

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



An Army—and particularly an army hospital—requires great quantities of water and often it is obtained with considerable difficulty. The water goes into this 38th tank through the pipeline over the top and comes out the pipe at the bottom.

camp or to trade with them for their eggs. I had heard enough French and with some lessons given to us by a French officer, I was able to move about quite freely. I have found that anywhere around the Mediterranean the use of the hands and the eyes is the best common language. If you were to tie the hands of a Frenchman or an Italian he would be almost speechless. With Arabs I used to use the 'evil eye' when I wanted them to move on. It worked."

But he was having a harder time with the Italians, said he. "It seems they have so many dialects and what one could understand to the south of Naples, the ones to the north would just say 'no capisco.' They pronounce every vowel and where words are the same as in English, the pronunciation is entirely changed. My main use of the language is with the great number of civilians and ex-soldiers who want to work for us. On occasions we make use of this additional labor.

They are willing to do anything for any price or just for their daily bread. During these latter days we have had to use them because we have been snowed under with work and the men have been worn out. They can just go so long under these trying conditions and then they must get some rest."

In this letter Captain Pickens revealed the methods they employed in setting up hurriedly their big tented hospital. This general plan had been followed in North Africa and Italy.

"It usually begins with an advance detail of two or three officers and some thirty to fifty men," he began. "These men pull away from the setup and move on to the proposed site. Their job is to get the skeleton setup in shape. They dig the latrines, dumps and drainage ditches. They put up the large water tanks, canvas, and sometimes these must be raised off the ground in order to get proper pressure. There are two or three of

these, depending on the size of the site and the number of patients expected and the availability of water.

"They set up enough tentage to start operating and house the personnel and then put in kitchens and eating spots. They mark off roads and if they can find the engineers, get the roads scraped. Sometimes they have to erect temporary bridges in order that the traffic flows freely. They put in telephone systems within the area. The Signal Corps will connect us with the outside world. Then comes the lighting system throughout the big area.

"It all looks like a big circus is moving in. When this is all done, the second echelon moves in. The first has done its work in a day or a day and a half. They must work swiftly and efficiently. We have done it so much now that it comes fairly easy, but the labor still has to be done. The second group is the main part of the hospital. The operating rooms, with flooring and under canvas, get set up with all the equipment. The x-ray comes in with its equipment, along with pharmacy with all its bottles and microscopes. The orthopedic section with its bone-setting apparatus comes next, and then the main part of the hospital, consisting of tents, cots, mattresses, and blankets. From there the receiving section, registrar, and many services are added. The Red Cross gets a tent, with chairs and tables, radio and other things for the patients. The chaplains have a small tent for consultation and a large one for services. The supply section, with laundry, extra clothing, medical supplies, and transportation with their few trucks have to be housed. Utilities with their tools, paint, lumber, etc., has a spot. Then the headquarters and the various offices go up.

"The last thing to rise is the morgue. By this time the last group has joined us, those who stayed behind to clean up and police the old area. In about three days



Three buddies of Russell Cotton, left, pose in front of his tent with a wooden door on which is the sign *Cotton's Dog House*. At right is Sergeant Vincent Elliott. It won prize given by Captain Pickens for most original. Others, left to right, Ogle, Santelli, Elliott.

the place is moving smoothly, but a lot of man hours has been used. When the setup is finished, then the men start their real work of moving patients in and out and waiting on them in the wards. They help the nurses. You can see why they deserve a rest occasionally. That is why we bring in the civilian labor, and that brings me back to the difficulty of talking with them. It becomes my part to direct them in some of their work. Of course, the many men we have of Italian extraction do most of the talking, but every once in a while it is necessary to talk directly to them. I'll learn if I stay here long enough and at the rate we are moving, I think I will have the time."

The hospital, he added, had been running day and night. The battle had been determined and no quarters had been asked on either side. "The terrain is worse for attack and easy to defend," he explained. "Hence, our lists have been full. Our doctors have done a marvelous job. Today at lunch with the rain pouring down, someone said what a pity we had to leave our last station, where for the first time we used some buildings. I asked whether the 25 miles we had moved up had meant anything in the saving of lives." The answer, said he, had come quickly that it had, "and materially and they were glad to put up with the discomforts in order to gain the end.

"So it goes in the war," he concluded, philosophically.

The Daily Bulletin's status of the hospital report confirmed his statement that the hospital had been busy. The day he wrote, November 15, the number of patients totaled 593. The day before, the total had been 607 and the day before that, 695. The admissions on those three days were 80, on November 15; on the fourteenth, 89, and on November 13, they totaled 130.

The hospital would continue to be busily engaged throughout the remainder of November and until the end of the year. On the last day of November, in fact, the patient load dropped to its lowest recording, 389, since November 10, three days after the hospital's establishment at Vairano. The surgeons, particularly, were busy, Captain Montgomery indicates in his entry of November 21:

It has been a hard two weeks. Anesthesia going 24 hrs. a day. I have been doing the night shift with Wright, Pomper, Hoffman & Gay assisting. Lola handled the day with Nowachi & Powers.

Captain Montgomery on this day added:

Geo. Snyder received his majority.

His next entry, November 30, checked with the Daily Bulletin's report for that day. He wrote:

Everything is quiet now. Very few cases for surgery. Medical admissions predominate today.

But despite the rush of patients southward to the hospital from the battle fronts, during these weeks at Vairano the members of the 38th had begun to settle into a dull sort of routine of timeless existence, according to the unit's mess officer. Three days before the end of November, with Thanksgiving of 1943 two days past, he sat down to his typewriter and wrote the homefolk of his feelings, doubtless shared by the majority of the unit.

