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DEPARTMENT OF THE ARMY
HEADQUARTERS 3D FIELD HOSPITAL
APO 96307

AVCA MB-GD-FA

14 November 1966

AD874131

SUBJECT: Operational Report for Quarterly Period
Ending 31 October 1966 (RCS CSFOR-65)

TO: Commanding Officer
68th Medical Group
APO 96491

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SECTION I

SIGNIFICANT ORGANIZATION OR UNIT ACTIVITIES

MISSION

The 3d Field Hospital continued to provide medical support to the III and IV Corps areas and general support for the II Corp area.

ORGANIZATION

1. One TO&E change was approved by DA with the addition of an ophthalmologist and optometrist by USARV General Order Number 22, effective 1 October 1966. The ophthalmologist joined the unit in September and a clinic was established on the 3rd Floor of building 3 with limited facilities at present. Patients needing refraction and slitlamp examinations are still referred to the 17th Field Hospital for treatment.

2. The MPO&E to combine the 3d Field Hospital and 51st Field Hospital was submitted again in October and forwarded to USARV in late October. The approval of this MPO&E will eliminate many of the administrative problems caused by the necessity of maintaining two sets of property books and separate morning reports as well as having two detachment commanders.

3. The 406th Mobile Lab section from Nha Trang continued to provide direct laboratory support for the 3d Field Hospital and provides chemistry support to the 36th Evacuation Hospital and laboratory services to the surrounding area dispensaries. The 406th is also the central blood branch facility in Vietnam and over 28,000 units of blood were dispensed during the past quarter.

4. The malaria research team from Walter Reed continued their studies during the quarter.

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REGISTRAR

1. Census

a. During this quarter our bed capacity increased from 305 to 327. The highest occupancy was 220; the lowest 138. Total number of admissions were 1454. Of these 507 were admitted to medical service; 947 to surgical service. There were 427 IRMA admissions and 23 of these were DRMA. During this period there were 4676 outpatient visits recorded.

b. During this report period a total of 568 patients were transferred to 21st CSF, Tan Son Nhut, for further evacuation out of the country.

2. A&D Section

a. During this period a new storage section was completed for patients clothing providing much needed room for storage of patients clothing and bags, previously coveys were used for this.

b. In September a full 24 hour interpreting capability was realized with the hiring of a full-time Vietnamese interpreter. This man has also been able to assist in other administrative duties.

PERSONNEL

1. During the past quarter the hospital had a large change over of personnel with the rotation of 54 officers and 97 enlisted men of the 51st Field Hospital. The officers and men of the 51st Field Hospital arrived in country 3 November 1965 and helped establish the hospital from a converted school, 100 bed hospital, to its present expansion of 327 beds, many key individuals were rotated and the transition period of the new arrivals in these positions has just been completed. In addition to the change of personnel of the 51st Field Hospital, the neurosurgeon consultant from USARV was assigned to the 3d Field Hospital in October giving us two neurosurgeons. The 3d Field Hospital also had 12 nurses assigned on TDY from the 24th Evacuation Hospital and 3 surgeons on TDY from the 45th MUST Unit.

2. Promotions during this period among the officers consisted in the advancement of: One A1NC Officer to Major; 4 A1NC Officers to grade of Captain; 2 A1NC Officers to grade of 1st LT, and 1 A1SC to grade of 1st LT. Enlisted promotions were as follows; 4, E-6's to grade of E-7; 2, E-5's to grade of E-6; 5, E-4's to grade of E-5 and 28, E-3's to E-4.

3. During this report period 22 new civilian employees were hired for various positions in the hospital bringing the total Vietnamese civilian employment to 135.

TRAINING

1. Training consisted of in service training for professional nurses as well as weekly classes for corpsmen. Special emphasis has been placed on training to insure the educational program meets the needs of both the professional and non-professional staff.

2. Weekly commander's call was conducted by the Detachment Commander, and a weekly driver safety briefing for all drivers was conducted by the Hospital Commander resulting in an accident free period during this quarter. The Registrar also conducts a weekly seminar for all personnel of the Registrar section.

3. Two dental conferences were held at the 3d Field Hospital during September and October.

4. Professional Staff Conferences were held weekly.

5. Two practice alerts were called during the quarter and one practice EOP. An actual EOP was called once during the quarter but was terminated within an hour as the patients were routed to other facilities in the Saigon area.

