tent at first glance might have seemed chaotic, but it operated efficiently. Tech sergeants were expert at starting intravenous infusions and drawing blood for typing. (Most banked blood was a universal donor type and not specifically typed, but all blood was cross-matched.) They also applied dressings and, under the supervision of the nurses, took blood pressures and dispensed medication. This area often held thirty or forty patients on litters arranged in rows on the ground. Intravenous fluids and blood bottles were tied to ropes strung along the back side of the tent. The techs took off blood-stained clothing, cleaned the soldier and wrapped him in blankets. The 95th Evac was given a unit commendation at this time for its work during the invasion. (See Appendix B.)

The new chief of surgery, Maj. Howard Patterson, had reorganized the duty hours of the surgical division. We were on first call in the OR for

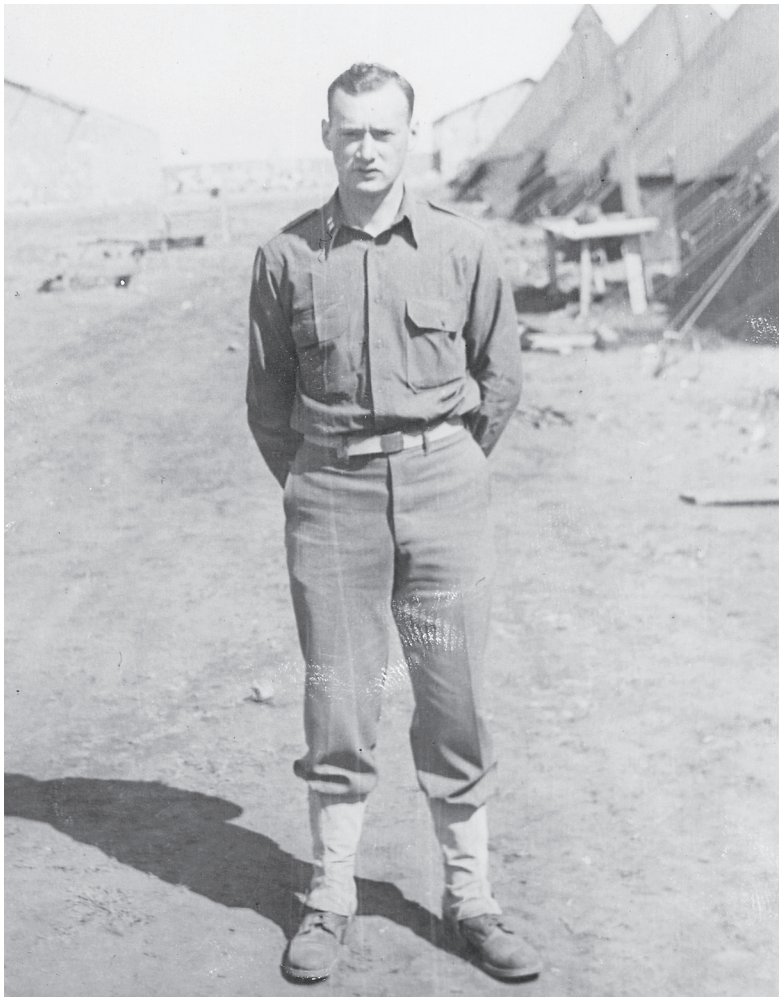


Medical staff of the 95th Evacuation Hospital attend a patient in the receiving tent. Courtesy National Archives

twelve hours and then were off duty twelve hours. Following this, we were on duty for a second twelve hour period, followed by twenty-four hours off. During off-duty hours there was still work to be done before getting some sleep. We made rounds on the postoperative patients, changed bloody dressings, and ordered additional fluids and medications. These rotations allowed more time for sleep and lessened tensions, but a twelve-hour shift at the operating table was still exhausting.

On one occasion I remember having started my first case at 2000, and by 0400 I was utterly fatigued. I sat down propped against the tent wall, awaiting the end of the shift still four hours away, only to be notified by the corpsman that another case was on the table and ready to go. Drag-

A final glance in the mirror before reporting to the operating room. Courtesy Lillie "Pete" Peterson



Captain Zachary Friedenberg of the 95th Evacuation Hospital in Italy, September 1943.

ging myself to the sink for scrubbing and gowning, I approached the table and was greeted by the young smiling face of the wounded soldier. "Good morning, Doc." His cheerful demeanor and confidence in me dissipated my fatigue, and the will to help this young stranger heightened my alertness and steadied my hand.

After the evaluation of the results of different surgical procedures performed in forward units during the early months of the war, the medical department prescribed certain procedures that had provided the best results. These were life-saving procedures, not necessarily giving the best

functional results; function could be sought outside the combat zone where more time and equipment were available.

Head wounds were to be irrigated and cleaned. Loose fragments of bone pressing on the brain were to be removed and closure effected. Thoracic wounds were to be explored, and mud, projectiles, and bits of clothing removed from the wound; bleeding was staunched. Wounds in the heart or lung were closed with sutures, arteries controlled, and the chest cavity closed around a tube that sucked air out of the pleural cavity in order to re-expand the lung. If the diaphragm had been lacerated, it was repaired.

Abdominal wounds were fully explored through a midline incision from the sternum to the pelvis. The stomach and small intestine were examined, inch by inch, throughout their length, and any perforations were closed by sutures. If a segment were severely lacerated, it was removed, and an end-to-end anastamosis done. As colon contents are septic; perforations or lacerations in this area were exteriorized, and a colostomy tube was inserted. A bleeding spleen was removed as well as a ruptured kidney. Bladder perforations were closed, and the bladder drained by a tube placed in the bladder and held by a purse-string suture to the abdominal wall. In each wound, in-driven clothing, devitalized tissue, and soil were meticulously sought and removed, followed by lavage.

Surgeons enlarged wounds of the extremities or made an elective incision to explore all the compartments of the extremity. Shell fragments or bullets were removed as they were encountered, but prolonged searching for metallic fragments was discouraged as it consumed valuable time. It was more important to remove clothing, mud, and nonviable muscle and bone fragments. Ligature or electric cautery controlled acute bleeding. The bone ends were then placed in alignment and covered with muscle. The wounds were never closed over with skin. Plates, screws, or wires to hold the bone ends together were expressly prohibited. A cast or spica was then applied. We split all casts so that they could easily be removed in an emergency situation. A soldier in a body cast did not have much of a chance on a sinking ship or when reinjured in an air raid. Doctors repaired lacerations or severance of a major blood vessel, if possible, but used no vascular grafts. If the severed end of a nerve or tendon was seen, it was identified by a marker stitch, but such repairs were not done in a forward hospital unit. If a limb had lost vital circulation, a guillotine-type of amputation was done and the stump left open. Traction was applied to the cuff of skin around the stump so future closure could be done more easily.

A surgeon and corpsman apply a cast, which is then split in order to allow for its rapid removal. Courtesy Signal Corps

Initially, in the 95th Evac, extremity wounds were assigned to an orthopedic surgeon; chest wounds, to a thoracic surgeon; and abdominal wounds, to a belly surgeon. This proved impractical, because most injured arrived with multiple wounds in different body areas. The soldier could not be placed on a conveyer belt and attended in turn by a number of specialists. It was then decided that every operator in a forward unit such as ours must be a general surgeon who would cross train with surgeons in every specialty, so that one surgeon could attend to all the wounds in an individual. This procedure worked well in the 95th Evac for the remaining years of the war.

In my few hours of free time, I was lured down the coastal highway by the majestic temples of Paestum, now no longer a battleground. More than two thousand years ago Greek colonists had thrived on this plain and had erected temples to their gods. The colony was overrun by time, but the temples of Ceres, Poseidon, and the Basilica remained, all facing eastward, to allow the morning sun to awaken the spirit within.

The rows of tall, fluted Doric columns sometimes supported part of a roof, but most often had only a few lintel stones or an arch, vaulting the pillars through which could be seen a few clouds sailing on a sea of blue

sky. They were an ancient witness to the unfolding of western civilization, having seen the triremes of Greece exploring and trading in the Western Mediterranean, the fleets of Phoenician traders, and the rise and fall of the Roman Empire. Later they witnessed the battle fleets of the Turks and Venetians and combatants of the Napoleonic and the Crimean Wars. Now they were viewing another grim episode of world history.

The guns were silent, and from this reverent ground, roses climbed upward on the columns, and the bright colors of the hibiscus and oleanders under the canopy of the columns and arches gently swayed in the sea breeze. I was reassured, sitting on a fallen stone, alone, in this serene courtyard apart from the world tumult; there had been a future for past generations; surely this war would end and there would be a future for this one as well.

The war had left us behind. The American Fifth Army and British Eighth Army had taken Naples, and the Germans had retreated for another stand north of Naples. Other hospitals were giving medical support, and we were ordered to move to Naples. Tents came down and equipment was loaded on trucks for the trip to Naples. A fine rain was falling as we slowly threaded our way through the military traffic northward on narrow, winding roads. On a long hill approaching the city, our convoy was shunted to the side of the road and halted, waiting for another to pass.

The lead command car of the oncoming column flew a red pennant with the gold stars of a general. Behind the lead vehicle a battalion of tanks were creaking and clanking up the hill. In the command car, the general was standing next to the seated driver, the roof rolled back. Two pearlhandled pistols were strapped to his belt, and a silk scarf wound around his neck fluttered in the breeze as he critically surveyed the 95th Evac convoy with its red crosses painted on the vehicles waiting for him to pass. "Get those butcher wagons out of the way, and let some real soldiers pass!" he shouted. It was none other than Gen. George Patton.

The Germans in Naples pulled out on October 1. Two days later, an advance party of the 95th Evac entered the city to select a site for the hospital. The Germans had withdrawn to the Volturno River and had dug in on the far bank. When we entered Naples on October 5, the city was slowly returning to life. People were venturing out of their houses onto the rubble-strewn streets. Buildings displayed white flags of truce. Paratroopers in groups of two, automatic weapons on the ready, were patrolling the streets looking for any remaining Germans or looters. Our course

was difficult to follow in the maze of streets. The Germans had removed all street signs and markers. At intersections men were stationed to direct the 95th Evac trucks along the route. Cpl. Arley Basham was assigned to direct traffic at a key crossroads. His sergeant had told him that when the service truck, which is the last truck in the convoy, came by, he was to get aboard to rejoin the group.

The drizzle continued, and day turned to night, but no service truck ever came. Cold, wet and hungry, Arley huddled in a doorway in the darkened city, fearful of being shot by the paratroopers or assaulted by a gang of looters. Later in the night, he heard a tank climbing the hill near him. The motor backfired and finally stalled. Basham heard the hatch opening and a British voice cursing, "Fuck it, the fucker's fucked." Basham called out to this linguist, explained his plight, and was invited aboard and given a blanket, chocolate, tea, and a sack for the night. When he arrived at the 95th the next morning, he had a hard time convincing his section chief about his absence from roll call.

The advance party had selected a magnificent vacant hospital atop a large hill for the 95th. The front portico with its massive pillars offered a commanding view of the city, the harbor and of Vesuvius, with a curl of smoke coming from its cone. The building had been a tuberculosis sanitarium, the Ospedale Antonio Carderelli, erected less than two years before, and had been renamed by Mussolini the Twenty-third of March Hospital in honor of fascism.

The city was heavily booby-trapped, time-bombed, and mined. The Germans had wrecked the power and water supply; pushing any light button or opening a door could trigger an explosion. When a time bomb went off in the 95th motor pool, several hospital personnel were casualties. Lieutenant Berent, the motor officer, and Private Cogar were severely burned; Private Green, sitting in the cab of a truck loaded with gasoline cans, was killed.

Although we were eager to live and work in a building after months of living on the ground in tents, we soon discovered that a field hospital was designed to operate more efficiently in tents. The building was four floors high. The ground floor was organized for receiving and surgery; the second and third floors were for wards, while personnel were quartered on the top floor. Without water supply or elevators, patients and supplies had to be carried by litter from floor to floor. An electric generator provided lights, and water was later supplied from a tank truck by the engineers. During the period of our occupation of the hospital, between

October 9 and November 14, we admitted 3,616 patients and performed 1,064 operations. Some of these were battle casualties, but many others were injuries to support troops in the city caused by time bombs and booby traps.

Scarcely a night passed without an air raid. The attuned ear could easily separate the sound of a German plane with its low-pitched hum from that of an Allied plane with its higher pitched whine. Lying in bed and recognizing the sound of an enemy plane demanded a decision: to remain in bed and wait it out, or to descend four flights of stairs and seek shelter in the basement. When the ground shuddered with explosions and ack-ack guns joined the melee, we no longer had a choice. The shelter was always crowded, not only with ambulatory patients and hospital personnel, but with all the nearby civilians and their families as well.

When off duty, we took the trolley into the city. The trolleys had begun to operate about a week after we arrived in the city. The main occupation of the citizens was to get enough food to survive from day to day. Few stores were open, many were ransacked, and food stands, mostly selling vegetables or grains, appeared on the littered streets. Meat, butter, coffee, tea, sugar, or cigarettes commanded an astronomical price on the black market. There was little evidence of civilian organization, and carabinieri were hard to find. With the water supply sabotaged and sewage lines faltering, disease rapidly spread among the locals. Typhus, the scourge of war for past centuries, increased in Naples. Fortunately, a new typhus vaccine protected the military, and the widespread use of DDT among the civilians prevented an epidemic. Malaria, which we saw in large numbers of troops in southern Italy, was also controlled by DDT as well as the preventive drug Atabrine.

Thieves were everywhere. I watched as a well-dressed man rode his bicycle unaware that an urchin running behind him was stealing his bicycle pump. I visited the National University, where professors sat helplessly in their laboratories—the windows were shattered, and equipment broken or ransacked. The city was paralyzed. Where does one begin?

Most of the hospital personnel, at various times, visited the active volcano Vesuvius. A jeep could travel halfway up the tortuous road to the volcanic cone. After climbing over scattered rocks and larva formations, we could approach the crater and see the cauldron there, bubbling with vents of gases escaping, looking so much like boiling porridge. Often it hissed and flicked a tongue of molten material skyward. Not many days later, it exploded its top in an angry demonstration, shooting smoke and

debris high into the sky, obscuring the sun, and coating the streets with fine pumice. From the hospital on the top of the hill, Vesuvius could be seen across the valley in which Naples nestled, belching its plume of black smoke high into the sky, while at night its newly built cone emitted a fiery glow and red streamers of lava flowed down the mountainside. It remained active throughout our stay in this area.

The American Fifth Army and the British Eighth Army slowly advanced northward against stiffening German resistance. Crossing the Volturno River on hastily constructed Bailey Bridges was costly. Each time a bridge was completed it was destroyed. To provide closer support, the hospital pulled out of Naples on November 27 and traveled north fifteen miles to a field three miles outside of the small village of Capua, near the Volturno River. There we set up for the fifth time. Several evacuation hospitals were working as a team, leapfrogging each other as the front advanced, but the front was now stationary and all were open and providing services.

The balmy weather of September was over. At the end of October, rain storms, high winds, and gray skies made living in the field uncomfortable. Toward December, wet snow and cold weather added to our discomfort. The constant rains turned the fields into muddy quagmires, deeply rutted by the tracks of tanks and armored vehicles as well as trucks. Such tracks crossed and re-crossed fields where the road was cut by enemy bombs. Whenever German planes appeared overhead, all traffic dispersed through the adjacent fields. The area around the hospital was deeply rutted, and boots were the order of the day. Ambulances carrying the wounded to the hospital got stuck in the mud and often arrived towed by half-track vehicles. The first thing the wounded entering the receiving tent noticed were the nurses.

"Women here; what the hell are you doing in this hell hole?"

Surgeons reporting for a twelve-hour shift in the OR arrived with mud-caked boots, trench coats, and helmets. The floor of the OR had a layer of gravel that was hosed down at intervals. Removing their helmets, which they carefully stowed in a corner of the tent, ready for instant use, the surgeons took off their trench coats, hosed muddy boots, put on surgical caps and masks, and scrubbed with soap for ten minutes. They dipped their hands in a tub of alcohol and were assisted by nurses into operating gowns and sterile gloves. Before starting his next case, a surgeons' gloves and gowns were removed, and an alcohol dip was followed by re-gowning and re-gloving. Nurses dressed in fatigues, field jackets, and boots, and could be distinguished from the others only by a few blonde or brunette

The 95th Evacuation Hospital's encampment in a field in Capua, Italy, November 1944. Courtesy National Archives

curls escaping from under their OR hats. If an air raid occurred while in surgery, the circulating nurse put helmets on those scrubbed in the OR, and they continued operating. It was disconcerting for everyone in the OR to feel the ground shake as the bombs exploded nearby. At night the flash of the explosions penetrated the curtained windows of the tent, and the furor of the fire of the ack-ack antiaircraft and .50-caliber machine guns added to the tensions. Yet everyone gave the appearance of paying no attention to the maelstrom outside, and we made no reference to it while it was occurring, although we instinctively wanted to *hit the ground.* We did not have the luxury of disposable gowns, gloves, syringes, and needles. These items were washed, repackaged, and sterilized after each use. Needles were hand honed on a sharpening stone before sterilization.

The battles became grueling and bloody as the Germans dug in at the abbey of Montecassino and the mountains around it. Early one morning, before reporting to the OR, we stood in awe as wave after wave of B-24 bombers unloaded their bombs around the abbey. I counted more than a hundred planes, and it seemed impossible that any living creature would be alive after such a pounding. However, when the troops and tanks

tried to advance up the mountain, the enemy came out of the tunnels they had hewn into the rocks and repelled our infantry with machine guns and mortars. The bloody battle for Montecassino continued for weeks. Artillery fire persisted at all hours of the day and night and brilliantly lit up the night sky. We were immersed in mud and blood.

As the casualties mounted, additional foreign forces were added, and the hospital became a Babel of tongues and races resembling a United Nations meeting. There were Ghurkas from India, Ghoumes from Africa, partisans from Italy and Poland, Free French volunteers as well as troops from Britain, New Zealand, and Australia, and German prisoners. Towels were made into turbans and loin cloths and bedpans and urinals were put to many uses for which they were not intended.

Most German prisoners were glad to receive medical attention and expressed relief to be out of the conflict, but Hitler's elite SS Corps angered us. When they could stand, they were defiant, haughty, and looked with disdain at their captors, their right arms upraised in a Nazi salute. In torn, bloody, and mud-stained gray uniforms, they sported silk regimental colored scarves around their necks and proudly displayed their SS insignias on their sleeves. Those on litters coldly stared at us. They accepted treatment as their due with a thankless attitude.

