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AUTHORITY

AGO ltr 29 Apr 1980

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DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D.C. 20310

(1)

AD829553

IN REPLY REFER TO  
AGAM-P (M) (13 Nov 67) FOR OT RD-670559 16 November 1967

SUBJECT: Operational Reports--Lessons Learned, Headquarters, 3d  
Field Hospital, Period Ending 31 July 1967

TO: SEE DISTRIBUTION

1. Subject report is forwarded for review and evaluation by USACDC in accordance with paragraph 6f, AR 1-19 and by USCONARC in accordance with paragraph 6c and d, AR 1-19. Evaluations and corrective actions should be reported to ACSFOR OT within 90 days of receipt of covering letter.

2. Information contained in this report is provided to insure appropriate benefits in the future from Lessons Learned during current operations, and may be adapted for use in developing training material.

BY ORDER OF THE SECRETARY OF THE ARMY:

*Kenneth G. Wickham*

KENNETH G. WICKHAM  
Major General, USA  
The Adjutant General

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APR 8 1968  
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FOR OT RD  
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*For Force Development (FOR-OT-RD)  
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5th Battalion, 42d Artillery (155mm-T)  
3d Field Hospital

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DEPARTMENT OF THE ARMY  
HEADQUARTERS 3D FIELD HOSPITAL  
APO 96307

AVCA MB-GD-FA

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

THRU: Commanding Officer  
68th Medical Group  
ATTN: AVCA MB-GD-FO  
APO 96491

TO: Assistant Chief of Staff for Force Development  
Department of the Army (ACSFOR DA)  
Washington, D.C. 20310

The OPERATIONAL REPORT - LESSONS LEARNED of this headquarters  
for the quarterly period ending 31 July 1967 is forwarded in accor-  
dance with Army Regulation 1-19 and LC Regulation 870-3



KENNETH R. DIRKS  
COL, MC  
Commanding

2 Incl  
1 - Assigned Units  
2 - Visitors

withdrawn,  
Hqs, DA

ACSFOR-RO File  
670559

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SECTION I SIGNIFICANT ORGANIZATIONAL ACTIVITIES

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

A. During this report period, the 3d Field Hospital continued to accomplish its assigned mission of providing the best care for all classes of patients. Specifically, the hospital provided direct support to units in the III and IV Corps Tactical Zones and general support to units in II Corps.

B. Personnel, Administration, Morale and Discipline:

1. Personnel:

a. Colonel Kenneth R. Dirks, MC, assumed command from LTC Dwight F. Morss, MC, on 1 July 1967.

b. Major Joseph R. Zbylski, MC, replaced LTC James F. Peterson, MC, as Chief of Professional Services and Chief of Surgery on 22 June 1967.

c. Major Lawrence H. Gottlieb, MC, became Chief of Medicine on 13 July 1967, replacing CPT Lewie L. Travis, MC.

d. CPT Joe W. Ribotto Jr, MSC, replaced CPT William F. Smart, MSC, as Registrar.

2. Administration: In addition to the 3d Field Hospital, four attached units were provided administrative support during the report period. Inception of a weekly staff conference, comprised of key professional and administrative personnel resulted in improved communications and enhanced internal hospital operations.

3. Morale and Discipline:

a. Awards and Decorations:

(1) The following awards and decorations were approved and presented or forwarded to assigned or attached personnel during this period:

(a) Bronze Star - 1

(b) Army Commendation Medals - 7

(2) The following Awards and Decorations have been recommended during this period but are still pending as of 31 July 1967:

(a) Bronze Star - 6

(b) Army Commendation Medals - 14



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b. Morale of enlisted personnel has been substantially improved with addition of a recreation center and basketball court within the hospital compound. These new facilities should encourage personnel to remain on the compound resulting in fewer delinquency reports and reduced piaster expenditures.

c. Security: Emphasis has been placed on closer scrutiny of VN employees and visitors to preclude loss of government property from the compound.

d. Plans, Operations, Training:

(1) Medical Regulating: Plans have been made for the 3d Field Hospital to eventually assume the MRO mission in the Saigon area when the 44th Medical Brigade is relocated.

(2) Arrangements have been made to include the 3d Field Hospital in the Headquarters Area Command Emergency Disaster Recovery Plan for the Saigon area. In addition to providing emergency care and treatment at the hospital, limited first aid and ambulance support will be provided at a disaster site in the hospital's area of responsibility.