SUPPLY

1. In the past, the medical supply branch, stock record section and unit supply were located in the same area. However, due to heavy traffic of patients and other personnel drawing supplies from both medical and unit supply, it was found that the medical supply stock record section and issue section could not perform their duties without being interrupted. As a result the unit supply has been relocated in the rear of the building providing both the unit and medical supply with more space and privacy.

2. The linen exchange section established a new linen control system with informal records being kept for the ward levels and stock on hand and location. This should provide a more realistic control and accountability of linen in the hospital.

CONSTRUCTION

1. During this quarter building number 6 was completed in September and new recovery and intensive care wards moved from building number 7 and the medical ward moved from building number 8 to the 2nd floor of Building number 6.

2. Construction of connecting ramp between building 6 & 8 was completed and plans submitted for construction of offices for the Chief of Professional Service and the Chief of Medicine and Surgery, along the ramp way.

3. The elevator shaft construction has been completed and awaiting the arrival of the elevator.

4. With the vacating of building number 7, plans have been drawn up and submitted for converting it to a VIP ward.

5. Building number 9 is now 90% completed with all major construction having been accomplished, however occupancy is being held up until the arrival of necessary equipment which will be installed and permit completion of the interior.

6. The convalescent ward, previously located in building number 1 was moved to the third floor of building number 8 and the old convalescent ward converted to a 50 bed surgical ward.

FOOD SERVICE

1. During this quarter the food service section continued to feed an average headcount of 450 men. This is still being accomplished on field type ranges and stoves.

2. Food service received two gas ranges but were unable to use them because of excessive smoking. This was over come by refilling the orifices and drilling smaller orifices.

WELFARE AND MORALE

1. The tent that was utilized as a EM club was replaced with a semi-permanent structure.

2. Space for recreational activities remains a problem for hospital personnel. Those small areas that are available within the compound are at present under construction or being utilized for storage of building material.

3. The V.F.W. in Saigon entertains the ambulatory patients at the V.F.W. home every Saturday. This has been a significant morale booster for the patients.

4. Special Services during the past quarter organized patient and staff softball teams and games which were played every Sunday. Many shows were presented from Special Services and USO activities. These included; Martha Ray, Roy Rogers, 1st Marine Air Wing Band, Arthur Godfrey and the Vietnamese culture platoon.

CHAPLAIN

1. The chaplain section continued to meet the religious needs of the patients and staff of the hospital. Besides the regular worship services and sacraments; every patient is seen at least once every day, seven days a week. These contacts can be brief, or prolonged religious and emotional counseling. One of the problems faced frequently is the fear expressed by a patient who is being discharged to a front line combat unit.

2. The chaplain section has taken on several civic action programs this quarter to help provide the Montagnard people with medicine, clothing and other needed supplies. A project is also under way to procure approximately 3 tons of grains which will also be distributed to the Montagnards near Dalat.

3. A Protestant Chapel Library has been started to provide religious reading to patients and staff and will provide needed material for study discussion groups and confirmation classes.

4. Plans have been set up to start a Wednesday night religious program consisting of a religious movie, followed by discussion and refreshments to encourage an informal religious type atmosphere.

5. Attendance of the different religious services averaged over 1,300 per month during this quarter.

RED CROSS

1. Two new Red Cross staff members arrived in September, a new hospital field director and an additional recreation worker, for a total of 3 staff workers.
2. Eleven volunteers have been added to the volunteer program representing Australia, New Zealand, Peru, Denmark, and the United States. The addition of these volunteers brings the number now serving with the hospital to 27.
3. The first volunteer training course was started in October and the response and enthusiasm shown by the volunteers has been gratifying.
4. The recreation program was expanded during this period, adding leathercraft and guitar lessons twice a week.
5. With the increase of volunteers the book cart is taken to the wards six days a week and the evening programs have been expanded to twice a week.
6. The total number of personnel requesting assistance during this quarter were 128. Of these 5 were for financial assistance and 6 were emergency leave verification.