The hours were long, the work unceasing. We hurriedly ate lunch and midnight snacks—then back to the OR. During the first week at Capua, we admitted 794 battle casualties to our twenty-four-hour operating tent. Because of the heavy load, the Fifth Army assigned to us two additional

The town of Montecassino, Italy, is here in ruins, demolished by numerous air raids. Courtesy Spencer Howell, Jr., M.D.

surgical teams and an extra shock team on temporary duty. In the four weeks the 95th remained at Capua and there were 3,852 admissions of which 3,087 were American battle casualties, in addition to Allied wounded, wounded German prisoners, and Italian civilians.

Starving Italian men, women, and children besieged the hospital, seeking any form of work. Individual arrangements were made to provide employment. Each tent had its own clean-up crew that laid hay over the muddy floor, fetched water to keep the basins full, cleaned boots, took laundry, provided firewood for the stoves (this is scarce in Italy), and gave excellent hair cuts. Troubadours serenaded the area with accordions and guitars, and talented singers provided operatic arias walking from tent to tent looking for off-duty occupants. They could be paid in American and British scrip (there was no American cash to be had). Liras and German marks were without value, but the best compensation was food: some extras from the mess line, sugar, coffee, tea, or a cigarette. The workers freely accepted donations of cast-off clothing, and soon the civilian auxiliary was dressed as the military. Some of these teenagers accompanied us from station to station; others served only near their homes. We marveled at their ability to learn English so quickly.

As the end of December neared, the terrible weather and terrain hampered troop movements. The pace of battle slackened, as did our duties. I could now find a few hours to explore this pastoral countryside, with its ox-drawn carts and ancient fields, and stop to talk with the occasional farmer. So often they spoke a little English, and many told me that they once lived in Brooklyn, New York, before they retired to Italy.

On one of these walks, a group of British tank officers on their way to their officers' club invited me along. The clubhouse was an old stone barn, well sandbagged and curtained to keep out the light. Inside a warm fire beckoned, and the air was hazy with smoke from cigarettes and the dozens of lighted candles, which provided a relaxing atmosphere. In one corner a piano was being played, and we added our voices in song with the others. Beer and whiskey flowed freely. They were the "desert rats" of the Eighth Army and had been in Cairo before the war began. They fought their way to Tobruk and El Alamein and now were in Italy. Many had not been back to Britain for five years. They were fighting for a country from which they had been estranged. Their wives and children were distant memories. Many had received letters from home telling of divorces and separations; their wives and girlfriends were starting new lives with someone else. They expected no future but to spend their entire lives fighting

and dying in distant lands. They drove me back to the hospital in a jeep. Dennis, a young wild lieutenant, threw plastic explosives at trees, walls, and rocks to vent his desperate anger and satisfy his hunger for noise and chaos.

The local opera company at Caserta, near Capua, persuaded Army headquarters to put on an opera to entertain the American and British military. The performance was *Tosca.* On this rainy evening all the units in the area sent personnel in jeeps, command cars, troop carriers, and trucks, which disgorged their loads in the large cobblestone, darkened courtyard in front of the opera house that looked like a smaller version of La Scala.

Upon entering, the bright lights and reflecting chandeliers dazzled the eye. Gilded boxes, plush red seats, and an impressive curtain were in such contrast to the muddy fields, tents, and commandeered farm houses and barns, which were home to the troops, that the incongruity caused a moment of imbalance and disorientation. Soldiers who had never before seen an opera and would never have voluntarily chosen such entertainment in their hometowns filed into the theater and were seated. In their rough-textured uniforms, they tested the seats and gazed upward at the painted angels on the ceiling, calling to their buddies in other outfits, or standing in groups eating chocolate bars.

The staff and field officers looked down from their boxes on the troops in the orchestra section and balconies. All were trying to act as if viewing such a performance was an everyday occurrence. I thought this was an explosive situation. How soon would unintelligible Italian operatic arias lead to boredom? Would flying objects, catcalls, whistles, and shouts drown out the singers in spite of the MPs stationed at strategic points?

The troops remained attentive, applauding the arias (too frequently) without catcalls or shouted comments, except an occasional boo or hiss for the villain. They behaved like a sophisticated audience and loved the presentation. Their high expectations, the brightly lit interior, the warmth of the building, and the renewed friendships captured their emotions; a good time was had by all. After the show, they piled aboard their vehicles, blacked out in the rainy night, and a long line of tiny blue lights followed the muddy roads and crossed the temporary, rickety bridges and the deeply tracked fields that led home.

We celebrated Christmas, 1943, at Capua, Italy, with 456 patients still remaining in the hospital. Military activity had slowed, and few casualties were being admitted. We had finished one of the most intensive and

arduous periods of activity in our combat history with justified pride, and were content to relax and briefly celebrate. A tree erected in the tent that served as church was decorated with inflated and painted surgical rubber gloves. To give them the appearance of being snow encrusted, they were dipped in Epsom salts. Test tubes, intravenous tubing, and penicillin bottles had the same treatment. Tin cans were carefully cut into angels and stars. Strips of aluminum foil served as tinsel. Bales of it were thrown out of planes throughout the campaign to frustrate radar detection, and it now draped the countryside. Gift packages from home were shared with staff and patients. Mistletoe was hung in strategic areas and provided fun and laughter. The army commissary contributed a turkey Christmas dinner with all the trimmings.

The Christmas decorations came tumbling down in the early hours of New Year's Day. Around 0400 a high wind of gale intensity roused all personnel in an effort to keep the tents erect and equipment dry. Some tents collapsed, others were torn to shreds. The tent pins repeatedly pulled out of the soft, rain-soaked field, and squads of men with mallets were at work to pound them in again.

The end of the year 1943 was a time for an appraisal of our efforts. We had been in the field for six bloody months. One learns more from failures than from successes, so the surgical division of the hospital conducted a study of the hospital mortality, compiling statistics from autopsy reports. The work of the 95th in Italy was divided into three periods. At Paestum there were 1,523 surgical admissions, of which 100 percent were battle casualties. Twenty hospital deaths (1.3 percent) were recorded in this period. These figures do not include those who died without benefit of surgery, such as those dead on admission, nor does it include civilian casualties who died in the hospital.

The majority of deaths occurred in those who would never have reached the hospital alive had we not been so close to the battle lines. In the Naples area and later at Cassino, we performed 65 operations daily. At Naples there were 1,103 surgical admissions, which included battle casualties and wounding from aerial attacks, delayed-action land mines, and booby traps. Less than 1 percent of these admissions died. In the fierce struggles to break through the Germans' Gustav line at Montecassino, there were 2,010 surgical admissions to the 95th Evac with 14 deaths (0.7 percent).

Complete records were available for 25 deaths. Staff reviewed these carefully to note whether they could have been prevented. Those cases

admitted with gas gangrene usually arrived too late, with florid gas in the tissues. With more radical surgery, some of these patients might have been saved. Some deaths were due to overzealous efforts to save a limb when the major vessels had been lacerated. Too much time was lost seeking to repair the vessels, while the patient's condition deteriorated from multiple injuries. In some cases, fluid overload, shock, or transfusion reactions may have contributed to death. One death, listed as an anesthetic death, involved a patient who had a drawn-out procedure under pentothal anesthesia. Major Henry Beecher, the theater consultant in anesthesia, reviewed this case and stated that there was no doubt that pentothal is a more hazardous agent than ether and that its use must be carefully supervised. This is common knowledge today, but the indications for its use were not explicitly defined during the war.

One patient had lain in a rain-soaked field for two days with a large wound of the neck and a jagged hole in his trachea with air bubbling through the pus. He also had open fractures of both legs with gas gangrene. In spite of his desperate condition, his blood pressure rose to 100mm of mercury with multiple transfusions, intubation of his airway, and debridement of his fractured legs. We thought he was on the way to recovery, but he died very suddenly.

In an evacuation hospital, figures on how many surgical wounds became infected could not be evaluated as most patients were transferred rearward by the second or third postoperative day, before an infection declared itself. Only those patients who were so badly wounded that they required intensive care and could not survive transport, remained longer.

Statistics collected after the war emphasize dramatically the value of debridement and delayed closure of wounds. If an open wound was cultured after debridement, pathogenic bacteria could be grown in 71 percent of the wounds. Yet, by leaving the wound open, these bacteria did not have the opportunity to grow and develop into an infection; and rear hospitals recorded an infection rate of only 8.6 percent (O. H. Wangensteen, J. Smith, and S. D. Wangensteen, *Bulletin History of Medicine* 41 (1967)).

With the advent of winter, many more medical patients were admitted for upper respiratory infections and trench foot. This latter condition resulted from wearing wet stockings in cold weather, unchanged, day after day. The feet were painful, swollen, and the skin mottled often with superimposed ulcerations. Those that improved after two or three days were sent back to their units, others were transported to station or

general hospitals in the rear. Because malaria was endemic in this part of Italy, we were surprised that so few cases occurred. This was attributed to Atabrine, the malarial prophylactic pill taken daily by each soldier, and to the efforts of army engineers who drained nearby swampland or applied oil to the surface of stagnant water. Hepatitis and venereal diseases posed their share of problems, but typhus, the scourge of armies throughout history, was not seen. Not a single case of typhus in a soldier was treated in the 95th.

On January 8, 1944, orders came from army headquarters to evacuate all patients, close the hospital, and move south to Caserta, far from the scene of action. Rumors abounded, and the only conclusion we could reach was that a move to a distant area signaled another invasion—another D-Day was imminent. When our nurses were sent away, we knew it was to be a dangerous undertaking. The fighting to dislodge the Germans at Montecassino had failed. The U.S. Fifth Army lost 12,000 men—killed, wounded, or taken prisoner. The British Eighth Army had also suffered heavy losses, as did supporting elements from France, Brazil, Poland, and South Africa. The frontal attack was stalled and an end run was planned. Why was the 95th singled out for this new hazardous mission? We had already had our D-Day experience, and had we not performed well? We presumed that it was precisely for these reasons we were selected. We had been commended as amphibious troops and were regarded as veterans of beach landings under fire. The reward for work well done is more dangerous and hard work.

As our motor convoy proceeded south through the streets of Italian cities, there was none of the cheering and boasting so characteristic of untried troops and so noticeable among our men in Africa when we had been about to leave for Italy. The men in the trucks now were grim-faced and somber. Even pretty Italian girls in short skirts waiting to cross the street failed to evoke a whistle.

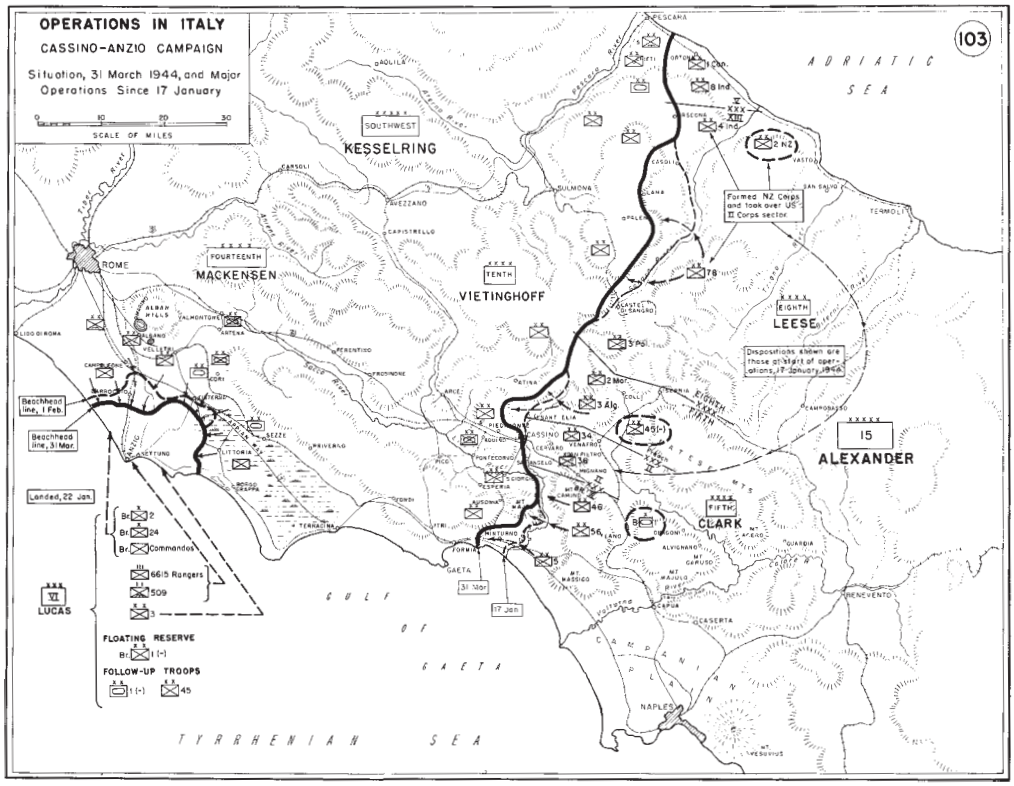
CHAPTER 5

Anzio

The diary of Maj. Howard Patterson describes the trip from Naples aboard our LST: "Our LST was waiting for us and into its open front we trooped. No luxuries here, only cramped noisy quarters. . . . Many of our men will sleep on the steel plated deck. Below are trucks and on the decks more trucks. Those on the deck are loaded with hospital supplies." In army jargon, the 95th was combat loaded, with personnel and all equipment going to Green Beach, the invasion beach, in order to avoid the problems faced at Salerno when men were landed and equipment did not arrive until several days later. The trucks below were loaded with several tons of ammunitions. "We tried not to think of it, but subconsciously we were aware of the powder keg we were sailing," Patterson writes.

The men lolled and slept on deck and played games of cards listlessly. A monkey and several dogs were aboard, and some of the men gathered to observe their antics. There was no radio, no newspaper, no contact with the outside world. As the ship rode at anchor, the men lay in their bunks and read old books and magazines. "After our meager supper," Patterson relates, "I stand on the Bridge and watch the sun set and night blacken the harbor. All ships lie motionless, shadows in the inky water, and stars reflect from its still surface. Phosphorescent twinklings are stirred up by the thin streams of water flowing from our ports. The days seem endless. We all wish the invasion would start soon, as waiting irks everyone."

The following morning, life in the harbor quickened. Blinker signals passed from ship to ship. Small craft scurried about dispatching naval orders. A destroyer threaded its way through the long line of LSTs. Aircraft moved about and circled overhead, and barrage balloons stirred in the morning breeze. At noon, very diffidently, anchors were raised and the assemblage got under way. As far as the eye could see in all sections of the harbor, troops lined the rails of ships in silent watch; but as their



Operations in Italy: Cassino-Anzio Campaign, Situation on March 31, 1944. From *The West Point Atlas of American Wars,* edited by Brig. Gen. Vincent J. Esposito. Courtesy Department of History, United States Military Academy

watching became monotonous, they soon went back to dozing. At this time we were told that our destination was Anzio, slightly west and south of Rome. LST #163 carrying the 95th Evac and ground troops fell into line in the convoy.

When recording in his diary that tomorrow would bring land, Major Patterson expressed the hope that the Huns would be taken by surprise and that the landing would go favorably. "I know from experience gained in our last invasion that the Navy and Air Force will support us superbly. How will the weather be? Will the beach be mined? Will they be waiting for us with machine guns and artillery? How many planes will they get through to rake and bomb us?" The convoy moved in a stately procession; the hum of the engines were rhythmic, and the sun unwavering.

Concluding that there was no point in laboring himself with any more questions, Patterson sought his bunk and dozed away like the rest of the troops aboard.

On Sunday, January 23, 1944, Patterson observed that the quietude of this invasion was in marked contrast to the earlier one. "Yesterday, everything went smoothly. Several times German planes in small groups swooped down to drop their bombs as we lay in the harbor. Some of them hit quite close, but not uncomfortably so." Later in the day an escort vessel struck a mine and was blown completely out of the water by the impact. It was only a matter of minutes before she rolled over and sank, leaving her prow upright in the shallow bay.

The primary occupation was scanning the skies to identify the planes overhead. There was no question, however, of the identity of those planes that peeled off and came screaming down. "We take cover without even looking at them," Patterson wrote in his diary. The last night before landing was unusually quiet. By straining ears, the troops could hear distant explosions inland, and occasional lightning-like flashes streaked across the eastern sky. They were from the Montecassino area where the grim and bloody fighting continued. In an attempt to bypass Field Marshall Kesselring's Gustav line, hinged on Montecassino, the Allies now intended to land some 50,000 troops with 500 vehicles at Anzio, only thirty-three miles below Rome, to outflank the Gustav Line.

"This morning," Major Patterson recorded in his diary, "the sea is lead gray reflecting the rain-filled skies. Unexplained explosions are seen on the shore. Our ammunition is unloaded and we ourselves will unload soon." An eerie silence pervaded Green Beach: no machine guns, artillery, or flares interrupted it. The troops were wading ashore without resistance. Trucks and tanks clambered up the beach and continued their way to the coastal highway. There were no enemy planes above them. It seemed too good to be true. "It must be a trap," we concluded, "that's what it is." But as the hours passed, no trap was sprung.

We waded ashore and by nightfall the hospital was set up a short distance from town in a park-like area. This was Nettuno, just south of Anzio, a beach resort for the people of Rome, twenty-five miles away. A boardwalk with shops and cabanas and a beautiful sand beach all seemed terribly incongruous now with tanks and troops moving past them. The town was completely closed for the winter, and no civilians could be seen; however, it was not hard to imagine crowds of bathers and picnickers enjoying a warm summer's day in a peaceful era years past.

There were no casualties, and we spent the evening walking the boardwalk in the rain and exploring the town of Nettuno. For once, the Germans seemed to have been caught off guard, but not for long. That night, enemy bombers and artillery shells announced their presence, raining destruction on the town from the sky and surrounding hills. The operation termed Shingle at the suggestion of Churchill did catch the Germans by surprise, and little opposition was encountered within the first two days. The Americans and British advanced so rapidly that forward units were ten miles inland in a few hours, but they were ordered to stop their advance until reinforcements arrived and supply lines had been secured. By the end of D-Day, 50,000 men and 520 vehicles had come ashore. However, the delay allowed the German command to rush eight divisions to ring the beachhead. They surrounded the Allies between January 22 and 31.

German artillery positioned in the mountains could, at will, shell the beachhead and the littoral plain in front of it. Later, when the corps commander tried to break out of the siege at Cisterna on the eastern edge of the perimeter, with the 1st and 3d Ranger battalions leading the attack, only 6 of 767 men survived. The Germans had effectively tightened the net. The Allied beachhead reached about eight miles inland from the sea.