(3) Some important statistics for the 3d Field Hospital during the report period are as follows:

(a) Total admissions:

May - 527  
June - 500  
July - 521

(b) Total Direct Admissions:

May - 410  
June - 388  
July - 340

(c) Total Transfer Admissions:

May - 117  
June - 112  
July - 181

(d) Daily Average Beds Occupied

May - 201  
June - 153  
July - 185

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C. Logistics

1. Effective 1 July 1967, two additional units, the 229th and 346th Medical Dispensaries, were satellited on the 3d Field Hospital for medical supply support. Including these two units, the hospital now provides medical supplies for three dispensaries, one mobile medical laboratory and three TOE 8-500 teams. In the past, demands for large volumes of outpatient medical supplies were infrequent and experience factors over the next 60-90 days will determine adequate stock levels to support the additional customers.

2. A new policy was recently implemented that resulted in more efficient linen exchange. Formerly, nursing service personnel brought dirty linen in exchange for clean linen to linen supply. This procedure not only resulted in unnecessary congestion in linen supply but also detained nursing service personnel from their wards for considerable periods of time. Currently, linen supply personnel are picking up soiled linen from the wards every morning and are delivering clean linen to the wards each afternoon.

3. Starting in July, a weekly report was initiated to apprise higher headquarters of progress made in the various construction projects at the 3d Field Hospital. It is believed that this is an excellent way to keep higher commanders informed of problem areas and deficiencies that can often be rectified at higher echelons of command.

D. Other Significant Organizational Activities:

1. During May, the Chief Nurse and two head nurses from Trung Vuong Hospital spent two days each on the wards of the hospital. Under supervision, they observed and participated in nursing procedures. This program, which was requested by a USAID nurse, was to give the Vietnamese nurses an idea of the functions and responsibilities of nurses in American hospitals.

2. Fifteen nursing instructors from Cho Ray Hospital toured the hospital during June. They observed proper utilization and care of equipment, methods of keeping reports, making assignments and scheduling for nursing service personnel.

3. One Civic Action Program of the hospital was the institution of a health program for the orphans of St. Elizabeth's Orphanage. The children were immunized, X-rayed and provided needed dental work.

4. On 31 May, a physical reconditioning program was started with the purpose of restoring not only the injured extremities, but the patient's total physical condition to a level that will enable him to return to duty. The program consists of a series of calisthenics and therapeutic aquatic exercises.

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5. On 17 July, the physical therapy room was doubled in size. The expansion was necessary to allow space for authorized requisitioned equipment such as diathermy, traction apparatus, ultrasound, electrical stimulator, wall pulleys, NK table (knee exerciser) and posture mirror. The equipment is expected in the near future and will give the clinic a capability for more comprehensive treatment for both in-patients and out-patients.

6. The 406th Mobile Medical Laboratory has reorganized its training program to enable it to provide more comprehensive service by rotating personnel through all sections. The laboratory received the following equipment during this period:

- a. Sub-Zero upright freezer
- b. Ice-making machine
- c. PH analyzer and blood gas laboratory test instruments.

7. The oral surgeon and the plastic surgeon are now providing weekly consultation for maxillofacial surgery cases at Cong Hoa Hospital. In addition to participating in surgical rounds each week, the consultants perform surgical procedures at the Vietnamese hospital as often as time permits.

8. The dental clinic, like other areas of the hospital, is plagued with the problem of lack of adequate space. Specifically, space is necessary for prosthetic appliances required to implement the surgical treatment of facial fractures. The dental clinic's lack of laboratory capabilities precludes the fabrication of such appliances. It is anticipated that additional space will be available for a new dental clinic when the new surgical building becomes operational in late 1967 or early 1968.

9. Due to the shortage of Army Nurse Corp Officers, nurses began working a twelve hour shift, 2 July 1967. Unless replacements are received, this problem will become increasingly critical, as 17 nurses or 45% of the entire nursing staff will DEROS before the end of September.

10. The Radiology Department workload for the quarter remained stable with approximately 1000 examinations being completed each month. Special procedures, i.e., arteriograms, upper GI series, barium enemas and IVP's continued to increase from about 6 to 8 daily. Additionally, about 1200 films monthly are read for other medical facilities in the area. Weekly X-ray conferences were presented to dispensaries at Tan Son Nhut and Cong Hoa Hospital, Saigon.

SECTION II PART I OBSERVATIONS (LESSONS LEARNED)

AVCA MB-GD-FA

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

A. MEDICAL SUPPLY:

Item: Compressed Air.