PROFESSIONAL SERVICES

1. A new series of weekly professional staff conferences were begun with the responsibility for presentation rotating between the medical, surgical and X-Ray departments. In as much as possible material relating to medical mission in Vietnam will be presented.
2. The USARV neurosurgery consultant was assigned to the hospital in October and took on the additional duties of Chief, Professional Services as well.
3. Three surgeons (orthopedic, thoracic, and general) have been attached on TDY from the 45th MUST, until that unit becomes operational.
4. Part of the 62nd (KA) Surgery Detachment was deployed for 3 weeks in September with the 196th Infantry Battalion.
5. The neuroradiology capabilities of the hospital have been extended with the acquisition of NEPCO IV Cerebral arteriography charger. This has increased our diagnostic capability in cases of closed head trauma, spontaneous subarachnoid hemorrhage and suspected brain tumor.

SURGICAL SERVICES

1. During this report period there were approximately 947 admissions to the surgical service. Of these 625 were IRMA, 462 were major surgical cases and 153 minor.
2. Five burn patients were treated during this period with I.V. Fluids, penicillin and 0.5% silver nitrate application. After treatment these patients were transferred to Brooke Army Burn Center. The Burn Center reported that they would recommend the following treatment.

- a. Use no antibiotics.
- b. Do not use 0.5% silver nitrate as they prefer to use sulfa-mylon.
- c. Transfer the burn patients as soon as they are stable enough to transfer with a physician in attendance.

3. With the opening of a new surgical ward the hospital is able to retain more patients that can be returned to duty within 30 days without jeopardizing the number of needed beds for emergencies. However, when a large number of transfers from other hospitals are brought in it is not possible to retain all patients that need only secondary closures of wounds and maintain the empty beds necessary for an emergency.

MEDICAL SERVICE

1. Ward 6, a 51 bed ward serves as the general medical ward. The policy has been to admit all non-contagious internal medical patients to this ward. Therefore a wide variety of medical problems are handled and this places a correspondingly wide variety of demands upon the facilities and services of the staff personnel. There is no readily available tabulation of the different diseases treated for this period but such a tabulation will be kept in the future. No particular disease appear to stand out in relative frequency except perhaps renal stones. One has the impression that a higher percentage of patients with renal calculi is seen than in a similar population in the United States. If this is true the cause is not really apparent. The possible role of relative dehydration in this climate is speculative.

2. Ward 6 previously wards 9-12, 52 beds, is the infectious disease ward. The staff of this has participated in the malaria treatment study begun on 9 June 1966, involving all the Evacuations and Field Hospitals in Vietnam. Some of the observations made at the 3d Field Hospital are as follows:

a. The number of patients studied at the 3d Field Hospital totaled 75 cases. Of these, 42 cases were treated with a combination of Daraprim and Quinine; and 33 cases received identical doses of these drugs plus Dapsone. The study was undertaken to determine the efficiency of a sulfone drug added to the drug regimen of Daraprim and Quinine, in the treatment of acute falciparum malaria. There were 5 relapses with the first group and 1 relapse with the second group receiving the additional Dapsone. Only one mixed malaria infection was encountered, that with *P.falciparum* and *P.malariae*.

b. It is significant that with falciparum malaria, the day of relapse may be more than 30 days after the peripheral smear has become negative for trophozoites. We had one case relapse with falciparum malaria trophozoites demonstrated in the peripheral smear 26 days after the completion of a 14 day course of Quinine.

c. Almost invariably a relapse was cured with retreatment with a single dose of 1 gram. Fansil, and 50 mgm of Daraprim. In three cases where this failed a cure was attained with treatment for 5 days with Atabrine, 100 mgm every 8 hours.

d. Four cases of blackwater fever have been seen, all were treated with intravenous Quinine sulfate, and oral Daraprim, and required dialysis with the artificial kidney, and all recovered. No deaths have occurred at this facility from blackwater fever.

e. There are 5 untoward reactions attributed to Quinine in treating falciparum malaria. There were 4 cases of intensely pruritic macular, or maculopapular rashes, and 1 case of toxic cerebral symptoms. These were treated only symptomatically with antihistamines and fully recovered. All 5 patients were returned to duty.

f. We have noted several times where Quinine has been discontinued before 9 days of completed therapy, yet a cure was achieved.

g. We have encountered a small number of vivax malaria cases; these have by and large occurred in persons who admit having missed 1 or 2 Chloroquine-Primaquine prophylaxis tablets in the preceding four weeks. All have been successfully treated with a 3 day course of Chloroquine, and a 14 day course of Primaquine. None have relapsed, the disease is much milder than falciparum and they are returned to duty, usually within 3 days after completion of the Primaquine course.

h. We have seen 3 cases of Plasmodium malariae at this facility. These cases were treated in an identical manner as the vivax malaria cases, and were cured without relapse. These are the first such species of Plasmodia diagnosed, to our knowledge, in U.S. military personnel in Vietnam.