General Mark Clark had originally planned for the nurses to accompany us, but Eisenhower rejected his plan. As a result, our nurses, left behind on an LST at Bagnoli, near Naples, arrived at the port of Nettuno on January 28 in the midst of an air raid, a much more rousing reception than greeted the 95th on D-Day. The port was the focus of most air raids and was also the target of interdictory fire from German 88s—acknowledged to be the best artillery weapon of World War II, on all sides—and also from their mammoth railroad gun, Anzio Annie, which was placed in a tunnel carved out of a mountainside. It lobbed a shell into town every few minutes.

The diary of 2d Lt. Mary Fisher describes the nurses' reception at Anzio: "We landed at Anzio at 11 A.M. and were promptly greeted by an air raid as we got off the boat. We got loaded on trucks and evidently the driver didn't quite know what was what, so about twenty-three of us got dumped off in a God-forsaken field with only a small building for shelter." Two very heavy air raids occurred while they waited for transportation. The hospital had been set up in Nettuno, a short distance from the main road along the beach, in a grassy area surrounded by trees. Fisher recalls, "We helped in putting up the tents and helped dig our foxholes right under

our cots. Evening found us tired but happy as we crawled into our sleeping bags, clad in fatigues."

She relates that ward duty was heavy with seldom any time off. Hospital personnel always carried their helmets with them because of the almost continuous air raids. "Then there was the real nuisance of the Screaming Meemies—the big Jerry guns. We could hear the report of the artillery and then the shell whistling overhead on its way to the sea. The shelling continued as long as the Allies held the beachhead." Those subject to it compared it to a door being opened, and then waiting for it to close. "We waited for those three sounds: the firing, the whistle, the explosion."

At about 10 P.M., the second night, they were subjected to a terrific air raid that Fisher later describes in her diary, "We wasted no time jumping into our foxholes. . . . The planes came zooming down so low that at times it seemed that they would land on top of us." There was a tremendous amount of firing going on. "In the meantime, we were shaking in our foxholes and we were about breathless with fear." They found the foxholes icy cold and damp, so that their clothes got muddy. "We were just out of it when another raid started and back into the foxholes we went." It was 11:30 before they went back to bed—only to have to listen to the *Screaming Meemies* passing over.

"It was finally decided that the beach was no place for a hospital as it was much too dangerous," Fisher continues. After a week in the center of activity, the hospital pulled stakes and pitched their tents in a new area that was already occupied by other hospitals. All of the medical units were now situated in an open field, clearly marked, and at least half a mile away from any military target. "We breathed a sigh of relief as we entered our new set-up. At other times, we dreaded the thought of packing up and tearing down, but now we were eager to hurry our departure." Nurse Fisher's account continues: "I was assigned to night duty in the new area. The weather was miserably cold and rainy. The wind was howling, the tents were flapping. The 'Anzio Express,' or 'Screaming Meemies' were doing it's [*sic*] stuff. Our tents were beginning to show rips and tears from the 'flak.' The patients were very uneasy and there were slit trenches between the beds. As the patients were brought in that was about the first thing they inquired about."

The hospital was set up in a grove in its new location, but shells continued landing everywhere around us. Even though foxholes or trenches had been placed between their cots, some of the patients asked to be discharged. They thought it would be safer in the combat units than it was in the

Here, 2d Lt. Lillie Peterson, a nurse with the 95th Evac in Italy, is scrubbing for surgery. Courtesy Signal Photo Company Archives

hospital, which was in the center of a target area. To our front was an air field, not more than a mile away; a mile to our rear was an artillery battalion of 155mm guns; to the left, a radar station; and to the right, a gasoline area, only two miles distant. The German artillery passed overhead day and night, and we were at the mercy of a short. The beachhead was so crowded with installations there was no safe area for a hospital. The Allies were ringed by the enemy with their backs to the sea, enduring enemy fire from three sides. The hospital was now east of the town, adja-

cent to the 53d Evac and the 33d Field Hospital. It was thought that this area would be safer, but, in truth, no area was safe in the entire enclave.

With every air raid, casualties resulted from the bombs dropped, but even more troops were wounded by the machine gun bullets fired from every truck and from .50-caliber machine guns straddling the roads. The trajectories of this friendly fire were very low in the case of diving planes, and the upper walls of the tents were riddled with bullet holes. Whenever the air-raid siren sounded—and this occurred an average of six times daily—those patients who were moveable had helmets placed over their heads and were gently lifted by nurses and corpsmen with their intravenous bottles into slit trenches between the cots. Those who were too seriously wounded to be moved had their helmets placed on their heads and nurses or corpsmen sat down beside them during the raid, holding their hands, trying to calm them as explosions shook the ground. The resulting roar of artillery, the bark of antiaircraft guns, the staccato frenzy of the many machine guns, the screaming planes, and the dull impact of exploding bombs added to tension and confusion. The inferno continued day and night without surcease.

When I was in the operating room, wearing a helmet over my scrub cap, I pretended to be oblivious to the maelstrom outside. I tried to focus my attention on the operative field and resist any inclination to duck or to drop to the floor. I tried to close my ears as the screams of dropping bombs grew louder and did my utmost to keep my hand steady. It was work and more work, and a few minutes out for a meal of K rations for which no one had an appetite; then more work and a short respite to try to get some sleep. We were all gaunt, haggard, and jumpy, as there was no let up in the intensity of the attack.

The patients were unnerved. Toughened veterans asked to be sent back to their units. "It's too hot in this place," we heard more than once. We were still close enough to the port area, which was attracting so much fire. In addition to high-level bombers, screaming Stuka dive bombers attacked every few hours, day and night, and shells whistled over us continuously. When the antiaircraft guns scored a hit, a fiery trail of smoke arched across the sky before a dying plane finally buried itself in a field. At night, an orange plume like a comet streaked across the sky, lighting up the countryside in a final explosion.

We were evacuating our patients via plane or hospital ships. Soon after our arrival at Anzio, some of our patients were being moved to Naples by three British hospital ships: HMS *St. Andrew,* HMS *St. David,* and HMS

Wounded soldiers being evacuated from Anzio, January 30, 1944. Courtesy National Archives

Leinster. The Luftwaffe targeted and bombed them in Anzio harbor, and a direct hit sank the HMS *St. David*. Of the 226 hospital personnel and patients, 130 survivors were picked up by the HMS *Leinster*.

Sleep did not come easily. My partner was on duty, and I was alone in the darkened tent. I was finally able to shut out the sounds of distant crackling and explosions and surrendered myself to a much-needed few hours of sleep, only to be awakened by a sound overhead. Subconsciously, my mind had focused on this low hum of a plane that I knew from the sound was German. Now, I faced a choice. Stay under the bedding, bury my head under the pillow, and hope it will pass, or roll out of the cot and flatten myself on the cold ground. The sound was now louder, and I rolled onto the cold earth, listening in the dark. There it was: a dull whistle, its pitch rising to a scream as it narrowed the distance. It seemed directed at me, poised to strike between my shoulder blades as I pressed tightly against the ground. Time was an eternity. *That bomb was not following the laws of gravity.* It exploded nearby, jarring the earth and lifting my body several inches off the ground. I was relieved but knew I would find no more sleep tonight. I put on my jacket and dutifully walked to the operating room.

The three hospitals—two evacs and a field hospital—were concentrated in one area with large Red Cross panels between them, and each tent had a Red Cross painted on its sides. The engineers had a bulldozer mound up the soil as an embankment around the main hospital units so that they were defiladed almost one-half the distance to the tops of the tent poles. This proved helpful, but slit trenches were still dug between the cots for protection. During the few periods when the sounds of battle lapsed, an uneasy quiet prevailed. The peace and tranquility of America seemed a distant dream.

At the end of one twelve-hour shift, Mary Fisher wrote in her diary, "We were kept very busy taking care of a bunch of muddy exhausted men just back from the front. There was not the usual cheerfulness as they came in, rather they were in a depressed mood. When they saw nurses in this area, they could scarcely believe their eyes. It always seemed to cheer them." She also wrote that, coming off duty at dusk another evening, her attention was attracted by heavy aircraft fire from the cruiser *Atlanta* about a half-mile offshore. At first she could not see the target of its fire. Searching the evening sky, she spotted a small enemy plane, very high, catching the rays of the setting sun as it circled in the heavens. Below the plane, an object too small to be a plane was floating in the sky, slowly spiraling toward the *Atlanta,* framed by exploding puffs of antiaircraft fire. She had never before seen a radio-controlled bomb; it was unerringly being directed toward the *Atlanta.* Finally, the controlled bomb picked up speed, dived on the cruiser, and struck with an enormous explosion. "I turned and retraced my steps," she concluded the account. "There was work to be done."

February 7, 1944, will always remain an unforgettable date in the history of the 95th Evac Hospital. There were 400 patients in the hospital, and loaded ambulances were queued in front of the receiving tent with freshly wounded patients. The shock tent, operating rooms, and X-ray examinations were working at full capacity. Being momentarily free between cases, I walked to the mail tent, where our first mail since the Anzio invasion had arrived. At 1515, the rising swell of a screaming noise arrested everyone's attention. A German Messerschmidt was approaching the hospital at full speed, not more than thirty feet in altitude, at just about tree-top level, closely pursued by two British Spitfires. A sickening series of explosions wracked the hospital. The Messerschmidt had dumped its load of fragmentation bombs on the hospital and had climbed upward at an astonishing angle with the Spitfires still following closely. Transfixed,

we saw the German plane falling, trailing a spiral of smoke through which a parachute could be seen opening.

Everyone ran toward the hospital, hoping that what we just saw would not be as horrible as it had appeared. Curls of smoke arose from jagged holes in the tent walls. Inside were the wounded and the dead, patients, doctors, nurses, and corpsmen. Rivulets of blood ran down the blackened and singed blankets to soak the pockmarked soil. I heard some cries for help and feeble moans, but mostly silence. Patients and hospital staff, some bleeding with minor wounds, were attending the more seriously wounded. When my eyes adjusted to the darkened, smoke-filled interior, the first seriously wounded person I noticed was my favorite operating assistant, Sergeant Watschke. He smiled wanly and assured me that he was OK, but I knew otherwise. He had a gaping hole in his chest from which blood was pouring. I knelt beside him to feel his pulse, and our eyes met. He said he had no fear, that I would revive and cure him. He had more confidence in my ability than I had. I once again had that fleeting sensation of self-doubt that I had experienced on some previous occasions when someone with a mortal wound had placed his or her life in my hands with implicit trust, gracing me with a divine power.

Frantically, I searched overturned drawers and broken cabinets for instruments and dressings. With hemostats on his intercostal arteries, his bleeding slowed. He was gasping for breath, because the air escaped through his wound on each breath. He breathed easier once a large wad of dressing was securely taped over his wound. I knew that he needed a chest tube and suction to remove the air from his pleural cavity, but none was to be found. He was evacuated to the adjacent hospital, and I never learned what happened to him. I believe that he survived. In our spare moments we had often spoken of his going to medical school at the end of the war, and I truly hope that he did.

Many more wounded needed attention. Working with no regard for sterility and without anesthesia, I continued far into the night dressing wounds and staunching the bleeding wounded, some on the ground and some still lying in their cots. Adeline Simonson, nurse anesthetist, had been giving pentothal to a patient being operated on by Major Courter for removal of shell fragments. When the German plane flew over, Courter had pushed Adeline under the operating table, but she kept one hand on the IV and the syringe. Courter finished the case, and the patient survived. When she left the tent she saw nurses' shoes sticking out from under a blanket covering the bodies of her friends. The chief nurse, Blanche

Sigman, and her assistant Carrie Sheetz had been side by side, restarting an IV that was infiltrating, when the bomb struck. They were killed instantly, along with their patient.

Nurse Fisher's diary offers a description of the bombing:

> In the middle of the afternoon, an air raid was going on overhead. Suddenly a German plane dove over the area and dropped several anti-personnel bombs among the ward tents near the place where the large Red Cross was located.
>
> We found dead and wounded all over. Everyone got busy and first-aid was given to those that needed it. Pulses were felt of others, then [they were] covered with blankets. We had seen death many times in our hospital, but it never affected us as it did now when we faced the immediate sorrow. It all happened so fast and the patients from the bombing were evacuated as quickly as possible to the nearby hospitals.

Lieutenant Virginia Barton also recalls the day that we were bombed, which has always remained fresh in her memory: "I was in a tent next to our Red Cross worker. As luck would have it, I was kneeling down giving a patient plasma. The chief nurse and assistant met just where I was tending my patient. The bomb hit and they were killed and I was thrown and hit the cross bars of a cot and ruptured my ear drum. Looking back at that day I have always been amazed at the efficiency of that crew. Everyone had a job to do, and did it."

Casualties from the air raid on February 7 were twenty-two hospital staff killed, including two officers, three nurses, one Red Cross worker, and sixteen enlisted men. There were, in addition, fifty injured, including nine officers, one warrant officer, four nurses, and thirty-six enlisted men. Four patients were killed and ten wounded. The smoking tents looked like mosquito netting. The operating room was a shambles and no longer functional, and its equipment, as well as the X-ray apparatus, was damaged beyond repair. Most tents needed replacement. The corps medical officer decided that the remaining personnel of the 95th Evac would return to Naples, leaving any usable equipment for the 15th Evac Hospital, which would replace it. That unit had been operating on the Cassino front.

The press of new casualties at Anzio, however, was so great that even in our debilitated condition we had to admit nonsurgical patients, receiv-

ing 139 cases during the next three days. On February 11, the day we were to leave Anzio, against a background of distant shelling and explosions, we stood gathered together as Chaplain Laurence Davis conducted a service for the dead. Despite the sadness of that occasion, it was pleasant to think that we would be leaving this hell on earth, although it was also troubling because boarding a boat meant first making a trip through the main street of Nettuno, called Purple Heart Alley, thus named because it attracted continuous air raids and heavy artillery fire. Leaving meant running the gauntlet, but we had been assured that our departure had been carefully planned on a minute-by-minute schedule and that we would encounter little risk of any danger.

Later in the afternoon, our trucks carrying personnel only would drive to Nettuno and without delay, speed down the main deserted street into the open arms of an LST, which was ready to put to sea at a moment's notice. After casting a departing glance around the cratered fields near the hospital and wishing luck to those remaining, the convoy headed for Nettuno. We entered the village and drove quickly toward the dock—so far, so good. But an MP waved us aside, and the convoy of trucks pulled over to the side of the street and parked. The LST that we were to board was having trouble unloading its cargo of 155mm "long Tom" guns; one was stuck in the elevator and no one could guess how long it would take to free it.

The town was a skeleton. Not a single building was intact. Stark, roofless walls opened skyward. Bricks, stones, and plaster had flowed into the streets like scree at the foot of a mountain cliff. Plows had cleared an access for vehicles on the road, pushing the debris against the crumbling walls of the buildings. The deserted town's eerie quiet bothered us. Somewhere in the distance a shell exploded, and then another, closer. As if by a prearranged plan, everyone jumped or climbed out of the trucks on the double and ran to the nearest cellar. There we counted the shells exploding overhead, some of them hitting uncomfortably close. As several hours passed, we tried not to entertain the prospect of spending a sleepless night in the cellars of a bombed-out town under interdictory fire. Around 1700 hours, word finally came to "load up." The trucks raced immediately for the LST, driving onto its lowered ramp. Before the trucks were parked and chained down, the motors of the LST were throbbing and we were reversing out to sea.

Standing on the stern, we could see the distance widening between us and the receding shore. Gradually, a sense of safety enveloped us. Most

had had serious doubts that we would ever leave this fiery foothold, and now most of us were departing intact—but leaving some behind. From my position astern, I could see the distant shore. The flashes of exploding shells reflected against the low-hanging clouds of the night sky; the orange tracers of machine guns were arching over the shore in changing patterns, and I could hear the distant rumble of the artillery. We were out of range; our luck had held, and we had re-entered the world following our visit to hell. A deep sense of relief flowed through us, and we were aware of a general relaxation of tensions. We had been keyed so taut for so long. From the galley emanated a delicious aroma of pork chops and hot apple pie—the first cooked meal after so many weeks.

In the twenty days we were on the beachhead between January 23 and February 11, the U.S. forces had suffered more than 7,000 casualties. Surgeons of the 95th Evac had performed 1,207 operations. The great majority of wounds were the result of shell fragments; patients had been delivered to the receiving tent straight from the battlefield after the battalion surgeon applied a dressing, with no prior surgical treatment. During the same period there were, in addition, 945 medical admissions, so that the total number came to 2,152 during those twenty days. Possible malaria was the admitting diagnosis of 186 men, and in 13 percent of these, the diagnosis was proven by a positive blood smear for the malaria plasmodium; there were 100 cases of venereal disease with positive smears for gonococcal bacteria in 70 percent of the patients, and positive dark field tests for syphilis in 8 percent. In addition, 205 cases bore the neuropsychiatric diagnosis of battle fatigue. Trench feet, hepatitis, and upper respiratory infections accounted for most of the other medical admissions.

After we left Anzio, the 15th Evac arrived from the Cassino front, occupied our area, and took over the remnants of our equipment. They arrived just in time to experience an air raid. Between January and June, 1944, when the Germans retreated, Anzio hospitals treated 25,809 casualties, plus 4,245 accidents, and 18,074 medical cases. Lessons learned here about the evacuation of the wounded from a battlefield would prove valuable in the invasion of Normandy in June, 1944, where evacuation and field hospitals were set up four days after the invasion.

CHAPTER 6

Concluding the Italian Campaign

By this time, we had been overseas for almost a year and had treated casualties in the heat of the desert and the plains and mountains of Italy. Two D-Day invasions had taught us much about treating the wounded in different tactical situations. With this experience, and after several failed plans for reorganizing our internal structure, we had settled on a plan of organization to which we held for the remainder of the war. Many of the other evacuation and field hospitals later adopted this plan.

In the new plan, surgical and medical staffs merged into a single staff. This group divided into five teams of four. The team chief was an experienced surgeon, assisted by three junior officers. The chief surgeon remained in the OR with one or two assistants. The assistant could operate on a patient under the supervision of the chief who was in the OR at that time operating on his own case. The other members of the team took care of preoperative patients in the admission or shock tents and also the postoperative patients in the wards and medical admissions.

Although surgery in an evacuation hospital was often a life or death matter, the surgical repertoire was limited. Debridement of wounds, control of bleeding, closure of the chest cavity and re-expansion of the lungs, and closure of perforations of the intestines consumed most of our efforts. Thus it was possible to cross-train a surgeon who formerly had specialized in gynecologic, orthopedic, urologic, or other surgical specialties in these particular procedures.

