

last years of his reign, but though members of the 38th had seen Capri across the blue waters they had not had opportunity to visit the island. At least, wrote Captain Pickens, he hadn't:

"Capri is still across the bay, but there is no transportation across unless you know someone in Q.M. who runs a 'duck,' the amphibious truck. I have not been as yet, and don't know that I will get a chance. I have not seen Sorrento either. I think I will get there, however, since Fifth Army has taken over the Victoria Hotel for an officers' rest spot and we are allowed to go for two or three days when time permits. I think I shall be able to earn that much rest before long.

"The bay is filled with ships but there are no pleasure liners along the docks. The Neapolitan nights are strictly blackouts now. There is no singing, and no music. The restaurants along the hill overlooking the bay are open, but the food is poor. We tried one and had some dark brown spaghetti, fish that tasted like filet of cat, potatoes hot and cold, apples and grapes. This, with a poor grade of dago red wine, made the meal. Any other trips into the city will find us taking some good American corned beef and some hard crackers and a can of fruit juice.

"Vesuvius steams and smokes along in spite of the war around it. The American troops call it 'Smoky Joe.' With all the destruction, if you can get up on top of the hills overlooking the town, the sight is still impressive and inspiring. The shattered buildings and the sunken ships and the rubbish are forgotten for the moment."

They did have a closeup look, however, at one of the palaces that had escaped major damage, and he wrote about it:

"The King's castle is still intact and now used by the Army as it was used by the Germans. The old Duchess still lives in a part of it. It seemed funny to see Quartermaster troops working over requisitions in the main ballroom. G.I. shoes and O.D. uniforms seemed a little incongruous on that polished floor and under that magnificent chandelier, with the paintings of old masters looking on in disgust. The draperies of fine embroidered silk embellishing the windows blew in the wind and tangled with tommy guns and automatic rifles. On one beautifully carved recumbent statue of a maid a soldier had placed a little sign in one hand reading "What is your telephone number?"

"But so it goes in time of war."

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The day before the 38th's mess officer wrote this first letter home dated Italy, Captain Montgomery added two lines to his diary to record a trip he had taken. But he gave no details:

Nov. 1st. Went to Pompeii today. Then to Naples. Saw Victor Emmanuel.

But five days later, when on November 5 he made another entry, he was looking toward the imminent moving again of the hospital. He wrote:

All alerted. Back to tents, I expect. All patients to be out by noon tomorrow. Receiving closed yesterday.

That same day Captain Pickens wrote his second letter from Italy. In another three days the 38th Evacuation Hospital would have been on active duty overseas one year. On November 8 the year before the unit had landed at Arzew to begin its service in the African campaign.