(1) A total of 322 patients were admitted to the contagious disease ward in the last quarter. The most frequent disease seen was falciparum malaria, accounting for approximately 43% of discharge diagnoses from this service. The second most common disease seen is infectious hepatitis, accounting for 18%. Another 15% have been given a discharge diagnosis of fever of undetermined origin. Most of these presented much like Dengue fever, but were not felt to present enough criteria clinically to call them Dengue.

(2) Febrile diarrheas are admitted to the contagious disease ward; non-febrile diarrheas are admitted to the general medicine service. The Febrile diarrheas accounted for 4% of the discharge diagnoses. Of these approximately 1/3 had as the etiology Shigella Sp. and the other 2/3 had no recoverable organism. The remaining 5% of the discharge consisted variously of, amoebic colitis, amoebic liver abscesses, hookworm, tapeworm, tuberculosis, a typical pneumonia, pyoderma infectious mononucleosis, and 4 cases of documented Japanese B encephalitis have presented a wide range of clinical severity from lethargy with headache to decerebrate rigidity. We have had no deaths from the disease, however 1 case had severe residuo of hemiparesis and impaired mental acuity.

(3) It is notable that we have not seen any bacterial meningitis, or scrub typhus. One case of septicemia due to Pseudomonas pseudomallei was seen in consultation for the surgery department. The source of sepsis was fragment wound of the knee. Although the patient was treated with numerous antibiotics with heroic dosages, he did not survive.

(4) Renal Unit report is attached as Appendix 1.

X-RAY DEPARTMENT

The X-Ray service exposed 4,049 films for inpatient examinations and 5090 films for outpatients. A total of 9,300 films were examined for this period for all outpatients service. The additional examinations were for the 7th Day Adventist Hospital and for the outlying dispensaries in and around the Tan Son Nhut area:

NEUROPSYCHIATRIC SERVICE

The total number of patients seen during the past quarter was approximately 140. The number of patients seen this quarter has continued to decline. This gradual decline started the middle of the last quarter. The reason for this is not readily discernable unless it is related to the policy of reducing the number of troops in the Saigon area. The diagnostic categories continue to reveal a majority of character and behavior disorders with a moderate number of neurotic and an insignificant number of psychotic disorders. The ratio is roughly twice as many character and behavior disorders as neurotic disorder and about 2% psychotic disorders. The number of outpatients compared to inpatients has remained about 5 to 1. Most of the inpatients were in the neurotic diagnostic category. The vast majority of all patients seen were returned to duty. There continued to be no case of combat exhaustion reaching this facility.

PHARMACY

1. During this report period the 3d Field Hospital Pharmacy dispensed over 25,819 prescriptions. The overall supply of medicine was excellent, and there were very few prescriptions that could not be filled due to shortage. There was an increased demand for parenteral antibiotics, brought about by an increase in diagnoses of medicidosis. A special meeting of the therapeutics board was held, and projected needs of the new antibiotics discussed and the board recommended an increase in the supply level. Cooperation between supply and 32nd Medical Depot was excellent in getting additional support.

2. Plans are now being formulated for the relocation of the pharmacy within the main hospital area with increased capabilities for manufacturing medications and increasing the hospital formulary to the level of that found in a 400 bed station type hospital.

SECTION II

COMMANDERS OBSERVATIONS AND RECOMMENDATIONS

PART 1

Observations (Lessons Learned)

PERSONNEL

Liaison Personnel

Item: Utilization of Liaison Personnel

Discussion: During the past several months the 25th and 1st Infantry Division have assigned NCOs to act as liaisons between the divisions and the 3d Field Hospital. This arrangement has proven to be a great help not only to the patients morale but also to the operation of the Registrar Division.