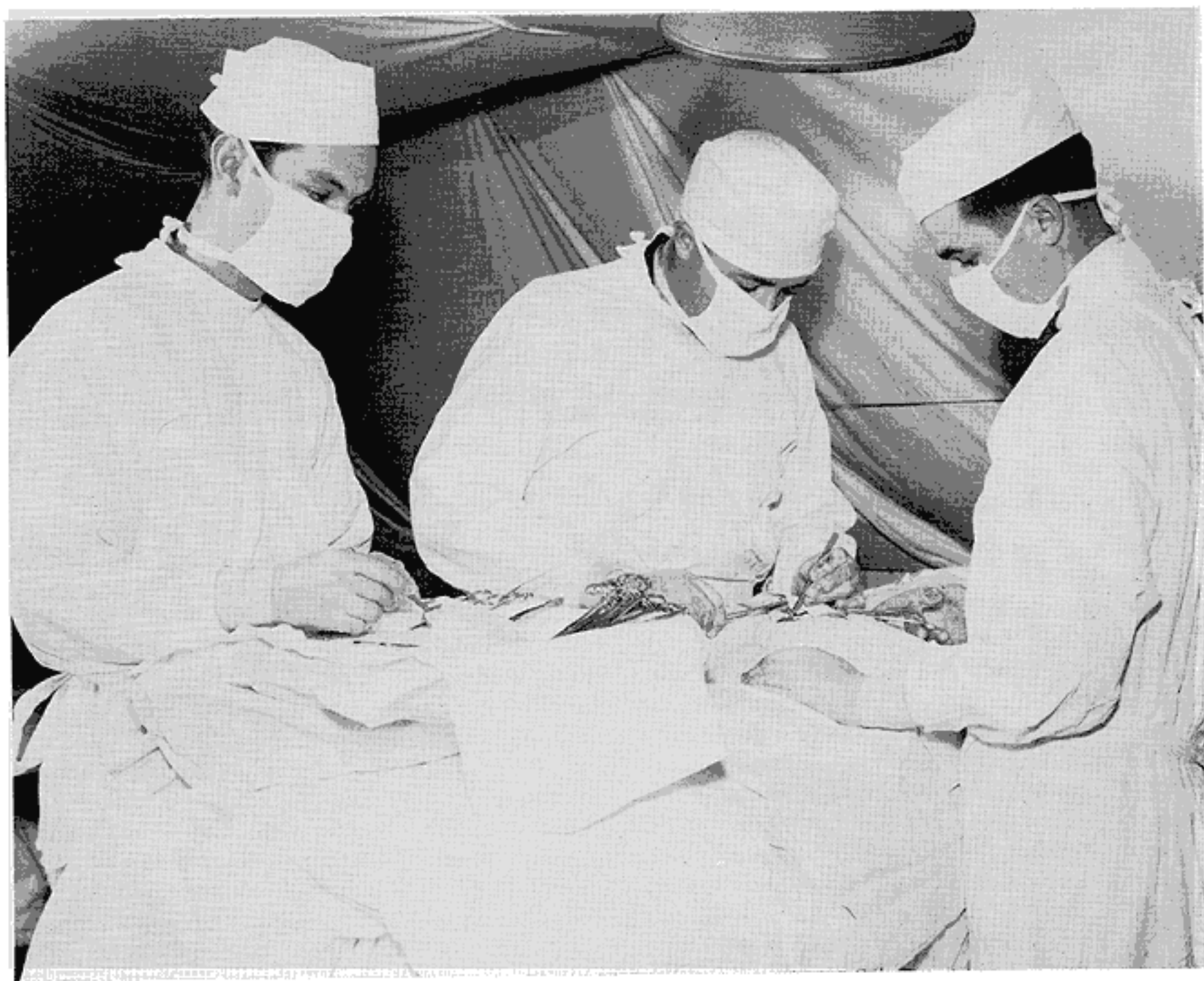
He dated the letter "27 November 1943. Sunny (?) Italy."

"Time is of the essence, or so the saying goes in part in a lot of legal documents," he began. "We have been laughing about our measure of time in the Army overseas. The days of the week are not named and only on rare occasions are the months designated. We just move

without any measure. After so long a time there is no interest in keeping up."

What had led him into such cogitating, he explained, had been the conversation he had had a few evenings before. His tentmate had asked him when some incident about which they were talking had happened and he had replied that it was in the period "from Telergma to Tunis." He went on to explain further:

"It was not from March 1943 to August 1943, but from one station thru another into a third. We measure long periods by the places we have set up our camp and operated our hospital. The shorter periods just fade. Tuesday is the same as Saturday. It is just a passage of time. We sometimes say that with the passing of a day it means that we are away from home just a little shorter time. It is an optimistic point of view, but



Operations were performed by the 38th's surgeons, with the aid of nurses and corpsmen, day and night throughout the period of service in North Africa and Italy. Natives in need of surgery, as well as hundreds of war prisoners, were treated by the medical men and surgeons of the evacuation along with wounded, many of them desperately, American and Allied soldiers. The operating surgeon here, center, is Captain Duncan Calder, Jr., of Charlotte.



Ambulatory patients were served their meals in the mess tents. These meals were occasions for the exchange of lively information, some of it factual.

keeps hope springing and that in a soldier's mind is paramount."

His letter provides a look-in on the 38th's observance of Thanksgiving:

"Thanksgiving came and we celebrated properly. The Chaplain had an appropriate service during the morning, which I was forced to miss. I got back to camp in the evening in time to enjoy a beautiful spread of food. The powers that be saw that a plentiful supply of good things to eat reached the front line troops and they were properly enjoyed. We had turkey and plenty of it. We actually had everything from soup to nuts, literally.

"It was a feast in spite of the rain. The fact that for days it had poured down buckets and tubs and whole lakes of water did not dampen our spirits when the food showed up. For that and a lot of other more important things we were thankful, properly so. But, as

time moves, it was just another day in doing our part and waiting for the time when we could start back home."

