

Hello gang:

Saturday, July 3, 1943

Well I'm OD to-day, so I'm going to try to catch up on my correspondence. I'm sorry that I have not had the opportunity to write in the past month, and I think that it is about a month since I did write, because I have been on the move almost constantly. I left Texas, I.W. the maneuver area, on June 11. It was quite interesting to go on the motor convoy. There were 1000 vehicles and 1450 men who made the trip north to Oklahoma. We divided the vehicles into 6 groups, called serials, with a half hour interval between the last vehicle in one serial and the first vehicle in the next. Each serial was further divided into 4 units, called march units with a 5 minute interval between each unit. This permitted us to move along without tying up civilian traffic too much. Each serial had an ambulance with it, ridden by a medical aid man, while every second serial also had a doctor. Thus everyone was protected medically all the way up on the trip. At the end of the third and sixth serials we had wrecker trucks on which were two mechanics. Each truck was to take care of the three serials in front of it. To me, aside from the scenery, they were the most interesting thing on our convoy. The ability of these mechanics was amazing. We delivered all our vehicles, and believe me some of them were not too good to start with, without having to drop any of them along the way. When a vehicle fell out along the way because of motor trouble, it would pull over to the side of the road and wait for the wrecker to come up. The mechanics would then take a quick look and determine the trouble if possible. They would then place the vehicle in tow, and while on the move one of the mechanics would then repair the vehicle. If more than one vehicle was disabled at the same time, they would have another truck tow the one vehicle while they repaired the other. You should have seen them tow a 2½ ton truck through the mountains on two wheels, going at the rate of 40 miles per hour. It really was amazing.

We started from Newton, Texas, and headed almost directly north through Texas. It is a beautiful state and tremendous in its variety. The people of Texas were most kind in their treatment of us as we went thru the state. Of course, I was at the very tail end of the convoy, and that meant that almost a thousand vehicles had gone thru that area in front of me, which was a big emf parade to attract most anyone's attention. Everyone seemed to be out on the street waving, shouting, smiling at us. In one town they were even out on the streets with magazines and cold drinks. The hospitality throughout Texas was amazing. All of the officers and men who made the trip have a warm spot in their hearts for Texas. We spent the first night in a field outside Texarkana, which lies on the border of Texas and Arkansas. It was interesting to see how they gassed up the vehicles at the end of the first day's trip. It took 15,000 gallons of gas to replenish the vehicles. This was accomplished by having enough gasoline trucks present to supply the 15,000. The problem is to be able to get the gas into the vehicles in a short time. This is accomplished by means of a "gasoline cow" which consists of a machine with a pump motor which pumps the gas out of the supply trucks and forces it through six hoses. Thus six vehicles can be serviced at one time, and it is surprising to see how they service the vehicles as they drive into the bivouac area without holding up the line appreciably.

In contrast to our trip thru Texas, our trip thru Arkansas was quite dull because of a lack of response of the inhabitants. These people seemed quite poor compared to those seen in Texas. They were quite curious about us, as shown by the way that they gathered to see us pass, but there were no demonstrations of welcome, merely an unintelligent open-mouthed gape. Oklahoma was more like Texas in its response. The scenery thruout the trip was interesting and often downright beautiful. We delivered our vehicles to Camp Gruber, Oklahoma, which is near Muskogee Okla. The people of Muskogee were marvelously receptive, despite the fact that they had an army camp close by. In fact, the boys spent a wonderful week there. Once at the camp, we were installed in new barracks, which to us field soldiers who had just come from living in the great outdoors for more than two months, was quite a wonderful experience in itself. One interesting side light is that most of the boys did not want to sleep on cots but would have preferred to sleep on the floor on their single blanket if we hadn't insisted in their sleeping on the cots. We stayed in Camp Gruber for 5 days, 3 days longer than anticipated because of difficulty in getting trains to take us to our final destination. Since there were three doctors present, at only one dispensary, we arranged amongst ourselves to be on one day and off two. This gave me the opportunity to visit Lucile and David in Springfield where I spent a most enjoyable day.

I was fortunate enough to go thru David's ward with him and even got to listen to a few hear and found that I can still recognize a murmur, even tho I do have a little trouble timing it at least at first. The most interesting thing that I did while at the hospital was to spend more than an hour talking to a Major DC who had just returned from Guadalcanal with Malaria. He had seen action in the jungles for quite some time in a station very similar to ours, and he was bubbling over with information. I had a lot of information which I brought back to our officers, much of which you can't read in books. To Ship and David this was probably old, because of the large number of veterans they have seen, but of course I don't get to see any veterans where I am.