These liaison NCOs have been most helpful in matters pertaining to pay, personal effects, returning patients to duty, and especially in keeping the commanders apprised of the location of their troops.

Observation: Personnel assigned as liaison between field units and hospitals can be invaluable.

SUPPLY

Stryker Frames

Item: Shortage of Stryker Frames and Carts

Discussion: A problem has been encountered in air evacuation of patients, is that stryker frames and carts can not be exchanged item for item, and a shortage of the above listed items exists in the hospital as well as in the command.

Observation: The medical supply has established a stock level on these items and by receiving two copies of the hand receipt signed by the attendant receiving the patient, and 2 copies of transfer orders which are filed as a voucher for dropping the property. These items are then reordered to maintain an adequate stock level.

Expendable Supplies

Item: Medical expendable supplies and equipment, stockage level.

Discussion: A general shortage of medical expendable supplies has been experienced during this reporting period. This unit has some due outs from the medical depot in excess of 180 days. This presents a problem especially when a large number of patients are admitted or transferred to the hospital.

An analysis of the status report reviewed by the 1st Advance Platoon, 32nd Medical Depot show that of approximately 335 medical items on order 60 days or longer 273 or 81% are still valid due outs. Of these 273 items, 122 or 36% are 1/99 items or non-standard and 151 are standard. Of the remaining 62, the depot had no record on or were noted as shipped.

It has been found that a 15 days requisition objective is not sufficient to operate this hospital and meet the demands for emergencies. A 10 day operating level, 5 day safety level, and 0 day order and shipping time as directed by 44th Medical Brigade does not provide for adequate stockage of expendable supplies.

Observation: In order to meet emergency requirements and heavy patient admissions a minimum of a 75 day requisition objective should be maintained. The commander should be authorized to establish and maintain his RO as the situation demands in accordance with par 5-5 AR 711-16. A request for establishment of a 75 day RO has been submitted to the 68th Medical Group and 44th Medical Battalion

Item: Gas Ranges

Discussion: It was found that when the regular gas ranges are installed and used with propane gas they smoked because the holes are too large.

Observation: This can be eliminated by refilling the burner holes and boring smaller holes, when propane gas is used.

Patient Evacuation

Item: Patient Evacuation

Discussion: One of the biggest problems in the timely evacuation of patients is coordination between personnel and sections concerned, sections must be advised of date, time, and names of the patients being evacuated. The following procedure has been advised by the Registrar Division for maximum coordination and results.

A manifest is prepared on the morning of each evacuation day to include name, rank, service number, class, and diagnosis which is copied directly from the evacuation request. It is then distributed to all sections and wards directly involved in the evacuation. A copy is also forwarded to 21st CSF to provide them with information they must have to prepare any special equipment which might be necessary.

Observation: The result of the proper utilization of the manifest is that the paper work and medical records are promptly prepared and delivered, transportation has been scheduled, and the receiving unit, 21st CSF, has been properly notified.

Patient Evacuation

Item: Patient Evacuation Procedures

Discussion: A constant problem in evacuation is that of transportation, this includes routine, emergency runs, unexpected requirements, and necessary evacuation runs to 21st Casualty Staging Flight or to the flight line.

The Registrar Division, aided by the Air Force, have solved a portion of this problem by requesting assistance from the USAF. In many cases it is necessary to evacuate a large number of patients, both ambulatory and litter, to the 21st CSF. Under the old "shuttle system" this ran into many hours and road miles.

The Air Force now provides, upon request, the use of their ambulance buses for the timely and comfortable transportation of our patients to either the flight line or 21st CSF. These large air-conditioned buses can carry up to 44 ambulatory or 18 litter patients, and can accommodate patients on stryker frames.

Observation: This joint service effort has made possible the timely comfortable transportation of our patients being evacuated.

Safeguarding Valuables

Item: Safeguarding Patients Valuables

Discussion: Due to the non-availability of banking facilities to the Patients Trust Fund, it has been necessary to exercise a continuous check of a patient's valuables and funds in order to have an adequate control of same. The following procedure has been devised by the Registrar Division to provide the best control under the existing conditions.