Discussion: Physicians continually request compressed air for patients who are on respirators.

Observation: Urgently needed compressed air can be obtained occasionally from the Navy EOD team in Cholon. Because this supply source is not always reliable, some other provision must be made to provide compressed air when it is required. Compressed air is not available through normal supply channels.

B. DENTAL:

Item: Prosthetic appliances.

Discussion: When patients with insufficient natural dentition present themselves for treatment of facial fractures, an artificial means of obtaining intermaxillary fixation must be utilized. Such appliances can be fabricated by trained personnel in one day, provided the equipment is available.

Observation: Due to lack of adequate space and appropriate equipment, dental personnel must request other dental facilities to make artificial devices, which takes three to four days to accomplish. This delay precludes using the devices for the immediate treatment of patients.

Item: Dental Treatment.

Discussion: Many individuals need extensive dental treatment just after arriving in Vietnam.

Observation: This condition exists even though dental examinations were given to personnel prior to their shipment from CONUS. Often these personnel state that they were advised in CONUS to request treatment upon arrival in Vietnam. In a combat zone, proper dental care is not always immediately available. The policy of delaying dental treatment until a person's arrival in Vietnam results in needless loss of productive manhours.

C. MEDICAL:

Item: Assessment of missile fragment wounds of joints.

Discussion: Several cases of pyogenic arthritis have been observed in patients transferred to the 3d Field Hospital. These were usually the result of failure to identify small missile fragments in the knee joint.

Observation: Medical personnel should be aware of the possible complication of a pyarthrosis in all extremity fragment wounds.

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (MCS CSFOR - 65)

Item: Management of Massive Hemothorax.

Discussion: Penetrating wounds of the chest with resulting hemothorax and hemorrhagic shock are customarily treated with immediate closed tube thoracostomy and whole blood replacement.

Observation: In most patients, this previously mentioned treatment is adequate; however, with a few patients with major vessel injury, the hastily inserted chest tube serves as a vent for exsanguinating hemorrhage. The tamponade effect of the hemothorax is lost and uncontrollable bleeding occurs.

Item: Adjuncts to Arterial Surgery.

Discussion: In a few patients undergoing reexploration of a femoral artery repair, it has been noted that the use of conduction anesthesia has greatly reduced spasm in the affected artery.

Observation: Specifically, continuous epidural anesthesia provides adequately lengthy anesthesia for the procedures necessary to re-establish flow, while a chemical sympathectomy is accomplished at the same time.

Item: X-ray Film Processing

Discussion: The quality of X-ray film processing is dependent upon the temperatures of developing fluids. Ambient temperatures of 85° to 90° in the dark room bring the temperature of the developing fluids to above 80° and cause over-development of the X-ray films.

Observation: With the developing chemicals now in use in the Saigon area, it was found that chilled water was absolutely necessary to assure proper development of X-ray films. Tap water cannot be used since the temperature is not low enough to insure optimum processing. This problem was solved by installation of a water cooler for the developing tanks which resulted in a much improved quality of films.

D. FOOD SERVICE:

Item: Nourishment and Forced Fluids.

Discussion: During this period it was ascertained that excess juices were being consumed in the wards and action was taken to find a solution to this problem.

Observation: Juices used as nourishment and forced fluids were issued twice daily to the wards on a prescription form signed by the nurse of duty. It was found that juices were being given to all patients whether or not they were on nourishment or forced fluids. Food Service personnel trained

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4 August 1967

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Ending 31 July 1967 (RCS CSFOR - 65)

two Vietnamese helpers to dispense nourishments and forced fluids by using a Nourishment and Forced Fluid roster which lists the patient's name, bed number, ward, and type of nourishment required. Since are now delivered by Food Service personnel, a decrease of approximately 50 per cent in juice consumption has been realized.