Ward space was allocated to a team, with each team having two wards of forty cots each; no ward was designated as medical or surgical. In addition to the twenty medical officers forming the teams, there was a commanding officer with a medical degree, a chief of surgery, and a medical

chief responsible for the evacuation of patients. There was one anesthesiologist, a radiologist, two dentists, and a pathologist (who was also in charge of the blood bank and laboratory). Other medical officers were assigned to the admitting and shock area. Such officers included two chaplains and eight administrative officers whose duties comprised command of the enlisted men, records, supply, etc. The evacuation officer had a difficult and vital assignment. Without evacuation, no cots would be available for incoming casualties. Ambulances, planes, and hospital trains had to be fit carefully into a daily schedule.

The teams on first and second call worked for twelve hours and then were off duty for twelve hours; at the end of their second twelve-hour shift, they were off for twenty-four hours, so that each team worked two shifts during daylight hours and two at night. At times all of the teams were on duty. Each patient was admitted to a team that provided continuity of care in the preoperative, operative, and postoperative periods. Each junior officer rotated every two months from one team to another and thus cross-trained in several surgical specialties, as well as in general surgery. The hours off duty were mostly occupied with making rounds on the postoperative patients, changing dressings, and returning patients to the operating room if there were any complications.

The surgical chiefs were mature, qualified surgeons who had practiced surgery as civilians. The other members of the team were supposed to be young, ambitious doctors who had finished an internship, and were, in a sense, serving a residency in traumatic surgery. The 95th Evac trained a number of excellent junior officers who, after a year or more, qualified to be promoted to the rank of major to serve as chief of a surgical team or to be transferred as a chief to another hospital. After a year, I received my promotion and accepted the position as a surgical chief with much pride. Unfortunately, many replacement officers were middle aged and unwilling or uninterested in furthering their surgical skills. The chief of anesthesia had trained eight nurse anesthetists as well as many enlisted personnel so that five operating tables were kept in continuous operation. Nurses and corpsmen also assisted at surgery.

Sulfadiazine and penicillin were available to prevent wound infections. The military provided for each soldier a packet of sulfadiazine powder with instructions to sprinkle the powder on a wound as soon after wounding as possible. Penicillin was first supplied in the spring of 1944. It was implemented skeptically, but, because it appeared to have no ill effects, its use gradually increased until it was injected subcutaneously before and

after every surgery. At first, doctors erroneously thought that penicillin was effective even if instilled directly into a wound, particularly in a joint, chest, or abdominal cavity. In spite of these measures, infections did occur in cases where treatment was delayed or where massive injuries of muscle and fragmentation of the bone had been caused by flying shell fragments. Wartime medical experience confirmed that a complete removal of all damaged tissue (a debridement) was the only way to prevent such wounds from becoming infected.

Surgery always offered surprises—even on operations that I had performed hundreds of times. On one occasion, I was debriding a thigh wound when a wisp of white smoke escaped from between layers of muscle. Tracking it through the tissues by following the increasing curls of smoke, I found a phosphorescent bullet lying in the center of a crater filled with blackened, liquefied muscle. This was a machine gun bullet. The phosphorus applied to it gave off an orange streak as it traveled through the air. Such a wound frequently became infected and required removal of all the muscle that was chemically damaged. Infection was often due to bacteria that grew in the absence of oxygen in muscle that had been so mangled that it lost its blood supply. Such anaerobic bacteria thrived in neglected wounds or in severely damaged wounds. This kind of infection sent the patient into shock, rendering him unresponsive to the usual remedies. Amputation was then the only recourse.

Many patients with untreated wounds arrived with maggots crawling in and around their wounds. Once we dealt with the maggots by using an ethyl chloride spray or ether, the wound showed no ill effects. For a brief period, zinc peroxide cream, which was supposed to provide oxygen to devitalized tissue, was tried in anaerobic wounds but without noteworthy improvement. Considering the severe tissue destruction of many wounds, it was amazing how few infections developed in the few days during which we were able to observe the patient. We carried out asepsis to the best of our ability, but what about that spider rappelling himself down from the tent top and bathing in an open wound? Or the fine desert dust of Africa borne by the wind, infiltrating the operating tent, and settling in the exposed wound? Or the many flies that buzzed around the operating tent? We were never able to determine how many of our surgical efforts ended up infected. Patients rarely remained in our hospital longer than four or five days, which was too soon to diagnose most infections. Our policy regarding amputation must have been too conservative, because base hospital units receiving our patients reported that

too many badly damaged limbs had been preserved and that more amputations should have been done, particularly on feet and legs badly damaged by land mine explosions.

Shock was often noted in arriving patients. They had already had morphine in the field, and additional doses were given cautiously to avoid the narcotic effect of this drug on breathing. Readily available oxygen inhalators combated shock. Large quantities of dried plasma were reconstituted, and occasional skin allergy and febrile responses followed its use. Banked blood was almost always available (it was not available until D+4 in the Salerno invasion) and widely used. We always carried out cross matching, except in emergencies, and logged few adverse reactions. In one year, a transfusion reaction was suspected in four deaths from among the more than two thousand transfusions that had been given.

After leaving Anzio, our LST docked in Naples. We were to be trucked to a small Italian hill town, Riardo, behind the Montecassino front. Naples was much more civilized than we had expected it to be. The streets were free of glass and debris, and MPs teamed with carabinieri patrolled the streets. The more intact buildings were occupied by rear echelon units, and army sedans, not jeeps or tanks, sped down the streets on official missions. Before leaving for Riardo, we were awarded a week of rest and recreation, and Naples was a wonderful focal point for so many interesting sights. In addition to the city, we could visit Vesuvius, Pompeii, the Sorrento Peninsula, or the islands of Capri and Ischia. The Vittorio Albergo at the tip of the Sorrento Peninsula was built on a rocky promontory and commanded a magnificent view of the city, Vesuvius, Capri, and Ischia. It was not at its prewar eminence, set up for European nobility, but a bed, clean sheets, and three meals a day won our approval. On April 3, 1944, Adeline Simonson wrote her parents that she stayed in a hotel overlooking the water. Sleeping in a bed was lovely, and taking a hot bath was a real treat. The nurses went to the beauty parlor and got their hair fixed, had manicures, and had their eyebrows plucked.

Some members of the hospital chartered a fishing boat to visit Capri. Arriving at the dock at Capri, we rowed a boat to the entrance of the Blue Grotto Cave. Rather than row in, we jumped into the clear Mediterranean and swam underwater to surface in a cavernous room within the cave. We were awed by the blue reflections on the rocky arches over us and the deep blue water below. I had been enthralled by the *Story of San Michele,* a book by Swedish physician Axel Munthe, who lived on Capri

for fifty years collecting Roman artifacts dragged up from the sea floor from the reign of the emperor Tiberius, who had also lived on the island. These artifacts were mounted in niches alongside the promenade and along the steps of the Phoenician Stairway leading down to the sea. When I read this book many years before, I never dreamed I would some day visit this enchanted flower-covered villa, so touched with history, looking out on the blue Tyrrhenian Sea.

Riardo is a small Italian village located across the Rapido Valley from Cassino. The plain was heavily mined, and passage to the hospital was only through Highway 6, which had been cleared of mines. The hospital was set up in a large field at Riardo, but few casualties arrived from the Montecassino front because preparations were being made at that time for the big push to break out of Anzio, capture the abbey at Montecassino, and free Rome. We operated on 88 patients but treated 250 patients with

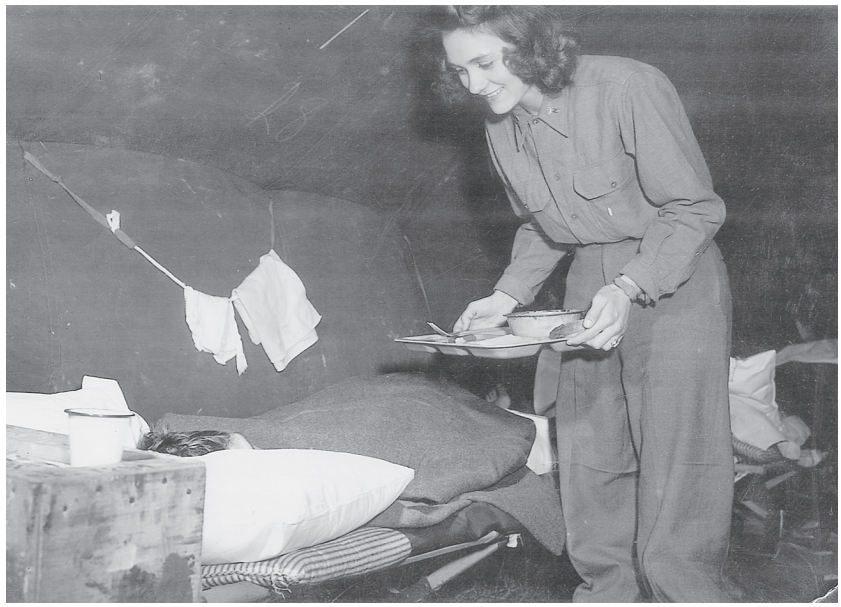
Relaxation and entertainment included activities such as watching films in makeshift amphitheaters. Photo taken in Italy, 1944.

medical conditions—mostly malaria, hepatitis, and trench foot. Malaria responded to many different anti-malarial drugs, including Atabrine, but there was no specific treatment for hepatitis. Trench foot responded to hygienic measures. The lull in activities encouraged the enlisted men to put out a newspaper, the *95th Bulletin,* which went to two issues. This is how they describe the treatment of a wounded soldier being brought to the OR—tongue in cheek:

> When a patient reaches our OR his worries are over. He is usually tossed from a hard litter to a soft cushioned table and then tied down. A beautiful nurse then asks him impertinent questions.
>
> "Have you any false teeth?" What business is it of hers, if the patient has false teeth or not? Then, as the patient is being prepped by our efficient technicians, he can see on the adjoining table, a man suspended on some silly looking contraption and our technician tossing slabs of plaster all about the place. If the patient glances to the left, he sees a white clad ghost-like figure who hovers with his hands clasped in a Chinese handshake style over a table full of instruments. By this time, the anesthetist has all of her equipment arranged.
>
> "Now, when I stick you in the arm begin to count slowly." Lately we've been counting in four separate tongues. Meanwhile the surgeon and his assistant impatiently wait. The wounded man seldom counts past twenty and if he does, the anesthetist shoots the sherbet to him post haste.
>
> Reactions to pentothal may be much sought after. One soldier thought he had died and on opening his eyes and seeing a beautiful nurse holding his hand was convinced she was an angel, and he was in heaven. He closed his eyes to continue his dream.

The greening of spring turned our thoughts to baseball, and the countryside echoed cries of "batter up," "strike," "ball," and "safe by a mile!" The confused Italian spectators applauded respectfully.

Each evening after supper, officers, nurses, and enlisted men collected near the headquarters tent to hear the 6 P.M. BBC news broadcasts. Big Ben deliberately struck six followed by the opening bars of Beethoven's Fifth Symphony, then "This is BBC in London." In the warm spring evening air of rural Italy we listened, attentively. Where had our Allies broken through, and which of our offensives were blunted with heavy casualties? What cities were being besieged in the Soviet Union, what islands taken or lost in the Pacific, how many ships sunk by submarines,



Nurse Isabel Wheeler with the 95th Evac in Italy. Courtesy National Archives

and, most importantly, when was the invasion of Europe to take place? Listeners consulted maps, and some voiced criticisms of the strategies. After the BBC, we tuned the dial to Radio Berlin for its side of the news, but not without at first being harangued. "American soldiers, why are you living in the dirt and cold, dying every day while your wives and girlfriends at home are pining for you? Go home while you are still alive. Don't try to battle the invincible Wehrmacht. You are fighting for the Jewish bankers and war mongers." Although the program was palpably propaganda, it was skillfully formulated. Our common objective *was* to return home alive.

The program closed with a mournful song, "Lili Marlene," sung tenderly and sensuously, which evoked an emotional response in many of us, clustered in the shadows of the early evening.

> *Outside the barracks, by the corner light,*
> *I'll always stand and wait for you at night.*
> *We will create a world for two;*
> *I'd wait for you the whole night thru.*
> *For you Lili Marlene, for you Lili Marlene.*

Bugler, tonight don't play the call to arms,
I want another evening with her charms,
Then we must say good-bye and part.
I'll always keep you in my heart
With me Lili Marlene, with me Lili Marlene.

Give me a rose to show how much you care,
Tie to the stem a lock of golden hair.
Surely tomorrow you'll feel blue
But then will come a love that's new,
With you Lili Marlene, with you Lili Marlene.
When we are marching in the mud and cold,
And when my pack seems more than I can hold,
My love for you renews my might
I'm warm again, my pack is light,
It's you Lili Marlene, it's you Lili Marlene.

When the song ended, there was a long silence. I looked at my watch: 2000. Time to get to the operating room.

Each move meant only one thing, it was a step closer to home. After Riardo we traveled north, across the Garigliano River and past towns and fields that had recently seen desperate fighting. All the buildings were shell torn; shell craters turned up the fresh spring soil, and abandoned equipment littered the highways. Once we set up in Carinola, there was no longer time for baseball. We were now in close support of the front again. In the two months at this station, we operated on 1,215 patients with gunshot or shell fragment wounds in addition to more than 300 medical admissions. The warmer weather reduced the number of trench foot cases.

The patients seemed to be getting younger and younger. A boy of seventeen was admitted to the receiving tent in shock and received several units of blood and plasma. He had a traumatic amputation below the elbow and a wound through the rectum. Both wounds were dressed, and he was judged ready for surgery after an injection of tetanus toxoid and penicillin. He had been admitted about an hour before I came to check his record. He looked at nurse Doyle as she held his hand. "Ma'am, do you think I can go home now?" "I'm sure of it," she said. Exploring his abdomen, we found no perforations of his intestines, but a wound of his

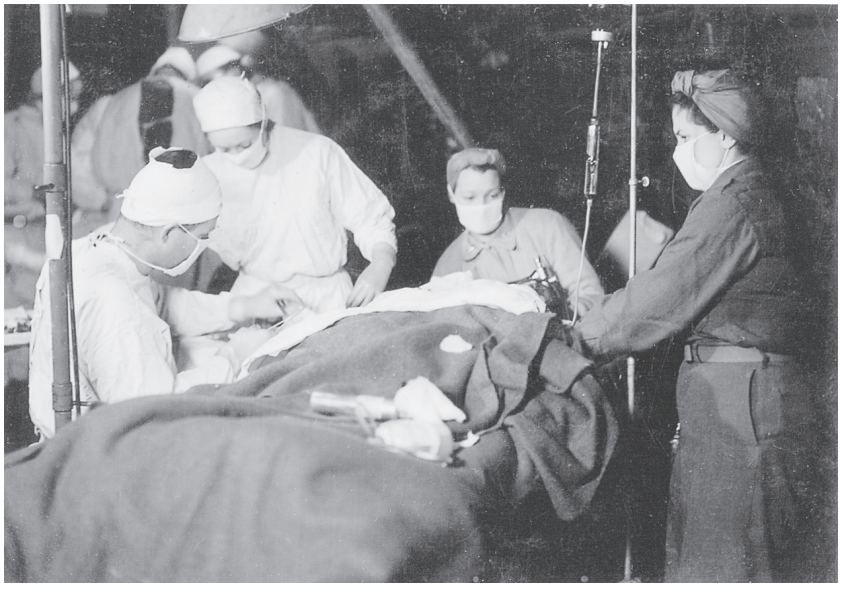
The gaunt stone walls of an Italian farmhouse provide scant shelter for a front line battalion aid station, but they do provide the absent farmer's uninvited guests with cover from the sharp eyes of artillery spotters. The medics perform their duties with complete disregard for the danger to their person posed by artillery. The man on the left, who scouts for enemy guns and their targets, appears to be their only precautionary measure. *Company in the Parlor* by Joseph Hirsch. Courtesy The Abbott Collection

colon required a diversion colostomy with a drain in his abdomen. Gloves and gowns were changed and the devitalized hanging shreds of tissue cut away from his amputation site, followed by a prolonged lavage of his wound. We placed a cast from his shoulder to his forearm, holding the elbow straight, and strips of tape were attached to the cuff of skin about the amputation. The tape was tied to an outrigger of wire, one end of which was imbedded in the cast, so that the skin cuff was pulled over the amputation site to facilitate later closure.

On April 24, 1944, we celebrated one year of overseas duty. General Martin of the Fifth Army was the guest of honor. At the conclusion of the dinner, General Martin presented Legion of Merit medals to Col. Paul K. Sauer, Capt. Thomas Matthews, an administrative officer, and 1st Sgt. Frank B. Druschel. The Bronze Star was awarded to Lt. Col. Hubert

Binkley and 2d Lt. Richard Seymour and to T.Sgts. Nelson R. Studer, Richard Russell, and Francis M. Hopkins and posthumously to T3g. Simon C. Smith. The 95th Evac Hospital was awarded a unit commendation. (See Appendix B.)

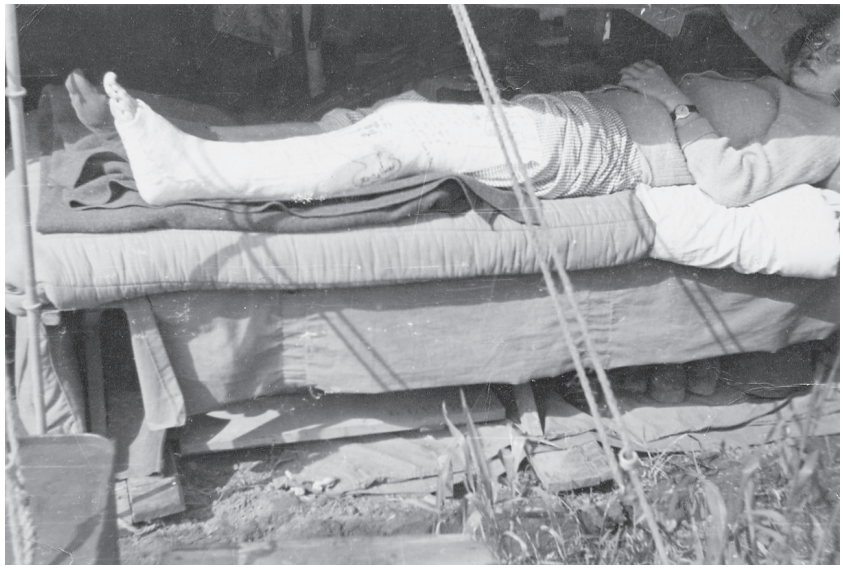
The Germans in this sector had again withdrawn north, consolidating their efforts to stem the anticipated Allied invasion in France. To remain in close contact with the front, it was necessary that we follow closely behind. We departed Carinola at 1130 on May 23, 1944, and traveled to Itri, arriving at 1330. By noon of the following day the operating room was in full use. This mountainous area had seen heavy fighting, often with isolated patrols locked in duels high in the craggy hills. Captain Behrens and I undertook a climb on a nearby hill, picking our way through thickets and narrow passes and clambering over the loose rock. We noted a decaying stench, followed it, and discovered the bodies of two Germans, long dead, still manning a machine gun emplacement. Fifty yards away, the bodies of two Americans about to assault the emplacement were sprawled on the hillside. In those secluded hills, separated from the rest of humanity, they had acted out the tragedy of a world gone mad, unwitnessed, unrewarded. We notified the administrative officer of the location of the bodies.