When a patient is admitted to this hospital, his valuables are received by the admissions clerk and the Patients Deposit Record (DA 8-178) filled out. The valuables and funds are then brought to the Registrar where they are entered into a log book as they are placed in the safe.

The Log Book format is shown below:

NAME & REG. NO.	REC. BY (initials & date)	WITHDRAWN BY	PURPOSE OF WITHDRAWAL	VALUABLES TFD TO
Doe, John W. 9475	WSS 26 Oct 66	FB 7 Dec 66	Disch Duty	To Patient

Partial withdrawals may be entered if desired with closing of the account upon disposition of the patient.

Observation: This patient's Trust Fund Log Book provides a step by step control and insures a continuous account of funds and valuables from admission to disposition.

MEDICAL

Item: Reaction to Quinine

Discussion: A potential problem involves those patients cured of their falciparum malaria and sent back to duty, but who had reaction to quinine. There have been five such patients, as mentioned in the medical activities section, during this reporting period. What if such individuals come down with falciparum malaria again? To our knowledge, it is not known what the sequelae might be, a patient with a history of a quinine skin reaction is necessarily given quinine for a drug resistant falciparum infection.

Observation: That consideration be given to a policy concerning possible evacuation from country of patients who have a reasonably definite reaction to quinine.

Serology and Virology

Item: Serologic and Virologic Studies

Discussion: At the present time many diagnoses cannot be made because the capability for serologic and viologic studies are not readily available. The experience has been that when sera are sent to the SEATO laboratory in Bangkok, it has taken several weeks for results to return.

Observation: That consideration be given to the establishment of an extensive capability for serologic and viologic studies in country. A closer study is being made for this requirement and a report with recommendations will be forth coming.

Popliteal Artery Repair

Item: Popliteal Artery Repair

Discussion: Two patients were transferred to us with popliteal artery repair without a fasciotomy of the leg. Both patients required a fasciotomy to relieve the compartmental pressure secondary to edema. One of the two patients eventually had to have an amputation.

Patients that have to have a fascular repair below the hiatus of the femoral canal develop a tremendous amount of edema of the leg which compresses the vascular supply to the muscle compartments causing necrosis.

Observation: This does not happen if a fasciotomy of the leg compartments are done. Therefore, if a patient who has a vascular repair below the hiatus of the femoral canal should have a fasciotomy of the leg compartments prophylactically unless he is to be under the care of the operating surgeon the first seven days post-operative.

SECTION II

Part 2

RECOMMENDATIONS

Commander's Recommendations:

"NONE"

1 Incl.
Appendix I

JOSEPH E. MOLLOY
LTC, MC
Commanding

APPENDIX I

Significant Activities of Renal Unit

During the last quarter 7 patients were referred from different parts of R.V.N. to the Renal Unit for diagnostic evaluation and/or dialysis. Two of the more interesting cases are as follows:

Case 1 - Julius Cuthbert (age 21 years), Negro male with G-6-RD deficiency, acute hemolytic anemia, hypertension and acute renal failure. This patient presented a blackwater fever-like syndrome, but did not prove to have malaria. Subsequent laboratory data indicate that an underlying acute glomerulonephritis was probably the original etiologic and triggering agent. Patient was peritoneally dialyzed 3 times (40, 69, and 36 hours) with an interval of approximately 2 days between dialyses. Serial peritoneal urea and creatinine clearances were most remarkable during dialyses numbers 2 and 3. These latter clearances during dialysis No. 2 were well below the normally predicted levels of clearance. However, subsequently the clearances during dialysis No. 3, at a time when the patient was generally much improved, were approaching the usually expected clearance levels. The mechanics were normal during each dialysis, the procedures being identical and the hematocrits comparable. One must therefore postulate some reason for decrease in dialyzance during dialysis No. 2. It is indeed interesting to speculate on the possible presence of an intravascular coagulation process (Schwartzman phenomenon) and/or a capillary sludging process. Both these above factors would be temporary but present to the greatest extent during the acute process of the disease. Theoretically at least, one might involve these factors to account for poor capillary flow and decreased available vascular surface area in the peritoneum. This would then explain the decrease in dialyzance of urea and creatinine during dialysis No. 2. It is a heretofore undescribed entity, and will be further evaluated. The patient recovered, and was sent to CONUS for convalescence.