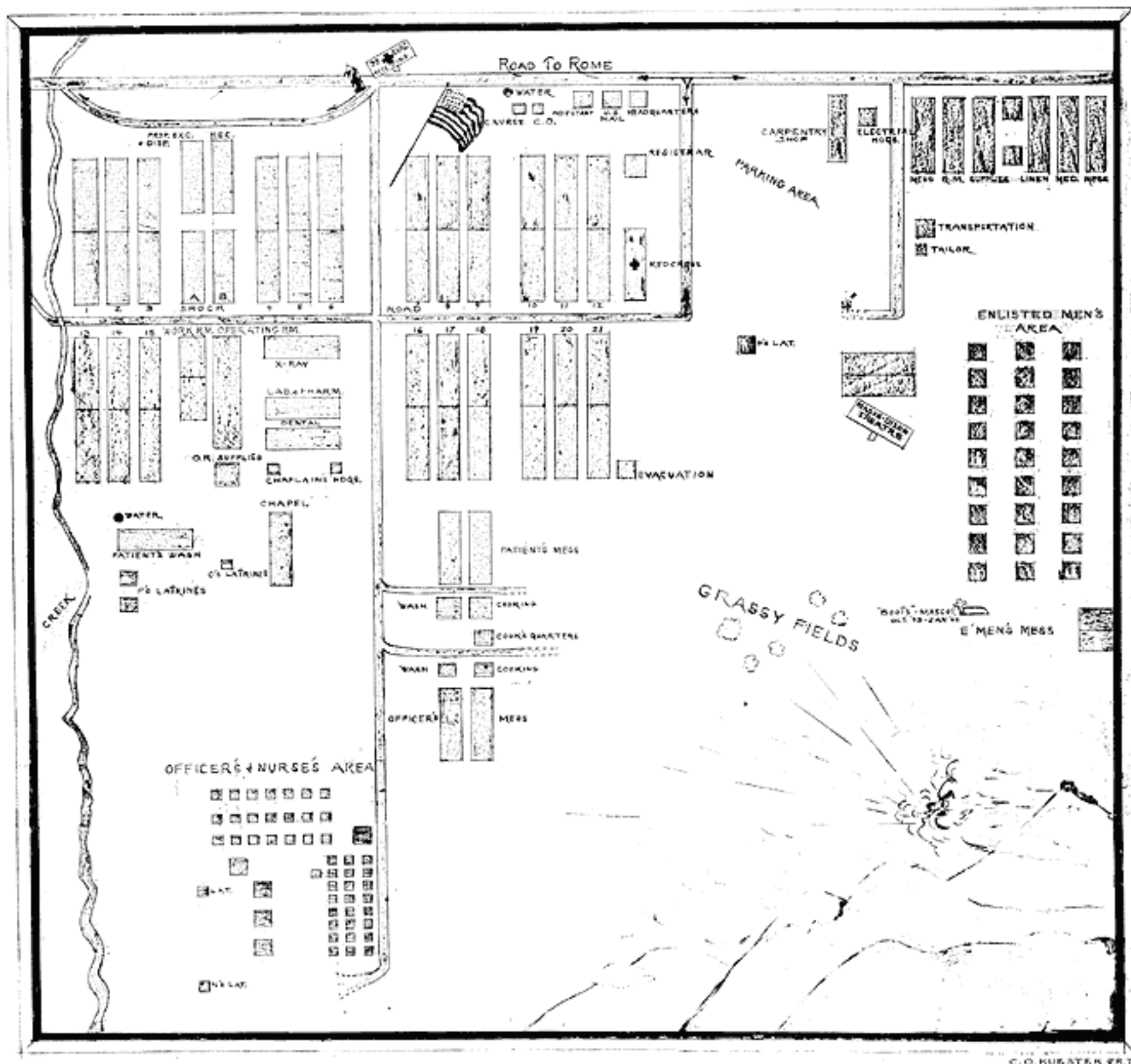
The 38th's mess officer wrote of the arrival of a visi-

tor from the States. He was Walter Nicholson of Charlotte. Nicholson was in the Merchant Marines and on his first trip his ship had met with some difficulty in the nearby harbor. While it was being repaired, he was sitting out the waiting period.

"What prompted this letter was the 'bull sessions' we have been having with him since his arrival," Captain Pickens explains. "He brings a fresh point of view to us and it was a bit of a shock to me to see how blase we had become."

The letter reveals the change in attitude of the members of the hospital unit since their arrival in Africa, a change typical perhaps of the change that a year of warfare had brought to most of the nation's fighting men and women. Yet the members of the 38th were little more than a year and a half from the beginning days of their Fort Bragg training.

"The war came right close to him when he landed," he wrote of Nicholson, "and he was frankly scared.



This drawing made during his service there by Sergeant Clarence O. Kuester, Jr., shows the general layout of the Vairano-Riardo encampment, with the hospital's treatment facilities concentrated in the top left quarter of the drawing.

He did not like the bombs dropping so near and seeing death and destruction around him. He was annoyed at our attitude of not getting excited when the air raids started. He spent a great deal of time telling us of the strategy that is being followed around the world, where the armies are being concentrated, where the next blow would fall, and above all how much the Navy was doing. We listened with politeness during the first two or three sessions and then it began to dawn on me that ordinarily we do not discuss the war when we go off duty, that our subjects were books, music, religion, philosophy, home, golf, fishing, and the like.

"Last year this time and a little later we were interested in what division was up front and which one in reserve and which one was resting," he went on. "We fell on every rumor about the Air Corps and what they were doing and where the parachute troops were located and what plans were in store for them. We talked excitedly about the air raids and gleaned every word from everyone who might know what happened. We drank in every word from any officer or man who had been in action.