The operating room of the 95th Evacuation Hospital in Italy, 1943. Courtesy National Archives

The fighting became more furious late in the spring as the Allied forces made renewed efforts to break through the German lines in the mountains at Cassino to relieve the siege at Anzio. The 95th Evac was in close support of the Cassino front and admitted 603 patients in seven days at Itri. It then moved forward with the front to Cori, where it operated ten days, receiving 981 admissions. Cori was so close to Anzio that we saw the enemy bombers flying over the beachhead at night by the light of flares; we saw the tracers in the sky, and and we heard the distant rumble of bombs exploding. We relived our own memories of the days and nights at Anzio, and we understood the torments of those still surrounded on this beachhead. Later, the familiar call, "Evacuate all patients and pack!" rang out, and in a few hours we were on the road once again.

The Allied pressure on the Cassino front finally proved too much for the Germans, and they retreated northward, lifting the siege at Anzio. They had fortified their position at Cassino in October of 1943 and held the town and the monastery until May of 1944, resisting four major bloody attempts by the Allies to dislodge them. Another factor in their retreat to northern Italy was the impending threat of an Allied invasion in Normandy. Rome had fallen on June 4, 1944, and several days later our convoy hurriedly sped through the city in pursuit. North of Rome, at Montalto, in a field of spring flowers, we pitched our tents and were soon



A postoperative patient with an open leg fracture, now in a cast, awaits evacuation.

admitting many wounded. The troops that we were supporting, in addition to Americans, included Canadians, Australians, New Zealanders, Free French partisans, Brazilians, and contingents of troops from Sub-Saharan Africa. The British and the Empire troops from India and Africa held the right flank; the Americans and their allies, the left flank. At Montalto we operated on 381 casualties.

Our short drive through the historic city whetted our appetites to see more of it. The nurses were first to visit the eternal city. They rotated shifts so that each nurse could stay three days at the luxurious Excelsior Hotel. On their return, it seemed they had been more impressed with the comforts of a hot bath, a real bed with a mattress, and gourmet food served in a dining room with chairs and tables, than with the sights of the city. Their route of exploration included an audience with the Pope, St. Peter's Basilica, the catacombs, the forum, the Pantheon, and other points of interest.

Later, the medical officers and men rotated shifts and were allowed to visit the city as well. Lieutenant Howell and I used a carton of cigarettes as barter to secure the services of a horse-drawn carriage with a driver, interpreter, and guide for a full day. A sun-filled day in spring exploring this ancient city in an open carriage proved unforgettable—but, after another day off, we returned to Montalto for long hours at the operating table. Aside from the occasional days off when the hospital was not operating, the work of the enlisted personnel, nurses, and doctors was demanding. The staff worked long hours, night and day, under constant pressure and without complaint.

Rumors began to circulate that the 95th was to spearhead other medical units in another invasion. After years in the army, we had learned to take all rumors seriously. A brief order received in Montalto detached the hospital from the Fifth Army and reassigned it to AFHQ. We knew we would be leaving the theater of operations, and we were conversant enough to read between the lines of such an order. It spelled A-M-P-H-I-B-I-O-U-S. We were told that we had been chosen for this invasion because of our past invasion experiences. If this were the case, the honor was a dubious one that we would gladly have foregone, so that the honor might be shared with others who were anxious to make their first invasion (if such an organization ever existed). In our minds we pictured the noisy reception we would receive, once again wading ashore.

Additional orders were received for all patients to be evacuated and for equipment to be loaded for the two-hundred-mile drive south to

Sparanise, near Naples. We were assigned to an operation with the code word Dragon. But where were we to land? Yugoslavia, now in turmoil with an uprising against the Germans? Greece, south France, or northern Italy?

Allied forces had now joined us in Europe and were fighting on the beaches of Normandy. Soviet resistance was stiffening, and an invasion in the south of France would have the enemy fighting on three fronts. That evening after supper, the discussion club carefully evaluated the political consequences, the geographical terrain, and the strategic advantages of our forthcoming invasion. The final verdict was that it would be southern France, but the precise location of this beach party remained unknown. Several days later the military agreed with our analysis. They informed us of our role to land on D-Day somewhere in France.

Lieutenant Adelaide Simonson, our super competent anesthetist, briefly left Sparanise, which was our staging area, to marry Capt. M. Williams in Naples. Following the ceremony, a reception was held on the terrace of the Orange Club overlooking the Bay of Naples, its harbor tightly packed with ships that were soon to take us to our destination somewhere on the beaches of southern France. Even these sights could not dampen the spirit and gaiety of the occasion, and many toasts were drunk to the bride and groom.

Awaiting departure at their staging area, the nurses had an opportunity to see several operas, and they were provided with real ice cream. When their day of departure finally arrived, they were pleasantly surprised to board a newly fitted hospital ship just over from the States, the *Marigold.* They had their choice of fresh eggs and cereal for breakfast with fresh meat and vegetables daily. The ship's post exchange carried Coca-Cola and other soft drinks.

Before leaving Italy we reviewed our accomplishments and felt justifiably proud. Most of the injuries were the result of trucks overturning and sliding down steep mountainous cliffs under blackout conditions. The occupants were often severely injured. Ankle and knee injuries were often incurred during air raids when running across plowed fields and jumping into foxholes or slit trenches, often at night. If a battle casualty or an injured or sick soldier reached the hospital alive, the patient's chances of being evacuated to a rear echelon hospital was over 99 percent (mortality was 0.06 percent). In the deaths that occurred only in battle casualties, the mortality was less than 1.5 percent.

With our nurses traveling in style on the *Marigold,* the remaining hospital personnel traveled by LCI (Landing Craft Infantry). From our ex-

Record of the 95th Evac in Italy

Location	*Admissions*	*Battle Casualties/Injuries*	*Disease*	*Deaths*
Paestum	2,443	1,523	920	20
Naples	3,616	703	2,908	11
Capua	3,852	2,007	1,845	1
Anzio/Nettuno	2,152	1,058	1,094	33
Riardo	338	329	9	2
Carinola	2,039	989	1,050	4
Itri	603	317	91	4
Cori	981	668	313	28
Montalto	1,672	510	1,162	6
Totals	17,696	8,109	9,587	109

perience in the two previous D-Day invasions, Colonel Sauer and the administrative officers as well as the medical officers of the hospital all agreed that we should have our vehicles combat loaded, so that we could land with our equipment. The medications, instruments, and operating tables were to us just as important as rifles, machine guns, grenade throwers, and artillery were to the combat forces in an invasion. We had been combat loaded at Anzio and set up a hospital on the first day. At Salerno, only some of our equipment finally arrived two days later, with dire consequences. The equipment to make the hospital fully operational did not arrive until one week later. Of course, the military situation was different on each D-Day invasion. The officers planning Dragon vetoed this plan, much to our disagreement. According to operations, some equipment would accompany us; some would arrive on D+5; and the remainder after D+5. To those of us in the field, it did not make sense to send personnel on D-Day without the ability to have a fully functioning hospital.

CHAPTER 7

The French Riviera to Alsace

On August 9, 1944, hospital personnel and some infantry embarked at Bagnoli, Italy, on two LCIs. Most of the hospital, without nurses and with only a minimum of equipment, traveled on LCI #188. The LCI was a steel-plated monster with a front loading ramp about 100 feet long with a narrow beam completely surrounded by diesel fumes. The craft's vibrating motor threatened to tear the ship's seams at any moment. The canvas bunks stood in tiers of four, with little space between the nose below and the body above. A narrow companionway would prove a trap if a rapid exit were necessary. Because the fumes below were so thick and choking, most men pitched a blanket roll on the crowded deck. Cold C rations were the menu d'hôte, and the customary etiquette for each meal required a crowbar to break open the case of rations, a can opener, and a soup spoon. The decks soon became slimy with spilled pork and beans and hash and obstructed with mountains of packs, half-used crates of rations, rifles, and sprawled bodies. The LCI was not designed for a leisurely cruise in the Mediterranean, yet we remained confined on one for six long days awaiting the invasion. Not a fresh vegetable or piece of fruit was to be found aboard, and, in addition, water was rationed.

From Bagnoli we sailed to the Bay of Salerno, now strangely quiet, and remained here two days at anchor, diving overboard for a daily bath. Sometimes other LCIs accompanied us; sometimes we cruised the Tyrrhenian Sea without another vessel in sight. To those of us on board, it seemed we were sailing aimlessly, until some day hence when, at a signal, the convoy would reform and focus on a specific beach. This was intended to keep the enemy guessing where and when we would strike. German aircraft frequently flew overhead, and our antiaircraft batteries

pumped rounds into the sky. Although the planes often threatened, they never singled out LCI #188.

On August 13, 1944, we sailed into the harbor at Ajaccio in Corsica to refill our water tanks. The long concrete dock was deserted except for a lonely Corsican who was tending a pushcart of fruits and vegetables. Troops quickly spotted him and lined the port rail as the ship slowly swung to. When the hawsers were tossed onto the dock and before the ship was secured, men jumped onto the dock and proceeded on the double. Never was an invading army so fervent in capturing its objective: the lonely Corsican with his cart. In five minutes the mission was accomplished, the objective conquered, and not a tomato or head of lettuce remained. The Corsican was on his hands and knees picking up the money strewn over the dock for him. Such was the effect of days of canned C rations.

An LCI convoy carrying members of the 95th Evac makes its way from Bagnoli, Italy, to St. Tropez, France, by way of Ajaccio in Corsica. The 95th Evac would soon participate in its third D-Day invasion.

On August 15, the convoys converged and approached the beach at St. Tropez on the French Riviera. We were pleasantly surprised to find no enemy planes harassing the fleet. A few 88 shells sent geysers of water into the air nearby; mines were being exploded on the beach by the engineers, and the rumble of artillery on the shore was faltering. After wading ashore at H+8 hours, we convened to our assembly area just beyond the beach for a repast of C and K rations and a night of relaxed sleep. The assault troops had advanced without much resistance and were taking objectives twelve to twenty-four hours ahead of schedule. This rapid advance made the selection of a site for the hospital difficult. Two possible sites, each farther inland, were abandoned before the hospital was finally set up on August 19 in a valley near Gonfaron, France.

Our first patients were French partisans and civilians who had risen up against the German occupying force in order to soften our landing. We also treated wounded German prisoners and some soldiers of the Allied invading force. We discovered from speaking with the prisoners, most of whom were teenagers or older men, that their greatest dread was to be assigned to the Russian front. Most considered having their wounds treated in an American hospital, lying under clean sheets and blankets, and eating three meals daily an unexpected escape from the horrors of the war. The exceptions were the officers of the SS Corps who, if ambulatory, raised their right arm in a defiant "heil Hitler" salute when addressed.

When the nurses arrived on D+4, after a long trip by two-and-a-half ton "taxis," the hospital was filled with patients, and the operating room was working at capacity. We remained in Gonfaron until August 27, and during those eight days we treated 1,380 patients. The army had advanced so rapidly northward that the hospital was out of contact, and other hospitals in front of us were treating its casualties. An advance party was searching for a new site, but the move would be difficult because more than a quarter of our vehicles were still in Italy. We awaited transport on vehicles temporarily assigned to us by U.S. Army headquarters.

The civilians occupying the villages and farms in southern France worshipped us, showering us with affection and love. *Les Americans* had swept away the terror of the German occupiers, and *Liberté, Fraternité,* and *Egalité* had returned to their now peaceful valleys and hills. They made rounds on the patients, distributing their few remaining personal possessions such as sweaters, scarves, and socks. However, what we most appreciated were the fresh foods now so plentiful at harvest time: baskets of fresh eggs, wheels of cheese, ducks and geese, fresh vegetables, cream

Lieutenant Dolores Buckley, of Prescott, Wisconsin, Lt. Bernice Walden of Kingsley, Iowa, and Lt. Isabelle Wheeler of Bradyville, Iowa, are camped in a thistle patch in the south of France. Courtesy Lillie "Pete" Peterson

and milk, and freshly baked bread. On Sunday afternoons, entire villages descended upon the hospital, generously giving their farm products, stopping to speak to the wounded. That they spoke French made no difference; they fully expressed their concern and sympathy without the vehicle of language. Little American flags decorated their carts and tractors and hung over the doorways of their houses. Tri-color ribbons were pinned to their simple farm clothing.

Young men and boys volunteered as litter bearers. Young women and girls served as nursing assistants, carrying dressings, blankets, and food, and feeding the disabled; they carefully parked their wooden sabots in rows at the entrance of the ward. I also encountered this grateful friendliness to Americans when I later visited Paris. Because this time of the war represented the apogee of French-American relations, I have declined to visit France since. I would rather continue to nurture this warm and friendly memory. Some young French women fared badly after the German withdrawal. Self-appointed committees in each town decided which girls and young women had been friendly or consorting with the occupying forces. We watched as Committees of Safety rounded up such women. Neighbors and townspeople jeered and taunted them as their long hair was cut and their heads were shaved in a public ceremony in the town center.

At Gonfaron, the hospital was placed under the command of the Seventh Army, but the army had advanced so rapidly that we were in danger of being transferred to the Base Section, which was a humiliating thought. Our entire experience overseas was to be working in close support of the action and, from the colonel at the top to the private at the bottom, we desperately needed the challenge and the pride that resulted from close support of the battle lines. Word finally came to close our station at Gonfaron, and the nurses used this day for a quick shopping expedition to Marseille, Toulon, and Cannes to buy French perfume in the meagerly stocked shops.

On September 3, the truck convoy started north. We were to travel for one and one-half days with short rest stops and without formal breaks for meals; K rations were available while traveling. Vehicles were spaced a half-mile apart, and the canvas tops were rolled back, so that our eyes feasted on the indescribable beauty of southeast France, near the foothills of the Alps. The curving, narrow road descended into densely shaded valleys, through stands of tall evergreens, and followed rushing rivers while waterfalls cascaded down the steep cliffs bordering the river. Only an occasional farmhouse intruded to interrupt the natural beauty of the countryside. When the road ascended from the shadowed valleys, we could see the snow-clad peaks of the Alps gracing the eastern sky, silhouetted by the morning sun or tinted with gold by the setting sun. As we passed each village, people lined the street, cheering, waving French and American flags, and throwing flowers at us.

Staff Sergeant Charles Brodie stands beneath the numerous signs at a crossroads in southwestern France. Courtesy National Archives

In the early evening, we arrived, hot and dusty, at Beaumont-d'Aspres, where the 9th Evac Hospital put us up for the night. The following morning, we boarded the trucks, intending to establish a hospital more than a hundred miles beyond, but the catch-up game was not over. This proposed area would also be too distant from the scene of action. Our previous orders had been to erect the hospital at Amberieu, far north of our bivouac of the previous night. New orders identified our destination as the village of St. Amour, but we were to proceed only as far as Amberieu and wait several hours while the enemy rear guard was flushed out of St. Amour. At 1230 on September 5, we arrived at St. Amour, just hours after the last Germans had left. The distance covered from Gonfaron to St. Amour exceeded 400 kilometers (240 miles) and, to that date, constituted the longest motor movement of an evacuation hospital. Six hours and fifty minutes after our arrival, the hospital was ready to function—ready not only to receive patients but to operate on them. We had already accepted casualties twenty minutes earlier, and they had received preoperative treatment lying in a field adjacent to the hospital while it was still being erected.

The 95th Evacuation Hospital prepares for a move in southern France.

Members of the 95th Evac enjoy a rest stop after a long day's journey, September, 1944.

The case load was overwhelming because we were now the most forward installation and bore the brunt of all surgical admissions. Evacuation of treated patients was slowed and posed a space problem. The shortage of cots became critical. The hospital could only admit new patients if cots were available. The responsibility for evacuation rested with the chief of the medical service, Lt. Col. Bill Comess. By one means or another, he had to discharge patients safely, comfortably, and expeditiously, so that new patients could be admitted. In special circumstances, patients were held in rows of litters on the ground under tentage while the census of the hospital swelled. If the weather permitted, the area surrounding the hospital became an outdoor ward. The average postoperative patient was transferable about two to three days after surgery. Those in shock or with vascular insufficiencies and those with postoperative complications remained longer.

Enemy demolition of tracks, bridges, and rail yards had eliminated the option of rail transport of the wounded. Carrying the wounded by truck over rough roads for hundreds of miles was too painful for those with fractured limbs, and, besides, the rapid advance had created a gas and oil shortage. Air transport was irregular due to the severe weather and the lack of nearby landing strips. On September 9, an air strip was built near the hospital. The weather improved, and our evacuation began in earnest. In the slogging, slowly moving battles of Italy, evacuation of patients by ambulance, truck, rail, or air was rarely a problem. This rapid advance required us to develop new tactics to overcome increased distance in the transport of the wounded. While at St. Amour, our remaining trucks and equipment arrived, traveling more than 400 kilometers by road from the beaches of the Riviera.

The infantry that had preceded us had passed through this area so quickly that the French civilians never had a chance to greet them. We were the first American troops to halt and bivouac. While we were still erecting the hospital, the townspeople thronged us, expressing their adulation, shouting, crying, touching our arms, and shaking our hands as *Les Liberateurs.* The food supply in this rural area was plentiful, and, before the day was out, farmers and their families walked through the wards dispensing eggs, cheese, and freshly baked, warm bread. The supply sergeant was presented with rabbits, chickens, and ducks for the mess. Nurses, not satisfied with the mess sergeant's culinary skills, cooked their own gourmet recipes over a wood stove in their tent. On hours off duty, we were invited to the homes of the townspeople and farmers and were the guests of honor at the family meal, sitting at a long wooden tables flanked by children, grandchildren, and mothers holding babies. The scenes of family life and the mothering attention helped to ameliorate the nostalgia for home that always dogged us.