Case 2 - Y Mran Nie (age 27 years), Montgnard tribesman special forces PFC, was admitted with malaria, blackwater fever and acute renal failure. Patient is currently on the Renal Unit and is being peritoneally dialyzed for his acute renal failure. The malaria is being treated with IV quinine dihydrochloride. The latter therapy constitutes a very real problem in management since no data is available on the dialyzance of quinine during either peritoneal or hemodialysis. Under normal circumstances quinine and its metabolic products are excreted by the kidney. When there is acute renal failure both quinine and the metabolic products accumulate in a toxic manner. A fuller discussion of this problem and procedures for its solution are listed under the heading of "Research" (vide infra). Serial quinine peritoneal clearances and clearances of urea and creatinine are being carried out at present. The quinine determinations will be done in Saigon at the Pasteur Institute at a later date, as at present no American laboratory facility in the Republic of Viet Nam is equipped to do these vital determinations.

1. Research: The problems of current interest and particular importance to this unit are:

a. Dialysis and fate of quinine during peritoneal dialysis and hemodialysis.

b. Factors decreasing dialyzance of solutes during peritoneal dialysis.

2. Dialysis of Quinine: The difficulties and importance of this subject are well illustrated by case No. 2. A protocol for "in vivo" observation of quinine is included with this report and details the background to the problem of dialysis of quinine. In addition to "in vivo" observation of quinine dialysis, a protocol to study "in vitro" hemodialysis of quinine is being formulated. In this particular study attention will be focused on the effects of "non-ionic type diffusion" of quinine, by regulating the outer bath pH through the 7.2-7.8 range. The influence of coil blood flow rate will also be monitored. At the present time, no American Laboratory facility is equipped to do quinine assays. A micro flurospectrometer will be ordered by this unit and should be obtained as soon as possible. During the interim period, arrangements are being made through the Medical Research Team, R.V.N. and are almost complete now and information on quinine clearance from case No. 2 should therefore be available in the near future.

3. Dialyzance of Solutes: Case No. 1 has been the first observation of an unusual and unpredicated decrease in dialyzance of urea and creatinine during an otherwise normal peritoneal dialysis. If one postulates an intravascular coagulation defect and/or a sludging phenomenon it might be anticipated that a decrease in dialyzance would be seen during the peritoneal dialysis of a patient with blackwater fever and acute renal failure. A patient with blackwater fever (case No. 2) is being studied at present with these considerations being particularly noted.

4. Consultation Service: Renal and electroyte consultation service is available at all times to any part of the Republic of Viet Nam. This service has been widely used at the 3d Field Hospital, and by telephone to other parts of the country. No field trips have been made as yet.

5. Teaching: Interesting case reviews and seminars have been presented to various medical, surgical and nursing groups, by the medical and nursing staff of the Renal Unit. A continuous program of teaching and technical training is carried out within the unit itself. Techniques in the preparation, operation and maintenance of the Kolff twin-coil artificial kidney is carried out at least once per week when patients are not present in the renal unit. This keeps a well motivated, well trained renal team available at all times. The present group of nurses and EM Specialists attached to the renal team are clearly an outstanding selection.

IVOM MB-GD-PO (14 Nov 66) 1st Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October
1966 (ACSFOR-65)

HEADQUARTERS, 68th Medical Group, APO 96491 17 November 1966

TO: Commanding Officer, 44th Medical Brigade, APO 96307

1. The 3d Field Hospital was in an operational status in RVN the entire period covered by this report.

2. This report includes the activities of the 51st Field Hospital (HU).

3. Reference pages 2 and 5 of basic report in which are mentioned TDY personnel from other hospitals. These professional personnel are placed on TDY with operating hospitals while their own units are staging.

4. Reference para 3 of SURGICAL SERVICES item on page 6. Two clearing companies have been designated to take patients on boarder status (patients remain on census of the hospital) when hospitals become short of beds.

5. Reference item on Liaison Personnel, page 8. Liaison personnel are also on duty at the 93d Evacuation Hospital.

6. Reference item on Reaction to Quinine on page 11. Commanding Officer 3d Field Hospital will be requested to submit separate recommendation on this matter.