"Now this is different. When the morning news broadcast comes on from London at seven o'clock there

may be one, two, or three people listening. Six months ago our work could not start until we had heard the news in the morning and had a little discussion about what we had heard. Now we just ask if the Russians are still going and if there has been any material change on our own front, and the news from the Pacific has moved a million miles away. Last year we turned handsprings on the news from Guadalcanal, and now when Rabaul falls we will probably not think about it for a week."

Why this change in attitude, this seeming loss of interest in the broad range of the war, this weariness of satiation?

"All this change comes from some reason and I have been trying to figure it out," he observes. "It may be because we are tired and stale, altho we still rush out in good typical American style to watch the show when the air raid starts, unless it appears too close to us.

"Other than that, we have little interest. I am sure the Italian campaign is just as glamorous as the conquest of North Africa. We may have developed into seasoned campaigners and take it all in stride. It may be because during this phase we have moved closer behind the Army and feel more like we are a part of it, and our thinking is to get away from it. It is a bit of a puzzle to me and a source of annoyance to our visitor. Possibly some of you at home can explain it. You see the whole business from entirely another angle. I hate to think I am getting hard. I remember so many people who came back from the war 25 years ago and it was generally accepted that they would not talk about it. I have been determined not to be in that class. The only reason I can see why they wouldn't talk was because they didn't do much about it while they were overseas. So far, I have tried to store up any number of stories and happenings that I will be able to recite when I get back, about which I am unable to write because of security measures.

"But back to the causes of this change. It may be because we are bored with the slowness of the operations. It is amazing the time required to get a big movement under way, but when you see it on the ground, it is understandable. There are so many details that must be cared for and everything must be in order before the opening whistle can be blown. That isn't true in our operations because we move in and before we get the first tent up the patient can be admitted. We let him sleep on a litter, or, as we used to call it in civilian life, a stretcher, until we have some place for him to stay. It might be hours before we can give him anything to eat, but in the meantime he has had medical or surgical attention. As a matter of fact, we work exactly backwards from the rest of the Army. We start when we are most poorly prepared and work up,

while the Army is fully prepared before the first attack is made. That, of course, must be true. Our attitude is a question mark still."

They had now been fifteen months, says he, without seeing bright lights. The only lights he had seen since leaving the United States were those of Tangiers when they passed that city on the African invasion. "I suppose we are developing into a sort of mole," he conjectures. "We have just read the directive that lights are being turned on in the streets in Africa, now that we have been away for some weeks. We missed that just like we did the rumored setting up of the Coca-Cola plants there. All of this will come to Italy just about the time we take off for other parts. . . ."

He turns to a discussion of what the American government might be planning to do at the end of the war. "From what I read there has not been any concrete planning done that has come to the surface," he asserts. "I have some definite ideas which I discussed in part in a recent letter to some of you. The reaction received from home indicated that I do not go fully into my premise. In spite of Washington's advice, I think we are going to have to tie in with some other government in order to keep the security which we may gain. What the individual countries do about their own problems should be left to them, but they should not be permitted to make plans to push their own ideas on others. In the same vein we should not try to push ours on them. Most of them can take care of themselves, economically and politically. What I want us to do is take care of ourselves, but at the same time be an example for other states. . . ."

The 38th's Daily Bulletin of November 6 listed 206 patients, two admissions, and 251 dispositions. The administrative officer of the day was Warrant Officer F. B. Pedrick and Captain Bernard Walker was his alternate. The medical officer of the day was Captain



The trucks at Riardo often were mired in mud, as this photo of one of the streets of the tented hospital unit discloses.

Evans and the alternate was Captain Stith. Captain Perry was surgical officer of the day and Captain Fleming alternate. Captain Walker doubled as dental officer of the day and Captain Hoffman was alternate. The nurse officer of the day was Lieutenant Jones and Lieutenant Bachoka was alternate.

They would be the last officers of the day at the base at Caserta. Captain Montgomery's forecast recorded the day before that the hospital would close the following day had been a correct one. The last item in the Bulletin that day announced:

HOSPITAL CLOSED 1200 HOURS 6 NOVEMBER 1943

The Bulletin of Sunday, November 7, was equally brief. Under Status of the Hospital it listed: Patients, zero; admissions, zero; dispositions, 206; vacant beds, zero; wards in operation, zero. Its only other announcement was:

UNIT MOVED TO NEW LOCATION ONE MILE SOUTH OF TAVERNANOVA, ITALY, AND PROCEEDED TO SET UP THE HOSPITAL.