The reason he had missed the Thanksgiving service at the camp, he revealed, was his having made a trip to Naples to find a place where the members of the unit might spend time when off duty. "We have been running full tilt for a good many weeks and it becomes necessary for men to get away from their work and get some relaxation," he observed. "The Army had prepared a place at Sorrento for the officers. My turn comes some time in January, according to the drawing, so I have no hopes of getting there. The nurses were prepared for in Naples at the one remaining hotel that stands whole. Nothing had been done for the men. I found a pension that had about one-half of its rooms still usable. The manager said he could turn the water on so they could get a bath, altho he said there was no

way for him to heat any water. What we wanted was just a place where they could sleep on good comfortable beds, with some cover to keep off the rain. They could find some food if they failed to take any with them. We could use the Variety Club fund for the paying of the bills. That fund, as you may remember, was raised in Charlotte with a show by Bob Hope, Frances Langford, et al. The quarters for the men were worked out, altho they will have to climb a lot of debris to get to them.

"That is what kept me away from camp on that all-important day. I was thankful for a chance of doing something for someone else."

He refers to the frequent and heavy rains, and he expresses his wrath at the discovery of the latest dastardly scheme of the Germans in setting up booby-traps.

"The rains have kept the Fifth Army from making any progress to speak of," he reported. "You can't imagine what a mire they leave. General Mud has full control. I am more anxious than ever to see the enemy defeated since a visit from some members of the Engineer Corps. This particular group builds bridges and cleans up mine fields. We have had a lot of experience with mines in an indirect way, but recently I have heard of a new use of the oft used 'booby-trap.' The Germans have actually mined the bodies of dead soldiers, including their own. I think that is just about as low as a man can reach with his mind, and I don't mean any pun either. Chaplains going out on the battlefield to gather up the bodies of men have lost their lives thru this dastardly treachery. I think it is much worse than using gas. The Germans are past masters at planting these infernal machines."

He related some of the tricks the enemy used in setting these bombs.

"They are placed on the wheel of an overturned car or truck. You will find them adroitly planted in a tree laden with oranges. You will find them along the side of the road where you might pull off from the main traffic. They are never put in the middle of the road, because they will be seen too easily. I can't see what they gain by such tactics. They only kill a few people and cannot possibly stop a movement. They only delay and that for only a short period. I can understand the demolition work, where a road or a bridge or a building is blown up to hinder the progress of a large unit, but I can't see what is gained by this small-time, slimy murder. The mind that thinks these things up should be eliminated. An institution is too good for them."

He reported having seen old Charlotte friends among the Engineer group, which included some former members of the old 105th Engineers, of which his brother, Colonel Wiley Pickens, had been the commanding of-

ficer. "They are doing a grand job in front of us," he revealed. "Incidentally, John Trescott, one of Wiley's old buddies, came by to see me. He is still in Sicily with his battalion, but flew up for a day to see how a real war is operated. He is fine and wanted to be remembered to Wiley and any of the old gang there."

It would be in the middle of December before he would write home again. And then also he would refer to the interminable raining and the frustrating mud at Vairano. Years later, when veterans of the 38th's members would happen to meet and begin reminiscing about the Italian campaign, they would invariably recall the mud of those last weeks of 1943.

Nor would they be exaggerating in their describing it. They have an abundance of photographic records proving the truthfulness of their stories. During that period one of World War II's most famous photographers visited the hospital and took a wealth of photographs, many of which were published in the February 21, 1944, issue of Life Magazine. These photographs show the deeply rutted, rain-filled sloughs that were the hospital's company streets and the mud-clogged boots of nurses and men busy in the routine of caring for ill and wounded soldiers.

The Life spread is headed: EVACUATION HOSPITAL—Nurses and Doctors Work in Italian Morass.

The lead paragraph of Life's story on the 38th says:

"Not all of the Americans fighting in Italy are in the firing line. Among the most valiant are the men and women of the American Medical Department, who fight their battle deeply echeloned from the Anzio beachhead back to North Africa. Shown on these pages is a small section of this battle, a mudbound evacuation hospital in Italy which was photographed last month by Life's Margaret Bourke-White."

Life's article continues:

"The evacuation hospital is an intermediate link in the medical chain which extends from the battlefield to general hospitals in the U.S. In Italy badly wounded men are treated in field hospitals close to the front but they begin actual recovery in the evacuation hospital, which is anywhere from five to 50 miles farther to the rear. Less serious casualties are sometimes sent directly to the evacuation hospital from front-line medical clearing stations. When patients who need additional treatment are strong enough to travel, they are sent back to bigger and more specialized hospitals far from the battle zone. Those who require more than 30 days to recover are evacuated to the hospitals in Sicily and North Africa, and those who require at least 120 days are sent to the U.S."

The article goes on to describe the evacuation hospital and its work:

"Although the evacuation hospital has none of the

tilled neatness of peacetime medicine, it is an efficient and complete medical unit. Many of its patients are discharged without further treatment. It is the first place where the sick and wounded have the luxury of warm baths, clean pajamas and soft bathrobes. It is also often the first place where they are attended by nurses.

"The wounds of the Italian campaign have made grisly work for surgeons in evacuation hospitals. A great many of American casualties have been caused by land mines, which the retreating Nazis have used in large numbers to slow the Allies. Land-mine wounds are a difficult surgical problem because the victim is often riddled with fragments of metal, stones, dirt and even grass. Men riding in trucks and tanks which have been blown up by mines suffer complex foot and leg fractures from the force of the blast. Another medical hazard of the Italian campaign has been the tendency of wounded men to develop gas gangrene infections, which medical men ascribe to the prevalence of gas-forming bacteria in manured Italian fields."

Three photographs on this first page of the Life spread on the Charlotte unit's hospital at Vairano show the tents sitting in a sea of oozing, clinging Italian mud, and a fourth shows a battle casualty being carried through the mud from an ambulance into the receiving tent. The cutline says: "Bringing in Casualty, litter bearers step carefully in mud. Hospital has taken in as many as 238 battle casualties in a single day. Tent at left is hospital receiving ward." The corpsmen carrying the wounded soldier are Gerard Albano, Helke McCaughin, Vincent Mistkowski, and Jack Marcario. The nurses in the three other photographs are Violet Burgess, shown crossing a deeply rutted road alongside the tents, and Vera Neeley, Leah Rodstein, and Lillian LeBlanc.