Those of you who saw Life magazine received a good picture of what a troop train is like. It is quite a problem to get one of these together, and too much credit cannot be given the railroads for their efficiency in these times. We traveled over four different railroad systems on our way to the desert. We went across Oklahoma, down into New Mexico, back into Texas at El Paso, and then into California, after crossing Arizona. The trip took us a full four days, but was rather enjoyable. We detrained at Yuma and were loaded into trucks and taken to our new home, Camp Pilot Knob, which is a camp only by name. It is situated in the desert 12 miles west of Yuma, in California, between two mountains. The mornings and evenings are lovely - cool and very breezy, in fact they are so breezy that you have to keep everything weighted down or it will blow away. But the days!!! About 8 AM it begins to get warm, uncomfortably so, and it gets warmer and warmer until by 4 PM one could possibly admit that it might be a little hot. During the first few days that our division was here practically all the thermometers were broken because they would only register up to 120 degrees. I am told that the temperature rose one day to 138 degrees but I have no true authority for this. All I know is that if the wind wasn't blowing constantly I don't believe anything could live out here. As it is, it really isn't too bad because the air is so dry that the constant breeze evaporates the perspiration almost immediately so that one doesn't feel too terribly hot. In fact most of the men prefer this to the humid, muggy 98 degrees of Louisiana. Of course when a breeze blows in a desert, the natural thing to expect is a lot of sand in the air. One is not disappointed in this expectation, in fact the sand is not only in the air, but also in everything else anywhere around. Practically speaking, there is no such thing as a clean garment or towel down here. Everything begins to take on a tan hue after several hours. However, I'd much rather have the breeze and its accompanying sand, than to try to exist down here without a breeze.

The perspiring one does in the heat is terrific. You don't realize it when you are up and about, because it evaporates as quickly as it is formed. The only way that you realize that you have been perspiring to any degree is by the deposit of salt in the clothes as the result of it. In fact after a day or two, the clothes are so stiff from this salt deposit that they are almost able to stand by themselves. If one is not up and about, then the realization of unusual perspiration is more readily noted. For example - sitting in a tent, where the breeze does not get at you, will result almost immediately in profuse moistness of clothes and body. Lying down in the afternoon (we have a siesta period from 11 AM until 2 PM) results in perspiration forming on the bed clothes (we sleep on cots covered by our bedding rolls) so that you can see the outline of your body when you arise. In fact if you lay there long enough I'm sure an actual puddle of perspiration would form. If you sit down in a chair, even in a breeze, the seat of your pants become actually wet because the breeze can't reach it to evaporate the perspiration. Or if you happen to have your hand resting on your knee as you sit and talk, the point of contact is definitely wet when you remove your hand. I don't mean in any of these examples that I have mentioned that this is a subjective sensation, you can actually see the wetness on the clothes.

Despite this heat, we have had relatively few heat casualties. One man did die because of the heat, but there have been relatively few heat cases come thru. Of course, we are not doing much at present except getting acclimated to the heat. Reveille is held at 5:25 AM, breakfast at 6, calisthenics for 20 minutes at 7, drill for 30 minutes until 8, then classes until 11. Siesta until 2, classes until 4 and that constitutes the day for most of the men. Of course we are running a hospital so that we work on a different schedule in our company, but our men work both longer and harder than this.

There are several things which we see quite commonly down here because of the heat. I'd call it a syndrome - mild headach, vertigo, epistaxis, and chapped lips. These, at least the first three usually occur in the first few days that a man is in this climate. The last seems to persist, and I am one of such casualties. I remind myself of Louise and Chip with those awful herpes that they so often had. We try to avoid this by the use of preparations to coat the lips, such as vaseline camphor ice, which does help some, but still does not do away with it entirely. I find that my lips bleed at the slightest provocation, but still this is not too troublesome. It does take some of the joy out of smoking, because it makes the end of a cigarette look as tho some girl had been snaking off it and left some lipstick on. I suffered from the headache and vertigo the first day that I was down here, but have had no trouble with it since. The epistaxis seems to result from the drying out of the nasal mucosa due to the dryness of the air. Fortunately this has not troubled me.