Monday's Bulletin had the single item:

THE HOSPITAL OFFICIALLY OPENED AT 1000 HOURS.

The next day 225 patients were admitted; no dispositions were made. The conservation of water was urged, "due to difficulty in transportation," and announcement was made that two buckets of coal a day would be permitted for use in each ward stove. This announcement was followed by one on November 10 giving to Captain Augustine "complete responsibility" for disposition of the limited supply of lumber.

The location of the hospital was noted by Captain Montgomery in his diary entry of November 7 as "a few miles N.E. of Teano. In the usual mud field," he added. "Tents got up just before the rain began this afternoon." And he recorded the next day: "Received first patients this afternoon and now they are pouring in."

Major H. Stokes Munroe, Jr., recording later the story of the 38th during these weeks of the late fall in 1943, would agree with Captain Montgomery in his description of the new site, which he called "a muddy field that soon was to become a sea of mud, near Riardo, Italy." Major Munroe, however, would locate the new base and describe it in considerable detail. "This field bordered the right side of the only main highway from Naples to Rome," said he. "It lay approximately 25 miles south of disastrous Cassino, Italy. On this movement, just north of Capua, we crossed the Volturno River, just above the demolished bridge of Highway 6 (Naples to Rome) on a temporary swaying pontoon bridge. The central arch of this large bridge was com-

pletely destroyed by the demolition experts of the retreating Germans. The U.S. Engineer Corps had not yet repaired this absent central portion of the bridge. We were traversing the Volturno plains and to the east could see the rising mountain ranges of the Apennines. These mountain ranges plagued the Fifth Army throughout its hard fought Italian campaign."

Major Munroe's account likewise substantiates Captain Montgomery's in referring to the early arrival of many battle casualties:

"We immediately set up our near-Riardo tent hospital upon our arrival on 7 November 1943 and officially opened the hospital at 1000 hours 8 November 1943. The battle casualties rapidly and continuously filled the shock tents to overflowing as the Army ambulances pulled from the highway into the muddy drive that fronted the receiving tent. The ambulance driver and his assistant deposited the litter-carried patients or ambulatory patients at our receiving tent, picked up exchange litters and dashed off for more casualties. Like the American jeep, the American Army ambulances and their drivers displayed marvelous performances in the deep, thick, Italian mud. We all had opportunities to see them go through mud, rocks, and hills, after preliminarily sizing up the desired route as impossible."

Interestingly, and important in the recording of the work of the 38th, Major Munroe proceeds to describe the tented hospital and its equipment and procedures as it sought to serve with all the efficiency its doctors, nurses, administrative officers and corpsmen could achieve. He goes on to record:

"Here we were, beginning to learn the more efficient use of tentage. Wards could be doubled in size by the simple end-to-end joining of two tents. To enter the muddy flap entrances, that were further complicated by blanket flaps to insure perfect blackouts, was no simple ordeal. With the lumber that we gradually accumulated, we constructed make-believe doors with intervening blanket flaps for the more frequently used receiving, shock, X-ray, laboratory and operating tents. In the distance at night no light was discernible from our busy hospital. We had obtained three big wall tents which when joined end to end made a large operation-room tent.

"The interior of the operation-room tent was almost completely covered with white sheets to enhance our lighting facilities. As one entered the front of the operating room, the long line of tables could be seen on the left side. Just beneath the line of electric bulbs down the center of the tent could be seen the wet X-ray films that hung on another wire at the foot of the operating tables. The uneven rough planking covered the floor of the tent and the many portable operating lights and gas machines bordered the tables. Each



The aerial photograph above pictures the Vairano-Riardo site covered in part by the Kuester drawing. The broad highway at the left of this photograph is the road to Rome shown at the top of the Kuester drawing.

team had two adjoining operating tables. While the operating team was finishing the surgical operation at one table, a patient, along with his record, X-rays and further necessary blood, was being placed on the other table in charge of the shock team. The sterile instruments and equipment were being set up for the next case. The short, concise field medical record was completed with the cigarette and then our next problem was met. The teams never knew what type of injuries the next case would present. We took what came. He was thoroughly reexamined and reevaluated by the responsible surgical team."