"Nurses Quarters are small wall tents at edge of hospital camp," says the caption of one, and "Pajamaed nurses leave tent to which they refer euphemistically as 'the powder room,'" explains the caption on the other. The photograph shows a small board before the tent on which is the sign: NURSES' LATRINE.

The Life article on another four-photograph page continues with its description of an evacuation hospital, which is the 38th, although Life does not identify the hospital or its location:

"Unlike the simply equipped field hospital, the evacuation hospital does little dramatic medical improvisation. Its purpose is not to patch up casualties until they can be sent to bigger hospitals, but to heal as many of the wounded and to cure as many of the sick as possible. It is as well prepared for this as an excellent small civilian hospital. For diagnosis, the doctors of an evacuation hospital have a complete X-ray

laboratory. For treatment, they have the latest in drugs and surgical equipment. Although the evacuation hospital is generally well supplied with blood plasma collected by the Red Cross, it still needs large quantities of whole blood. Because whole blood is rich in oxygen and contains vital red and white blood cells, it is essential in cases such as the soldier near death from bleeding who appears on the opposite page." The cut-lines under the full-page photographs referred to read: "Casualty Near Death is fortified by blood plasma in the shock ward. Critically wounded in the back by shell fragments, patient also needed transfusion of whole blood. As plasma is administered, patient's blood is typed because he has lost identification tag. Plasma is valuable in the treatment of shock, but whole blood is necessary in cases of great blood loss."

Another photograph by Margaret Bourke-White shows Major Richard Query and Corpsman William Davenport taking a pint of whole blood from Patient Donor. The cut-lines under the picture reveals that "Whole blood is usually obtained from service troops in area or from one of convalescent patients." Of this patient the observation is made: "Donor was given shot of whisky afterward."

One of the photographs on this page of Life shows a patient being X-rayed. In the picture are George Grant, Nichola Ierulli and Randall K. Davis of the 38th.

The picture beside it has the caption: "Technician rushes X-rays to the operating tent. Location by X-rays makes precise removal of foreign bodies possible, also prevents unnecessary probing." Shown in this picture are John Keough, Nichola Ierulli, and Captain Hallie E. Almond. Ierulli is sloshing his way with the X-rays through an ankle-deep slough of mud.

Another page of the spread in Life pictures in four photographs the problem of mud at Vairano. One shows Hallie Almond washing from her shoes under a spigot the mud caked on them; another shows convalescent patient Private Walter Bernard wading through the deep mud to the mess tent. "In his hand," the cut-lines say, "he holds a letter from home." Bernard was discharged a few days later. The third and fourth of the Bourke-White shots show views of the hospital street filled with thick, gummy mud. The captions say, however, that "Despite desolate appearance of camp, morale is high. Casualties which have been evacuated from front-line clearing stations here get their first baths and beds, see their first nurses. Number of patients in the hospital (about 750) remains the same because of balance between men arriving from front and men being evacuated to rear."

Four unidentified corpsmen in a half-page photograph are shown trudging through the mud with a convalescent soldier on a litter. "Wounded are evac-

uated from evacuation hospital in ambulances when they have recovered enough to travel," the cut-lines reveal. "They will be taken in ambulances to hospital trains and removed to bigger hospitals in the rear. Although a few will receive more surgery, most of them are returning as convalescents. Litter case shown above has suffered shattered arm and elbow, wears reinforced plaster cast. Litter bearers step carefully in slippery mud. These men told Miss Bourke-White they had never dropped a patient, even when they had fallen down themselves."

It was while the 38th was encamped here in the vicinity of Riardo that Sergeant Clarence O. Kuester, Jr., one of the few enlisted men in the unit from the Charlotte area, had an experience that after more than two decades remains for him one of the most memorable of the war.

Vividly he recalls it:

"We'd been having it pretty rough; the fighting in the mountains was heavy and casualties were streaming in. We were working day and night. I was a sort of handy man in the operating room, helping the doctors and nurses. I had been a misfit in the unit, and had never had a regular assignment. In fact, I was an enlisted man whose friends were officers I had grown up and gone to school with in Charlotte, while I knew few of the enlisted men, and that made it awkward for me and for them. But I had been helping around at various jobs, including drawing detailed maps and sketches of our encampments in various places in North Africa and Italy. One day I asked Major Sanger if I might help in the surgery tent and he said it would be o.k. if I didn't get in the way and mess up something. So I had been doing that, and I had seen some interesting and complicated operations.

"This time at Riardo I was working in the surgery tent when they brought in a young soldier who had been badly shot up; he appeared to be in desperate shape, and in spite of all the doctors were able to do for him, it looked to me like he wouldn't make it.

"He had been writing a letter to his sweetheart in Poughkeepsie, New York, before he was wounded, and after rallying from surgery he asked me to help him finish the letter. He told me what to write and I put it down.

"Will you mail this letter to her if anything happens to me so that I can't?" he asked me, and I told him I would. That seemed to relieve him, but pretty soon he was in a coma and I figured he wouldn't last much longer. I was staying with him while the others went to supper and when one of them returned, I went to the mess tent. I wasn't gone long, but when I got back, the boy, who was about twenty-one, was gone. I asked what they'd done with him.

"He died just after you went to eat," he said.

"Where'd they take him?" I asked.

"To the morgue tent," he said.

"What did they do with his things?" I asked the soldier. "He had a letter in his pocket that I promised to mail to his girl at home. What did they do with it?"

"They didn't take anything off the body," he told me. "They just moved him like he was when he died."

"I had promised that boy I would see that his letter to his sweetheart got mailed, and I felt like it was a sacred trust I had obligated myself to carry out. Yet I didn't like the idea of going into that morgue to search among the dead bodies for the boy and the letter that I felt was still in his pocket. But I got a flashlight and went over to the morgue tent. I didn't tell anybody I was going; I didn't get permission from anyone. In fact, I thought maybe if I asked about it they wouldn't let me go. So I just went over in the darkness—it was night now—and slipped into the dark morgue. I flashed my flashlight around and saw bodies stacked about the tent awaiting their being shipped back. I still remember the pairs of feet, toes pointing upward, and the long shadows on the tent wall of the stiffened feet as I turned the flashlight on those rows of dead boys.