The mayor of St. Amour was determined to show the appreciation of the villagers for their deliverance from the *Boche* and declared a holiday about one week after we arrived. The festivities were presaged with the ringing of the church bells. The entire population converged near the bridge by the town square. We were greeted by farmers, uncomfortable in their suits and ties, wives dressed in lace-decorated dresses, little girls wearing party dresses and bows in their hair, and young boys in their short pants. Most of us even shed our fatigues for uniforms. A brass band stationed in the middle of the bridge played "La Marseillaise" and then "The Star Spangled Banner," followed by folk musical tunes and dance music.

The mayor gave a long speech in French about the friendship between the French and Americans. Colonel Sauer replied in reasonably good French, accepting the hospitality of the village. Foot races and athletic events followed on a nearby field edged by carts and horses and donkeys as well as tractors and other farm equipment. Locals then presented a diving exhibition from the bridge into the river, and as the evening approached a sumptuous repast was spread on picnic tables and was served by farm wives. Each plate was filled repeatedly, and the day was brought to an end with dancing and fireworks. To the members of the 95th Evac, St. Amour occupied a place in their hearts next to America. The place seemed to have been well named.

It was not, however, all revelry and unbounded hospitality in this land of plenty. Between September 5 and 17 in St. Amour, we admitted 361 casualties. The front had advanced rapidly, and we were again playing catch-up. We were moved to Saulx, where we were kept busy treating a heavy influx of casualties. We had no time to enjoy a holiday. Here, thirty-five days after landing in France, we first heard the firing of artillery, which boosted our morale, and we knew that we were in our proper place in the scheme of tactics. It seemed strange that the firing and explosion of a shell could provide comfort. In sixteen days we admitted 516 casualties. We moved again, to Epinal, to be closer to the front. The German resistance was stiffening, and we remained here for twenty-five days and admitted 2,135 casualties.

At this time, new tables of organization for an evacuation hospital reduced our enlisted staff by 5 percent. Fortunately, those removed were not high-ranked technical support personnel, but the staff strength was so diminished that nobody dared to get sick or could be spared for any reason. If we had not been able to hire forty French civilians, we would have had no litter bearers to carry the injured from the receiving tent and X-rays to the operating tent and thence to the wards.

On occasion, local surgeons would temporarily be assigned to the 95th Evac to assist in surgery. Usually such a tenure lasted one or two weeks. In France, we were assigned two French doctors who had a large surgical practice in Paris. They were able to volunteer their services after the liberation of Paris, and they remained with us for several months, acting as a cultural bridge between the American staff and the French. Dr. Guillet was fun-loving, extroverted, and never at a loss for a comment. He performed well in the OR and enjoyed every minute of his association with us. His anecdotal sessions about his prewar practice in Paris were always

Nurses from the 95th Evac awaiting transport while the hospital is being packed and readied for a move.

well attended. His clientele had been the dancers and showgirls of Paris, including the *Folies Bergères,* and he invited us to visit him after the war to work with him, which I briefly did. Dr. Bruneton's personality was at the opposite end of the spectrum from Guillet's. A profound thinker, a family man, and a first-rate surgeon, but perhaps a bit too deliberate and slow for the type of patients we were receiving, he remained in the OR for long, drawn-out sessions. His prewar practice was among the upper class in Paris, and I also accepted his invitation to visit him in Paris after the war.

At Epinal, as the temperature dropped, high winds and rain and snow storms made living in tents quite uncomfortable; tent skirts bowed and lifted under the pressure of the winds and rivulets of water coursed across the muddy floor. Canvas shelter halves kept the water off the beds and the weight of snow sagged the tent sides. Even in the operating tent, where we had the best supply of heat, it was not unusual to note that upon opening an abdomen, clouds of steam emanated from the exposed viscera. The wind entering from under the tent flaps made it impossible to keep warm. The pyramidal tents used for our quarters were especially cold, if one were more than four or five feet away from the stove. Sleeping bags and heavy clothing helped when not wet.

A secondary stove could be rigged by filling a large pail with sand or soil and then pouring a half-gallon of gasoline on it to soak into the sand. When lit, the six-inch-high flame provided warmth for thirty minutes.

Gas was strictly rationed in America; three gallons per week, per person with a car, unless you had extra ration tickets. My conscience scolded me, as it seemed wasteful to use such a precious commodity in such a manner, but when I returned to my cold tent after a twelve-hour stint in the OR, the extra heat permitted needed sleep quickly. I would have otherwise remained awake and shivering inside my sleeping bag in spite of a wool uniform, wool socks, and hat. North Africa, with its hot days and dry climate, seemed years ago.

The weather turned so cold and wet while we were in Epinal that the army decided to move our hospital to a building. The last time we had occupied a building was in Naples, more than one year ago. It had caused so many problems, that since that time we had remained well organized, functioning, and fairly comfortable in tents. The use of tents allowed us more freedom to adapt the tentage to specific needs of the hospital in a specific tactical situation. The hospital was typically erected near a railhead, a good road, or a landing strip; water could be drawn from a nearby stream or river; and the area camouflaged and defiladed, if necessary. Alternately, a hospital in a building must adapt its needs to the type and design of the building selected and to its particular subdivisions. Patients might have to be hand-carried up and down from floor to floor, because elevators were usually not working. Would there be plumbing to provide water to all floors? Would the heating system be intact? Are power cables

Here 2d Lt. Lillie Peterson of Kinbrae, Minnesota, chops firewood for her stove. Courtesy Signal Photo Company Archives

working? Must wastes be carried away? Few intact buildings remained in the wake of an enemy retreat, and those that were, were likely to be booby-trapped. An advancing force moving into a captured area usually finds the regional power supply and communications destroyed.

The building that was selected for the 95th was at Golbey, on the outskirts of Epinal, and our move was effected without closing station. As patients were evacuated, the equipment of the emptied wards was moved and set up in the building at Golbey. The OR closed for a few hours, and some patients who were seriously wounded and not transportable to the rear were carried out on their cots, placed in an ambulance, and moved to a newly opened ward in the hospital building. They suffered no pain and received continuity of treatment. The buildings at Golbey ultimately lent themselves quite well for our purposes. At first, water supply and lighting were sporadic, and the operating room and X-ray department remained dependent on our own generators.

The hospital closed station at Golbey on December 2, 1944, and moved northward, in a blackout, through the steep, tortuous roads of the Vosges Mountains. Sheets of ice often paved every surface. Vehicles broke down and slid off the roads. Pieces of flak, shell fragments, and nails took their toll on the tires. Lt. Raymond Berent and Sergeant Randall kept the convoy moving through this difficult stretch. In the dark interior of the canvas-covered trucks, we wrapped ourselves in blankets to guard against the cold until we reached our destination in Mutzig. Mutzig is a quaint Alsatian town, twelve miles from Strasbourg on the Rhine River; but to us in December, 1944, it was a dismal place where the sun never shone and the wind whistled through the narrow cobbled streets lined by three- and four-story ancient brick buildings. The hospital occupied an old *caserne* or barracks previously used by the French and later used by the Germans; now it was an American hospital.

During that December at Mutzig, I had the opportunity to satisfy a need to be away from the company of others for a period each day. I think that all people living communally have a need, at intervals, to close the doors and be alone with their thoughts. Three and a half years had passed since I left home for the army. I acutely felt the need for such total privacy. I rented a single room on the third floor of the *Gasthaus,* across the street from the *caserne* and spent some of my off duty hours there. The room had a small coal stove, which was glowing whenever I arrived. After warming myself at the stove, I took off my boots and relaxed in bed with a book; I finished Charles Darwin's *The Origin of Species.*

In spite of the busy OR and the long lines of ambulances discharging the wounded each day, plans were made for the wedding of one of our nurses, Lt. Sally Hocutt, to Capt. Richard Offutt. Our two Red Cross workers, together with the nurses, decorated the mess hall and the tiny, quaint church, which had been built in 1532. Following the ceremony, we all attended a festive reception. We remained in the celebratory mood for Christmas—our second Christmas overseas. Gifts were exchanged, and Santa Claus visited the wards, distributing cakes and cookies, which had arrived in parcels from home and had been saved for this purpose. A local band provided music for dancing, and members of the staff strolled through the wards singing Christmas carols.

Captain Evelyn Swanson, chief nurse, summed up the year for the nurses in the annual report:

> This year has been a most excellent one in respect to the nursing care and the amount of work that the hospital has done. The nursing staff has worked hard and tirelessly, without complaint, each nurse carrying out her duties in the face of many hardships, and at times, under the most adverse conditions. The hospital admitted and cared for more patients during the last four months than any other like period in its entire history, and though many times our nurses were covering more space and tending more patients than previously, it was all done in a most efficient and gratifying manner. It is with much pride that this account of their activities is being recorded for they have, indeed, exhibited a fine spirit.

In the course of our rapid progress across France, expectations about the end of the war rose to a hopeful level. The news broadcasts depicted the enemy as reeling from a series of defeats and kept off balance by the steady advances on the western as well as on the eastern fronts. Allied forces from southern France had now linked with those advancing from Normandy and western France. Reunion with our families in America seemed now to be more than a distant, fanciful dream and, instead, a distinct possibility that could even occur in a few short months. Fantasies of amorous meetings with wives and girlfriends were eloquently described and savored. How should we introduce ourselves to children and families after a separation of almost two years? Will those employers who shook our hands and promised to save our jobs till we returned from the army be true to their word, or must we find new work?

Such pleasantries precipitously crashed, and a cloud of gloom enveloped us when we learned of a massive German counteroffensive rolling westward in the final days of 1944. All hope of returning to America seemed lost. "Will this infernal war go on forever?" we asked ourselves. Operation Nordwind was the code word for a major German assault on the Seventh Army, which was thinly spread over a distance of one hundred miles. The German forces were to exploit American weaknesses in the area, driving east to the Rhine River, both north and south of Strasbourg, which was the initial objective. They attacked at midnight on December 31, hitting the junction between the American XV and VI Corps. The Allies considered Strasbourg indefensible, much to the chagrin of the Free French government of Charles de Gaulle, who objected vehemently to allowing the Germans to regain a foothold in this part of France. The Seventh Army was ordered to withdraw. The Germans had re-crossed the Rhine and reached the western bank, both above and below Strasbourg, but the front line divisions of the Seventh Army blunted the main German offensive. New orders were to hold Strasbourg.

The 95th Evac at Mutzig, fourteen miles from the advancing enemy front north and south of Strasbourg, celebrated New Year's Eve with an outward show of sangfroid and forced hilarity. But an air of tension underlay the nonchalance. On New Year's Day, the body of one of our senior surgeons was found, a victim of suicide. Doom and gloom settled over us.

On January 2, 1945, a messenger arrived from the surgeon's office at Seventh Army headquarters ordering us to evacuate all patients beginning at 0600 and be ready to retreat shortly afterward. The messenger volunteered that the colonel had said that "all hell" had broken loose up north. At the time we received this message there were 268 patients in the hospital and 40 seriously injured patients were awaiting surgery. All surgical teams reported to the OR to care for these patients while, at the same time, patients were being loaded into ambulances for evacuation and other areas of the hospital were being dismantled and packed on board trucks. The forces in front of us had been ordered to pull back, and the streets around the *caserne,* which the hospital occupied, were congested with military traffic, some going forward, some retreating. The defense holding the enemy was now three miles east of the hospital. We finally finished our surgery and hurriedly collected our belongings.

At 1200 all personnel, operating equipment, and utilities were en route to Epinal. The weather was bitterly cold, and we huddled, wrapped in

blankets in the trucks. The roads were icy and the St. Die Pass full of snow. At 1600, we de-trucked at Epinal and stiffly climbed over the tailgate, stomping our feet on the frozen ground and swinging our arms to restore circulation. We had been on the ground only a few minutes when orders came to return to our place of departure, forthwith. Because of the cold and poor road conditions, commanders categorically denied our request to remain overnight and return by daylight. The Seventh Army urgently needed a forward hospital.

The return trip was equally uncomfortable. We traveled without lights, depending on the tiny blue blackout lights to track the truck in front of us as we slowly wended our way over the snow-covered pass and the frozen surface of the road. Numerous sideward slips into the verge threatened disaster, but no major accidents occurred. We returned to our station at Mutzig at midnight, having traveled 240 kilometers (148 miles) over ice-covered mountain roads. We were greeted and warmed by stoves still lit with flickering coals. The trucks towing the generators did not arrive until 1500 the afternoon of January 4, 1945. Only after we had hooked our cables to the generators could we fully function; some new patients had already been admitted.

Three days later, orders came to close station and move forward to Sarrebourg, France. There we established the hospital in a building formerly occupied by the headquarters of the Seventh Army. We operated at Mutzig for a total of thirty-six days and admitted 2,167 patients, one-half of which were battle casualties. The cold and wet weather was responsible for the large number of medical admissions, of which the largest category was trench foot. During our seventy-eight days at Sarrebourg, we analyzed our operative procedures and results.

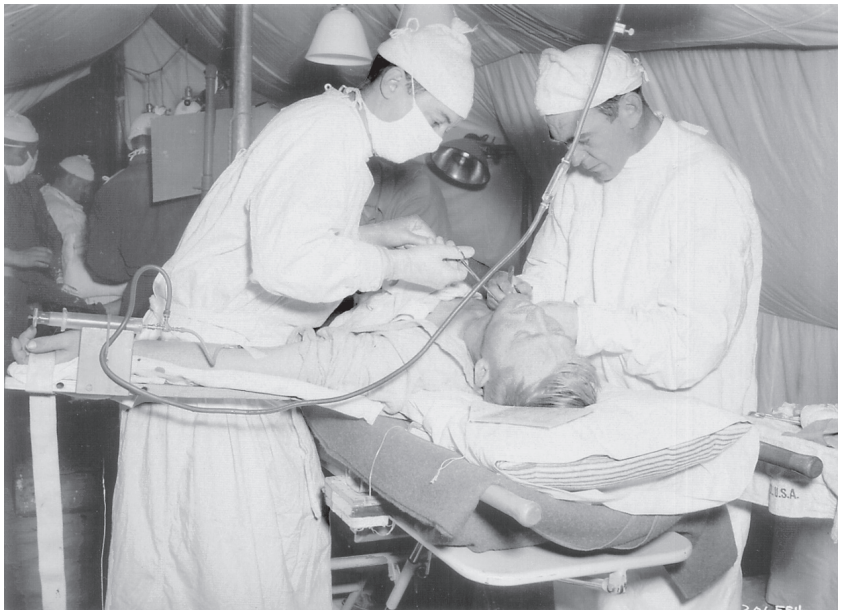
An army on the advance must contend with land mines and delayed detonating devices, which accounted for a sharp increase in amputations and foot and knee joint injuries. We reviewed our treatment of large joint injuries. Treatment of such injuries was first to open the joint and remove in-driven clothing, soil, metal, and bone fragments, followed by a lavage of the joint and instillation of penicillin, combined with intravenous penicillin. The joint capsule was then closed and the limb splinted, but the wound was left open. Head, facial, hand, and foot wounds were the exception and were closed. Elective incisions, such as opening an abdomen, could be closed. Deaths occurring after extremity wounds were usually due to a pulmonary complication.

A neurosurgical team was usually attached to the hospital surgical staff.

The team operated in every case where there was the remotest possibility of saving the life of the patient. Wounds of the head and neck were the chief causes of death. Thoracic wounds continued to be explored, bleeding controlled, and the deep tissue closed over a suction drain. Surgeons increasingly utilized the trans-thoracic approach on combined wounds of the chest and abdomen. After exploration, abdominal wounds did well, although colon wounds caused concern.

A large number of buttock injuries were admitted; they usually occurred when the soldier was lying prone in the field to escape an exploding shell. These were very difficult to treat when severe or when complicated by fractures of the pelvis and sacrum or by disruption of the major vessels and nerves, which resulted in paralysis of the lower limbs. Often lacerations of the rectum were an added problem. We placed such patients in the supine position and made a long exploratory abdominal

German prisoners of war at Sarrebourg, France. This was the beginning of the dissolution of the western German army.



A soldier undergoes surgery for a neck wound at an evac hospital. Courtesy National Archives

incision. Bleeding vessels were controlled, if possible; if not, we packed the area with gauze temporarily to stop the bleeding. After exploration of the abdominal cavity, we closed any perforations of the gut or performed a colostomy. If the rectum were lacerated, a colostomy to divert the bowel contents was next, and then the rectum was repaired. If a bladder perforation was present, a cystostomy tube was placed in the bladder to drain the urine, and the perforation was closed. We identified torn nerve endings in the abdominal cavity with sutures so they could be repaired later in a general or other rear echelon hospital. The patient was then turned into the prone position for a meticulous debridement of the buttock wounds, after which the wounds were dressed and left open; a compression binder was applied around the fractured pelvis. Once again we turned the patient over, onto a fracture table where a spica cast was applied extending from chest to both knees. The entire cast was split so that it could be quickly removed in an emergency. We cut windows in the cast to expose the colostomy and bladder drainage tubes so they could have their dressings changed. Technicians soon learned that if the legs were spread too far apart in the cast, the patient could not fit into an ambu-

lance or a bunk on a ship or plane. The operative time for such a procedure required two or more hours.

Sarrebourg was heavily damaged, and the building we occupied was no exception. The January snows drifted through the shattered windows; the heating facility was destroyed; and there was no water. Moreover, we could not expect immediate help from the engineers. Using our own ingenuity we made the building into a functional hospital. Blankets were nailed across the windows. Water was transported by a tank truck, and canvas bags filled with water were placed in the wards and the OR. In spite of these difficulties, during the first ten days we admitted an average of 147 patients a day, of which 65 percent were battle casualties. When another evacuation hospital opened nearby, relative calm was restored. Captain Henry Korda and Lt. Marcella Schlemma, both of the 95th Evac, seized the opportunity to get married in a small church in nearby Hesse. The couple was given a leave of seven days to be spent in Paris.

An officer from one of the forward units informed us that an Allied attack on a broad front was anticipated soon. The attack was to be launched against the heavily defended Siegfried line protecting the Ger-

These German prisoners at a POW camp in Sarrebourg, France, are being loaded onto a truck, which will take them to a train for further relocation. Each train could carry 500 prisoners at a time. The POW camp was located a block from the nurses' quarters. Courtesy Marcia McGraw

man border, and we were to share the influx of casualties with another evacuation hospital. On March 15, we admitted 284 surgical casualties. The following day brought 176 more. The Germans had stiffened their defense of the borders of the fatherland. The Seventh Army was attacking the strongest and most heavily mined area of the defense line. We were taxed to the limit and did more amputations of the legs and feet than at any previous time including Salerno and Anzio. The ambulances were unloading so many casualties that the triage officer was forced to evacuate some unoperated casualties to the rear. This state of non-stop surgery lasted for sixty hours until additional hospitals were brought forward.