Major Munroe continues his recording of the early work at the new base with a revelation of "what happened to a patient from the time he entered the receiving tent until he was placed on our operating table." He writes:

"Upon his entering the receiving tent the following

was done: A barracks bag was provided for the storage of the patient's clothing and accompanied him throughout his stay in our hospital. Personal property of value was checked with the receiving officer, placed in a safe, and a receipt was placed in the field medical jacket that was tied to his clothing. All conscious patients who did not wish to check valuables signed a statement to that effect. Unconscious patients were searched and valuables were collected for safekeeping. 'Valuables' or 'No Valuables' were written on the front of the flap of the field medical jacket. Civilian clothing was placed in a methylene bromide bag and was kept in property exchange. All ordinance equipment, as arms, hand grenades, and ammunition, was collected by the receiving officer and turned over to the Unit Supply. Litter bearers were always present in the receiving tent. The receiving officer examined and designated the patients' disposition. Battle casualties and

injuries were directly sent to shock tents. Medical cases were assigned and sent to medical ward tents."

His account traces in further detail the handling of casualties and other patients brought to the 38th's hospital:

"Those sent to the shock tents were cared for by the shock team, which was composed of a medical officer with nurses and enlisted personnel. The surgical officer of the day was always available. During these busy days and nights help was supplemented as needed and available. Captain Robert Stith was mainly in charge of the shock tents, but others helped fill in the 24 hours. Seriously wounded cases were left on the litters on the ground, or placed on either cot or shock horses. Blood pressure and pulse were immediately taken on admission to shock tents, and were recorded on his field record. A cursory examination was made to determine whether or not the patient was bleeding, had on a tourniquet, had a splint applied, etc. Shock treatment was instituted in all cases which manifested symptoms of shock or impending shock. Plasma and whole blood was given in adequate amounts. Intravenous saline and glucose were given in cases of severe dehydration. After reacting from shock, the patient was undressed and examined for location and number of wounds, signs of hemorrhage, wounds of entrance and exit, evidence of fracture, and evidence of nerve and blood vessel damage. All wounds of the head, face, chest, abdomen, pelvis and trunk were X-rayed after resuscitation.

"These cases that showed no response to shock therapy were seen by one of the surgical teams. Concealed intra-abdominal or intra-thoracic hemorrhage, marked intra-peritoneal soiling from perforated bowels, distorted mediastinal strictures from chest wounds, and prolonged irreversible shock frequently showed little or no response to shock therapy and surgical intervention of the shocked patient was too frequently necessary. All penetrating wounds, but not all perforating wounds were X-rayed. The path of the missile could be estimated rather accurately from the entry and exit wounds of perforating missiles. Unless bone fracture was suspected, X-ray was of no help, for the foreign body was gone. The surgical teams were kept informed of the number and types of cases awaiting surgery. Ordinarily, the more seriously wounded cases had first priority for surgery; however, an attempt was made to care for the less seriously wounded and the seriously wounded simultaneously."

After all this expert care, continues Major Munroe's review of the work of the hospital in this early phase of their Italian campaign participation, "the problem was dumped into the laps of the surgical teams. Every effort was made to keep the ball efficiently rolling,

while carefully making decisions, for we knew that the shock tents were filling with casualties. Experience had already taught us many things, things that made us stay on the alert. The small benign appearing entry wounds frequently gave misleading evidence of the severe damage that the ebbing force of the missile left in its path. Knowledge of the likely anatomical structures that were traversed by the projection of the path of the missile from entry wound to exit wound or from entry wound to its final resting place, as shown by X-ray plates, came to our aid in our proposed surgery. We had many decisions to make promptly, such as the necessity of laparotomy (incision into abdominal cavity) when signs of perforated bowel or bowels were questionable; the type of incisional approach to the damage beneath; whether to enter the abdominal wall through the chest and diaphragm or directly through the abdominal wall, in wounds that involved both chest cavity and abdominal cavity.

