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five or possibly ten men out of a hundred will be fit for further military duty.

These facts, together with instructions for sorting and treating mental battle casualties, are contained in a circular letter (No. 176) distributed to all the medical officers in the U. S. Army Medical Corps from the Office of the Surgeon General.

### No Waiting

Modern medical skill and experience are insuring that men with mental wounds get the kind of treatment they need right at the front when the need is most urgent. There must be no waiting around for diagnosis. No evacuation to rear areas for treatment. With the same urgency that morphine is shot into the arm of a soldier in great physical agony, medical officers here give the mentally wounded a heavy dose of a drug that will quiet his nerves.

Morphine is not used. The shot in the arm that is the common prescription for physical pain is avoided. He is not given anything that would turn him into what the Army calls a "litter case"—a patient that must be carried because he cannot sit up or walk.

The drug used for the man who has cracked up mentally is what is known to physicians as a sedative—one that will act very quickly. It is soothing to jittery nerves. It lowers the soldier's sensitiveness to noise—the thunder of guns or blast of bombs and the cries of wounded or dying men. His other senses are just a little dulled, too, so that he is not so painfully aware of everything going on around him.

The "heavy sedation," as this dose of drug is called, is the first step in this front line treatment of the mental casualties of battle.

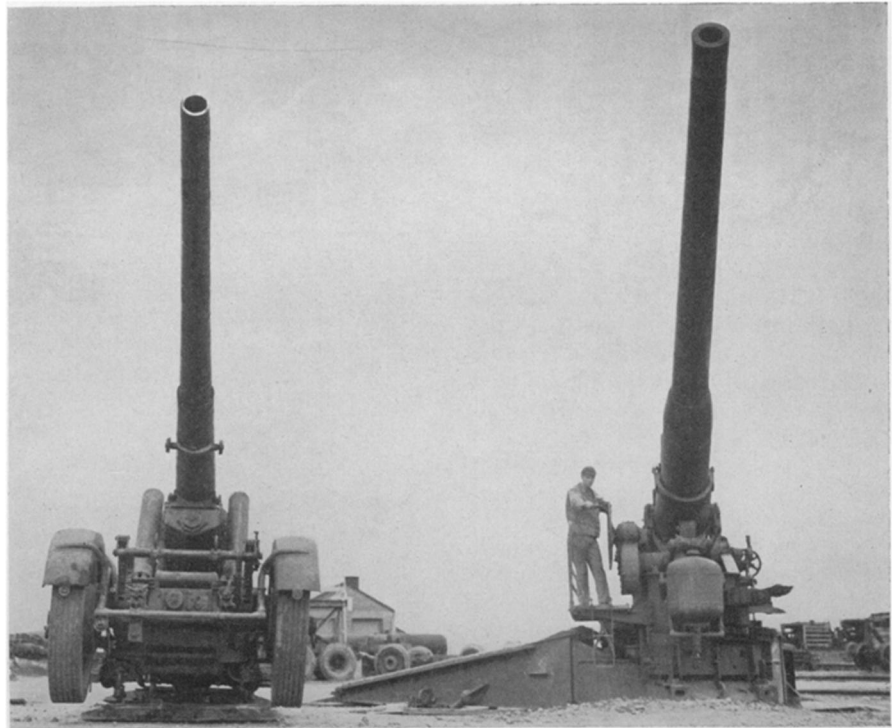


## WYOMING

Yes, even **THIS** summer you may fish in its mountain streams, ride horseback through its hills and canyons, find Indian relics and marine fossils in a region of great historical and geologic interest.

The Patons welcome a limited number of guests at their ranch in the Big Horn country. They offer plenty of ranch grown food, comfortable cabins and gentle horses. May they tell you more? Write:

**Paton Ranch, Shell, Wyoming**



**MEET THE CHAMP**—A while ago we heard much about a terrible weapon the Germans had put into action, the 170 millimeter gun. Now it has its answer, in the bigger and in every way more powerful American 200 millimeter (eight-inch) rifle, shown here side by side with a captured specimen of its German rival, at the Army's great proving ground at Aberdeen, Md. The American weapon's 250-pound shell weighs nearly twice as much as the 170-millimeter projectile, and its extreme range of 20 miles is two miles greater than that of the German gun. The American piece also has a much better carriage, permitting road speeds at least double the best the German gun can do, and also making handling in firing position much easier and more rapid. (See also SNL for June 10, p. 374.)

With it is also administered large doses of reassurance. It is badly needed. A soldier who has stood up under all sorts of punishment from the enemy may very well be terrified at the change that has come over himself when his nerves crack up. Especially for the man who is new in combat and has not seen other men break, it is a frightening experience. He needs to be told that it is not a permanent change. That he is not "crazy." That he is not "yellow." That he will get back his speech and his self-control when he has had rest and treatment.

Rest. That is the chief medicine. Given the time for rest and the sedative that makes rest possible, the human mind restores itself. Physicians in this war, as in all wars, are continually amazed at what men can go through. They may be knocked out of the fight temporarily. But eight out of ten men, if given rest and treatment soon enough, will come right back—with a grin and

plenty of fighting spirit in them, too.

So for some of the soldiers given this emergency front-line treatment it is all that is needed. They can go right back into the fight. It is better for them if they do. To go back of the lines would only make their condition worse.

Others will require more. They will be sent back without delay to the evacuation hospital for further treatment.

Evacuation hospitals may be anywhere from 14 to 300 miles back of the front lines, but they may be, as at Salerno, right on the beach where troops are landing and where the fighting is not more than a few hours past.

At the hospital the soldier who is a psychiatric casualty gets immediate attention. First comes a rapid examination to find out how serious his battle sickness is, and a medical diagnosis is made.

Sleep is the major part of the treatment for the mental battle casualty in the evacuation hospital. He is given frequent and heavy doses of a soothing