Eight days later the station at Sarrebourg closed, and we were, at last, to enter Germany, almost two years after our arrival in combat. The Siegfried line had crumbled. Our spirits soared as we entered what was surely to be the last phase of the war in Europe. Many speculated that the hospital would be transferred to the Pacific Theater once the war in Europe ended, but we felt confident that all of us would get several weeks of leave before such an embarkation. The thought of a homecoming to America was so intoxicating that our imaginations could not travel beyond such a leave.

As we approached the German fatherland, many wounded Americans, who had been captured by the Germans and treated in their hospitals, were freed by the advancing Allied forces. Such wounded were directed to American hospitals for triage. After an examination that included X-rays, they were sent to American station or general hospitals for further treatment, or, if fully healed, they were reassigned to their units. Some of these liberated American prisoners who had suffered a fracture of the thigh bone were sent to the 95th Evac for evaluation. We were shocked and outraged upon looking at their X-rays. It appeared that the barbaric Germans had done human experiments on these prisoners and had driven a long, heavy metal spike through the medullary cavity of the femur. This was unheard of treatment. The standard treatment for a fracture of the femur, practiced throughout the western world at that time, was to put traction on the limb and keep the patient in bed for four or more weeks until the fracture was healed. We were sure that this was another example of the callous disregard for human rights the Nazis had demonstrated in conducting medical experiments on humans. Their pseudo-scientific experiments on cold survival had been widely reported. We knew that Nazi doctors had immersed concentration camp internees in cold water

This hospital train in Alsace received casualties from the evacuation hospital and transported them rearward. Photo taken January 1945.

almost until the point of death, and, after noting a slowed, barely perceptible pulse, had then subjected the people to various methods of revival.

We later learned that Dr. Gerhard Kuntscher of Kiel, Germany, had devised the method of reducing and stabilizing a fractured femur by driving a long metal rod through the entire length of its medullary cavity, thus holding the fragments in place. He had worked for several years perfecting this operation, and he had shown that it was more effective than traction and that it allowed the patient to resume walking soon after the operation, while the fracture was still healing. He proved his method was far more reliable than traction, and the patient was not confined to bed for four weeks. In the absence of scientific communica-

tion during the war, reports of this advance were unknown to surgeons outside of Germany. As additional freed prisoners arrived with metal nails in their femora, our anger increased, and we discussed methods of removing the nails, sometimes as long as eighteen inches. Aside from the perceived uncivilized and unusual treatment of the fracture, there was, however, no reason to remove the nail. The wounds were closed, the bones united, and the patients walked with a steady and painless gait. Anti-Nazi hysteria had blinded us to this radically new, innovative idea of great merit. Today, the standard treatment for a fractured femur or other long bone is to insert such a rod.

At this time we were also treating increasing numbers of wounded German prisoners. Except for the SS Corps and some other elite units, the wounded Germans were happy to end their soldiering careers. They were visibly impressed with the kindness they received, the informal surroundings, the abundance of food, and the treatment of their wounds. Hans Jaeger, a middle-aged family man, had served as an infantryman in the Wehrmacht for five years. After being wounded on the Russian front, he was reassigned to the western front, where he was again wounded by a shell fragment that fractured his tibia. Late one evening he was operated upon, and the following day, when making postoperative rounds, I stopped to examine his cast and wound. With his little English and help from an interpreter, he thanked me profusely for saving his life. I lingered to hear what he had to say. He said he had no heart for the war, but he would not make any comment regarding the Führer. Now that he was out of combat, he believed that he would live to see the end of the war and return to his family. He insisted on paying me for the treatment he received, and, putting his hand under his pillow, he produced a handsome silver pocket watch, on the cover of which was engraved "Hans Jaeger" in flowery script. There was no refusing his request. Whenever I look at this memento, I can see Hans Jaeger and wonder at how much we had in common—what little separated us as enemies.

Late in March, 1945, we crossed the Rhine into Germany, an objective that six months before had seemed unattainable. The first station in Germany was Golsheim, which remained open and at which we received admissions for seven days before we were on the road again, traveling farther east. We crossed the Necker River at Heilbronn near Wurzburg, and then advanced more than eighty-seven miles to Kist. By good fortune our route followed secondary roads, as a lone German plane followed the main highway and strafed all military traffic. This remnant of

the once mighty Luftwaffe flew the same route at the same time each night and was known as Bed Check Charlie.

In spite of the rapid advance, our admissions and surgery were sufficient to keep the hospital working full time. We averaged 110 admissions daily during the next eighteen days, half of them American battle casualties hit by small arms fire while flushing out pockets of resistance. The other half were wounded German prisoners and civilian casualties from road accidents; the townspeople walking along the roads were being decimated by the speeding military traffic trying to keep up with the advancing front. We swung south and set up the hospital at Ebermagen, near Donauwörth, on the road to Munich. Directly after we set up the hospital, 150 patients arrived, but, following this, the number of casualties gradually diminished. Most of the casualties were hit by sniper fire, and the lack of injuries inflicted by artillery evidenced a hasty German retreat without organized battle lines. Around May 5, 1945, all organized resistance crumbled, and the advancing and victorious Seventh Army ordered its troops to halt and hold their present positions. Battle casualties had tapered down to 193 surgical admissions between May 1 through May 10, although increasing numbers of prisoners were admitted. On May 8, we were still functioning and operating on casualties deep inside Germany when we received the news that the Germans had requested an armistice. Thus the war in Europe, the flames of which had consumed the European continent, spread to Africa and the Middle East, and spanned Russia and Siberia had come to an end. The war in the Pacific continued.

The 95th Evac proudly reviewed the part it had played in this victory, having been in the combat zone for twenty-five months, actively caring for the treatment of battle casualties for twenty-one months, and spearheading medical support in three D-Day invasions.

CHAPTER 8

Peace, and a Job Well Done

With the cessation of hostilities, we became witness to one of the most extraordinary events in history, the mass movement of refugees returning home. More than a million people packed their belongings in ancient battered suitcases, paper bags, and bundles and started their long journey homeward. Walking on the highway were also those members of the disbanded German Army not in a stockade, dressed in their soiled and rumpled gray uniforms, and cutting a far different figure than in their goose-stepping days of conquest and invincibility. The Reich had enslaved workers from Czechoslovakia, Turkey, Greece, Italy, France, Norway and many other countries to work in the factories that had fueled its vast war machine. The factory doors were now open. Tens of thousands of freed military prisoners and displaced persons as well as those who had been incarcerated in concentration camps also thronged the roads. With no train, bus, or plane service and no non-military gasoline, only foot power remained.

Hordes of determined people in long lines walked on each side of the road for hundreds of miles, returning home. They had no way of knowing if their house or village was still standing, or if their homes had been scorched or bombed off the face of the earth; nor did they have any information regarding whether their wives, husbands, children, or parents were still alive or scattered in distant countries. As if by instinct, their steps were directed by memories of past places where they were born, had lived, and had enjoyed being part of a social structure. Sometimes they walked singly, sometimes in small groups seeking the same village. Sometimes the population of entire towns crowded the highways, roads, and paths of Europe, each group talking in a different tongue. Some were traveling

in one direction, others in the opposite direction, some headed north, south, east, or west.

They were worn by hard labor and lack of food, emaciated, painfully thin, perpetually hungry, scavenging the countryside. Most were dressed in worn and tattered clothing; some were still in their pajama-like striped concentration camp garb. The younger ones pressed forward with firm steps, the many elderly were stooped and walked haltingly. Would they have the strength to complete their homeward migration? Would they die on the side of some highway far from home, albeit free? The 95th truck drivers would occasionally pull up to an aged person sitting on the roadside beside a suitcase carrying his or her worldly belongings and offer a lift. As soon as the truck came to a stop, scores of people rushed forward, painfully clambering over the tailgate until there was no longer any space, and, when the truck pulled away, a crowd of disappointed persons unable to board would look longingly at the departing vehicle.

In the hospital we treated some of these people who were ill, or those with draining wounds or ulcers of the feet, bypassing the usual admission routines. Their diet had to be controlled, because they stormed the food cart and would literally eat themselves to death. The nurses soon adjusted to the varying bed census: there was only one woman in this cot last night, but on rounds this morning she had a male bed mate.

In June, Colonel Sauer called me to his office and offered me two month's leave to take a surgical course in Paris. He selected me, I thought, because I had expressed to him on several occasions my intention to take formal training in surgery after the end of the war, and now I could be spared. The transport officer looked over my papers, and I boarded a train to the First General Hospital in Paris. The rail tracks had been bombed first by the Allied forces, then by the Germans, but somehow they were all pinned together. They were usable as long as the train did not exceed a top speed of ten miles per hour. Three miles per hour was maximum speed on the rickety, temporary, wooden bridges.

Lieutenant Colonel Laurence Beizer, a pathologist, was assigned to organize the surgical course; he did not know why he had been selected. One other student officer was also to take this course. I suspected that the hospital staff was not interested in organizing a surgical course and would have preferred that we spend our time in Paris as we wished. After making rounds in this general hospital and noting the lack of spirit, urgency, motivation, and dedication among the staff, so contrary to that in

a field hospital with its sense of service and danger, I realized my great good fortune to have spent this most historic upheaval of the twentieth century taking care of all the young heroes in the combat zone.

We explored Paris. Never in history were two unmarried American officers in uniform thrown into a lovelier city to enjoy greater pleasures. Paris was dominated by young women who had been socially deprived of male companionship for six years. At street corners gangs of young women descended upon us, most presenting their good will and gratitude for driving out *les boches,* others their wares. Most American soldiers, adulated by Parisians, assembled at the Place de l'Opera and the Place de la Concorde. Bastille Day, 1945, the first commemorated since the withdrawal of the Germans, was celebrated with roving bands of musicians, street dancing, speeches, food, and drink. I was accompanied by a lovely French girl, and my French was sufficient to learn that she worked in a factory, that her father and brothers had been killed, and that the rest of her family had been widely separated by the war. She wished me to go with her to her flat.

"*Pas pour l'argent, mais pour l'amour,*" I said, and she seemed pleased. I believe that in her patriotic way she was showing not only me, but all Americans the gratitude of France for overthrowing the German yoke. We climbed flights of steep, narrow wooden stairs and entered her two-room flat. Arm in arm, we peered out the open window onto the street, festooned with Japanese lanterns, flowers, and flags and blocked by long tables set for a banquet. Revelers sang and bands played into the early hours of the morning, as we lay satisfied and contented.

During this period in Paris I learned about French surgical practice by working for several days with Dr. Guillet, who had volunteered with the 95th in southern France. An appendectomy on a Parisian chorus girl was scheduled, and I was to assist Guillet. He placed the skin incision not in the right lower quadrant but in the midline just above the pubis. "Why?" I asked. Guillet replied, "I would destroy that girl's career if I made an incision that wouldn't be covered by her panties." Guillet sweated this case out, as he also had to remove a cystic ovary. This required some strenuous contortions before he could identify and clamp it using this unusual approach.

Back in Germany, it was a time for relaxation; the war was over in Europe, and the warm spring sunshine streamed through the high windows of the barrack buildings in a quiet street near Donauwörth. The last patient had been evacuated from the hospital, and the exhausting

twelve-hour call schedule in the OR became a distant memory. There were no assigned clinical duties. To maintain morale, a baseball league competed. Classes in military surgical and medical techniques prepared us for transfer to the Pacific Theater. We hoped that, after more than two years overseas, we would get a few weeks of leave in America before traveling westward.

Walking the streets of a German town a few days after the end of the war aroused strange emotions. Those in the town were conquered. Their eyes must have beheld me, in my uniform, as conqueror. In small groups, most of the hospital personnel visited the surrounding towns and villages. We were unsure of how we would be received. Commanders ordered us not to fraternize with the civilian population. Because there was nothing to purchase—the store fronts were empty of goods—our major interest was in the townspeople themselves. Did they view us as intruders, gloating over the spoils of war? The officers and men empathized with their bleak future, their disorganized social structure without prospects for work. Food was scarce and their schools were closed. We theorized how they would act if the situation were reversed. The Fraeuleins in their beautiful but simple country dresses averted their eyes. Was it because we were in the uniform of the enemy or simply because of our inability to speak their language? There would be no fraternization here; the wounds were too fresh. Some older people offered a *"guten Morgen,"* but most went about their business, not resentful, but dispirited. We never felt threatened.

On my return to the *caserne,* some GIs from a tank battalion recently transferred from Berlin were moving into the upper floors. I listened to their stories of postwar Berlin and was shown the many souvenirs they "liberated" in the capital. Mostly, they were watches, rings, pistols, or uniform emblems acquired by nefarious trading with German civilians in exchange for food stolen from army commissaries. Other soldiers exchanged army occupation scrip for one or more national currencies—rubles, marks, francs, dollars, or pounds—to purchase an item. A pair of Russian artillery field glasses, replete with hammer and sickle engraved on the case and a spotting reticule in the eyepiece captured my fancy. It had been offered by a Russian officer and involved a series of trades, the skulduggery of which was too complicated to follow. The principals in the trade were the Russian officer, a German girlfriend in Berlin, a pimp, and the American soldier; and it also involved watches and various currencies and items such as coffee, sugar, and cigarettes.

The field glasses, I was informed, could be obtained by barter. I mentally inventoried the possessions in my duffel bag. Protected and in the middle of the bag was a bottle of Johnny Walker scotch that had traveled with me since Christmas, waiting for a suitable occasion. My trading partner would eagerly swap the pair of field glasses for the scotch. Currency in this rural area was of no value, and everyone's pocket was stuffed with army scrip; the trouble was that there was nothing on which to spend it. I offered to fetch the liquor and conduct the trade in the courtyard, but he would hear none of that idea. "What's your room number?" I gave him the number. "I'll meet you there in a few minutes," he said and strolled away.

He soon came with the field glass and comfortably settled into one of the chairs in my room in the officers' quarters, tilted his chair, stretched his legs, and placed his feet on the table. He gave me the glasses, opened the scotch, filled a tumbler to the top, and sipped away. Fortunately, the officers' quarters were empty. "You can take the bottle upstairs to your room," I told him, fearing he would finish the bottle and demand his glass back. "No, I'll just relax and enjoy it here." He reflected on his experiences in the war. An hour passed, and he was still drinking deliberately. The bottle was only half empty. Again, I suggested he could leave with his bottle. "No, I'll just finish it here. If I take it upstairs, I'll have to share it with my outfit. You don't have to wait, I'll go when the bottle is empty."

At Heilbronn, the hospital was inactive, and some of the nurses were detailed to assist the rehabilitation of concentration camp inmates at Dachau, which was in the area controlled by the Seventh Army. Each week a detail of nurses from the 95th as well as those in other field hospitals in the area were sent to Dachau. During the past two years, the nurses had adjusted to the daily sight of horribly mangled bodies removed from the field of battle. Even so, they were ill prepared and shocked by what they saw in the concentration camp. They described men, women, and children in the final stages of starvation, specters of skin and bone, covered with sores over which crawled lice and fleas; many were infected with typhus and tuberculosis and were so weakened that they were unable to move. Their eyes were glassy and lifeless. Nurse Mary Fisher's diary offers a description of what they saw:

> When we arrived there, we were sprayed with D.D.T. to keep the lice and fleas off us. When the army took over, they were put on G.I. rations, and got six small meals a day; then for some reason these rations were cut

Nurses of the 95th Evac discovered German concentration camp horrors when they were detailed to Dachau in 1945.

off and they had to use rations from the German warehouse, and then received only two meals a day. Breakfast was at 10 A.M., one thick slice of dark bread, butter, scrambled eggs, and coffee; the next meal was at 4:30 P.M., vegetable soup, one slice of bread with peanut butter, mashed potatoes, and coffee. When they heard the food cart coming and smelled the food, the patients who could walk had to be restrained from grabbing the food from the cart. They swallowed the food as fast as they could and would beg and try to get more; believe me all dishes were returned clean. Many times they would vomit after eating as their stom-

achs just couldn't handle the food. They would also try to steal food from each other. While we were there we forfeited part of our rations so the patients could have milk and graham crackers at 9 P.M.

Nurse Fisher tells of how they dished out food in the hall, put it on trays, and carried it to the patients, trying to get them to eat it slowly. "But we might as well have saved our breath." The look in their eyes was wild when they saw the food; after finishing, they begged, pleaded, and cried like children for more to eat.

The rooms had three or four beds in them, and three or four people in each bed, with only a thin mattress and one blanket per bed. Some of the patients were very talkative, and enjoyed the attention they were getting from the Americans. Others were just the opposite, and took a long time before they trusted us. They told us how many had diarrhea so often, and were too weak to get to the latrines, and how blankets were soiled and seldom washed. Also, it was quite common to wake up in the morning to find one of the group in bed was dead. The army later removed the beds and provided cots with clean blankets, soap, combs and tooth brushes.

There was also the crematorium and gas chamber. A group of patients (I guess they weren't called patients by the Germans) would be sent to take a shower in a tiled room about 12' x 12' with say, twelve shower heads, but instead of water coming out of the shower, the gas was turned on, and they all died. There were two huge ovens, they looked like fireplaces where the bodies were burned. There was still a strong nauseating odor left. Apparently, they couldn't burn the bodies as fast as they gassed them, and when the troops arrived, there were box cars full of bodies waiting to be shipped and disposed of.

Fisher ends her account by recording that the French and Dutch patients were told that they would soon go home. They cried for joy, and although some of them knew that they might die on their way home, they preferred that to dying at Dachau. Most of the others had no homes anymore.

With much free time available, a group of the medical staff arranged to visit the local civilian hospital. For many years countries in the western world had been oblivious to the progress of German medicine and surgery. Germans, as we learned, had introduced intramedullary rods to

treat fractures of long bones. What other innovations had they developed? The elderly, tall and stately professor of surgery received us diffidently and somewhat unwillingly. Perhaps he only agreed to tolerate our presence because he did not want to antagonize the American occupiers. A prototype of the old-fashioned general surgeon, his schedule that day included an operation on the brain, a chest procedure, the removal of a uterus and kidney, several hernia repairs, as well as reduction of fractures. This hospital had no particular specialization. We were impressed with his surgical skill and his familiarity with the different regions of the body, but we were even more impressed by the organization of his staff in preparing patients for surgery, removing patients from the OR expeditiously, and providing the follow-up care for patients after surgery.

Although this was a civilian hospital, the staff obeyed his orders with alacrity. The respect paid him as "der Herr Doktor Geheimrat" differed greatly from the informal attitude practiced between staff and surgeon in the United States. He escorted us to the fracture ward, where twenty or thirty civilians were in beds with overhead traction equipment supporting fractured arms and legs. He looked at us with a faint smile and said bitterly, "This is the result of the American Secret Weapon. Your speeding, recklessly driven vehicles are attacking our civilians."