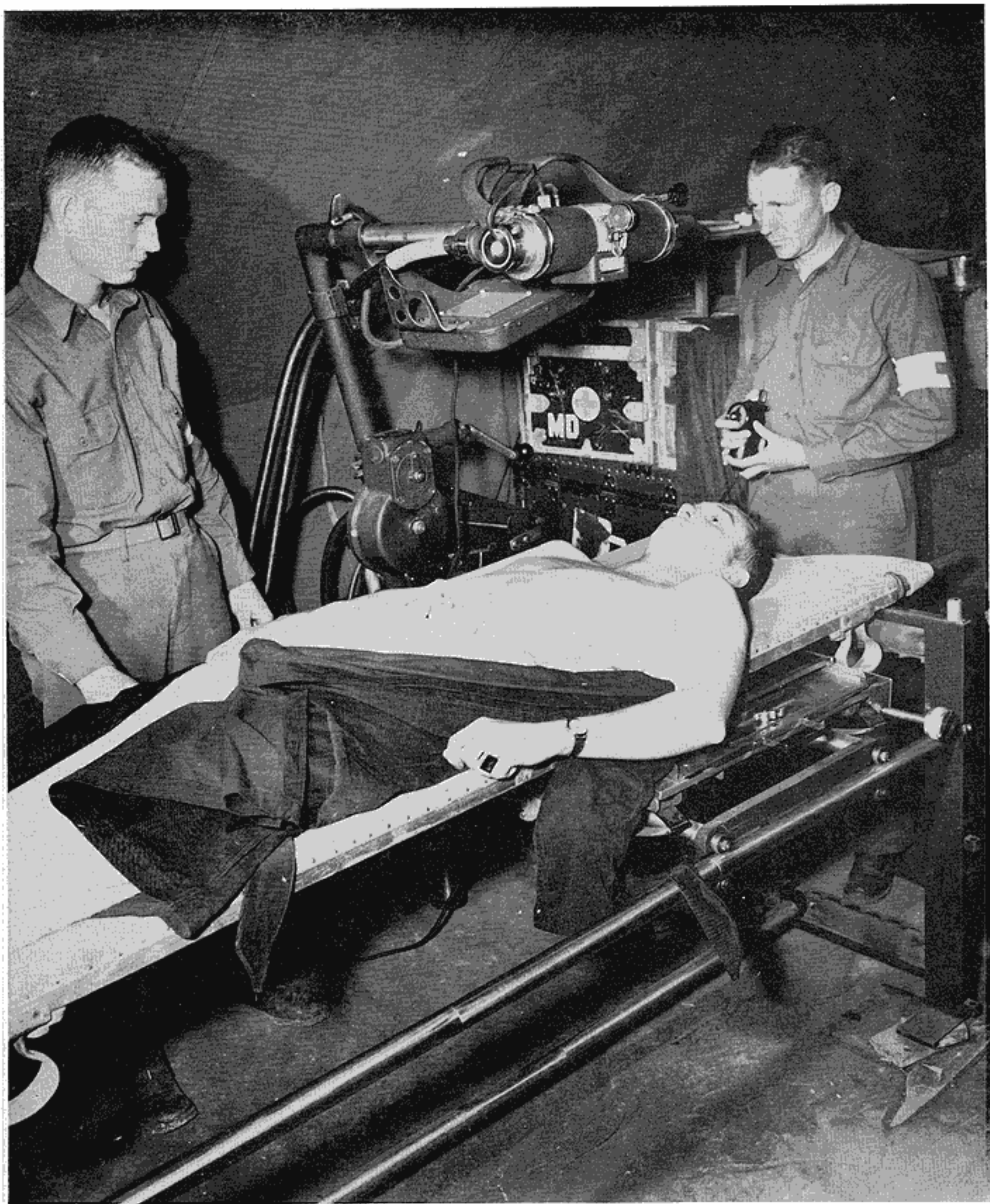
"We learned that bullets and shell fragments could produce strange and bizarre wounds. The abdominal cavity could be injured by missiles that entered thighs, buttocks, back, chest, in addition to anterior and lateral abdominal wall. We learned that missiles could change their courses, when striking bone or tough fascia in their paths. We learned that some major vessels could be repaired by certain new methods that would save legs and feet. Such surgical technicalities could go to such length that they would prove tiresome in being related."

The Charlotte doctor summed up the medical and surgical activities: "Those were busy around-the-clock times at Riardo."