The heat runs up our clinical thermometers so that we have to either keep them in the icebox to keep them from breaking, or else keep them in an open alcohol vessel in which the alcohol evaporation keeps the rest of the alcohol cool and thus keeps the thermometers from climbing over the 110 degree point. We are fortunate to have available plenty of ice to help cool our water, because the water in our water trailers has heated to the temperature of the average hot water that comes out of a hot water tap in the city, by mid afternoon. I was greatly surprised to find this to be the case on my first day here, and instead of using the water for drinking, as I intended, ended by using it for shaving. However, on a second convey which I made into the desert 400 miles away to get some vehicles for our division, I found that one could get thirsty enough to drink hot water and enjoy it. The only way to keep water cool without the aid of ice, is to wrap some wet cloth around it, so that the evaporation of the water in the cloth uses up the heat of the water and results in relatively cool water. This principle is used in the water containers sold out here, which consist of a canvas type of material thru which a small amount of water soaks and evaporates constantly, thus keeping the contents of the bag cool. Unfortunately since I was in the last contingent to get to the desert, every place was sold out of these so that I have to walk quite some distance to get a cold drink of water.

Sun bathing here is also a problem. Of course all the boys want to get a nice tan, so in order to allow this without taking the risk of sunstroke, or sever sunburn, the general gave an order that sunbathing could be done only between the hours of 1:15 and 2. I have tried it several times, but usually I have been too busy to take the time. The first time I did sun bathe I learned that it can't be done with the dog tags on. They get so hot that they will blister you.

I have been appointed trial judge advocate on our courts martial board, which to you civilians is about the equivalent of the prosecuting attorney. It means an awful lot of work and is going to keep me very busy, especially since we are expecting to have an awful lot of men go AWOL. I don't know just how quickly I'll get to write again, but I will whenever I can and have anything to tell you.

When I arrived here in the last contingent I found that leaves had been given to 8 officers in our battalion, and that no more were available. I investigated and learned that I was more entitled to leave than several of those who received them, and since I wanted to get Ros and the kids out on the coast, I put in my two cents worth with the adjutant who had made out the leaves. He admitted that I had a good argument, but said that he couldn't do much about it because he had already published the official order. He suggested that I talk to the colonel who had not yet arrived. So the following morning when I came over to talk to the colonel, the adjutant met me and told me that I had been granted an 8 day leave. This is to start July 24 and I have someone already making reservations for me on a thru plane to Cincy in Los Angeles. If I don't get kicked off this by someone with priopities, I will be home in about 15 hours, which when you deduct the 3 hours time difference, results in 12 hours. Boy will I be glad to get back with my little family again. There are some beautiful towns around here, outside of the desert area, and I have several of the officers looking for apartments or houses there for me. They are anxious for me to get a place because it will mean an extra car in the car pool.

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Our position here is also a problem. Of course all the boys want to get a nice tan, so in order to get all this without taking the risk of sunstroke, or even sunburn, the general gave an order that sunbathing could be done only between the hours of 11:30 and 2. I have tried it several times, but usually I have been too busy to take the time. The first time I did sunbathe I learned that it can't be done with the dog tags on. They got so hot that they will blister.

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This page is being written for Jimmy who in her last letter to me stated "I was rereading an old letter of yours complaining of some incident in army medicine. For the one example of our medicine you say, there are probably hundreds of examples in private medicine. To a social conscious Jimmy gets me riled up enough I may keep a record of all the screwy things I see in army medicine and maybe write a book against socialized medicine after the war."

Let me tell you what happened to me the first day I made ward rounds in the tent assigned to me after I had returned to my unit here in the desert. There were 13 patients on the ward, housed in a tent which was terrifically hot because of the beating down of the sun without sufficient breeze to make it particularly cool. I started around the ward taking patient by patient, checking the record and examining the patient, doing dressings where needed, changing medications, and doing the 101 different things that an interne in a hospital would do. As I have written you before, our facilities are quite limited. In fact I had more diagnostic methods of working in my little office in Greenfield than I do here. No microscope, no X-ray. Our only diagnostic aids are a bell stethoscope, otoscope, head mirror, and a few of the most elementary types of aids. We can't do any surgery except the most minor for fear of infection because of poor facilities for sterilization, and because of the dust that flies around in our operating tent. It is therefore necessary for us to send any patients who need further workup to an evacuation hospital or station hospital. However, the 98th Evacuation Hospital which is the hospital which is to service us, has thru some error, not been notified of our coming, so that they have moved away leaving only a skeleton of 100 beds with no laboratory facilities. They have asked us to send them no patients except extreme emergencies. There are two station hospitals, the 37th and 39th, who are able to do anything necessary. However we cannot send them any cases because we are not supposed to evacuate to them. In fact we had tried to send them a boy with a broken hand for x-rays, but they refused to take the films and returned him to us. We have no plaster to set broken bones, even if we did have a film on the case. So we splinted the boys hand and had to let it go at that.