SECTION II PART II RECOMMENDATIONS

AVCA MB-GD-FK

4 August 1967

SUBJECT: Operational Report - Lessons Learned Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

RECOMMENDATIONS:

1. Provisions should be made to provide compressed air through regular Army Supply Channels in Vietnam.
2. When adequate space and equipment become available, initial impressions and models for prosthetic appliances can be produced at this facility while final finishing touches when needed can be accomplished at other dental facilities.
3. Recommend that extensive dental treatment, if needed, be given to personnel in CONUS prior to their departure for Vietnam.
4. Patients with fragment wounds of the extremities near a joint should be X-rayed prior to debridement in order to determine if fragments are in a joint space. An arthrotomy, irrigation and removal of the fragment should be performed if possible at the time of initial debridement.
5. In those patients with hemothorax and shock, but not in acute respiratory distress, the following sequence of treatment should be followed:
  - a. Stabilization of cardiovascular dynamics by whole blood replacement.
  - b. General endotracheal anesthesia, providing control of respiration and adequate oxygenation.
  - c. Surgical prep for a possible formal thoracotomy.
  - d. Closed tube thoracostomy, and if massive hemorrhage continues, an immediate thoracotomy can be performed if necessary.
6. In the patient whose general condition permits the insertion of an epidural catheter continuous epidural anesthesia is the method of choice for arterial surgery in the lower extremities. The catheter may safely be left in place for 48 hours post-operatively and employed as a vehicle for continuous chemical sympathectomy. It may be used for repeat induction of surgical anesthesia if necessary.
7. Recommend installation of water coolers with developing tanks to assure top quality X-ray film processing in areas where ambient temperatures in excess of 80° prevail.
8. Recommend that a Nourishment and Fluid Roster be maintained, and that liquids be served by Food Service personnel.

AVCA MB-GD-FO (4 Aug 67) 1st Ind  
SUBJECT: Operational Report-Lessons Learned for Quarterly Period Ending  
31 July 1967 (RCS CSFOR-65) (3d Field Hospital)

HEADQUARTERS, 68TH MEDICAL GROUP, APO 96491

14 August 1967

THRU: Commanding General, 44th Medical Brigade, APO 96307

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D.C. 20310

Reference Section II, Part II, paragraph 1. Compressed air has been requested only on one occasion thru the medical supply officer, 3d Field Hospital. Compressed air, however, is available through normal supply channels when professional personnel feel the requirement exists. One time usage does not justify stockage at this time.

FOR THE COMMANDER:

  
ROBERT L. SIMMONS  
CPT, MSC  
Adjutant

1 Incl  
nc

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AVEJ-FO (4 Aug 67)

2d Ind.

SUBJECT: Operation Report-Lessons Learned for Quarterly Period Ending  
31 July 1967 (RCS CSFOR-65) (3d Field Hospital)

HEADQUARTERS, 44th Medical Brigade, APO 96307


7 September 1967


TO: Commanding General, 1st Logistical Command, ATTN: AVCA-GO-C  
APO 96307

1. The contents of basic document and first indorsement have been reviewed.
2. This report is forwarded with the following comments pertaining to Section II, Part II (Recommendations):
  - a. Concur with comment in first indorsement.
  - b. Concur in part. This type recommendation is often made by personnel in field and evacuation hospitals, however, the TCE of such a unit does not include qualified dental laboratory personnel. There is a critical shortage of enlisted men with MOS 42D in Vietnam, so none are available for assignment to the 3d Field Hospital at this time.
  - c. Nonconcur. Dental PCR standards are determined by the Department of the Army and are beyond the control of this Headquarters.
  - d. This item concerning a strictly technical professional matter has been noted. The recommendation should be considered by appropriate professional consultants of the Surgeon General.
  - e. Same as paragraph d, above.
  - f. Same as paragraph d, above.
  - g. Concur.
  - h. This is an internal problem and should not have been included in this report.

TEL: Lynx 382

1 Incl  
nc

  
GLENN J. COLLINS  
Brigadier General, MC  
Commanding



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AVCA GO-O (4 Aug 67) 3d Ind  
SUBJECT: Operational Report for Quarterly Period Ending 31 July 1967  
(RCS CSFOR 65)

HEADQUARTERS, 1ST LOGISTICAL COMMAND, APO 96307 11 SEP 1967

TO: Deputy Commanding General, United States Army Vietnam, ATTN:  
AVHGC-DH, APO 96375

1. The Operational Report - Lessons Learned submitted by the 3d Field Hospital for the quarterly period ending 31 July 1967 is forwarded.
2. Reference page 6, paragraph A, and page 9, paragraph 1: Comments in 1st Indorsement are appropriate.
3. The 3d Field Hospital engaged in medical support for 92 days during the reporting period.
4. Concur with basic report as indorsed. The report is considered adequate.