"After awhile I found the boy. When I turned the flashlight on his face, I felt good that he seemed to be at peace; he evidently had died in the coma in which I had left him to go to the mess tent. I searched hurriedly and found the letter. And then quickly, more quickly than I had entered, I left. I took the letter to my tent and I remember I wrote a little note at the top in which I explained that the boy had been in the hospital and had asked me to help him finish the letter and then mail it to her. I didn't tell her that he was dead. Then I carried it to the sergeant in charge of getting out the mail and he sent the letter out. I'll never forget that experience, the young boy and his calm determination to get the letter finished and mailed even though, I suspect, he figured he wasn't going to make it. And I'll never forget those bare feet in the morgue tent and the shadows from my flashlight moving along the tent wall.

"That was one of my closest encounters with death. We didn't lose many in our hospital. Most of the desperately wounded died on the field or in the first aid stations before they got to us, and some of them in hospitals farther back. Our 38th doctors and nurses had a great record. The doctors were skillful, experienced medical men and surgeons, and they worked day and night with little rest during those times when casualties were heavy. Some of their operations were amazing. And the nurses, too, were experienced, efficient, and dedicated."

One operation at which Sergeant Kuester was one of the surgery tent helpers would be widely publicized in the American newspapers, and in an article in one of the national magazines some years after the war's end-

ing the patient himself would speak of the skill of his surgeon and the dedicated work of the 38th's personnel.

"I was helping in the operating room when Major Bill Pitts operated on Richard Tregaskis," the former Sergeant Kuester remembers. "Tregaskis was one of the most famous of the war correspondents of that period, like Ernie Pyle and John Hersey and Margaret Bourke-White and some others who came to visit the 38th. He was the fellow who wrote *Guadalcanal Diary*. When they brought him in, few people thought he'd make it. His skull had been crushed by an exploding shell or mine, I heard, and they said parts of his brain were protruding from his skull, with skull splinters sticking into it. Dr. Pitts operated on him. It was a long and very tedious operation, as I remember. He had to remove portions of the damaged brain, they said. But, anyway, Dick Tregaskis recovered, and after a long period of recuperation went back to his correspondence duties, and later wrote a magazine story telling of that experience."

Many versions have been reported of this operation. But the two men most vitally involved, Tregaskis and Dr. Pitts, have recorded what happened, and their stories interestingly as well as authentically provide the details. After more than two decades Dr. Pitts recalls:

"We were just south of Cassino and the Germans were dug in heavily up there. At the time Tregaskis



Major William R. Pitts of Charlotte in late November 1943 performed one of the most notable operations of the war. The patient, shown here shortly after the operation, was Richard Tregaskis, noted war correspondent. Tregaskis gives the story of the amazingly successful surgery in his book *Invasion Diary*, published by Random House.

came to the hospital we had had quite a flow of casualties from that area. On the particular night that he came in I had already performed two brain operations.

"His operation began about two or three o'clock in the morning. I remember when he came in he was virtually speechless. Occasionally he could get a word or two out; he was semi-conscious, and his right arm was helpless and his right leg was weak. He was a diabetic and he was trying to get through to us that he was a diabetic. That was very important to know and he wanted us to know it, but it was very difficult for him to get through to us. Finally, though, he did.

"At the time he was admitted and operated on we didn't know who he was at all; certainly I didn't know who he was; he was just another casualty, as far as I was concerned. I had never seen the fellow before; he was just another man with a brain wound. That, in fact, was true of most all my operations.

"His was the third one that night, and when I got through with his it was just before dawn. I went to my tent and went to bed and after two or three hours sleep I woke up and got up. I found that a number of newspaper people had come to the hospital and were wanting to know how Dick Tregaskis was. I said 'Who's Dick Tregaskis? What's wrong with him?' They said, 'Well, he had a brain operation.' Then they told me more about when he came in and so on and it was then I realized for the first time that the last patient I operated on was Dick Tregaskis. Dick, of course, was a very outstanding newspaper reporter and had a lot of friends in the news media, and every day he had several visits from the various reporters in that theatre, people there as representatives of the different news agencies and services."

Major Pitts saw him about nine o'clock that morning, some three hours after he had finished the long and extremely tedious operation. He was doing well and he continued steadily to recover. During the operation, Major Pitts had given him only local anesthesia.

"I did it under local anesthesia, with a little morphine," he recalls. "I did a majority of my brain operations in that way, because in the first place, it is a safe way, and number two, when the casualty load was heavy we didn't have anesthesiologists enough to give general anesthesia and those of us who could get along with local anesthesia had to do so. If you have a brain-injured patient, you want to test his state of consciousness, for that is your most important yardstick in knowing how he's getting along. If his state of consciousness diminishes, that's a bad sign.

"He got along very satisfactorily and about the second or third day he began to show some improvement in his speech and in the functions of his right-side extremities. When he came in to us he could not

move his right hand at all, he had very little motion in his right arm, and he had weak motion in his leg.”

Dr. Pitts revealed what had happened to the International News Service reporter:

“He had a shell fragment wound. He had brought his helmet along; this was his prized souvenir. In his book he tells about that, how he wanted to take it along with him. The shell fragment came in the front of his helmet and part of it hit his skull, part of it was embedded in his brain, and it had driven bone fragments into the brain, and another part of the shell fragment came out at the back of his helmet. Actually he had a gutter wound of the brain, a groove in it; his scalp wound was four or five inches long and an inch and half wide; the skull had been shattered over that distance and ten or twelve fragments of the bone had been driven into the brain. Part of the skull had been blown away, the brain was oozing out through the scalp wound. Of course in the operation all the shell fragments were removed, the in-driven bone fragments were removed, and the damaged brain was removed, the bone was smoothed up and the scalp wound was closed.”