We questioned him extensively regarding the Kuntscher nail in treating long bone fractures. He said that he had used it often and praised its use. We still had our doubts and were certain that it caused devastating damage to the bone, destroying the blood vessels, displacing the marrow, and causing a shower of blood clots into the circulation, as well as delaying healing of the fracture. One of our group described it as "stringing pieces of bone as beads on a string." In retrospect, many of our objections were based upon the fact that this novel idea came from the ranks of the enemy and on our suspicions that humans were used as experimental animals in its development. Later, I investigated the early use of this nail, and I never found any evidence that this was true.

The long, grinding hours of surgery in North Africa, Italy, France, and Germany, in tumultuous settings close to the battlefield, were not conducive to in-depth reviews of our two years of operations. We could now listen to the spring songs of birds rather than the thump of artillery and were confident that we would live to see tomorrow. We used the time to reflect on our hospital's odyssey since the early days of 1943 in the heat of Africa, to bloody Italy and the fierce fighting throughout the cold winter in northern France and Germany.

The 95th Evac hospital had admitted 41,663 combat troops since it started operations in North Africa. Most were Americans, but this figure included Allied troops: British, Australians, New Zealanders, Free French, Polish, Brazilians, and units from Sub-Saharan Africa. In addition to these admissions, we admitted and treated wounded civilians from Italy, France, and Germany not included in this figure. Of these admissions, 21,046 were surgical, and most of these were battle casualties, although some were victims of road accidents and falls. The best testament to the efficacy of the hospital was the low mortality. A casualty admitted to the hospital had less than 1 percent chance of dying. (Mortality from all admissions was 0.95 percent.)

There were 20,617 medical admissions with a variety of diagnoses. In Italy and North Africa, malaria was frequently diagnosed. Atabrine, the malarial suppressant provided by the army to be taken by each person, one pill daily, was either ineffective against some malaria or not taken by non-compliant soldiers. When troops from Italy landed in France, many voluntarily discontinued the anti-malarial pill, believing it was no longer necessary, but malaria emerged when the suppressant was suddenly discontinued. Admissions for severe upper respiratory infections increased during the winter months in France and Germany. Trench foot was another common cause for admissions. We treated dysentery and venereal diseases throughout our stay; soldiers returned to their units after treatment with penicillin.

At Sarrebourg it became necessary to open an isolation ward for the

95th Evacuation Hospital

Theaters of Combat: North Africa–Italy–France–Germany
April, 1943–May, 1945

Total Admissions:	41,663 Combat Troops + (Civilian Casualties and Prisoners of War)
Wounded in Action:	21,046 (mortality—0.95%)
Medical Admission:	20,617

large numbers of German prisoners sent to the hospital from the prisoner-of-war stockade. We treated many contagious diseases among the prisoners, but diphtheria predominated. This surprised us, because most European countries vaccinated against diphtheria long before the outbreak of the war. Treatment with antitoxin with dosages as high as 20,000 units resulted in an uneventful recovery in all diphtheria patients. Neuropsychiatric problems were euphemistically called battle fatigue. We transferred patients with this diagnosis to a special unit when it was available. When evacuation to such a unit was impossible, the 95th Evac treated them with sedatives and tranquilizers. At Anzio, where there was fierce, unrelenting fighting day after day, and evacuation was difficult, 205 such patients were admitted within a three-week period. Most were returned after treatment to their units. Soldiers who shot themselves in the feet in order to be hospitalized and sent to the rear presented another ancillary problem. Histories of these soldiers were almost identical: in a foxhole, alone, usually at night when the rifle accidentally discharged, sending a bullet between the first and second toes. Invariably severe splintering of the metatarsal and toe bones resulted, and the injury was regarded as serious. Often these instances occurred epidemically in a specific unit.

Looking back at the 95th's treatment of the sick and wounded in comparison with modern treatments based on advances in medicine and surgery since World War II, one might ask how the regimen of treatment in a contemporary combat support hospital differs? Shock due to blood loss is treated with transfused blood and fluid replacement, and this was the treatment of choice in the 95th Evac. Fortunately, civilians in the United States responded so well to appeals for blood that sufficient supplies were rarely unavailable for a casualty. The rare exceptions were due to military situations where the enemy interfered with supply, such as at Anzio or on D-Day invasions. Sometimes bad weather caused the cancellation of flights and subsequently a temporary shortage. Beginning in December, 1944, Parisians donated some blood. The 95th Evac transfused thousands of units of blood.

The number of infections was reduced and the transport of casualties made safer by controlling bleeding, by debriding the wounds to remove damaged tissue, and by leaving the wound open to be closed at some future time. Once a patient was evacuated, it was often impossible to know when the casualty would be seen by the next surgeon. An open wound protected by a dressing avoided infection, swelling, and vascular compromise. Such a regimen continues to be practiced today under similar

circumstances. Penicillin first became available in 1943 and was injected into muscles, the blood stream, joints, and wounds, which effectively controlled infection. In today's practice, doctors employ many additional antibiotics with improved results.

The use of modern anesthetic agents would have made a significant difference for us. Intravenous pentothal was widely used for induction and as the primary agent in short operations. Several anesthetic deaths from spasms of the airway were recorded and attributed to use of pentothal. After reviewing these deaths, the theater consultant suggested that we use pentothal solely as an inducing agent. Nitrous oxide gas and ether were also used, but these highly flammable gases were too dangerous, as there were open flames nearby, as electrical connections were not safeguarded, and as there was no control of static electricity. Increasingly, endotracheal intubation was practiced, and spinal anesthesia and local nerve blocks were used, but epidural anesthesia and the newer, longer-acting local agents were not available at that time.

Surgically, we lacked a reliable method of saving a limb in which the major artery had been torn by a shell fragment. This was particularly true of injuries to the popliteal artery behind the knee, which alone provides most of the circulation to the leg. When this vessel was torn by a shell fragment, we attempted to provide the leg with circulation by repairing the vessel, but this rarely succeeded when the ends of the vessel were severely damaged or when a portion of the vessel was blown away. There seemed no alternative but to ligate the bleeding ends. When the artery was ligated, the skin of the leg slowly developed a pale and waxy pallor followed by mottling, loss of feeling, and paralysis. In most cases amputation of the leg was then necessary. This option crippled the patient and depressed the surgeon. High-velocity bullets that pierced the knee often damaged the structures so extensively that immediate amputation was required. Surgical techniques developed after the war provided solutions to this problem: either a vein graft could be inserted between the ends of the artery to bridge the gap, or a plastic tube could be inserted to conduct the blood across the gap.

The principal function of an evacuation or field hospital is to provide early and life-saving treatment to battle casualties. In World War II, transport of the wounded to these hospitals was provided by litter bearers, jeeps, personnel carriers, ambulances, and half-tracks. The use of helicopters was already on the increase, but the mode of transport really depended most on the military situation and the weather. With the enemy advanc-

ing and the weather wild, it became difficult and sometimes impossible for medical transport to collect and move the wounded. In such a situation, medical transport struggled to get wounded to a hospital that had moved farther from the front. Helicopter transport would also have been difficult. During the German advance in the Battle of the Bulge, the 95th was forced to retreat seventy miles to Epinal. Recovering and transporting the wounded is simpler in an advance, when hospitals are moving close to the front, leapfrogging each other to remain in contact with the battle lines. Increased use of helicopters in transport of the wounded, as practiced in Korea and Vietnam, is a major improvement, particularly when an army is advancing or when the battle front is static.

No forward hospital can effectively function if its cots are filled with patients and if it cannot make room for new casualties. Each day, treated patients must be released and sent to a rear installation. Patients were evacuated from the 95th and other field hospitals in World War II by ambulance, plane, or hospital train. There is no doubt that the use of large transport planes capable of flying in all kinds of weather would be a significant improvement when in control of the air space.

In amphibious invasions, casualties must be collected by medical personnel, brought to an aid station, and given emergency treatment on the beachhead by battalion surgeons. They are then evacuated to a field hospital or hospital ships. We learned from experience that we could establish a hospital on the beachhead, out of range of small arms or machine gun fire, but not necessarily out of artillery range. In such a situation, air evacuation is a necessity. But the best laid plans can go awry, as happened to the 95th Evac when, out of necessity, the hospital was landed at Salerno beach prematurely. There, the invasion forces were engaged in heavy fighting near the water's edge, preventing establishment of the hospital. Moreover, when the military situation allowed the hospital to be erected, it lacked much of its equipment. All equipment and personnel should be landed together. At Anzio, some air evacuation was possible. However, evacuation was hindered by the hospital ships being forced to move far out to sea after an aerial bombardment had sunk one of them.

Nurses of the 95th Evac and those of other field hospitals in the zone of combat readily faced the dangers, inconveniences, discomforts, and deprivations of living in the field in equal measure to others in these hospitals. They were exposed to death and injury, yet did their duty unflinchingly. They accompanied the hospital on every mission of danger, on land or amphibious, where their skills could aid the wounded. Also, their pres-

ence added to the *esprit de corps* of the hospital. The performance of the U.S. Army nurses reinforced what had long been suspected: that women can serve effectively under fire on the front lines.

Some members of the 95th Evac gave their lives; all of us gave part of our lives in providing care to the injured and sick. The staff of the hospital was rewarded for its efforts by growing in stature, and the pride of serving glossed our memories for our remaining years. Commendations from command were given to us for our services in Morocco, Algiers, Salerno, Anzio, Cassino, and France. The campaigns listed in the 95th Evac hospital record include Naples-Foggia (with two assault landings); Rome-Arno; Southern France (with one assault landing); Rhineland; Ardennes-Alsace; and Central Europe. The hospital was also awarded the Meritorious Unit Commendation and was the first American hospital operating on the European continent.

The 95th was again called to action during the Vietnam War and served between June, 1967, through April, 1968, during which time another group of dedicated men and women performed so well that the hospital now carries a second Meritorious Unit Commendation.

APPENDIX A

Basic Installation

First Echelon (18 trucks and 8 trailers)

5 wards (1, 3, 5, 7, 9) or (2, 4, 6, 8, 10)	5 trucks	no trailers
Receiving	1 truck	no trailer
X-Ray	1 truck	1 trailer
Pre and Post Op	2 trucks	2 trailers
Operating	2 trucks	1 trailer and disinfector
Medical Supply	1 truck	1 trailer
Pharmacy and Laboratory	1 truck	1 trailer
Kitchen	1 truck	1 trailer
Dental—EENT	1 truck	1 trailer
Utilities	1 truck	generator
Mens Pyramidals and bags	1 truck	water trailer
Reserve	1 truck	

Second Echelon (17 trucks and 8 trailers)

5 Wards	5 trucks	
Headquarters and Evacuation	1 truck	1 trailer
Officer's & Nurse's baggage	4 trucks	4 trailers
Officer's & Nurse's tents and stoves	1 truck	1 trailer
Officer's & Nurse's Mess	2 trucks	no trailers (generator & water trailer)
Officers and Nurses	2 trucks	no trailers (ambulances)
Kitchen	1 truck	1 trailer
Medical Supply	1 truck	1 trailer

Third Echelon (16 trucks and 8 trailers)

Enlisted Men's Mess	2 trucks	2 trailers
Unit Supply	2 trucks	2 trailers
ABC	2 trucks	2 trailers
Chapel	1 truck	no trailer
Medical Supply	2 trucks	1 trailer
Kitchen	2 trucks	1 trailer
Enlisted Men's Tents & bags	1 truck	no trailer
Utilities	1 truck	no trailer (shower trailer)
Reserve	3 trucks	no trailers

If movement is made by echelon according to the above schedule, the unit can begin to function immediately upon arrival of the Second Echelon.

APPENDIX B

Group Commendations

HEADQUARTERS FIFTH ARMY
Office of the Commanding General
A.P.O. #464

7 July 1943.

SUBJECT : Commendation.
THRU : Commanding General, S.O.S., NATOUSA.
TO : Commanding Officer, 95th Evacuation Hospital

1. During the past two and one-half months, the 95th Evacuation Hospital has been stationed in this immediate area. I have made frequent inspections and I have been able to observe the organization's work very closely.

2. I wish to commend Lt. Col. Paul K. Sauer, M.C., Commanding Officer, and all personnel of the 95th Evacuation Hospital for the efficient, loyal and splendid manner in which they performed their duties while serving the Fifth Army.

3. Working and living in the field under hot and exceptionally dusty condition, personnel of the 95th Evacuation Hospital achieved and maintained a high degree of professional excellence despite adverse conditions. In smartness of appearance and their evident technical ability, the enlisted men displayed sound training and good discipline.

4. The 95th Evacuation Hospital has served well. I am confident that it will do a superior job in any task which it is assigned.

S/ Mark W. Clark
T/ MARK W. CLARK,
Lieutenant General, USA,
Commanding.

201.22 1st Ind.
HEADQUARTERS SOS, NATOUSA, APO 750, U.S. Army, 9 July 1943.

TO: Commanding General, MBS.

I take great pleasure in forwarding this commendation for transmission to CO, 95th Evacuation Hospital.

S/ T. B. Larkin.
T/ T. B. LARKIN
Major General, USA,
Commanding.

AG 330.13 (MP)D 2nd Ind.
HEADQUARTERS MEDITERRANEAN BASE SECTION, APO 600, 11 July 1943.
TO: Commanding Officer, 95th Evacuation Hospital, APO 464.

1. I am greatly pleased to be able to forward this commendation to you.

2. It is by such work as you have done that many lives have been saved. The fighting men all appreciate your splendid performance of difficult tasks.

S/ Arthur R. Wilson
T/ ARTHUR R. WILSON,
Brigadier General, USA,
Commanding.

HEADQUARTERS FIFTH ARMY
A. P. O. #464, U. S. Army

MWC/cdl
AG 201.2 2-AD JAN 17 1944

Subject: Unit Commendation.
To: Commanding Officer, 95th Evacuation Hospital,
A. P. O. #464, U. S. Army.

Under the provisions of Section III, Circular No. 216, Headquarters NATOUSA, the following unit is commended:

CITATION:

"The 95th EVACUATION HOSPITAL is commended for outstanding devotion to duty and meritorious conduct from 9 September 1943 to 15 September 1943. On 9 September 1943, the 95th Evacuation Hospital landed on the beaches near Paestum, Italy, within 800 yards of enemy infantry, and for the succeeding 48 hours the personnel of this unit was subjected to frequent enemy bombing, and strafing attacks, and artillery fire. Despite almost overwhelming difficulties the hospital was established and began receiving patients at 0600 hours, 12 September 1943. During the ensuing four days, this hospital, operating without its normal complement of nurses and with only 25% of its equipment, handled one and a half times its normal capacity in an unusually sound and able manner, which saved many lives and alleviated much suffering. The courage, efficiency, and unselfish devotion to duty displayed by the 95th Evacuation Hospital are a tribute to the Medical Corps of the United States Army."

S/ Mark W. Clark,
T/ MARK W. CLARK,
Lieutenant General, USA,
Commanding.

RESTRICTED

HEADQUARTERS FIFTH ARMY
A. P. O. #464, U. S. Army

10 April 1944

GENERAL ORDERS)
:
NUMBER 58)

Section

* * * * * * *
* * * * * *

THE 95th EVACUATION HOSPITAL is commended for outstanding devotion to duty and meritorious conduct during the period 23 January to 11 February 1944. Personnel of this hospital landed at ***, Italy, under continual aerial bombardment. The hospital was established in tentage, and personnel immediately began treating battle casualties. During the entire period the beachhead was subjected to aerial bombardment and shelling by enemy long range artillery. On 30 January 1944, the hospital moved to an open field near ***, Italy, because of the increasing intensity of enemy shelling and bombing. Tents were erected on this site, and the organization continued its mission of caring for the wounded in battle. Although the hospital was subjected to bombing attacks, causing numerous casualties among the personnel and patients, and destroying vital equipment, the personnel continued to admit and administer treatment to patients in a calm and efficient manner. The courage under fire and devotion to duty displayed by members of the 95th Evacuation Hospital reflect the finest tradition of the Army of the United States.

By command of Lieutenant General CLARK:

A. M. GREUNTHER,
Major General, G. S. C.,
Chief of Staff.

OFFICIAL:

S/ M. F. Grant.

T/ M. F. GRANT,
Colonel, A. G. D.,
Adjutant General.

CITATION

For Award of the
MERITORIOUS SERVICE UNIT PLAQUE

THE 95th EVACUATION HOSPITAL, for superior performs of duty in the accomplishment of exceptionally difficult tasks during the period 15 August 1944 to 20 December 1944, in Southern France. During the period the hospital rendered outstanding professional service to many thousands of battle casualties. As a result of the superior medical and surgical skill of personnel of this unit, casualties experience a minimum of suffering and discomfort and many lives were saved. The high quality of service rendered by this hospital has been an important morale factor for the troops it supported and has reflected great credit upon the Medical Department.

APPENDIX C

Statement of Service, 95th Combat Support Hospital

Constituted 21 December 1928 in the Regular Army as the 74th Surgical Hospital
Activated 1 June 1941 at Fort Francis E. Warren, Wyoming
Reorganized and redesignated 14 August 1942 as the 95th Evacuation Hospital
Reorganized and redesignated 19 February 1943 as the 95th Evacuation Hospital, Semimobile
Inactivated 3 December 1945 at Camp Kilmer, New Jersey
Redesignated 1 March 1963 as the 95th Evacuation Hospital
Activated 26 March 1963 at Fort Benning, Georgia
Inactivated 28 March 1973 in Vietnam
Redesignated 16 September 1993 as the 95th Combat Support Hospital and activated in Germany
Inactivated 15 November 1994 in Germany

Campaign Participation Credit

World War II
Naples-Foggia (with arrowhead)
Anzio (with arrowhead)
Rome-Arno
Southern France (with arrowhead)
Rhineland
Ardennes-Alsace
Central Europe

Vietnam
Tet Counteroffensive
Counteroffensive, Phase IV
Counteroffensive, Phase V
Counteroffensive, Phase VI
Tet '69/Counteroffensive
Summer–Fall 1969
Winter–Spring 1970
Sanctuary Counteroffensive
Counteroffensive, Phase VII
Consolidation I
Consolidation II
Cease-Fire

Decorations

Meritorious Unit Commendation (Army), Streamer embroidered
EUROPEAN THEATER

Meritorious Unit Commendation (Army), Streamer embroidered
VIETNAM 1970–1971

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Photographs are indicated by *italic* typeface. Maps are indicated by **boldface** type.