The Daily Bulletin figures of those weeks confirmed Major Munroe's observation. November 10 the patient load had increased to 387, including 216 admissions to the hospital. The list continued to mount as the last weeks of 1943 approached: 517 on November 11, Armistice Day; 633 on November 12. It had jumped to 695 the next day, but had dropped to 607 the day after. During the remainder of November the daily patient roll varied from more than 600 to less than 400. On Thanksgiving Day, November 25 that year, when the Bulletin carried a drawing of a steaming turkey and pumpkin pie, the patients numbered 462. This issue also carried President Roosevelt's Thanksgiving Day proclamation, the first paragraph of which declared:

"God's help to us has been great in this year of our march toward worldwide liberty. In brotherhood with the warriors of the other United Nations, our gallant men have won victories, freed our homes from fear, made tyranny tremble, and laid the foundation for freedom of life in a world which will be free."

During the 38th's location near Riardo, Major Mun-



Sergeant Randall K. Davis (at patient's head) and Technician James Ambrose prepare to X-ray patient. This is one of a series of pictures of the 38th's operations by famed *Life* photographer Margaret Bourke-White.

roe points out in further reviewing that activity in the closing weeks of 1943, the hospital was close to the front and there was always grave danger that it might be overrun by the Axis forces. In fact, he reveals, plans had been made for the hurried evacuation of the 38th in event of a sudden sweep by the enemy might result in engulfing the hospital location.

"Times were harder for the Fifth Army troops at the Cassino front than the Axis forces realized," he writes for the record. "In mid-November there was fear that there would be some retrograde action, a fancy name for retreat. Our unit was the only forward hospital unit and we were just a short distance from

the fighting front. We were briefed in the possibility, and plans were made for rapid evacuation to the rear if necessary. Members of the unit were given Medical Department Red Cross identification cards with photographs and fingerprints in accordance with Article II, Geneva Treaty, July 31, 1929. We knew that some of the officers and enlisted men would have to remain with patients that could not be transported. We did not know who were to remain and to this day do not know. The Red Cross identification cards were to offer us some protection during our capture. These cards were issued on November 22, 1943, during these tight days."

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The doctors and nurses of the 38th Hospital occasionally had difficulty, because of language barriers, in communicating with patients brought in for treatment. One week after they had set up the hospital in the mud field at Vairano, near Riardo, for example, a soldier was brought in with a small leg wound who merely shook his head when the doctor began to question him.

The patient was very black and the doctor at first thought that he was a soldier from Alabama or Georgia, surely somewhere in the deep South. And when it was apparent to the doctor that the soldier did not understand what he was being asked, his examiner thought that perhaps the fellow was deaf. Then, he said to himself, perhaps the soldier is one of these Gouams from the French army. So he attempted to communicate in French, but that brought no response. Next, he sought to question him in German.

And then, evidently alarmed at hearing the German, the fellow jumped up from the cot and in his hospital garb tried to run away. He managed to get only a few feet from his cot, however, before he was caught and brought back. And the quizzing was resumed.

The doctor and nurse sought in every language with which they were at all familiar to explain to the man that they were Americans and he need not be alarmed. After a while, by using a mixture of phrases in many languages and much sign language, they made him understand that he was in the hands of friends who were trying to help him. And in a jargon of words and gestures he finally disclosed to them that he was a

South African soldier and could not remember how or where he had been wounded. But when the doctor had said a few words in German he had become alarmed and thought he was in a German hospital. That is why, he said, he had tried to escape. He had managed to keep in his possession a dangerous knife with which, he explained, he had planned to slit as many German throats as he could in escaping.

The fellow showed he was pleased to discover he had fallen into friendly hands and then he cooperated with the doctor in treating his wounds.

This incident is related in the letter Captain Pickens wrote from Italy on November 15, ten days before Thanksgiving. "We have had all sorts of patients, but this was the first one no one could communicate with without the use of the old sign language. We never did figure out what language he spoke. We have men in our detachment who can speak French, English, German, Spanish, Portuguese, Italian, Greek, Russian, Arabic, Hebrew, Polish, Hungarian, Lithuanian, Estonian, Indian, Dutch, Welsh, and a good deal of Brooklynese. But with it all, no one could talk to this man. He must come from some tribe in South Africa which hasn't had a chance to hear other languages often."

In fact, the 38th's mess officer went on to reveal, he had been having difficulty himself with adjusting to use of the Italian language. "Just about the time I was getting able to find my way around with the French," he wrote, "I had to start over on Italian. Back in Africa I knew enough Arabic to run the urchins away from the