The hole in the skull, Dr. Pitts recalls, “was an oblong hole, approximately two inches or more long and an inch and a half wide. All that part of the skull, of course, was gone. Later on, after he had recovered and had come back to this country, he had a plate of inert metal put in at the Walter Reed Hospital by Dr. Barnes Woodall. From our hospital after about twelve or fourteen days he was transferred to a general hospital just north of Naples. This was a Wayne University unit and Jack Webster, a neuro-surgeon from Detroit, took care of him there, along with Captain Richard Schneider. From there he came on back to the States.

“After that, after he got his repair done, he went back into newspaper reporting, jumped with the paratroops in the invasion of France, and when the war ended he was in the Pacific on Saipan covering the big bombers.”

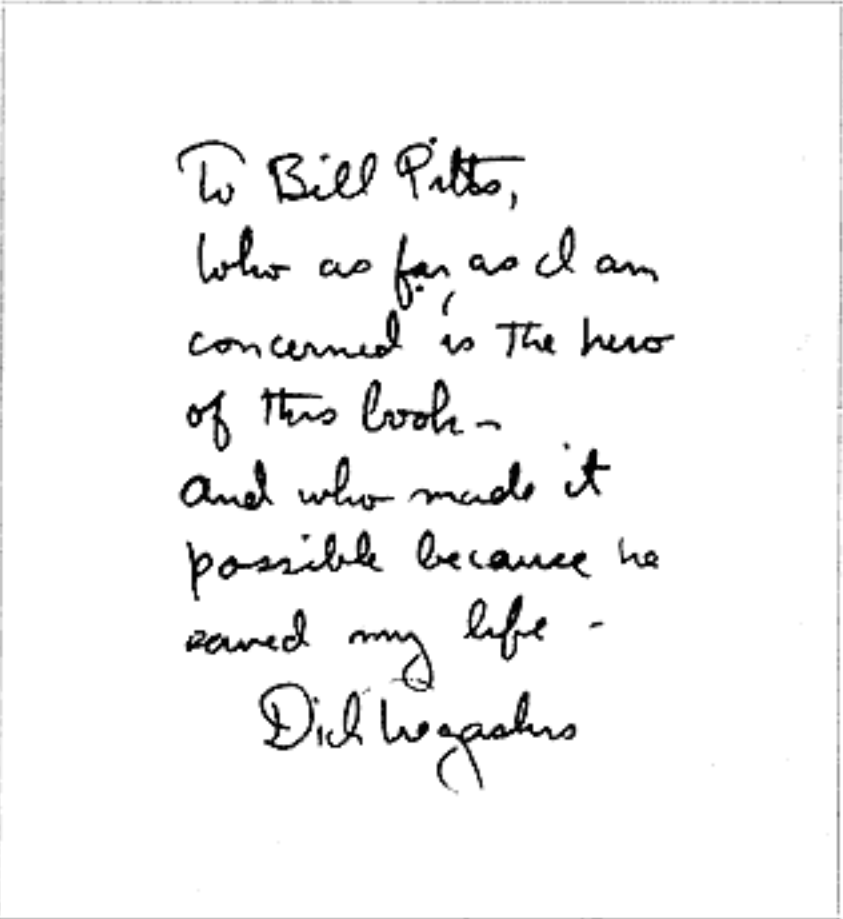
Dr. Pitts continued to see his famous patient after the war; on trips to New York several times he had lunch and dinner with him. In his library he has a prized collection of books dealing in various phases with World War II. Two are Ernie Pyle’s *Here Is Your War* and *Brave Men*. Both Pyle books give considerable attention to the 38th Evacuation Hospital’s service. In *Brave Men* Pyle tells of visiting Dick Tregaskis a day or two after the operation, which he describes in characteristic Ernie Pyle manner:

“Late that night he arrived at the hospital, was put to sleep on morphine, and Major William Pitts performed the brain operation. It was Major Pitts’ third head operation that night. He took more than a dozen

pieces of bone and steel out of Dick’s brain, along with some of the brain itself. He and the other doctors were proud of pulling Dick through—as well they might be.”

But there is another World War II book in the Pitts library, one even more highly valued. It is a first-printing copy of Tregaskis’ *Invasion Diary*, written in the months between the operation and the author’s return to duty. The biographical sketch of Tregaskis on the back of the book jacket tells of the operation and shows the author with his head swathed in bandages. And inside Tregaskis reveals in detail the incidents of his wounding on the afternoon of November 22, 1943, the operation in the early morning hours, his subsequent slow recovery of his lost speech and use of his right arm and right leg, and his day-to-day experiences in “Ward 13 of the 38th Evacuation Hospital” until his transfer December 10 to the General Hospital north of Naples.

But what for the Pitts family distinguishes this particular copy of *Invasion Diary* is the handwritten note on the first forepage:



To Bill Pitts,
who as far as I am
concerned is the hero
of this book -
and who made it
possible because he
saved my life -
Dick Tregaskis

This is the note written by Richard Tregaskis on the flyleaf of the copy of his *Invasion Diary* that he presented to Major Pitts. Within a few months after the operation Tregaskis returned to duty.

Of his operation and the period of recuperation as a patient of the 38th, Tregaskis in his book wrote, in part:

“I was propped up in a semi-sitting position. At the lower end of the operating table, white-masked at-

tendants were fiddling with bottles attached to a metal stand. They were giving me a transfusion of blood and plasma through veins in the foot. As the operation continued (it required four hours, all told) my legs grew stiff and I tried to move them. They were tied down at the ankles. Toward the end of the operation, I was more annoyed about my legs than by the operation on my head. My inability to move them irked and then infuriated me. At first I tried to hold them still, but, after a while, I gave up. I fidgeted."

But soon he was asleep. When he awoke, he relates, the "whole right side of my body was numb. In order to move my right arm I had to pick it up with my left. My right leg was a foreign body and the right side of my face was as thick and insensible as a layer of felt. My right eye refused to focus.