1 Incl
nc


CHARLES C. PIXLEY
Colonel, Medical Corps
Commanding

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1-CO, USASC, Saigon, APO 96307
1-CO, 3d Fld Hosp, APO 96307 (Ind only)

AVCA-MB-PO (14 Nov 66)

2nd Ind

SUBJECT: Operational Report for Quarterly Period Ending 31 October 1966,
(RCS CSFOR-65)

HEADQUARTERS, 44th Medical Brigade, APO 96307, 24 November 1966

TO: Commanding General, 1st Logistical Command, ATTN: AVCA-CC-0, APO
96307

1. Reference Section II, Part I, item concerning Stryker Frames, basic report. Concur in the shortage of Stryker Frames and carts, however, it should be noted that this problem has existed for only about 3 or 4 weeks. Prior to this, there were no complaints concerning this item. Recently, it appears that more patients have been generated who require the use of this item, and are evacuated out-of-country. The 32nd Medical Depot has received an emergency shipment already and has requested addition Stryker Frames to keep on hand for emergency use.

2. Reference Section II, Part I, item concerning Expendable Supplies, basic report. It is recognized that recently there has been a shortage of expendable type medical supplies. Part of this shortage is contributed to the move of the medical depot from Nha Trang to Cam Ranh Bay, plus many other reasons which are being corrected.

Do not concur in the 75 day R/O. The 3rd Field Hospital was not informed that they were allowed zero days for the order and shipping time. The order and shipping time is based on experience and differs with each unit. The 15 day stockage level is sufficient for each treatment facility in-country if the supply officer, as well as units within the hospital, maintain good usage factors and requisition items on a regular basis, and not when they reach a zero balance. Even if the 3rd Field Hospital was authorized a 75 day R/O, it would mean approximately 70 days stockage objective (days of supply on hand), and in the opinion of this headquarters, the hospital does not have this storage capability. It should be noted also, that the hospital would be allowed to stock more than the 32nd Medical Depot, which maintains a 60 day stockage objective.

3. Concur with all other comments contained in the basic report, and in the 1st Indorsement.

FOR THE COMMANDER:

Lynx 898

Richard M. Heriot
RICHARD M. HERIOT
Major, MSC
Adjutant

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AVCA GO-O (14 Nov 66) 3d Ind
SUBJECT: Operational Report for Quarterly Period Ending 31 October
1966 (RCS CSFOR-65)

Headquarters, 1st Logistical Command, APO 96307

28 NOV 1966

TO: Deputy Commanding General, US Army, Vietnam, ATTN: AVHGC-DH, APO
96307

1. The Operational Report - Lessons Learned submitted by the 3d
Field Hospital for the quarter ending 31 July 1966 is forwarded herewith.

2. Concur with the basic report as modified by the comments contained
in the preceding indorsements. The report is considered adequate.

FOR THE COMMANDER:

TEL: LYNX 782/930

1 Incl
as



WILLIAM J. DOYLE
AGC
AG

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AVHGC-DH (14 Nov 66) 4th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65)

HEADQUARTERS, UNITED STATES ARMY VIETNAM, APO San Francisco 96307 8 DEC '66

TO: Commander in Chief, United States Army, Pacific, ATTN: GPOD-OT
APO 96558

This headquarters has reviewed the Operational Report-Lessons Learned submitted by the 3d Field Hospital and concurs with comments and recommendations as modified by indorsements.

FOR THE COMMANDER:


W. R. AUTRY
1st Lt, AGC
Asst Adjutant General

1 Incl
nc

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GPOP-OT (14 Nov 66) 5th Ind
SUBJECT: Operational Report-Lessons Learned for the Period Ending
31 October 1966 (RCS CSFOR-65), HQ 3d Field Hospital

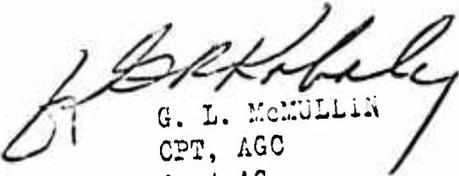
HQ, US ARMY, PACIFIC, APO San Francisco 96558 15 FEB 1967

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

This headquarters concurs in the basic report as indorsed.

FOR THE COMMANDER IN CHIEF:

1 Incl
nc


G. L. McMULLIN
CPT, AGC
Asst AG

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IX

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