FOR THE COMMANDER:

*Timothy S. O'Hara*  
 TIMOTHY S. O'HARA  
 1ST. INF  
 Acting Asst AG

TEL: Lynx 430/782

1 Incl  
nc

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AWHQC-DST (4 Aug 67) 4th Ind  
SUBJECT: Operational Report-Lessons Learned for the Period Ending  
31 July 1967 (RCS CSFOR-65) (U)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96375

TO: Commander in Chief, United States Army, Pacific, ATTN: GFCP-CT,  
APO 9655C

1. This headquarters has reviewed the Operational Report-Lessons Learned for the period ending 31 July 1967 from Headquarters, 3d Field Hospital (A3J1AAA) as indorsed.

2. Pertinent comments follow:

a. Reference item concerning compressed air, paragraph A, page 6; 1st Indorsement and paragraph 2a, 2d Indorsement: Nonconcur with 1st Indorsement and paragraph 2a, 2d Indorsement. Standards established by the Office of the Surgeon General are now attainable in Vietnam. Sources of supply for medically acceptable compressed air are being established.

b. Reference item concerning prosthetic appliances, paragraph B, page 6: Nonconcur. A minimal capability for construction of splints with quick setting Acrylic exists in the Field Hospital. Any complex splint can be manufactured within several hours by KJ Teams in the vicinity if given a priority. Maxilla facial injuries are usually associated with other bodily injury and usually are on a delayed basis.

3. Unit will be notified of actions and comments by routine indorsement which returns this report.

FOR THE COMMANDER:



1 Incl  
nc

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GPOP-DT(4 Aug 67)

5th Ind

SUBJECT: Operational Report for the Quarterly Period Ending 31 July 1967  
from HQ, 3d Fld Hosp (UIC: WBJMAA) (RCS CSFOR-65)

HQ, US ARMY, PACIFIC, APO San Francisco 96558

27 OCT 1967

TO: Assistant Chief of Staff for Force Development, Department of the  
Army, Washington, D. C. 20310

This headquarters has evaluated subject report and forwarding  
indorsements and concurs in the report as indorsed.

FOR THE COMMANDER IN CHIEF:



1 Incl  
nc

K. F. OSBOURN  
MAJ, AGC  
Asst AG

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SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

ANNEX A

SURGERY

1. The mission of the Surgery Department during the 3 month period May-July 1967 was primarily that of caring for wounded patients transferred from other surgical and evacuation hospitals; mainly, the 12th Evacuation Hospital and the 3rd Surgical Hospital. Direct casualties, patients from CSF not ready for evacuation, and injuries and surgical illnesses incurred by military and civilians in the Saigon area constituted the remainder of our patient load. A significant number of elective surgical procedures was performed.

2. A constant change in professional personnel occurred during this period.

3. The present surgical staff consists of the following: Chief of Surgery and Plastic Surgeon, four (4) General Surgeon, one (1) Thoracic Surgeon, one (1) Orthopedic Surgeon, one (1) Ophthalmologist, and two (2) Anesthesiologists.

	<u>Admissions</u>	<u>IRHA</u>	<u>Operations</u>	
			<u>Major</u>	<u>Minor</u>
May	367	109	132	51
June	302	123	112	56
July	516	169	128	75

4. The Emergency Room besides functioning as triage and resuscitative area for the management of IRHA and other acute traumatic injuries continued to take on an increasing outpatient load.

The following statistics reflect the increasing outpatient clinic load.

TABLE

	<u>Emergencies</u>	<u>Total Patients</u>
May	135	1955
June	130	1986
July	124	1660

5. The Anesthesiology Service has functioned well. The operating room recovery room and intensive care wards have operated smoothly under the supervision of the Chief, Anesthesiology Service.

	<u>ANESTHESIA</u>		
	<u>General</u>	<u>Regional</u>	<u>Local</u>
May	117	26	44
June	88	44	36
July	99	50	63

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AVCA MB-GD-PA

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Ending 31 July 1967 (RCS CSFOR - 65)

6. The Orthopedic service continued to operate with a large outpatient clinic.

7. Additional activities by members of the Department of Surgery consisted of weekly participation in the MEDCAP program and consultant visits to the 7th Day Adventist Hospital, and the Cong Hoa Military Hospital.

8. Weekly surgical staff rounds and participation in the professional staff conference continues by members of the surgical services.

AVCA MB-GD-FA

4 August 1967

SUBJECT: Operational Report - Lessons Learned for Quarterly Period  
Ending 31 July 1967 (RCS CSFOR - 65)

ANNEX B

MEDICINE

1. General Medicine: There were 255 admissions to the General Medical Ward (Ward 8) from 1 May 67 to 21 July 67. Following are listed discharged diagnoses during this period.

