

MEDICINE

Aid For The Wounded

Corpsmen, carrying no weapons, but only medical instruments, have landed and are in the midst of the fighting, beside soldiers.

By JANE STAFFORD

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► DURING the invasion of Europe, medical aid men of the Army or hospital corpsmen of the Navy or both have gone ashore and into the fighting with our soldiers, sailors and marines.

Shouldering no guns, these expertly trained men carry instead weapons against death from battle wounds, weapons which are the best medical scientists can devise.

Holding the front line against pain, germs, hemorrhage, crippling and death, they take the first steps in the swift, efficient chain of events which gives our wounded fighting men a better chance of recovery than any fighters in the history of military medicine.

As a result, in the fighting before the invasion of Europe, we have been saving twice as many of our wounded as were saved in the last war.

When an American soldier is wounded in battle, he has on his person two important aids to his recovery. One is a first aid kit containing a sterile bandage for his wound. The other is sulfa drug pills carried in a shaker-type, easy to manipulate, plastic container on his belt. He has been taught to take these as soon as he is wounded, if he possibly can, so that their aid in the fight against germs invading through the wound will start at once.

Tourniquet and Morphine

The medical aid man is soon by his side to give further first aid. He looks first for signs of hemorrhage and swiftly applies a tourniquet to stop it. A drink of water if the man is conscious and morphine to ease the pain, and the medical aid man is off to the next wounded man. He does not stop for splints or any other first aid treatment because his job is to stop the most dangerous threat to life, hemorrhage, and because litter bearers are right behind or even with him to carry the wounded back to the battalion aid station.

This is as close to the fighting as possible, probably from 300 to 700 yards

back of the front. Here plasma is given, broken bones are splinted, bandages applied and morphine given if necessary. Usually no surgery is attempted at the battalion aid station.

From the battalion aid station the wounded are taken to the collecting station, which is located as close to the front as possible, but which may be anywhere from two to six miles back, depending on the terrain, fighting, and so on. This trip may be made by hand-carried litters, in jeeps or ammunition trucks. Ambulances do not usually go this far forward. Instead, vehicles used to bring up supplies carry the wounded back.

At the collecting station the wounded are classified as to type of injury, treatment given so far is noted and a complete record made. Some of the men may have such slight injuries that they can be treated on the spot and sent back to the front.

Here, too, a mobile surgical unit may appear, equipped to operate and care for

chest wounds, head injuries, badly crushed limbs and other serious conditions that may require immediate attention.

These units carry in their truck all equipment, including a separate power plant, wet and dry sterilizers, medicines, splints, plaster-of-paris, bandages and a tent which lets down from the side of the truck to form an operating room. Two surgeons, two surgical nurses or specially trained technicians and enough enlisted men to set up the operating tent, run the sterilizers, and so on, make up the personnel of this unit.

Next step in the swiftly moving chain of evacuation for our wounded men is the clearing station. Here, if they have not already been treated by a mobile surgical unit, the men with wounds requiring immediate surgical attention are given it. Others have the dressings on their wounds examined and changed if necessary. Broken bones may be set in splints or in plaster-of-paris casts. Here, too, is the first place where the wounded are likely to see nurses. The clearing stations are, generally, as far forward as nurses are allowed to go.

From the clearing stations the men are moved back to the evacuation hospitals. This trip may be made by ambulance but quite often is made by rail, in hospital ward cars, again using the same line that



D-DAY TREATMENT—Back already on the shores of England and being carried to waiting ambulances, these first casualties will have reached the hospital on the same day as the invasion. This Signal Corps photograph and the Canadian photo on the cover showing casualties on the beach in France were radioed to the United States.



FIRST AMERICAN CASUALTY—This radioed Signal Corps photograph shows a paratrooper suffering from a head wound who has been speeded by airplane to England for treatment.

moves supplies forward. The evacuation hospitals are usually from 14 to 300 miles back of the lines, but their location depends somewhat on the military situation. At Salerno some evacuation hospitals were set up right on the beach within a few hours after the troops had landed.

Real Hospital Care

The evacuation hospital is the first place where the wounded get what is called "definitive" treatment, meaning more than life-saving first aid and emergency surgical care. Here they get their first real hospital care, including medicine, surgery, nursing and even special diets. In these hospitals some of the wounded may make a complete recovery and return to the front.

Air evacuation, however, has been developed to such an extent in the war that few of the wounded in the European invasion are likely to remain long in evacuation hospitals. They will be flown to base hospitals overseas or to general hospitals here at home. More than 176,000 sick and wounded patients of United States and Allied forces were evacuated by American military aircraft during 1943.

Beds in the evacuation hospitals are thus quickly emptied to make room for the next contingent of wounded.

The base hospitals overseas are regular general hospitals, equipped and staffed to give complete care for every kind of

injury or illness. Men likely to recover fairly soon, a man with a broken leg or arm, for example, are kept at these hospitals until they are well. Those whose injuries may take months to heal, however, or who will have to undergo a long period of convalescence and retraining in the use of arms, legs or fingers, or who are destined to be discharged from the Army for medical reasons are evacuated as soon as possible to general hospitals at home.

The Navy's medical setup on land for treatment of marines wounded during

PSYCHIATRY

Mental Combat Casualties

If the soldiers wounded in mind in severe combat get treatment of the right sort near the front, eight out of ten of them get back in the fight.

By **MARJORIE VAN de WATER**

➤ **BATTLE CASUALTIES** are not all wounds of the flesh. One, two, or in some engagements three men out of every ten injured in battle have mental or emotional wounds. They are the victims, not of shot and shell, but of extreme fatigue, exposure, hunger, isolation, confusion, prolonged and acute danger of death or mutilation and,

invasion is similar to the Army's. Hospital corpsmen, like the Army's medical aid men, go right into the fight with the marines, but are armed only with their first aid kits. They are equipped and trained to do minor surgery, care for fractures, stop hemorrhage and treat shock. They carry syrettes of morphine for easing pain and sulfa drugs for fighting infection.

Following first aid by the hospital corpsman, a wounded fighter is carried to a nearby field hospital. These are portable units set up under canvas almost on the firing lines. Here the first-aid treatment is supplemented, and, if necessary, the patient is prepared for quick transportation to the nearest advanced base hospital.

The advanced base hospital is the Navy's medical answer to amphibious warfare. It is a specially designed unit of varying size, which can be quickly set up and easily moved as the fighting front progresses. It may house from 25 to several thousand beds. Each has its special equipment and complement of personnel according to its special needs, for the advanced base hospital is functioning from the equator to the Aleutians.

Sometimes, however, a wounded man needs immediate surgery and the elaborate care and equipment possible only at the big hospitals far from battle. For these emergency cases, the Navy operates a fleet of special ambulance planes, carrying up to 30 wounded. As soon as an advanced base is occupied, the naval construction battalions build airstrips for these planes, and the long trip to a safe-area hospital is reduced from days to hours.

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sometimes, the fear that they may lose their soldierly self-control and become cowards.

If these mental battle casualties are properly recognized and treated in the front lines, up to 80% can be returned to combat duty, some of them within a few hours.

But if they are not diagnosed and treated immediately, but sent back to rear areas, only (*Turn to page 394*)