At any rate lets make the ward rounds. Of the 13 cases in the tent, I find that 9 of them really should have care that we cannot give them, or else laboratory aid in diagnosis. Lets check thru some of these 9. Unfortunately this happened earlier in the week and I do not remember all 9 cases, but I do remember about 7.

#1 - A boy in the infantry - has a generalized arthritis. Went 7 weeks in the hospital during maneuvers in "A". Has been out of the hospital 3 weeks and has a flareup. As marked limited duty, but returned to his infantry unit where there is no such job as a limited duty job for him. What's to be done about him? I can't send him anywhere to try to get some action on him. His condition is chronic and we are not set up to keep chronic cases in our few tents.

#2 - A soldier whose nasal septum is so badly deflected that he cannot breathe thru his nose at all. He is in because of a chest complaint resulting from breathing this dry air thru his mouth without receiving the primary moistening that is one of the functions of the nose. He has been in the army 14 months, but the doctors at camp Shelby station hospital always refused to do nasal plastic operations.

#3 - A boy with arthritis of the spine. He has had three series of x-rays in 3 different hospitals, apparently no one taking the trouble to get the x-rays from the other hospital. All diagnosed as arthritis of the spine. He is of no earthly use to the army. A few months have passed and nothing is being done about it.

#4 and #5 - Rectal fistulae. #4 has had his condition for years and has multiple openings over his buttocks and near the lower spine. His wife is in a sanatorium with active TB and the chances of this being tuberculous is very good.

#5 came in with a different complaint, but while I was checking him over he told me about the rectal difficulty which he had, with a small discharging sinus which he had reported to the surgeons in his dispensary but no one had ever thought enough about it to even look inside his anus to see if it was a rectal fistula. I looked, and it was.

#6 and #7 two cases which I felt to be acute rheumatic fever, hot swollen ankle in one case, knee in the other. Positive previous history in one case, suggestive in the other. A tent in the hot desert is a helluva place to treat acute rheumatic fever.

We could do nothing particular about any of these cases. Most of them had been there for more than a week already and nothing much had been done. So I raised a fuss with our company commander about it and it went up the channels thru the battalion colonel, then the division colonel, then to the evacuation hospital.

So we finally worked out a system whereby we could send our patients into the evacuation hospital and they would send them into the station hospitals. "His was swell, we thought, and we sent them 40 patients. Pretty soon our ambulances started coming back with patients. "Please send this patient back in three weeks as we do not have any ear nose and throat clinic at present. "Please do not send in any cases for x-rays except acute emergencies. etc. etc. Of course they kept the majority. However, it seems to be the policy of most of the hospitals with which it has been my misfortune to come into contact, that they are doing their duty by just being in the army. To do any work beside sitting in the officers clubs, which is a very true statement in the case of many of the evacuation hospitals in camps during training, they feel is beyond the call of duty. At camp Shelby the men from one of the evacuation hospitals were asked to help out at the hospital which at the time was being terribly overworked, but they felt that it was beneath their duty to do the work equivalent to an interne's work, so they quit after working one day.

"Listen, sister, give up the good old fashioned private practice where I can have anything done for any patient that I have, yes- even have "oe" reiberg operated for \$5.00, which I have done. I am now take an x-ray picture for nothing if the patient could not afford it. On the average, my patients had infinitely better medical care in my office than ~~anywhere~~ "Chmie" "ughboy" gets in the army in any place but a few of the better station or named hospital.

"all I've got that out of my system.

"all my love to all of you. Walt.

Hi Lee:

I haven't heard any news about you & Evelyn. Let's hear from you.

Walt

...to the ...

Mr. Lee

Love from you

How

Let my letters find you well & happy.