<u>Diagnosis</u>	<u>No. of Patients</u>
1. Gastritis	10
2. Heat Stroke	1
3. Myocardial infarction	4
4. Med. obs. for chest pain	2
5. Hypertension	14
6. Encephalitis	1
7. Med obs. abdominal pain	5
8. Renal calculi	32
9. Hyperventilation	2
10. Arthritis, no diagnosis	2
11. Pneumonia	10
12. Valvular heart disease	1
13. U R I	1
14. G C arthritis	1
15. Hepatitis	1
16. Med. observation	2
17. Infectious mononucleosis	7
18. G C urethritis	2
19. Liver disease, etiology unspec.	2
20. Epididymitis	2
21. Allergic reactions	1
22. Diarrhea, etiology unknown	1
23. Cardiovascular disease, etiol. unspecified	1
24. Rheumatic fever	1
25. Peptic ulcer disease	8
26. Hepatomegaly	1
27. Non specific urethritis	2
28. L G V	2
29. Ca. thyroid	1
30. Bronchitis	3
31. Gastroenteritis	2
32. Diabetes	2
33. Thrombophlebitis	1
34. Asthma	2
35. Amebic liver abscess	1
36. Chest masses, etiology unknown	2
37. Tenosynovitis	2
38. GI bleeding, etiology unknown	2
39. Arteriosclerotic heart disease	5
40. Allergic reaction to insect bites	1
41. Rheumatoid arthritis	1
42. FUO	2

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Ending 31 July 1967 (RCS CSFOR - 65)

<u>Diagnosis</u>	<u>No of Patients</u>
43. Seizure disorder	3
44. Alcoholism	2
45. CNS disease, etiology unknown	1
46. Sarcoid	1
47. Glomerulonephritis	1

2. Interesting General Medical cases 1 May 67 to 21 July 67:

a. 36 year old white male who had a partial thyroidectomy in 1964 and a radical neck dissection on the left for papillary adenocarcinoma of the thyroid. Patient had been on suppressive doses of desiccated thyroid. Physical examination revealed a non-fixed and non-tender mass below the right side of the mandible. Patient was air-evacuated to CONUS to rule out metastatic recurrent adenocarcinoma of the thyroid.

b. 36 year old white male admitted for headache, inability to void completely, low back pain and left sciatic nerve pain. He was afebrile on admission but had a slightly stiff neck. Kernig and Brudzinski signs were negative. CSF revealed 621 white cells, no bacteria, normal sugar and a slightly elevated protein. The patient developed an elevated temperature, increasing residual urine, cerebellar signs, weakness of the right hand, dysphagia, dysgraphia. Patient was discharged after 19 days hospitalization with a tentative diagnosis of acute encephalitis.

c. 37 year old SSG admitted for severe pain of acute onset left knee and right ankle. Recent sexual exposure was denied. Culture of the left knee effusion grew out neisseria gonorrhoeal. Blood cultures were negative. Patient was treated with 20 million units of penicillin and return to duty.

d. 36 year old negro male hospitalized at the 3rd Field Hospital to evaluate the possibility of sarcoidosis. The patient had fever, pain and swelling of multiple joints in the recent past and had been hospitalized for 91 days. Diagnosis was unknown to the patient. In November 1962, he developed morning stiffness and pain, was hospitalized for 6 months. Marked proteinuria was noted, renal biopsy was negative, patient was treated with steroids and diagnosed and profiled as rheumatoid arthritis. In 1964, he was rehospitalized for arthritis and proteinuria. In Mar 1967, he was evaluated and noted to have a negative LE prep, normal urinalysis, total protein and serology. Serum Calcium of 8.1 Meq was noted. In spite of paritcd swelling no evidence of sarcoid was noted. Liver biopsy and facial lesion biopsies were negative.

e. 30 year old white male admitted with a 2 week history of bilateral flank pain, anorexia, nausea, low grade temperature, and loose stools. Physical examination revealed marked RtCVA tenderness and tenderness over the right costal margin, at the anterior axillary line. Spleen and liver were not enlarged. WBC was elevated, and BSP LDH were elevated. A minimal right pleural effusion was noted. Patient was begun on emetine and chloroquine for a suspected amebic abscess of the liver. Within 48 hours there was considerable improvement in his clinical picture. He was returned to full duty.