"The doctor who had operated on me came in to see me. He was a young, good-looking man with a smooth face and slick black hair. After many attempts, while he waited patiently for me to shape the words, I managed to convey the idea that I could not put my ideas into words. He smiled and seemed to apprehend my meaning. He explained why I could not speak, why I was paralyzed on the right side. I had been hit in the left side of the brain, in the region which controlled speech in a right-handed person. . ."

Tregaskis describes the surgery tent:

"The tent was a long, open corridor, with a peaked roof. Rows of cots lined both sides. I was not interested in any of the cases, although I knew when stretcher bearers passed my bed with a new load of humanity, inward bound.

"The first or second day, Margaret Bourke-White, the famed Life photographer, came in. She took some pictures, using two bright flash bulbs. She wanted me to smile and I tried several times, but the right side of the mouth resisted. Something like a grin resulted, but it felt lopsided, and the eyes were out of control. . .

"One or another of the nurses gave me pills several times a day; they were sulfadiazine tablets to prevent infection and aspirin to deaden headaches. One of the nurses, who had blonde hair and large blue eyes and a delicate face, like a child's, was on duty during the daylight hours. She had a sweet, piping voice, and smiled quickly. I called her 'Goldilocks,' when I could get the word out. She asked if I could pronounce her name—Miss McCain.

"The ward boy on duty during the day was Bob Trafford. I also learned the name of the doctor. He was a major and his name was Pitts: William Pitts, and he came from Charlotte, N. C. Some of the other doctors visited me. I could register their faces; there were three lieutenant colonels (Sanger, White and Wood). They all came from Charlotte—for this was a Charlotte medical unit, an evacuation hospital. The chaplain

(Captain Kirkpatrick, of Florence, Mass.) brought me a New Testament and several religious pamphlets. He asked me what denomination I belonged to and I could not say the word. I knew very well that it was 'Presbyterian,' but I had not the remotest idea how I could make the sound.

"Newspaper friends—Clark Lee, Mike Chinigo, Ernie Pyle, Bill Strand, Red Knickerbocker, John Lardner and others, dropped in and asked how I had been wounded. I stumbled incoherently over my words. All the details of my being wounded were fresh and clear in my memory, but I could not express them. In self-reproach I reviled myself as an imbecile. It was some comfort that at least I had brains enough left to recollect that word. . .

"Dr. Pitts came in one day and tried all my reflexes, using a rubber hammer and a pin. As usual, he preserved professional silence. I watched as he wrote a long report on the chart which was attached to my bed. I signaled for his attention. My words were confused, but determined, as I badgered him for information about my injury. . .

"He told me little: only that I would probably have to recuperate for at least six months; that later on, a surgeon would have to patch up my skull with a metal plate. The shell fragment had smashed the bone, driving fragments into the brain. These he had removed, and he had covered the hole only temporarily with fascia, or scalp muscle. Recovery, he emphasized, would be a slow process."

Tregaskis continues his account of his recovery—how he began to notice a returning feeling in the paralyzed areas and how his ability to speak normally was slowly restored.

"I came to know Bill Pitts, the surgeon who had operated on me. His brisk manner disappeared when we talked about good old times in the States, before the war. He showed me a folder full of pictures of his pretty wife and little son. That precipitated a general exhibition of photos of patients' wives and sweethearts. . .

"I remember distinctly the 8th of December. Then Dr. Pitts told me that I should get ready to leave the following day, or perhaps the day after. . . The day passed, uneventfully, and the next morning Maj. Pitts informed me that at last I was to have my trip to the rear. He dressed my head in an exceptionally sturdy casque of gauze and adhesive tape. Later in the day stretcher bearers came. I checked the belongings in my barracks bag to make sure that my notes, and my broken helmet, were there. Then I was carried down the corridor between the long lines of cots, and out into the sunlight." Few who had seen him brought in thought at the time that he would go out alive.

The Tregaskis case, though perhaps the most widely

publicized, was but one of hundreds handled by the 38th during the Italian campaign. Dr. Pitts remembers vividly how strenuous the work was, particularly during the Anzio period:

"We arrived at Anzio beachhead about sun-up on Easter morning. Before we had practically got to the grounds of the hospital, and while we were in the process of setting up, we received casualties from the bombing of the place exactly where we had disembarked. Those were our first casualties that we received in our hospital. And while we were there in Anzio we were all in a small area with hills surrounding us and the Germans were occupying the hills. We were crowded together. On one side of the hospital was the ammunition dump, on the other side was the airstrip. It was so hot from bombings that the planes from the airstrip went to Naples at night; they didn't stay there. And the Germans pulled an air raid every night, and they'd hit that ammunition dump and it would be like a Fourth of July celebration.

"And of course there was no such thing as clearing stations in forward areas there; the clearing station was right outside our admission tent. We got plenty of casualties that were brought to our hospital within fifteen, twenty, thirty, forty minutes from the time they were wounded—right from the front. Our hospital tents were dug in up to the level of the skirts, so that was about four feet below ground, and then sand bags were placed along the side.

"At Anzio," his report continues, "we had absolutely no goldbricking, because many a time the GIs would say, 'Doc, how about letting me go back to the front; I'm safer up there in my foxhole than I am here lying on your cot in this hospital.' It was a great rush all the time, with casualties pouring in, and you would try to get through before the night raid came so that you could get under your shelter. Our personnel tents were dug down below the ground just like the hospital tents, and we had what we called a flak shack built over our cots, which was a two-by-four frame with a layer of corrugated tin and about three layers of sandbags over it.

"When we were through at Anzio our tents were literally riddled with flak. One night, I remember, a shell fell on the X-ray tent and tore up an X-ray table. Fortunately, no one was wounded. There had been a unit there just preceding us, however, from Baylor, I believe, but anyway it was a Texas unit, and one night the head nurse was killed from bombing and the next night the assistant head nurse was killed, and several other personnel, from the bombing."