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3. Infectious Disease Service: Between 1 May and 21 July 67, 382 patients were admitted to the Infectious Disease Ward (Ward 6). A breakdown of the diagnoses at the time of discharge or transfer were as follows:

<u>Diagnosis</u>	<u>No. of Patients</u>
1. Abdominal pain, undiagnosed	4
2. Amebiasis, intestinal	3
3. Viral illnesses, non specific or UMI	10
4. Gastroenteritis, undiagnosed	48
5. FUO	43
6. Falciparum malaria	17
7. Vivax malaria	13
8. Dengue	1 (poss.)
9. Hepatitis, viral	65
10. Encephalitis	1
11. Diarrhea, acute and chronic, etiology unknown	21
12. Shigellosis	18
13. Malaria, non specified	22
14. Chloroquine-Primaquine reaction	3
15. Tuberculosis	8
16. Intestinal parasites, type unspec.	3
17. Pneumonia, viral	12
18. Pneumonia, bacterial	1
19. Chancroid	1
20. Orchitis, mumps	1
21. Bronchitis, etiology not spec.	4
22. Meningitis, aseptic	5
23. Mononucleosis	5
24. Lymphogranuloma venereum	1
25. Salmonellosis	3
26. Sprue	4
27. Pleurisy, type unspecified	1
28. Gonorrhoea	2
29. Liver abscess, amebic	1
30. Rubella	1
31. G-6-P-D deficiency	1

4. Interesting cases on the Infectious Disease Ward:

a. On 15 June, a 20 year old white male was admitted to the hospital with a two day history of fever and a 13,000 white count. A blood culture was obtained, and tetracycline was begun. He promptly became afebrile, and was discharged after four days on no drugs. Two days later he reappeared in the emergency room with fever. That same day the previously drawn blood culture was reported as positive for staph. aureus. PE was negative. Two more blood cultures were obtained, both of which grew staph. aureus. On the third hospital day a faint heart murmur was detected. During his hospitalization, this murmur became somewhat louder and localized

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in the tricuspid area. Staphcillin, 12 grams daily was begun. Later Keflin, 6.0 grams daily and Benemil were added. Defervescence occurred, but the patient developed a pleural effusion. He was air-evacuated to Japan. During the flight he developed chest pain and the second pulmonic heart sound became quite loud--much louder than before. Final impression was acute staphylococcal endocarditis of the tricuspid valve, with multiple pulmonary emboli. In retrospect, the patient recalled that a few days before his first admission he had disturbed furuncle a on his buttocks.

b. A 20 year old white male was admitted to the hospital after stepping on a land mine. Bilateral AK amputations were done, and multiple fragment wounds were debrided. Cutdowns were performed to give blood and fluids. The amputation sites became infected with Pseudomonas. Subsequently the patient became quite ill, with a septic course--high spiking temperatures, chills, drenching sweats. Several blood cultures were obtained and therapy with large doses of colymycin was begun, on the assumption that the patient had Pseudomonas Septicemia. Nevertheless, he died. At necropsy acute bacterial endocarditis was found, due to staph. aureus. After his death, all of his blood cultures were found to be positive for staphylococcus.

c. A 45 year old white male was rehospitalized for observation. His illness was of sudden onset and characterized by fever, stiff neck, a lymphocytic pleocytosis of the spinal fluid, ascending paralysis, seizures, and death in spite of treatment with large doses of keflin, steroids, and assisted respiration. At necropsy, purulent material was found encasing the spinal cord, from which an alpha strep was recovered. After the brain had been fixed in formalin for three weeks, it was cut and found to be the site of several abscesses. In retrospect, from the necropsy findings, we surmised that the patient had had a chest infection, and that a mediastinal lymph node had eroded into a blood vessel, seeding his blood stream.

d. A 40 year old white male retired LTC was admitted with fever chills, leucocytosis, right upper quadrant and pain. A tentative diagnosis of acute cholecystitis was made, and he was treated with nasogastric suction and intravenous tetracycline. He failed to improve, and an IV cholangiogram showed a normal gall bladder and bile ducts. A pleural effusion developed. This was tapped. The fluid was cloudy, no trophozoites were seen, and it was sterile in culture. On the 3rd hospital day the tetracycline was discontinued, and emetine and chloroquine were begun. This was followed by an initial rapid improvement in the patient's symptomology. After 9 days the emetine had to be discontinued because of EKG changes. The clinical picture became static. He was air-evacuated to Letterman General Hospital, where liver scans demonstrated two, or possibly three, "cold spots" compatible with abscesses. Another five days of emetine were given. Subsequently the patient made an uneventful recovery.

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5. Rabies Control Board: The rabies control board evaluated 10 cases during the reporting period. Seven were from dog bites, one from a cat, and two probably from rodents. Treatment consisted of local wound treatment and duck embryo vaccine in 5 cases and treatment with duck embryo vaccine and hyperimmune horse serum in two cases.

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## ANNEX C 629th Medical Detachment (Renal)

1. During the past quarter the 629th Medical Renal Detachment completed its first twelve months in Vietnam. It is now possible to make an appropriate analysis of the results emanating from the renal unit.

2. Clinical Results:

a. In the past 12 months a total of 48 patients with acute renal failure were treated at the renal unit 3rd Field Hospital. Not all of these patients required dialysis and some were so critically injured that they did not survive for the initiation of dialysis. Of the total group of patients seen 38 were treated by hemodialysis or peritoneal dialysis. The latter dialytic procedure has generally been favored for the medical etiology renal failure patients. The treated patients may be broken down into four groups and their various survival rates are listed below.

<u>Etiology</u>	<u>No. of Patients</u>	<u>No. of Survivors</u>	<u>% Survival</u>
Medical	15	13	87
Post-traumatic	19	7	37
Burns	3	1	33
Miscellaneous (CH <sub>2</sub> OH toxicity)	1	0	-
Total	38	21	55%

b. In order to continue maximum efforts towards a further reduction in the mortality of renal failure patients in Vietnam some recommendations can be made to the referring physicians in the various medical facilities throughout the war zone:

- (1) Strict adherence to the preventive principles of acute renal failure.
- (2) When the diagnosis of acute renal failure is established or even suspect rapid referral to the renal unit is advised.
- (3) When possible the referring physician should accompany the patient to the renal unit, or some other physician closely acquainted with the case should make the journey.
- (4) Initiation of I.V. solutions to combat hyperkalemia when necessary.
- (5) It cannot be over emphasized that to err on the side of early referral is infinitely better than to delay referral.

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3. Quinine studies and Black water fever:

Results are now available for the on going studies of "in vivo" and "in vitro" quinine clearance data.

a. In Vivo data: Data have been analyzed for quinine assays in four patients with acute Falciparum Malaria and Blackwater fever. Peritoneal dialysis has been used as the method of therapy for the renal failure in each of these cases. Currently, the results are available on three of these cases. These data have been tabulated in a preliminary fashion, and some general conclusions can be derived from these results. In the anuric or markedly oliguric phase of renal failure, it would appear that one-third (600 mg) of the normal dosage of quinine dihydrochloride produces an efficacious therapeutic serum level. Levels achieved at this phase in the disease process in the three patients studied were in a range of 10-17mg of quinine dihydrochloride per liter. Based on peritoneal dialysate assays, it appears also that peritoneal membrane clearances of quinine are variable, but overall are less than one might anticipate. With the onset of diuresis full dosage schedules may be resumed to complete an appropriate course of therapy.

b. In Vitro data: In four experiments carried out as designated under "experimental design", (see previous reports) preliminary results indicate that quinine dihydrochloride is diffusible across the cellophane membrane of the Kolff twin-coil kidney. At therapeutic blood levels, i.e. 15 mg/L., quinine may be detected after approximately 1 to 2 hours of dialysis. It will then accumulate in a linear fashion, and significant concentrations are measurable. The effect of non-ionic diffusion of quinine could not be determined on the basis of these studies. Further elucidation is obviously necessary in this important subject.

4. Lecture and Consultation Visits: During the past quarter a number of lecture and consultation trips were made in the II and III Corps areas. Visits for the exchange of dialysis data and lecture purpose were also made to the two additional renal units in the Pacific area. These Renal centers are located at Tachikawa A.F.B., Japan, and Clark A.F.B., Philippine Islands. All visits were found to be most helpful in formulating guide lines for the future of this highly specialized unit.

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3D FIELD HOSPITAL

1. The 3rd Field Hospital provides the administration and has operational control over the following attached units:

51st Field Hospital

62nd Medical Detachment

155th Medical Detachment

629th Medical Detachment

2. The 406th Mobile Medical Laboratory provides direct support and is housed within the 3rd Field Hospital compound but is not attached for administration or operational control.

Inclosure 1