Fortunately, when the shell destroyed the X-ray table and riddled the tent, Technician Davis was in his small sandbagged retreat beside the X-ray tent hardly six feet from the place the shell struck.

"We had built up a little room at the end of our laboratory tent," he recalls. "But we had stacked the sandbags on only three sides; there were no bags at the open end of the X-ray tent. Things were pretty hot and one day the idea struck me, what if a shell hit inside the tent? There'd be no protection at that end. So we filled up some bags and stacked them at that open end of the X-ray tent, along the side of our dugout that we had walled up, too.

"That night I was back in our little place, lying on a cot. Nick Irucci, a young Italian boy who helped in the laboratory—he was an American citizen and in the 38th, but an Italian who often served also as interpreter for us—was sitting on the cot beside me. I don't know why I did it, whether it was intuition or what, but I said to him, 'Nick, you'd better lie down across me.' He did, and about that time, Whom-m-m! That shell hit right on the other side of that wall of sandbags. It riddled the bags and sand poured out and pieces of the shell shot over us. If Nick had been sitting up, I do believe they'd have got him. As it was, neither of us had a scratch. But it was close! The shell had been fired by our fellows, too, at invading planes. Three shells from their guns came down on us, but nobody, I heard, got hurt."

Dr. Pitts recalls vividly, too, the procedures of the hospital under the unusual stress of the Anzio experience during which casualties were streaming in from the heavy fighting nearby.

"In times like this, of course, everything becomes a surgical hospital. All efforts are bent toward surgically handling the wounds. The medical personnel were assigned to help in the treatment of shock, to administer anesthesia, and the surgeons worked night and day. I was the only neuro-surgeon in the hospital and when the push was on there were times I'd be on my feet and operating day and night for two or three days, and the only time I'd take out would be when I sat down to have a bite to eat. It was an ordeal and I must admit that my coefficient of efficiency diminished toward the end of that period. I'd been on my feet so much that actually my legs were swollen tight, the skin was tight, just from the effects of standing on my feet over such a long period of time. At other times—and this was true at Anzio—we had assigned personnel from the so-called auxiliary surgical unit and Dr. Charles Dowman of Atlanta was assigned to our unit. When he was with us, and he was with us a good bit of the time, we would take it on a twelve-hour basis, from seven to seven and seven to seven, and in that way I had an opportunity to help out with the problem of triage."

The designation "triage," Dr. Pitts explains, is given to the officer who goes through the shock tent where the acutely wounded people are and examines quickly each patient and as quickly makes a diagnosis of his

case, decides what is to be done for him, gets the enlisted personnel started on the shock treatment, gives him the priority for the operating room, and actually designates him for a particular surgeon in the operating theater.

"This is a very important job, one of the most important," Dr. Pitts points out. "It is most important very quickly to find out what's wrong with the man, second, to get emergency treatment started on him, in the way of resuscitation, blood, plasma, fluid, medication. What is required for that is the surgeon who has had a lot of experience, is capable of coming to quick decisions, and knows his personnel in order to be able to make the proper assignments. So actually Dr. Sanger and I oftentimes in stress and strain when we had a lot of casualties to deal with would divide time being the triage. So when we had another neuro-surgeon assigned to us from one of the auxiliary units, that would leave me some free time to do this."

Major Pitts operated upon more than a hundred brain wounds during the Italian campaign alone, most of them, he reveals, received during the action around Anzio, Cassino, and the Rapido River crossing. On Anzio he did the neuro-surgery for the two British

hospitals there. They had two casualty clearing stations, comparable to the American field hospitals, but no neuro-surgeon.

"So I did most of the neuro-surgery for the British on Anzio," he recalls, "and the only time I ever left my hospital area at Anzio was to go up there to one of their hospitals on consultation. They had a couple of patients who had multiple wounds as well as brain injuries and they felt that the patients were too sick to be moved. I got to be sort of a part of their unit, since I was taking care of their brain wounds, and their personnel officers would come down to visit the British patients that I had under my care there. So after the Anzio battle was over they had a hospital personnel farewell party up there for their personnel and they invited me to come up to their party because they felt I was a part of their personnel, since I'd been operating on their brain wounds."

The unit's work in the Anzio area quickly gained the attention of the Fifth Army's leadership, who spoke appreciatively not only of the great volume of cases it was handling but also of the excellence of the treatment being provided.

21

Sixteen officers—ten surgeons and six nurses—came into the 38th Evacuation Hospital's organization early in December from the Second Auxiliary Surgical Group.

The Daily Bulletin of December 4 listed them under "Item No. 2, Attached Personnel:

"The Commanding Officer takes pleasure in welcoming to the organization the following Officers and Nurses of the 2nd Auxiliary Surgical Group, who are attached to this unit for duty:

GENERAL SURGICAL TEAM NO. 18

Major Charles F. Chunn
Captain Charles L. Weston
2nd Lieutenant Anna B. Berret
2nd Lieutenant Mary V. Shearer

MAXILLO-FACIAL TEAM NO. 3

Captain John K. Nattinger
Captain Hubert H. Nall
1st Lieutenant Waldemar Hoeffding
2nd Lieutenant Marguerite Ruff

GENERAL SURGICAL TEAM NO. 2

Major Paul L. Dent
Captain James L. Kocour
2nd Lieutenant Anne K. Brix
2nd Lieutenant Catherine M. Rodman

THORACIC TEAM NO. 1

Major Reeve H. Betts
1st Lieutenant Aaron Himmelstein
Major Frederick W. Bowers
2nd Lieutenant Opal G. Davis

The transfer of Captain Irving Pomper, M.C., from the 38th Evacuation unit to the 45th Infantry Division was announced in the Daily Bulletin of December 10. There, the Bulletin revealed further, Captain Pomper would assume the duties of a psychiatrist in a newly formed medical unit.

The same issue of the Daily Bulletin carried instructions concerning the wearing of the uniform by personnel on pass:

"a. The dress for American troops is optional be-